



UW PACC

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SUICIDE ASSESSMENT FOLLOW UP SAFETY PLANNING

AMANDA FOCHT, MD
ACTING ASSISTANT PROFESSOR
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
UNIVERSITY OF WASHINGTON
MEDICAL DIRECTOR
OUTPATIENT PSYCHIATRY
UNIVERSITY OF WASHINGTON MEDICAL CENTER



GENERAL DISCLOSURES

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

SPEAKER DISCLOSURES

- ✓ I have no conflicts of interest to report

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OBJECTIVES

1. Discuss documentation of suicide risk assessment/safety planning
2. Review safety planning
3. Share resources

SUICIDE RISK ASSESSMENT IN PRIMARY CARE/RURAL PRACTICES

- Suicide Prevention Resource Center:
 - The Suicide Prevention Resource Center (SPRC) is the nation's only federally supported resource center devoted to advancing the National Strategy for Suicide Prevention. SPRC is funded by the U.S. Department of Health and Human Service's [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) under grant no. 1U79SM062297 and is located at [Education Development Center, Inc.](#)

- Suicide Prevention Tool Kit:
 - <http://www.sprc.org/webform/primary-care-toolkit>
 - How to develop/refine and suicide prevention plan in your practice setting
 - Education of clinicians and staff
 - Developing mental health partnerships
 - Patient management tools (pocket cards, etc.)
 - Patient education tools
 - Documentation of Policies and Procedures

SAFETY PLAN TEMPLATE

- **Patient Safety Plan Template**

- 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 _____ 4. Place _____

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

- 1. Name _____ Phone _____
- 2. Name _____ Phone _____
- 3. Name _____ Phone _____

- 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:

- _____



WHERE TO FIND TEMPLATE

- Suicide Prevention Resource Center:
- http://www.sprc.org/sites/default/files/Brown_StanleySafetyPlanTemplate.pdf

IMPLEMENTING THE SAFETY PLAN: 6 STEPS

- STEP ONE:

Warning signs:

Clinician/patient dialogue:

- “How will you know when the safety plan should be used?”
- “What do you experience when you start to think about suicide or feel extremely depressed?”
 - List warning signs: thoughts, images, thinking processes, mood, behaviors. USE PATIENTS OWN WORDS

SAFETY PLANNING: STEP 2

- INTERNAL COPING STRATEGIES:
 - “What can you do on your own if you become suicidal to help yourself not act on those thoughts and urges?”
 - Listen to music, meditate, go for a walk, play with the cat
 - “How likely do you think you would be able to do these steps in times of crisis?”
 - “What might stand in the way of you thinking of these activities or doing them if you think of them?”

SAFETY PLANNING: STEP 3

- External sources of support that may help:
 - “Who or what settings help you take your mind off your problems at least for a little while?”
 - Go to the park, coffee shop, movies, TV, games
 - “Who helps you feel better when you socialize with them?”
 - List several in case some are not available
 - “How likely is it you could use these resources if you are in crisis?”
 - Trouble-shoot barriers

SAFETY PLANNING: STEP 4

- Family members or friends:
 - “Who could you ask for help?”
 - Make a prioritized list
 - Normalize if there isn’t anyone
 - Role-play asking for help
 - Plan to meet with the patient and family member together, if possible

SAFETY PLANNING: STEP 5

1. List professionals and agencies to contact for help:

Behavioral health therapist, prescriber case manager

PCP, other provider, if appropriate

Crisis numbers : 911, local crisis line

Hospital: what would it be like to go to the ED

2. All members of the care team need to know the plan if they are to be listed above

SAFETY PLANNING: STEP 6

- Making the environment safe:
 - “Do you own firearms?”
 - “What other means have you considered?”
 - “How can we develop a plan to limit your access to these means?”

CRISIS SUPPORT TEMPLATE

Purpose: to document specific plan for friends/family supporting the patient

Where to find:

Suicide Prevention Resource Center

<http://www.sprc.org/sites/default/files/CrisisSupportPlan.pdf>

CRISIS SUPPORT TEMPLATE

- Crisis Support Plan FOR: _____ DATE: _____
- I understand that suicidal risk is to be taken very seriously. I want to help _____ find new ways of managing stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases inpatient hospitalization may be necessary.
- Things I can do: Provide encouragement and support _____
- Help _____ follow his/her Crisis Action Plan
- Ensure a safe environment:
 - 1. Remove all firearms and ammunition
 - 2. Remove or lock up: • knives, razors, and other sharp objects • prescriptions and over-the-counter drugs (including vitamins and aspirin) • alcohol, illegal drugs and related paraphernalia
 - 3. Make sure someone is available to provide personal support and monitor him/her at all times during a crisis and afterwards as needed.
 - 4. Pay attention to his/her stated method of suicide/self-injury and restrict access to vehicle, ropes, flammables, etc. as appropriate.
 - 5. Limit or restrict access to vehicle/car keys as appropriate.
 - 6. Identify people who might escalate risk for the client and minimize their contact with the client.
 - 7. Provide access to things client identifies as helpful and encourage healthful behaviors such as good nutrition and adequate rest.
- If I am unable to continue to provide these supports, or if I believe that the Crisis Action Plan is not helpful or sufficient, I will contact [name of therapist or therapy practice] immediately and express my concerns.
- If I believe _____ is a danger to self or others, I agree to: 1. Call [name of therapist or therapy practice and phone number] 2. call 911 or help _____ get to a hospital.
- I agree to follow by this plan until _____. Support signature: _____ Client signature: _____
Therapist signature: _____

CLINICIAN SUPPORT

- Clinic level: peer supervision/support meeting
- Additional resources for support if a patient or family member suicides:
- American Association of Suicidology
- Clinicians as Survivors: After a Suicide Loss
 - Read accounts of other clinicians experiences
 - Join list-serve for support
 - Reach out to individual clinicians who have volunteered to provide support
 - <http://suicidology.org/suicide-survivors/clinician-survivors>

QUESTIONS/DISCUSSION

RESOURCES

- Suicide Prevention Resource Center: www.sprc.org
 - Repository for resources and recommendations
 - SAMHSA funded and managed
 - Suicide Screening and Assessment Guide:
 - http://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf
 - <http://www.sprc.org/webform/primary-care-toolkit>
 - Safety Planning Guide:
 - <http://www.sprc.org/sites/default/files/SafetyPlanningGuideQuickGuideforClinicians.pdf>