

# Suicidal Ideation Safety Planning for Youth Under 13



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

UPMC LIFE  
CHANGING  
MEDICINE

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## 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

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## 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

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## Why is this important?

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

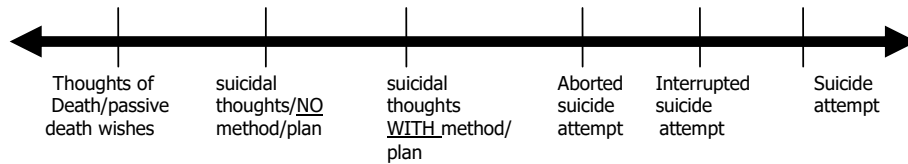
Preteens with suicidal ideation/suicide attempts are less likely to be in treatment than teens with suicidal ideation/suicide attempts (Lawrence et al, 2021)

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

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## Suicide Continuum

### Assessment of Suicidality



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

*Lifetime/Recent Version- Version 1/14/09*

**Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.**

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## Choosing Language

Ask Suicide Questions (ASQ)

Screeners 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/>

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NIMH TOOLKIT

**Suicide Risk Screening Tool**

Ask Suicide-Screening Questions

**Ask the patient:**

1. In the past few weeks, have you wished you were dead?  Yes  No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
3. In the past week, have you been having thoughts about killing yourself?  Yes  No
4. Have you ever tried to kill yourself?  Yes  No  
 If yes, how? \_\_\_\_\_  
 \_\_\_\_\_  
 When? \_\_\_\_\_  
 \_\_\_\_\_

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  Yes  No  
 If yes, please describe: \_\_\_\_\_

**Next steps:**

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a

(Horowitz et al, 2012)

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

Lifetime Recent

Version 1/14/09 m/9/12/17 m/5/3/21

Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.

**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)

SUICIDAL IDEATION		Lifetime: Time He/She Felt Most Suicidal	Past 1 month
<i>Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.</i>			
<b>1. Wish to be Dead</b>	Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____			
<b>2. Non-Specific Active Suicidal Thoughts</b>	General non-specific thoughts of wanting to end one's life/die by suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. <i>Have you actually had any thoughts of killing yourself?</i>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____			
<b>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</b>	Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). <i>Included as person who would say, "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. Have you been thinking about how you might do this?"</i>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____			
<b>4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</b>	Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." <i>Have you had these thoughts and had some intention of acting on them?</i>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____			
<b>5. Active Suicidal Ideation with Specific Plan and Intent</b>	Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. <i>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</i>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If yes, describe: _____			
<b>INTENSITY OF IDEATION</b>			
<i>The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal.</i>			
Lifetime - Most Severe Ideation: _____	Type # (1-5)	Description of Ideation	Most Severe
Recent - Most Severe Ideation: _____	Type # (1-5)	Description of Ideation	Most Severe
<b>Frequency</b>			
<i>How many times have you had these thoughts?</i>			
(1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day			
<b>Duration</b>			
<i>When you have the thoughts how long do they last?</i>			
(1) Fleeting - few seconds or minutes (2) Less than 1 hour some of the time (3) 1-4 hours a lot of time (4) 4-8 hours most of day (5) More than 8 hours persistent or continuous			

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## C-SSRS

### Risk Identification with the Columbia Protocol

(Pocket Card – available on website)

	Past 1 Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6		
	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk

(Posner et al, 2008)

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After suicide risk assessment, then what?

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## 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)

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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)

Safety Plan:  
individualized  
plan created  
collaboratively  
with child and  
caregivers for  
coping with  
suicidal thoughts  
and urges

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## *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

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## 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)

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## 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)

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## 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)

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## 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

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## 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!

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## 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

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## 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.)

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## 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.)

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## 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

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# Safety Plan

1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.

Professionals who I can ask for help:  
 My therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Hospital ER: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Crisis hotline/Other: \_\_\_\_\_

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

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1. Remove things I could hurt myself with (pills, sharps, firearms, ropes)	1. Yelling or throwing things	1. Color in my coloring book	1. Play video games with my sister	1. Grandma
2. Make sure my coping skills and tools are available	2. Feeling hot or sweaty	2. Ride my bike or swing on the swing set	2. Play with my dogs Burton & Ollie	2. Mrs. Smith (school nurse)
3. Review my safety plan with <u>dad</u> at least <u>3x/week</u>	3. Heart beating really fast	3. Listen to my favorite music	3. Ask mom to watch our favorite TV show together	3. Mom and Dad *code word: starfish*

Professionals who I can ask for help:  
 My therapist: Kelsey Bero - Phone #: (412) 246-5242  
 Re:solve Crisis Network 333 N Braddock Avenue Pgh PA 15208 - Phone #: 1 (888) 796-8226  
 UPMC Western Psychiatric Hospital 3811 O'Hara Street, Pgh, PA 15213 - Phone #: (412) 624-2100

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

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## “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!!*

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# Talking to Parents/Caregivers

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## 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

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## 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

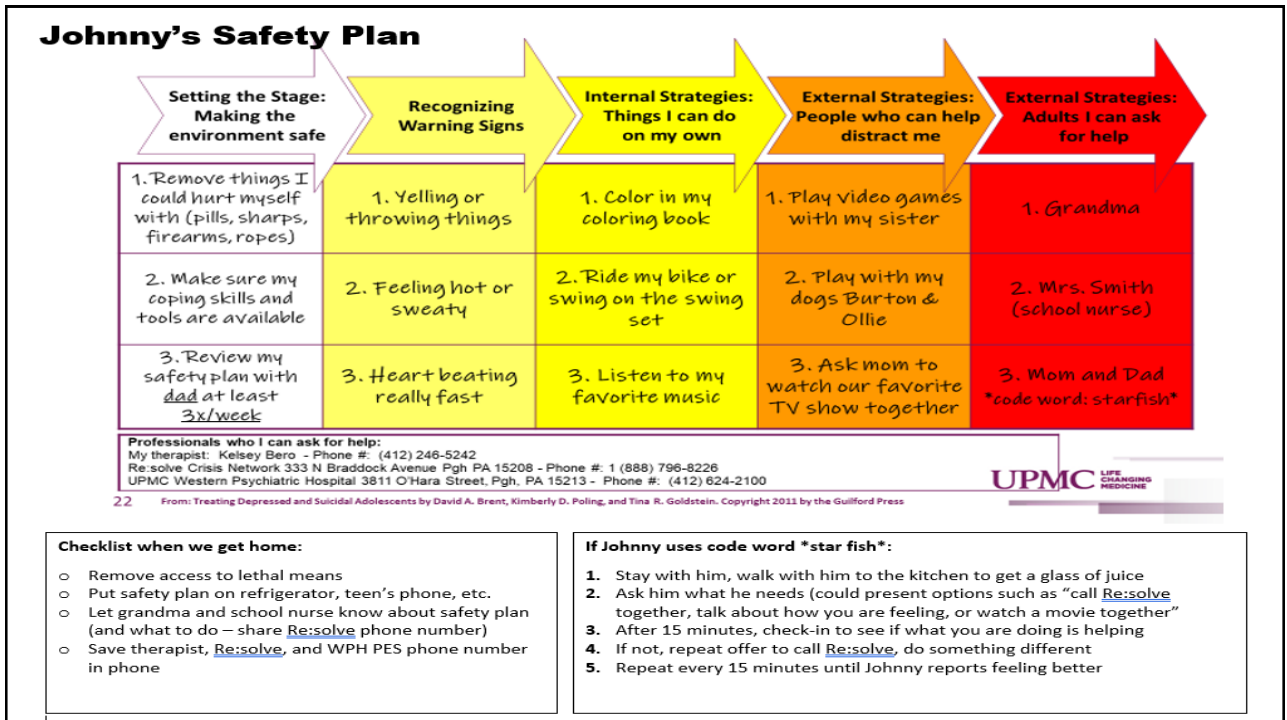
Provide positive reinforcement for child's ability and willingness to talk about thoughts, feelings, and specifically suicidal thoughts and behaviors

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!

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## Safety Planning Checklist (1/2)

- ✓ 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?

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## 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*

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# Thank you!

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