

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

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Presentation Objectives

1

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

2

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

3

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

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.”

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

Objectives

Goal =  Safety  Future Risk

- Propose safe options for *future* crises when unable to reason.
- Non – acute issues may be addressed on a Crisis Management 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 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 Can guide Safety Planning

- **C-SSRs and Protective Factors** help identify 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, can decrease risk.

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

- A Guardian *MUST* be involved and in agreement and aware of this plan of care.
- Youth *MUST* be engaged and willing to participate with the exception of youth not developmentally able to participate.
- Individual who can assist in a risk assessment and if appropriate, the safety plan.

REVIEW:
Some
Examples of
WHEN
Crisis
Management
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/ ED exposure

Some Examples of 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 or to state that they will be safe.
- Medical concern (possible ingestion, etc.)
- Provider does not feel capable to assess for safety or to complete crisis plan.
- Your instincts tell you the youth is at risk for suicide and other social or environmental dynamics are or concern for safety.

Crisis Management Plan or Call PIRC/ Emergency Department?

The next two Breakout sessions focus on determine whether Crisis Management Planning is appropriate or a referral to PIRC. 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

Tyler, age 6, is sent to his school therapist after drawing a graphic picture of knives and guns in class. Tyler denies that he has thoughts of dying or of killing anyone. The C-SSRs is completed and he denies any history of intent to harm self or others. Tyler reports that he hates school because kids bully him. When he gets upset, he draws these pictures.

Susie, age 17, is sent to the office because she has had thoughts of wanting to die and cuts on her arm. She talks to the School Therapist (who happened to be available). Susie said she doesn't want to die currently, but two months ago, she almost ended her life by ingestion after a break-up. She cut last night to cope, not to end her life. Her mother is not aware that she has cut or had suicidal thoughts and she's worried about her knowing. Susie wishes she could see an ongoing Therapist to help her.

**Would you refer to the ED or complete a SafetyPlan? Why or why not?
Other interventions with the child/guardian?**

(5 minute Activity)

Similarities in the Scenarios

- No current or immediate thought/plan/ intent to harm self or others.
- Both are struggling to cope with emotions such as depressed mood, anger, and anxiety.
- Both would benefit from a Safety Plan.
- Both should be referred to an outpatient provider if they do not have one.
- Guardians should be made aware of ALL statements made by their child and they should be involved in the Crisis Management Planning.
- You may call PIRC about any of these situations with questions.

Breakout Session Two

Jenna, age 10, reports that she considered jumping from the stairwell to end her life on her way to lunch today 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.

Would you refer to the ED or complete a Safety Plan? In your breakout group, discuss the risk factors and possible interventions.

(5 Minute Activity)

Breakout Session Two Discussion

Jenna does not want to die during the C-SSRs, however her very recent thoughts, intent, and plan to end her life, preclude completing a crisis management 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.

Guardians should be notified of ALL statements made and PIRC will document referral information for the Emergency Department Social Workers.

Trust Your Instincts

**Every situation is unique.
Sometimes Crisis
Management 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.**



PIRC Bridge

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

Key Components of a Safety Plan

Safety Plans may be individualized for your setting, however key components to include are:

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

Cincinnati Public Schools Crisis Management Plan

	CRISIS MANAGEMENT PLAN SAFETY PLAN TRANSITION PLAN	 Page 1 of 2
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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?	
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:	

KNOWING WHEN I NEED HELP (WARNING SIGNS OF ANXIETY)	
<i>I know I am beginning to feel stressed and unsafe when:</i>	
Physical (Body)	Thoughts & Feelings

MY COPING SKILLS		
What can I do when I am faced with my triggers?		
<i>What can I do when I start to feel anxious and/or getting upset?</i>		
<input type="checkbox"/>	Ask to get a drink of water	<input type="checkbox"/>
<input type="checkbox"/>	Ask to go to the "Calming corner"	<input type="checkbox"/>
<input type="checkbox"/>	Ask who is bothering me to "Please stop."	<input type="checkbox"/>
<input type="checkbox"/>	Count to 10	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Draw/Color/Write in journal	<input type="checkbox"/>
<input type="checkbox"/>	Forgive, let go, and move on	<input type="checkbox"/>
<input type="checkbox"/>	Stretch	<input type="checkbox"/>
<input type="checkbox"/>	Take slow mindful breaths	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Give space, but check in	<input type="checkbox"/>
<input type="checkbox"/>	Listen	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Think of a peaceful place	<input type="checkbox"/>
<input type="checkbox"/>	Tell the teacher and ask to be moved	<input type="checkbox"/>
<input type="checkbox"/>	Use a stress ball/fidget	<input type="checkbox"/>
<input type="checkbox"/>	Use kind caring positive self-talk	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<i>What can my teachers do to help when they notice me getting anxious?</i>		
<input type="checkbox"/>	Allow me to see a trusted adult	<input type="checkbox"/>
<input type="checkbox"/>	Give me a task to do	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Spend 1:1 time	<input type="checkbox"/>

CRISIS PLAN	
<i>When it becomes dangerous for me or others around me</i>	
List dangerous behaviors:	What steps should be taken: (list at least 3)
1.	3.

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

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?		
Name (Role)	Phone number/Extension	How can I get access to them? (Ask, signal)

MY UPCOMING APPOINTMENTS		
Name of Organization	Reason	Date/Time

MY ADDITIONAL COMMUNITY RESOURCES			
When my coping skills aren't working outside of school, who can I talk to for additional help?			
Place/Name	Phone number/Ext.	Place/Name	Phone number/Ext.
CCHMC 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 839863
Hamilton County Mobile Crisis	(513) 584-5098	Trevor Project (LGBTQ Youth)	1 (866) 488-7386

SIGNATURES: Use an asterisk (*) to indicate the central contact person			
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: _____

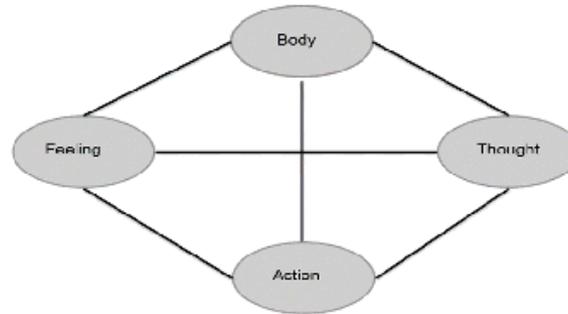
DOB: _____

MRN: _____

STEP 1: USE COPING STRATEGIES WHEN TRIGGERED

Physical signs <i>(what does is look like when triggered)</i>	Emotional signs <i>(thoughts/feelings/statements when triggered)</i>
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: _____

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.

Communication

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

Point out courage/ strength.

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.

Step Three: Home Safety

Establish Home Safety:

Provide information on 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 safety concerns in home. This should be done in private.

Recommend ***strict rules of safety*** until further mental health resources are implemented.

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

Coping Skills Tool Box/ Problem Solving at Home:

Identify triggers that tell when to use the safety plan.

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 3 days ago 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 C-SSRs at school, he denies current intent or plan. He reports that he tells his mom about his thoughts and she stays with him and helps him to feel better. John states that he is very afraid of the Emergency Department and this is why he never told about his ingestion two years ago.

Use the Safety Plan Steps to Practice. Write down some helpful statements/ interventions to be used with John and his mother. (10 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. Guardians have the right to deny 1:1 sessions. In that event, safety concerns would be reported based on information known.

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.

http://pediatricsnationwide.org/wp-content/uploads/2020/04/W194807-TCFSH_COVID-Telehealth-Child-Abuse-Prevention-Tip-Sheet-2020.pdf

References

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Questions?

