



SAFETY PLANNING & MEAN RESTRICTION

Zero Suicide in Health & Behavioral Health Care

ZERO SUICIDE TOOLKIT

Seven Pillars: “Engage”

Use effective, evidence-based care, including collaborative safety planning, reduction of access to lethal means, and effective treatment of suicidality



SAFETY PLANNING

All persons with suicide risk have a Safety Plan





WHY IS IT IMPORTANT

- ❖ Suicide thoughts/risk ebb & flow
- ❖ Enhances one's ability to problem solve & cope
- ❖ Specific avenue to reduce impulsive behavior
- ❖ Immediate intervention for those in outpatient care & exiting inpatient care
- ❖ Safety net between emergency department discharge & follow-up
- ❖ Alternative for those who refuse to engage in care



EVIDENCE ON SAFETY PLANNING

Evidence-based suicide risk reduction strategies:

- Learn new skills in brief problem solving and coping
- Enhanced social support & identification of emergency contacts
- Motivation to engage in treatment
- Reduction and/or restriction of lethal means



WHAT IT IS

Written plan of specific coping strategies & resources

- ✓ Can be done in a timely manner
- ✓ Created by an individual with assistance from provider
- ✓ Developed in a single encounter with modifications as warranted
- ✓ Gives one a sense of regaining control



WHAT IT IS NOT

- ✓ "No Suicide Contract"
- ✓ Appropriate for one in imminent danger of death by suicide
- ✓ Substitute for behavioral health treatment



SAFETY PLAN FORMAT

- 1) Recognize warning signs
- 2) Employ internal coping strategies without needing to contact anyone else
- 3) Socializing with others who may offer support & a distraction from the crisis

- 1) Involving family members/ friends who may help resolve a crisis
- 2) Contact mental health professionals or agencies
- 3) Reduce the potential for use of lethal means

Stanley/Brown Safety Plan

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____
From Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i> . 19, 256-264	

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WARNING SIGNS

- ❑ Requires an individual to recognize their warning signs of suicidal thoughts/behaviors
- ❑ This includes thoughts, emotions, behaviors and physical changes
- ❑ Detailed information (using their own words) on what triggers suicidal thoughts/behaviors
- ❑ Individuals need to be aware of when to activate their Safety Plan based on these signs

COMMON WARNING SIGNS

Thoughts

- Depressed/Negative Thoughts (23%)
- Hopeless Thoughts (22%)
- Worthless/Helpless/Purposeless Thoughts (18%)

Emotions

- Angry/irritable/frustrated/annoyed/agitated(26%)
- Depressed(22%)
- Stressed/overwhelmed(14%)

COMMON WARNING SIGNS

Physical

- Panic Symptoms(14%)
- Pain/Headaches(8%)

External





- Stress caused by another person or event(10%)
- Financial Stress(7%)

Warning Signs

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INTERNAL COPING STRATEGIES

- Activities/distractions one can do alone without contacting others
- Assists the individual in distracting them from their problems and create meaning to their life
- Ability to adequately cope assists in preventing suicide ideation from snowballing
- Learning to cope on one's own around suicidal thoughts/feelings helps build resiliency; may take time to build up



INTERNAL COPING STRATEGIES

- Encourage realistic brain storming around what an individual can do on their own if they begin to have suicidal thoughts
- Generated by the individual with assistance, if needed, from the provider
- Dialogue around their willingness/commitment to using these skills
- Dialogue around potential roadblocks and strategies to address





Internal Coping Strategies	N (%)
Watching TV or Movie	34 (34%)
Taking a Walk	33 (33%)
Listening to Music	33 (33%)
Exercising	29 (29%)
Playing Video Games or Computer Activities	28 (28%)
Reading or Schoolwork	23 (23%)
Praying, Meditating, Deep Breathing	23 (23%)
House Chores	20 (20%)
Creative Pursuits	19 (19%)
Self-care or Self-soothing Activities	13 (13%)
Looking at Photos of Loved Ones	9 (9%)
Taking a Time Out, Distracting, Walking Away	8 (8%)
Spending Time with a Pet or Animals	7 (7%)
Incorrect location on Safety Plan	21 (21%)
Other	17 (17%)

Coping Strategies

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PEOPLE & SOCIAL SETTINGS

- ❖ If “Internal Coping Strategies” fail, move to interaction with others & visiting social settings
- ❖ Engaging with others and/or being in a social setting may serve as a distraction
- ❖ Choice family/friends who are supportive & locations that are positive
- ❖ There is no requirement one reveal their suicidal thoughts to others at this point

PEOPLE & SOCIAL SETTINGS

Safety Plan should include:

- ✓ several names of individuals who can be contacted
- ✓ several locations where the individual can visit





Social Settings	N (%)
Library or Bookstore	17 (17%)
Outdoors (park, city streets, etc.)	15 (15%)
Place of Worship or Community Center	12 (12%)
Theater	10 (10%)
Shopping at a Store or Mall	9 (9%)
Restaurant or Coffee Shop	9 (9%)
Someone Else's Home	9 (9%)
Go to the Gym	8 (8%)
NA/AA Meeting or Support Group	8 (8%)
Other	7 (7%)

People & Places

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ASKING FOR HELP: FAMILY MEMBERS OR FRIENDS




- ❖ If “People & Social Settings” fail, move to asking family/friends for assistance
- ❖ Best to lean on those individuals who are supportive & already in the “circle”
- ❖ Share the Safety Plan with those identified as being supports
- ❖ Avoid those individuals who have historically made situations more stressful

Help: Friends/Family

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ASKING FOR HELP: PROFESSIONALS

- ❖ If “Help from Family/Friends” fail, move to accessing professional assistance
- ❖ List all current behavioral health providers with phone numbers (including yourself if completed in a session)
- ❖ List all emergency behavioral health services that can be accessed (emergency departments as a last resort)
- ❖ Make sure to include the Suicide Prevention Lifeline
800-273-TALK (8255)
- ❖ Obtain Releases of Information for other providers listed on the safety plan

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Help: Professionals

REDUCING ACCESS TO LETHAL MEANS

- Candid conversation about potential means for dying by suicide
- Inquire on access to firearms with education on firearm suicide deaths (even if not an identified potential mean)
- As trust has been established during this process, the timing seems appropriate to have this hard conversation

Reducing Access to Lethal Means

The ultimate goal is to:

- reduce access
- restrict access




Best done by soliciting help from individual(s) trusted by the person

Access to Means

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CENTERSTONE

Adding a Pathway to your Treatment Plan

We care about your recovery and want to help you work through this difficult time and find hope. Based on your appointment today, we feel it is important to offer you extra care and attention over the next few weeks.

To do so, we are placing you in a special program we offer to assist people who are having thoughts about suicide. We call it a Pathway. We strongly believe therapy can be a useful tool in understanding your current suicidal thoughts and helping you create changes to where your life seems "livable" again.

This Pathway is meant to help keep you safe while you are working on these life changes.

The following is a list of supports or activities we want to provide for you:

- A plan to get rid of the means or method you might use to hurt yourself. Your family members or a friend may need to help with this.
- Regular check-ins. We hope to have contact with you weekly to make sure you are feeling safe. To do this, we will need your current phone number(s) and an address. Additionally, we'd like to have your permission to contact a family member or friend in case we can't reach you so we will need their phone and address information as well.
- An appointment with one of our medical staff to discuss your current medications or adding/changing medications that could help during your recovery.
- A follow up appointment within a week of starting the Pathway.
- If you don't keep an appointment, we will try to call you. If we can't reach you immediately, we will continue to call you and your emergency contact. If we still can't reach you, we'll send a letter, letting you know we want to hear from you as soon as possible.
- Information about how to get help 24 hours a day, 7 days a week.
- **Most important, we want to help you see there is hope, you can feel better and suicide is not the answer.** We'll want to involve people close to you- with your permission- so they can understand better what is going on with you and learn how to help.

This information was reviewed with me on _____ (date).

Your Name

Centerstone Representative

If you are in crisis, call 800-681-7444.

EDUCATION SHEET

CENTERSTONE: ADDRESSING MEANS

- Clients asked at intake if they have access to firearm(s)
- Obtain correct phone number and address for supportive family/friends – call phone numbers in real time to ensure they are working
- Have client sign Releases of Information
- Obtain client's agreement to identify all lethal means they have considered & agree to limit their access
- If no support person is identified, staff assess client's ability to implement plan independently
- If support person not present, contact him/her with client in room to establish plan to secure lethal means
- Obtain agreement from support person to call Centerstone staff back the **same day** to confirm lethal means secured. Document agreement in clinical record
- Centerstone staff must follow up with support person if call not received within timeframe agreed upon
- Do not direct client or support person to bring weapons to Centerstone locations or attempt to relinquish them to Centerstone staff

CENTERSTONE: ADDRESSING MEANS

If client does not agree to reducing/restricting means access:

- Explicitly discuss with client why lethal means removal is important to their safety
- Consult with Clinical Supervisor
- Consider referral to higher level of care (including voluntary/involuntary hospitalization if necessary)
- If a client leaves without a Safety Plan, Crisis Services and support person should be contacted
- If client is considered a danger to him/herself, law enforcement may need to be alerted



STAFF TRAINING

- o Historically there has been no specific training for behavioral health staff on Safety Planning or Securing Means
- o Feedback (for even seasoned clinicians) has been overwhelmingly positive on this type of training
- o Teaches staff how to have this type of difficult conversation & the importance of using the Safety Plan as a clinical tool

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Counseling on Access to Lethal Means TOOLS & RESOURCES | COURSE NAVIGATION | EXIT



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SUICIDAL PREVENTION
RESOURCE CENTER

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Lifeline Contact Information

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- ▶ Module 1 Introduction to Means Restriction
- ▶ Module 2: Counseling on Access to Lethal Means



Counseling on Access to Lethal Means

Online Learning



HICRC
Harvard Injury Control Research Center



SPRC
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RESOURCE CENTER

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ADDITIONAL RESOURCES

1) Safety Planning Intervention for Suicidal Individuals Online Training?

<http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm>

2) Counseling on Access to Lethal Means

<http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

3) Columbia-Suicide Severity Rating Scale

http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/cssrs_web/course.htm



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