

DIDACTIC PRESENTATION

How to Get Family to Engage in Safety Planning

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[Recording](#)

CASE SUMMARY

During a regular appointment, 18 y/o female, with PTSD and chronic pain, admits she is overwhelmed, feeling suicidal at times, and has not been honest with her family, friends, counselor, or med manager about it. Upon graduating from high school, things improved for her, but there has been no follow-up since, and she has cancelled several appointments.

KEY QUESTION

- What to do if patient requests confidentiality - not to speak to family or counselors?

CLARIFYING QUESTIONS

Was there any suspected sexual abuse from mom's long-term boyfriend?

She has disclosed some emotional abuse towards mom and herself, but no physical abuse.

When someone cancels an appointment, what is the procedure?

In general practice will call to reschedule. Patient did reschedule and not just cancel. For no show appointments, we take extra care to reach out to patient, but practice is understaffed and does not always have a plethora of time.

She has a significant ACE score. Has anyone spoken to her about ACEs and resilience?

Not sure what if counselor has talked to her about ACEs, but I do plan to speak to her about resiliency.

How has patient gotten to appointments without mom driving?

Has relied on friends and case manager to get to appointments when mom is unable to drive.

Are there releases between all her providers involved?

Assumes there is a release plan for her care - case manager sometimes reaches out. Psychiatry could be contacted for a release. Unnsure about release from counselor.

KEY RECOMMENDATIONS

If patient does not want their provider to share information the provider cannot. Honor the wish within reason and spend time relationship building while patient is not in crisis.

De-Silo her providers: You have been a part of this young person's life for a long time and may have important information that other providers may not have.

- Determine if there are releases between all providers involved.

Determine whether the therapist has the information about her childhood trauma history and if it was considered when selecting the clinical modality being used.

Discuss patient's team: Use your insider knowledge, as someone who has known the patient since they were a toddler, and following an ACES focus, challenge her resistance to communicate.

- Explore the fact that she was able to share things with you.
 - What allowed her to do that?
 - How can she do that with others?
- Discuss why they are hesitant and have difficulty trusting others.
 - “What past traumas make it hard for you to allow me to share information?”
 - “Who has helped in your life?”
 - “Who has helped you in tennis, home, job, school?”
 - “Why have you found safety in being honest with me?”
- Discuss options with patient on who they can talk to when you, friends, or family are not available.
 - “If something comes up and I may need to include someone else in your care; who would you like to be contacted?”

Discuss personal strengths: This young person has significant trauma, yet she was able to participate in the tennis team, she attended prom, and graduated from high school.

- Highlight resiliency to have made it through past trauma.
 - “You coped with some intense diversity. How were you able to do those things?”
- Create a focus on the patients' strengths and celebrate successes.
- Ask about the outcomes that patient feels good about.
- Transfer the tools, skills, and opportunities has used successfully in her life to her mental health.
 - She has advocated for an emotional support animal.

List goals and things patient values: Capitalize on her job and plans for college.

- Since patient was willing to cancel an appt for work, help them identify why they valued that moment.
- Are there supportive people at her job?
- What does she plan to do with her money?

Safety planning and crisis services: It is often difficult to determine when to back off and when to be firm.

- Discuss times to meet with crisis services together.
- Call, text, other options are available.
- Initiate conversation about a safety plan.
- Create a base safety plan and share with patient.
- Let her know about calling 988 for support.

NAMI Maine has a Teen Text Line. The website has information about phone apps for mental health support.
<https://namimaine.org/teentextline/>

Continue to be available and a resource: Nurture the bond you have with her.

- Discuss options for accommodations as she begins college.
- She should connect with the office of student affairs for a 504 plan or accommodations.
- They will be able to help with available resources, able to get her support.
- Most colleges now have diversity, equity and inclusion staff that she could benefit from talking to.

Ongoing Primary Care: Sometimes we get lost in the diagnosis or symptoms, when what we need to remember is she is experiencing trauma/loss/abandonment. It is acknowledged that this is a very tough age; they no longer have high school to rely on. Yet, she has a connection to YOU. Focus personally on this fact and take pride in that. Continue to do your best to understand that and give her space. Also, missing appointments can be normal, “don't over think it”, keep doing what you are doing. Your instincts and natural tendencies have served you well.

You may always reach out for a consult through the MPBHP access line 1-833-672-4711.