

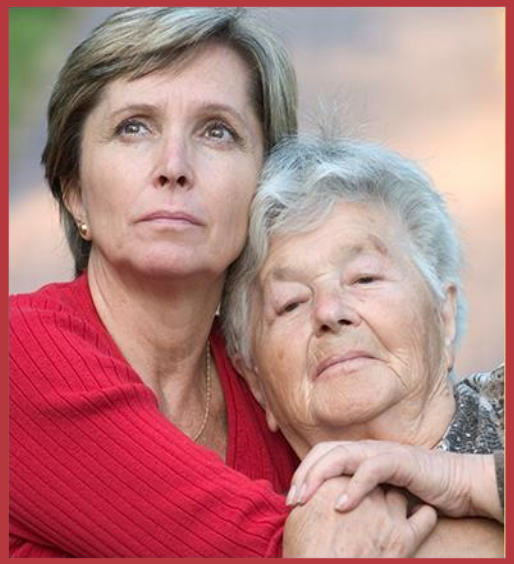


UNIVERSITY of ROCHESTER MEDICAL CENTER

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Collaborative Safety Planning to Reduce Risk in Suicidal Patients:

A Key Component of the Zero Suicide Model

July 26, 2017

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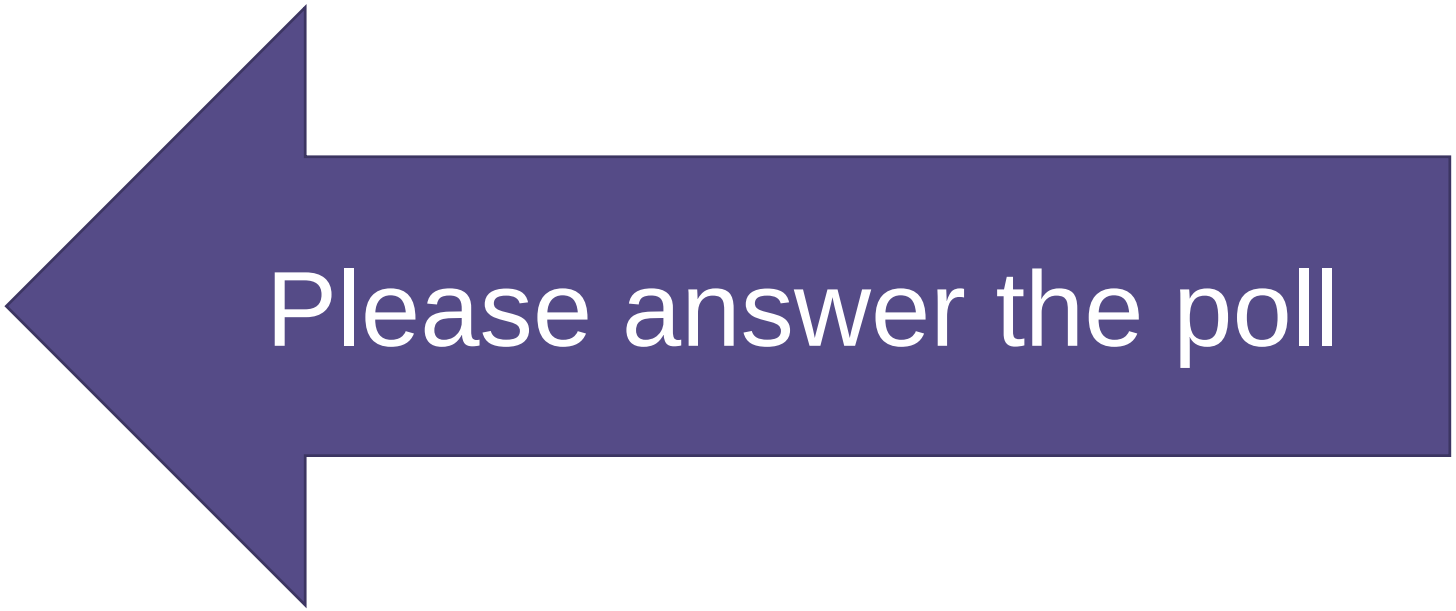
Please answer the poll

Presenters

Adam Swanson (Moderator)

Barbara Stanley

Michael Caine

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The Safety Planning Intervention: A Brief Intervention to Reduce Suicide Risk

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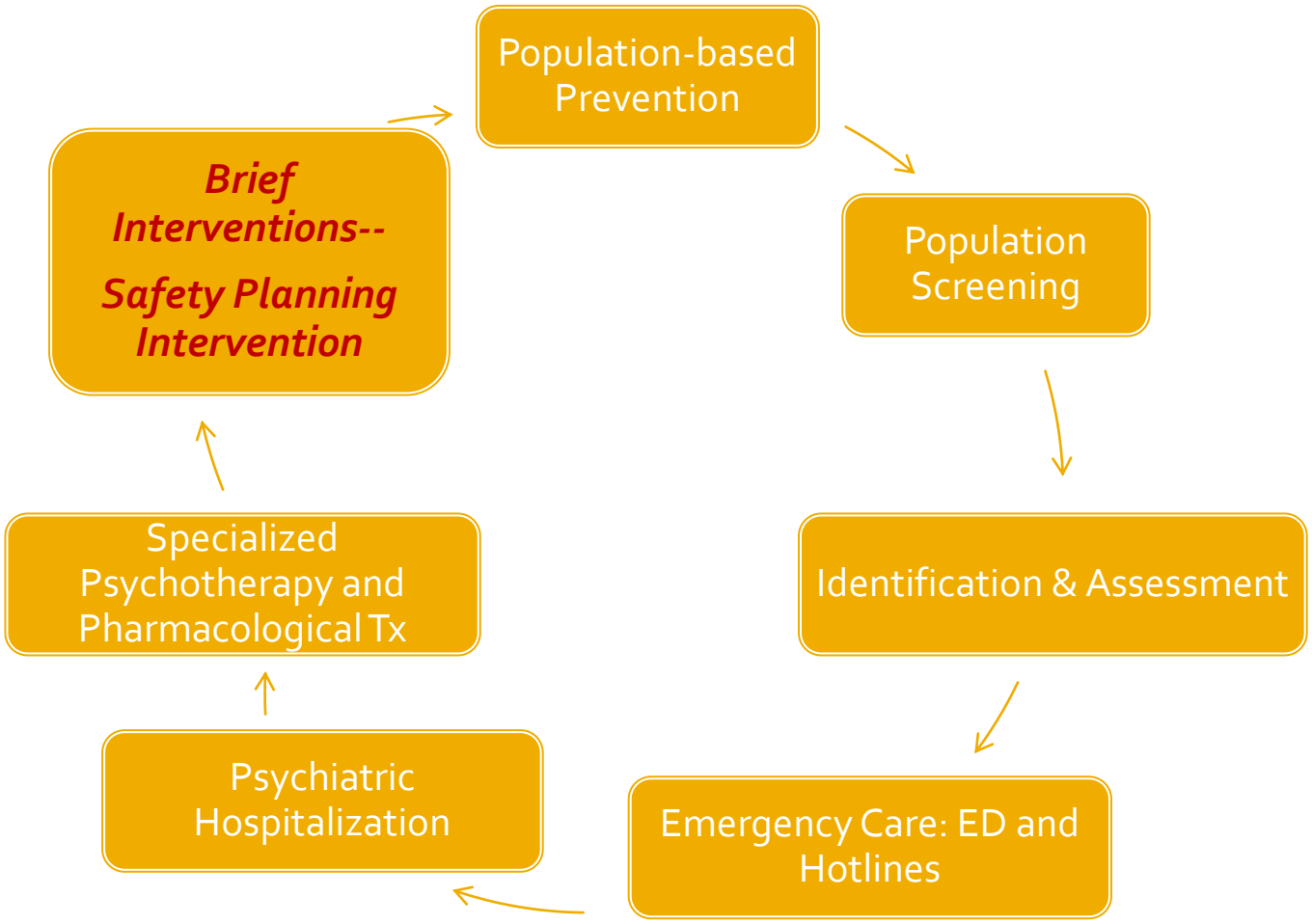
Columbia University, College of Physicians and Surgeons
Director, Suicide Prevention Training Implementation and Evaluation Program
Center for Practice Innovations
New York State Psychiatric Institute

COLUMBIA UNIVERSITY
IN THE CITY OF NEW YORK

Center for Practice Innovations℠
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Components of Suicide Prevention



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What is a Brief Intervention?

- A tool for use when contact is limited
- Single session or several sessions
- Teaching, informing, educating
- Planning for future crises
- ***Therapeutic Encounter***
- Outreach, follow-up (phone calls, letters, texts)

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Why Use a Brief Intervention?

- Ever-increasing suicide rate in the US
- Empirically supported psychotherapies have not resulted in a decreased rate
- We do not always successful in engaging patients in ongoing treatment.
- The brief intervention during crisis contact can increase therapeutic capacity of the contact.
- Sentinel event/teachable moment (Boudreaux, 2012): "strike while the iron is hot" may be the ***only*** intervention

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What is the Safety Plan Intervention (SPI)?

- SPI is a **clinical intervention** that results in development of a one-page document to use when a suicidal crisis is emerging.
- The clinician and individual at risk completes the SPI collaboratively.
- Suicide risk fluctuates over time and SPI is a plan for managing and decreasing suicidal feelings and for staying safe when these feelings emerge

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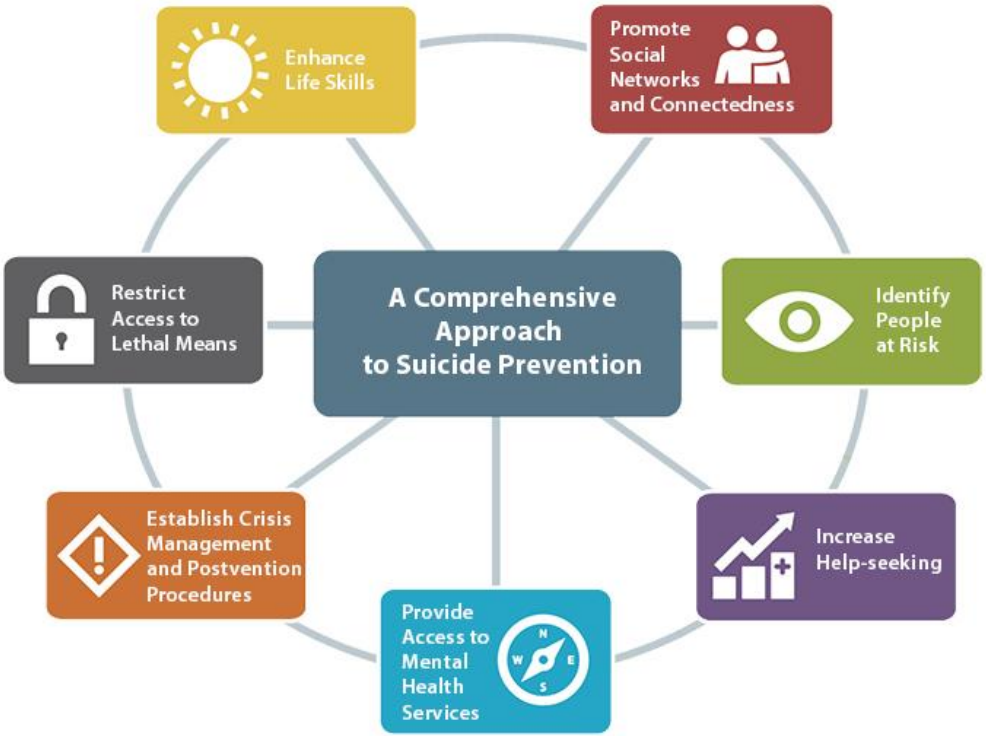
Suicide Prevention Framework

Comprehensive approach



Origin of the SPI

- Developed to maintain safety of high-risk patients in outpatient treatment studies (Penn CT study; TASA study)
- Utilizes aspects of evidence-based suicide interventions
- Later expanded for stand-alone intervention in VA and civilian ERs
- Identified as a Best Practice in the SPRC-AFSP Registry of Best Practices for Suicide Prevention

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Evidence-Based Risk Reduction Strategies

- Brief problem solving and coping skills (including distraction)
- Enhancing social support
- Identifying emergency contacts
- Motivational Enhancement for further treatment
- Means Restriction/Means Safety

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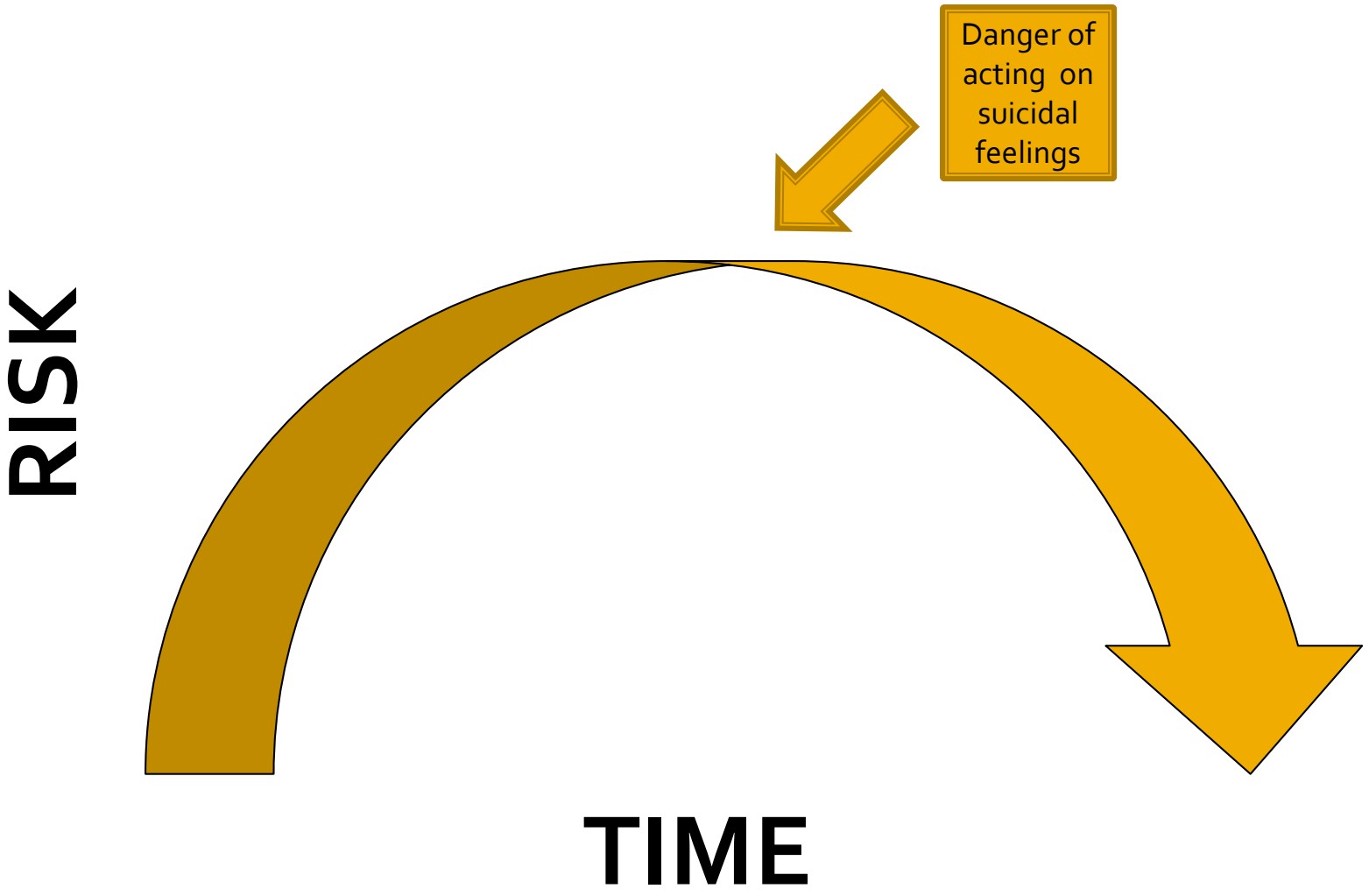
Risk fluctuates over time



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Theoretical Foundation of SPI

1. Suicide Risk Fluctuates with Time
2. Problem solving capacity diminishes during crisis so over-practice with a specific template can help coping.

   -Similar to airline emergency instructions.
3. Clinician and suicidal individual collaborate to determine cognitive and behavioral strategies to use during suicidal crises.

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Safety Planning Intervention Overview

- Prioritized written list of coping strategies and resources for use during a suicidal crisis
- Helps provide a sense of control
- Uses a brief, easy-to-read format that uses the individual's own words
- Can be used as a single-session intervention or incorporated into ongoing treatment

1. Stanley, B., & Brown, G. K. (with Karlin, B., Kemp, J., von Bergen, H.) (2008*). Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version.* Washington, D.C.: United States Department of Veterans Affairs.
2. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice,* 19: 256–264.

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Safety Planning Intervention Overview (cont'd)

- Step-wise increase in level of intervention
  - Starts "within self" and builds to seeking emergency care
- Plan is step-wise but individual can advance in steps without "completing" previous step
- Individual stops when suicidal feelings subside

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The SPI is NOT:

- NOT a substitute for individual psychotherapy
- NOT help for an individual in imminent danger of attempting suicide
- NOT a "no-suicide contract"
  - Avoid "no-suicide contracts"– all this does is ask patients to promise to stay alive without telling them HOW or giving them the resources to cope

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SP-TIE
Suicide Prevention-
Training Implementation Evaluation

Overview of SPI Steps

1. Recognizing warning signs
2. Employing internal coping strategies (without contacting another person)
3. Socializing with others as a way of distraction
4. Contacting family members or friends to help resolve crisis
5. Contacting mental health professionals/agencies
6. Enhancing means safety/Reducing potential for use of lethal means
7. Identifying reasons for living (optional)

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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/Agency Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician/Agency Name _____Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Emergency Department_____
   Emergency Department Address_____
   Emergency Department Phone_____
4. Suicide Prevention Hotline Phone: **1-800-273-TALK (8255)**
5. Other:_____

Step 6: Making the environment safe:

1. _____
2. _____
3. _____

Step 7: Remembering my reasons for living:

The things that are most important to me and worth living for are:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

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How Do We Begin Safety Planning?

If there is sufficient time----

- Lay down the foundation for safety planning by asking the individual to tell the story of their suicide attempt or suicidal crisis.
- What was the major decision point associated with suicide crisis/attempt/risk?
- What were the triggers and reactions?
- Follow backward in time

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Introducing safety planning

- Explain how suicidal crises come and go
- Describe the suicide risk curve
- Explain how the safety plan helps to prevent acting on suicidal feelings
- Explain when the safety plan should be used
- Explain how using the strategies enhances self-efficacy and a sense of self control

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Always take a clinical approach to SPI-SPI is a clinical intervention, *not* a form

- Clinician guides the patient through development of the plan
- ***Collaborative*** approach
- Guides patient in generating their own ideas
- Clinician refrains from giving patient ideas until they have had a chance to generate their own
- Balance collaboration with directive approach to complete the 6 steps.
- Include identification of obstacles to carrying out the steps and problem solving around them

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Key Questions to Guide Plan Development

Step 1: Recognize Warning Signs: "What do you experience when you start to think about suicide or feel extremely distressed? Thoughts, emotions, behavior, physical sensation, avoid using external cues

Step 2: Internal Coping Strategies: "What can you do, on your own, if you become suicidal again, to help yourself not act on your thoughts and urges?"

Step 3: People and Healthy Social Places as distractors: "Who helps you take your mind off your problems- at least for a little while?" "Where are some places that you can to take your mind off your problems?" "Where do you think you could go that is a healthy environment for social interaction?"

Step 4: People for Support and Help: Who can you let know that you are in a crisis or feeling suicidal who could help you?

Step 5: Professionals and Agencies: Who is a clinician you can reach out to in a crisis? What is is your local ER? Suicide Prevention Hotline 800-273-TALK (8255)

Step 6: Making the Environment Safe: What means to hurt yourself did you use? What would you consider? ALWAYS ask about access to firearms, even if not mentioned

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Implementation

- Briefly review the plan
- Identify and problem solve barriers to use for each step and for the overall plan use
- Discuss where plan will be kept and when to use it
- Recommend periodic revision

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Efficacy Data: SAFE VET

- SPI administered in the ED to in the VA to patients who were experiencing a suicidal crisis but did not require hospitalization (moderate risk)
- Structured Follow up phone calls to assess risk and review and revise the safety

Knox, K., L., Stanley, B., Currier, G., Brenner, L., Holloway, M., & Brown, G.K. (2012). An emergency department based brief intervention for Veterans at risk for suicide (SAFE VET). *American Journal of Public Health.* 102 suppl(1): S33-7, 2012

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SAFE VET Project Design

- Selected 5 VA EDs that provided the SAFE VET intervention
- Cohort comparison design: 4 VA EDs that did not provide the SAFE VET intervention and that were matched on:
  - Urban/suburban vs. rural
  - Similar number of psychiatric ED evaluations per year
  - Presence of an inpatient psychiatric unit at the VAMC
- Medical record data was extracted for the 6 months prior to and 6 months following the index ED visit
  - Suicide Behavior Reports
  - Mental Health and Substance Use Services

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SAFE VET Services Provided

- Number who received Safety Plan Intervention:
  - SAFE VET Sites: 1,178 (99.3%)
  - Control Sites: 106 (23%)
- Follow-up Weekly Calls Until Engaged in Services
  - Veterans Who Completed at least 1 Call: 1,063 (89.6%)
  - Mean Number of Completed Calls: 3.7 (SD=3.3, Range: 0-26)
  - Mean Number of Attempted Calls but could not contact: 3.4 (SD=3.4, Range: 1-23)
  - Mean Number of Days Between First and Last Completed Call: 43.5 (SD=40, Range: 0-307)

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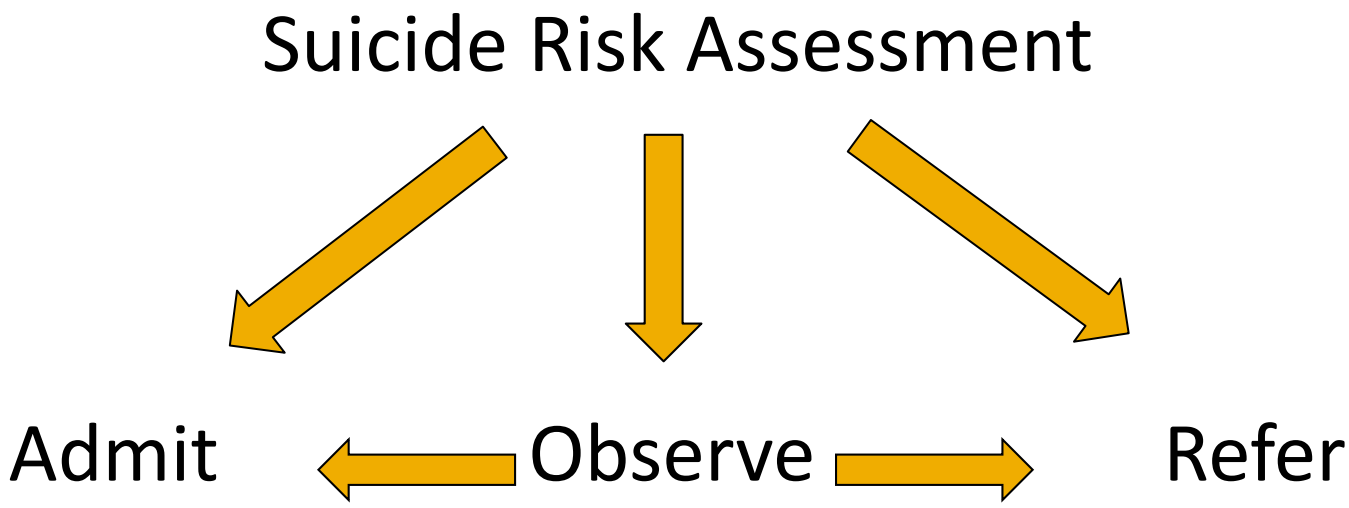
Traditional ED Strategy



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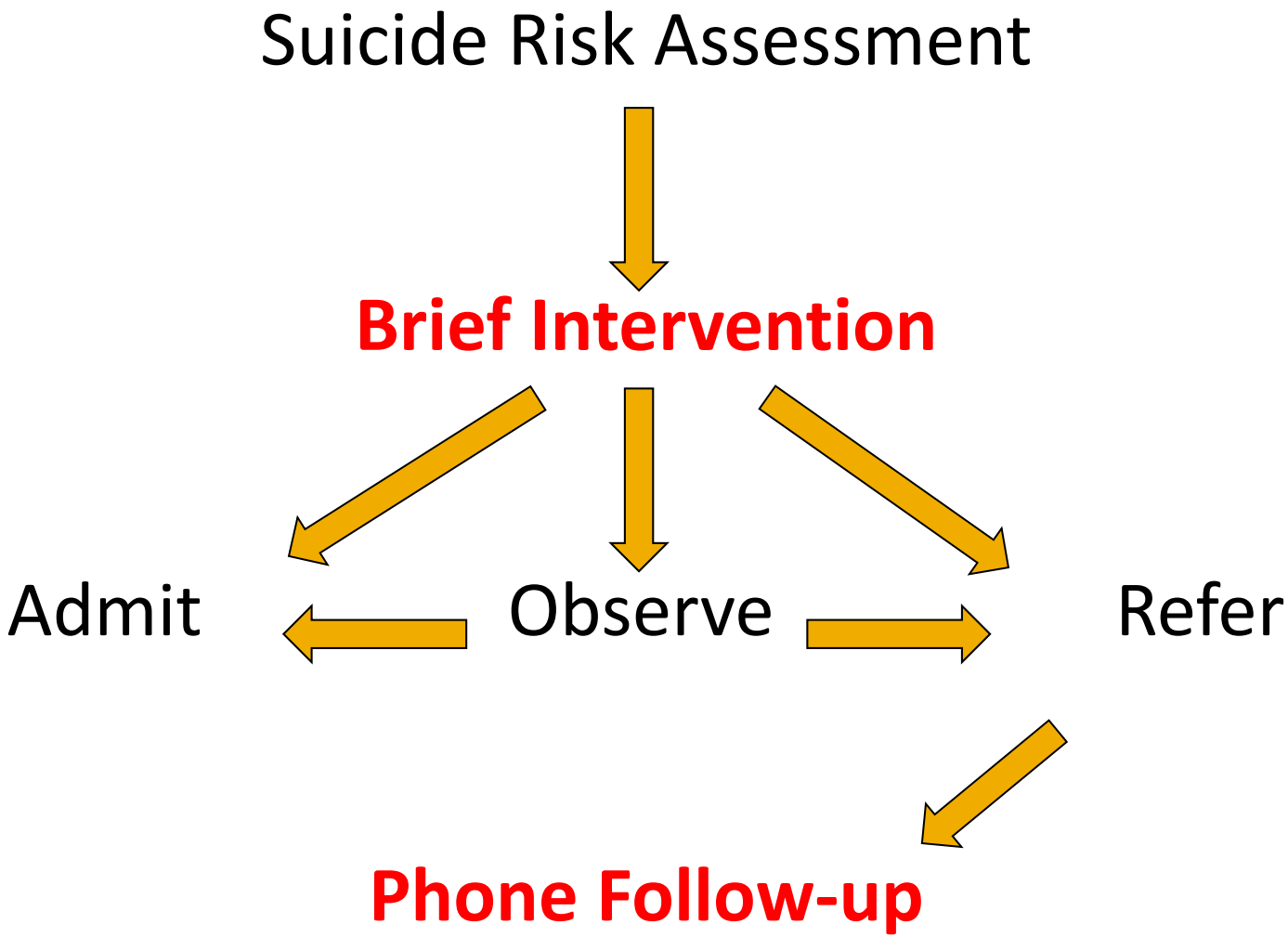
SAFE VET: Revised ED Strategy



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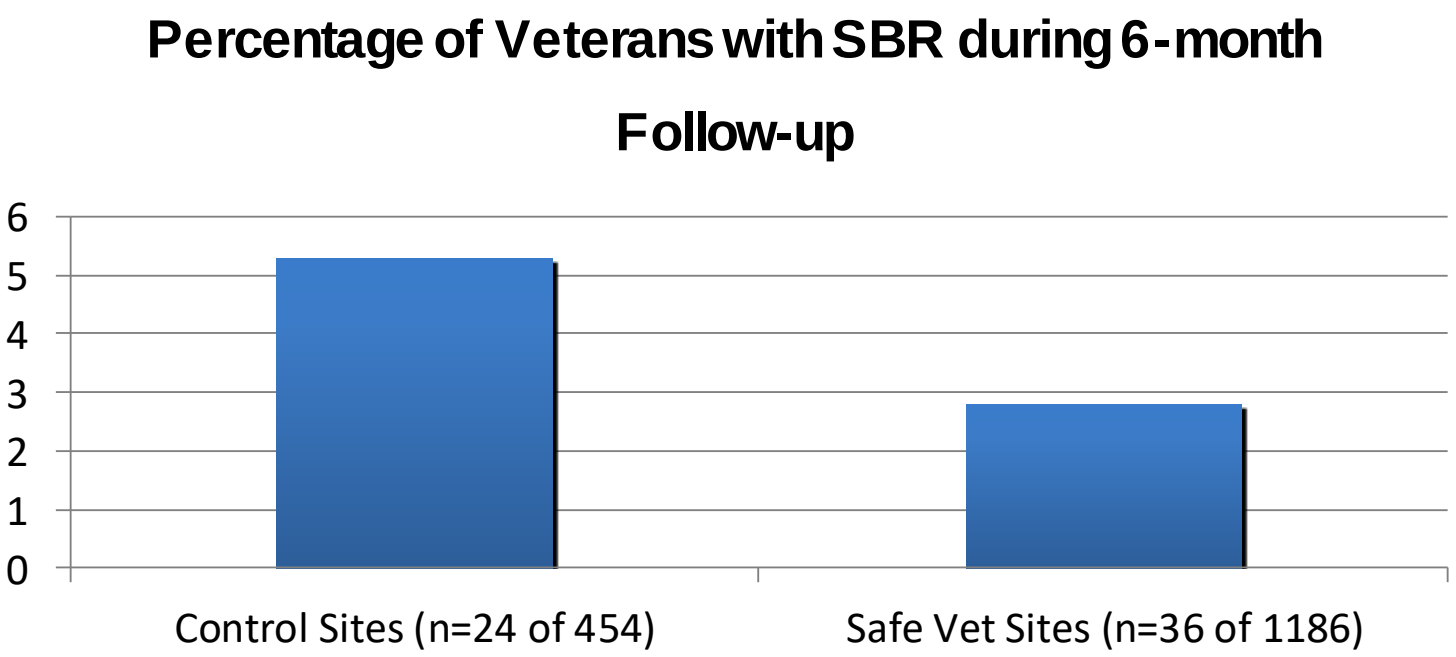
Does SPI help to decrease suicidal behavior? Suicide Behavior Reports (SBR) During Follow-up



$\chi 2(1, N = 1640) = 4.72, p = .029$; OR = 0.56, 95% CI: 0.33, 0.95

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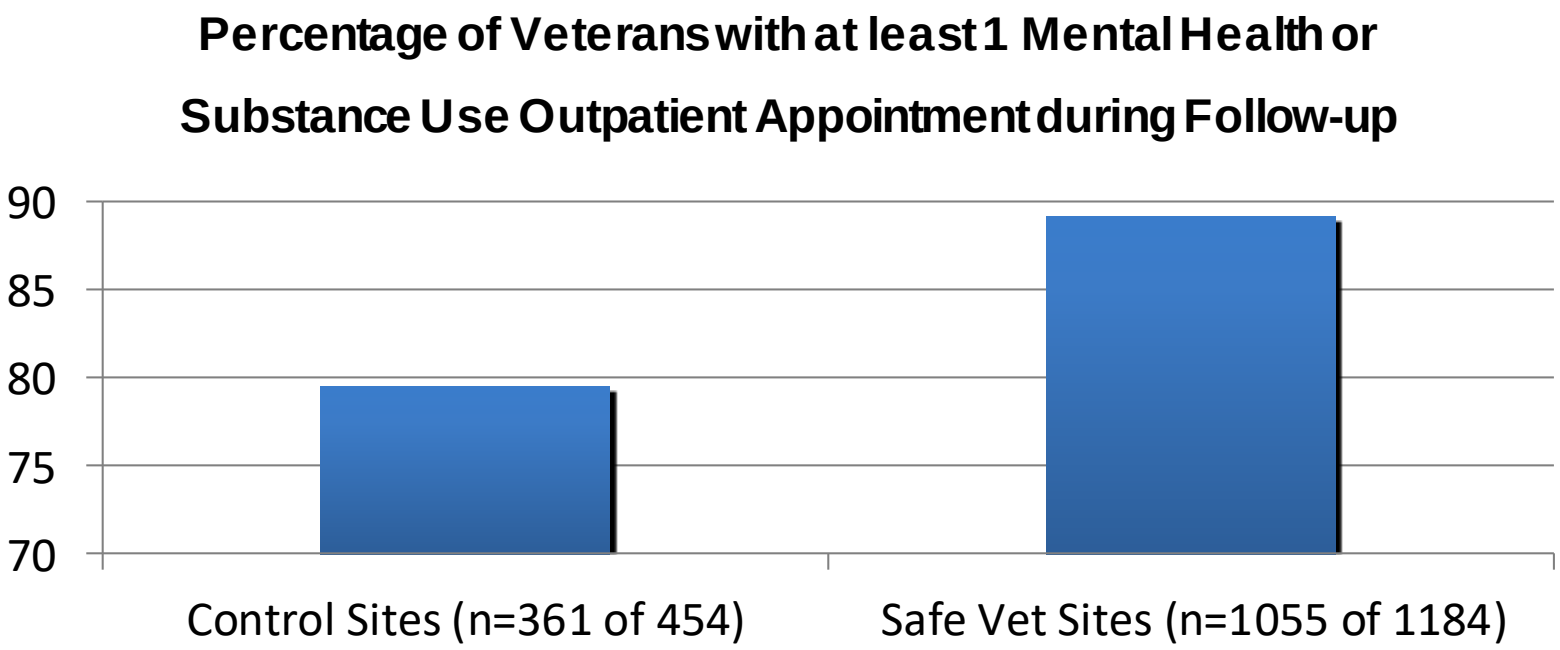
Does SPI help to increase outpatient treatment? Engagement During Follow-up



$\chi 2(1, N = 1638) = 25.76, p < .001$; OR = 2.12, 95% CI: 1.57, 2.82

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SAFE VET Treatment Engagement During Follow-up

- SAFE VET sites had significantly fewer days to the first attended mental health or substance use outpatient visit than those at Control sites, log-rank $\chi 2 = 23.27$; $p < .001$
  - SAFE VET sites: **39.2** days (95% CI: 35.99-42.38)
  - Control sites: **58.6** days (95% CI: 52.12-65.01).

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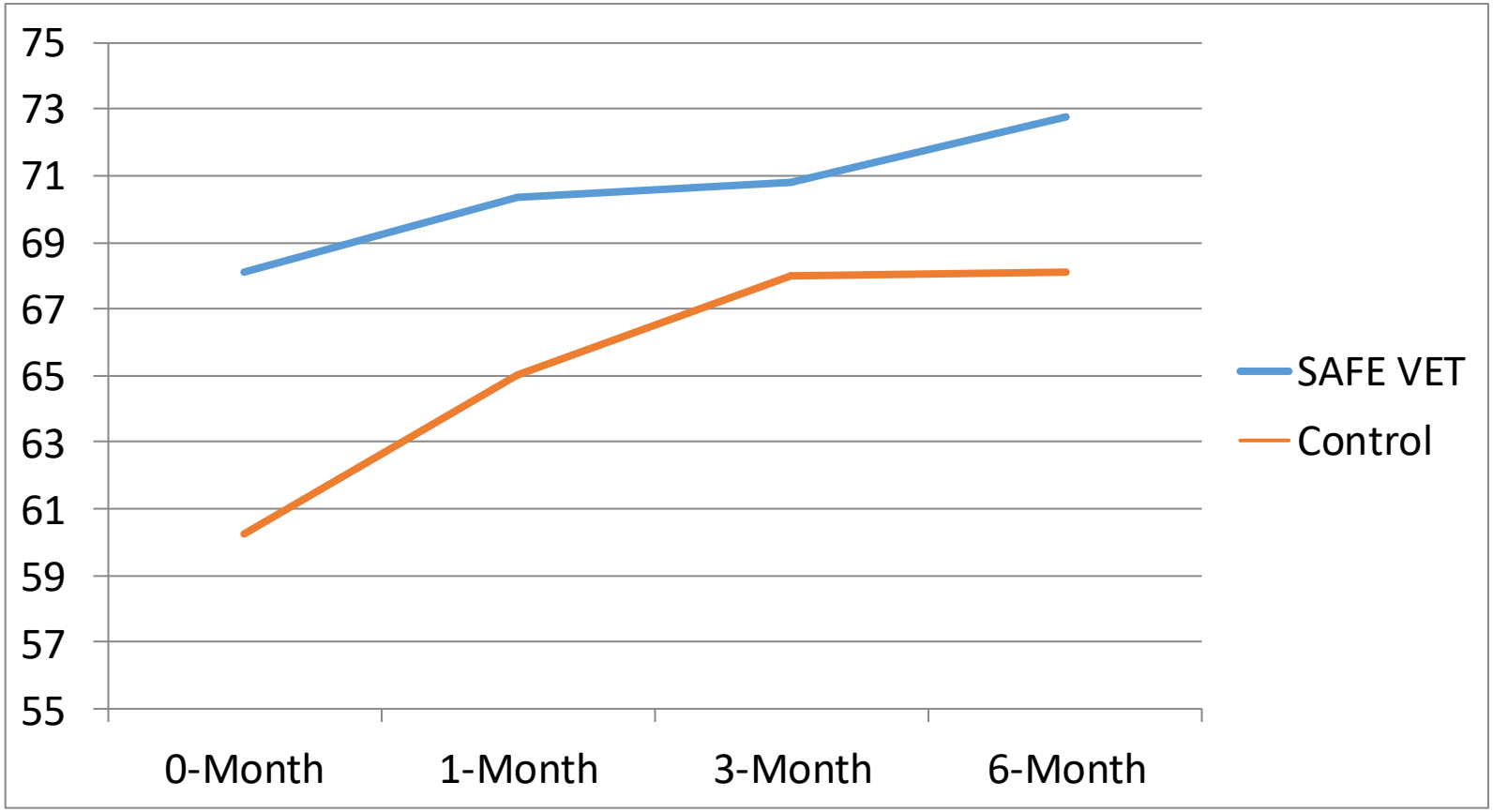
Does SPI increase coping with suicidal urges and feelings?



Mixed effect regression: Main effect z = 2.95, 95% CI: 1.67, 8.23, p = 0.003

Group by time interaction z = -2.16, 95% CI: -1.32, -0.66, p= .03

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Qualitative Interviews on SPI

- Conducted a study to determine experiences with SPI and to assess **feasibility** and **acceptability**
- 100 patients who had enrolled in SAFE VET completed a semi-structured interview with a mental health clinician to assess feasibility, acceptability, and effectiveness
- Interviews were transcribed, a coding system developed based on common themes, and frequencies of responses were calculated

Stanley, Chaudhury, Chesin, Pontoski, Bush, Knox & Brown (2015). Psychiatric Services, in press.

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SAFE VET Qualitative Study
Veteran Interviews

Is the SPI acceptable?

- 100% recalled completing the Safety Plan
- 97% were satisfied with the Safety Plan
- 88% identified its current location
- 61% reported having used the Safety Plan
- For those using the Safety Plan, aspects that were most helpful:
  - 52% social contacts/places for distraction
  - 47% social support for crisis help
  - 45% contacting professionals
  - 27% internal coping strategies

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Quality of Safety Plans Makes a Difference

- Many safety plans are of poor quality (Gamarra et al., 2015)
- Suicidal individuals indicate that plans are most helpful when developed as a "partnership" with the clinician (Kayman et al., 2015)
- Higher quality plans are related to fewer subsequent psychiatric hospitalizations (Gamarra et al., 2015)
- More complete safety plans are related to outcomes, specifically people and places as distractors predict decreased likelihood of self-harm and suicide attempts (Green et al., 2015)

Summary

- Conducting the Safety Plan Intervention is a collaborative process between the clinician and the patient.
- Information should be provided on each step of the Safety Plan Form that is feasible and easy-to-use.
- The Safety Plan Intervention is to include a discussion of how it is to be used by the patient.
- Quality has an impact on outcomes.

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Resources

- Stanley B & Brown GK, A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice*, 19:2, May 2012, 256-64.
- Safety planning in the VA (*Stanley & Brown VA Safety Planning Manual, 2008).*
- SPI designated as a *Best Practice* by the SPRC/AFSP Registry of Best Practices for Suicide Prevention.
- Safety Plan Template: www.suicidesafetyplan.com.

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SPI: In Their Own Words…

"Gave me the opportunity to more clearly define signs, when my mood is beginning to deteriorate and when to start taking steps to prevent further worsening…"

"How has the safety plan helped me? It has saved my life more than once…"

Stanley & Brown (2015). *Psychiatric Services*

.

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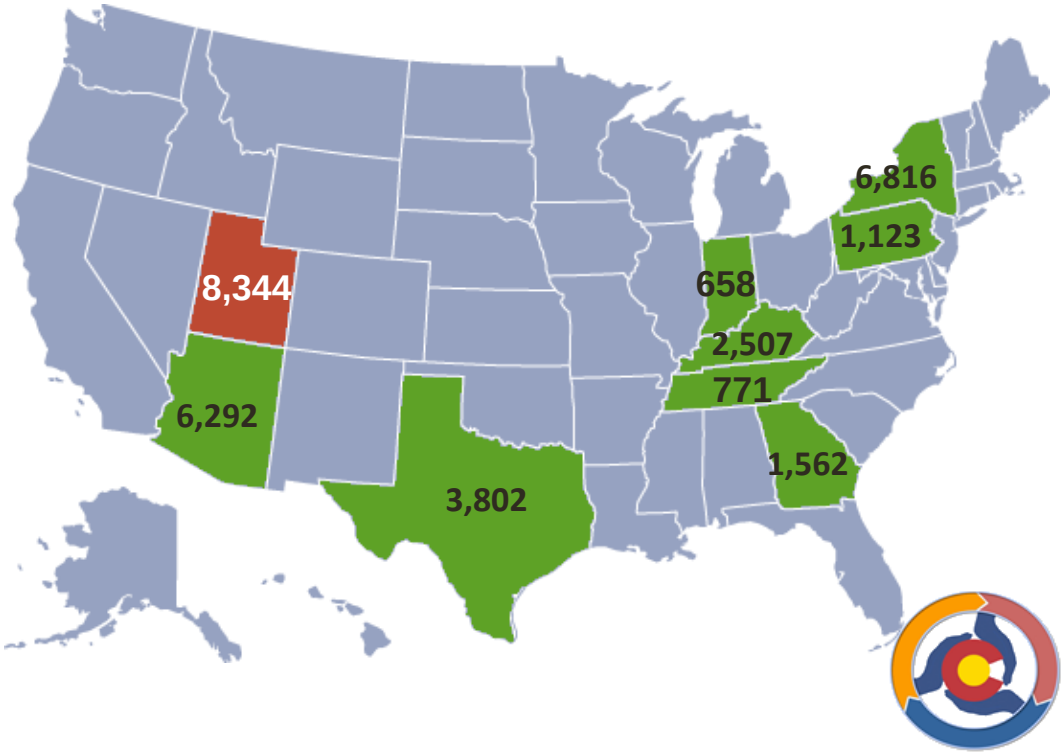
SOUTHWEST
BEHAVIORAL HEALTH
CENTER

National Survey of 30,000 MH Professionals Across Nine States

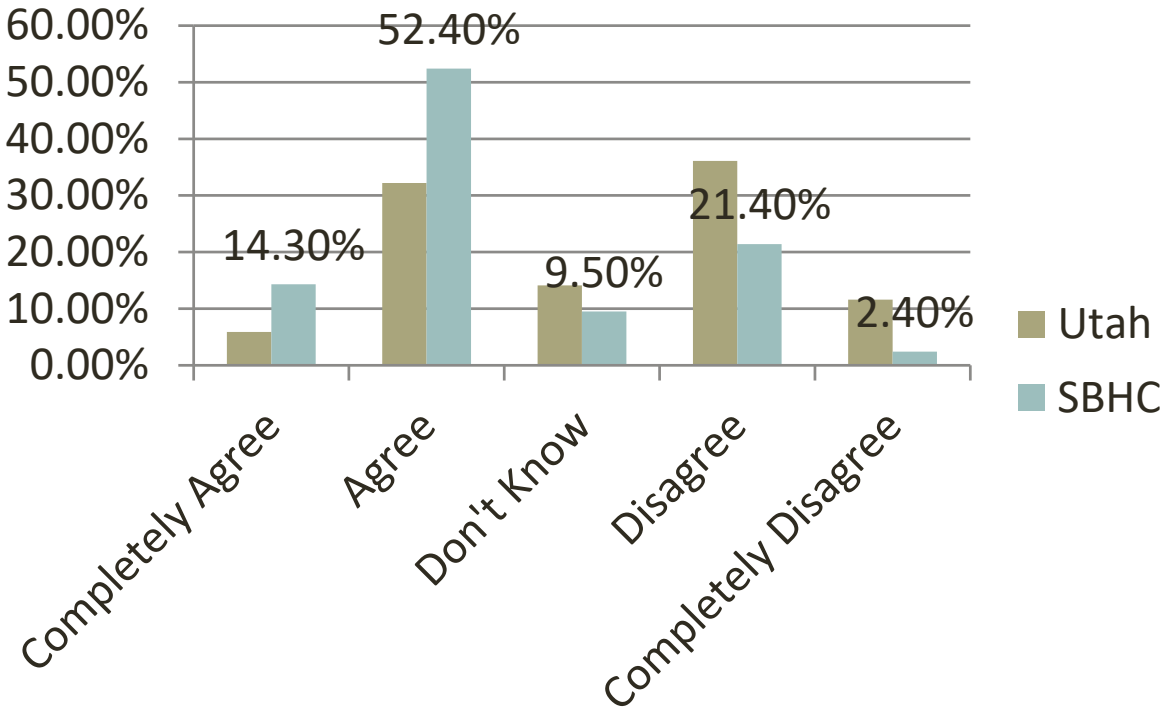
ZS Advisory Board (Mike Hogan & David Covington Co-leads)

Learning Collaborative, Julie Goldstein-Grumet

Learning Collaborative, Meena Dayak



I have the SKILLS I need to engage those with suicidal desire and/or intent.

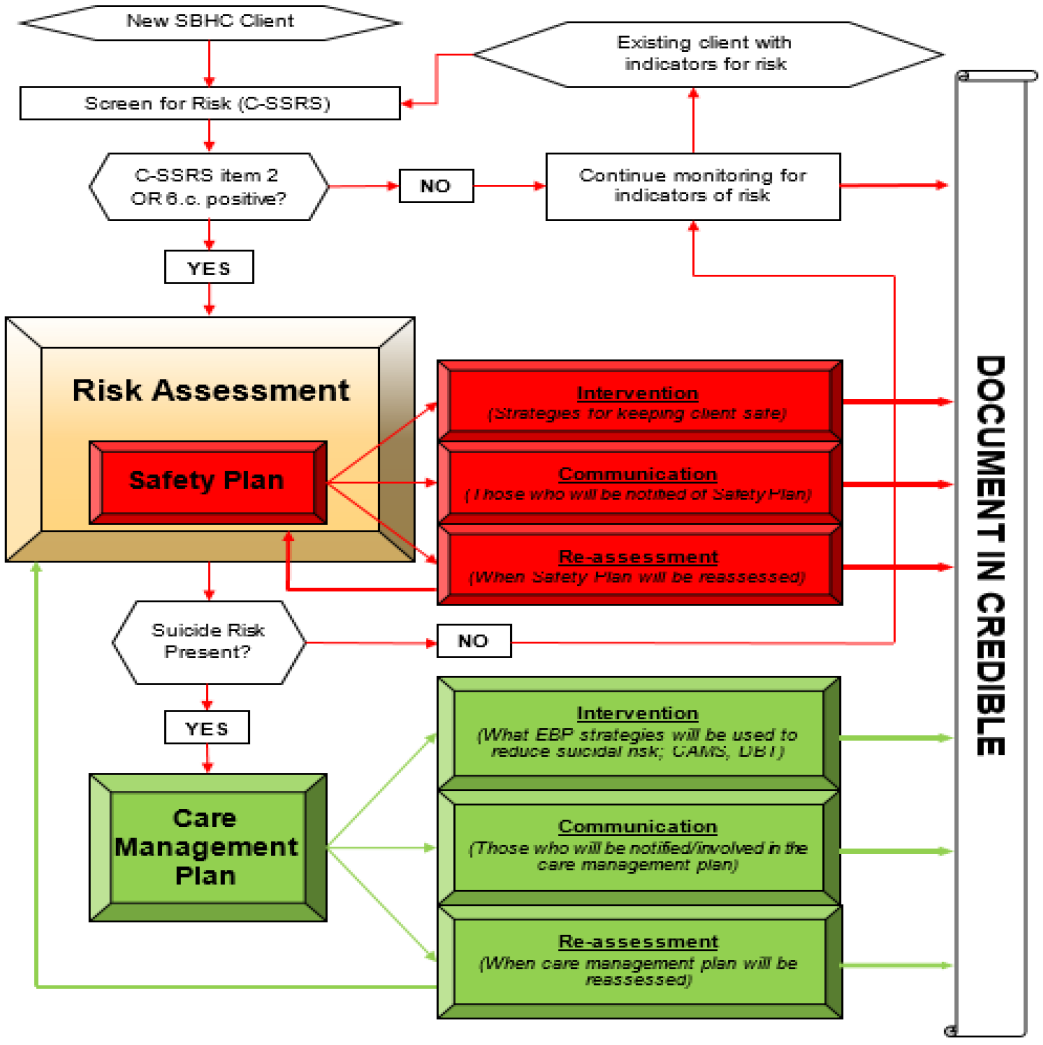


Zero Suicide Standards for Behavioral Health Organizations

The organization assures:

1. **Screening: Systematic identification of suicide risk among all clients receiving care**
2. **Assessment: Those who screened positive for suicide risk receive a systematic assessment of suicidality, past and present.**
3. **Safety Plans: Those who screened positive for suicide risk are assisted in creating a safety plan. (Utah standard is that this is done on the same day as the positive screen.)**
4. **Suicide Care Management Plans: Those who are assessed as being at risk of suicide have a plan for receiving care that directly targets suicidality**
5. **Targeted EBP: That staff are trained in and use Evidence-Based Practices that directly target suicidality**

Standards from the National Action Alliance for Suicide Prévention


New SBHC Client
Existing client with indicators for risk
Screen for Risk (C-SSRS)
C-SSRS item 2 OR 6.c. positive?
NO
Continue monitoring for indicators of risk
YES
Risk Assessment
Safety Plan
Intervention
(Strategies for keeping client safe)
Communication
(Those who will be notified of Safety Plan)
Re-assessment
(When Safety Plan will be reassessed)
Suicide Risk Present?
NO
YES
Care Management Plan
Intervention
(What EBP strategies will be used to reduce suicidal risk; CAMS, DBT)
Communication
(Those who will be notified/involved in the care management plan)
Re-assessment
(When care management plan will be reassessed)
DOCUMENT IN CREDIBLE

SUICIDE SAFETY PLANNING

- Frequency
- Timing
- Quality
  1. Content
  2. Accessibility
  3. Delivery

Study Indicator 1: *(focus of Year 1)*

The percentage of enrollees who received a Columbia-Suicide Severity Rating Scale (C-SSRS) screening during a face-to face outpatient visit.

Study Indicator 2: *(Focus of Year 2)*

The percentage of enrollees who had a C-SSRS screening completed with a score of 2 or higher and received a same day safety plan.

Southwest Behavioral Health Center

Safety Plan Treatment Manual to Reduce Suicide Risk

Based on a version of a manual of the same name, written for the Veterans Administration

by

Barbara Stanley, Ph.D.
and
Gregory K. Brown, Ph.D.

In collaboration with Bradley Karlin, Ph.D., Janet E. Kemp, Ph.D.
and Heather A. VonBergen, Ph.D.

Clincian Based SafetyPlan

- [ ] Based on results of a complete suicide assessment, the client is deemed to not need a safety plan
- [ ] A safety plan was not completed because the client refused.

In lieu of this plan the client has completed:

- [ ] A smartphone safety plan *(e.g: My3, Suicide Safety Plan)*
- [ ] A paper safety plan *(e.g.:CAMS Stabilization Plan, Stanley-Brown)*
- [ ] Other

Brief description of risk

- [ ] Self
- [ ] Others
- [ ] Property

INTERVENTION PLAN

- [ ] **Step 1: Identify My Warning Signs**
- [ ] **Step 2: Things I can do take my mind off my problems without contacting another person. (Internal Coping Strategies}**
- [ ] **Step 3: People and social setting that provide distraction**
- [ ] **Step 4: People whom I can ask for help**
- [ ] **Step 5: Professionals or agencies I can contact during a crisis**
- [ ] **Step 6: Create a Safe Environment**

COMMUNICATION PLAN

- [ ] Client has confirmed that lethal means have been secured

Copies of this plan to be given to:

- [ ] Client
- [ ] Parent(s)
- [ ] Family members
- [ ] Others:

Those to be notified of the safety plan:

- [ ] Behavioral Health Team
- [ ] Family members
- [ ] Others:

- [ ] **WARNING ADDED IN RECORD THAT CLIENT HAS SAFETY PLAN**

REASSESSMENT PLAN

Safety concerns and plan to be reassessed by:

I/We agree to follw the steps as outlined in this safety plan.

SAFETY CONCERNS RESOLVED

Date Resolved:

PROMPT: Delete the reassessment date in the section above so that that field is blank. Briefly describe what has taken place that has reduced or eliminated the need for a safety plan. Add the date the safety plan was resolved/ended.

Clincian Based SafetyPlan

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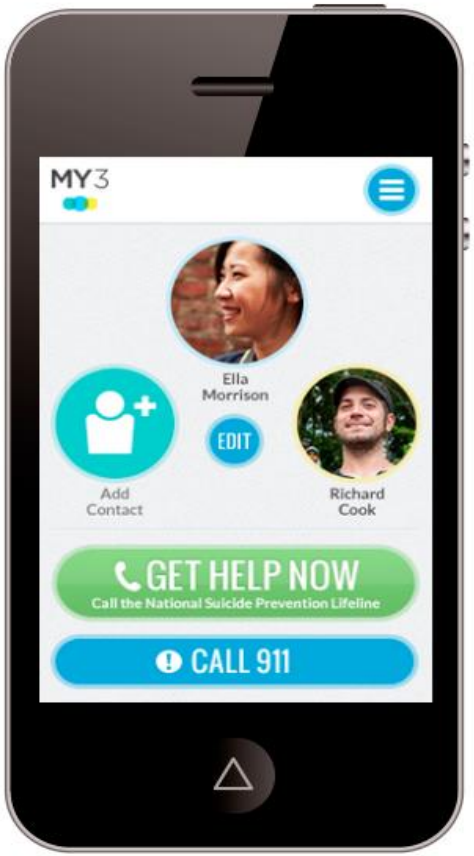
- [ ] Other

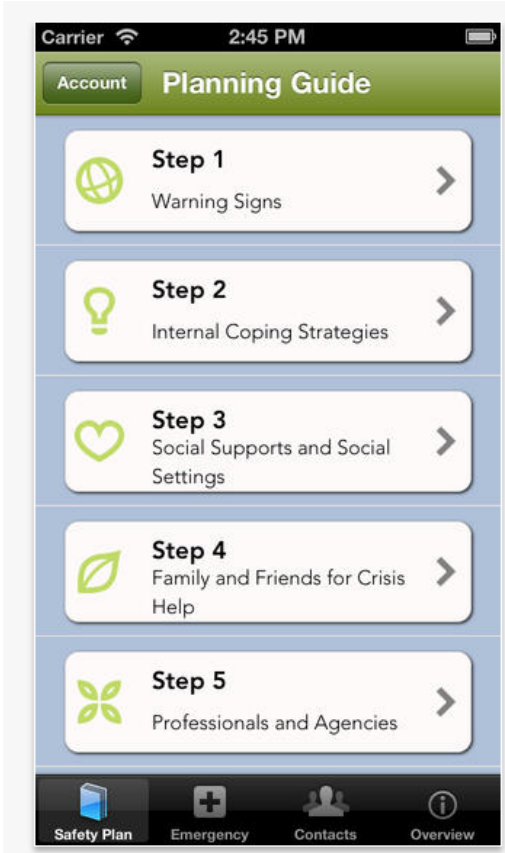

MY3
MY SAFETY PLAN
Fill out MY SAFETY PLAN and reference it when you are feeling suicidal.
1. MY WARNING SIGNS
EDIT
2. MY COPING STRATEGIES
EDIT
3. MY DISTRACTIONS
EDIT
4. MY NETWORK
EDIT
5. KEEPING MYSELF SAFE
EDIT

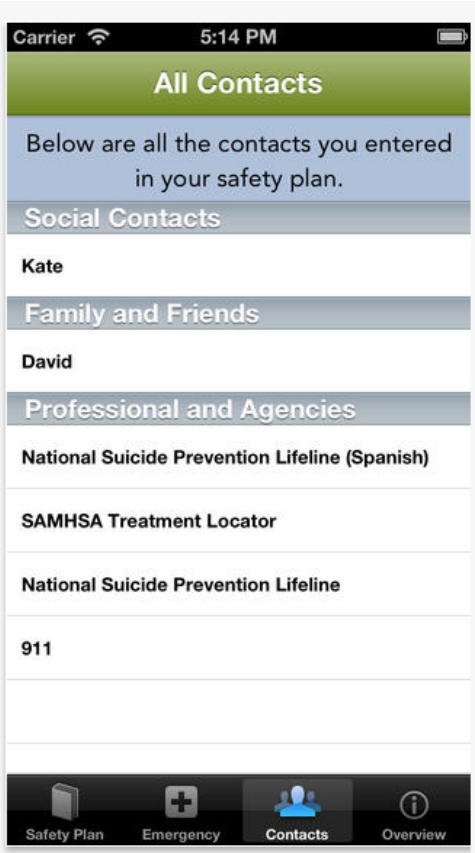

MY3
ADD RESOURCES
Save a resource by selecting "Add" on the resource information page.
FOR VETERANS
Veterans Hotline
veteranscrisisline.net
Real Warriors
realwarriors.net
FOR LGBTQ YOUTH
FOR LOCAL SUICIDE PREVENTION ACTVITIES
FOR WARNING SIGNS OF SUICIDE

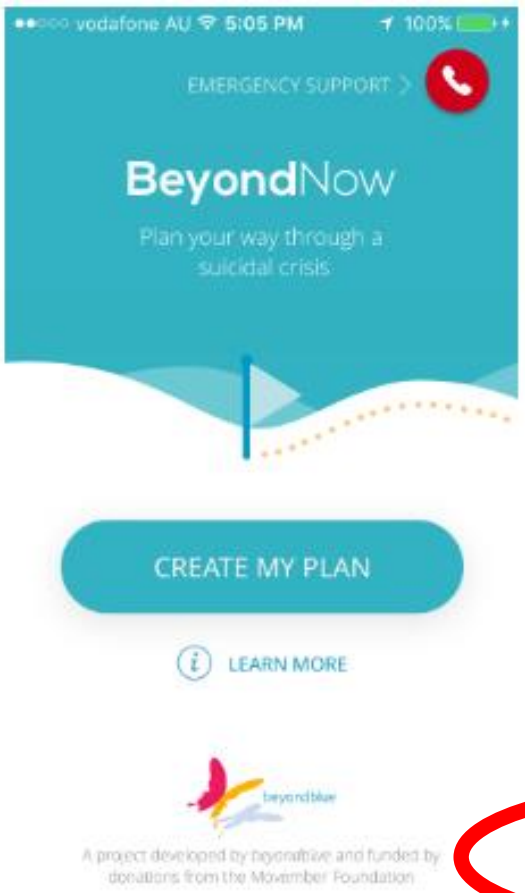

MY3
Ella Morrison
EDIT
Add Contact
Richard Cook
GET HELP NOW
Call the National Suicide Prevention Lifeline
CALL 911

Safety Plan

By Two Penguins Studios LLC







My safety plan

- My warning signs
- My reasons to live
- Make my environment safe
- Things I can do by myself
- Connect with people and places
- Friends and family I can talk to
- Professional support

Email Print

Clincian Based SafetyPlan

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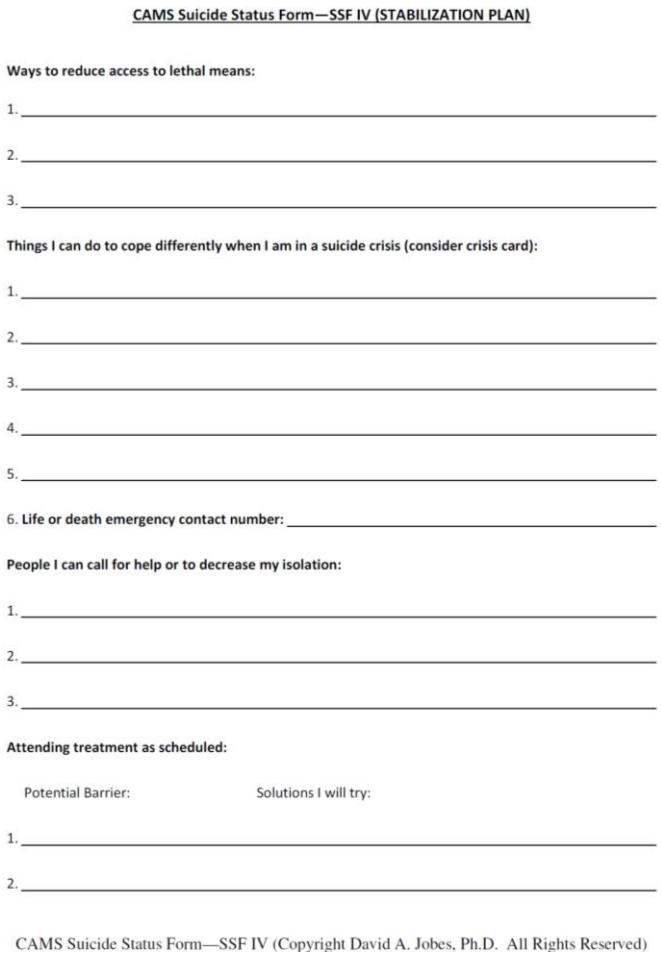
- [ ] Other

CAMS – Stabilization Pla

- **Ways to reduce access to lethal means**
- **Things I can do to cope differently when I am in a suicide crisis (consider crisis card):**
  - **Life or death emergency contact number**
- **People I can call for help or to decrease my isolation**
- **Attending treatment as scheduled**

(Daved Jobes, Ph.D.)



CAMS Suicide Status Form—SSF IV (STABILIZATION PLAN)

Ways to reduce access to lethal means:

1. _____
2. _____
3. _____

Things I can do to cope differently when I am in a suicide crisis (consider crisis card):

1. _____
2. _____
3. _____
4. _____
5. _____
6. **Life or death emergency contact number:** _____

People I can call for help or to decrease my isolation:

1. _____
2. _____
3. _____

Attending treatment as scheduled:

Potential Barrier: Solutions I will try:

1. _____
2. _____

CAMS Suicide Status Form—SSF IV (Copyright David A. Jobes, Ph.D. All Rights Reserved)

SAFETY PLAN

Name: **Date:**

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. Local Urgent Care Services _____
   Urgent Care Services Address_____
   Urgent Care Services Phone _____
4. Suicide Prevention Resource Coordinator Name_____
   Suicide Prevention Resource Coordinator Phone_____
5. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a mental health clinician

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Treatment Manual to Reduce Suicide Risk: Client Version (Stanley & Brown, 2008).

SUICIDE SAFETY PLANNING

- Quality
  1. Content: Stanley-Brown or CAMS Stabilization
  2. Accessibility: Smartphone or Paper or EHR *(and printed for client)*
  3. Delivery: CAMS Collaboration model
- Frequency: Every 'positive' screening
  - *(Screening triggered by event, client statement, OQ response, clinician intuition.)*
- Timing: Same Day

Questions

Please enter your questions in the Q & A box

Thank you!

Please fill out our short evaluation:

https://www.surveymonkey.com/r/ZM52WT7