Safety Planning 101: Plan today for tomorrow

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Learning Objectives

1. Know the difference between a crisis and a safety situation
2. Understand the purpose of crisis and safety planning
3. Explain the benefit of collaborative safety planning
4. Be able to develop a crisis and safety plan
What is the difference between a crisis and a safety situation?
What is a crisis?

- A crisis is defined by the person experiencing it!
- What may be perceived as overwhelming to one individual may seem manageable to another.
Let’s look at some definitions found in literature.

“…crisis is a perception or experience of an event or situation as an intolerable difficulty that exceeds the person’s current resources and coping mechanisms.” (James and Gilliland, 2001)

“…an upset in equilibrium at the failure of one’s traditional problem-solving approach which results in disorganization, hopelessness, sadness, confusion, and panic.” (Lillibridge and Klukken, 1978)
“People are in a state of crisis when they face an obstacle to important life goals—and obstacle that is, for a time, insurmountable by the use of customary methods of problem-solving.” (Caplan, 1961)
What is a crisis?

- A person in the midst of a psychiatric crisis cannot always communicate their thoughts, feelings, or emotions clearly.

- A crisis is **NEGOTIABLE** and **does NOT** always require an immediate reaction by others.
Safety

- Safety situation:
  - when an individual is a danger to himself or others
  - when there is a need for immediate action or intervention

- Individual:
  - is exhibiting extreme emotional disturbance or **behavioral** distress
  - is considering harm to self or others
  - is disoriented or out of touch with reality
  - has a compromised ability to function or
  - otherwise agitated and unable to be calmed
When does a crisis become a safety concern?

- When a crisis results in the deterioration of mental health for an individual
- Individuals exhibiting a safety concern are no longer capable of making logical decisions regarding their own care.

SAFETY is NOT NEGOTIABLE!

-Others MUST ACT!
How does a crisis become a safety concern?

The behaviors of a person experiencing a crisis can change dramatically without warning. Here is an example:

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<table>
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<tbody>
<tr>
<td>1</td>
<td>Individual triggered (e.g. argument with authority figure)</td>
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<tr>
<td>2</td>
<td>Individual attempts coping strategies (e.g. walk away)</td>
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<td>3</td>
<td>Individual further escalated by not being allowed to implement strategy; engages in power struggle</td>
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<tr>
<td>4</td>
<td>Individual becomes physically violent towards others</td>
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What are the purposes of crisis and safety planning?
Purposes of Crisis/Safety Planning

- To assist individuals (and family/caregivers) in defining a crisis
- To help individuals determine signs of an impending crisis
- To help individuals determine what strategies have effectively helped them to de-escalate in the past
- To help individuals identify steps to take to prevent a crisis from becoming a safety issue
Purposes of Crisis/Safety Planning

- To help individuals recognize when they are no longer able to make decisions (in the event of a safety issue)
- To help individuals identify natural and primary supports
- To help others identify what steps to take to assist versus what may potentially further escalate an individual
Crisis/Safety planning allows people in crisis to focus on specific steps to take or resources to turn to which they previously identified as being meaningful for them.
What a safety plan is NOT!

- No-harm contract
  - For suicidal individuals to promise to not harm themselves
  - Research unable to show effectiveness
  - When an individual is assessed for suicidal ideation and is able to contract; it is an indication that there is no serious intent/plan

There is no evidence that no-harm contracts actually work.

In fact, there is quite a bit of evidence that they do *not* work.
No-Harm Contract

NO-HARM CONTRACT

I, __________________________, agree to not harm myself in any way, attempt to kill myself, or kill myself during the period from ____________ to ______________, (the time of my next appointment).

I agree that, for any reason, if the appointed session is postponed, canceled, etc., that this time period is extended until the next direct meeting with my counselor. In this period of time, I agree to care for myself, to eat well, and to get enough sleep each night.

I agree to make social/family contact with the following individuals:

__________________________________________
__________________________________________
__________________________________________

I agree to rid my presence of all things I could use to harm or kill myself. I agree that, if I am having a rough time and come to a point where I may break any of these promises, I will call and make significant contact with any of the following individuals:

__________________________________________ at: # ____________________________
__________________________________________ at # ____________________________

If I cannot contact these individuals, I will immediately call the Crisis Hotline at: ____________________________
___________ or call 1-800-273-8255, the U.S. 24-hour suicide prevention line.

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By my word and honor, I intend to keep this contract.

Signed____________________________________ Date____________________

Witnessed by____________________________________ Date____________________
Safety Plan Example

**Patient Safety Plan Template**

**Name:** ____________  
**Date:** ____________

**Step 1:** Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

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):

1. ____________  
2. ____________  
3. ____________

**Step 3:** People and social settings that provide distraction:

1. Name ____________ Phone ____________  
2. Name ____________ Phone ____________  
3. Place ____________ Phone ____________  
4. Place ____________

**Step 4:** People whom I can ask for help:

1. Name ____________ Phone ____________  
2. Name ____________ Phone ____________  
3. Name ____________ Phone ____________

Example provided by DBHDD
Safety Plan Example

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

1. Clinician Name ___________________________ Phone __________________
   Clinician Pager or Emergency Contact # ___________________________

2. Clinician Name ___________________________ Phone __________________
   Clinician Pager or Emergency Contact # ___________________________

3. Local Urgent Care Services
   Urgent Care Services Address ___________________________
   Urgent Care Services Phone ___________________________

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

Step 6: Making the environment safe:

1. ___________________________

2. ___________________________

The one thing that is most important to me and worth living for is:

______________________________

Individual Signature ________________________________ Date: __________
Staff Signature ____________________________ Date: __________

Example provided by DBHDD
What a safety plan is NOT!

- A safety plan is not a template to outline common behaviors/concerns (e.g. suicide, running away, drug use)
- It should not include predefined steps *others* take to prevent/circumvent (e.g. removing weapons, room sweeps)
- It should not be common to all experiencing the safety concern; if everyone has the same plan it is not personalized

Safety planning is ongoing as individuals uncover more insight in self-management
Collaborative Crisis and Safety Planning
Although crisis/safety planning is meant to be collaborative, it is required that:

**THE PROVIDER IS LISTED AS PRIMARILY RESPONSIBLE**

Individuals may be hesitant to call the crisis line (Georgia Crisis and Access Line) or other warm lines (e.g. Mental Health Consumer Network) to share concerns with an unknown party.
Safety Planning

- The provider helps facilitate the activation of resources and supports, including mobile crisis services.
- The provider (appropriately-licensed staff) may involuntarily commit (e.g. complete form 1013) an individual for evaluation and contact additional supports to transport the individual to crisis stabilization.

It is a DBHDD requirement that safety plans must include the individual’s desires and wishes in the event of a crisis (DBHDD Provider Manual pages 277, 311; DBHDD Policy Stat 01-118).
Collaborative Planning

- Individual and family-owned safety planning; buy-in from all family members as to what steps will be taken
- Increases coordination
- Decreases risk of power struggles during a crisis
- Decreases risk of crisis becoming a safety issue
- Helps honor the wishes of the individual and family/caregiver in the event of a safety issue
- Instills a sense of hope and empowerment
Who should be involved in planning?

- School personnel
- Group Home Staff
- Therapist/Paraprofessional
- Parent/Caregiver
- Other Natural Supports
- Individual
- Others involved
How to Create a Crisis/Safety Plan
Help identify crisis situations for individual (and for family or other caregivers)

You may ask:
“Describe what a crisis looks and feels like to you?”

Include others in describing what a crisis looks like as it will aid in planning for the entire family unit to decrease further escalation.
Exploration

- Explore:
  - What has happened in the past?
    - What triggered a crisis in the past?
  - What has helped in the past?
    - How has the individual successfully self-soothed in the past?
  - What has not been helpful?
    - Have the behaviors of any others contributed to escalating situations?
Crisis and Safety Planning

Help individual identify body cues during crisis situations

- Some may be able to identify by recalling a crisis and explaining body sensations (e.g. tense, clenched fists)
- Some may have difficulty describing body cues

Think about the people around you when you experience crisis. Are there behaviors or actions you take that might frighten other people?

How did your body feel the last time you felt really angry or sad? Were your fists balled up, your shoulders tense, or teeth clenched? Did you experience strange sensations in your body?
De-escalation and Assistance

- What has helped in the past?
  - “Coping skills” (e.g., counting to ten, deep breathing)
  - Distractions (e.g., listening to music, jogging)

- Identify trusted/safe person
  - Include the person’s name and current telephone number
  - Make sure the person is aware and will be available in the event of a crisis

It is NOT helpful to include unavailable parties (e.g., ex-wife) or those who would further trigger the individual (e.g., estranged sibling).
De-escalation and Assistance

REMEMBER:

- The individual may be able to self-regulate during a crisis
- Others may be able to support the individual during a crisis

When safety issues occur, others MUST act on the individual’s behalf and others may need to assist the primary caregiver.
When a crisis becomes a safety concern, safety planning helps empower those supporting the individual to act calmly and rationally to assist the individual to safety.
These are steps you can take to individualize the plan so it will be more effective.

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<td>1</td>
<td>Describe safety scenario.</td>
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<tr>
<td>2</td>
<td>Describe players in safety scenario.</td>
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<tr>
<td>3</td>
<td>Ask individual his or her desires in the event of a safety concern.</td>
</tr>
<tr>
<td>4</td>
<td>Identify primary and secondary supports (e.g., crisis clinician, GCAL)</td>
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Engaging Individuals in Planning

- Describe the symptoms that would indicate to others that they need to take over full responsibility for your care and make decisions on your behalf.
- List the people you want to take over for you when the symptoms you indicated require assistance.
- List interventions or strategies that help reduce your symptoms and when they should be used.
- List those things that others can do for you that would help reduce your symptoms or make you feel more comfortable.
Engaging Individuals in Planning

- List treatment facilities where you prefer to be treated or hospitalized if that becomes necessary.
- List people you do not want involved in any way in your care or treatment.
- List treatments you want to avoid. (e.g. No electroshock therapy)
Safety Planning

- Help individual understand that a crisis may become a safety concern.
  - The person will no longer be capable of handling these situations.
  - Others will have to make decisions and take action.
- Help them self-advocate in ADVANCE.

Safety concerns require actions by others due to a distressed individual’s inability to think rationally.
Safety Planning

- Once the crisis/safety plan is completed, determine where individuals and other supports will keep a copy (e.g., on the refrigerator, in individual’s records at school or in a personal care home, or on the mirror)
Assisting Natural Supports

- What supports will the whole family need?
- Will they need someone to come watch the younger children in the home if the individual becomes irate or has to go to the hospital?
- Let all parties know that any immediate risk to safety requires a call to emergency personnel (911).
### Identify steps others will take

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<tr>
<td><strong>1</strong></td>
<td>Remove audience</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Remove pets/animals</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Contact ACT Team, case manager, therapist, or other supports</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Contact GA Crisis and Access Line (if unable to reach provider)</td>
</tr>
</tbody>
</table>

**Any threat of imminent danger, call 911!**
Questions and Feedback

The Georgia Collaborative ASO
Thank you

For Georgia Collaborative ASO general inquiry or questions please email:

GACollaborative@beaconhealthoptions.com