

To: **All Providers**

From: **PerformCare**

Date: **July 1, 2026**

Subject: **Suicide Prevention #30: Collaborative Safety Planning and the Importance of Active Rehearsal**

For our July communication, PerformCare would like to emphasize the importance of using collaborative safety planning processes along with active rehearsal. Collaborative safety planning is a core suicide prevention intervention and should be more than completion of a form. Consistent with Assessing and Managing Suicide Risk (AMSR), providers should develop the safety plan together with the client, so it is individualized, practical, and meaningful (Education Development Center [EDC], n.d.; Suicide Prevention Resource Center [SPRC], 2021). Effective plans identify warning signs, coping strategies, supportive contacts, professional resources, and steps to reduce access to lethal means, so the client has a clear path to follow during escalating distress (EDC, n.d.; SPRC, 2021).

Active rehearsal is equally important. Providers should review the plan step by step with the client, discuss how each part would be used in a crisis, identify barriers, and confirm that the plan is realistic and accessible. VA/DoD and SPRC guidance support collaborative, specific, and usable safety planning rather than vague instructions or no-suicide contracts (Brenner et al., 2025; SPRC, 2021). Providers should revisit and update the plan as risk changes and document both the plan and the client's understanding of how to use it (Brenner et al., 2025; EDC, n.d.).

Providers across the network are encouraged to incorporate collaborative safety planning and active rehearsal into routine suicide risk care. This includes developing individualized safety plans with clients, reviewing the plan step by step during the visit, assessing whether each strategy is realistic and accessible, updating the plan as risk changes, and documenting both the plan and the client's understanding of how to use it. Consistent use of these practices across the network can support higher-quality, suicide-specific care and better alignment with established best practices

References

Brenner, L. A., Capaldi, V., Constans, J., Dobscha, S., Fuller, M., Matarazzo, B., McGraw, K., Richter, K., Sall, J., Smolenski, D., Williams, S., Davis-Arnold, S., & Bahraini, N. (2025). Assessment and management of patients at risk for suicide: Synopsis of the 2024 U.S. Department of Veterans Affairs and U.S. Department of Defense clinical practice guideline. *Annals of Internal Medicine*, 178(3), 416-425. <https://doi.org/10.7326/ANNALS->

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Education Development Center. (n.d.). *Assessing and managing suicide risk (AMSR)*. Zero Suicide Institute. <https://solutions.edc.org/solutions/zero-suicide-institute/amr>

Suicide Prevention Resource Center. (2021). *Stanley-Brown safety plan*. <https://sprc.org/resources/stanley-brown-safety-plan/>