You Are Not Alone: A Group Intervention to Increase Confidence in Safety Planning
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Background
More than 44,000 people die by suicide in U.S each year.
The Institute has pledged to support the Zero Suicide initiative and made safety planning a core part of the strategy to mitigate the risk and occurrence of suicide.
The most effective safety plans are personally relevant to each patient’s strengths and unique risk factors. The group intervention used group experience and distress tolerance skills to build focused and rigorous safety plans that patients would feel confident in applying to reduce the risk of suicide.

Objective
The purpose of the CQI project was to assess whether a group intervention could increase confidence in safety planning. This would be assessed using pre and post test measures, qualitative and data and attendance.

Design
At the Center for Counseling of Harlem patients who reported suicidal ideation were offered referral to a 90-minute weekly safety planning group. The group consisted of 9-sessions in 2 cycles and ending with an additional review session. Patients could attend as many sessions as patients preferred.

Setting:
Patients were predominately referred by Center for Counseling staff. The group was run in the Center for Counseling of Harlem.

Participants:
Inclusion criteria: ICC Harlem patients experiencing thoughts of suicide that could tolerate a group intervention.

Data Collection:
At first session and approximately every 5 weeks thereafter, patients completed: Beck Suicide Scale, Beck Hopelessness Scale, Reasons for Living Scale, Suicide Related Coping Measure.
In addition, at every group, patients completed: PHQ-9, GAD-7, qualitative measures on what was most and least helpful about group.

Intervention
Originally created by Dr. Marianne Goodman at the Veterans Administration as “Project Life Force (PLF),” the intervention combines skills from cognitive behavior therapy (CBT) and dialectical behavior therapy (DBT) with psychoeducation to maximize safety planning development and implementation. The group setting offers support, relatedness and a forum for difficult or stigmatized feelings.

Mapping the configuration of the Safety Plan itself, patients learn warning signs, coping, emotional regulation and interpersonal skills, means restriction and reasons for living.

Results
Fifteen patients attended the group at least once during the 19-week pilot. Ten people completed at least two scales OR attended three or more sessions (Figure 4). Six of those people filled out a complete scale at least twice (Figure 2). Week-to-week, patients predominately indicated feeling more comfortable with their safety plan and that sessions were helpful (Figure 1). Open ended questions reflected high acceptability for group cohesion and the learning of coping skills (Figure 3).

Conclusions
Patients showed increased confidence, coping-skills and openness to help seeking over the course of the intervention. Limitations of the project include the small sample size, inconsistent attendance and other influences on mood. Self-selection also reflects an attachment style tolerant of group. Adoption of the intervention at the 4 other centers for counseling to collect further data on the effectiveness of the Safety Planning group is recommended.