

How Collaborative Safety Planning Can Help Save Lives

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Objectives

- 1 Participants will be able to identify how safety planning is an intervention that helps save lives
- 2 Participants will be able to see the value of collaborative safety planning versus clinician driven safety planning
- 3 Participants will learn about the value on counseling on access to lethal means while doing safety plans

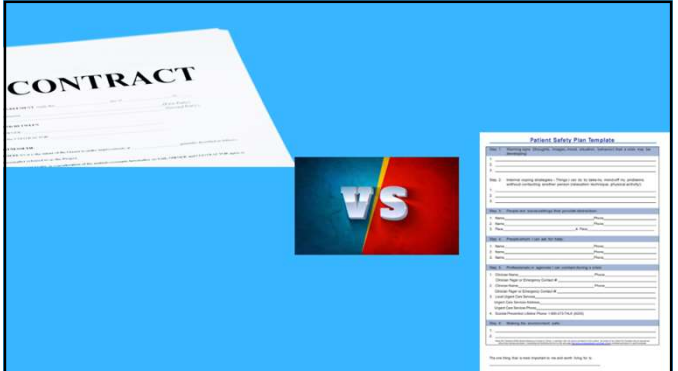
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The Lenses I Look Through




- Clinician with twenty-two years experience
- I have worked in most levels of care
- I have lived experience as a suicide attempt survivor
- I have seen this done right and done wrong with my own family
- I am always trying to learn and trying to improve

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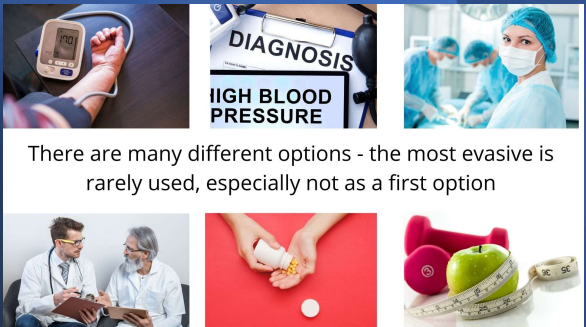


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To Safety Plan or Hospitalize that is the question



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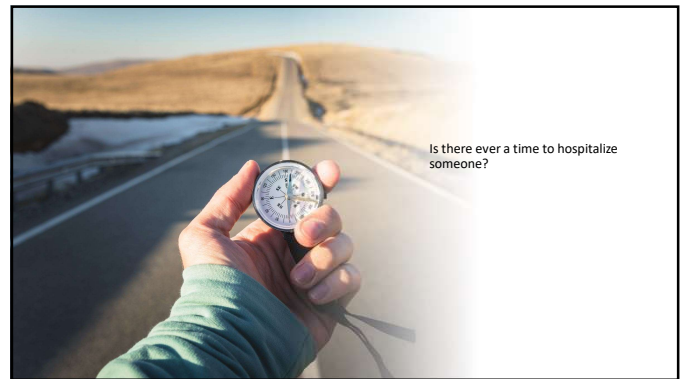


There are many different options - the most evasive is rarely used, especially not as a first option

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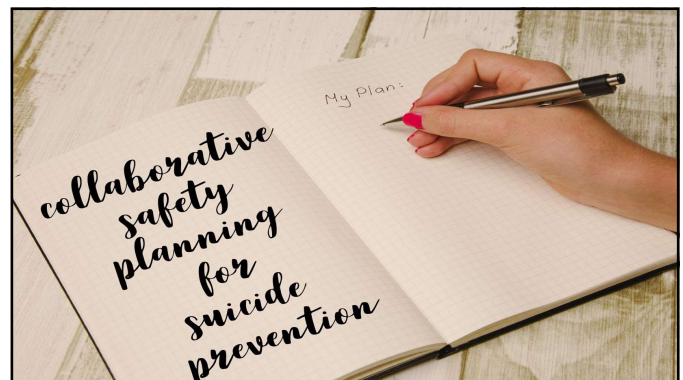
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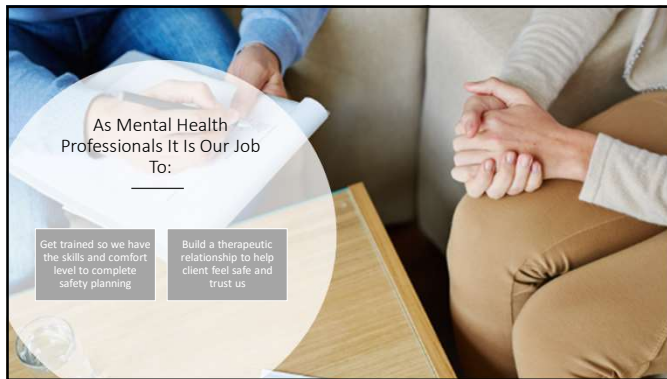
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Patient Safety Plan Template

Step 1: Identifying signs, thoughts, images, recent situation, behaviors that cause you the most distress

Step 2: Identifying coping strategies. (Things you do to distract yourself, problems without contacting another person (exercise, technique, positive thinking)

Step 3: People and resources that provide distraction

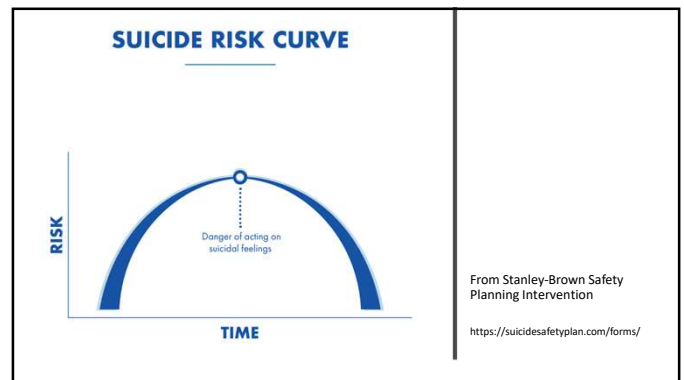
Step 4: Professionals I can and can't rely on

Step 5: Professionals or agencies I can contact during a crisis

Step 6: Making the intervention safe

This one thing that is most important to me and worth living for is:

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Why is it important to understand the suicide risk curve ?

- People at risk for suicide are likely to experience changes in their level of risk over time; acute suicide risk usually increases and then decreases over a short period of time.
- The goal of safety planning is for people to become more aware of their personal warning signs that a suicidal crisis is beginning or escalating so that they can take action before they are in danger of acting on their suicidal feelings.

From Stanley-Brown Safety Planning Intervention

<https://suicidesafetyplan.com/forms/>

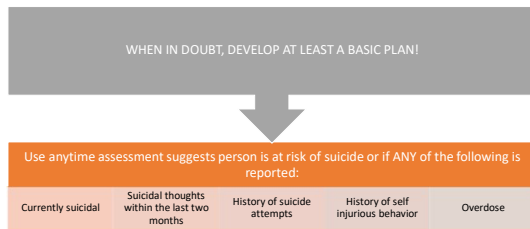
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What is a Suicide Safety Plan

- A prioritized list of coping strategies, sources of support service referrals used to lower the risk of suicidal behavior.
- Can be verbal or written depending on the mode or intervention (face to face or phone)
- Plan should be collaborative, use the person at risks language and easy to read or remember if plan is verbal.

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When to Use Safety Plan



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Pre-Safety Planning Needs

- Develop rapport
- Obtain good detail of presenting problem
- Validate current stressors/feelings
- Normalize suicidal thoughts
- Understand and reflect reasons for dying
- Identify barriers to suicide and reasons for living
- DO NOT JUDGE OR MINIMIZE

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8 Incremental Steps of Safety Planning



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STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

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1. Triggers/Warning Signs

How will the client know when to start utilizing coping strategies?

Goal is to engage coping strategies BEFORE suicidal thoughts recur or get stronger.

Ask "What kind of thoughts, feelings, images do you experience when you are stressed or feeling suicidal?"

Ask "How will you know when to use this plan?"

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

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2. Internal Coping Strategies

- What coping strategies can client use to keep themselves safe/reduce painful thoughts?
- How likely is client to use these skills?
- Are there skills or strategies we can add to the client's current resources?
- What are potential impediments to client using these internal resources?



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STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Place: _____ 4. Place: _____

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3. Social Contacts/Distractions



What places can person go when feeling stressed or suicidal that will help them feel better? Coffee Shop, People Watching at Walmart?



Who can they be around who helps them feel better or distracts them from their problems.



This is a distraction/prevention process if internal coping strategies do not work.



Socializing as a distraction without making suicide the focus of the interaction.

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STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

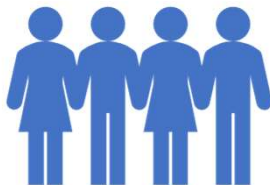
1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Name: _____ Contact: _____

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4. Social Contacts Who Can Provide Support During a Crisis



- Who does client feel comfortable contacting when in crisis?
- Who does client perceive as helpful and supportive during a crisis?
- Prioritize the list-multiple contacts preferred
- In this step, client discloses that they are in crisis and need help unlike previous step
- May be helpful to reach out to supports with client when developing plan if this will increase likelihood of use.

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STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____






2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____

3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

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5. Professional and Agency Contacts

-  What mental health professionals can client contact?
-  What is their availability/accessibility
-  Are there other health care providers that could assist
-  Make sure crisis lines and 24/7 options are available
-  What if client cannot reach someone? Will they contact 911, CIT officers?

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STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

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6. Reducing Ready Access To Lethal Means

Availability/Accessibility of means?

Low lethality Means- can ask client to restrict or remove access although involving a third party when possible makes the plan stronger

High Lethality Means- firearms and other high lethality means – try to include a third party to help

Can client agree to no (or safe) drug/alcohol use?

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The one thing that is most important to me and worth living for is:

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7. Reviewing Plan

| Review | Establish | Make |
|--|---|--|
| Review plan with client to make sure there is full understanding of the plan and that it meets client's needs. | Establish a follow-up plan, callbacks, etc if needed. | If arranging follow-up calls; make sure to communicate plan to others who may be able to help. |

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8. Client Assessment of Intent and Safety

On a five point scale, with 1 being LOW and 5 being HIGH, ask client the following questions:

How would you rate your current intent to die?

How likely is our plan to keep you safe?

Client ratings of intent to die and level of safety are better predictors of future outcome than most indicators!!!!

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NowMattersNow.org Emotional Fire Safety Plan

Read this plan and fill out the plan for yourself. Read to your family. Read to your friends. Read to your neighbors. Read to your community. Read to your world.

ON FIRE

Direct advice for overwhelming urges to kill self or use opioids

Shut it down — Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

No Important Decisions — Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.

Make Eye Contact — A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

Things I Know How To Do For Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

| | |
|---|--|
| • Call NowMattersNow.org (800-273-8255, Press 1 for Veterans and 2 for Spanish) | • Opposite Action (act exactly opposite to an urge) |
| • Ice-Water and Paced Breathing (exhale longer) | • Mindfulness (choose what to pay attention to) |
| • Call/text Crisis Line or A-Team Member (see below) | • Mindfulness of Current Emotion (feel emotions in body) |
| • "It makes sense I'm stressed and/or in pain" | • "I can manage this pain for this moment" |
| • "I want to feel better, not suicide or use opioids" | • Notice thoughts, but don't get in bed with them |
| • Distraction: | |

Put Crisis Resources in Phone (take photo of this safety plan with phone and practice calling/texting)

| | | | |
|---|----------------------------------|--|--|
| • Suicide Prevention Lifeline: 1-800-273-8255, Press 1 for Veterans and 2 for Spanish | • Crisis Text Line: 741741, Help | • Trevor Lifeline (LGBT youth): 1-866-488-7386 | • Trans Lifeline (transgender): 1-877-565-8860 |
| • See nowmattersnow.org/pepilo | • My31 safety plan app | • 911, ask for mobile crisis unit | • Warmline.org |

Keeping Myself Safe (address if relevant, as best as possible, as part of collaborative conversations)

| | |
|---|--|
| • Guns locked up w/out key or combo (NA) | • Suffocation and overdose thoughts addressed (NA) |
| • Guns stored separately from ammunition (NA) | • Preferred suicide methods reviewed and addressed |
| • Guns stored outside of home (NA) | • Remove opioids from home (NA) |
| • A-Team supports these safety steps (NA) | • No one with or using opioids allowed in home |
| • Confine drugs with another person | • Remove or store prescription medications safely |

The reason(s) I want to live or not use drugs — Visible reminder (e.g., note to self or photo of loved one above bathroom, gym, car, school, car dashboard, wallet, etc.)

The #1 thing leading to suicidal thoughts or urges to use — Can be healthcare provider, peer support, friend, family member or other (Choose A-Team member(s))

Create an A-Team (people I can talk to about suicide, drug or alcohol or mental health struggles)

Message or call A-Team members, individually or as a group to let them know they are A-Team

Decide in advance what would be helpful in crisis (I believe in you, support the plan, get help, hospitalization or not)

Decide how to ask for help effectively (be willing to use help, try to communicate before a crisis)

Watch Out For These

| | |
|---|--|
| • Not sleeping | • Regular sleep for a week (8 hours nightly) |
| • Feeling really anxious or irritable | • Validate yourself, "Yes emotions make sense" |
| • Increased alcohol or drug use or relapse | • Talk to someone in recovery |
| • Being in humiliating and painful situations | • Make plans to get out of these situations |
| • Stop taking medication without support | • Go to scheduled appointments or schedule one |
| • Avoiding calls or messages | • Message an A-Team member a caring message |
| • Suicidal thoughts or wishes | |

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NowMattersNow.org Emotional Fire Safety Plan (Additional Notes)

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The reason(s) I want to live and not use drugs

The #1 thing leading to suicidal thoughts or urges to use

Keeping Myself Safe

Create an A-Team (healthcare provider, peer support, friend, family member or other)

Possible A-Team members:

Watch Out For These

Things I'd Be Willing to Try

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IN A FIRE

Things I Know How To Do For Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

Visit NowMattersNow.org (guided strategies)

Ice-Water and Paced Breathing (exhale longer)

Call/Text Crisis Line or A-Team Member (see below)

"It makes sense I'm stressed and/or in pain"

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Distraction:

Opposite Action (act exactly opposite to an urge)

Mindfulness (choose what to pay attention to)

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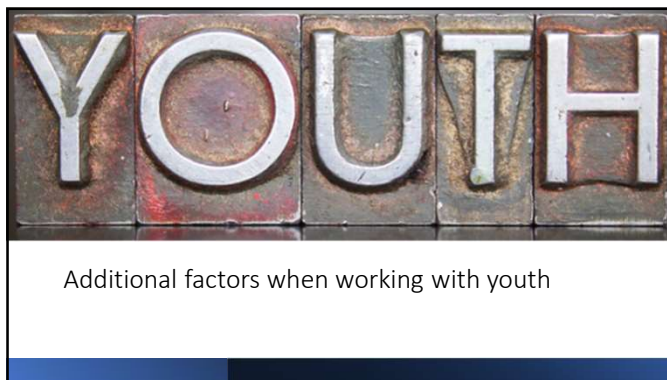
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| | | |
|-----------|---|--|
| IN A FIRE | Things I Know How To Do for Suicidal Thoughts and Urges to Use | |
| | Visit NowMattersNow.org | |
| | | |
| | | |

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| | | |
|-------------------------------|---|-------------------------------------|
| PUT RESOURCES IN PHONE | Put Crisis Resources in Phone | |
| | Suicide Prevention Lifeline 1-800-273-8255, Press 1 for veterans, 2 for Spanish | |
| | Crisis Text Line 741741 Help | |
| | The reason(s) I want to live and not use drugs _____ | |
| | The #1 thing leading to suicidal thoughts or urges to use _____ | |
| | Keeping Myself Safe | |
| | _____ | |
| | Create an A-Team (healthcare provider, peer support, friend, family member or other) | |
| Possible A-Team members _____ | | |
| Watch Out for These | | Things I'd Be Willing to Try |
| _____ | | _____ |
| _____ | | _____ |

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- Youth often attempt suicide within a short time from onset of suicidal crisis – Counseling on Access to Lethal Means (CALM)
- Building rapport or trust may be more difficult – youth may be less trusting or not sure that the counselor can handle it
- Make sure youth know they can pick interventions they will use
- Involving parents or guardians

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Some Tips To Remember

- Get additional training until you feel comfortable
- Always remember the safety plan is about the client – it needs to be things they are willing to do
- Know your agencies policies and procedures
- Use consultation

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Some Additional Tips To Remember

- Encourage client to take a picture of their safety plan
- Remember completing a safety plan is an intervention that has been proven to save lives
- Practice doing safety plans and having those conversations
- Review the plan at each contact

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Resources

Stanley and Brown Safety Plan Website – www.suicidesafetyplan.com

www.Zerosuicide.org/safety-planning/

Safety planning manual - https://sprc.org/sites/default/files/resource-program/va_safety_planning_manual.pdf

Collaborative Safety Planning for Older Adults - https://www.va.gov/covidtraining/docs/Collaborative_Safety_Planning_for_Older_Adults_Guide.pdf

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Resources (continued)

Now Matters Now – www.nowmattersnow.org

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Contact information:

Rick Strait
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www.rickstrait.net
www.listeningsaveslives.net



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