Suicidal Ideation Safety Planning for Youth Under 13

Kelsey (Johnson) Bero, LPC, NCC
Behavioral Health Therapist II

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 is this 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 then 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)
Suicide Continuum

Assessment of Suicidality

Thoughts of Death/passive death wishes  
suicidal thoughts/NO method/plan  
suicidal thoughts WITH method/plan  
Aborted suicide attempt  
Interrupted suicide attempt  
Suicide attempt

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
https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

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/
C-SRSS: Very Young Child/Cognitively Impaired –
Life-time 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 (and should) 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)
Components of a Safety Plan

- Making the environment safe
- Recognizing the warning signs
- Things I can do on my own
- People who can help distract me
- Adults I can ask for help
- Crisis Resources

Making the environment safe

- In your mind: What were methods reported in suicide risk assessment? Then say, “I remember you said you tried to open a bottle of Tylenol at home. I like to ask moms and dads to lock medicines away so you can remember to use your safety plan instead. Does that sound okay to you?”
- Ask, “Are there other things that you can get to hurt yourself with at home? At school? Other places you go?”
- Ask, “Are there any guns or weapons that you can get?”

(Ruch et al, 2021)
Making the environment safe

**Always** includes removal of lethal means
- All medications including OTC, supplements, prescriptions
- Talk to parents individually about firearm removal
- Discuss other hazards such as high windows or balcony, ropes, belts, cords, 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)*

Recognizing the 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

*Identify internal signs (the child notices) and external signs (others might notice)*
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!

Examples: Go for a bike ride, watch funny dog videos, listen to music, read a book, play video games, use paced breathing, ground with the senses, mindfulness practice, write in a journal, color a picture, hold an ice pack, brush my hair, progressive muscle relaxation, jump rope

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?

How would you tell (this adult)? What would you want (adult) to do?

Always include at least one adult that is accessible to the child and agrees to be on the child’s safety plan.

What if 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, like 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.)
Crisis Resources

Always include crisis resources!

This might include:
- Telling the child how to call crisis resources if they have access to a phone
- Explaining crisis resources to parents/guardians
- Coaching parents/guardians on how to explain/share crisis resources with other adults on the safety plan (guidance counselors, grandparents, aunts/uncles, mentors, etc.)

Safety Plan ...

but make it interesting!

How can we engage children in making a safety plan that they will use?

❖ Print/Written Safety Plan
❖ “Hope” Box
❖ Index Cards for each component
❖ Traffic Light
❖ Pictures/Drawings
### Safety Plan

#### Setting the Stage: Making the environment safe

1. Remove things I could hurt myself with (pills, sharps, firearms, ropes)
2. Make sure my coping skills and tools are available
3. Review my safety plan with dad at least 3x/week

#### Recognizing Warning Signs

1. Yelling or throwing things
2. Feeling hot or sweaty
3. Heart beating really fast

#### Internal Strategies: Things I can do on my own

1. Color in my coloring book
2. Ride my bike or swing on the swing set
3. Listen to my favorite music

#### External Strategies: Adults I can ask for help

1. Grandma
2. Mrs. Smith (school nurse)
3. Mom and Dad *code word: starfish*

#### External Strategies: People who can help distract me

1. Play video games with my sister
2. Play with my dogs Burton & Ollie
3. Ask mom to watch our favorite TV show together

Professional who I can ask for help:

- **My therapist:** Kelsey Bero  
  Phone #: (412) 246-6242
- **Hospital ER:**  
  Phone #: 1 (888) 796-8226
- **Crisis hotline/Other:**  
  Phone #: (412) 624-2100

From: Treating Depressed and Suicidal Adolescents by David A. Brent, Kimberly D. Poling, and Tina R. Goldstein. Copyright 2011 by the Guilford Press
“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
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)

Provide clear, specific instructions on how to support implementation of the safety plan (and ask for feedback – do they agree that the safety plan is realistic and doable?)

Coach parent on how to ask child directly about suicide

**Always** provide crisis resources to the parent/caregiver
   If necessary, obtain consent to speak to other adults on the safety plan

Tips

Review what you will say to the child
   Be transparent. Ask the child if they want to do the talking or if 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, to be a part of the safety plan
   Consider whether this conversation should be joint or 1:1 with the parent/caregiver, depending on child’s relationship with the parent/caregiver

Be ready (and willing) to answer questions!
Johnny's Safety Plan

Collaboratively create safety plan with child

- How can we ask for the parent/caregiver to make their environment(s) safe
- Discuss internal and external warning signs to feeling upset or unsafe
- Identify what the child can do on their own to distract or cope with negative emotions
- Identify other people that the child can reach out to for distractions or support
- Select adults that the child can go to if needing help to refrain from suicidal thoughts
- Discuss crisis resources that the child would be able to use if needed
- Select where the child will keep the safety plan so the child can easily access when needed
- Review with the child what needs to be shared with the parent/caregiver
- Test drive the safety plan with the child – is the plan realistic and doable?
Safety Planning Checklist (2/2)

✓ Talk to the parent/caregiver about the risk assessment and safety plan

❑ Coach adult on how to ask child about suicide risk

❑ Provide clear and specific instructions regarding removal of lethal means

❑ Review how the child would like the adult(s) to support them on the safety plan

❑ Instruct on what to do in a crisis scenario, including review of crisis resources

❑ Ask the parent/caregiver if the safety plan is realistic and doable from their perspective

❑ If necessary, obtain consent and collaborate with other adults on the safety plan

Thank you!

Kelsey Bero, LPC, NCC
johnsonk19@upmc.edu
References


