



T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS  
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Access the entire speaker series here:

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-pediatric-lessons-learned-from-covid-19-immediate-and-future-implications.pdf>

Access the introduction to this series by WRAP-EM staff here: <https://files.asprtracie.hhs.gov/documents/pediatric-lessons-learned-from-covid-19--immediate-and-future-implications-speaker-series-introduction.pdf>

Access this recording here:

<https://attendee.gotowebinar.com/recording/5193352274927124230>

# Pediatric Lessons Learned from COVID-19: Immediate and Future Implications- Speaker Series

July 2021

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Access Dr. Hill's bio here:

<https://files.asprtracie.hhs.gov/documents/the-safety-planning-assistant-dr-ryan-hill-bio.pdf>

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TRACIE  
HEALTHCARE EMERGENCY PREPAREDNESS  
INFORMATION GATEWAY

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# The Safety Planning Assistant: A Web-Based Tool to Support Suicide Safety Planning Among Adolescents

Hill, R. M., Dodd, C. G., Do, C., Gomez, M., & Kaplow, J. B. (2020). [The Safety Planning Assistant: Feasibility and acceptability of a web-based suicide safety planning tool for at-risk adolescents and their parents](#). *Evidence-Based Practice in Child and Adolescent Mental Health*. doi: 10.1080/23794925.2020.1759469

This project was supported by a grant from: Texas Children's Hospital Pediatric Pilot Research Fund (PI: Hill)

Access the [Suicide Prevention Resource Center](#) for more information.

# The Safety Planning Intervention

- Focus on brief interventions that can be implemented in healthcare settings
- Brief intervention to assist individuals with suicidal thoughts and urges in maintaining safety during a crisis
  - Includes warning signs, coping skills/distraction, utilizing social supports, asking for help, and emergency resources
  - Also includes means safety and reasons for living
- Evidence supports the efficacy of safety planning for reducing suicide attempts and increasing linkage to outpatient care
- Can be implemented within fast-paced healthcare settings.

[Stanley & Brown, 2012](#); Stanley et al., 2016; 2018; Gamarra et al., 2015

# Use with Adolescents

- Evidence to support the use with adolescents is limited
- Potential issues when using safety planning with adolescents
  - Need for parental involvement
    - Parents responsible for means safety
    - Parents set up healthcare appointments
  - Need for coping in multiple locations
    - At school – restricted access to skills
    - Use across multiple households/caregivers
  - Increased need for guidance

# A Technology-Centered Solution

- Problem: How to implement safety planning with adolescents, without overburdening limited behavioral health resources?
- The Safety Planning Assistant
  - A tool to help clinicians administer the Safety Planning Intervention in a timely manner, while maintaining a high degree of fidelity
  - Also assists with overcoming potential challenges to safety planning with adolescents
  - Reducing time demands on providers
    - E.g., providing support and psychoeducation to parents/caregivers
    - Limiting need to introduce/explain SPI
  - Supports easy documentation in the EHR

# The Safety Planning Assistant



- Module 1:
  - Introduces safety planning
  - Describes the intent and navigation of each step and provides examples
  - Content provided via brief animated videos
  - Compiles the completed safety plan and provides copies via email
- Module 2:
  - Provides parent/caregiver psychoeducation re: safety planning, reducing access to lethal means, the importance of seeking mental health services, and FAQ
  - Caregivers build an “action plan” of steps to complete

It's time to try something new.  
It's time to change your approach.



Finally, be sure to select adults that you can talk to in different settings. Pick someone you can talk to at school, at home, or on the weekends.



Counselor



Older Siblings



Friends





Write down at least three activities in the spaces below:

Activity #1:	<input type="text"/>
Activity #2:	<input type="text"/>
Activity #3:	<input type="text"/>
Activity #4:	<input type="text"/>
Activity #5:	<input type="text"/>

## My Safety Plan

### Step 1. My Personal Warning Signs

*[Times when I might have thoughts of suicide.]*

1. When my parents start arguing
2. When I'm stressed about school
3. When I'm feeling like a burden on my family
4. When I'm sad about life

### Step 2. Ways I Can Cope On My Own

*[Pick an activity to distract yourself.]*

1. Play with my dog
2. Play video games
3. Doodle in my notebook (at school)
4. Read my favorite book
5. Draw and paint

### Step 3. People I Can Talk To and Places I Can Go

*[Talk to someone about anything; be social.]*

People I Can Talk To or Spend Time With:

1. My best friend Ashley
2. My friend Jacob
3. Aunt Sally or Uncle Tom

Places I Can Go:

1. My neighborhood pool
2. Ashley's house

### Step 4. Adults I Can Ask For Help

*[Ask an adult for help with my problems.]*

1. Coach Jones
2. Aunt Sally and Uncle Tom
3. Pastor John
4. Grandma
5. Mrs. Nadine (counselor)

## Step 5. How to Get Professional Help

*[Seek professional help.]*

1. Call my therapist: Dr. Susan  
Phone: 999-999-9999
2. Call the National Suicide Prevention Lifeline: 1-800-273-8255
3. Text the Crisis Textline: Text "HELP" to 741-741
4. In an emergency: Dial 9-1-1

**My Reasons for Living Are:** I want to go to college to be an engineer and be a role model for my little brother.

### My To-Do List:

**Right away:** To make my home a safe space, I need to lock up or remove the following items from my home: Dad's hunting rifle, medications with the help of my parents

**Today or Tomorrow:** To make sure I can do my coping activities, I need to gather the following materials: Paint brush, Paper, Journal, and Book

I need to make sure I write down the phone numbers of all my safe adults, especially my Aunt and Uncle

### Suicide Prevention Action Plan

**Things to do immediately (within 24 hours):**

**Secure or limit your child's access to the following items:**

Any firearms  
Medications  
Knives, razors, or other sharp objects

When securing items it is important to remember a few things: First, because the decision to use a firearm is irreversible and extremely dangerous, we recommend that firearms be temporarily removed from your home. If this is not an option for you and your family, then firearms should be locked in a safe or gun locker, with ammunition stored and locked in a separate location. Trigger locks can be used for additional safety. Other items can be stored in safes or lock boxes or secured in cabinets with combination locks. Keys, combinations, and pass codes should be kept by a parent, so that youth cannot gain access to them. Remember, hiding is not the same as securing! Be sure to use locks!

**Things to do within 48 hours:**

1. Contact local mental health providers and make an appointment for mental or behavioral health care.
2. Ensure that your child's safe adult contacts (Safety Plan Step #4) are aware of their role as safe adults. Ensure that they are willing to help your child, if needed.

**Things to do this week:**

1. Share your child's safety plan with: His Father and Uncle Tom
2. Share this Safety Plan Assistant Module with: His Father and Aunt Sally
3. Things I need to prepare for Step 2: Paint brush and paper

This module can be accessed online at: [www.spassistant.weebly.com](http://www.spassistant.weebly.com)

**Important Information:**

Suicide Prevention Lifeline: 1-800-273-8255  
Crisis Text Line: Text 'HOME' to 741 - 741

# Feasibility and Acceptability Pilot

- Provided the SPA to 15 families. Following screening for suicide risk in a pediatric emergency center, families were invited to return to the hospital for study participation/safety planning.
- Youth participants were:
  - 12-17 years of age ( $M = 14.53$ ,  $SD = 1.73$ )
  - 80% female
  - 47% White/Caucasian, 27% Hispanic, 20% Black/African American, 7% biracial
- Procedure:
  - Informed consent/assent
  - Pre-test, received SPA, post-test, 1 month in-person follow-up

# Results: Feasibility

- Average completion time:
  - Youth module: 48 minutes, SD 17 minutes
  - Caregiver module: 32 minutes, SD 17 minutes
- Completion rates:
  - Step 1 (Warning Signs): Average 3.53 responses (of 4 possible)
  - Step 2 (Coping Skills): Average 4.40 responses (of 5 possible)
  - Step 3 (People/Places): Average 2.87 people (of 3 possible) and 1.67 places (of 2 possible)
  - Step 4 (Ask for Help): Average 3.20 adults (of 5 possible)
  - Reasons for Living: Average 2.93 reasons (no limit)

# Results: Acceptability

- Participant Satisfaction:
  - Rated on the Satisfaction with Services Scale (Bickman et al., 2010) at follow-up
    - Score have a possible range of 4-16
  - Adolescent satisfaction: Mean 14.24, SD = 2.19
  - Parent satisfaction: Mean 15.20, SD = 1.21
- Safety Plan Use and Means Safety Behaviors:
  - 11 of 15 youth reported using the safety plan at follow-up
    - Other four reported no need to use safety plan
  - 11 of 15 parents reported engaging in means safety at follow-up
    - 47% of those secured medications; 33% secured sharps; 7% secured ligatures

# Participant Feedback

- *What did you like most?*
  - “It was informative. Easy to fill out, very in-depth.” (youth)
  - “Extensive planning with a plan made specifically for me.” (youth)
  - “This was more in-depth than any other safety plan we’ve ever received” (parent)
  - “To make the safety plan more specific also made me realize my home is not as safe as I thought. I used to think that if she wanted to hurt herself she was going to do it no matter what. After watching the video, I have learned that a few minutes can make a difference and I will for sure lock up more items.” (parent)

# Conclusions and Next Steps

- The Safety Planning Assistant appears to be a feasible and acceptable tool for implementing safety plan
  - Modifications were made to address youth/parent concerns and reduce completion time
  - May provide a tool to assist with safety planning in settings where provider time is limited or in high-traffic settings where privacy is difficult to maintain.
  - Does NOT replace the role of the provider!
    - But may free up some provider time/allow provider flexibility.
- Next Steps:
  - Larger scale implementation to assess outcomes
  - Use directly in the ED, to assess feasibility *in situ*



# Contact ASPR TRACIE



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