



CARE PLANNING WEBINAR SERIES
-SAFETY PLAN
-CRISIS INTERVENTION PLAN
-BH ADVANCE DIRECTIVES

March 29, 2016

Objectives

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- Define
 - ▣ Safety Plan for Suicide Prevention
 - ▣ Crisis Intervention Plan
 - ▣ Behavioral Health Advance Directives
- Introduce Care Planning Strategies
- Direct to resources for more information
- Q&A

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Safety Plan Types

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- Environmental safety
 - modifications to environment to keep the individual safe
- Safety of other residents
 - a plan to keep others safe if the individual presents a risk to others
- Suicide safety
 - a plan that specifically addresses self-harm

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Suicide Safety Plan

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- Suicide disproportionately affects older persons in US and in Iowa
- Entering a NF is a significant and stressful life event
- Ascend identifies hundreds of safety plans in Iowa each year.

Over 60% of PASRR-identified safety plans are related to self-harm behaviors.

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Suicide disproportionately affects older persons (65 and older) in the US. While older persons comprise approximately 14% of the US population, they account for almost 18% of suicide deaths. Similar trends are detected in Iowa, where the suicide rate among older persons exceeds the rate among all Iowans. In 2009, older persons accounted for 17% of suicide deaths in Iowa.

Older persons demonstrate an exceptional risk for completing suicide on the first attempt. This can be attributed to multiple factors, namely: the highly lethal use of firearms as means for completing suicide. (A guide to promoting emotional health and preventing suicide in senior living communities).

Methods to reduce access to lethal means, especially firearms, is an evidence-based intervention that is recommended at any age.

Safety Plan

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Components of Suicide Safety Plan

Warning Signs that precede a suicidal crisis

Internal Coping Strategies

Social Contacts to distract from suicidal thoughts and offer support

Family members or friends who can help to resolve a crisis

Professionals or Agencies to assist in a crisis

Reduce access to lethal means

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A safety plan is a prioritized written list of coping strategies and sources of support that individuals can use during or preceding suicidal crises.

The intent of safety planning is to provide a pre-determined list of potential coping strategies as well as a list of individuals or agencies that individuals can contact in order to help them lower their imminent risk of suicidal behavior.

It is a therapeutic technique that provides patients with something more than just a referral at the completion of suicide risk assessment. By following a pre-determined set of coping strategies, social support activities, and help-seeking behaviors, individuals can determine and employ those strategies that are most effective.

The basic components of the safety plan include (1) recognizing warning signs that are proximal to an impending suicidal crisis; (2) identifying and employing internal coping strategies without needing to contact another person; (3) utilizing contacts with people as a means of distraction from suicidal thoughts and urges. This includes going to healthy social settings, such as a coffee shop or place of religion or socializing with family members or others who may offer support *without discussing suicidal thoughts*; (4) contacting family members or friends who may help to resolve a crisis and with whom suicidality can be discussed; (5) contacting mental health professionals or agencies; and (6) reducing the potential for use of lethal means. Patients are instructed first to recognize when they are in crisis (Step 1) and then to follow Steps 2 through 5 as outlined in the plan. If following the instructions outlined in Step 2 fails to decrease the level of suicide risk, then the next step is followed, and so forth.

(Stanley & Brown, 2008)

Suicide Safety Plan

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Strategies for Suicide Safety Planning

- Combine with suicide risk assessment
- Create plan WITH the individual
- Assess the likelihood that the individual will use the plan
- More information at: www.SPRC.org
 - ▣ search for “safety plan”

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In general, safety plans should consist of *brief instructions using the patient's own words* and should be *easy-to-read*.

Go to SPRC.org and show how to access resources.

Crisis Intervention Plan

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- Goal is to prevent hospitalization due to psychiatric crisis
- Components of a Crisis Intervention Plan
 - When I am feeling well
 - Signs I cannot make decisions for myself
 - Preferred people to be involved in my care
 - Preferred treatments and treatment settings
 - Preferred action to be taken by others
 - Things I can do for myself

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The goal of the crisis intervention plan is to prevent hospitalization due to psychiatric crisis.

Some talking points for completing this plan with the individual you are developing this plan include,

Complete this sentence When I am feeling well, I am (describe yourself when you are feeling well)

Make a list of the signs that indicate that I am no longer able to make decisions for myself, or that I am no longer able to be responsible for myself or to make appropriate decisions.

When I clearly have some of the above signs, make a list of people to make decisions for me, see that I get appropriate treatment and to give me care and support.

List of people I do not want involved in any way in my care or treatment. List names and (optionally) why you do not want them involved.

Preferred medications and why?

Acceptable medications and why?

Unacceptable medications and why?

Acceptable treatments and why?

Unacceptable treatments and why?

Home/Community Care/Respite Options

Preferred treatment facilities and why?

Unacceptable treatment facilities and why?

What I want from my supporters when I am feeling this badly is?

What I don't want from my supporters when I am feeling this badly is?

What I want my supporters to do if I'm a danger to myself or others is?

Things I need others to do for me and who I want to do it are?

How I want disagreements between my supporters settled?

Things I can do for myself include

Indicators that supporters no longer need to use this plan are

I developed this document myself with the help and support of

Crisis Intervention Plan

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Strategies for completing a Crisis Intervention Plan

- Aligned with Recovery Model for behavioral health
- Created BY the individual, not FOR the individual
- Certified Mental Health Peer Support Specialists can help!
- <http://mentalhealthrecovery.com/info-center/crisis-plan/>
- <http://www.iowabc.org/cmhpss.html> - handbook

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Wellness Recovery Action Plan (WRAP)

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- WRAP and the ability to work with an individual to develop a highly personalized WRAP is a primary tool of a Peer Support Specialist (CMHPSS)
 - WRAP training is required after certification
 - Not all Iowa PSS are WRAP trained, must inquire
- WRAP is a form of Behavioral Health Advanced Directive and can also be much more
- Peer Support Services available through MCOs, Community Mental Health Centers, Integrated Health Homes

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Behavioral Health Advance Directive (BHAD)

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- Legal instrument to document specific instructions or preference for future mental health treatment
- Key Points about BHAD
 - Which treatments/medications are preferred
 - Makes decision making easier in times of stress
 - Keeps focus on the individual
 - Provides option to appoint a representative
 - Enables documentation of personal preferences when the individual is feeling well
 - Opportunity to seek input from trusted individuals

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Psychiatric advance directives (PADs) are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment, in preparation for the possibility that the person may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.

Almost all states permit some form of legal advance directive (AD) for healthcare, which can be used to direct at least some forms of psychiatric treatment. In the past decade, twenty-five states have adopted specific PAD statutes.

This document describes the typical content that goes into a PAD and Iowa-specific guidance on how to make PADs legally binding.

Behavioral Health Advanced Directive (BHAD)

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- Make it legally binding in Iowa
 - ▣ Appoint a Durable Power of Attorney (DPOA) for Health Care
 - ▣ Advance instructions for psychiatric care must be specified in the DPOA form.
 - ▣ Must be witnessed and signed by two adult witnesses
- More information: <http://www.nrc-pad.org/states/iowa-faq>
Check the care planning tool for more information

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Summary

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- Common themes shared by suicide safety plan, crisis intervention plan and BHAD
 - ▣ Aligned with Recovery Model for Behavioral Health
 - ▣ Developed BY the individual, not FOR the individual
 - ▣ Incorporates preferences AND what to avoid
 - ▣ Develop in times of wellness, activate in times of crisis

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