

# Developing Effective Safety Plans for Suicidal Youth

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# 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

### 10 Leading Causes of Death, United States 2009, All Races, Both Sexes

[Click on any colored box for detailed causes and ICD codes.](#)

[Click on any age group for percentages.](#)

Rank	Age Groups										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 5,319	<a href="#">Unintentional Injury</a> 1,466	<a href="#">Unintentional Injury</a> 773	<a href="#">Unintentional Injury</a> 916	<a href="#">Unintentional Injury</a> 12,458	<a href="#">Unintentional Injury</a> 14,062	<a href="#">Unintentional Injury</a> 15,102	Malignant Neoplasms 50,616	Malignant Neoplasms 106,829	Heart Disease 479,150	Heart Disease 599,413
2	Short Gestation 4,538	Congenital Anomalies 464	Malignant Neoplasms 477	Malignant Neoplasms 419	<a href="#">Homicide</a> 4,862	<a href="#">Suicide</a> 5,320	Malignant Neoplasms 12,519	Heart Disease 36,927	Heart Disease 67,261	Malignant Neoplasms 391,035	Malignant Neoplasms 567,828
3	SIDS 2,226	<a href="#">Homicide</a> 376	Congenital Anomalies 195	<a href="#">Suicide</a> 259	<a href="#">Suicide</a> 4,371	<a href="#">Homicide</a> 4,222	Heart Disease 11,081	<a href="#">Unintentional Injury</a> 19,974	Chronic Low. Respiratory Disease 14,160	Chronic Low. Respiratory Disease 117,098	Chronic Low. Respiratory Disease 137,353
4	Maternal Pregnancy Comp. 1,608	Malignant Neoplasms 350	<a href="#">Homicide</a> 119	<a href="#">Homicide</a> 186	Malignant Neoplasms 1,636	Malignant Neoplasms 3,659	<a href="#">Suicide</a> 6,677	<a href="#">Suicide</a> 8,598	<a href="#">Unintentional Injury</a> 12,933	Cerebrovascular 109,238	Cerebrovascular 128,842
5	<a href="#">Unintentional Injury</a> 1,181	Heart Disease 154	Influenza & Pneumonia 106	Congenital Anomalies 169	Heart Disease 1,035	Heart Disease 3,174	<a href="#">Homicide</a> 2,762	Liver Disease 8,377	Diabetes Mellitus 11,361	Alzheimer's Disease 78,168	<a href="#">Unintentional Injury</a> 118,021
6	Placenta Cord Membranes 1,064	Influenza & Pneumonia 146	Heart Disease 97	Influenza & Pneumonia 122	Congenital Anomalies 457	HIV 881	Liver Disease 2,481	Cerebrovascular 6,163	Cerebrovascular 10,523	Diabetes Mellitus 48,944	Alzheimer's Disease 79,003
7	Bacterial Sepsis 652	Septicemia 71	Chronic Low. Respiratory Disease 64	Heart Disease 120	Influenza & Pneumonia 418	Influenza & Pneumonia 807	HIV 2,425	Diabetes Mellitus 5,725	Liver Disease 9,154	Influenza & Pneumonia 43,469	Diabetes Mellitus 68,705
8	Respiratory Distress 595	Chronic Low. Respiratory Disease 66	Benign Neoplasms 40	Chronic Low. Respiratory Disease 59	Complicated Pregnancy 227	Diabetes Mellitus 604	Cerebrovascular 1,916	Chronic Low. Respiratory Disease 4,664	<a href="#">Suicide</a> 5,808	Nephritis 40,465	Influenza & Pneumonia 53,692
9	Circulatory System Disease 581	Perinatal Period 58	Septicemia 33	Benign Neoplasms 45	Cerebrovascular 193	Cerebrovascular 537	Diabetes Mellitus 1,872	HIV 3,388	Nephritis 4,792	<a href="#">Unintentional Injury</a> 39,111	Nephritis 48,935
10	Neonatal Hemorrhage 517	Benign Neoplasms 53	Cerebrovascular 32	Cerebrovascular 42	Chronic Low. Respiratory Disease 187	Liver Disease 459	Influenza & Pneumonia 1,314	Influenza & Pneumonia 2,918	Septicemia 4,628	Septicemia 26,763	<a href="#">Suicide</a> 36,909

[Terms for Causes of Death](#)

[Printer-Friendly Version](#)

# 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

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# 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



SAMPLE SAFETY PLAN	
<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____ 4. Place _____
<b>Step 4: People whom I can ask for help:</b>	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4.	Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
<b>Step 6: Making the environment safe:</b>	
1.	_____
2.	_____
<small>Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley &amp; Brown, 2008).</small>	

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

\_\_\_\_\_



# 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

# Step 1: Recognizing Warning Signs

## 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

# Step 1: Recognizing Warning Signs

## Examples

- 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

	Step 1: Recognizing Warning Signs
1.	<i>Being left out of weekend plans</i>
2.	<i>Having my parents overcontrol my schedule</i>
3	<i>Feeling empty</i>

## 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

	Internal Coping Strategies
1.	<i>Go lift at the gym</i>
2.	<i>Watch sports</i>
3.	<i>Play drums</i>
4.	<i>Go for a walk</i>

# 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

	Socializing with Family Members or Others
1.	<i>Play basketball at the Y</i>
2.	<i>Call my uncle</i>
3.	<i>Go to the mall</i>

# 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

# Step 4: Contacting Family Members or Friends for Help

	Talking with Others about Current Crisis
1.	<i>Call my mom</i>
2.	<i>Call my uncle and talk about how I feel</i>



# 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

# 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*

# Step 5: Contacting Professionals and Agencies

	Professionals and Agencies
1.	<i>Primary Care Physician</i>
2.	<i>Urgent Care Center</i>
3.	<i>1-800-273-TALK (8255)</i>

# 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

	Reduction of Potential for Use of Lethal Means
1.	<i>Ask father to give the gun to uncle</i>

# 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?”



# Implementation: What is the Likelihood of Use?

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

# Correspondence Regarding This Presentation May be Directed to:

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