Safety Planning (and Other Strategies) for Working with Suicidal Individuals

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Acknowledgements

- Funding sources: NIAAA, NIMH, AFSP, VA

- Safety Plan Intervention developed by Stanley & Brown

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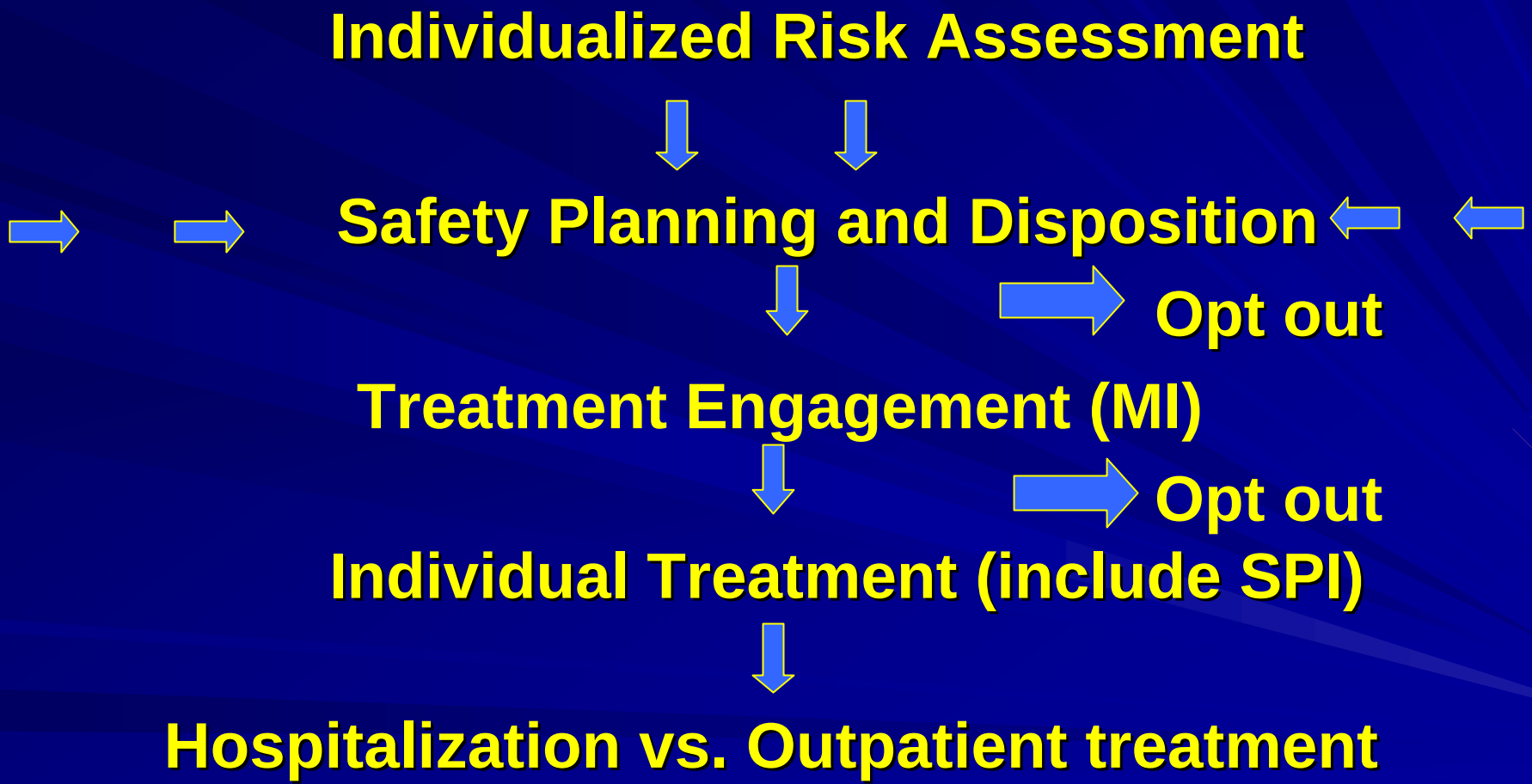
Points of Intervention to Prevent Suicide



Success of Engaging Suicidal Individuals

- Most suicidal individuals who go to the ED for help attend very few outpatient treatment sessions
- Many do not attend even one session
- High risk period---3 months following an attempt
- Adolescents tend to have attitudes that are inconsistent with long term therapy:
  - "The past is the past. It won't reoccur."
  - When mood improves, it's hard for them to imagine that it could worsen again.
- Individuals with BPD are at high risk for suicide and suicide attempts, also difficult to engage and maintain in treatment
- Therefore, it's important to intervene whenever they are accessible

Typical Strategy for Crisis Intervention with Suicidal Individuals

- Assess imminent danger
- Refer for treatment
- But, given the limited success of emergency referrals, alternative strategies that include immediate intervention ought to be considered
- Crisis contact may be the ONLY contact the suicidal individual has with the mental health system
- May be able to increase its “therapeutic” capacity

Columbia DBT Study

- Compared DBT to manualized supportive therapy
- Suicidal and self injuring patients with borderline personality disorder
- Outcomes: repeated suicide attempts and non suicidal self injury
- Results: Non suicidal self injury reduced with DBT

Therapeutic Basics

- Ongoing monitoring of suicidality
- Increase contact---flexibility in approach
- Clinician consultation
- Therapist stance
- Collaborative strategizing
- Greater structuring of treatment

Ongoing Monitoring of Suicidality

- Conduct an affirmative assessment of suicide ideation
- Conduct an affirmative assessment of recent suicidal behavior---refusing to discuss this is not an option
- Do not assume that if patients do not express suicide ideation that they are not suicidal---- (“Clinician doesn’t care about…” “Clinician does not want to hear about it so he/she doesn’t have to do anything or be at risk…”
- Create a therapeutic environment that encourages disclosure

Increase Contact: Flexibility in Approach

- ***Provide for increased contact during periods of suicidal crises:***
  - Increased number of appointments
  - intersession contact—phone or email
  - Patient check-in without therapist contacting the patient
- Consider options for other forms of therapeutic support---Hospitalization is always an option but there are many other options short of hospitalization
  - Increased daily structure
  - Addition of other therapeutic supports—groups, day program

Clinician Consultation and Support

- When in doubt, consult
- Seek support
- Utilize colleagues to help stay on track and as an antidote of hopelessness about the patient
- Experience helps

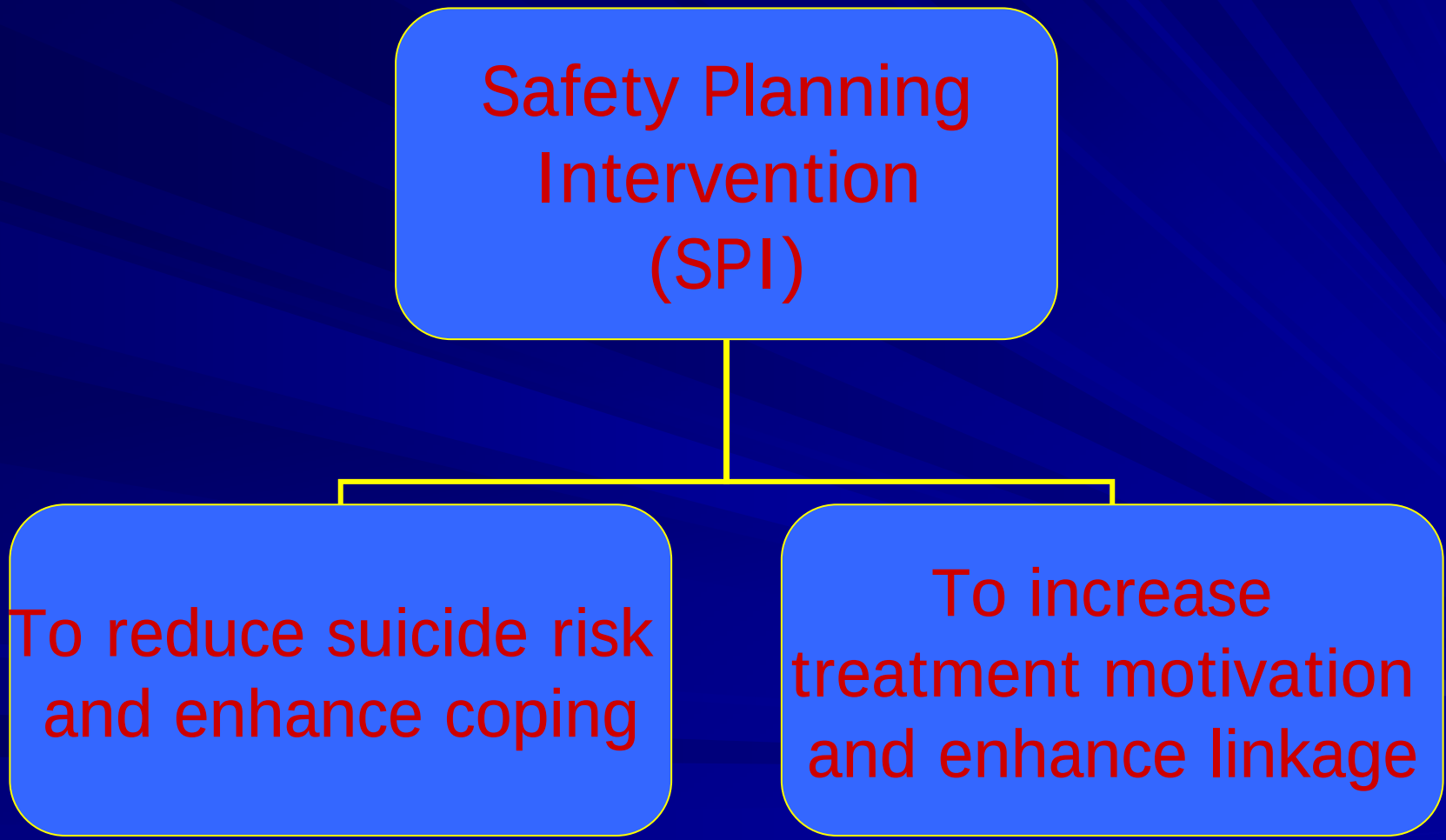
Therapist Stance

- Strength—Balance concern for the patient with not being overly anxious (if therapist can't tolerate suicidality, patient gets more frightened)
- Type of inquiry--matter of fact but serious
- Therapist need to not worry "too much"---openness to the patient about this fact
- Develop a "tolerance" for a certain level of suicidality

  AND
- Balance with a sense of caring about the patient's suicidality
- Take a ***collaborative*** problem solving approach to managing current suicide risk

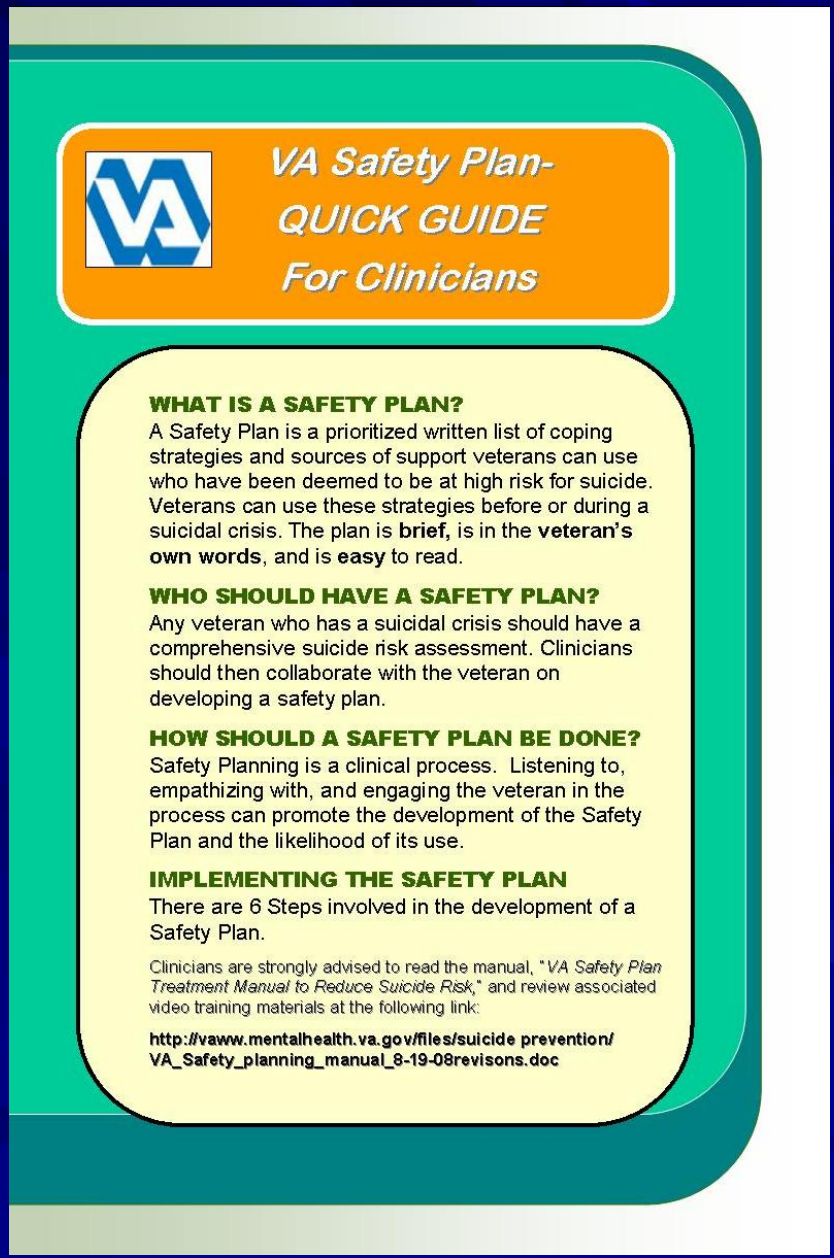
Collaborative Strategizing

- Discuss in advance how the two of you will handle suicidal crises
- Develop emergency plan---Safety Plan Intervention
- No suicidal patient should leave an appointment without a safety plan in place
- No suicide contracts---popular but not very useful---asks for a promise to stay alive without telling the patient how to do that


Safety Planning Intervention (SPI)
To reduce suicide risk and enhance coping
To increase treatment motivation and enhance linkage

Safety Planning Intervention: Reducing Risk/Enhancing Coping

- SPI description:*Stanley & Brown, Cognitive & Behavioral Practice, April, 2011 epub.*
- 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 for Suicide Prevention



Stanley & Brown, 2008

Basics of the Safety Plan Intervention: What is it?

- Hierarchically-arranged list of coping strategies for use during a suicidal crisis or when suicidal urges emerge
- Plan is a written document
- Uses a brief, easy-to-read format
- Involves a commitment to the treatment process

Safety Plan: Why do it?

- Development and implementation of a safety plan IS treatment
- Should be the first intervention with a suicidal patient
- Helps to immediately enhance patients' sense of control over suicidal urges and thoughts and conveys a feeling that they can "survive" suicidal feelings
- Similar to fire drill or rehearsal

Safety Plan: Who develops it?

- Developed in a collaborative manner between the therapist and the patient
- Relevant family members can be involved

Safety Plan: When it's done

- During the first appointment
- The first intervention with a suicidal patient
- Patient leaves first interaction with at least a rudimentary strategy for coping with suicidal urges and ideation
- Fleshed out in follow up appointments

Safety Plan: What it's not

- Safety Plans are not "no-suicide contracts"
- No-suicide contracts ask patients to promise to stay alive without telling them how to stay alive
- May serve to "protect" the institution or therapist more than the patient
- Virtually no empirical evidence to support effectiveness of no-suicide contracts

Safety Plan: Overview of Process

- Safety plan includes a step-wise increase in level of intervention from “within self” strategies up to going to psychiatric ER
- Although the plan is stepwise, patients need to know that if one step is unavailable that they don’t stop and wait till it is available

Safety Planning: 6 Steps

1. Recognizing warning signs from the patient's story.
2. Employing internal coping strategies without needing to contact another person.
3. Socializing with family members or others who may offer support as well as distraction from the crisis.

Stanley & Brown, 2008

Safety Planning: 6 Steps

4. Contacting family members or friends who may help to resolve a crisis.
5. Contacting mental health professionals or agencies.
   - Discuss treatment expectations
   - Discuss barriers to care
6. Reducing the potential for use of lethal means.

Stanley & Brown, 2008

Step 1: Recognizing Warning Signs

- Safety plan is only useful if the individual can recognize the warning signs.
- The counselor 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?”

Step 1: Recognizing Warning Signs

- 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 individuals’ own words.

Step 1: Recognizing Warning Signs

57%	Low mood/crying
36%	Irritability/anger
43%	Social Isolation
29%	Increased sleep
29%	Anhedonia/loss of interest in activities
29%	Feeling overwhelmed
14%	Feeling numb
14%	Loss of energy
14%	Changes in appetite
7%	Physical pain
7%	Anxiety
7%	Poor concentration

Step 2: Using Internal Coping Strategies

- List activities that individuals can do without contacting another person
- Activities function as a way to help individuals take their minds off their problems and promote meaning in the individual's life
- Coping strategies prevent suicide ideation from escalating

Step 2: Using Internal Coping Strategies

- It is useful to have individuals try to cope on their own with their suicidal feelings, even if it is just for a brief time
- Enhances self efficacy, self reliance, sense of power over their suicidal urges
- 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

- 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

Step 2: Internal Coping Strategies

58%	Watching TV
43%	Reading
29%	Music
21%	Browsing the Internet
21%	Video games
21%	Exercising/Walking
14%	Cleaning
14%	Playing with Pets
7%	Cooking

Step 3: Using Socialization as a Means of Distraction and Support

- Coach individuals to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Suicidal thoughts are not revealed in this step. Remember: socialization here is designed to “take your mind off your problems.”
- Two options in this step:
  - Go to a “healthy” social setting
  - Family, friends, or acquaintances who may offer support and distraction from the crisis.

Step 3: Socializing with Family Members or Others

- Ask, “Who helps you take your mind off your problems at least for a little while?”
- Ask, “Who do you enjoy socializing with?”
- Ask individuals to list several people, in case they cannot reach the first person on the list.

Step 3: Healthy Social Settings

- Ask, “Where do you think you could go that’s a healthy environment to have some social interaction?”
- Ask, “Are there places or groups that you can go to that can help take your mind off your problems even for a little while?”
- Ask individuals to list several social settings
- Remember to emphasize “healthy settings,” e.g. the local neighborhood bar is not usually a “safe” setting for suicidal individuals

Step 3: Social Settings that Provide Distraction

23%	Bookstore/library/coffee shop
23%	Gym
23%	Shopping
23%	Park
23%	Church
15%	Friend’s Home

Step 4: Seeking Help with Suicidal Feelings: Contacting Family Members or Friends

- Coach individuals to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Rationale: Help individuals to rely on their natural environment
- Ask, “How likely would you be willing to contact these individuals?”
- Identify potential obstacles and problem solve ways to overcome them.
- Ask if the safety plan can be shared with family members.

Step 5: Contacting Professionals and Agencies

- Coach individuals to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask, “Which clinicians (if any) should be on your safety plan?”
- Identify potential obstacles and develop ways to overcome them.

Step 5: Contacting Professionals and Agencies

- List names, numbers and/or locations of:
  - Clinicians
  - Local ED or other emergency services
  - Suicide Prevention Hotline 800-273-TALK (8255)
- May need to contact other providers especially if listed on the safety plan

Step 6: Reducing the Potential for Use of Lethal Means

- Ask individuals what means they would consider using during a suicidal crisis.
- Regardless, the counselor should always ask whether the individual has access to a firearm.
- Rationale for placement at the end of the safety plan: If individuals have a sense of alternatives to suicidal behavior, they are more likely to engage in a discussion of means restriction

Step 6: Reducing the Potential for Use of Lethal Means

- For methods with low lethality, counselors may ask individuals to remove or restrict their access to these methods themselves.
  - For example, if individuals are considering overdosing, discuss throwing out any unnecessary medication.

Step 6: Reducing the Potential for Use of Lethal Means

- For methods with high lethality, collaboratively identify ways for a responsible person to secure or limit access.
  - For example, if individuals are considering shooting themselves, suggest that they ask a trusted family member to store the gun in a secure place.
  - Try to limit access in ways that increases the amount of time and effort required to use the preferred method.

Step 6: Means Restriction

50%	Give pills to a friend or family member
20%	Seek company
10%	Place knife in a location that is difficult to access
10%	Discard razor blades
10%	Store pills at workplace
10%	Avoid areas with bridges and trains when warning signs are present

Safety Plan

- Share the safety plan with the patient
- Decide how to share it with family and which family members
- Place a copy in the chart
- Discuss the location of the safety plan
- Discuss how it should be used during a crisis

Safety Plan Form

- **A. Steps to make the environment safe:**
- _____
- **B. Warning signs that problems may be developing:**
- 1._____
  2._____
- 3._____
- **C. Internal Coping Strategies:**
- 1. _____
- 2._____
- 3._____
- **D. External Strategies:**
- People who can help distract me: 1._____
  2._____
- Adults who I can ask for help: 1._____ 2._____
- 3._____
- Professionals I can ask for help:
- Therapist Name_____
- Phone #_____ Pager # or Emergency Contact #_____
- Other Professional Name_____
- Phone #_____ Pager # or Emergency Contact #_____
  Hospital ER _____ Address_____
  Phone #_____

SAFETY PLAN

Step 1: Warning signs:

1. Becoming numb
2. Not being able to think rationally/ Not being able to concentrate
3. Excessive Crying
4. A lot of Anxiety

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. Watch TV-funny shows and movies
2. Reading Magazines (US, Hollywood, Fashion)
3. Play with my dog

Step 3: People and social settings that provide distraction:

1. Name: Joe Smith Phone: 888-888-8888
2. Name: Sally Brown Phone: 777-777-7777
3. Place: Dunkin Donuts 4. Place: Walk around the city/Central Park

Step 4: People whom I can ask for help:

1. Name: Nancy King Phone: 666-666-6666
2. Name: Bob Wang Phone: 555-555-5555
3. Name:_____ Phone:_____

Step 5:Professionals or agencies I can contact during a crisis:

1. Clinician Name: Dr. Shell Phone: 444-444-4444
   Clinician Pager or Emergency Contact: 333-333-3333
2. Clinician Name: Dr. Moran Phone: 222-222-2222
   Clinician Pager or Emergency Contact: 111-111-1111
3. Local Urgent Care Services: Columbia Presbyterian Hospital
   Urgent Care Services Address: 622 W. 168th Street
   Urgent Care Services Phone: 212-305-8075
4. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. Give sleeping pills to husband to store

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

Case Example: Emily

- 15 year old female with history of non-suicidal self injury and two suicide attempts
- Good student; wants to be the first person in her family to graduate college
- Mother reports that Emily has “always been very emotional”
- Made a recent suicide attempt by cutting her wrists deeply after receiving a poor grade on a biology exam
- Emily brought to ED, was sutured and had a consultation with the on-call psychiatrist who recommended therapy
- Emily refuses therapy saying that “It won’t happen again;” mother agrees that Emily “just needs to relax about her grades”

Example of Safety Plan

1. Remove exacto knives, razors and scissors (*Cleanse environment)*
2. Go online and play Tetris (*Internal*)
3. Listen to IPOD (skip morbid tunes)
4. Go for walk in park

cont'd……

Safety Plan (cont'd)

5. Call friends to check in and as distraction: Jennifer, Amy, Joanie (*External people as distractors)*
6. Contact grandmother or aunt Joanie to ask for help (*External---low level, natural support group*)
7. Contact therapist to ask for help---Phone and Pager #'s (*External*)
8. Contact mother (*External*)
9. Go to ER---Name of closest hospital and address (*External---Professional*)

Safety Plan Use

- Decide with whom and how to share the safety plan
- Discuss the location of the safety plan
- Discuss how it should be used during a crisis

Brief Safety Plan

- **Steps to make my environment safe:**
- 1._____ 2._____

- **Coping Strategies:**
- 1. _____
- 2._____
- 3._____

- People I can ask for support:
- 1._____ 2._____
-
- **Professionals I can ask for help:**
- Therapist Name_____
- Phone #_____ Pager or Emergency # _____

- Nearest Hospital ER_____
  Address_____

Possible Applications

- ED, especially if patient is not going to inpatient unit
- Outpatient treatment with suicidal patients
- Crisis Centers
- Prior to discharge from inpatient facilities

Current Directions

- Piloting testing of the feasibility of the intervention in the ED setting
- RCT to determine its effectiveness in reducing suicidal behavior, urges and ideation

Suicidal Individuals' Reactions

- "I think it is very helpful, especially with people going through depression, with showing you and telling you how to use different coping skills when you are feeling depressed."
- "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 of my mood."
- "I like the safety plan. I hung it on my wall and I could look at it and it helps me remember how to deal with things."
- "It hadn't occurred to me before that I could do something about my suicidal feelings."