

Safety Planning and Suicide Safe Schools Technical Session

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South Southwest MHTTC & Texas HHSC
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Disclaimer

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

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Presented 2023

Trauma-Informed Disclosure

- This presentation will cover the topic of suicide, which may include prevention, intervention, and postvention strategies.
- In order to create the safest environment possible, we invite you to take breaks as needed during the presentation.
- Please contact the 988 Suicide and Crisis Lifeline at 9-8-8 or the Crisis Text Line by texting “TX” to 741-741 if you become distressed and need support.

Today's Presentation

- Shortened version of full-day workshop
- Focus on identification and early intervention



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Texas Health and Human
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Language Matters

Unsafe:

- Completed suicide
- Failed attempt
- Parasuicide
- Successful suicide
- Nonfatal suicide
- Serious attempt
- Suicide gesture
- Manipulative act
- Suicide threat
- Committed suicide
- Means restriction

Safe:

- Attempted suicide
- Died by suicide
- Death by suicide
- Thoughts of suicide
- Survivors of suicide loss
- Survivors of suicide attempts
- People with lived experience
- High/low lethality
- Means safety

American School Counselor Association (ASCA) Ethical Standards

A. 9. Serious and Foreseeable Harm to Self and Others

School counselors:

- Inform parents/guardians and school administration when a student poses a serious and foreseeable risk of harm to self or others. This notification is to be done after careful deliberation and consultation with appropriate professionals, such as other school counselors, the school nurse, school psychologist, school social worker, school resource officer or child protective services. Even if the danger appears relatively remote, parents/guardians must be notified. The consequence of the risk of not giving parents/guardians a chance to intervene on behalf of their child is too great.
- Recognize the level of suicide risk (e.g., low, medium, high) is difficult to accurately quantify. If required to use a risk assessment, it must be completed with the realization that it is an information-gathering tool and only one element in the risk-assessment process. When reporting risk-assessment results to parents/guardians, school counselors do not negate the risk of students' potential harm to self even if the assessment reveals a low risk, as students may minimize risk to avoid further scrutiny and/or parental/guardian notification. The purpose of reporting any risk-assessment results to parents/guardians is to underscore the need for parents/guardians to act, not to report a judgment of risk.

American School Counselor Association (ASCA) Ethical Standards

A. 9. Serious and Foreseeable Harm to Self and Others

School counselors:

- Collaborate with school administration to ensure a student has proper supervision and support. If parents/guardians will not provide proper support, the school counselor takes necessary steps to underscore to parents/guardians the necessity to seek help and, at times, may include a report to child protective services.
- Provide culturally responsive mental health resources to parents/guardians.
- Report to administration and/or appropriate authorities (e.g., law enforcement) when a student discloses a perpetrated or a perceived threat to another person's physical or mental well-being. This threat may include but is not limited to verbal abuse, physical abuse, sexual abuse, dating violence, bullying or harassment. The school counselor follows applicable federal and state laws and school and district policy.

Community of Care: Promoting Safe Places

- Communities of care are safe places
- Individual and collective responsibility to ensure “safety for all”
- Immediate attention and action taken when threats to safety are identified
- Safety is a lifelong priority and an ongoing responsibility



Creating Cultures of Safety



Signage used nationally to encourage young children or youth in crisis to seek help

Hospitals, community centers, fire stations, qualifying businesses are examples of safe spaces

Not all designated resources are **trusted**

Screening for Suicide in Schools

Why is Screening for Suicide Important?

The Youth Risk Behavior Survey (YRBS) surveys Texas high school and middle school students every 2 years.

In 2021, TX high school students reported:

- 44.6% felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some of their usual activities.
- 21.7% seriously considered suicide - **About 1 in 5 students.**
- 19.8% made a plan about how they would attempt suicide.
- 12.3% attempted suicide.
- 3.5% made an attempt so severe it required medical intervention.

Source: 2021 YRBSS - [Texas Health Data - Youth Risk Behavior Survey \(YRBS\)](#)



Screening for Suicide

- **CLEAR** and **DIRECT**
- Will **NOT** put idea in person's head
- **NOT** a suicide risk assessment
- **ONLY USE** evidence-based tool
 - Columbia-Suicide Severity Rating Scale (C-SSRS)
 - Ask Suicide-Screening Questions (ASQ)



Columbia-Suicide Severity Rating Scale (C-SSRS) Screener

- Evidence-based **screening** tool
- Minimum of 3 and maximum of 6 questions
- Recommended for ages 6 and up; guidance document for ages 4-5 and those with a cognitive impairment available
- Color-coded to help with next steps
- Most widely used screening tool by the Local Mental Health and Behavioral Health Authorities (LMHAs/LBHAs)
 - **Note:** Please contact your LMHA/LBHA prior to utilizing the C-SSRS to find out how and when their crisis services can be accessed to ensure appropriate person-centered care
 - Use this interactive map to find your community's LMHA/LBHA - [ISD LMHA LBHA Map](#)

COLUMBIA-SUICIDE SEVERITY RATING SCALE

C-SSRS Screener with Triage Points for Schools

Student Name: _____ Screener Name: _____
 Student ID: _____ School Role: _____
 Today's Date: _____ Student Grade: _____
 School Name: _____ Response Protocol #: 1 2 3

	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
If YES, ask: <u>Was this within the past 3 months?</u>	Past 3 Months	

Ages 6 and up

Response Protocol to C-SSRS Screening (Use Highest Level of Criteria Met)

Instructions: "YES" responses to any question on the C-SSRS should be taken seriously and family contact should be required. Choose the appropriate response protocol based on the last question answered "YES."

A "No" response to questions 1, 2, and 6 (Lifetime) should be followed up as a Protocol 1 to ensure overall safety of the student.

A "YES" response ONLY to question 6 (Lifetime) should be followed up as a Protocol 1 to ensure overall safety of the student.

Protocol 1

Item 1 and/or 2 Answered
"Yes" Only

Protocol 2

Item 3 and/or 6 (Lifetime)
Answered "Yes"

Protocol 3

Item 4 and/or 5 and/or 6
(Past 3 months) Answered
"Yes"

Practice



Safety Planning Intervention

Introduction to Safety Planning

What It Is

- Brief intervention
- Provide psychoeducation
- Provide hope and empowerment

What It Is Not

- Assessment of suicide risk
- Clinical treatment or substitute for it
- Form or paperwork
- No harm agreement

Why Safety Planning Should Happen in Schools

- Rates of suicide ideation, planning, and attempts for children is high
- Most students do not need psychiatric hospitalization with appropriate treatment and supervision
- Strategies that families have for home may not be appropriate in the school setting, may need to negotiate strategies for school

Safety Planning Builds on Evidence

- Incorporates elements of effective brief interventions and suicide risk reduction:
 - Teaching self-monitoring skills
 - Teaching brief problem solving and coping skills
 - Enhancing social support and identifying emergency contacts
 - Motivational enhancement for further treatment
 - Enhancing hope and motivation for living
 - Reducing access to lethal means



Assumptions Underlying Safety Planning

- Suicide risk fluctuates over time
- Individuals often fail to recognize their early warning signs
- Problem solving and coping capacity reduces during times of stress
- Working collaboratively helps ensure engagement and feasibility
- Over-practicing can help create rote memory (habit) for times of crisis

Where Does the Safety Plan Happen?



Emergency
Room



Mobile Crisis
Team



Psychiatric
Facility



School

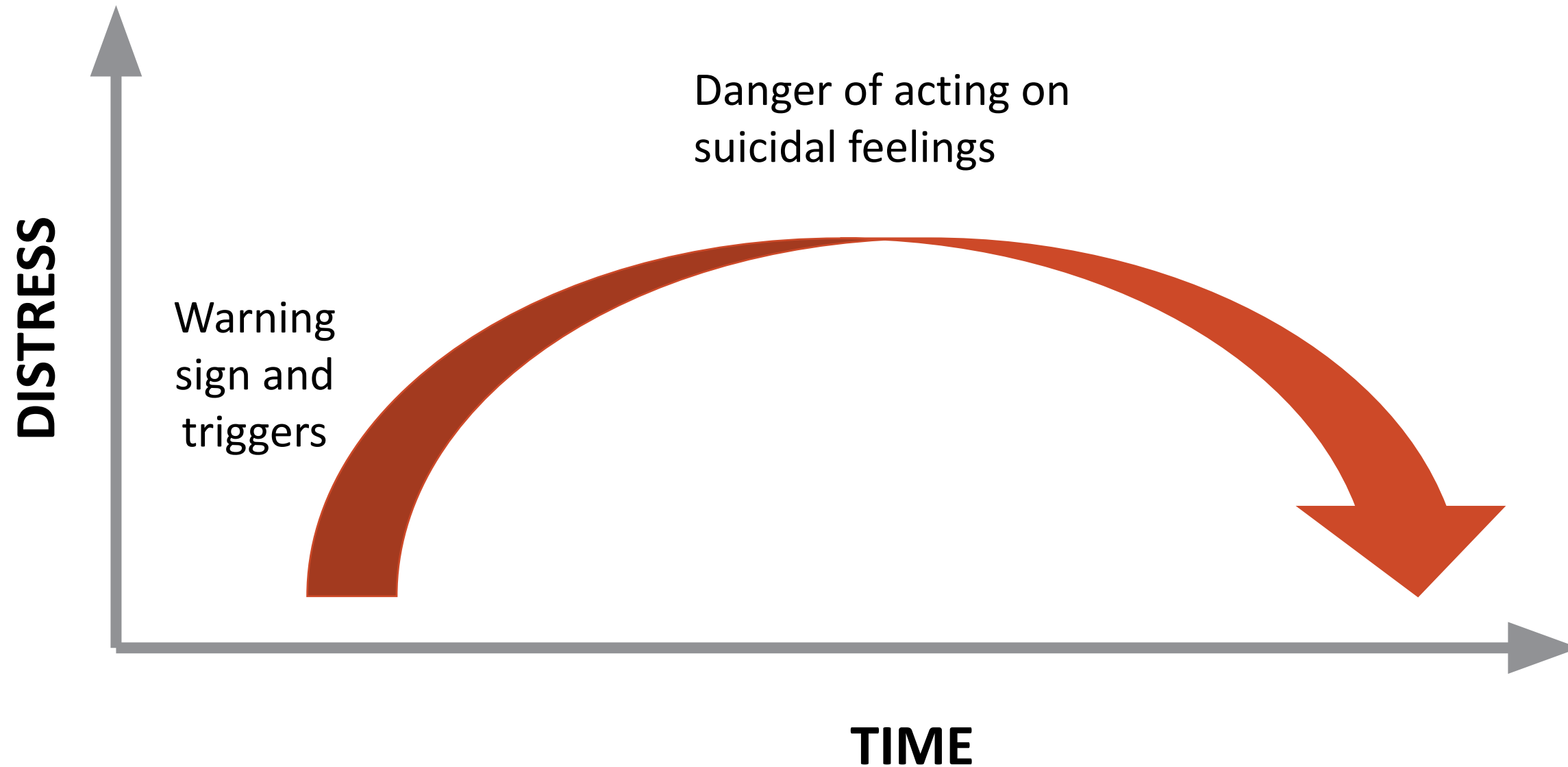


Community
Providers

Who Should We Plan With

- Protocol 1 when warranted
- Protocol 2 when risk is elevated but not imminent (active danger)
- Re-entry: when students return to school following a suicide crisis or attempt

Suicide Risk Curve



Safety Planning Intervention: Overview

- Prioritized, written list of coping strategies/resources to use during a suicidal crisis
 - Starts with internal coping strategies and builds to external supports
- Step-wise increase in level of intervention
 - Steps can be skipped or done in different order
- Provides a sense of control
- Uses brief, easy-to-read format, uses the individual's own wording
- Can be used as a single session intervention and/or incorporated into ongoing treatment



Steps in the Intervention



Prelude to the Safety Planning: “Telling the Story”

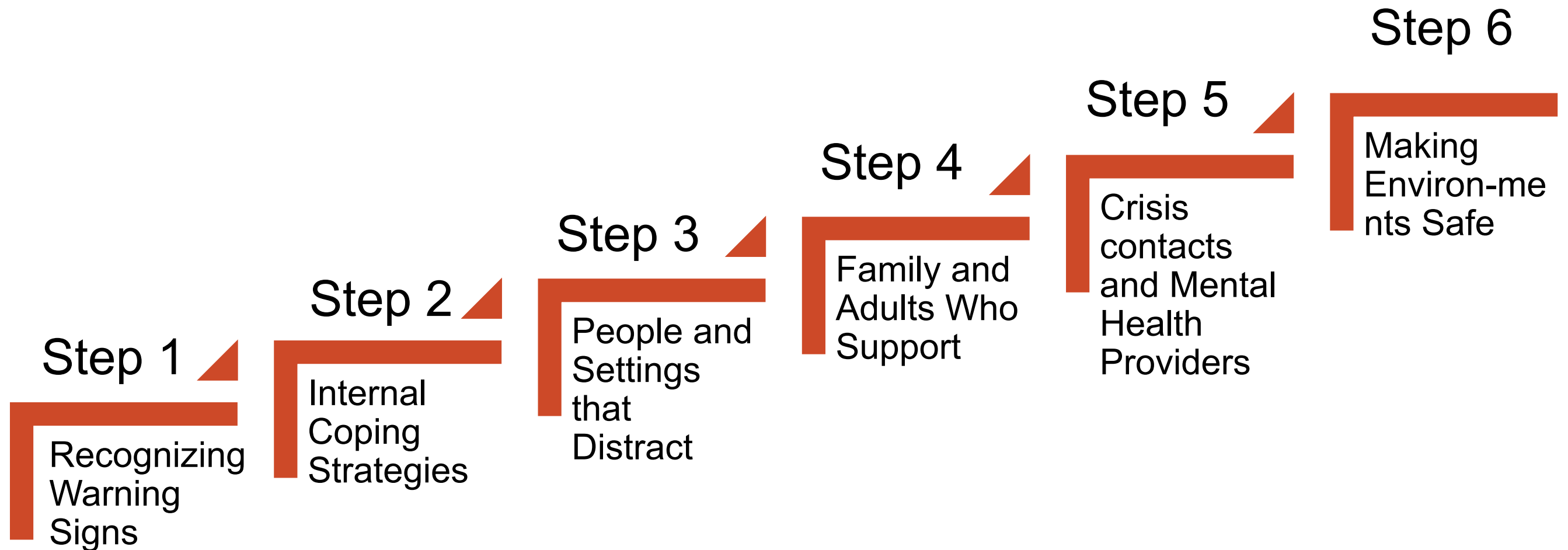
- Ask student to describe events, situations, and their reactions in detail
 - Opportunity to see warning signs, triggers, points of progression
- Construct a timeline of major events, including:
 - Thoughts, feelings, behaviors that were happening around the suicidal crisis
 - Understand what factors impacted the escalation of risk and what impacted the de-escalation of the crisis
- Be a good listener, use reflective listener skills
- Summarize to help individual recognize warning signs and triggers, understand increase and decrease of risk, and opportunity to use coping skills before acting on suicidal feelings
- Understand function of suicidal behavior from individual’s perspective
 - Behavior “makes sense” to the individual in the context of their history, vulnerability, and circumstances
- Empathize with the individual
 - Empathize with their strong feelings in the situation and with their desire to reduce the distress
 - Do not validate the belief that suicide is a valid option
- Do not try to solve problems at this point

Transition to Safety Planning

- Psychoeducation – suicidal feelings are temporary and not constant – ebb and flow
 - Crisis will end naturally without acting on the feelings
 - Introduce the safety plan as a way to help recognize the warning signs and take action to keep the crisis from escalating
- Relate back to the individual's narrative
 - Demonstrate how the suicidal thoughts come and go
 - Describe how the safety plan helps not to act on feelings until the suicidal thoughts become more manageable
- Enhance their sense of self-efficacy and self-control
- Explain that you will work together to come up with the plan



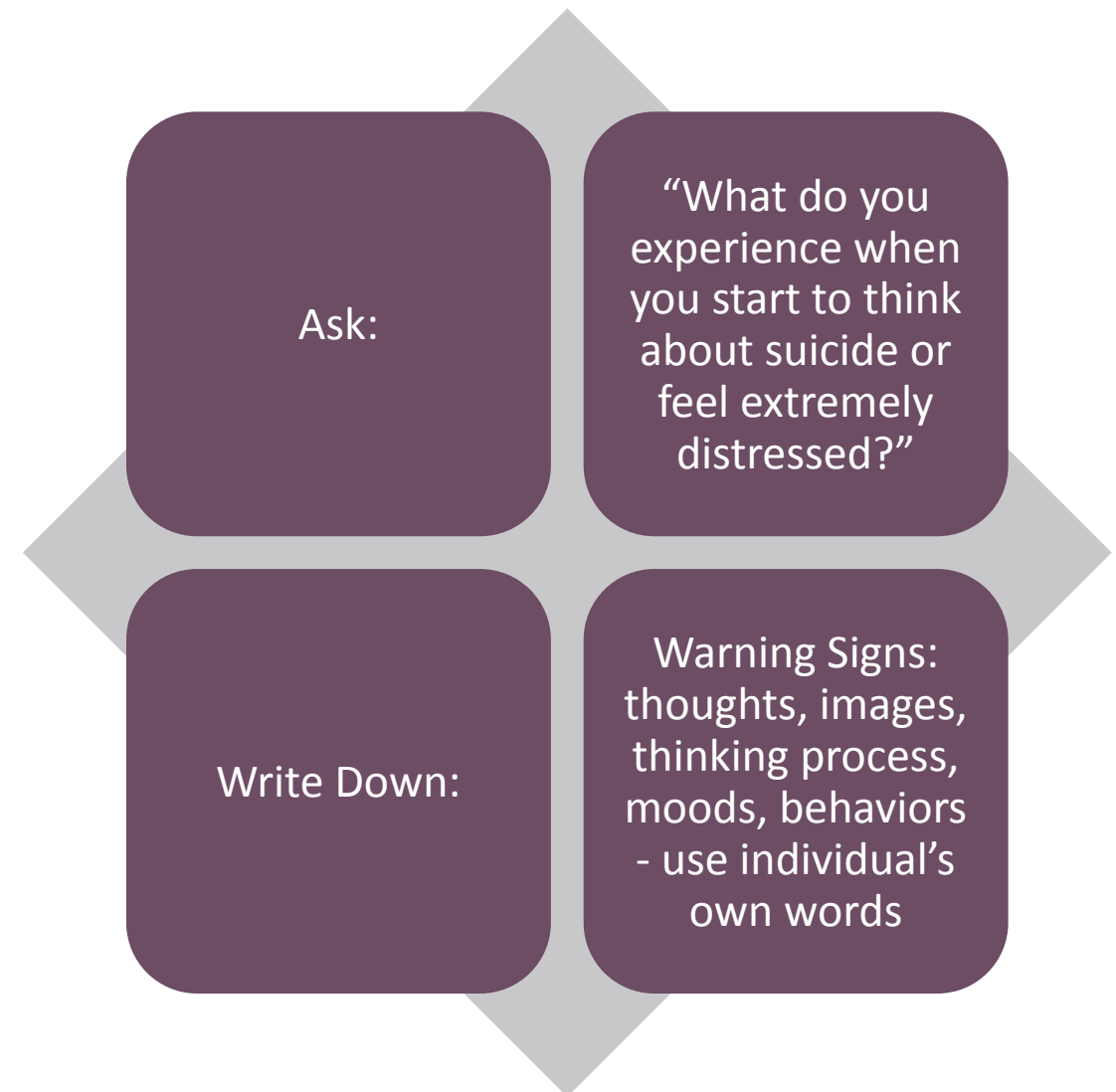
Six Steps to Safety Planning



Step 1: Recognizing Warning Signs

Recognizing Warning Signs

- Safety Planning is only useful if the individual can recognize the warning signs
- Adults should obtain accurate account of the events before, during, and after the most recent suicidal crisis
 - Ask “How will you know when the safety plan should be used?”
 - Be specific!



Examples of Warning Signs

- Low mood/crying
- Social isolation
- Irritability/anger
- Increased sleep
- Anhedonia, loss of interest in activities
- Feeling numb
- Loss of energy
- Changes in appetite
- Physical pain
- Anxiety
- Poor concentration

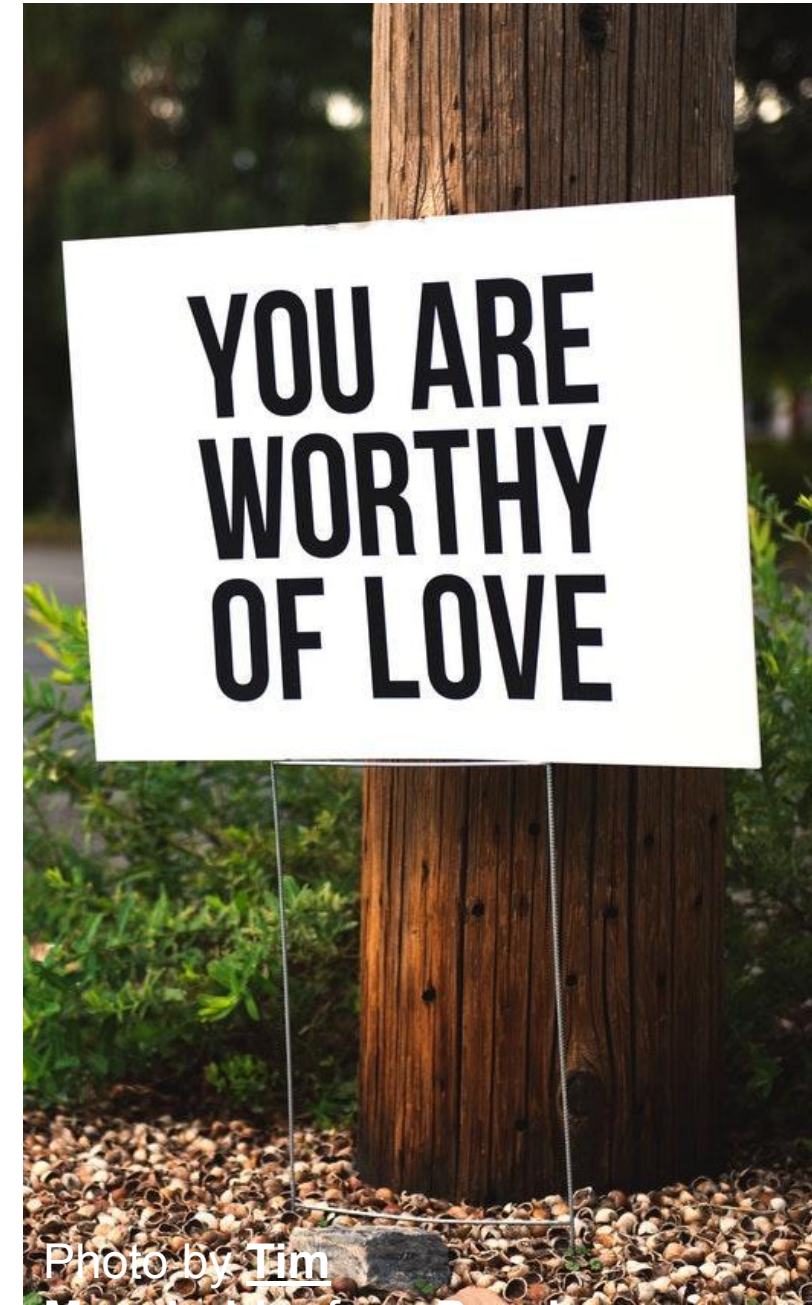


Photo by Tim

Step 2: Using Internal Coping Strategies

The logo consists of a red L-shaped graphic on the left. To its right, the text "Internal Coping Strategies" is written in a black, sans-serif font, stacked in three lines.

Internal
Coping
Strategies

- List activities that individuals can do without contacting another person
- Enhances sense of self-efficacy even for a little while
 - Ask “What can you do, on your own, if you became suicidal again, to help yourself not to act on your thoughts or urges?”
- Activities function as distraction from individual’s problems and promote meaning in the individual’s life
- Coping strategies prevent suicidal ideation from escalating
 - Time passes, promotes the dissipation of the crisis period
- Consider what coping strategies are feasible in school

Step 2: Using Internal Coping Strategies



Ask the following questions:

1. How likely do you think you would be able to do this step during a time of crisis?

2. What might stand in the way of you thinking of these activities or doing them if you think of them?

3. What kind of things do you do where you don't even notice the passage of time?

- Watching TV
- Video games
- Reading
- Music
- Browsing the internet
- Exercising/walking
- Drawing/art
- Playing with pets
- Cooking

Be sure to problem solve obstacles at each step!

Step 3: Using Socialization as a Means of Distraction

People and
Settings that
Distract

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

Social Settings and Socializing

- Library
- Computer lab
- Main office
- Gym
- Park
- Church



Ask the following questions:

1. Who helps you take your mind off your problems for at least a little while?

2. Who do you enjoy socializing with?

3. Ask them to list several individuals in case they cannot reach the first person on the list

Step 4: Talking with Family or Trusted Adults

Friends and
Adults Who
Support

- Coach individuals to use Step 4 if Step 3 does not resolve the crisis or lower risk
 - Help individuals rely on their natural environment
 - For adolescents, never put other adolescents as contacts for this step. Typically list one parent.
- Ask the person if they feel comfortable sharing this plan with identified persons
 - “How likely would you be willing to contact these people?”
- Identify potential obstacles and problem solve ways to overcome them

Step 5: Contacting Professionals and Agencies

Crisis
Supports or
Mental Health
Providers

- Coach individuals to use Step 5 if Step 4 does not resolve the crisis or lower risk
- Ask: “What clinicians, if any, should be on your safety plan?”
 - Put people that are useable, not aspirational (e.g., do not take weekend call)
- Suicide Prevention Hotline 800-273-TALK / 988
- Identify potential obstacles and develop ways to overcome them



Step 6: Reducing the Potential for Use of Lethal Means



Make
Environments
Safe

- Ask individuals what means they would consider using during a suicidal crisis
 - ALWAYS ask about access to firearms
 - This is a process of negotiation with the individual's family
- Step is placed at the end of the safety plan to show individuals they have tools to cope so they won't try to hold onto means
 - If they have a sense of alternatives to suicide, they are more likely to engage in a discussion of means restriction

Addressing Lethal Means Safety

- Maintain adult supervision
- Medications – destroy excess medications and lock away; monitor distribution
- Knives, razors, sharps – remove for period of risk or lock away
- Guns – remove for period of risk; gun safes; gun locks
- Restrict access to cars



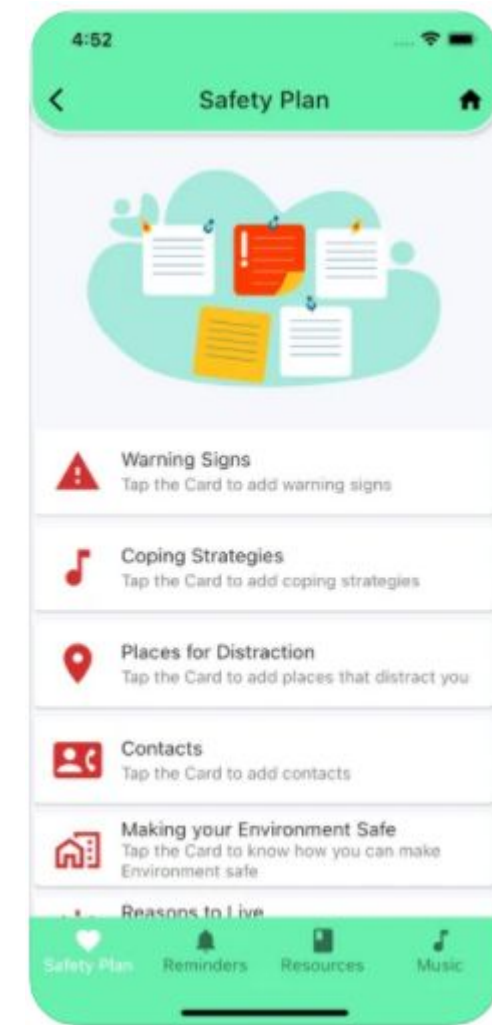
Implementation:

What is the Likelihood of Use?

- Ask: “Where will you keep your safety plan?”
- Ask: “How will you remember that you have a safety plan when you are in a crisis?”
- Ask: “How likely is it that you will use the safety plan when you notice the warning signs that we have discussed?”
- Ask: “What might get in the way or serve as a barrier to your using the safety plan?”

Strategies to Support Use

- Help the student find ways to overcome these barriers
- May be adapted for:
 - Brief crisis cards
 - Cell phones
 - Other portable electronic devices
 - Must be readily accessible and easy-to-use
- Identify cues to use the safety plan



Important Reminders

- Students may not want to do one step
 - Encourage them, but don't insist on completing every step
 - Sometimes people can't think of anything/anyone
 - People know that certain strategies "just don't work for them"
- This is a tool to help individuals, and although there are steps, if individuals are in imminent danger, they should seek the level of care that will keep them safe





Gizmo's PAWESOME

Guide to
Mental Health

MY MENTAL HEALTH PLAN

Things I can do to take care of my mental health: feelings, thoughts, and actions

- | | |
|---|---|
| <input type="checkbox"/> Breathe slowly | <input type="checkbox"/> Ride a bike |
| <input type="checkbox"/> Listen to music | <input type="checkbox"/> Play outside |
| <input type="checkbox"/> Play an instrument | <input type="checkbox"/> Read |
| <input type="checkbox"/> Draw or paint | <input type="checkbox"/> Play with toys |
| <input type="checkbox"/> Take a nap | <input type="checkbox"/> Do a puzzle |
| <input type="checkbox"/> Blow bubbles | <input type="checkbox"/> Sew or knit |
| <input type="checkbox"/> Play with a pinwheel | <input type="checkbox"/> Smile or laugh |
| <input type="checkbox"/> Play dress-up | <input type="checkbox"/> Take a walk |
| <input type="checkbox"/> Write a story | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Play with pets | <input type="checkbox"/> _____ |

How to know if I feel mad, sad, or worried

- | | |
|--|--|
| <input type="checkbox"/> Eat less or more | <input type="checkbox"/> Want to be alone a lot |
| <input type="checkbox"/> Hard to get to sleep or stay asleep | <input type="checkbox"/> Act before thinking |
| <input type="checkbox"/> Argue more | <input type="checkbox"/> Have less energy |
| <input type="checkbox"/> Cry easily | <input type="checkbox"/> Feeling very nervous/stressed |
| <input type="checkbox"/> Feel bored with things you like | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

People and places that can help me think of other things

- | | |
|--|---|
| <input type="checkbox"/> Parents | <input type="checkbox"/> Friends house |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Family member's house |
| <input type="checkbox"/> Aunt or Uncle | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Brother, Sister, Cousin | <input type="checkbox"/> Community center or youth center |
| <input type="checkbox"/> My friends | <input type="checkbox"/> Park |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Library |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Things I can do with Others to Help Me Feel Better

- | | |
|---|---|
| <input type="checkbox"/> Play a game | <input type="checkbox"/> Have lunch with a friend |
| <input type="checkbox"/> Tell jokes | <input type="checkbox"/> Play outside |
| <input type="checkbox"/> Go for a bike ride | <input type="checkbox"/> Give and get hugs |
| <input type="checkbox"/> Go for a hike | <input type="checkbox"/> Dance and sing |
| <input type="checkbox"/> Go to the store | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Go to the library | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Watch a movie | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Play a sport | |

My trusted adults

- Parents
- Grandparents
- Uncles/Aunts
- Older Brothers/Sisters
- Teachers
- Coaches
- Religious Leaders
- Scout Leaders
- School Counselors
- School Social Workers
- School Nurses
- Doctor
- Camp Counselors
- Any Others?

- _____
- _____
- _____

PAWS UP
for mental health



Connecting with Family

Connecting with Family

- Provide psychoeducation to the family about suicide risk and safety plans
- Support the student in sharing the steps of the safety plan with family
- Engage the caregiver in identifying barriers and problem solving
- Engage the caregiver in means safety
- Collaborate on strategies to prompt/coach the student to use the safety plan
- Provide hope – the student can learn ways to get through difficult feelings with support

Maintaining Communication

- Check in with the student regularly to review and update the plan
- For steps with fewer options, work to build coping strategies or social networks
- With permission, share with trusted adults in the school so that they can prompt use of safety plan



Photo by ANTONI SHKRABA:
<https://www.pexels.com/photo/a-professor-talking-to-a-student-5306438/>

<https://ttc-gpra.org/P?s=287853>



Stay in touch with us!

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