

Safety Planning: A Critical Mental Health Intervention to Mitigate Suicide Risk

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Psychiatric Intake Response Center (PIRC)

Objectives

1

Understand that a Safety Plan and a suicide risk assessment, such as the C-SSRS, work cooperatively to decrease risk

2

Understand that a Safety Plan is a critical intervention with individuals at risk for suicide.

3

Understand the necessary elements to create an effective mental health safety plan.

What is a Safety Plan?

A Safety Plan is a plan which draws on the strengths of the individual for the purpose of avoiding unsafe behaviors.

According to the Centre for suicide prevention, “A safety plan is an **assets-based approach** designed to focus on a person’s strengths. Their unique abilities are identified and emphasized so they can draw on them when their suicidal thoughts become intense.”

<https://www.suicideinfo.ca/resource/safety-plans/>.

A Safety Plan is not a Contract

Safety Plan

- A **partnership** based on strengths and **protective factors**.

Safety Contract

- Not a legal contract
- No evidence contracts work
- False premise of safety

Why create a Safety Plan?

Goal =  Safety  Future Risk

- Propose safe options for **future** crises when unable to reason.
- Non – acute issues may be addressed on a Safety Plan(such as self-harming without intent to die).
- Help an individual feel more in control of their problems and treatment.
- Assist with future treatment goals.
- Provide reassurance for the individual and guardian/family and provides a feeling of control.
- Enhance Communication with individual and guardian/family in an effort to decrease risk.

Polling Question

The best time to complete a Safety Plan is when:

- a. Youth is in crisis with imminent safety concerns.
- b. Youth is stabilized.
- c. Youth and provider are alone.
- d. Youth, provider and guardian are present.

(Choose all that apply)

Correct Answer

b. Youth is stabilized – They are not in imminent risk, can discuss (or show with behavior) that they are safe. They can use self- awareness to create a plan to use if future crises occur.

d. Youth, provider and guardian are present – Guardian/ trusted adult in the home is key in establishing safety when youth leaves your presence. Interventions draw upon youth/guardian collaboration and communication.

First Determine Risk



A Safety Plan is formulated *AFTER* risk is assessed and *WHEN* it is determined appropriate and safe to proceed. When assessing risk, the provider must ask specific questions about suicidality.

C-SSRs and Protective Factors Guide Safety Planning

- **C-SSRs** and **Protective Factors** help identify risk.
- Low/Moderate Risk vs High Risk
- C-SSRS assesses Suicide ideation, Suicide Intensity, Suicidal Behavior.
- Intent (Stated or Implied) is of Primary Importance when considering whether or not to Safety Plan.
- Protective factors promote well-being and when present and provide greater confidence in safety planning.

Protective Factors



Protective Factors

- **Social Connectedness**
 - Connectedness to parents/ non-parental adults/ friends/ neighbors
 - Connectedness to community organizations (schools, faith groups).
- **Self-esteem/Sense of Purpose**
- **Life Skills**
 - Problem solving/ Coping skills
 - Adaptability to change
 - Overall resilience – positive self-concept and optimism
 - Academic Achievement
- **Cultural, religious, personal beliefs that discourage suicide.**
- **Access to Effective Behavioral Health Care**

(Suicide Prevention Resource Center,
<https://www.sprc.org/about-suicide/risk-protective-factors>)

Case Examples

Protective Factors

Jordan, age 11, has had suicidal thoughts since COVID quarantine began. He misses school and his friends. He states, “I would never do it because of my grandmother. She would be so sad.” (Social connectedness)

LaShawna, age 14, has history of one ingestion. She reports that the ingestion is now a deterrent from ever attempting again. She was so afraid, regretted it instantly, and learned from it. She is proud that she now uses coping skills and tells her mom when she has suicidal thoughts. (Life skills, Self esteem, Sense of Purpose)

Morgan, age 15, has a history of anxiety and depression and she feels the highest anxiety at school. She really likes his therapist and asks to see her at school when she struggles. It helps to have her at school. (Access to Effective Behavioral Health Care)

No Immediate Risk - Begin Safety Planning with Youth and Guardian



Youth ~ Guardian ~ Support Provider

- Strongly recommended to include guardian/ trusted adult who is present in the child's home setting.
- Youth *MUST* be engaged and willing to participate with the exception of youth not developmentally able to participate. (Youth not participating leads to questioning overall safety).
- Support Provider – an individual who can assist in a risk assessment and if appropriate, the safety plan.

REVIEW: Situations WHEN Safety Planning May be Appropriate

Youth is cooperative, calm, and able to participate in a safety/risk assessment.

Immediate safety has been assessed.

There is no known immediate risk

Guardian is not requesting an Emergency Department Assessment.

There is no medical concern.

The symptoms are being managed appropriately by an outpatient provider.

Behavioral Issues are not emergent or acute.

Guardian feels safe with child at home.

Guardian is able and willing to implement home safety.

An outpatient provider is available to assist with further assessment and safety planning.

The youth has protective factors.

Risk factors may be present, but they are not severe or imminent.

Benefits of Safety Planning Outside of the ED

Immediate Safety Concern  Emergency Department

Safety Planning

- Least Restrictive
- Least Traumatic
- Does not stress families - Logistics/Financial Stressors
- Avoids transmission risk and ED exposure

Appropriate Referrals to the Emergency Department

- Guardian has an acute safety concern and/or requests an ED evaluation (Guardian may speak with PIRC directly).
- Recent/immediate suicide attempt.
- Youth has Plan/Intent/Means.
- Youth is unwilling to discuss suicidality and cannot state that they will be safe.
- Medical concern (possible ingestion, etc.)
- Provider has reservations about the youth/family's ability to safety plan effectively causing increased concern for risk.
- Social or environmental dynamics cause greater concern for safety (recent trauma, limited resources for family, safety concerns in the home).

Trust Your Instincts

**Every situation is unique.
Sometimes Safety
Planning is an appropriate
deterrent from the ED.**

**Trust your instincts about
safety and call PIRC
(513-636-4124)
for guidance when
considering the
Emergency Department.**



Crisis Management Plan or Call PIRC/ Emergency Department?

The next two Breakout sessions focus
determining plan of care.

Safety Planning vs
Emergency Department.

You will consider answers to the
C-SSRs and Protective Factors to make your
determination.

**(Please take a photo of the scenarios
to discuss in your group).**

Breakout Session One

Susie, age 17, is sent to the office because she texted friends last night about recent suicidal thoughts. She talks to the School Therapist, who happened to be available to assess. Susie is observed to have small cuts on her arm. She reports that she last had suicidal thoughts 3 days ago. Susie cut last night to cope, not to end her life. She does not presently want to die. Two months ago, she almost took pills to end her life after a break-up. This was the only time she has intended to act on her suicidal thoughts. Her mother is not aware of the self harm or suicidal thoughts. Susie is worried about her mother knowing because she does not want to worry her. Susie wants to see a Therapist to help her.

Would you refer to the ED or complete a Safety Plan? Why or why not? What protective interventions can be initiated with the child/guardian?

(5 minute Activity)

Case Analysis

- ☐ Susie would benefit from a **Safety Plan** with guardian's participation and agreement with the ability to safety plan. (Ensure that parent has no hesitation or immediate safety concerns).
- ☐ Guardian should be made aware of ALL statements made and should be involved in the Safety Planning.
- ☐ Susie denies current or immediate thought/plan/ intent to harm self or others.
- ☐ Susie is struggling to cope with depressed mood and a recent stressor.
- ☐ Follow up treatment is key and should be initiated as soon as possible. It is protective that Susie wants to talk to a Therapist.
- ☐ Begin resource coordination: provide mental health resources, may discuss Primary Care Physician support with parent, may call PIRC and ask about Bridge while Susie waits for a Therapist.
- ☐ Creativity with support at school and home would be beneficial.

Breakout Session Two

Jenna, age 10, reports that she considered jumping from the stairwell to end her life on her way to lunch a few hours ago. The C-SSRs is completed and while in session with her counselor, she reconsidered and does not currently want to die.

Josh, age 16, is sent to the office and school nurse after friends tell staff that he attempted suicide by ingestion last night. He didn't tell anyone until he came to school today.

Sydney, age 15, tells her school therapist that she wants to die. She does not know of a method, but wishes she had the ability to do "something" to end her life.

**What are the RISK factors are present in each of these cases?
What interventions would you use?**

(5 Minute Activity)

Case Analysis

Recommendation would be an **Emergency Department Evaluation** for each case.

Jenna does not want to die during the C-SSRs, however her very recent thoughts, with intent, and plan to end her life, preclude completing a safety plan. She should be referred to the Emergency Department and a referral should be placed with PIRC.

Josh had an attempt by ingestion and needs medical clearance and an evaluation in the Emergency Department.

Sydney is considered imminent risk. Although she cannot think of a method at this time, she is expressing desire to end her life and desire to find a method, therefore she is high risk.

Guardians should be notified of ALL statements made and please contact PIRC so that ED will be notified of referrals.

Helpful Interventions

- ☐ Praise for sharing!
- ☐ Point out strengths (openness to communicate, ability to describe feelings/symptoms, friends who care, etc.)
- ☐ Notify that you will involve them in each step of the process.
- ☐ Discuss reasons to seek additional support.
- ☐ Do not leave youth alone.
- ☐ Discuss reasons to contact guardian.
- ☐ Discuss next steps with youth and that kind, caring, specialists can help in these circumstances.

PIRC Bridge

- ☐ Alternative Crisis Clinic that can provide assessments, brief outpatient care, mental health resources/ referrals.
- ☐ When you call PIRC, they will discuss the possibility for a child to be seen in Bridge as an Emergency Department Diversion.
- ☐ PIRC will review criteria with you and the guardian.
- ☐ Outcome may be an Admission to Psychiatry or Safety Planning.

Elements of a Safety Plan

Safety Plans can be individualized for your setting. Here are key components used by CCHMC:

- Warning Signs/Triggers
- Coping skills & Problem Solving
- Interventions
- Family/Friends/Community Supports
- Home Safety Planning
- Crisis Resources
- Review of Steps to Use when in Crisis

Name: _____

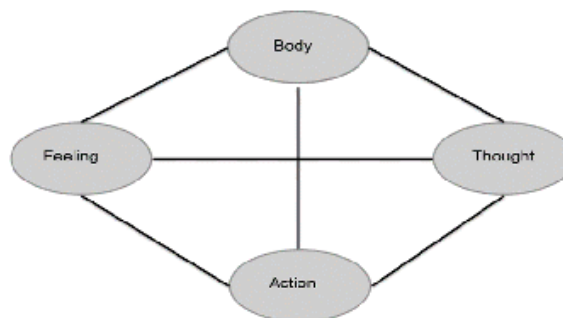
DOB: _____

MRN: _____

STEP 1: USE COPING STRATEGIES WHEN TRIGGERED

| Physical signs (what does it look like when triggered) | Emotional signs (thoughts/feelings/statements when triggered) |
|---|--|
| Ex. "red face, sweaty clench fists" | Ex. "No one cares about me." |
| | |
| | |
| | |

| My coping skills | How others help me cope |
|---|-----------------------------------|
| Ex. Draw/color, listen to music, or journal | Ex. Listen, give 5 min break, Hug |
| | |
| | |
| | |



STEP 2: DE-ESCALATION TECHNIQUES

- Listen to concerns without interruption or judgement
- Remind them of motivators and incentives
- Consider how the environment is impacting the child
- Give space, stand out of their reach
- Offer PRN (as needed) medication
- Keep firm limits, clearly explain expectations
- Avoid responding to verbal insults/inappropriate language
- Limit verbal communication, use soft voice
- Use distraction
- Validate feelings
- Provide caring gestures
- Help them communicate by requesting they use a 1-10 scale to rate symptoms

Name: _____
DOB: _____
MRN: _____

STEP 3: CALL FRIEND/FAMILY MEMBER FOR SUPPORT

| Name | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**STEP 4: NOTIFY OUTPATIENT TEAM
ALWAYS CALL 911 IN THE EVENT OF AN EMERGENCY**

| OUTPATIENT TEAM | Name | Agency | Phone/e-mail | Next appointment |
|--------------------------------------|-------|--------|--------------|------------------|
| Case Manager | _____ | _____ | _____ | _____ |
| Therapist | _____ | _____ | _____ | _____ |
| Psychiatrist / Nurse Practitioner | _____ | _____ | _____ | _____ |
| Primary Care Physician | _____ | _____ | _____ | _____ |
| Caseworker (JFS/CPS) | _____ | _____ | _____ | _____ |
| Other resources: | _____ | _____ | _____ | _____ |

ALTERNATIVE CRISIS LINE OPTIONS

| | |
|---|--|
| EMERGENCY SERVICES | 911 |
| CCHMC – Psychiatric Intake Response Center (PIRC) | 513.636.4124 (cincinnatichildrens.org) |
| Hamilton County Mobile Crisis | 513.584.5098 |
| Butler County Mobile Crisis | 1.844.427.4747 or 1.844.4CRISIS |
| Clermont County Mobile Crisis | 513.528.7283 |
| Warren/Clinton County Mobile Crisis | 1.877.695.6333 |
| Talbert House Care Crisis Hotline | 513.281.CARE (2273) |
| Northern Kentucky Crisis Line (Northkey) | 859.331.3292 |
| National Suicide Prevention Lifeline | 1.800.273.TALK (8255) |
| Suicide Prevention My3 App | http://myapp.org/ |
| Hamilton County Developmental Disabilities Services (DDS) | 24-hour on-call: 513.794.3300 24-hour report line: 513.559.6629 |
| Hamilton County Jobs and Family Services | 513.241.KIDS (5437) |

Name of persons completing form:

Patient: _____ Parent/Caregiver: _____


Clinician: _____ Other: _____

Date: _____

R¹³¹⁴
HIC 03/21

Original – Medical Record Copy - Family

Cincinnati Public Safety Plan

| | | |
|--|---|--|
| | CRISIS MANAGEMENT PLAN SAFETY PLAN TRANSITION PLAN |  Page 1 of 2 |
|--|---|--|

This plan is designed to help maintain my wellbeing and prepare me for times of high stress and/or anxiety. It includes plans to make my day safer, identifies when I need help, helps me figure out what to do cope, and what to do in crisis situations.


| |
|--|
| PREVENTATIVE STRATEGIES How can the day be safer? <input type="checkbox"/> Check-in and out with an adult at certain times → Describe: <input type="checkbox"/> Increase supervision — Describe: <input type="checkbox"/> Practice coping skills with an adult <input type="checkbox"/> Review daily routine with staff member <input type="checkbox"/> Staff member will search child's bookbag/locker to ensure unsafe items are removed <input type="checkbox"/> Supervise at all times (Not allowed alone to restroom or in the hallway) <input type="checkbox"/> Other: <input type="checkbox"/> Other: |
|--|

| TRIGGERS What words, events, or actions ignite negative feelings and risky behavior? What makes me upset? <table border="1"> <tr> <th>Locations/Events</th> <th>Triggers</th> </tr> <tr> <td>At home</td> <td></td> </tr> <tr> <td>During class</td> <td></td> </tr> <tr> <td>During specials/ electives (i.e. Art, Music, PE)</td> <td></td> </tr> <tr> <td>Cafeteria/Playground (breakfast/lunch)</td> <td></td> </tr> <tr> <td>During school arrival/dismissal</td> <td></td> </tr> <tr> <td>Other locations/events:</td> <td></td> </tr> </table> | Locations/Events | Triggers | At home | | During class | | During specials/ electives (i.e. Art, Music, PE) | | Cafeteria/Playground (breakfast/lunch) | | During school arrival/dismissal | | Other locations/events: | |
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| Other locations/events: | | | | | | | | | | | | | | |

| KNOWING WHEN I NEED HELP (WARNING SIGNS OF ANXIETY) I know I am beginning to feel stressed and unsafe when: <table border="1"> <tr> <th>Physical (Body)</th> <th>Thoughts & Feelings</th> </tr> <tr> <td></td> <td></td> </tr> </table> | Physical (Body) | Thoughts & Feelings | | |
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|---|---|---|--|--|---|---|--|----------------------------------|---|--------------------------------------|--|---|--------------------------|--------------------------|--------------------------|--|---|---|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MY COPING SKILLS What can I do when I am faced with my triggers? What can I do when I start to feel anxious and/or getting upset? <table border="1"> <tr> <td><input type="checkbox"/> Ask to get a drink of water</td> <td><input type="checkbox"/> Draw/Color/Write in journal</td> <td><input type="checkbox"/> Think of a peaceful place</td> </tr> <tr> <td><input type="checkbox"/> Ask to go to the "Calming corner"</td> <td><input type="checkbox"/> Forgive, let go, and move on</td> <td><input type="checkbox"/> Tell the teacher and ask to be moved</td> </tr> <tr> <td><input type="checkbox"/> Ask who is bothering me to "Please stop."</td> <td><input type="checkbox"/> Stretch</td> <td><input type="checkbox"/> Use a stress ball/fidget</td> </tr> <tr> <td><input type="checkbox"/> Count to 10</td> <td><input type="checkbox"/> Take slow mindful breaths</td> <td><input type="checkbox"/> Use kind caring positive self-talk</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> What can my teachers do to help when they notice me getting anxious? <table border="1"> <tr> <td><input type="checkbox"/> Allow me to see a trusted adult</td> <td><input type="checkbox"/> Give space, but check in</td> <td><input type="checkbox"/> Spend 1:1 time</td> </tr> <tr> <td><input type="checkbox"/> Give me a task to do</td> <td><input type="checkbox"/> Listen</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> Ask to get a drink of water | <input type="checkbox"/> Draw/Color/Write in journal | <input type="checkbox"/> Think of a peaceful place | <input type="checkbox"/> Ask to go to the "Calming corner" | <input type="checkbox"/> Forgive, let go, and move on | <input type="checkbox"/> Tell the teacher and ask to be moved | <input type="checkbox"/> Ask who is bothering me to "Please stop." | <input type="checkbox"/> Stretch | <input type="checkbox"/> Use a stress ball/fidget | <input type="checkbox"/> Count to 10 | <input type="checkbox"/> Take slow mindful breaths | <input type="checkbox"/> Use kind caring positive self-talk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Allow me to see a trusted adult | <input type="checkbox"/> Give space, but check in | <input type="checkbox"/> Spend 1:1 time | <input type="checkbox"/> Give me a task to do | <input type="checkbox"/> Listen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|---|---|---|----|----|
| CRISIS PLAN When it becomes dangerous for me or others around me <table border="1"> <tr> <td>List dangerous behaviors:</td> <td>What steps should be taken: (list at least 3)</td> </tr> <tr> <td>1.</td> <td>3.</td> </tr> </table> | List dangerous behaviors: | What steps should be taken: (list at least 3) | 1. | 3. |
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| 1. | 3. | | | |

| | | |
|---|---|--|
| Name: _____ DOB: _____ Grade: _____ School: _____ Date: _____ Transitioning From: _____ To: _____ | CRISIS MANAGEMENT PLAN SAFETY PLAN TRANSITION PLAN |  Page 2 of 2 |
|---|---|--|

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|---|
| RE-ENTRY How am I going to tell my friends when I get back to school about where I have been? Who is going to tell my teachers about my plan? I will: <input type="checkbox"/> Refer to this plan when I am in a crisis <input type="checkbox"/> Review this my family <input type="checkbox"/> Review with someone I trust at my school <input type="checkbox"/> Review with my mental health provider |
|---|

| MY SCHOOL SUPPORTS When my coping skills aren't working, who can I talk to for additional support? <table border="1"> <tr> <th>Name (Role)</th> <th>Phone number/Extension</th> <th>How can I get access to them? (Ask, signal)</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | Name (Role) | Phone number/Extension | How can I get access to them? (Ask, signal) | | | |
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| | | | | | | |

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|---|----------------------|-----------|-----------|--|--|--|
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| | | | | | | |

| MY ADDITIONAL COMMUNITY RESOURCES When my coping skills aren't working outside of school, who can I talk to for additional help? <table border="1"> <tr> <th>Place/Name</th> <th>Phone number/Ext.</th> <th>Place/Name</th> <th>Phone number/Ext.</th> </tr> <tr> <td>OCHMC Psychiatric Intake Response</td> <td>(513) 636 – 4124</td> <td>National Suicide Prevention Lifeline</td> <td>1 (800) 273-TALK [8255]</td> </tr> <tr> <td>Children's Home (main line)</td> <td>(513) 272-2800</td> <td>St. Joseph's Orphanage (Central Access)</td> <td>(513) 741-5690 ext. 2214</td> </tr> <tr> <td>Crisis Text Hotline</td> <td>Text 4hope to 741741</td> <td>Suicide Prevention My3 App</td> <td>http://my3app.org/</td> </tr> <tr> <td>Emergency Services</td> <td>911</td> <td>Talbert House Care Crisis Hotline</td> <td>(513) 281-CARE [2273] OR Text Talbert to 859863</td> </tr> <tr> <td>Hamilton County Mobile Crisis</td> <td>(513) 584-5098</td> <td>Trevor Project (LGBTQ Youth)</td> <td>1 (866) 488-7386</td> </tr> </table> | Place/Name | Phone number/Ext. | Place/Name | Phone number/Ext. | OCHMC Psychiatric Intake Response | (513) 636 – 4124 | National Suicide Prevention Lifeline | 1 (800) 273-TALK [8255] | Children's Home (main line) | (513) 272-2800 | St. Joseph's Orphanage (Central Access) | (513) 741-5690 ext. 2214 | Crisis Text Hotline | Text 4hope to 741741 | Suicide Prevention My3 App | http://my3app.org/ | Emergency Services | 911 | Talbert House Care Crisis Hotline | (513) 281-CARE [2273] OR Text Talbert to 859863 | Hamilton County Mobile Crisis | (513) 584-5098 | Trevor Project (LGBTQ Youth) | 1 (866) 488-7386 |
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| SIGNATURES: Use an asterisk (*) to indicate the central contact person <table border="1"> <tr> <th>Name</th> <th>Title</th> <th>Best method of contact (i.e. phone, email)</th> <th>Signature</th> </tr> <tr> <td></td> <td>Student</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Parent/Guardian</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Administrator</td> <td></td> <td></td> </tr> <tr> <td></td> <td>General Ed. Teacher</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Intervention Specialist</td> <td></td> <td></td> </tr> <tr> <td></td> <td>School Psychologist</td> <td></td> <td></td> </tr> <tr> <td></td> <td>School Resource Officer</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Other:</td> <td></td> <td></td> </tr> </table> | Name | Title | Best method of contact (i.e. phone, email) | Signature | | Student | | | | Parent/Guardian | | | | Administrator | | | | General Ed. Teacher | | | | Intervention Specialist | | | | School Psychologist | | | | School Resource Officer | | | | Other: | | | | Other: | | |
|---|-------------------------|--|--|-----------|--|---------|--|--|--|-----------------|--|--|--|---------------|--|--|--|---------------------|--|--|--|-------------------------|--|--|--|---------------------|--|--|--|-------------------------|--|--|--|--------|--|--|--|--------|--|--|
| Name | Title | Best method of contact (i.e. phone, email) | Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Parent/Guardian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Administrator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | General Ed. Teacher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Intervention Specialist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | School Psychologist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | School Resource Officer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Practicing the Steps



Safety Plan Steps



Step One: Risk – Rapport- Communication

Assess Risk (C-SSRs)

Notify guardian of ALL statements made by youth.

Give youth the option to share. Tell why you are sharing.

Rapport

Normalize mental health / discussing feelings/ asking for help.

Be creative with ways to encourage feelings of control in the youth with their involvement in the process.

Communication

Praise youth for ***sharing*** (Using strengths-based approach).

Point out courage, strength, and **protective factors**.

If possible, do this with guardian present.

Step Two: Introduce Intervention- Guardian Support

Ask guardian if he/she has other safety concerns.

Discuss options and steps with guardian. Emergency Department if unable to guarantee immediate safety.

Explain the purpose of a Safety Plan if able to proceed. Normalize youth obtaining mental health support.

Discuss that help at a young age allows them to “get ahead” and to establish coping for future stressors in life.

Encourage guardian to be calm, supportive and empathetic.

Positive responses may lead to increase communication by the youth and increased safety.

Step Three: Home Safety

Provide information about home safety planning. (Handouts are recommended). Suicide Safety Precautions at Home (AACAP), Safety Plan Knowing Note CCHMC.

Stress securing ALL items, especially those related to history of plans or methods.

Ask guardian about specific safety concerns in home. Recommended to do this in private.

Recommend ***strict rules of safety*** until mental health resources are implemented and provider reestablishes guidelines.

Name: _____

DOB: _____

MRN: _____

This plan is to keep the patient safe during times of high stress and/or crisis.

Reported safety concerns/behaviors:

Triggers (things that lead to increased stress):

SAFETY PROOF THE HOME**Closely Monitor your Child**

Monitor your child at all times until you and your child's doctor or therapist agree that this safety plan is not needed.

Close supervision means:

- ☐ Keep your child's bedroom door open at all times.
- ☐ Check on your child frequently no matter where they are.
- ☐ Do not allow your child to be alone in any room of the house without open doors.
- ☐ Others should not visit unless there is constant adult supervision.
- ☐ Monitor your child's electronic devices at least daily and consider allowing your child access to their devices on agreed upon times.
- ☐ Talk and share with your child's school counselor or administrator your child's safety plan. Inform them if your child needs constant supervision while at school.
- ☐ If your child has a history of self-harming behavior, check their skin 3 to 5 times a week. You can do this more often if needed.
- ☐ Encourage your child to stay in common areas to avoid isolation.

Safety-Proof the House

General guidelines:

- ☐ All guns and ammunition must be removed from the home. If that is not possible, lock these items away so your child doesn't have access to them. Store ammunition in a separate safe from the firearm. Having a gun in the home increases the risk of suicide.



Name: _____

DOB: _____

MRN: _____

- ☒ Lock up or remove all medication and alcohol from the home. We recommend a safety lock box for all medicines this includes over the counter (OTC) medicines, prescription medicines, vitamins, and supplements.
- ☒ Lock up or remove from your home, all razors, knives, scissors, other sharp objects, power tools and cleaning supplies. If your child needs to use these objects, they should have adult supervision.
- ☒ Search your house and your child's room. Look for any items that could be used to self-harm. This includes weapons, sharp objects, any medicines, belts, ropes, and cords.
- ☒ Complete random room checks 3 to 5 times per week. Be sure that any self-harm items are not hidden here. You can tell your child that room checks will happen. Let them know that they will be random.
- ☒ Be aware of items that your child could use to cut off their air flow. These items include: plastic bags, balloons, belts and cords of any kind.
- ☒ Secure all car keys (regardless of your child's age). Do not allow your child to drive a car for at least 30 days after they go home from the hospital.

Act Right Away on Your Child's Comments

- ☒ Take ALL comments and attempts seriously. Call members of your child's treatment team or the crisis numbers listed on your child's safety plan until you reach someone.
- ☒ Encourage your child to follow their safety plan. Refer back to this Safety Plan if needed.
- ☒ Call 911 for immediate medical or safety concerns.
- ☒ Many mental health agencies have a 24/7 emergency phone number. Program this number in to your phone. Write the number down to post in the house for easy access to all people in the home.
- ☒ Call Cincinnati Children's Psychiatric Intake Response Center (PIRC) 513-636-4124.
- ☒ Take your child (or use emergency transportation) to the emergency room. As necessary, engage safety locks on car doors and windows. Have another adult ride with you and your child.

Name of persons completing form:

Patient: _____ Parent/Caregiver: _____

Clinician: _____ Other: _____

Date: _____



**Suicide
Prevention
Hotline**

1-800-273-8255

**List family and other adults
your child can ask for help.**

Mental health providers: Therapist,
case manager, psychiatrist

School: Teacher, nurse, principal, coach,
aides, other staff

Suicide Prevention Lifeline
1-800-273-8255

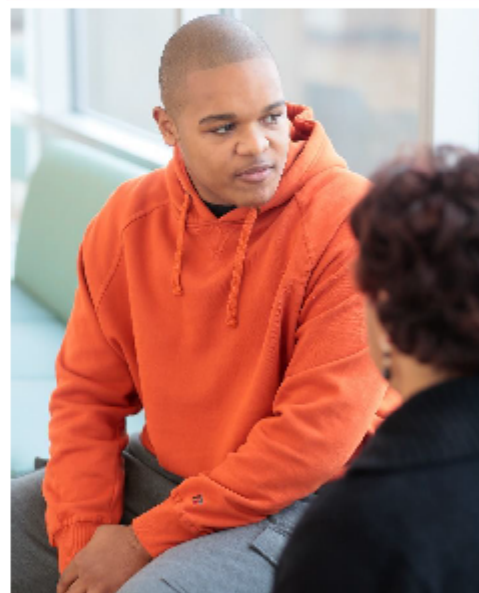
**CCHMC Psychiatry Intake Response
Center (PIRC)**
513-636-4124

My child will talk to:

**If you or your child believe that
things are getting worse,
follow these steps:**

- Ask your child if they are thinking about hurting themselves or others.
- Read your child's Safety Plan and calmly help your child use their coping skills.
- Call your child's mental health provider if your child is not using coping skills, feeling worse, or you are unsure what to do next.
- If unsure of how to help your child stay safe, call PIRC at 513-636-4124 to discuss if your child needs to come to the hospital or would benefit from adding services.
- Take your child to an emergency room or call 911 if:
 - your child is out of control
 - you can no longer keep your child safe
 - they have attempted suicide

**Safety Planning:
Keeping Your Child
Safe at Home**



What is a Safety Plan?

A safety plan is a list of coping skills and people that your child can use before or during a crisis to stay safe. The safety plan can lower your child's risk of suicidal and/or aggressive behavior by:

- Making your home safe
- Identifying warning signs
- Providing coping skills and a list of support persons

Make Your Home Safe

Remove dangerous items from the home and/or lock them up.

- Weapons: guns, knives
- Medicines: over the counter, prescribed, and vitamins
- Sharp Objects: scissors, razors, pencil sharpeners, kitchen knives
- Choking items: ropes, belts, cords, plastic bags, long sleeves
- Poisons: bleach, household chemicals and cleaners
- Put away car keys

Warning Signs

Things your child may do:

Yell, cry, argue, hit, pace, threaten others, break items, swear, be overly clingy, look for support, give away items, etc.

My child's unsafe actions:

Thoughts your child may have:

Want to die, want to kill others, or feel hopeless, worthless, lonely, isolated, etc.

My child's unsafe thoughts:

Ask your child if they are having thoughts of hurting themselves or others

Coping Skills

Activities may take your child's mind off problems and provide distraction.

Things your child can do alone:

Listen to music, draw, color, exercise, deep breathing, play a video game, sleep, take a shower or bath, sing, work on a puzzle, etc.

Things your child can do with others:

Talk to a friend or family member, play a game, go for a walk, cook, etc.

My child's coping skills:



Step Four: Triggers, Coping Skills and Problem Solving

Identify triggers that show the need for coping skills.

Youth lists current coping skills used.

Encourage coping away from home (at school, youth group, etc.)

Encourage youth to ask guardian for help.

Use tools of communication when needed (1-10 rating scale; code word)

Ask youth what guardian can do if they notice warning signs.

Step Five: Community Supports Secure Appointments

Identify Community Supports/ Secure Appointments: Tangible plan of action for after-care.

Youth and guardian will provide names/ phone numbers of who to contact when in crisis.

Ensure that child has an adult contact and that they utilize an adult's support in crisis.

Assist in securing appointments as able. (Primary Care Physician, outpatient therapy, etc.).

If needed, contact PIRC for assistance.

Step Six: Encourage Use of Resources

Encourage Self-Sufficiency and Help Seeking Strategies.

List area resources on crisis plan.

Discuss apps, crisis hotlines and other links to help when in need.

Normalize needing/receiving help.

(Therapists talk to Therapist. Doctors go to Doctors.)

Decrease apprehension/ fear in community support or the hospital.

Non-punitive. **OPEN the door to Safety for future risk.**

Community Resources

Mobile Response & Stabilization Services (MRSS)

<https://mobileresponse.org/>

Serving Butler, Preble, Warren and Clinton

Access by calling the County's hotline 24/7

- **Butler Co. Mobile Crisis 1 (844) 427-4747**
- **Warren/Clinton Co. Mobile Crisis 1 (877) 695-6333**
- **Preble County: (866) 532-3097**
- **Hamilton Co. Mobile Crisis (513) 584-5098**
- **Clermont Co. Mobile Crisis (513) 528-7283**
- **National Suicide Prevention Lifeline 800-273-8255**

Step Seven: Review Steps to Use in a Crisis

Summarize the Plan of Action when in Crisis.

Youth will tell guardian/ a trusted adult when feeling unsafe.

Guardian will ask additional questions about feelings, thoughts, safety.

Review the youth's Crisis Plan (Coping Skills & Problem Solving).

If still in need of help, call mental health provider.

If needing additional assistance of information, call PIRC.

If you have tried the initial steps and guardian feels that youth is unsafe, call 911 or take youth to the nearest Emergency Department.

Breakout Session Three

Practice the Intervention

John, age 14, tells his school therapist that sometimes when he has panic attacks, he thinks he should end his life. The last time he had this thought was last week and he had no intent or plan to end his life at that time. He has history of one suicide attempt by ingestion two years ago. When completing the CSSRs at school, he denies current intent or plan. John states that he is very afraid of the Emergency Department so he never told anyone about his suicidal thoughts or ingestion. He reports that he does tell his mom about his anxiety and she stays with him and helps him feel better.

Use the Safety Plan Steps to Practice. Choose participants to role play John, School Therapist and John's Mom.

Other participants: Take notes on the helpful statements/interventions used with John and his mother.

(15 Minute Activity)

Safety Plan Steps



Initial Information is Encouraging for Safety

- John denies immediate intent or plan
- He has “Protective Factors”
 - John has established mental health services.
 - He is communicative and he requested to speak with therapist.
 - John talks with his mother about risk.
- Guardian collateral is still needed to proceed with the Safety Plan.
- If appropriate, proceed with Safety Plan.
- Contact PIRC to discuss additional mental health supports.

Other Interventions with John and his Mother...

- Praise John for telling his therapist and for participating in therapy in general.
- Ensure mother knows of C-SSRS and prior ingestion.
- Discuss ALL home safety recommendations and stress putting away ALL medication.
- Praise him for telling his mother about risk.
- Encourage John to use other resources if he cannot reach his mother (other adults, Hotlines, etc.)
- Discuss the hospital in general (Alleviate his fear if future risk were to occur.)

Telehealth: Managing Mental Health and Child Welfare Concerns

- ☐ Establish a Crisis Protocol for Telehealth Use.
- ☐ Try to create a safe space for the youth to talk. If possible, 1:1 safety assessment is recommended.
- ☐ Obtain guardian consent. Guardians have the right to deny 1:1 sessions. If there is a perceived safety concern, report this to Child Protective Authorities.
- ☐ Be aware of State Guidelines.
- ☐ Have Crisis Resources Available.
- ☐ Know when to Contact Authorities /Child Welfare Agencies.

Telehealth Tips: Prevention and Identification of Abuse

Pediatrics Nationwide (Published by Nationwide Children's Hospital) provides some Telehealth Tips for Providers about Preventing and Identifying Child Abuse. The publication provides questions to ask youth, discussion topics with guardians, and national resources.

[TCFSH_COVID-Telehealth Child Abuse Prevention Tip Sheet 2020.pdf](#)

References

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Questions?

