

School Based Behavioral Health Rapid-ECHO[®]



Maine Pediatric
& Behavioral Health
Partnership



ECHO SESSION 2 of 4: 11/14/2022

Presentation: Use of Collaborative Safety Planning



Greg Marley, LCSW
Clinical Director
NAMI Maine

Greg has practiced in the field of community mental health and prevention in Maine for over 30 years, as a clinician, clinical supervisor, manager, and consultant.

Since 2007, he has delivered training and consultation in suicide prevention and self-injury management supporting the needs of a diverse set of statewide partners. Greg has presented across Maine and New England to a variety of audiences in suicide prevention, substance abuse prevention, mental health, and other topics.

For 2 decades he has supported schools, community agencies and families seeking support and resources in the aftermath of a suicide. Greg lives in Rockland with his family and spends his off time messing about with wild mushrooms.

Collaborative Safety Planning in School Setting

SBHC ECHO Session-2022

Maine Suicide Prevention Program

Education, Resources and Support—It's Up to All of Us



Developing a Suicide-Informed School Practice

- All SBHC staff see suicide prevention as part of their work and within their role.
- Training and support is available for their roles. (Awareness session, Gatekeeper Training) Assessment Training, Collaborative Safety Planning...)
- **Protocols** are in place guiding screening, identification, assessment, management of risk
 - Screening is done to identify flags for suicide risk (RAAPS, PHQ-A)
 - A standardized **assessment** tool is used
 - **Referrals** are made for treatment as indicated
 - **Collaborative Safety Planning** is used as a management tool, including parent coordination.
 - Continuity of care is assured through **proactive follow-up** for those identified as at risk.
- Ongoing coordination betw. SBHC & school clinical and admin. staff maintained

Safety Planning;
A Stand-alone Intervention
Or
Part of a Comprehensive Approach



What is a Collaborative Safety Plan?

An intervention to address the *next* crisis

- The **product** of a brief, conversation-driven process
- Follows risk assessment and supports risk management
- A **written** prioritized list of coping strategies and resources for support before and during a building crisis,
- Involves **collaborative approach** with the person,
- Offers an opportunity for collateral contact and involvement
- Involves a process for commitment to help (and staying alive)

A tool for self-empowerment!

Stanley, B., & Brown, G.K. (with Karlin, B., Kemp, J.E., & VonBergen. H.A.). (2008).
Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version. Retrieved from
[http://www.sprc.org/library/SafetyPlanTreatmentManualReduceSuicide
RiskVeteranVersion.pdf](http://www.sprc.org/library/SafetyPlanTreatmentManualReduceSuicideRiskVeteranVersion.pdf)

The Challenge

The next crisis will likely happen when the person is not with you!

1. How can we support them to manage a suicidal crisis as it develops?
2. What helps them to anticipate a crisis before it happens?
3. Can we offer tools to support managing through a crisis? Collaborative & Self-empowering.
4. This is building a tool for future use

Who Would Benefit from a Safety Plan?

Anyone at increased risk, but not requiring immediate safety intervention

- Someone with a known history of repeated crisis
- Anyone who has been in crisis or who shows risk for suicide or... :
 - Pervasive sense of hopelessness re future
 - Active behavioral health needs increasing suicide risk
 - Statements made indicating suicide ideation
 - Recent history of crisis with increased risk
 - Suicide attempt history, recent or unresolved
 - Recent “Non-suicidal” self-injury

Developed before or after the crisis

Safety Planning is Not:

- A substitute for needed treatment
- A process for an individual in need of immediate hospitalization;
 - Imminent risk for suicide or harm to others,
 - Psychotic or otherwise incapable of engaged planning,
- A “No Suicide Contract”

Tips for Developing a Safety Plan

- Ways to increase collaboration and build rapport:
 - Sit side-by-side
 - Ask rather than tell
 - Use a paper form
 - Allow the youth to do the actual writing
- Use **Brief instructions** using the student's own words
- Make it **Easy to read**
- Address barriers and **use a problem-solving approach**
- **Copy for the youth**, copy for the files. (parents?)
- **Copy for Follow-Up, if not you**
- *Who else needs to know about the plan or be involved?*

Stanley, B., & Brown, G.K. (with Karlin, B., Kemp, J.E., & VonBergen. H.A.). (2008).
Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version. Retrieved from
<http://www.sprc.org/library/SafetyPlanTreatmentManualReduceSuicideRiskVeteranVersion.pdf>

The 7 Steps of Safety Planning

- **Step 1:** Recognize warning signs
- **Step 2:** Engage internal coping strategies
- **Step 3:** Connect with people and places that can serve as a distraction and who offer support
- **Step 4:** Identify and engaging family members or friends who may offer help and support
- **Step 5:** Identify professional resources engaged or available (this includes you!)
- **Step 6:** Reduce the potential for use of lethal means
- **Step 7:** Acknowledge what is worth living for!

Safety Planning form for Youth

Name:

Grade:

Date:



Step 1: Warning signs (thoughts, images, mood, situations, behavior) that a crisis may be developing: How does your body feel? What are the thoughts in your head?

1.

2.

3.

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity, music, reading...):

1.

2.

3.

Step 3: People, social settings, and activities that provide distraction:

Name:

Phone:

Name:

Phone:

Place:

Place:

Activity:

Activity:

Step 4: People I can reach out to for help: At Home, At School, and In the Community

1. Name: _____ Phone: _____

2. Name: (Adult) _____ Phone: _____

3. Name: (Adult) _____ Phone: _____

Step 5: Professionals or agencies I can contact during a crisis: (crisis, case manager, counselor...)

Therapist, Name: _____ Phone: _____

Emergency Contact, Name: _____ Phone: _____

Maine Crisis Hotline—1-888-568-1112 / 988

Crisis Text Line: 741741

Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Police: 911

Other: _____

Step 6: Making the environment safe:

Step 7: What in your life is worth living for? _____

Staff Signature: _____ **Date** _____ **Follow up Meeting:** _____

(MH/Counselor)

Student Signature: _____ **Date** _____ **Date** _____ **Time** _____

Parent/ Guardian: _____ **Date** _____ **Review Date:** _____

Implementation:

"How do you know when to use the Plan?"

- **Ask** how likely it is that the **youth** will use the safety plan, and when
- Problem-solve around any barriers
- Examples of barriers
 - Difficult to reach out to others
 - I feel isolated
 - Who can I trust?
- Discuss where the youth will keep the safety plan
 - Multiple copies; wallet-size versions,
 - Phone app!
- Who else should have a copy?
- Let the student know that this is *their* plan and may need to be reviewed and updated frequently.

Crisis Plan Apps



Suicide Safety Plan

By Eddie Liu



Moving Forward

*Safety planning is all about the **relationship!***

- Be familiar enough with the Safety Planning steps that you don't have to go through it by rote
- Make the process a conversation with the person as you develop the plan together
- **Strengths-Based Approach!** Recognize the person's unique strengths and skills
- Follow-up and track progress using their safety plan!

- ▶ For methods with **low lethality**, clinicians may ask patients to remove or limit their access to these methods themselves.
- ▶ Restricting the patient's access to a **highly lethal method**, such as a firearm, should be done by a designated, responsible person – usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

ASSESS the likelihood that the overall safety plan will be used and problem solve with the patient to identify barriers or obstacles to using the plan.

DISCUSS where the patient will keep the safety plan and how it will be located during a crisis.

EVALUATE if the format is appropriate for patient's capacity and circumstances.

REVIEW the plan periodically when patient's circumstances or needs change.

REMEMBER: THE SAFETY PLAN IS A TOOL TO ENGAGE THE PATIENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

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Western Interstate Commission for Higher Education
3035 Center Green Drive, Suite 200 Boulder, CO 80301-2204
303.541.0200 (ph) 303.541.0291 (fax)
www.wiche.edu/mentalhealth/

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Safety Planning Guide

A Quick Guide for Clinicians

may be used in conjunction with the "Safety Plan Template"

Safety Plan FAQs?

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is brief, is in the patient's own words, and is easy to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.


Western Interstate Commission for Higher Education



Suicide Prevention Safety Card

<https://www.maine-preventionstore.com/collections/mental-health>

IF YOU LOVE THEM, KEEP THEM SAFE

If someone you love is struggling with thoughts of suicide, there are some important steps you can take to keep them safe until they're feeling better. Make a plan based on the options below:



Temporarily remove firearms from your home to keep your loved ones safe until they are feeling better.

SAFEST CHOICE



Store all firearms in a locked safe, or use trigger locks. Remove access to combinations or keys.



Make sure all firearms are unloaded. Store ammunition safely in another location.



Remove any medications from your home to keep your loved ones safe until they are feeling better.

SAFEST CHOICE



Store any medications in a locked box or cabinet. Be sure keys and combinations are in a secure location.



Keep only small amounts of medications in your home. Talk to a pharmacist about what quantities of medication would be safest.



Until your loved one is feeling better, do not leave them alone. Make sure someone has "eyes on" them to ensure they are safe.

SAFEST CHOICE



Create a "safety plan" so your loved one knows how to get help at any time. Identify activities that help them feel better, and people they can reach out to for support.



Make sure your loved one knows how to access the 24-hour Maine Crisis Line at 1-888-568-1112.

STEPS I CAN TAKE

TO PROTECT A LOVED ONE WHO IS AT RISK FOR SUICIDE

It can feel overwhelming when someone you care about is struggling with their mental health. You can help by creating a plan to keep your loved one safe while they get the support they need. If possible, focus on the safest options – but it's most important that you take some kind of action to protect your loved one until they're feeling better.



Remove or store firearms safely.

My Plan: _____



Remove or store medication safely.

My Plan: _____



Stay connected and supervise.

My Plan: _____

 **1-888-568-1112**
MAINE CRISIS LINE
CALL. TEXT. CHAT.



Questions or Comments



Contact Information

Maine Suicide
Prevention Program
Manager:

Sheila Nelson 207-287-3856
Sheila.Nelson@maine.gov

NAMI Maine Suicide
Prevention Clinical
Director:

Greg Marley (800) 464-5767 x 2302
gmarley@namimaine.org