COLLABORATIVE CRISIS & NERVOUS SYSTEM SUPPORT TOOL

Trauma-Informed Suicide Safety Plan: Adult Version

KLASEY CONSULTING

Honoring Dignity, Autonomy, & Safety: Suicidal thoughts frequently emerge when overwhelming nervous system activation, trauma triggers, or chronic distress exceed current coping capacity—not as a moral failing or personal flaw **(SAMHSA, 2014)**. Grounded in collaboration, transparency, and respect for your self-determination, this plan outlines step-by-step options to recognize early warning signs, regulate your nervous system, connect with trusted support, and maintain a safer environment during acute distress **(Stanley & Brown, 2012)**.

Name: _____	**Date Created / Updated:** _____
Collaborating Clinician / Supporter: _____	**Accessible Storage Location:** _____

Step 1: Recognizing Early Warning Signs & Nervous System Cues

Identifying subtle physiological, cognitive, or situational changes early creates space to intervene before a crisis escalates:

Signal Domain	What I Notice Happening for Me
Somatic & Autonomic Cues (e.g., chest constriction, dissociation/numbness, agitation, severe insomnia)	
Thoughts & Emotional Shifts (e.g., feeling trapped or burdensome, pervasive shame, hopelessness, numbness)	
Triggers, Stressors, or Contexts (e.g., isolation, relational conflict, trauma reminders, financial/work strain)	

Step 2: Internal Regulation & Grounding Strategies

Self-directed strategies I can use independently to interrupt acute distress and help my nervous system stabilize:

Somatic & Cognitive Grounding Options	My Top 3 Personal Strategies
☐ Use cold water/ice compress on face or neck to activate the dive reflex ☐ Practice paced breathing (inhale 4 seconds, exhale 6–8 seconds) ☐ Orient to the present: plant feet firmly, name 5 sights, 4 textures, 3 sounds ☐ Engage in gentle movement, outdoor walk, stretching, or pet interaction ☐ Listen to grounding music/audio, journal, or wrap in a heavy blanket	1. _____ 2. _____ 3. _____ **Calm, substance-free spaces I can visit:** _____

Step 3: People & Environments That Provide Safe Connection

Connecting with trusted people or supportive public settings—even without disclosing crisis details—helps interrupt isolation:

Supportive Contact / Setting	Name / Place	Phone / Text / Details
Trusted Friend, Partner, or Family Member		
Backup Peer or Community Supporter		
Safe Public / Community Environment (e.g., library, café, park, support group)		

Step 4: Trusted Supporters to Ask for Help & 24/7 Crisis Resources

When internal regulation and casual connection are not enough, reach out directly to trusted allies, clinicians, or 24/7 crisis support **(Stanley & Brown, 2012)**:

Support / Crisis Resource	Name / Service	Phone / Text / Contact Info
Trusted Ally to Ask for Direct Help		
Therapist, Psychiatrist, or Primary Care		

Support / Crisis Resource	Name / Service	Phone / Text / Contact Info
Local Urgent Care / Crisis Walk-In Center		
988 Suicide & Crisis Lifeline (Free, confidential 24/7 support in English & Spanish; Veterans press 1)	24/7 Call, Text, or Online Chat	**Call or Text: 988** Chat: 988lifeline.org
Crisis Text Line	24/7 Free Confidential SMS Support	**Text HOME to 741741**
SAMHSA National Helpline	24/7 Treatment & Support Referrals	**Call: 1-800-662-4357**

Step 5: Making My Environment Safer (Lethal Means Safety)

Creating time and physical distance from lethal means significantly reduces suicide risk during moments of acute pain **(SAMHSA, 2023)**:

Environment Safety Focus	Collaborative Action Plan
Securing Firearms, Medications, & High-Risk Items	☐ Store firearms off-site with a trusted person/facility, or locked unloaded in a safe with ammunition locked separately ☐ Keep only limited quantities of medications on hand; store excess in a lockbox or with a trusted supporter ☐ Remove or secure sharp objects, cords, or substances that increase impulsivity
My Anchors & Reasons for Living	**People, pets, values, or future moments worth staying for:** _____ _____

Sources & Clinical References

1. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Practical Guide for Implementing a Trauma-Informed Approach* (SAMHSA Publication No. PEP23-06-05-005). U.S. Department of Health and Human Services.
4. Centers for Disease Control and Prevention (CDC). (2022). *Suicide Prevention Resource for Action: A Compilation of the Best Available Evidence*. U.S. Department of Health and Human Services.

Partner with Klasey Consulting

Interested in trauma-informed suicide prevention trainings, clinical workshops, or organizational consultation for your team? Contact us at **info@klaseyconsulting.com** to learn more about our trainings and consultation services.

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