Developing Effective Safety Plans for Suicidal Youth

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Disclosures

Dr. Wintersteen has no disclosures and no conflicts of interest.

Objectives

• Understand the rationale for intervention implementation for suicidal youth in all settings, particularly non-behavioral health settings
• Develop efficient and effective safety plans for suicidal youth
• Collaborate with parents or other caregivers around the implementation of safety plans
Warning Signs – IS PATH WARM?

I – Ideation
S – Substance Abuse
P – Purposelessness
A – Anxiety
T – Trapped
H – Hopelessness
W – Withdrawal
A – Anger
R – Recklessness
M – Mood Changes

The presence of ANY warning sign in combination with any chronic risk factors (especially history of previous suicidal behavior) should prompt ongoing mental health care.

Psychosocial Assessment

How do I get there?

1. How is life going? How have things been going lately?
2. How are things at home? How are things at work or school?
3. How have you been getting along with family and friends?
4. How has your mood been?
5. Do you drink alcohol or use other drugs?
Asking about Suicide

6. Have things been going so badly that you think it'll never get any better?

7. In the past week, including today, have you felt like life is not worth living?

8. In the past week, including today, have you wanted to kill yourself?

9. Some people mentally rehearse how they would kill themselves, have you done this at all? Have you ever “practiced” or “tested out” how you would kill yourself?
   Have you purchased/obtained the items you would need to kill yourself?

10. Have you ever tried to kill yourself before? How many times?

Assess Protective Factors

11. What keeps you alive right now? What are your reasons for living?

12. Who do you talk to when you are having problems? Is it helpful?

Safety Planning

Acknowledgements:
Greg Brown, PhD (Penn)
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Rest of the TASA Team
Jan Kemp, PhD, and her team of VA Suicide Prevention Coordinators
Major Challenges

1. How can a youth manage a suicidal crisis in the moment that it happens?
2. How can a clinician/counseling help the youth to do this?

Suicide Risk Assessment

Mental Health Referral/Treatment

Why We Need to Intervene Outside of Specialty Mental Health?

- Individuals often do not have a way to manage their crises
- Many of these individuals may not engage in follow-up treatment
“No-Suicide Contract”

- No-suicide contracts ask youth to promise to stay alive without telling them how to stay alive
- No-suicide contracts may provide a false sense of assurance to the clinician

What is a Safety Plan?

- Prioritized written list of coping strategies and resources for use during a suicidal crisis
- Provides a sense of control/framework
- Brief process
- Accomplished via an easy-to-read format using the patient’s own words
- Involves a commitment to the treatment process (and staying alive)

Who Develops the Plan?

- Collaboratively developed by the clinician and the youth in any clinical setting
- Youth who have
  - made a suicide attempt
  - have suicidal ideation
  - have psychiatric disorders that increase suicide risk
  - otherwise been determined to be at high risk for suicide
When is it Appropriate?

- Usually follows a suicide risk assessment
- A safety plan may be done at any point during the assessment or the treatment process
- Safety plan may not be appropriate when youth are at imminent suicide risk or have profound cognitive impairment
- The clinician should adapt the approach to the youth’s needs—such as involving family members in using the safety plan

How is it Done?

- Clinician and youth should sit side-by-side, use a problem solving approach, and focus on developing the safety plan
- Safety plan should be completed using a paper form with the youth

Available at: http://www.sprc.org/library/SafetyPlanTemplate.pdf
Step 1: Recognizing Warning Signs

- Safety plan is only useful if youth can recognize the warning signs.
- The clinician should obtain an accurate account of the events that transpired before, during, and after the most recent suicidal crisis.
- Ask “How will you know when the safety plan should be used?”
- Ask “What do you experience when you start to think about suicide or feel extremely distressed?”
- Write down the warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the youths’ own words.

Examples

- Thoughts
  - “I am a nobody.”
  - “I am a failure.”
  - “I don’t make a difference.”
  - “I am worthless.”
  - “I can’t cope with my problems.”
  - “Things aren’t going to get better.”

- Images
  - Flashbacks

- Thinking Processes
  - “Having racing thoughts”
  - “Thinking about a whole bunch of problems”

- Mood
  - “Feeling depressed”
  - “Intense worry”
  - “Intense anger”
Step 1: Recognizing Warning Signs

Examples

• Behavior
  - “Crying spells”
  - “Isolating myself”
  - “Using drugs”

Written Response

<table>
<thead>
<tr>
<th>Step 1: Recognizing Warning Signs</th>
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<tbody>
<tr>
<td>1. Being left out of weekend plans</td>
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<tr>
<td>2. Having my parents overcontrol my schedule</td>
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<tr>
<td>3. Feeling empty</td>
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Step 2: Using Internal Coping Strategies

• List activities that youth can do without contacting another person
• Activities function as a way to help youth take their minds off their problems and promote meaning in the youth’s life
• Coping strategies prevent suicidal ideation from escalating
Step 2: Using Internal Coping Strategies

• It is useful to try to have youth cope on their own with their suicidal feelings, *even if it is just for a brief time*
• Ask “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”

Step 2: Using Internal Coping Strategies

• Examples
  - Going for a walk
  - Listening to music
  - Take a hot shower
  - Walking the dog

Step 2: Using Internal Coping Strategies

• Ask “How likely do you think you would be able to do this step during a time of crisis?”
• Ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”
• Use a collaborative, problem solving approach to address potential roadblocks
Written Responses

<table>
<thead>
<tr>
<th>Internal Coping Strategies</th>
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<tbody>
<tr>
<td>1. Go lift at the gym</td>
</tr>
<tr>
<td>2. Watch sports</td>
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<tr>
<td>3. Play drums</td>
</tr>
<tr>
<td>4. Go for a walk</td>
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Step 3: Socializing with Family Members or Others

- Coach youth to use Step 3 if Step 2 does not resolve the crisis or lower the risk
- Family, friends, and acquaintances who may offer support and distraction from the crisis

Step 3: Socializing with Family Members or Others

- Ask “Who do you enjoy socializing with?”
- Ask “Who helps you take your mind off your problems, at least for a little while?”
- Ask youth to list several people in case they cannot reach the first person on the list
Step 3: Socializing with Family Members or Others

<table>
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<tbody>
<tr>
<td>1. Play basketball at the Y</td>
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<tr>
<td>2. Call my uncle</td>
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<tr>
<td>3. Go to the mall</td>
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Step 4: Contacting Family Members or Friends for Help

- Coach youth to use Step 4 if Step 3 does not resolve the crisis or lower risk
- Ask “How likely would you be willing to contact these individuals?”
- Identify potential obstacles and problem solve ways to overcome them

<table>
<thead>
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<th>Talking with Others about Current Crisis</th>
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<tbody>
<tr>
<td>1. Call my mom</td>
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<tr>
<td>2. Call my uncle and talk about how I feel</td>
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</table>
Step 5: Contacting Professionals and Agencies

- Coach youth to use Step 5 if Step 4 does not resolve the crisis or lower risk
- Ask “Which clinicians should be on your safety plan?”
- Identify potential obstacles and problem solve ways to overcome them

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Step 5: Contacting Professionals and Agencies

- List names, numbers, and/or locations of
  - Clinicians
  - Urgent care centers
  - Local Crisis Number
  - National Suicide Prevention Lifeline
    800-273-TALK (8255), press “1” if veteran

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### Step 5: Contacting Professionals and Agencies

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Step 6: Reducing the Potential for Use of Lethal Means

• Ask youth what means they would consider using during a suicidal crisis
• Regardless, the clinician should always ask whether the patient has access to a firearm

Step 6: Reducing the Potential for Use of Lethal Means

• For methods of low lethality, clinicians may ask youth to remove or restrict their access to these methods themselves
  - For example, if youth are considering overdosing, discuss throwing out any unnecessary medication

Step 6: Reducing the Potential for Use of Lethal Means

• For methods of high lethality, collaboratively identify ways for a responsible person to secure or limit access
  - For example, if youth are considering shooting themselves, suggest that they ask a trusted family member to store the gun in a secure place
Step 6: Reducing the Potential for Use of Lethal Means

<table>
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<th>Reduction of Potential for Use of Lethal Means</th>
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<tr>
<td>1. Ask father to give the gun to uncle</td>
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Implementation: What is the Likelihood of Use?

1. Ask: “Where will you keep your safety plan?”
2. Ask: “How likely is it that you will use the Safety Plan when you notice the warning signs that we discussed?”

3. Ask: “What might get in the way or serve as a barrier to your using the safety plan?”
   - Help the youth find ways to overcome these barriers
   - May be adapted to brief crisis cards, cell phones or other portable electronic devices, must be readily accessible and easy-to-use.
Implementation: Review the Safety Plan Periodically

- Periodically review, discuss, and possibly revise the safety plan after each time it is used

- The plan is **not** a static document
- It should be revised as youth’s circumstances and needs change over time

Including Parents/Caregivers in the Safety Plan

- Be direct
  - What underlying mental health problem might exist (e.g., depression)?
  - Thoughts of suicide are not uncommon with these mental health problems - normalize
  - Be specific about concerns - "This is affecting your child"
- Discuss treatment options to initiate in primary care
- Emphasize importance of referral to mental health counselor and get parental/caregiver commitment to follow through
  - Discuss barriers to follow through
- Go over safety plan developed with the patient with his/her parent/caregiver
  - "We have developed a safety plan to help us manage any crises prior to getting in to see the mental/behavioral health specialist."
  - Start with Step 6 and then go back to steps 1-5
  - Talk about implementation and barriers of use
- Answer questions about the safety plan with parent/caregiver
- Next Step? Referral?

Correspondence Regarding This Presentation

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