Safety Planning with Pre-Teens

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Group #1: 12:45PM-2:00PM

Learning Objectives:

1. Identify and use age-appropriate language to assess suicidality and introduce the concept of safety planning
2. Apply safety planning steps to collaboratively create safety plan with pre-adolescents
3. Confidently communicate safety plan components to parents and caregivers of pre-teens for effective implementation
Outline

• Assessing suicidality
  – Choosing language
  – Screener and assessment

• Introducing safety planning
  – Rationale to create plan
  – Collaboration in design

• Including parents and caregivers
  – Reviewing and preparing to use plan together

Why this is important?

• Suicide is 5th leading cause of death in children 5-12yo (Horowitz et al, 2020)

• Preteens with suicidal ideation/suicide attempts are less likely to be in treatment than teens with suicidal ideation/suicide attempts (Lawrence et al, 2021)

• Youth in sexual minority or family income less than 50k/year appear to be at elevated risk for suicidal ideation and behaviors (2021)
Assessing Suicidality

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**COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)**

Lifetime/Recent Version - Version 1/14/09

Choosing Language

• Ask Suicide Questions (ASQ)
  – Screener from NIMH
  – Validated for 8-years-old and older

• Columbia-Suicide Severity Rating Scale (C-SSRS)
  – Assessment tool by Posner et al.
  – Validated for 5-years-old and older
  – *Additional version adapted for 4 to 5-year-old children or those with cognitive impairment
  – [https://cssrs.columbia.edu/](https://cssrs.columbia.edu/)

ASQ Screening Tool from NIMH

(As mentioned by Horowitz et al., 2012)
C-SSRS: Very Young Child/Cognitively Impaired – Lifetime Recent (Same authors as above)

Alternatives for young children (younger than 5yo)
• Do you ever wish you weren’t alive anymore?
• Have you thought about doing something to make yourself not alive anymore?
• Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do?

(Posner et al, 2008)
After suicide risk assessment, then what?

Introduce Safety Planning

• First, thank the child for their willingness to talk about suicidal thoughts and behaviors. Explain that you would like to help them come up with a plan in case they experience these thoughts again.
• Remind the child that suicidal thoughts usually pass with time.
• “We want to help you feel better, which can take some time. If you have thoughts to hurt yourself while we are still working on helping you feel better, you will be in charge of using your safety plan to stay safe and alive.”
• “We will write it down together so you can take a copy home with you today.”

(Samra & Bilsker, 2007)
Safety Plan: individualized plan created collaboratively with child and caregivers for coping with suicidal thoughts and urges

1. Safety plan can be updated over time based on further exploration of precipitants, vulnerabilities, cognitions, and emotions that lead to past behavior

2. Child commits to family and clinician not to engage in suicidal behavior

3. Child will implement safety plan if noticing warning signs or experiencing suicidal thoughts/urges

(Stanley & Brown, 2008)
Safety Plan Basics

• Make your space safe
• Red flags or warning signs
• Things I can do on my own
• People who can help distract me
• Adults I can ask for help
• Phone Number + Crisis Resources

Making the environment safe

• **Always** includes removal of lethal means
  – All medications including OTC, supplements, prescriptions
  – Talk to parent individually about firearm removal
  – Discuss other hazards such as high windows or balcony, ropes, belts, sharps (including bathroom razors), knives, or other weapons

• Make sure coping skills and strategies are accessible
  – If the child is going to call Grandma as a strategy... make sure they have a way to call Grandma!
  – Easy access to review and use safety plan

(Ruch et al, 2021)
Red flags / Warning Signs

• Include any information learned from suicide risk assessment
  – What were you feeling physically right before (last suicidal behavior)? What were you thinking about? What happened right before you thought about killing yourself?
  – How might (your friend, mom, teacher, aunt) know you are feeling sad?

• Examples: physical feelings such as tight muscles, crying, heart racing, feeling hot, feeling tired, anger; precipitating events such as receiving bad news (bad grades, punishment), fight with family or friend; other behavioral urges such as self-injury urges, wanting to throw things or yell, wanting to be alone

Things I can do on my own

• What could you do on your own to help you not act on the thought to hurt yourself? What helps you feel better when you are (sad, angry, etc.)?

• Distractions are common at assessment prior to learning coping skills and tools – be sure to update this part of the safety plan as child progresses through treatment!
People who can help distract me

• Who could you talk to that might make you feel better?

• *Explain that this is someone who can help you distract from suicidal thoughts – not necessarily someone who you are telling about your thoughts (which should be an adult)*

• This can include friends, cousins, aunts/uncles, parents
  – Be creative: phone call, text messaging, Facetime/Skype if child has access to these platforms
  – Pets count and can be a great protective factor!

Adults I can ask for help

• If what we talked about so far did not help, and you were still having thoughts to hurt or kill yourself, what adult could you ask for help?

• *Always includes at least one adult that is accessible to the child and agrees to be on the child’s safety plan*
Adults I can ask for help

• What is the child replies, “no one”?
  – Explain your rationale for adding an adult to our plan. Give the child encouragement by reviewing the great distractions and skills they already added.
  
  – Compare to fire drill practice at school. If the alarm (warning sign) goes off, you know how to get outside (things I can do on my own). There might be water sprinklers or fire extinguishers for teachers to use (people who can help). But the school still needs other adults (firefighters) to call if the fire is out of control (adults I can ask for help).
  
  – Ask the child what would stop them from asking the primary caregiver for help. The child might identify barriers that have workable solutions (“I don’t know what to say” “What if they are mad” etc.)

Adults I can ask for help

• This section of the safety plan might include specific instructions for the adult to follow
  – Code words, what to say/do, reminders to stay with the child
  – Remember that the adult will probably be panicking, so clear instructions will help them help their child!

• Always provide adults on the safety plan with crisis resources, at minimum a local crisis phone number and addresses for their local ER or psychiatric ER
“Test-driving” a Safety Plan

• “How likely are you to reach out to (adults) if you have strong suicidal thoughts?”
  – Not at all, Maybe, Mostly likely, Definitely

• “What might make it difficult to ask for help?”
  – Then problem-solve!!

• “What would make it easier for you to ask for help?”
  – Make it happen if possible!!
Talking to Parents/Caregivers

- Clearly let them know about the child’s safety concerns
  - Type of thoughts, methods, frequency, and most severe suicidal behavior(s)
- Clear, specific instructions
- Always provide adults on the safety plan with crisis resources, at minimum a local crisis phone number and addresses for their local ER or psychiatric ER
Tips for Talking to Parents/Caregivers

- Review what you will say to the child
  - Be transparent. Ask the child if they want to do the talking or if they prefer for clinician to talk
- Start with the positives
  - Provide positive reinforcement for child’s ability and willingness to talk about thoughts, feelings, and specifically suicidal thoughts and behaviors
- Validate parents’ experience while communicating our need for them to help – that is, be a part of the safety plan
- Be willing to answer questions!

Johnny’s Safety Plan

<table>
<thead>
<tr>
<th>Setting the Stage: Making the environment safe</th>
<th>Recognizing Warning Signs</th>
<th>Internal Strategies: Things I can do on my own</th>
<th>External Strategies: People who can help distract me</th>
<th>External Strategies: Adults I can ask for help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remove things I could hurt myself with (pills, sharps, firearms, ropes)</td>
<td>1. Yelling or throwing things</td>
<td>1. Color in my coloring book,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Make sure my coping skills and tools are available</td>
<td>2. Feeling hot or sweaty</td>
<td>2. Play video games with my sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Review my safety plan with dad at least 3x/week</td>
<td>3. Heart beating really fast</td>
<td>3. Ask mom to watch our favorite TV show together</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professional who I can ask for help:
- My Therapist: Kelsey Berko - Phone #: (412) 246-5242
- Resolute Crisis Network 333 N Braddock Avenue Pgh PA 15208 - Phone #: 1 (888) 796-8225
- UPMC Western Psychiatric Hospital 3811 O’Hara Street Pgh, PA 15213 - Phone #: (412) 824-2100

Checklist when we get home:
- Remove access to lethal means
- Put safety plan on refrigerator, teen’s phone, etc.
- Let grandma and school nurse know about safety plan (and what to do – share Resolute phone number)
- Save therapist, Resolute, and WPH PES phone number in phone

If Johnny uses code word “starfish”:
1. Stay with him, walk with him to the kitchen to get a glass of juice
2. Ask him what he needs (could present options such as “call Resolute together, talk about how you are feeling, or watch a movie together”
3. After 15 minutes, check-in to see if what you are doing is helping
4. If not, repeat offer to call Resolute, do something different
5. Repeat every 15 minutes until Johnny reports feeling better
Questions?

Thank you!

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References


