

VA



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# Safety Planning During COVID-19

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## Disclaimer and Acknowledgements

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The information provided in this presentation is not a substitute for detailed instructions described in *The Safety Planning Intervention Manual: Veteran Version* (Stanley, Brown, MacRae, Rotolo, Hughs, Mina & Barry, 2018).

Please visit [www.suicidesafetyplan.com](http://www.suicidesafetyplan.com) for more information.

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# Agenda

1. What is a safety plan? What isn't a safety plan?
2. Creating the Safety Plan with Considerations for COVID-19
3. Wrapping Up and Tips for Success



# What is a Safety Plan?

## A safety plan is:

- Brief clinical intervention aimed at creating a hierarchical and prioritized list of strategies used preceding or during a suicidal crisis
- Offers ways to manage or avert a crisis and reduce risk of acting on thoughts of suicide
- Follows a risk assessment that includes exploring a recent suicidal crisis

MY SAFETY PLAN	
Please follow the steps described below on your safety plan. If you are experiencing a medical or mental health emergency, please call 911 at any time. If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at <b>1-800-273-8255 (press 1).</b>	
<b>Step 1: Triggers, Risk Factors, and Warning Signs</b> Signs that I am in crisis and that my safety plan should be used:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
<b>Step 2: Internal Coping Strategies</b> Things I can do on my own to distract myself and keep myself safe:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
<b>Step 3: People and Social Settings that Provide Distraction</b> Who I can contact to take my mind off my problems/help me feel better:	
1. Name: _____	Phone: _____
2. Name: _____	Phone: _____
3. Name: _____	Phone: _____
4. Name: _____	Phone: _____
5. Name: _____	Phone: _____
Public places, groups, or social events that help me feel better:	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____



## What isn't a Safety Plan?

- Safety Plans ≠ No Suicide Contracts
- **No Suicide Contract:** Patients “solemnly promise” that they will not directly harm themselves under any circumstances (Leahy et al., 2012, p. 36)
  - **NOT** protective against suicide or malpractice (e.g., Rudd et al., 2006; VA/DoD, 2013)
  - **NOT** useful for risk determinations, given patient experiences of “coercion” (e.g., Farrow et al., 2002)
  - “Intimidating” and “disempowering” per **patient report** (Farrow et al., 2002)
- **Safety Plans:** Practitioners work with patients to collaboratively determine what they *can do* during future crises





## Tips for Developing a Safety Plan Collaboratively

- **If it is an in-person visit, sit side-by-side using a conversational approach that encourages participation**
- **If using a paper form or app, encourage the individual to write/enter information**
- **Discuss taking a team approach**
  - Use phrases such as “Together, we’ll brainstorm... or We’re going to tackle this together”
- **Jointly address barriers and use a problem-solving approach**
  - E.g. “Let’s both think about what problems might arise.”



# **Creating the Safety Plan with Considerations for COVID-19**



# Setting the Stage for Safety Planning

- **Provide a rationale for having a safety plan**

- Having a plan in place prior to a crisis that helps to mitigate the crisis and decrease suicidal thoughts/behaviors and allows for thoughts and feelings to decrease in intensity or resolve
- The Safety Plan is useful for coping with stressful situations and avoiding self-harm, not treating conditions

- **Explore a recent crisis**

- **Ask “Tell me about the last time you felt suicidal or engaged in suicidal behavior?”**

- Help the individual explore their specific responses to crisis to develop a more personalized plan
- Highlight that suicidal thoughts come and go and that crises subside
- Clinicians can follow up to get a sense of: Warning signs, Peak of crisis, means considered/used, how they felt as crisis passing (“What happened next?” or “How did the crisis end?”)



## The 6 Steps

### Step 1: Triggers, Risk Factors and Warning Signs

#### (Signs that I am in crisis and that my safety plan should be used)

- Purpose: Identify and attend to warning signs for suicidal ideation/behavior
- List **specific** and personalized examples in the person's own words that tie to the crisis narrative
  - Thoughts (e.g. "I'm a burden" "I'll never be in a successful relationship")
  - Emotions (e.g., intense anger or intense sadness)
  - Behaviors (e.g., pacing the floor, urge to drink alcohol)

*Ask:*

*"What are some examples from your story that would be good to include on your plan?"*

*"Will these thoughts and behaviors be good reminders to use your plan?"*



## Warning Signs during COVID-19

- Is the individual experiencing any new warning signs that are unique to COVID-19 that may lead to SI?
  - (e.g., increased anxiety about contracting COVID; thoughts about getting very ill or losing a loved one; new sense of loss/isolation)





## Step 2: Internal Coping Strategies (Things I can do on my own to distract myself and keep myself safe)

- Purpose: Take the individual's mind off of problems to prevent escalation of suicidal thoughts and **allow suicidal thoughts to subside**
- List activities they can do without contacting another person
  - Take a warm shower
  - Listen to my "chill out" play list
  - Pet my dog
  - Go for a walk around the neighborhood

Ask:

*"What can you do on your own to get through a tough spot and prevent yourself from acting on suicidal thoughts or urges?"*

*"How likely would you be able to do this during a time of crisis?"*



## Internal Coping Strategies during COVID-19

- The purpose is to take distract from current problems to prevent escalation of suicidal thoughts and behaviors
  - This step of the safety plan will have increased importance under COVID-19 restrictions
- Choose activities that are **realistic** for the individual to do during COVID-19:

Examples: working out – is there an app or online instruction available so this can be done in the home

Artistic/Creative project – are the materials available at home? Would this require going to the store?



## Step 3: People and Social Settings that Provide Distraction (Who I can contact to take my mind off my problems/help me feel better)

- Purpose: Engage with people and social settings that provide **distraction to allow thoughts to subside**
- List people or safe places that offer distraction
  - Examples of places: park, coffee shops, places of worship
  - People: Important to include healthy relationships and include phone numbers. This may be different from people who will provide support related to the problem
- Discuss any barriers or issues of feasibility

*Ask:*

*“Who helps you feel better when you socialize with them?”*

*“What social settings help you take your mind off your problems at least for a little while?”*



## Social Contacts who may Distract from a Suicidal Crisis during COVID-19

- These encounters may need to happen by phone or virtually under the current circumstances
- Check with the individual to see if they understand how to contact friends and family via the phone, Skype, FaceTime, zoom, etc. and encourage these virtual options whenever possible
- Help to brainstorm ideas for virtual distraction and normalize the fact that lots of people are home and feeling isolated and may welcome a distraction
  - (e.g., “You mentioned that your grandkids are in virtual school from home right now. Is there anything you could do over the phone/virtually to spend some time with them and also distract yourself from thoughts of suicide?”)



## Step 4: Family Members or Friends Who May Offer Help (Who I can tell that I am in crisis and need support)

- Purpose: Tell a family member or friend that they are in crisis and need support. These individuals are available and can provide needed support.
- List names and phone numbers of supportive others
  - Can be same people as Step 3, but different purpose
  - Include multiple options and prioritize list
  - If possible, share safety plan with the family member or friend
- Ask about barriers or feasibility issues

Ask:

*“Among your family or friends, who do you think you could contact for help during a crisis?”*

*“Who is supportive of you and who do you feel that you can talk with when you’re under stress?”*



## Family Members or Friends who May Offer Help during COVID-19

- Discuss with the individual reaching out using phone or video chat options (see notes from Step 3)
- Consider addressing any new barriers to reaching out to these individuals (e.g., not wanting to be a burden) as the people listed may also be experiencing stressors related to COVID-19



## Step 5: Professionals and Agencies to Contact for Help (Mental Health professionals or services I can contact for help)

- Purpose: List professionals/services who can help resolve the crisis; professionals are trained to provide help.
- List name, phone number and location of
  - Primary mental health provider and other providers
  - Emergency psychiatric services
- Nearest emergency room or urgent care
- Veterans Crisis Line: 1-800-273-TALK (8255), press 1. They can also text
- 911

*Ask:*

*“Who are the mental health professionals that we should identify to be on your safety plan?”*

*“Are there any barriers to contacting these individuals?”*



## Contacting Professionals or Agencies during COVID-19

- Reassure the individual that their care teams are there for them
- Reassure the individual that the hospitals remain open
- Discuss the best options for the individual to reach their providers during this time as some providers are teleworking, etc.
- Remind the individual of the procedures for accessing Urgent Care or the ED if needed
  - Consider educating them on what to expect if they come to the ED/UCC (e.g., will be screened for COVID at the entrance, etc.)
  - This may require addressing barriers to coming to UCC/ED (e.g., anxiety about leaving home and potentially being exposed to the virus)
  - Discuss that the benefits of seeking emergency care for a suicidal crisis outweigh the health risks



## Contacting Professionals or Agencies during COVID-19

- Providers may want to consider discussing what criteria would indicate that the individual should report to an ED
  - (e.g. Individual has begun engaging in preparatory behaviors, individual maintains ideation with intent to die despite attempts to implement the other steps of the safety plan, etc.)
- Additionally, how the individual typically accesses care should be considered
  - Provide education on the appropriate use of going to the ED (e.g., medical or mental health emergency vs using UCC/ED as a means of quickly accessing care, etc.)





## Step 6: Making the Environment Safe

- Purpose: The longer it takes to access means, the harder it will be to act on impulses AND as time passes, thoughts will have time to diminish in intensity.
- Eliminate or limit access to lethal means, specifically that tie to the person's narrative/recent crisis
- Means-restriction counseling
  - Always ask about access to firearms and opioids
  - Consider alcohol and drugs as a conduit to lethal means
- Add in reminders of reasons for living may include photos of loved ones, inspirational quotes, etc.

### Ask:

*“What means do you have access to and are likely to use to make a suicide attempt?”*

*“How can we develop a plan to limit your access to these means?”*

## Making the Environment Safe during COVID-19

- Inquire whether individual has continued to practice safe storage of firearms and medication
- Ask about other lethal methods that might be more utilized if individual is spending most of their time at home (e.g., kitchen knives, items for strangulation)
- Ask whether they are taking recommended precautions to limit their personal exposure to COVID-19





# Safety Planning Tips for Success

- **Keep the Safety Plan in a place that they will see it often and have easy access to it.**
  - Examples include: on the refrigerator, in their wallet, in their car, etc.
  - They can use **different formats** for the locations
- **Personalize the Safety Plan**
  - Add pictures, quotes, or mementos to copies of the plan
    - These may include their reasons for living, such as pictures of their family, or an inspirational quote that they find to be positive and motivating
  - Dislike the term “Safety Plan”? Retitle it!
    - Pick a name or term that reflects their connection with the steps or values (e.g. Relapse Prevention Plan, Commitment to Family Plan, etc.)

# Safety Planning Tips for Success

- **Revise the plan over time – the Safety Plan is a living document**
  - They may recognize additional warning signs (Step 1), come up with new distracting activities (Step 2), or perhaps the important people in their life (Step 5) have changed. Make changes or updates to steps as they see fit.
- **Practice using and accessing your plan**
  - Set reminders in their phone to look at the Safety Plan, particularly when they are not in distress. Remember: Becoming familiar with their plan when they are calm will make it easier to use when they are in distress

## Use technology!

- Take a picture of the plan, create a shortcut on home screen
- App technology (Breath2RElax, PTSD Coach, ACT Coach, Mindfulness Coach, Moving Forward, COVID Coach)

## mHEALTH TOOLS

### MOBILE APPS

<input type="checkbox"/>		<b>ACT COACH</b> Add acceptance and commitment therapy (ACT) tips to daily life	<input type="checkbox"/>		<b>CONCUSSION COACH</b> Identify concussion symptoms and cope with related problems
<input type="checkbox"/>		<b>BREATH2RELAX</b> Manage stress by learning and practicing deep-breathing exercises	<input type="checkbox"/>		<b>CBT-i COACH</b> Use with cognitive behavioral therapy for insomnia (CBT-i) to improve your sleep
<input type="checkbox"/>		<b>CPT COACH</b> Use with cognitive processing therapy (CPT) to reduce PTSD symptoms	<input type="checkbox"/>		<b>DREAM EZ</b> Based on imagery rehearsal therapy (IRT), can help diffuse nightmares
<input type="checkbox"/>		<b>LIFEARMOR</b> Take self-assessments and learn more about topics like PTSD, anger, depression and more	<input type="checkbox"/>		<b>MINDFULNESS COACH</b> Learn to practice mindfulness meditation to live in the present
<input type="checkbox"/>		<b>MILD TBI POCKET GUIDE</b> Access this handy reference when assessing and treating symptoms of mild TBI	<input type="checkbox"/>		<b>PARENTING2GO</b> Strengthen your relationships with your children
<input type="checkbox"/>		<b>PFA MOBILE</b> Get support as a responder when your job is to provide psychological first aid (PFA)	<input type="checkbox"/>		<b>POSITIVE ACTIVITY JACKPOT</b> Find local activities to improve your mood and avoid negative thinking
<input type="checkbox"/>		<b>PTSD COACH</b> Get support in managing PTSD symptoms	<input type="checkbox"/>		<b>STAY QUIT COACH</b> Get help either while in smoking cessation treatment or to prevent relapse
<input type="checkbox"/>		<b>TACTICAL BREATHER</b> Learn to use breathing to control your response during times of stress	<input type="checkbox"/>		<b>THE BIG MOVING ADVENTURE</b> Help prepare military children emotionally for the stress of moving
			<input type="checkbox"/>		<b>MOVING FORWARD</b> Learn problem-solving techniques that help you make better decisions
			<input type="checkbox"/>		<b>PE COACH</b> Use with prolonged exposure (PE) therapy to improve results
			<input type="checkbox"/>		<b>PROVIDER RESILIENCE</b> Use when dealing with burnout, and compassion fatigue
			<input type="checkbox"/>		<b>T2 MOOD TRACKER</b> Monitor your emotional health by tracking your moods over time
			<input type="checkbox"/>		<b>VIRTUAL HOPE BOX</b> Reduce depression with a digital version of hope box therapy



# Additional Training Resources for Safety Planning

## For VA employees

- 1-hour TMS Course, #36232: Suicide Safety Planning Training
- Advanced Training in the Safety Planning Intervention (ASPI) SharePoint:  
[https://vaww.portal.va.gov/sites/OMHS/CBTAdvSafetyPlanning/\\_layouts/15/start.aspx#/](https://vaww.portal.va.gov/sites/OMHS/CBTAdvSafetyPlanning/_layouts/15/start.aspx#/)
- For more information about ASPI: Wendy H. Batdorf, Ph.D.  
([wendy.batdorf@va.gov](mailto:wendy.batdorf@va.gov))

## For the general public

- [http://suicidesafetyplan.com/Home\\_Page.html](http://suicidesafetyplan.com/Home_Page.html)
- <https://www.sprc.org/resources-programs/patient-safety-plan-template>
- [https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown\\_St StanleySafetyPlanTemplate.pdf](https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_St StanleySafetyPlanTemplate.pdf)



# Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: [srmconsult@va.gov](mailto:srmconsult@va.gov)

*#NeverWorryAlone*

[www.mirecc.va.gov/visn19/consult](http://www.mirecc.va.gov/visn19/consult)



Risk assessment



Lethal means safety counseling



Conceptualization of suicide risk



Best practices for documentation



Strategies for how to engage  
Veterans at high risk



Provider support after a suicide loss  
(Postvention)

# Thank You!

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