



# **THE SAFETY DANCE**

Jennifer Butler, LISW-CP/S  
SC Department of Mental Health  
Office of Suicide Prevention  
August 2020

# LEARNING OBJECTIVES

Identify scope of the problem

Identify safety planning steps

Describe some of the challenges (and potential solutions)

in safety planning implementation



1. Go for a walk & listen to my favorite music  
2. Create board art

Step 2: People and social settings that provide distraction:

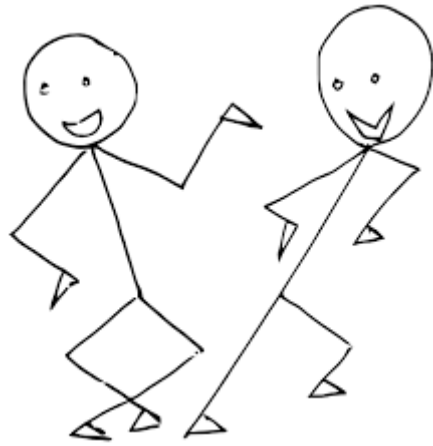
1. Name: Pie w/ Andrea	Phone: [scribble]
2. Name: Coffee & Book time w/ Stacy	Phone: [scribble]
3. Name: Christian Cultural Center / Home Roadtrip	Phone: [scribble]

Step 3: People whom I can ask for help:

1. Name: Johnny	Phone: [scribble]
2. Name: Jennifer	Phone: [scribble]
3. Name: Christopher	Phone: [scribble]

Step 4: Professionals or agencies I can contact during a crisis:

1. Clinician Name	Phone
Clinician Page or Emergency Contact #	
2. Clinician Name	Phone
Clinician Page or Emergency Contact #	
3. Local Urgent Care Services	
Urgent Care Services Address	
Urgent Care Services Phone	
4. Suicide Prevention Helpline Phone: 1-800-275-TALK (8255)	



# COVID IMPACT ON OUR KIDS

“To understand impact on the world’s children, it is helpful to distinguish three channels through which their lives are being affected.

- *The first channel is through infection with the virus.*
- *The second channel is through the socioeconomic effects of the virus and related measures to suppress transmission and control the pandemic.*
- *The third channel is the risk that the virus and its response poses to the longer-term efforts to achieve the Sustainable Development Goals and ensure the realization of the rights of all children.”*

[https://www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_children\\_16\\_april\\_2020.pdf](https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

# USING TRAUMA-INFORMED TELEHEALTH

[HTTP://ZEROSUICIDE.EDC.ORG](http://zerosuicide.edc.org)

## Initiating the Telehealth Session

- **Begin by confirming the client's identity, current location, and contact info** in case there are technical difficulties, disconnection occurs, or you need to contact emergency services.
- **Confirm that a caregiver is available during the duration of the call** and collect or confirm appropriate contact information for the caregiver.
- ★ **As part of the informed consent process for telehealth services, discuss the possibility of needing to seek and secure emergency services if the client is at imminent risk.** Emphasize the purpose of the session is to promote physical and psychological safety at home, and that emergency services are a last resort. Remember to identify all possible ways to increase safety and develop a workable Personal Plan prior to assuming that the client is at imminent risk and needs to be sent to the Emergency Department (ED).
- ★ **Provide voice and choice** to the client to support feelings of psychological and physical safety (e.g., if a client is uncomfortable with videoconferencing, the clinician should see if it is possible to arrange a telephone visit). Ask in a sensitive way about whether the youth feels safe and comfortable proceeding and, if not, what would help the youth feel more comfortable.

# ASSESSING FOR SAFETY

It is imperative to first **listen to the client's distress and provide validation** before beginning safety planning.

**Respond in a calm and empathic manner** by using reflective listening, open-ended questions, validation, and summary statements.

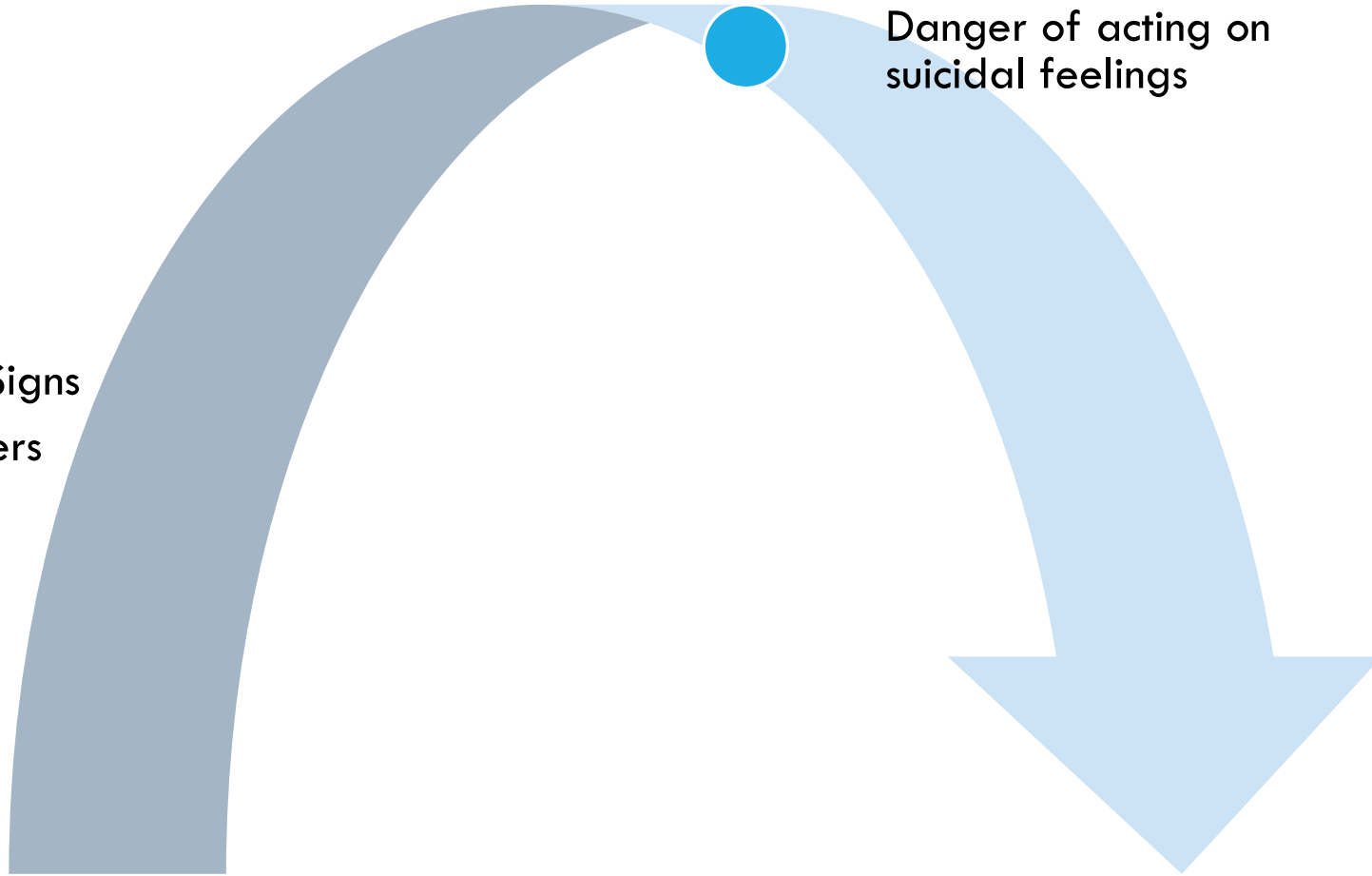
To aid in assessment of suicidal thoughts, behaviors, or risk, it may be useful to use a standardized suicide assessment instrument like the Columbia—Suicide Severity Rating Scale (C-SSRS). If a structured assessment instrument is administered, **care should be taken to increase transparency, trust, and collaboration.**

# FLUCTUATING SUICIDE RISK

Warning Signs  
and Triggers



Danger of acting on  
suicidal feelings



# TREATING SUICIDAL PATIENTS DURING COVID-19: DEVELOPING A SAFETY PLAN REMOTELY





# WORKING CONJOINTLY WITH THE YOUTH AND CAREGIVER

Take time to review youth and family strengths, highlighting and/or praising the youth and caregiver's willingness to participate in telehealth.

Conjointly review the client's Personal Plan, encourage the addition of other relaxation or distraction techniques, conjoint activities, etc.

Determine client and caregiver's commitment in using, or supporting the use of, the Personal Plan. Make plans to increase clinical contact until risk is reduced. If a client requires a brief check-in call or text the following day, and can agree to safety for one day until the follow-up text, call, or session, steps should be taken to make sure this happens.

We are all in this **together**. There is really no other way to put it. Through all that is happening in the world today, and with the uncertainty of the future, we cannot do our work without each other.

