

Safety Plan Conversation Starters

Initial risk assessment/safety planning conversation

As a part of our first meeting today, I would like to hear about any safety concerns that any of you have. This could include behaviors, emotions, symptoms or situations that are dangerous, complex, seem too big to solve or overwhelming to (child/parent/whole family). It might be a situation you don't feel you (parent/child/family) can handle on your own. You might be worried about the safety of (child, family member or someone else). Some crises occur at home, some in schools and some out in the community. Some families who start services have already experienced crisis situations with their child/family. Some are experiencing a crisis even as they are beginning this service. Other families describe symptoms, emotions or behaviors that are getting worse and they are concerned about the possibility of a crisis situation down the road. And, other families are not really concerned about a crisis or safety situation—it just isn't part of the symptoms or behaviors that are concerning any of you. So, let me start with a couple of questions. Usually when I ask these questions, everyone in the family answers them differently—that's perfectly okay. Let's just hear what everyone has to say.

- Does it feel like you are in a crisis right now?
 - If yes, how would you describe the crisis?
 - What is the scariest part of it for you?
 - What is the hardest part of it for you?
- When you think about it for your child/family/self, how concerned are you that there might be a crisis situation in the future?
 - What kind of crisis are you concerned about? (symptoms/behaviors)
 - On a scale of 1-10, where 1 means “not at all likely” and 10 means “very likely” how likely do you think it is that there will be a crisis in the future?
- What is the biggest crisis that you have experienced in the past?
 - What was the hardest part about the crisis?
 - Looking back now, how happy/proud/satisfied are you with how you handled it?
 - Looking back, what was the best thing you did during the last crisis? (decision you made/action you took)
 - Looking back, what was the best thing someone else did (friend, family member, professional) during the last crisis?

Experience with safety plans

- Do you/your family have experience with crisis/safety plans?
 - Do you have a plan that you are using now? How is it going?
 - Have you had a plan in the past? How useful was it?
 - How interested are you in developing a plan today to address the safety concerns that you identified?

Experience with crisis service providers

- Has 911 been called related to a mental health/behavioral crisis?
 - Was it your choice or did someone else make the decision?
 - What happened?
 - What was the experience like for the family?
 - If your choice, would you choose to use 911 again?
- Have you used the emergency department related to a mental health/behavioral crisis?
 - Was it your choice or did someone else make the decision?
 - What happened?
 - What was the experience like for the family?
 - If your choice, would you choose to use the ED again?
- Has your child received crisis services from an Mobile Crisis (MCI) team?
 - Was it your choice or did someone else make the decision?
 - What happened?
 - What was the experience like for the family?
 - If your choice, would you choose to use MCI again?
- Have you brought in family, friends or other informal supports to help you manage a crisis?
 - What happened?
 - What was the experience like for you?
 - If your choice, would you choose to use family, friends or informal supports again?
- Has your child experienced inpatient psychiatric treatment/CBAT/ICBAT or similar treatment services?
 - Was it your choice or did someone else make the decision?
 - What happened?
 - What was the experience like for the family?

- If your choice, would you choose to use MCI again?

Introduction to (CBHI) Crisis Planning Tools

We have three standard Crisis Planning Tools for you to consider. The tools were developed based on ideas from families who have experience in using crisis services. However, they still won't be perfect for everyone. If it makes more sense we can figure out a format and strategy that makes sense to you.

- The first tool is a Safety Plan. It is a one-page tool for documenting a plan that you could use in the home or community that is focused on crisis prevention, crisis resolution or just managing the crisis in the best possible way. You can share a copy of your Safety Plan with crisis providers like Mobile Crisis Intervention so that if you ever call them for assistance, they know what you have in your Safety Plan.
- The second tool is called an Advance Communication. It is a tool that you can use to communicate ahead of time with agencies that you might use in a crisis situation. The Advance Communication gives you a chance to say what is important about you/your child, what your treatment preferences are and if there are special things they should know about you/your family.
- The third tool is made up of four different Supplements that you can attach to either a Safety Plan or an Advance Directive. You can also use the Supplements by themselves. The Supplements are used to organize the kind of information that treatment providers ask for over and over. In a crisis situation it is time consuming and can be difficult to recall all of the details about previous treatment, medications, etc.

What is most important is that you figure out how to develop tools or strategies that are useful to you and if/how to share your plans with others/agencies so that they can be a resource for you if there is another crisis.

Exploring Individual/Family Style in Crisis Management

Most of us have developed habits for managing challenging situations. The habits are based on things like how we were raised, personal beliefs, and past experiences. They are also often based on the information we have about what is available, whether we think it would work, and if we think there is a downside to the option.

There are usually several different ways to manage a crisis. When you are in the midst of a crisis situations it is great to be able to choose from the broadest array of “possibilities.” To think through the various options for, let’s start by looking at examples of individual/family “styles” of managing crises. (Describe the 4 sample styles on flip side of page) When I talk about this with families I often hear that different people in the family have different habits and preferred ways of handling situations—that’s perfectly okay. Let’s just hear what everyone has to say.

- Which of these “styles” best describes how you like to manage challenging or crisis situations?

It is important when you develop a safety plan that you develop one that is at least partly/mostly in your “comfort zone” but also one that reduces the risk of harm to a safe enough level—maybe by including options that are not part of your usual habit. Which of the styles have you tried in the past?

FORMAL

- Have you called your (doctor, psychiatrist, clinician, case manager) in between appointments or after hours because of a crisis situation? If it were up to you, would you call them in the future?
- What do you know about local crisis services like Mobile Crisis Intervention? What services have you used before? If it were up to you, would you use local crisis services in the future?
- Have you called 911 before because of a mental health crisis? If it were up to you, would you call 911 in the future? Why/why not?
- What are your concerns, if any, about calling Agency on-call number? ESP/MCI? 911?
- If the choice was yours, under what circumstances, if any, would you definitely use formal services?
- Is there anything that could help in deciding whether to use any of these services in the future?

INFORMAL

- What/who have been your best informal supports? (friends, extended family, persons from place of worship, peers, teachers, coaches, blogs, groups, drop-in centers, warmlines)
- What offers for support have you received/are you aware of that you haven’t yet tried?
- If the choice was yours, under what circumstances, if any, would you definitely use informal services?
- Is there anything that could help in deciding whether to use any of these services in the future?

SELF

- What have been your best strategies for resolving crises on your own (within your family)?
- What have been the advantages of managing on your own (within your family)?
- What have been the disadvantages/dangers, if any?



Preference for a mix of
FORMAL services and
INFORMAL supports

Styles of Crisis
Management

Preference for SELF-
management

Preference for
FORMAL services

Preference for a mix of
INFORMAL supports
and SELF-management

Establishing Safety Plan Goal(s)

One way to reduce the impact of a crisis situation is to do some planning ahead of time. Think about the crisis event itself. But also think about the things that contribute to how complicated a crisis can be for you AND the parts that you think you can improve or control. This can help you take some of the “crisis” out of the crisis. Each of you might have different ideas on this and that is okay—you will also have different ideas on how to make the crisis go more smoothly next time.

<p align="center">Some areas to think about when identifying the goal(s) of your safety planning</p>	<p align="center">How important is this to you right now?</p>	<p align="center">How controllable does this seem right now?</p>	<p align="center">Where do you want to start and what is the goal? (You don't have to do it all at once)</p>
<p><u>Prevention</u>—Things we (child, parent, other) can try to keep the crisis from occurring</p>			
<p><u>Resolution</u>—Things we (child, parent, other) can do once the crisis starts to try and resolve the crisis</p>			
<p><u>Safety/supervision</u>—This is about safety for the person in crisis, but also for everyone else that is around.</p>			
<p><u>Communication</u>—Knowing who to ask, what to ask for and how to ask for it, so we get what we need</p>			
<p><u>Logistics</u>—Knowing where to go, what to take with us and how we are going to get there</p>			
<p><u>Time efficiency</u>—Finding ways to simplify the process and reduce waiting time and redundancy</p>			
<p><u>Multi-tasking</u>—Figuring out and managing the rest of our responsibilities (work, school, siblings, pets, etc) while at the same time working on the crisis.</p>			
<p><u>Information</u>—This might include giving or getting information ahead of time or knowing how to give/get information once a crisis happens. Or, it might be about knowing what will happen, what choices there will be, how will decisions be made, who might talk to us, or understanding our rights.</p>			
<p><u>Other</u></p>			
<p><u>Other</u></p>			

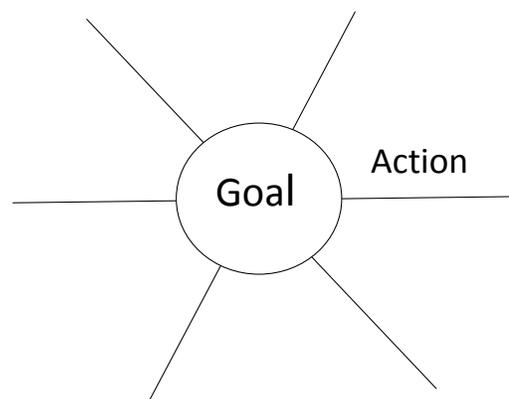
360° Action Strategies

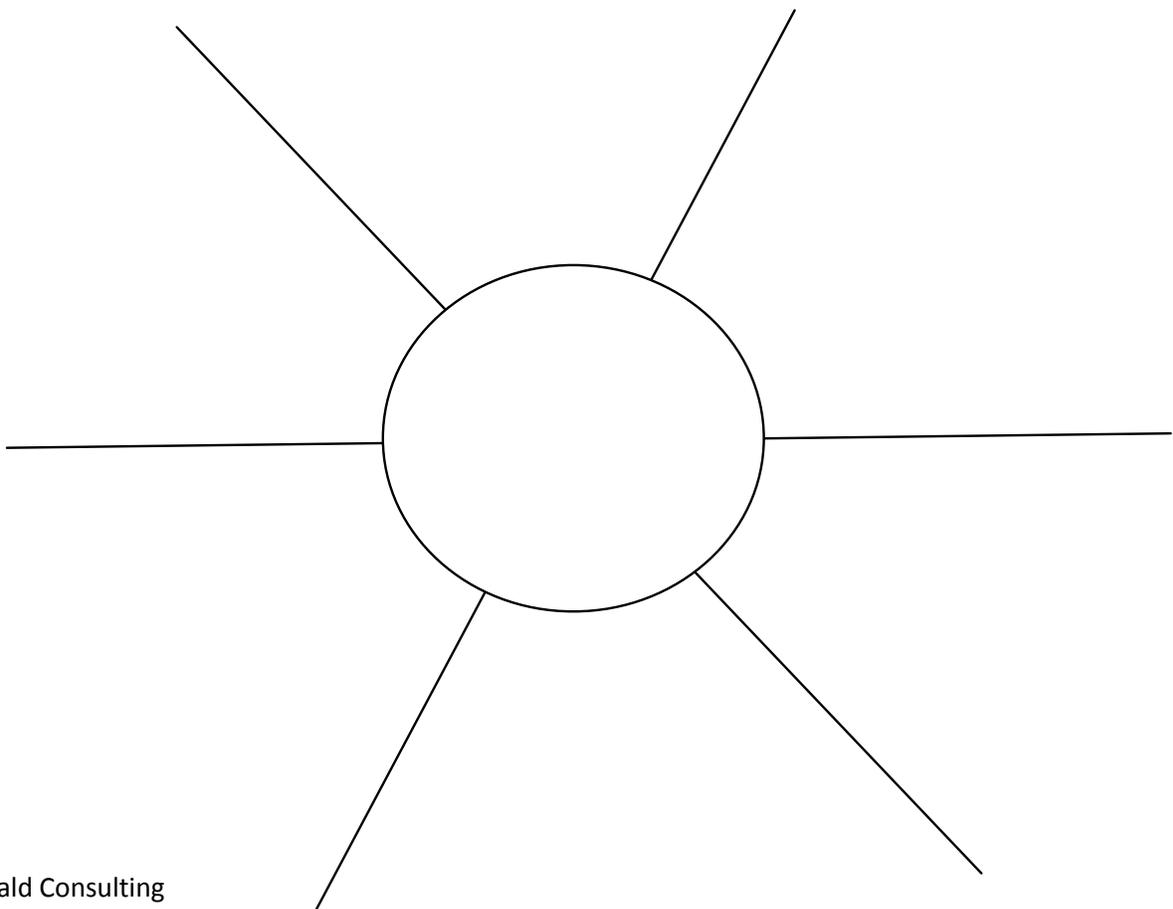
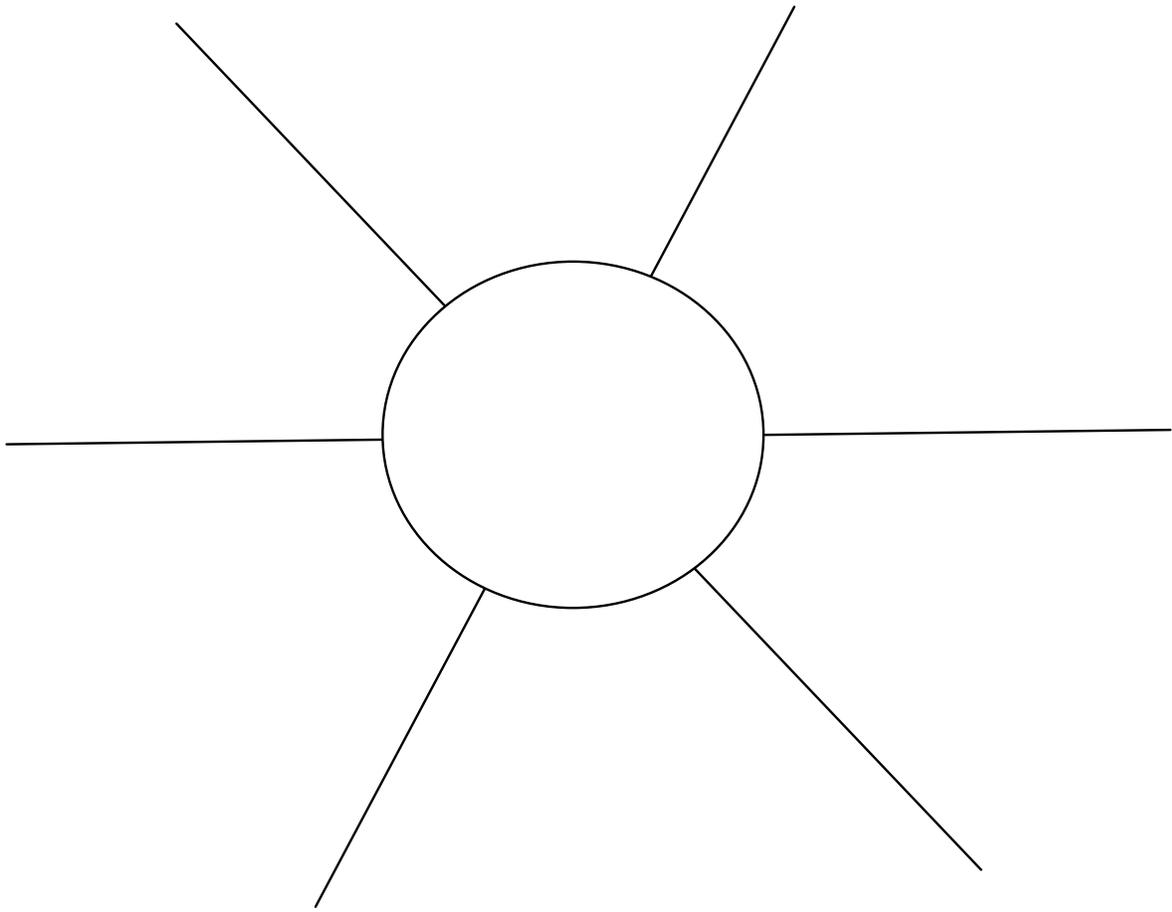
You have identified a goal or two to focus on in safety planning. The next step is thinking about the actions or strategies that will help you achieve the goal. No one experiences a crisis or resolves a crisis in exactly the same way. Safety planning evolves over time as you gain more information and build skills in managing the particular types of crises that you/your family are likely to experience. It is important to identify actions/strategies that you are pretty sure you will use and that will reduce the risk of harm. Here are some questions that might help:

- What is the most NORMAL way you can think of to (prevent the problem/make the situation easier/feel better/feel more expert in managing the situation)?
- Can you think of ideas that involve things you already do BEST or enjoy the MOST?
- What are the SIMPLEST things you could do that everyone would be okay with?
- What are some ideas that INTEREST you that might calm the crisis or improve how it is managed?
- If you could IMAGINE a new resource, habit or strategy that would make a difference, what would it be? How close could you get to adding it?
- What are the things you can SEE yourself actually doing next time there is a crisis situation?

If the Safety Plan targets the crisis behavior it is helpful to remember that preventing behavior is not always possible. So you might want to brainstorm ways to:

- Reduce harm from the behavior
- Take action after the behavior happens (prevention is often not realistic)
- Change how others in the home react to the behavior
- Reduce exposure to circumstances that precipitate behavior (i.e. increase structure or supervision or reduce access)
- Build on strengths and engage in activities of interest (change the venue or focus during times of peak difficulty)
- Move in the direction of the long-term goal. Think of it as going from "A to D" instead of "A to Z."





Putting Together the Safety Plan

You have spent time thinking about and discussing your style of managing crisis situations. You have identified a goal or two to focus on for now and thought of some actions or strategies for achieving the goal(s). Do you already have a safety plan of some type? Is it working for you? Would you like to use the Safety Planning Tool to put it all together as a resource for you?

There is a space for you to list the goal(s) and below that is a space for you to list actions and strategies.

The top section is a place where you can list contact information. Here are some questions to think about:

- Is there anyone you feel you MUST notify if there is a crisis situation? (employer, school, other parent)
- Are there any people that you think can help calm the situation? (family, friends, teachers, neighbors, clergy)
- Are there any support persons or professionals you might want to contact? (current treatment provider, CSA team member, MCI team, helpline, PPAL, mentor, urgent treatment center, hospital emergency department, poison control, 911)
- Is there anyone you might want to call who might be able to help with managing other priorities while you are focusing on the crisis (child care, pets, closing up the house, transportation, covering a shift, etc.)?
- If you could call/talk to anyone to calm you/your child down when (insert name of crisis/risk), who would it be?

Now that you have a plan, let's test it out a little bit to see how "usable" it seems to you.

- Picture a crisis unfolding. Are all of the right names and numbers at your fingertips?
- Do the goals listed match your priorities in a crisis situation?"
 - If not, let's modify.
- Can you see yourself taking the actions that you have identified?
 - If not, what seems more doable that takes you in the direction of your overall goal?
- On a scale of 1-10 (or low, medium, high) how likely is it that you will use this plan?
- On a scale of 1-10, how confident are you that the plan will be useful during a crisis?
- On a scale of 1-10, how confident are you that you can manage any future crisis with no one getting hurt?

Anytime it makes sense to do so, we can look at the Safety Plan again and make changes. It is especially helpful to do so after any crisis episode or out-of-home treatment

Introduction to the Advance Communication Tool

Some individuals and families have developed a clear sense of what is useful to them in a crisis situation. You have learned through experience what calms down the crisis and what makes things worse. You may have preferences for treatment facilities based on location, program style, effectiveness of previous treatment, or other reasons that are meaningful to you.

The Advance Communication tool allows you to communicate in writing to providers who in the future might provide crisis support or intervention for you or your child. In the Advance Communication, you can describe what is important to you or your family.

The Advance Communication is NOT a legal document. The provider is not required to do everything that you ask. He or she still must follow the law and use his or her judgment in making treatment recommendations. For example, the type of treatment that you prefer may not be available. Or, you/your child may be hospitalized against your wishes if the provider finds that the criteria are met for involuntary treatment and alternatives are not acceptable or available.

One side of the Advance Communication is meant for a parent or guardian to complete. The other is meant to be completed by the person who might be in crisis in the future. Both sides do not need to be completed.

Questions:

- Have you already developed a document that is like an Advance Communication? It could be called a psychiatric advance directive or a WRAP plan?
 - If yes, how has it been useful to you? Do you want to keep using it? Is there anything about it that you would like to discuss?
- How difficult do you find it to communicate important information during a crisis?
 - Are you able to communicate what you think is helpful or NOT helpful?
 - Are you able to communicate preferred treatment or treatments that you do NOT want?
- Think about any previous experiences in receiving crisis service—do you have ideas about how it could go better next time?
- Are there things that would have to be considered if the provider recommended hospitalization or another out of home treatment?
- Are there any special needs or accommodations that a provider should know about ahead of time?