

A CBS Approach to Safety Planning and Repertoire Expansion with High Risk Patients

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Aspirations for this workshop

- Discuss the clinical utility of safety planning
- Describe and complete a Safety Plan
- Explore CBS-consistent additions to safety planning
- Show how deictic, causal and hierarchical frames can function when safety planning
- End with an EMPOWER exercise

**Recall an initial experience
with a high-risk patient.**

Self-Portrait Exercise

Make a kind of self-portrait.

Draw 3 concentric circles that take up as much of your page as possible.

In the innermost circle, draw yourself working with this patient.

You can use stick figures and such, but draw things that would actually be in the scene and don't draw anything that wouldn't be there (like a speech bubble or sound effect).

Make a kind of self-portrait.

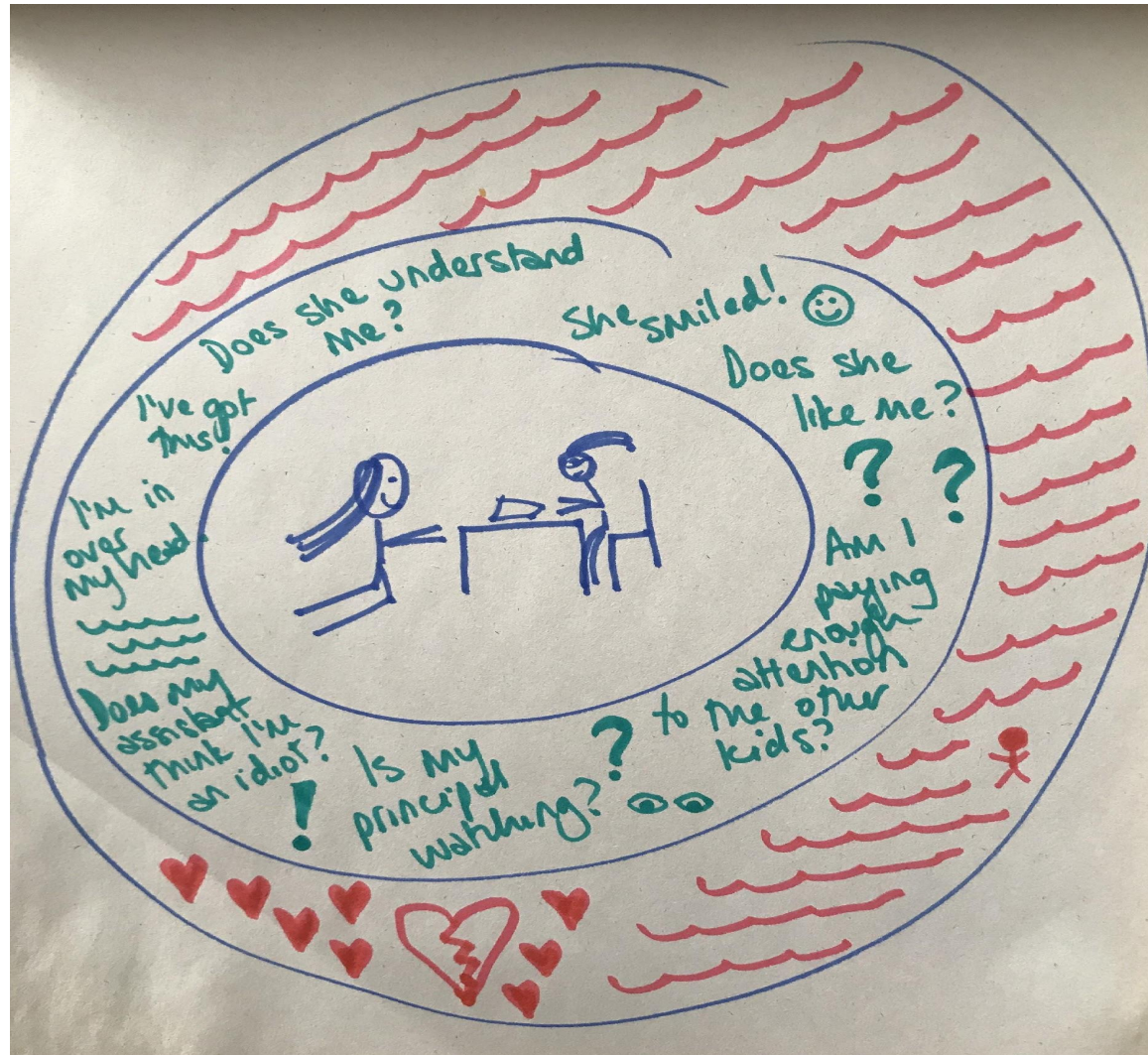
In the next circle out, write or draw any thoughts you were having at that moment.

Make a kind of self-portrait.

Finally, in the outermost circle, draw your emotions during this moment.

Make these drawings symbolic or abstract: use lines, shapes, and shading to represent how you felt.

Here's an example.



Share your drawing with a partner.

Collaborative Reflection

- What does working with a high-risk patient look like for my partner?
- How does it look different than it looks for me?
- Even with our differences, how do our experiences of high-risk patients reveal similarities between us?

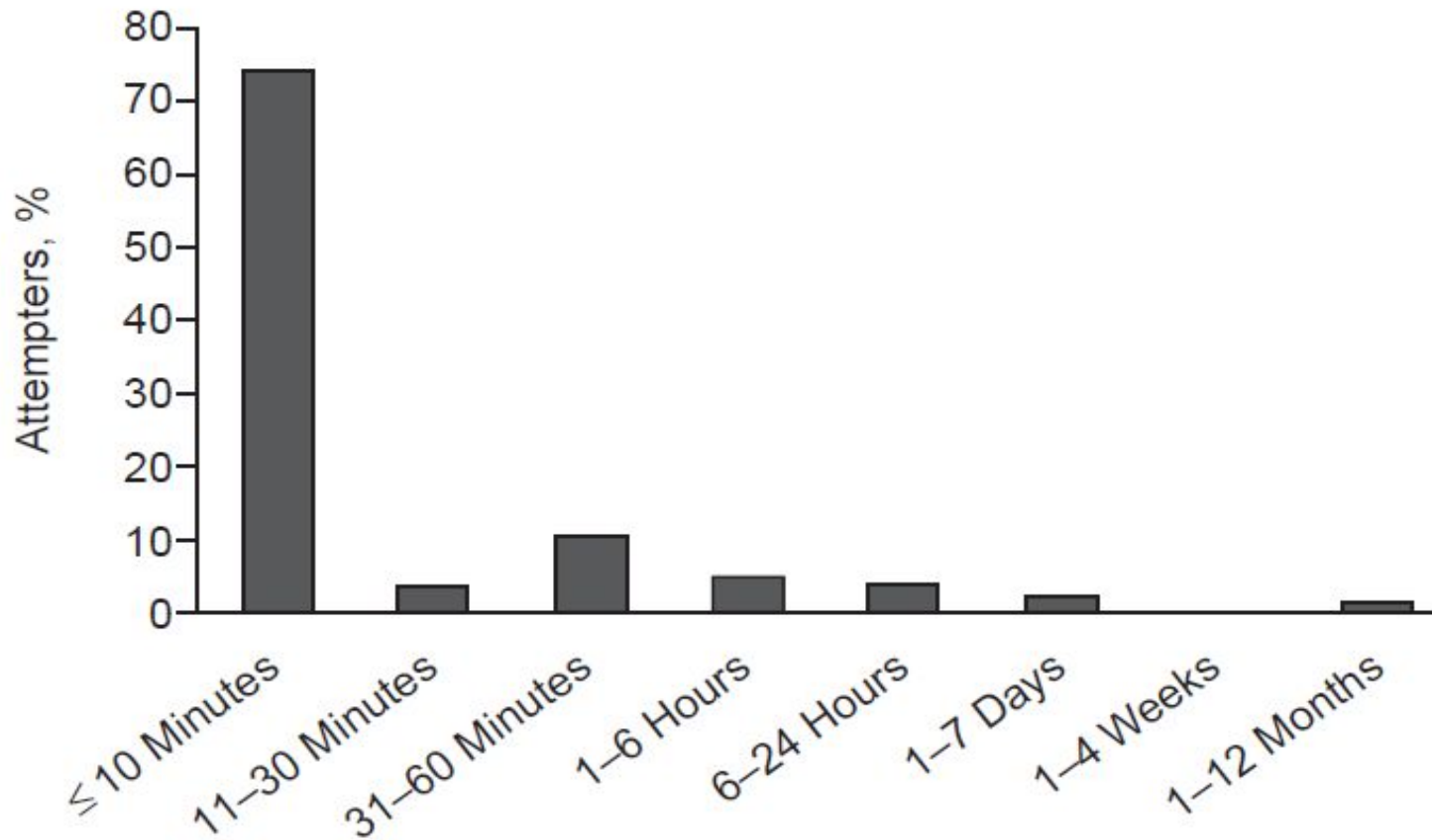
Whole Group Share

- What did you learn just now?
- What do you want your work with high-risk patients to look like?
- How does reflecting on your work with high-risk patients help you be a better therapist to all of your patients?

Limitations of Prevention Science

- Suicide is a low base-rate event
- Risk and Protective factors are population level of analysis
- Assessment with self-report measures have limited clinical utility (Glen & Nock, 2014b, Rudd et. al., 2006; Silverman & Berman, 2014)
- Theoretical Models help with assessment and treatment
 - Thomas Joiner's Interpersonal Model (2005)
 - Experiential Avoidance (Hayes et. al., 1999)
- Means Reduction and Safety planning (Stanley, 2012)

Suicidal crises are often brief



Deisenhammer et al. 2009. *Journal of Clinical Psychiatry*, 70(1):19-24.

Barbara Stanley's Pragmatism: Why Make a Safety Plan?

Stanley & Brown, 2012

- Suicidal crises are difficult to predict
- Suicidal crises are often sudden
- It's adaptable to address other impulsive behaviors
 - Relapse prevention
 - Violence prevention
- It can be highly useful to have the most important information all in one place

Contacting a Struggler

Recall a time when you did something self-defeating.

If not suicide or self-harming behavior, then perhaps a failure of self-control.

Consider context (personal or professional?)

See if you can bring an image to mind

How did you know you were struggling?

If there was a sequence of events, allow your memory to work through it.

Everyone please stand up.

- Sit down only if you've never experienced an important failure of self-control.
- Or an inability to cope with something difficult.

What happened just now?

What general connections can we make between our experiences and our patient's experiences?

Is it easy to discuss loss? Struggle?

Losing contact with the present moment happens to all of us:

Patient is struggling and doesn't want to go too deeply

Clinician wants to validate and support patient

- Is worried about patient's safety
- Needs to document steps to assure safety is addressed
- Concerned about how those steps might be evaluated
- Juggling whether to prioritize short-term vs. long-term contingencies

Looks like a set up for a very superficial clinical encounter

How can we do meaningful present moment work in this context?

Make a Safety Plan for Yourself

Essential Elements of a Safety Plan

1. Warning signs
2. Internal coping strategies
3. Reinforcing social contexts
4. Emergency contacts
5. Mental health providers and crisis line contacts
6. Means restriction and environmental changes to limit access to lethal means

Step 1: Recognizing Warning Signs

Make a list of your thoughts, feelings, sensations, and memories associated with a time you had difficulty coping.

Write them on your safety plan handout.

My Example – Visiting HR

Why do I put myself in situations where I have to depend on an administrator's benevolence?

Butterflies in stomach

back and neck stiff and tense

Tired

Step 1: Recognizing Warning Signs +CBS

Up to now, has this awareness of your own struggles been one that needed to go away?

What do you say to yourself when you catch yourself wanting a feeling to go away?

Write down any feelings or sensations that go along with it.

My Example – Visiting HR

Anxious and angry at self and institution

Disappointed

Getting From Emotions to Values

If I were inside your skin just as you were beginning to get upset, what **sensations**, **memories**, **emotions**, or **thoughts** would I be having?

What was important to you then? How about now?

What are some ways you can ____ (do what's important to you)?

How can I help?

Emotions can tell us what we value.

Anger

Something important was taken away.

Anticipation

Something important might happen.

Joy

I'm doing something important!

Trust

Something important is in someone else's hands.

Fear

Something important might be taken away.

Surprise

I didn't expect something important to happen.

Sadness

Something important is gone.

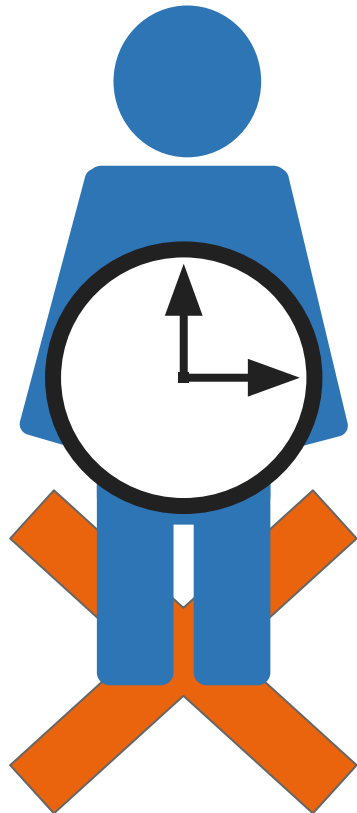
Disgust

Something important is NOT happening.

Deictic Framing for Self-Awareness

Deictic Framing

Hayes, Barnes-Holmes, & Roche, 2001



"I"

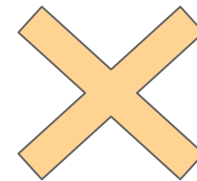
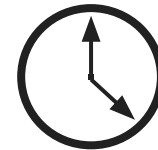
"now"

"here"

"they"

"then"

"there"



Expanding Awareness of I-HERE-NOW

Using Deictic Framing

I here now	What do you notice in your body right now?
I there now	If you were at home, what would you be doing?
I here then	What were you thinking about ten minutes ago?
they here now	What would your colleagues think of this stuff?
I there then	What was your last conference like?
they there now	What's going on in the other sessions?
they here then	What will the person next to you say about this?
they there then	How will your patients benefit from this work?

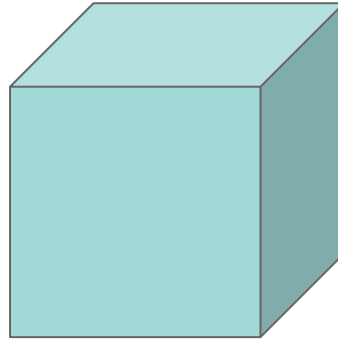
Expanding Behavioral Repertoires Using Deictic Framing – In Therapy

- What would quitting smoking mean to your partner? (**they**-**there**-**then**)
- How did you feel when you made dinner for your family? (**I**-**there**-**then**)
- If future you were here one year from now, what would he say about going back to school? (**I**-**here**-**then**)

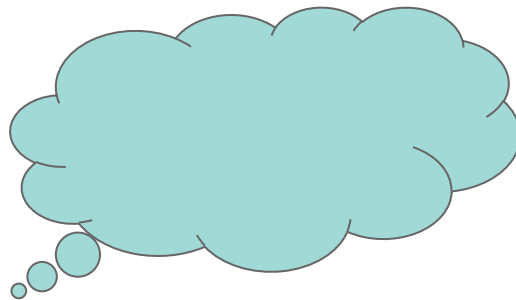
Step 2: Internal Coping Strategies

Make a list of responses that you can do independently and alone.

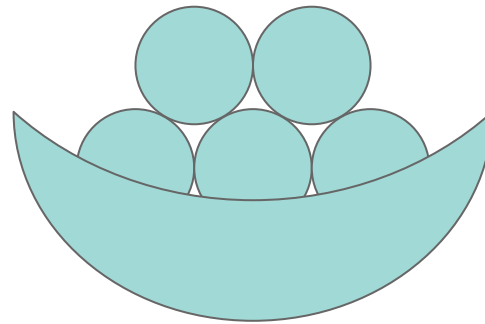
Holding an Ice Cube



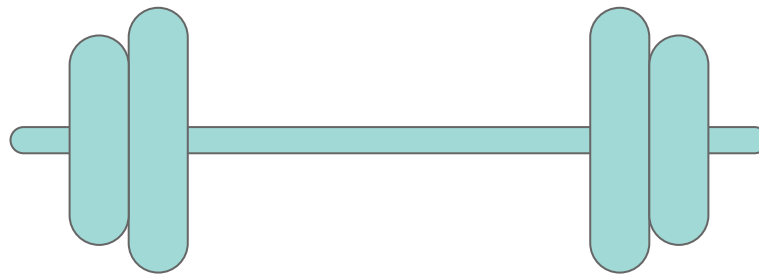
Mindful Walking, Meditation, or Prayer



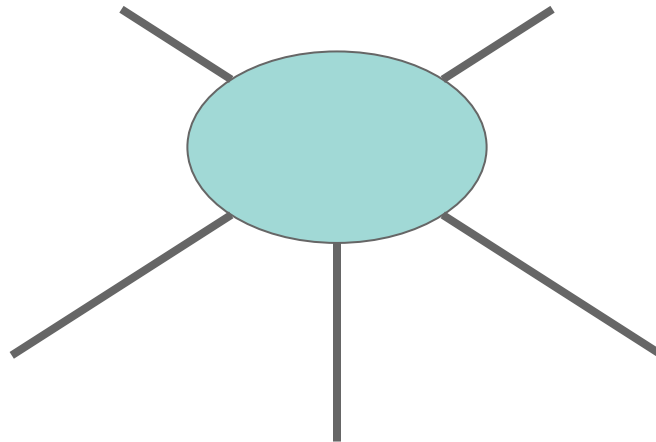
Sensory Stimulation



Physical Exercise



Making Lists in Categories



Step 2: Internal Coping Strategies

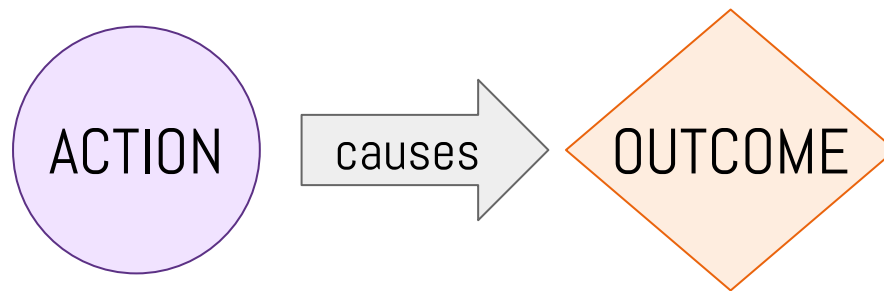
Two assumptions inherent to the framing of coping skills:

- Coping implies a frame of distinction with your current experience
- Coping also implies a frame of causality

Causal Framing

Hayes, Barnes-Holmes, & Roche, 2001

If I practice [insert coping skill], I'll feel better.



- Causal statements are not necessarily true.
- When we frame actions as causes of desirable outcomes, we don't feel satisfied unless and until we achieve the outcome.

Step 2: Internal Coping Strategies +CBS

What will you do with this awareness?

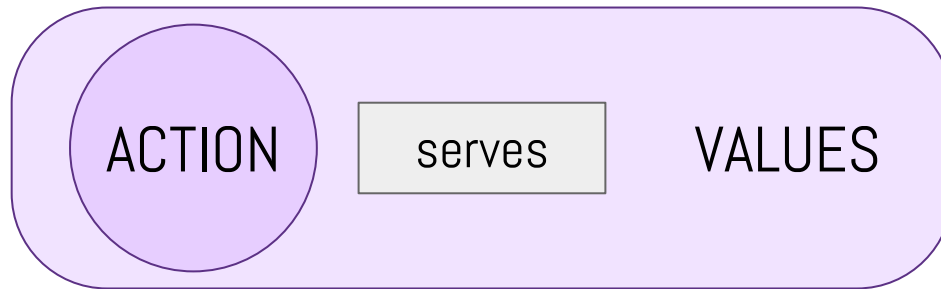
If this feeling/sense didn't have to go away in order for you to do something really important to you, what would that be?

Discuss with partner and add under step 2.

Hierarchical Framing

Hayes, Barnes-Holmes, & Roche, 2001

Preparing my workshop empowers my connection to my audience.



- When we frame actions as part of a meaningful life, we feel satisfied from doing the action itself.
- When we understand our values, we can discover other values-consistent actions.

Expanding Behavioral Repertoires Using Hierarchical Framing – In Therapy

- How might your actions impact your sense of belonging to the community?
- If you could maintain sobriety without going to recovery or therapy, what would be some reasons to go anyway?
- When you're not able to exercise, what other forms of self-care can you do?

Step 2: Internal Coping Strategies +CBS

Some set piece questions when all else fails:

- Activities you're really good at
- Things that make you curious
- Topics you know a lot about
- Anything you can make
- What else?

Step 2: Internal Coping Strategies +CBS

Set piece questions can lead to metaphor construction:

If the challenges to your recovery were a problem in plumbing, what problem would that be?



Step 2: Internal Coping Strategies +CBS

You can always return to generic:

- Holding an ice cube can be a mindfulness exercise rather than a form of distraction
- Mindful walking, meditation, prayer can be an exploration of values
- Categories can be forms of committed action
- Self-kindness gift cards

Share your favorite forms of coping with a partner.

Step 3: Social Contexts

Who are some **people** in your life you can do things with?

Where are some **places** you like to go with other people?

The last time you had a moment of connection with another person, what were you **doing**?

What else?

Step 4. Emergency contacts

If the emergency contacts are different from the social contacts in step 3 what could that mean?

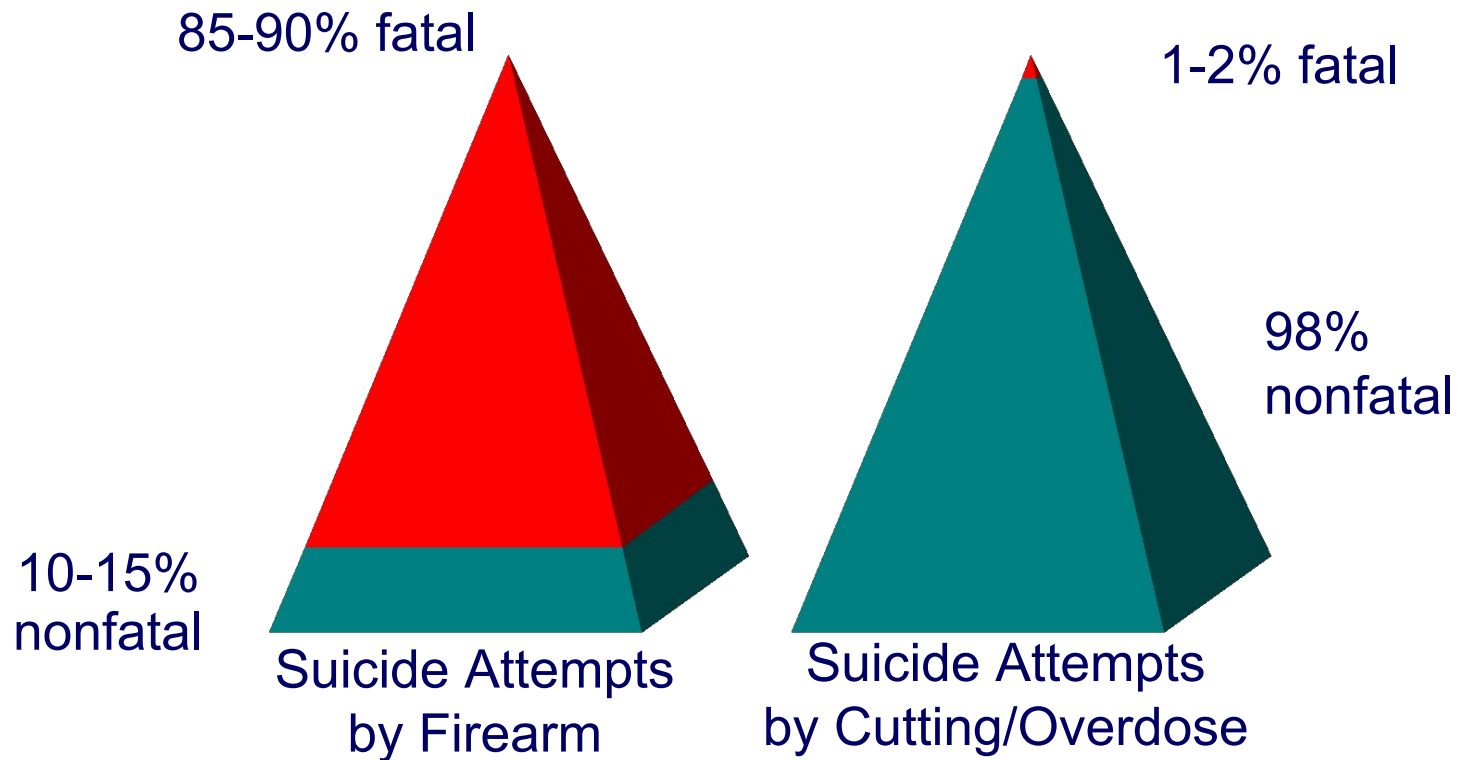
Step 5. Mental Health Providers and Crisis line contacts

Patients who have sensitive positions may want to avoid contacting crisis lines that refer patients for follow up.

We include the Veterans Crisis Line Contact generally.

The Samaritans of NY is another one we include because it isn't affiliated with VA.

Step 6: Why does reducing access reduce suicide rates?



CDC WISQARS <http://www.cdc.gov/ncipc/wisqars/>

**How can we help
veterans/patients to reframe
their perspective in a way that
empowers them?**

Focus Stickers

Think of a time when a learning or therapy experience went really well.

It could be a class, an activity, or a project, or a learning experience outside of school.

List things you were doing during this experience.

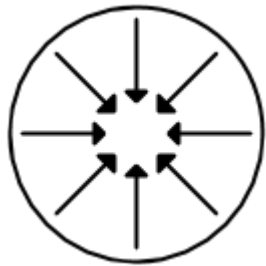
Focus on what *you* were doing – not what someone else was doing, or what you weren't doing, or what the experience was like.

Mental actions, like wondering and imagining, count as doing.

Underline behaviors you could do in most of your settings or around different people.

Pick one behavior that you think is particularly important.

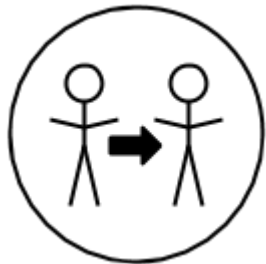
Create a simple icon to represent the behavior you chose.



paying close attention



taking the time to process and really understand



helping someone



checking to see what else needed to be done



asking different people for their opinions



imagining the other person's feelings

Draw the icon on a dot sticker.



**Stick it in a place where you
want a reminder to do that
behavior.**

EMPOWER your students

Tools to Inspire a Meaningful School Experience

Grades 6-12



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THANK YOU!

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VA's largest analysis of suicide data informs prevention strategies for high-risk Veterans.

Between 2001-2014, the age-adjusted rate of suicide has increased.

Who's most at risk?

- 69% of all veteran suicide were among those aged 50 and older vs. 37% who were not identified as veterans.
- White males
- who are not currently connected to VHA care or any kind
- Who served less than 4yrs
- Have a less than honorable discharge
- Current substance abuse
- A previous suicide attempt

Self-Kindness Gift Cards

**What's the difference
between self-indulgence
and self-kindness?**

Your Self-Kindness Wishlist

Exercising	Creating	Connecting with loved ones
Satisfying your senses	Playing	Resting
Spiritual practice (if you have one)	Nourishing your body	Preventing illness and injury

**Write one behavior from
your wishlist that you will
give yourself in an act of
self-kindness.**