

Two Foreseeable Changes Intervention Guide

Based on Two Foreseeable Changes Module.

To be used as supplementary material, **not** as a substitute for the training. The training can be found here: [NYASSC Training Page](#)

What are Foreseeable Changes?

Foreseeable Changes (FCs) are events, which, if they occurred, could quickly and significantly increase suicide risk.

Assessments of suicide risk capture a single moment in time, but things can change quickly. Some individuals are 'one major stressor away' from being acutely suicidal. Identifying FC's as part of the assessment explicitly **acknowledges the fluid and unpredictable nature of suicide risk and directly informs individualized contingency plans that can be developed in anticipation of changes that could increase risk.**

Planning for FC's (see below), combined with other clinical data, may inform treatment decisions and level of care. *If foreseeable changes seem likely and severe and coping skills and other resources are few, the patient is at higher risk and may require more intensive interventions.*

Identifying Foreseeable Changes

Identify two changes that could, if they occurred, quickly increase a patient's suicide risk. Focus especially on FC's that would make the person feel out of control, alone, worthless, humiliated, or trapped.

1. **Clinical staff** assist the process by **learning the patient's story** and engaging in thoughtful consideration about what could be a major stressor. If possible, include family/supports in FC planning. If patient/supports can't engage collaboratively, staff's role in identifying FC's will need to be more active.
2. Invite patients, family/support persons, and your team to think creatively and specifically.
 - a. **Patients:**
 - "Let's think together about two things that would be really big "oh no" moments—events that might make you feel overwhelmed, suicidal, or put you quickly into crisis."
 - "I'd like to get very specific. Can you help me get a picture in my head?"
 - b. **Family members:**
 - "What event or circumstance would immediately ring alarm bells in your mind about your son's safety?"
 - "What's something that could happen that would cause you to stop what you were doing and check on your sister?"
 - c. **Provider team:**
 - "We need to identify very concrete events that could happen and quickly destabilize the situation. Could we think of a worst-case scenario and rewind the situation back to a specific event or stressor?"

Planning for Foreseeable Changes

Develop a specific plan for each FC in collaboration with the patient and, when applicable, family/support persons.

1. **A plan for a FC may be something the patient can do for him or herself.**
 - For example, "Sarah's beloved dog is aging and sick. She collaborated with her therapist on a plan to call her roommate and ask him to come home to be with her and help her when the inevitable happens."
2. Because FC's can mean immediate danger, plans usually include **reassessment and professional contact**, and often require persons in addition to the patient (family/supports or professional providers) to take a specific action.
 - For example, "If Jesse gets news of a layoff, he agrees that his wife or brother-in-law will make sure to be with him and help him obtain same-day assessment at the ED or with his therapist if necessary."
3. For those with few or no social supports, that should be noted in the assessment and an interim plan for having the patient connect to care should be identified depending on **bridging services available in the community***
4. Have the patient **describe the plan for each foreseeable change** prior to discharge to assess and reinforce understanding and agreement to the plan.
5. Provide the patient and anyone else who has a role in the plans a written summary of FCs and plans. The **"Thinking Ahead" plan** is provided as a template. Include this information in your discharge summary.

Sample: "Identified two foreseeable changes and made an interim plan for Mr. Wallace if one of these two potentially destabilizing changes were to happen. Also given CTL and lifeline number and instructed on how to access with the latter entered into his cellphone. Mr. Wallace was able to describe these plans to a staff member prior to discharge. We recommend that outpatient team work to further strengthen the contingency plans created today with additional support persons having a role in responding to FC's, if possible."

