Safety Planning for Clients At-Risk for Suicide

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Presentation Purpose

- To provide you with a broad overview of the safety planning process by...
 - Considering the rationale for safety planning
 - Exploring the effectiveness of safety planning
 - Identifying particular steps to effective safety
 planning

Effective safety planning is not just about what gets put down as the plan, but the level of engagement achieved with the client about a plan to stay alive

Poll

What does your agency use for safety planning?

- Research suggests that up to 79% of mental health professionals report they use nosuicide contract (Rudd, Mandrusiak, and Joiner, 2006).
- No-suicide contracts tend to be used most frequently with highest risk patients (Drew BL, 1999).



Background: Where did it come from

- Roots of the no-harm contract ("contracting for safety")
- Drye, Goulding and Goulding (1973) first introduced the idea of no-suicide contracts
 - Client and provider come to an understanding that if the client is having thoughts of suicide, he/she will not harm or kill themselves
 - Despite widespread criticism, became the foundation for a new practice

Who said this?

- Not a legal document"
- No studies have shown their
 - effectiveness for reducing suicides"
- "Only as reliable as therapeutic alliance"
- Should not be used with new clients"



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What is the evidence?

- Kroll (2000) was unable to determine any statistical significance of the effectiveness of safety contracting
- Lewis (2007) reported, "The existing research does not support the use of such contracts as a method for prevention suicide, nor for protecting clinicians from malpractice"
- Rudd, Mandrusiak, and Joiner (2006) highlighted several concerns
 - ➤ Use of the term "contract"
 - Lack of standard definition
 - Lack of clinical rationale articulating whether the agreement is a clinical intervention or a simple administrative procedure
 - Lack of documented efficacy

Reflection

What are you wanting to accomplish with safety planning?

What's the problem?

- Contracting is not a good assessment indicator
- Contracting does not provide adequate direction and/or support for staying safe when faced with a suicidal crisis

There is a better way

There is a better way

A Way Forward: Target Population

 Individual at increased risk for suicide but not in an emergent crisis state

Clients who...

- Made a previous suicide attempt
- Currently experiencing some level of ideation
- Those with psychiatric diagnosis that increase risk
- Other risk factors elevating risk

Understanding the Suicidal Crisis

- What did you hear?
- Psychological pain
- Attentional fixation
 - Cognitive constriction
 - Preoccupation with suicide as solution ("only thing you can do")

A Way Forward: Theoretical Foundation

- Suicidal crisis, fluid fluctuation over time
- Diminished problem solving ability due to cognitive constriction—therefore need for external plan
- Value of behavioral distraction for crisis management

Crisis Response Safety Plan

- Facilitates honest communication between client and provider
- Establishes a collaborative relationship between client and provider
- Facilitates client's active involvement
- Enhances client's commitment to treatment

(Rudd, Mandrusiak, & Joiner, 2006)

Crisis Response Safety Planning

- A written document created collaboratively
- Usually takes 20-40 minutes
- Focus on what client can do (strength based), coping during crisis
- Communicates control--potential (calming)
- Enhances skill building—equips clients with how to stay alive/actively engages them in that process
- Not a substitute for treatment

Overview of process

- 1. Recognizing warning signs
- 2. Employing internal coping strategies without needing to contact another person
- 3. Socializing with others who may offer support as well as distraction from the crisis
- 4. Contacting family members or friends who may help resolve a crisis
- 5. Contacting mental health professionals or agencies
- 6. Reducing the potential for use of lethal means

- Identify personal warning signs
 I will use this crisis plan when...
- List any thoughts, behaviors, emotions, images, physical sensations, etc. that you typically experience while in crisis



- Self-management strategies
 Things I can do on my own...
- Develop strategies that can be done in response to warning signs to reduce distress
- Typically includes relaxation or distraction techniques



 Healthy social settings which serve as distraction

 If self-management strategies do not reduce emotional distress, use a social setting as distraction



Social support

➢ If that does not work, I will contact...

 If self-management strategies do not reduce emotional distress, contact personal social supports



- Professional/crisis support
 > If I'm still upset, I will contact a professional
- If self-management and/or social supports do not reduce emotional distress, contact a professional (24/7/365 availability)



Environmental Safety Remove access to lethal means



Rationale

- Moments of elevated risk are often brief
 >70% make attempt decision >1 hour
 >24% >5 minutes
 >A word about impulsivity

 * ¼ of suicides "impulsive" (Witte et al., 2008)
 * Lethality and impulsivity--→inverse relationship

 (Koss et al., 2014)
- Method of suicide is often a function of convenience
- Creating barriers to accessing highly lethal means reduces risk

 What's one thing currently in my life that is important enough for me to stay alive?



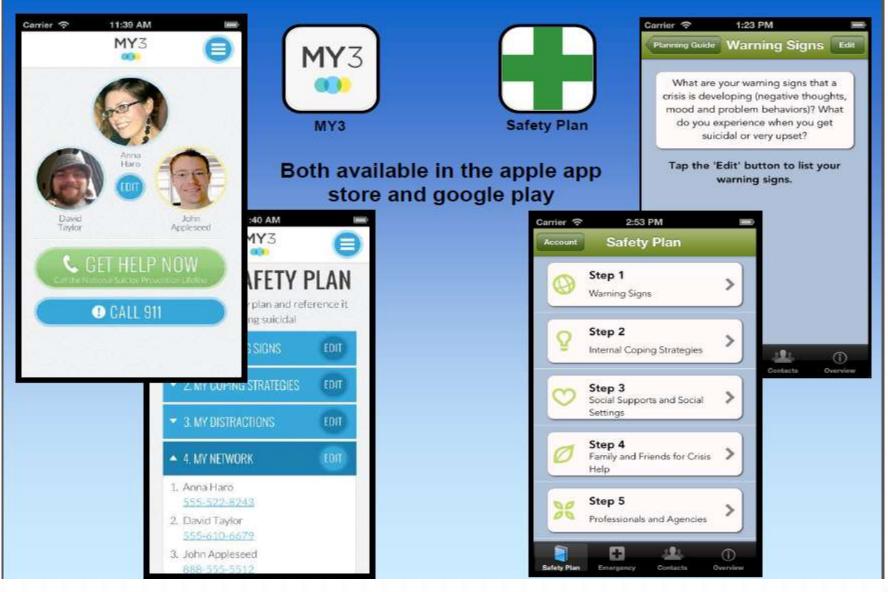
Crisis Response Plan Example

- 1. Identify Personal Warning Signs:
 - -Thoughts of suicide, argument with spouse, urge to drink
- 2. Self-management strategies:
 - -Deliberate breathing, exercise, watch a movie
- 3. Social settings
 - -Go to a movie; sit at a mall
- 4. Social Support:
 - -Mom: xxx-xxxx -Husband: xxx-xxxx
- 5. Professional/crisis support
 - -Therapist: 000-000-000
 - -Local Hospital: Regions Hospital- 640 Jackson St. St. Paul, MN
 - -Suicide Prevention TALK line: 1-800-273-TALK
- 6. Environmental Safety
 - -Remove weapons, lock up pills, etc.
- 7. My dog is important enough to me that I want to stay alive

Finally

- Where are you going to keep it?
- What's the level of your commitment
 - to following it?

There's an APP for that!



Additional Resources

- Safety Plan template, manual and other resources: <u>www.suicidesafetyplan.com</u>
- Safety planning: A quick guide for clinicians <u>http://www.sprc.org/sites/sprc.org/files/SafetyPla</u> <u>nningGuide.pdf</u>
- Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version <u>http://www.mentalhealth.va.gov/docs/VA_Safety</u> <u>planning_manual.pdf</u>

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