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Topic:	Safety Plans
Guest:	Greg Brown
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Transcript

Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, brought to you by the Department of Veterans Affairs National Center for PTSD. In this series, we talk to experts about post-traumatic stress disorder and mental health with a focus on free digital resources that can help. This is your host, Dr. Colleen Becket-Davenport.

On today's episode, we will be talking about creating a safety plan to cope with suicidal thoughts. I'm joined today by Dr. Greg Brown, who is a clinical psychologist at the Corporal Michael J. Crescenz VA Medical Center in Philadelphia, and director of the Penn Center for the Prevention of Suicide at the University of Pennsylvania School of Medicine. He's also one of the creators of the Safety Plan Intervention that has been widely used in VA and non-VA healthcare settings. Welcome Dr. Brown.

Dr. Greg Brown:

Thanks for having me.

Dr. Colleen Becket-Davenport:

Since we're talking about suicide prevention today, let's start by talking about why this is important. Are suicidal thoughts common?

Dr. Greg Brown:

Thank you for asking this question. You know, it's been estimated that approximately 4% of the general population have suicidal thoughts. And more than 50% of people who think about suicide do not receive mental health services. So it's important to raise awareness of this problem so that people will feel more open to asking for help when they're having suicidal thoughts.

Dr. Colleen Becket-Davenport:

And how many people die by suicide each year?

Dr. Greg Brown:

According to the Centers for Disease Control and Prevention, there were over 49,000 deaths from suicide in 2022. More people died from suicide in the United States in the last year than any other year on record. So suicide is a major public health problem, and I'm so glad we're talking about it.

Dr. Colleen Becket-Davenport:

Are there any factors that make someone more likely to die by suicide?

Dr. Greg Brown:

So there are many reasons or risk factors that increase the chance that a person may die by suicide. These may include mental health conditions, of course, such as post-traumatic stress disorder, depression and substance use disorders, serious physical health conditions such as chronic pain and

traumatic brain injury, historical factors such as suicide attempts, a family history of suicide or childhood abuse, neglect or trauma. And then environmental factors such as access to lethal means, including firearms and drugs, as well as stressful life events involving a life transition or loss, such as a interpersonal rejection or divorce or financial crisis.

Dr. Colleen Becket-Davenport:

And I think a common misconception about suicide is that once people decide they want to harm themselves, there's nothing you can do to stop them. So what do you say to that?

Dr. Greg Brown:

So yes, you're correct, that's a common misconception. Suicide is a preventable behavior. If individuals have learned effective ways to cope with crises, have access to helpful supports, or have obtained mental health or substance use treatment.

Dr. Colleen Becket-Davenport:

So when introducing you earlier, I mentioned that you are one of the creators of the Safety Plan intervention. So let's talk about safety plans. What are they and how can they help?

Dr. Greg Brown:

A safety plan is a written document for people to use to help them manage a suicidal crisis. A safety plan is a type of personal emergency plan. Often suicidal crises only last for a limited period of time when the risk for suicide is very high. If people can be more aware of when a crisis is beginning or getting worse, then they're more likely to be successful in preventing a full-blown crisis.

Dr. Colleen Becket-Davenport:

So what does a safety plan look like?

Dr. Greg Brown:

Well, the safety plan actually consists of a series of steps. The first step of a safety plan is to recognize the warning signs that a crisis is beginning so they can do something about it. Then individuals can review and follow a list of strategies that are listed on their safety plan. These strategies include distractions and coping strategies to do by yourself to lower risk, as well as distracting social activities.

Safety plans also include information to contact family members or friends for help and support, as well as information to reach out to professionals for help with the crisis. Safety plans may also include some plans for making the environment safer regarding potential lethal means. And finally, safety plans may include some personal reminders for reasons to stay alive.

Dr. Colleen Becket-Davenport:

So you said that the first step of safety planning is to recognize warning signs that a crisis is beginning. Can you give us some examples of what those warning signs might look like?

Dr. Greg Brown:

Yeah, so a warning sign is simply a cue to remind somebody to use your safety plan. So for example, let's say somebody has PTSD and they experience trauma or they're worried about experiencing trauma and then they isolate themselves so that they won't be exposed to the trauma. And that self-isolation can

often be a warning sign because people may get worse if they start to think about their problems more. And so that would be indication that they may be beginning a suicide crisis.

Dr. Colleen Becket-Davenport:

You also spoke about making the environment safer regarding access to lethal means. Can you tell us what lethal means are?

Dr. Greg Brown:

So this may include firearms, drug overdose, hanging, walking in front of traffic, and so on, suffocation, those kinds of things.

Dr. Colleen Becket-Davenport:

So when you say that the safety plan can help you make your environment safer, it sounds like what you mean is limiting or delaying access to these types of lethal means.

Dr. Greg Brown:

That's correct. The longer it takes somebody, once they think about suicide, to act on those thoughts, the longer it takes, the lower the risk. So if somebody takes longer to access their firearm for instance, then it's gonna lower the risk because you're probably, will have second thoughts or maybe the urge to kill yourself comes down or decreases in some way before you actually pick up that firearm.

Dr. Colleen Becket-Davenport:

So are safety plans something that you create on your own or with a mental health professional?

Dr. Greg Brown:

Safety plans are most effective when they're developed with a mental health or healthcare professional. For individuals who experience suicidal crises, they may call the 988 Suicide Crisis and Support Lifeline or go to the website veteranscrisisline.net and ask for help to develop a safety plan and get connected to care. People can also go to the hospital, especially if they're experiencing a suicidal crisis, and ask for help in creating a plan there.

Dr. Colleen Becket-Davenport:

Do you have any tips for creating really good and helpful safety plans?

Dr. Greg Brown:

That's a great question. The best safety plans are the ones that are brief and personalized. The best coping strategies are those that are specific and are likely to be actually used during a crisis. Safety plans that are vague, complex, or impractical are not as helpful.

Dr. Colleen Becket-Davenport:

And can you give me an example of a personalized effective coping strategy that you might add to a safety plan?

Dr. Greg Brown:

Sure. So that would be, for example, a specific type of music or activity like painting or working on a hobby that's specific and individualized. So in other words, if you put down "listen to music," that may be okay, but it's far better to listen to a specific type of music that you know is gonna take your mind off your suicidal thoughts. Like when I listen to Led Zeppelin, I'm not thinking about anything other than listening to Led Zeppelin.

Dr. Colleen Becket-Davenport:

So you can complete this plan on paper, but is there a way to create them electronically or in an app?

Dr. Greg Brown:

Safety plans may be completed using a safety plan form or electronically using the Safety Plan app. For example, the VA has recently developed a safety plan app that was specifically created for Veterans, but it's available for everyone. Some people prefer a paper version of the safety plan because it serves as a visual reminder of how to cope. Other people prefer to use the Safety Plan app because people have their smartphones with them, and so the app is with them all the time. The Safety Plan app is easy to update, can offer suggestions for ways to cope or resources to contact, and could be easily shared with others.

Dr. Colleen Becket-Davenport:

And are there reasons why someone should be cautious about having their safety plan in an app?

Dr. Greg Brown:

Some concerns that people may have involve protecting their confidentiality. The VA's Safety Plan app was developed to protect privacy. An advantage of the Safety Plan app is that the user can control confidentiality and privacy settings, so that sensitive information is not shared if that's the person's wish. That said, safety plans that are developed using the app can easily be shared with others if you feel that a family member or friend would be helpful in providing support in using the safety plan.

Dr. Colleen Becket-Davenport:

I appreciate that point about sharing safety plans with family members or friends because I do think that's so important. But speaking of loved ones, some people might be hesitant to discuss suicide with their loved ones, even if they suspect that their loved one is having suicidal thoughts because they think that bringing up suicide might make someone more likely to actually hurt themselves. Is that true in your experience?

Dr. Greg Brown:

I can certainly understand that people may be reluctant to bring up this topic with a loved one. But my experience and the available research indicates that asking people about suicide is unlikely to make someone more likely to kill themselves. But that said, people are often worried about asking about suicide for a couple of reasons. First, they don't know how to approach this topic with others, and second, they don't know what to do if the loved one says that they've been thinking about suicide.

Dr. Colleen Becket-Davenport:

And do you have any tips for loved ones on how to have a conversation with someone that they think might be having suicidal thoughts?

Dr. Greg Brown:

Sure, it's best to approach this topic in a supportive way. Perhaps it's easier to first ask a loved one how their mood has been, and then ask if they've had any thoughts of wishing to be dead or thinking about suicide. If the person does disclose they've been thinking about suicide, it is really helpful to take the time to be a good listener and just be there for this person. If you have a strong or judgmental reaction, then the loved one is less likely to feel comfortable talking about this issue with you.

Finally, if you're a family member or close friend of someone who shares with you that they're thinking about suicide, it's important to be aware of your own feelings and to take care of yourself. This may involve seeking professional mental health care for yourself as well as for your loved one. It's so important that we're talking about this issue because it helps to reduce stigma and hopefully people will feel more comfortable in coming forward and seeking help for their concerns.

Dr. Colleen Becket-Davenport:

Unfortunately, that's all the time we have for today. Thank you so much, Dr. Brown, for joining us to talk about safety planning.

Dr. Greg Brown:

You are very welcome.

Dr. Colleen Becket-Davenport:

And as a reminder to our listeners, the Safety Plan app is free and available for anyone who might find it helpful. You can find and download the app by searching VA Safety Plan in the App Store or Google Play.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.ptsd.va.gov/podcast. Thank you for joining us.