

Safety Planning around Suicidal Ideation A.K.A. “Keep calm and Have a plan”

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Objectives

Participants will:

- ▶ Learn the purpose of a safety plan
- ▶ Learn the key elements of a safety plan
- ▶ Recognize a strategy for guiding patients through a safety plan
- ▶ Become familiar with local crisis services

What is a Safety Plan?

- ▶ A safety plan is a “game plan” for what to do in the event of significant distress or suicidal crisis to avoid unsafe behaviors.
- ▶ A safety plan can give a patient a sense of control over suicidal thoughts and strong emotions.
- ▶ A safety plan is NOT a “safety contract.”
 - ▶ i.e. A safety plan is not a guarantee that a patient will not try to commit suicide. Safety planning must include appropriate assessment of risk factors and patient reliability.

“An ounce of prevention is worth a pound of cure.”



“I’ll have an ounce of prevention.”

When is a safety plan relevant?

- ▶ For suicidal thoughts or urges
- ▶ For urges to self-harm
- ▶ For urges to harm others
- ▶ For intense emotional distress like depression or anxiety



Columbia Suicide Severity Rating Scale

If you are using the C-SSRS, make a safety plan if the teen has had thoughts to harm or kill themselves:

in recent months without intent (Q4)
or preparation (Q5) to act on it

or









Ever but not recently (Q6)

...i.e. *low or moderate risk*

Remember!: High risk patients should be evaluated urgently by a mental health professional.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for *Primary Care*

Ask questions that are in bold and underlined.	Past month	
Ask Questions 1 and 2	YES	NO
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
		
	Past 3 Months	
		

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 4 Behavioral Health Consultation and Patient Safety Precautions

Item 5 Behavioral Health Consultation and Patient Safety Precautions

Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Keep C.A.L.M.

- ▶ C ... Collaborate
- ▶ A ... Avoid coercion
- ▶ L ... Listen and elicit
- ▶ M ... Maintain your cool



Elements of Safety Planning

- ▶ Identifying Motivation to Live
- ▶ Recognizing Warning Signs
- ▶ Internal strategies
- ▶ External strategies
- ▶ Environmental Safety



Identifying Motivation to Live



- ▶ Aka “Why I would use the Safety Plan”
- ▶ Answers the questions: How could I benefit if I made it through this time of suicidal thoughts without harming myself? Why would I bother trying to avoid self-harm?
- ▶ Gives context to the safety plan
- ▶ Examples: a loved one, pets, friends, a future experience or goal, spiritual beliefs

Warning Signs

- ▶ Aka “When I should use the safety plan”
- ▶ Identifies triggers when the teen should use the safety plan in the future
- ▶ Ask “What tends to happen before I have thoughts to harm myself?” “When do I tend to have thoughts to harm myself?”
 - ▶ Could be a situation, physical sign, time of day, after arguments with significant other or parent, after getting a bad grade, at night when alone
- ▶ Helps a teen think ahead about signs of distress that lead to unsafe thoughts before they get into the situation
- ▶ Can be an opportunity to include the guardian’s observations about warning signs



Internal Strategies

- ▶ “Coping strategies” or things the teen can do on their own
- ▶ Self-soothing is an important skill to develop
- ▶ Gives the teen a chance to take control of their thoughts and emotions
- ▶ E.g. listen to music, dance, journal, sleep, pray/read religious texts



External Strategies

- ▶ Using others to help distract yourself
 - ▶ Use peers as distractors but not therapists.
 - ▶ May not need to disclose my thoughts to the person.
- ▶ “I’m not safe; I need help” statement
 - ▶ This doesn’t mean they share all their thoughts and feelings.
 - ▶ It just means that the teen will reach out for “help” if they feel unable to keep themselves safe or the suicidal thoughts/urges become distressing.
 - ▶ Starting a routine family system of “check-in’s” (even if only with code words) to increase daily communication around emotions and safety can increase a teen and family’s comfort with the teen seeking crisis support.



Environmental Safety

► Guns/Weapons:

- #1 Recommendation: Remove all weapons from the home.
- If weapon cannot be removed from the home, speak to the gun owner to understand the reason for it in the home.
- Negotiate ways to make the gun more secure if it cannot be removed. E.g. remove ammunition, lock the gun, and use a safety device to store the gun safely.

► Lock dangerous substances and knives.

► Safely store medications out of reach of teen. Administer medications that is needed.



Disclosing the Safety Plan



- ▶ Parents need to know... (*“It’s parents’ jobs to keep children healthy and safe...”*)
- ▶ Children are often afraid to tell parents about suicidal thoughts (in the office and on their own at home).
- ▶ Explore the child’s worries about disclosing the suicidal thoughts to the parent before the disclosure. Worries can often be sorted out.
- ▶ Parents have to buy into the safety plan for it to work (e.g. adult safety person, coping strategies).
- ▶ Coach the parent on how to react to disclosures of suicidal thoughts/actions.
- ▶ Work out the kinks and get agreement on the safety plan from parent and child before they leave.

What to do in Crisis (What the parent does when notified about suicidal thoughts)



- ▶ Call 911 or go to the ER
 - ▶ Call national or local crisis lines:
 - ▶ National: 1-800-273-TALK (8255) or TEXT “HOME” to 741741
 - ▶ Regional: based on locality
- Available services may include:
- ▶ Phone crisis de-escalation
 - ▶ Mobile crisis services
 - ▶ Local psychiatric crisis centers
 - ▶ Resource support/referrals

Pay attention as you elicit the safety plan to...

- ▶ ... inability to give any motivation to live
- ▶ ... difficulty identifying any appropriate adult to tell about suicidal thoughts and urges when all other safety measures fail
- ▶ ... acute conflict between parent and child
- ▶ ... use of peers as a teen's source for getting safety help

Consider:

- Can I help the teen/family in problem-solving to resolve/table this issue and promote safety?
- Does this teen show confidence and reliability in being willing to use this safety plan if needed to get help in the case of suicidal thoughts or urges? If not, they may need ER evaluation if recently or currently suicidal.



Crisis Services

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect. The shapes are concentrated on the right side of the image, with some extending towards the left.

District of Columbia Mental Health Crisis Information

CHAMPS: 202-481-1440

- ▶ Serves youth ages 6-17 y.o.
- ▶ Serves youth 18-21 y.o. who are in the custody of DC Child and Family Services Agency
- ▶ Mobile team operates 24/7

Dept. of Behavioral Health: 202-673-9300

- ▶ Serves clients 18 y.o. and older
- ▶ Mobile team operates 9a-1a.
- ▶ In person: DC General Hospital Compound, Bldg. 14, 1905 E Street SE, Washington, DC 20003

Select Maryland County Mental Health Crisis Information

- ▶ **Baltimore County, MD 410-931-2214**
- ▶ **Eastern Shore, MD 888-407-8018**
- ▶ **Montgomery County, MD (all ages): 240-777-4000**
 - ▶ Or in person 24/7 at 1301 Piccard Drive in Rockville, MD (no appointment needed)
- ▶ **Prince George's County, MD: 301-429-2185 (or text "MD" to 741741)**
 - ▶ Substance use referrals: 301-298-2628 ext. 3100
 - ▶ Other referrals: Call 211 or 1-800-422-0009, option 2 (e.g. MH services, summer camp, housing, financial assistance, law enforcement information)

Select Virginia Mental Health Crisis Information

- ▶ **Arlington County, VA: [703-228-5160](tel:703-228-5160)**
 - ▶ Or go to Emergency Services at 2120 Washington Blvd., Arlington VA 22204
- ▶ **Fairfax County, VA: 703-527-4077 (TTY 211)**
 - ▶ Text “CONNECT” to 855-11 and a PRS CrisisLink volunteer will respond within minutes.
 - ▶ The text line is also available to the city of Alexandria and Arlington, Loudoun and Prince William counties.

More Virginia Mental Health Crisis Information

- ▶ For Virginia counties of Arlington, Fairfax, Prince William, and Loudoun and cities of Alexandria, Fairfax, Falls Church, Manassas, and Manassas Park:

Children's Regional Crisis Response (www.cr2crisis.com) for 24/7 rapid response to mental health or substance use crisis:

- ▶ Call 844-N-CRISIS (844-627-4747) or 571-364-7390 TTY 711

For more VA crisis services, go to:
<http://www.suicidepreventionnva.org/ineedhelpnow.html>

References and Resources

- ▶ Brent, D. A., Poling, K. D., & Goldstein, T. R. (2011). Treating depressed and suicidal adolescents: A clinician's guide. New York: Guilford.
- ▶ The Beck Institute of Cognitive Therapy training materials.
- ▶ Guidelines for Adolescent Depression in Primary Care (GLAD-PC) Toolkit. www.gladpc.org
- ▶ Suicide Prevention Resource Center's Suicide Prevention Toolkit for Primary Care Practices. <http://www.sprc.org/settings/primary-care/toolkit>
 - ▶ The Suicide Prevention Resource Center (SPRC) is the only federally supported resource center devoted to advancing the implementation of the [National Strategy for Suicide Prevention](#). SPRC is funded by the U.S. Department of Health and Human Services' [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) under grant no. 5U79SM062297 and is located at [Education Development Center](#).

Questions?



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Outpatient Psychiatry Clinic: 202-476-5980

Patient's Name: _____

Patient Identifier: _____

My Safety Plan

1. Motivation to Live (Why I would use the Safety Plan)

- _____
- _____
- _____

2. Warning signs (When I should use the safety plan)

- _____
- _____
- _____

3. Coping Strategies (Things I can do on my own)

- _____
- _____
- _____
- _____

4. Others who can support me

- I can call this friend to distract myself: _____ Phone: _____

If distraction does not work, I will tell any of the following people that I don't feel safe and need help:

- I can call family: _____ Phone: _____
- Others adults I can call: _____ Phone: _____

5. Things my family will do to promote a safe physical environment:

- Remove all weapons from the home and areas where the youth may visit*.
- Secure or lock away all medications and dangerous substances.
- Supervise the youth with sharp objects. Give the youth any medications they may need.

6. The following agencies or services may be called 24 hours a day/7 days a week if your child or teen needs emergency support for safety:

- Call 911 or visit your local emergency room
- Call National Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
- Or Text "HOME" to 741741 (Text "MD" for Prince George's County, MD residents)

**MY MOTIVATION
REMINDERS**

Also consider calling your local mental health crisis numbers:**DC**

- District of Columbia
 - CHAMPS (6-17 y.o.*): 202-481-1440
 - Mobile team operates 24/7
 - Also serves 18-21 y.o.'s who are in the care/ custody of D.C. Child and Family Services Agency.
 - Dept. of Behavioral Health (18 y.o.+): 202-673-9300
 - Mobile team operates 9a-1a.
 - In person: DC General Hospital Compound, Bldg. 14, 1905 E Street SE, Washington, DC 20003.

MD

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VA

- Arlington County, VA: 703-228-5160
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 - Children's Regional Crisis Response (www.cr2crisis.com) for 24/7 rapid response to mental health or substance use crisis:
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- For more VA crisis services, go to <http://www.suicidepreventionva.org/ineedhelpnow.html>.

"Research shows that the presence of guns in the home increases suicide risk. Because lethal means are such a critical factor when it comes to suicide, the best way to help protect a person at risk is to remove all lethal means, including firearms, from the home during the period of suicide risk. Other ways to secure firearms (locked and unloaded) are also protective but secondary to lethal means removal, to prevent suicide. As a gun owner, you can choose from multiple options for safely storing and protecting your firearms when they're not in use: cable locks, lock boxes, gun cases, and full size gun safes." – From the American Foundation for Suicide Prevention (www.AFSP.org).

-Also, see Project Child Safe (www.projectchildsafe.org) for more information on suicide prevention and gun safety.