Structured Risk Formulation and Safety Planning in Practice

THE TALKING THERAPIES UK PRACTITIONER SERIES



Structured Risk Formulation and Safety Planning in Practice

Delivering a collaborative safety plan using the Safety Planning Intervention

Practitioner level · 9 hours of continuing professional development

TALKING THERAPIES UK

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First edition, 2026.

This manual accompanies the Structured Risk Formulation and Safety Planning in Practice course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

This printing was set on 21 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

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How to use this manual

This practitioner course teaches the practical delivery of collaborative safety planning using the Safety Planning Intervention (SPI), a brief, structured intervention developed for suicidal patients in emergency departments, crisis lines and other acute care settings, and since adopted much more widely (Stanley & Brown, 2012). You will study what the SPI is, a prioritised, personalised list of coping strategies and sources of support that the person helps write themselves, explicitly distinguished from a “no-suicide contract”, an approach that has never been rigorously shown to be effective. The course teaches the SPI’s structure at the level a practitioner needs to guide the conversation, recognising personal warning signs, internal coping strategies, people and settings that provide distraction, people to ask for help, and professional and crisis contacts, before turning to the practical skill of keeping the plan genuinely collaborative rather than a generic template handed over, checking each step is realistic for this person’s actual life, and discussing reducing access to specific means sensitively as part of making the person’s environment safer. It is intended for practitioners who have completed this pathway’s foundation course or hold equivalent working knowledge.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at practitioner level and carries 9 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

PART 1

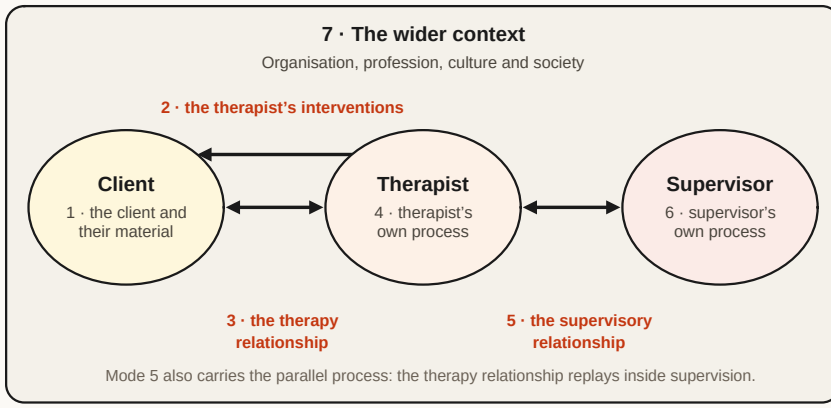
The Safety Planning Intervention

What the SPI is, where it fits, and the structure a practitioner guides the person through.

CHAPTER 1

What the SPI is and where it fits

This lesson teaches the Safety Planning Intervention as Stanley and Brown describe it: a brief, collaborative intervention developed for suicidal patients encountered in emergency departments, trauma centres, crisis lines, psychiatric inpatient units and other acute care settings, since adopted far more widely across community and outpatient practice (Stanley & Brown, 2012). The lesson teaches the crucial distinction the SPI's developers themselves draw: it is explicitly not a "no-suicide contract", an older approach that asks a person to promise not to harm themselves and has never been rigorously evaluated as effective, but a prioritised, personalised written plan of coping strategies and sources of support that the person plays an active part in creating.



After Hawkins and Shohet.

FIGURE 1.1 The seven-eyed model of supervision

Hawkins and Shohet's seven modes give supervision its lenses: the client and their material, the therapist's interventions, the therapy relationship, the therapist's own process, the supervisory relationship itself (including parallel process), the supervisor's process, and the wider organisational and social context around all of it.

Points worth keeping

- The SPI: developed for acute and crisis settings, since adopted more widely
- A brief, collaborative intervention, not a lengthy formal treatment
- Explicitly distinct from a "no-suicide contract"
- A plan the person actively helps create, not one handed to them

PRACTICE TASK

Write two sentences explaining to a colleague why a safety plan is different from, and preferable to, a no-suicide contract.

CHAPTER 2

The structure of a safety plan

This lesson teaches the core structure a practitioner guides a person through when building a safety plan collaboratively: recognising the person's own early warning signs that a crisis may be building, internal coping strategies they can try alone, people and social settings that can provide helpful distraction, specific people they could ask for direct help, and professional and crisis contacts to use when other steps are not enough. The lesson teaches this as a collaborative structure the practitioner facilitates in the person's own words, never as a generic template filled in on their behalf.

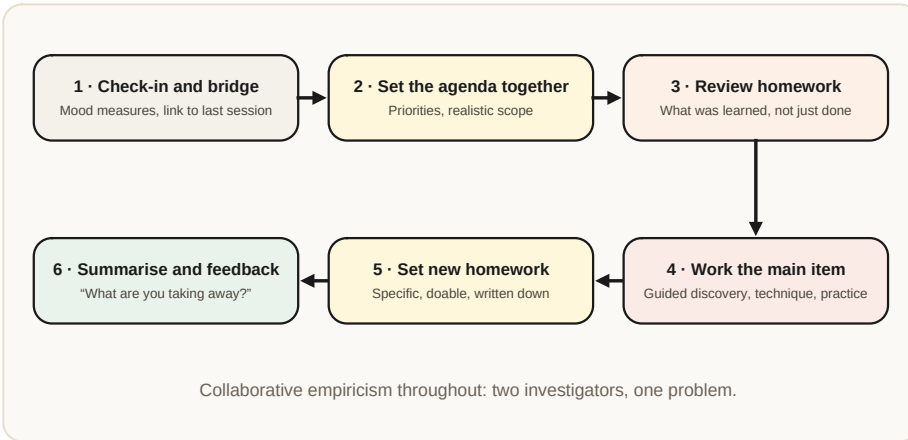


FIGURE 2.1 The structure of a CBT session

Structure is part of the treatment: a brief mood check and bridge from last session, a collaboratively set agenda, review of between-session work, the main working item, new between-session work, and a summary with feedback. The shape holds the therapy to its task and models a way of approaching problems.

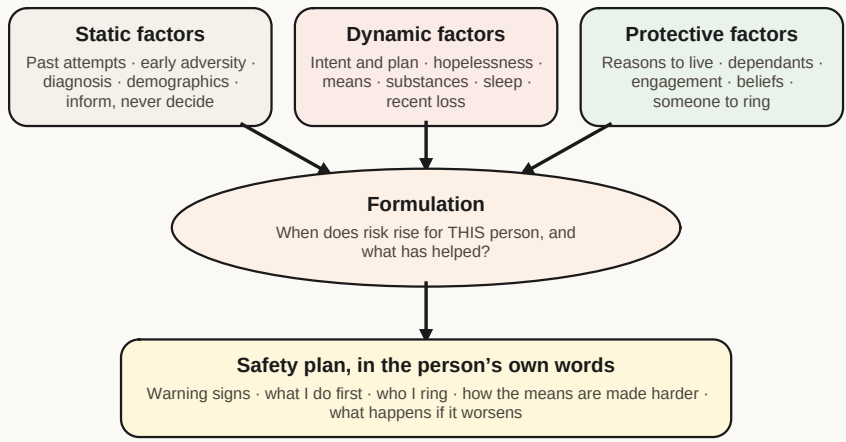


FIGURE 2.2 From risk assessment to risk formulation

A defensible approach to risk does not predict, it formulates: it separates the factors that cannot change from those that can, names what protects, and converts the picture into a plan somebody could actually follow at three in the morning. A checklist score recorded without a formulation and a plan is a record of an assessment, not the management of a risk.

Points worth keeping

- Recognising the person's own early warning signs
- Internal coping strategies the person can use alone
- People and settings that provide helpful distraction
- People to ask for direct help, and professional or crisis contacts

PRACTICE TASK

Practise drafting warning-sign language in a hypothetical person's own words, rather than clinical terminology, for the first step of a safety plan.

PART 2

Delivering safety planning collaboratively

Keeping the plan genuinely collaborative and realistic, and raising means restriction sensitively.

CHAPTER 3

Making the plan collaborative, not prescriptive

This lesson teaches how to keep a safety plan genuinely collaborative rather than prescriptive: the practitioner's role is to draw out and organise the person's own ideas, using their own language throughout, checking the real-world feasibility of each step, whether a particular coping strategy or contact is actually available to this person at the time a crisis is likely to occur, and treating the plan as something to review and refine over successive contacts rather than a form completed once and filed away.

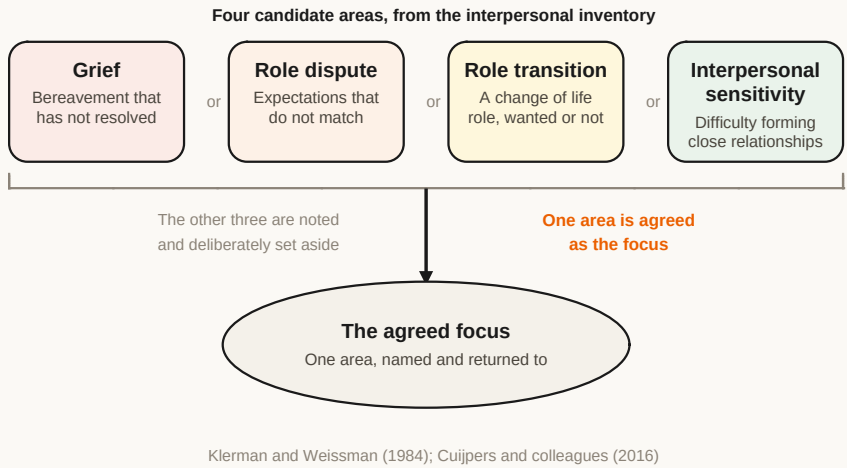


FIGURE 3.1 The four problem areas in IPT

Interpersonal psychotherapy works by agreeing a single interpersonal focus and staying with it. The four candidate areas are drawn from the interpersonal inventory taken in the initial phase; one is agreed, and the other three are noted and deliberately set aside. Naming one area, and returning to it, is what gives the brief model its leverage over symptoms that seem to belong to everything at once. Interpersonal sensitivity is the contemporary UK label for the area Klerman and Weissman originally called interpersonal deficits.

Points worth keeping

- Drawing out the person's own ideas rather than supplying a generic list
- Using the person's own language throughout the plan
- Checking real-world feasibility: is this step actually available when needed
- Reviewing and refining the plan over time, not filing it after one session

PRACTICE TASK

Take one generic safety-plan item ("call a friend") and write how you would check its real-world feasibility with a specific hypothetical person.

CHAPTER 4

Means restriction as part of the plan

This lesson teaches the “making the environment safer” element of safety planning: discussing, collaboratively and sensitively, ways to reduce access to specific means during a period of heightened risk. This is taught as one of the most evidence-supported elements of safety planning, and the lesson focuses on how to raise it so it feels like an act of care rather than an accusation or a cold, procedural step, framing it as something the person is actively choosing to do for their own safety rather than something imposed on them.

Points worth keeping

- Reducing access to specific means as part of the collaborative plan
- Why this element carries strong evidential support
- Raising the topic so it feels like care, not accusation
- Framing it as the person’s own choice for their own safety

PRACTICE TASK

Write the opening sentence you would use to introduce the topic of making the environment safer, in a way that feels collaborative rather than procedural.

The end of the sample

This is a free sample of “Structured Risk Formulation and Safety Planning in Practice”, and it ends here.

Everything you have read here is from the opening of the book, set exactly as it is printed in it. The rest follows in the same way, chapter by chapter, with its worksheets, its examples and its reference list.

The full book is on sale in the Talking Therapies UK shop. A copy is yours to keep, as a PDF and an ebook, licensed to you by name: a short line saying so is printed at the foot of each page of the PDF and on the title page of the ebook.