**===DBT SKILLS, NOWMATTERSNOW.ORG SAFETY PLAN, & ON FIRE===**

**Can be used *as part of* your documentation for client contacts where you deliver DBT skills, NowMattersNow.org Safety Planning, and “ON FIRE” Steps. Select appropriate options from grey sections to describe your session. In the EXAMPLE NOTE and CRISIS MANAGEMENT/SAFETY PLAN, grey sections are examples of use.**

**===CRISIS MANAGEMENT/ SAFETY PLAN TEMPLATE===**

The following is a safety plan. This specific structure using the metaphor of “FIRE SAFETY” (NowMattersNow.org Safety Plan) offered by Dr. Ursula Whiteside and based on principles from Dialectical Behavior Therapy (DBT).

ON FIRE (steps to follow when emotions at an 8 or above on 0 to 10 scale and/or urges to kill oneself are overwhelming):

1. Use ice-water\* or sleep to reduce emotional arousal
2. Do not make any important decisions, especially deciding to kill yourself

3. Find someone and make eye contact (this is a strong stimuli)

\*Client instructed to “Check with a medical doctor you have a heart condition, are physically fragile, or take medication that affects your heart rate. Use Ice-Water sitting down if there is risk of dizziness or fall.”

IN A FIRE (when having suicidal thoughts or intense emotions):
[select a DBT skill, add skills as you teach them, helpful to add when or in what anticipated situation if possible – see below examples of this]

/Opposite Action (XXadd any contextXX)
/Mindfulness of Current Emotion (XXadd any contextXX)
/Paced Breathing (XXadd any contextXX)
/Mindfulness (e.g., of breath and pair with Paced Breathing, XXadd any contextXX)

FIRE PREVENTION (to reduce vulnerability to suicidal thoughts and intense emotions):

/Crisis Resources in Phone: Client programed crisis line in phone [confirmed 0X/XX/20XX]

/Keeping Client Safe:

Addressed access to lethal means [date and how 0X/XX/20XX]

Confirmed with client or collateral removal of xxxxx on 0X/XX/20XX]

/One Reason for Living: "xxxxxxx"

/#1 Thing Leading to Thoughts of Suicide: "xxxxxx"

/Creating an A-Team: "xxxxxxx"

/Watch Out for These: "xxxxselect from list on NowMattersNow.org Safety Plan and/or add othersxxxxxxx"

/Things Client Would Be Willing to Try: "xxxxselect from list on NowMattersNow.org Safety Plan and/or add othersxxxxxxx"

**===EXAMPLE CRISIS MANAGEMENT/ SAFETY PLAN====**

**Crisis Management Plan**

1. Stressors that can trigger a crisis situation:

Weds meetings at work, financial barriers, fights with boyfriend, lack of sleep

2. Coping strategies:

The following is a safety plan. This specific structure using the metaphor of “FIRE SAFETY” (NowMattersNow.org Safety Plan) was taught by Dr. Ursula Whiteside in 2018 and based on principles from Dialectical Behavior Therapy.

ON FIRE (steps to follow when emotions at an 8 or above on 0 to 10 scale and/or urges to kill oneself are overwhelming):

1. Use ice-water or sleep to reduce emotional arousal
2. Do not make any important decisions, especially deciding to kill yourself 3. Find someone and make eye contact (this is a strong stimuli)

IN A FIRE (when having suicidal thoughts):
/Opposite Action (e.g., on the weekends when depressed)
/Mindfulness of Current Emotion (e.g., when she can't sleep at night)
/Paced Breathing (e.g., in meetings with supervisor)
/Mindfulness (e.g., of breath and pair with Paced Breathing, do before responding to emotional texts)

FIRE PREVENTION (to reduce vulnerability to suicidal thoughts and intense emotions):

/Crisis Resources in Phone: Client programed crisis line in phone

/Keeping Client Safe:

-guns are stored at uncles on 09/24/2019

-confirmed removal extra medications in the home on 09/24/2019

/One Reason for Living: "If I make it through this, I can help others"

/#1 Thing Leading to Thoughts of Suicide: "Wednesday meetings at work"

/Creating an A-Team: possibly sister, we sent text from session to attempt to re-initiate that relationship

/Watch Out for These: Not sleeping

/Things Client Would Be Willing to Try: Aiming for bed consistently at 10:00pm

3. Support person who can help plan for my safety, including making my home safe from weapons and/or medications:

Name: Sister- Jane (615-987-6543) and Uncle Larry (615-987-6532)

4. Prescription Medications: NA

5. Follow Up appointments scheduled, and referral information provided (if applicable):

Med Management- 10/23/2018 @ 8am with Dr. Feel Better Therapy- 1x per week, Wednesdays @ 11AM- Jane Doe, MSW Contact crisis line 1-800-681-7444 Crisis text line 741741- enter Matters to start

**===PROGRESS NOTE TEMPLATE===**

I taught [or reviewed] the following coping skills from Dialectical Behavior Therapy (DBT) during our time together:

[select one or more you taught] Ice-Water, Opposite Action, Mindfulness, Mindfulness of Current Emotion, Paced-Breathing, Distraction.

We discussed [or reviewed] specific strategies for managing overwhelming urges to kill oneself called the "ON FIRE" steps. These steps are DBT-derived (and based on 2018 training with Dr. Ursula Whiteside).

I conducted the following brief-interventions (based on 2018 training with Dr. Ursula Whiteside):

[select any you did, you might have other variations, you are not expected to do them all in one session]

-Reviewed the NowMattersNow.org website as a place to watch videos of DBT skills

-Downloaded and printed the NowMattersNow.org safety plan

-Downloaded and printed the NowMattersNow.org guide

-Watched "Diana" Opposite Action video/introduction “What is This” video

- Programmed Centerstone Crisis Line (1-800-681-7444) into Client phone in the session.

-Programmed Crisis Text Line (741741, told them to text “Matters”) into Client phone in the session.

-Called or left non-demanding caring voicemail.

-Explained Linehan's Theory of Emotion Dysregulation or the "Stress Model"

Gave patient a NowMattersNow.org business card and wrote a caring message on the back

-Used personal stories or "strategic vulnerability" examples to demonstrate DBT skills

**===EXAMPLE PROGRESS NOTE====**

**Progress Note**

Goal: Decreasing and managing suicidal thoughts

Objective: Practicing DBT coping skills with clt to reduce and implement reduction and intensity of negative sxs.

Note Text:

Th met with clt in the clinic to discuss suicidal thoughts and urges over the past week.

Clt reports having a difficult week due to stressors related to arguments with her boyfriend. Clt discussed losing sleep and having depressive states. Clt states that she has had some hopeless thoughts and having at least 2 thoughts of wanting to die over the past week. Clt denies having any intentions on acting on the urges, but reports being afraid that she will begin to have more intense thoughts of suicide as time progresses. Clt agrees to work with TH to practice ways to decrease stressors and implement new coping skills working toward reduction of suicidal thoughts. Clt developed a Safety Plan with TH to discuss coping, stressors, supports, means restriction, reasons for living, and a follow plan to continue ongoing tx. Clt reports having guns in the home but Uncle was able to remove those on 9/24/2018.

I taught the client the following coping skills from Dialectical Behavior Therapy (DBT): Opposite Action, Mindfulness, Mindfulness of Current Emotion. We reviewed specific strategies for managing overwhelming urges to kill oneself called the "On Fire" steps that are DBT-based and as taught by Dr. Ursula Whiteside in 2018 training.

I conducted the following brief-interventions (based on 2018 training with Dr. Whiteside):

-Reviewed the NowMattersNow.org website as a place to watch DBT videos

-Downloaded and printed the NowMattersNow.org safety plan

-Downloaded and printed the NowMattersNow.org guide

-Watched "Diana" Opposite Action video/introduction “What is This” video

Gave patient a NowMattersNow.org business card and wrote a caring message on the back

-Used personal stories or "strategic vulnerability" examples to demonstrate DBT skills

Clt and Th discussed ways to transition and visualize ways to implement utilizing these skills when suicidal thoughts may occur over the next week. Clt agrees that she will practice these skills one time per day over the next week even when suicidal thoughts do not present. Clt states she has free time an hour before bed to practice these skills. Clt will report back next week during therapy to discuss her experiences with DBT skill strategies.

Clt will follow up on 10/05/2019 @ 11am. Clt agreed that if suicidal urges become overwhelming and she does not feel that skills are helping at that time, she will contact support person or 24/7/365 crisis line. Clt was given a copy of Safety Plan as visual aid of steps to take during crisis.