Evaluating the Effectiveness of Safety Planning Interventions in the Context of a Trauma Recovery Residential Program

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REFLECTION

Each time I see Upside-Down Man
Standing in the water,
I look at him and start to laugh,
Although I shouldn't oughtter.
For maybe in another world
Another Time
Another town,
Maybe HE is right side up
And maybe I am upside down.

Shel Silverstein

Safety Planning Interventions (SPIs) are widely acknowledged as desirable practice and a critical element in mental health treatment plans. At Quovus, their construction, implementation, and adaptation to suit specific needs of at-risk individuals are a source of increasing empirical and practical focus in the context of trauma recovery and high needs behavioural support.

Introduction to Safety Planning Interventions

Safety Planning refers to the process whereby clinicians and at-risk individuals review potential coping strategies and sources of support when there is a risk of harm from others or

the self. During times of crisis, an individual may use their safety plan to help manage distress, anxiety, or suicidal ideation (Nuji et al., 2021). A safety plan outlines multiple contingencies to be followed when a threat to others or the self is imminent. Such contingencies may involve indicating warning signs to be vigilant of, ways to make the environment safe (by means of restriction), writing down reasons to live, reviewing ways to distract oneself when contemplating suicide and knowing people and professionals to contact in times of crisis (Stanley et al., 2018).

Significance of Safety Planning Interventions

Suicide and self-harm are prominent issues worldwide, with more than 16 million attempts and 800,000 suicides per year (Ferguson et al., 2021). Additionally, self-harm injuries account for 150,000 hospital admissions annually in the United Kingdom (McHale & Felton, 2010). SPIs are a crucial contingency for mitigating the risk of suicide, self-harm, maladaptive behaviour and harm from others. There are numerous existing interventions that have demonstrated effectiveness, yet few are specific and malleable enough to address the spectrum of experiences encountered by those with and without chronic psychopathology (Ferguson et al., 2021). In the context of general psychological distress and prompting well-being practices, Hegarty et al. (2016) outlined that SPIs cannot be a sole intervention and must be used in combination with other interventions aimed at promoting physical and psychological health and well-being. Better yet, Macy et al. (2003) stated that SPIs support youth to be able to feel at the centre of their recovery and resolution. Whilst SPIs have been recognised as “Best Practice” by the National Institute for Health and Care Excellence in the United Kingdom and the Suicide Prevention Resource Centre in the United States. These conclusions have not been derived completely from empirical evidence. Rather, these conclusions have been drawn more from anecdotal evidence derived from individual

clinicians (Nuji et al., 2021). The effectiveness of SPIs therefore warrant continued exploration across targeted contexts, with consideration of their interaction with risk assessment and broader treatment planning.

Efficacy of Safety Planning Interventions

A systematic review conducted by Ferguson et al. (2021) determined that SPI usage was associated with decreases in depression, hopelessness, suicidal ideation, hospitalisations and increases in treatment attendance. Further, they concluded that SPIs are a valuable tool in mitigating suicide-related distress among general adult and veteran populations. These findings were corroborated by Nuji et al. (2021), who also concluded that SPIs were associated with reductions in suicidal behaviour, but no effect was found in terms of SPIs and suicidal ideation. In earlier literature, Stanley and Brown (2012) outlined the advantages of SPIs, stating that they are a reliable compliment to risk assessment, are efficient as they are easy to administer and use and do not require extensive training to use. A systematic review conducted by Sabri et al. (2021) researched marginalised women survivors of interpersonal violence (IPV). Their findings not only concurred with previous research in terms of their potency but also determined what features comprise the most effective SPIs. The most effective SPIs emphasise individual empowerment and provide resources for easy access to advocacy services. Additionally, essential features of a Safety Plan were found to include comprehensive risk assessments, safety check-ins and individually-tailored plans based on cultural background and major needs and priorities.

While such interventions have demonstrated a moderate degree of effectiveness, previous literature acknowledges that it isn't entirely without limitations. For example, Safety Planning Interventions (SPI) require to be specific to yield positive outcomes and, thus, require a reasonable amount of time to be developed. Additionally, they cannot be

generalised to others without sacrificing specificity and quality, as the most effective interventions do not take a one size fits all approach. Finally, engagement with SPIs varies. Not all who have been prescribed a Safety Plan use them, especially individuals with higher levels of depression, who may lack the motivation to engage with them (Melvin et al., 2019).

Key Practice Considerations

In summary and building directly on practice experience there are five key factors influencing the effectiveness of safety plans in achieving the clients goals include:

- Degree of specificity: Provides clear, detailed, and unambiguous guidance
- Evidence of unique content: Tailored to the clients context and environment, which includes and extends beyond means restriction and safety contracts
- Degree of support or facilitation: Developed collaboratively with clients alongside comprehensive risk assessments and reviews to ensure continued relevancy
- Plan linkage to allied health services for ongoing monitoring
- Level of engagement from family and stakeholders