Centre for Suicide Prevention

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No-Suicide Contracts: A Review of the Findings from the Research

The purpose of this Alert is not to advocate for or against the use of no-suicide contracts but only to review the literature on this topic.

The appropriateness of this intervention must be determined in the context of the therapeutic relationship and/or during the thorough assessment of the individual patient in accordance with prevailing clinical and legal standards of care.

The first discussion of the formal use of no-suicide contracts in the clinical setting is commonly attributed to a 1973 article by Drye, Goulding, and Goulding (Davidson et al, 1995: 410, Drew, 2001: 100, Egan, 1997: 18, Miller et al, 1998: 79, Miller, 1999: 465, Stanford et al, 1994: 345, & Weiss, 2001: 414). In this paper, Drye and his colleagues described a simple method by which patients could determine for themselves, and an evaluator, what their actual suicide risk was (Drye et al, 1973: 171). The agreement took the form of a decision rather than today's more common contract (Drye et al, 172).

What is a No-Suicide Contract?

No-suicide contracts are also known as no-harm contracts, suicide-prevention contracts, no-suicide decisions, no-suicide agreements, or safety contracts.

In its most simple form, a no-suicide contract is an agreement in which patients or clients promise not to harm or kill themselves. Contracts may be verbal or written. They can be renegotiated or renewed as needed.

The contract commonly includes the following negotiated components (Buelow & Range, 2001: 583-584, Clark & Kerkhof, 1993: 98, Range et al, 2002: 52):

- An explicit statement not to harm or kill oneself.
- A specific duration of time.
- Contingency plans if contract conditions cannot be kept, e.g., talking with the therapist if thoughts of suicide should occur during the time of the contract.

More elaborate contracts can also incorporate (Drew, 100):

- Formal statements of treatment goals.
- The responsibilities of each signatory.

It may be necessary to have patients, especially those who are younger, repeat back in their own words the terms of the contract to ensure they understand what they are agreeing to (Range et al, 66).

Evaluative research on the effectiveness of no-suicide contracts is limited (Drew, 100). As with any intervention, no-suicide contracts have benefits and limitations, some of which are outlined below:

Potential Benefits

- An adjunct to a comprehensive evaluation and treatment plan (Miller et al, 78; Stanford et al, 345; Miller, 469; Richards and Range, 267).
- A means of evaluating current suicidality (Davidson et al, 411; Range et al, 54).
- A means of reducing both patient and therapist anxiety (Davidson et al, 411; Range et al, 54).
- Provision of specific behavioral alternatives to suicide (Richards & Range, 267).

Potential Limitations

- Believing that a signed contract eliminates suicide risk (Clark & Kerkhof, 98; Miller et al, 78; Range et al, 56).
- The competency of a patient to understand what they are signing or to give informed consent to such an agreement (Miller, 465; Simon, 1999: 447; Stanford et al, 346).
- Implementing a contract to reduce therapist anxiety rather than to benefit the patient (Davidson et al, 411).
- Substituting a no-suicide contract for the establishment of a sound therapeutic relationship (Davidson et al, 411).
- Overvaluing the contract as a risk management tool (Miller et al, 78; Range et al, 56).
- Using the contract as a safeguard against liability rather than as a part of an overall treatment plan (Clark & Kerkhof, 98; Miller, 467; Range et al, 57; Stanford et al, 347).

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SIEC Resources*

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