



Suicide Lifeguard
 Recognizing, Assessing, & Intervening with Suicide to Empower Clients:



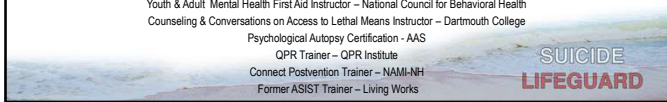
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 Psychology, MS
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Suicide Attempt Survivor
 Safer Homes Collaborative Project Director – MIMH-UMSL
 School Suicide Prevention Specialist Certification– AAS
 Youth & Adult Mental Health First Aid Instructor – National Council for Behavioral Health
 Counseling & Conversations on Access to Lethal Means Instructor – Dartmouth College
 Psychological Autopsy Certification - AAS
 QPR Trainer – QPR Institute
 Connect Postvention Trainer – NAMI-NH
 Former ASIST Trainer – Living Works




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LEARNING OUTCOMES

- Develop skills to ask clients about suicide
- Assess for suicide using evidence-based tools
- Collaborative with clients in the development of a safety plan, treatment plan and lethal means reduction

This training is developed for behavioral health professionals who are required to meet licensure and re-licensure continuing education hours in suicide assessment, referral, intervention and management skills.



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ETHICAL CONSIDERATIONS

- Responsibility for client welfare
 - Beneficence vs. nonmaleficence
 - Client autonomy and decision making, rights and dignity
- Responsibility to confidentiality and the limits of confidentiality
 - Serious and foreseeable harm to self and others
 - Need for professional supervision
- Client autonomy through Informed Consent
 - Limitations of practice
- Professional competence
 - Practicing within the scope of training

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SUICIDE SPECIFIC INTERVENTIONS

- Dialectic Behavior Therapy DBT (Linehan) (NowMattersNow.Org- Free DBT skills training for professions)
- Cognitive Behavioral Therapy for Suicidal Patients CBT-SP (Beck, Brown)
- Collaborative Assessment and Management of Suicidality CAMS (Jobes, Comtois)
- Attachment Based Family Therapy ABFT (Diamond)
- Safety Planning Intervention SPI (Stanley, Brown)
- Recommended Standard Care for People with Suicide Risk: MAKING HEALTH CARE SUICIDE SAFE – National Action Alliance for Suicide Prevention

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American Foundation for Suicide Prevention, 2017

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RECOGNIZING:
SUICIDE DEATH AND IDEATION RATES
RISK FACTORS
WARNING SIGNS
METHODS

ASSESSING & INTERVENING FOR SUICIDE:
ASSESSES YOUR SUICIDE BIAS,
ASKING THE QUESTION,
ASSESSING THE RISK FOR SUICIDE,
TOOLS & RATING SCALES

EMPOWERING CLIENTS:
STABILIZATION
SAFETY PLANNING
LETHAL MEANS REDUCTION

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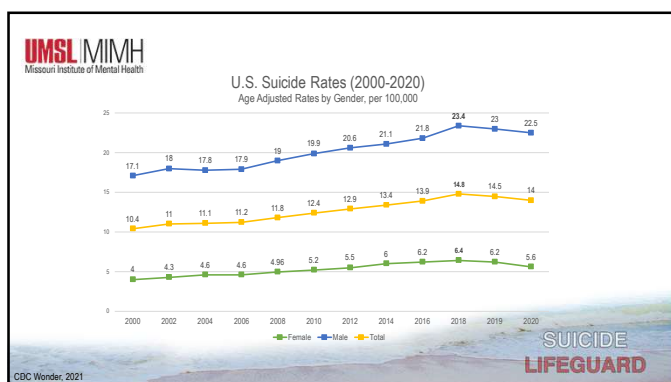
SUICIDE DECLARED A PUBLIC HEALTH ISSUE

"The nation must address suicide as a significant public health problem and put into place national strategies to prevent the loss of life and the suffering suicide causes. We must act now."

U.S. Surgeon General, Dr. David Satcher
Quoted in the New York Times July 29, 1999

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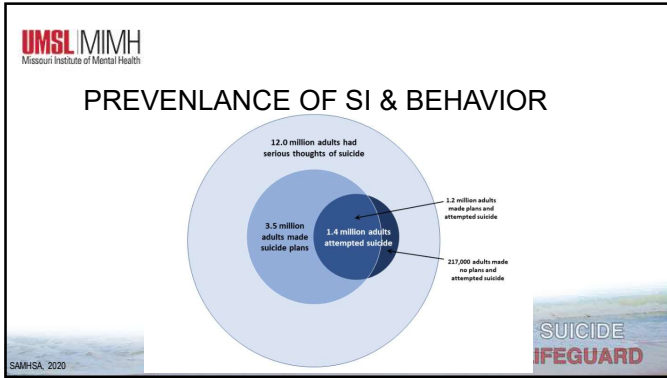
Leading Cause of Death in the United States for Select Age Groups (2019)

Data Courtesy of CDC

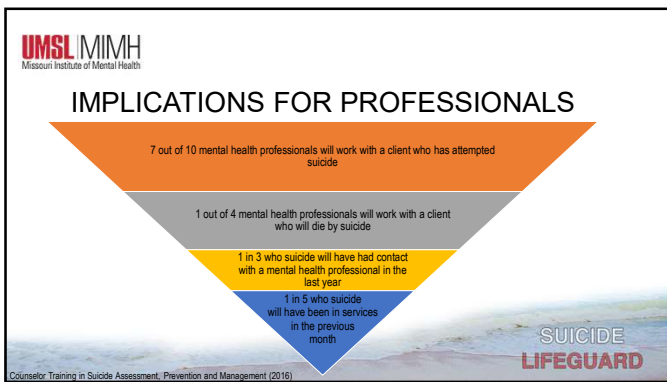
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages
1	Unintentional Injury 778	Unintentional Injury 24,516	Unintentional Injury 24,070	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 659,041
2	Suicide 534	Suicide 5,964	Suicide 8,959	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 599,601
3	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Unintentional Injury 173,040
4	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	Suicide 7,325	Liver Disease 8,098	CLRD 18,743	CLRD 156,670
5	Congenital Anomalies 189	Heart Disease 872	Heart Disease 3,495	Homicide 3,446	Suicide 8,812	Diabetes Mellitus 15,568	Cerebrovascular Disease 150,065
6	Heart Disease 87	Congenital Anomalies 390	Liver Disease 1,112	Liver Disease 3,417	Diabetes Mellitus 6,348	Liver Disease 14,385	Alzheimer's Disease 121,499
7	CLRD 81	Diabetes Mellitus 248	Diabetes Mellitus 887	Diabetes Mellitus 2,228	Cerebrovascular Disease 5,153	Cerebrovascular Disease 12,931	Diabetes Mellitus 87,647
8	Influenza & Pneumonia 71	Influenza & Pneumonia 175	Cerebrovascular Disease 585	Cerebrovascular Disease 1,741	CLRD 3,592	Suicide 8,238	Nephritis 51,560
9	Cerebrovascular Disease 48	CLRD 168	Complicated Pregnancy 512	Influenza & Pneumonia 951	Nephritis 2,289	Nephritis 5,857	Influenza & Pneumonia 49,793
10	Benign Neoplasms 36	Cerebrovascular Disease 108	HIV 486	Septicemia 812	Septicemia 2,176	Septicemia 5,872	Suicide 47,911

CDC, Wonder 2020

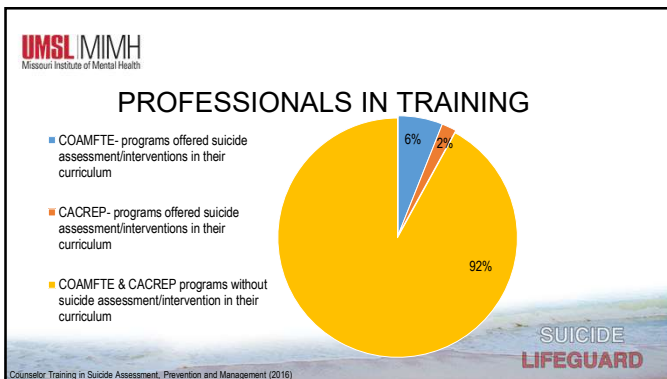
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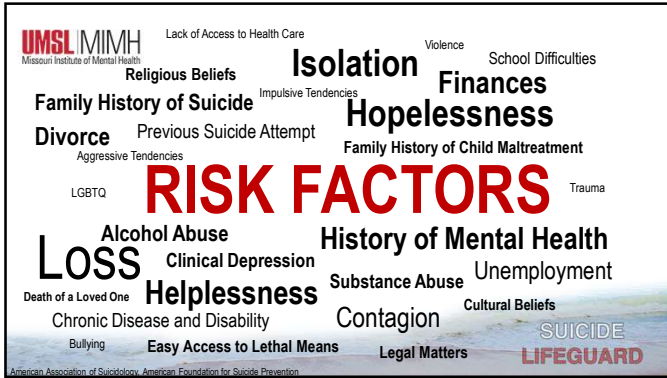
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ASSESSING & INTERVENING FOR SUICIDE:
 ASSESSES YOUR SUICIDE BIAS,
 ASKING THE QUESTION,
 ASSESSING THE RISK FOR SUICIDE,
 TOOLS & RATING SCALES

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ASSESSES YOUR SUICIDE BIAS

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WHERE HAVE I LEARNED ABOUT SUICIDE?

NEWS SOCIAL **LIVED**
MEDIA **EXPERIENCE**

PROFESSIONAL RELIGION
TRAINING

EDUCATION **FAMILY**

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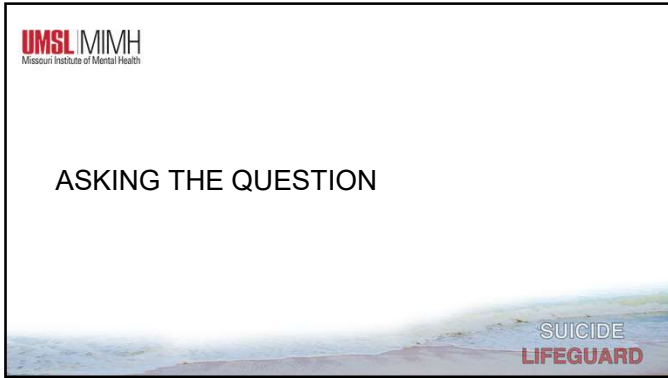
WHAT ARE MY BELIEFS ABOUT SUICIDE?

SUICIDE IS RIGHT SUICIDE IS WRONG

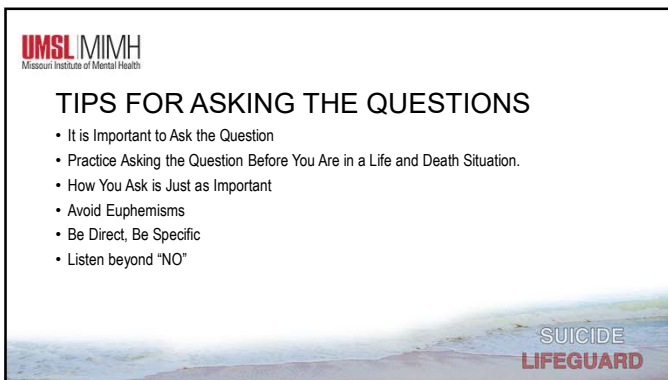
SUICIDE IS PREVENTABLE SUICIDE IS UNPREVENTABLE

SUICIDE LIFEGUARD
Applied Suicide Intervention Skills Training, 2014

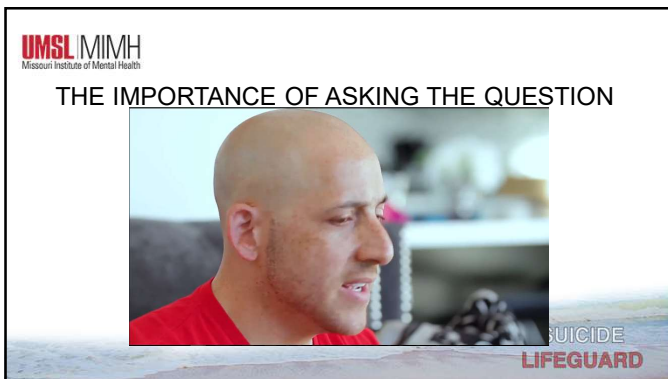
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HOW YOU ASK IS AS IMPORTANT AS ASKING

- You're not thinking of killing yourself, are you?
- Are you going to commit suicide?
- You're not thinking of doing something stupid, are you?
- Have you ever made an unsuccessful suicide attempt before?

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AVOID EUPHEMISMS

- Are you thinking of hurting yourself?
- Have you ever tried to harm yourself?
- Have you ever wanted to go to sleep and not wake up?
- Do you ever wish something bad would happen to change your circumstances?

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BE DIRECT, BE SPECIFIC

- Are you thinking of suicide?
- Do you want to kill yourself?
- Do you have a plan for suicide?
- What you are saying sounds to me like suicide.
- Are we talking about suicide?

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ROLE PLAY – ASK THE QUESTION

- Are you thinking of suicide?
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- Are we talking about suicide?

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TAKE A STRETCH

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ASSESSMENT TOOLS AND RATING SCALES

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PHQ-9

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Columbia University, 1999

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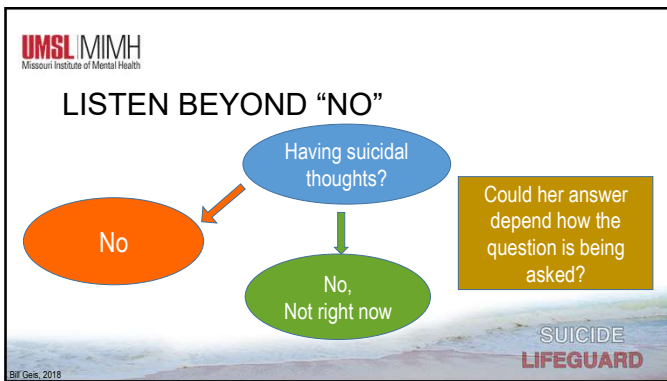
CASE SCENARIO

The school you work in implemented a suicide prevention-educational program for all students in 6-8 grade. Each student was asked to take the PHQ-9 and turn them in. You're reviewing your student's assessments when you come across Sarah's PHQ-9; a student whose mother was diagnosed with stage 4 breast cancer the previous term.

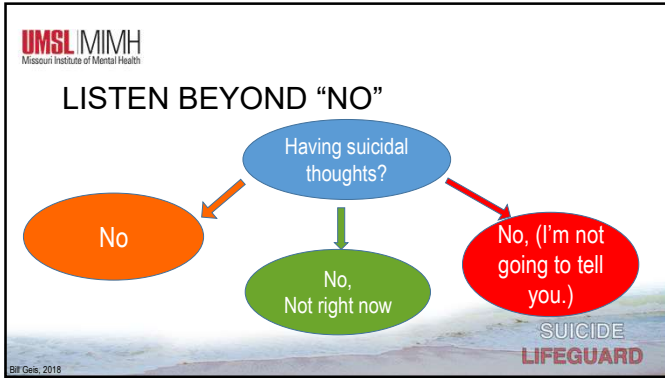
You note that she answers that she is having difficulty nearly every day has little interest or finding pleasure in doing things, feeling down and hopeless, sleeping, appetite, low energy, and concentrating. She indicates that she has not had thoughts that she would be better off dead or of hurting herself in some way.

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I	IDEATION	Threatening to hurt or kill self; looking for ways to die
S	SUBSTANCE ABUSE	Increased or excessive substance use (alcohol or drugs)
P	PURPOSELESSNESS	No reason for living; no sense of purpose in life
A	ANXIETY	Anxiety, agitation; unable to sleep
T	TRAPPED	Feeling trapped - like there's no way out; resistance to help
H	HOPELESSNESS	Hopelessness about the future
W	WITHDRAWAL	Withdrawing from friends, family and society; sleeping all the time
A	ANGER	Rage, uncontrolled anger; seeking revenge
R	RECKLESSNESS	Acting recklessly or engaging in risky activities, seemingly without thinking
M	MOOD CHANGES	Dramatic mood changes

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RISK LEVEL	RISK / PROTECTIVE FACTOR	IMMEDIACY	POSSIBLE INTERVENTIONS
High	Psychiatric disorder with severe symptoms or acute presentation; protective factors not sufficient	Potentially lethal suicide attempt or persistent suicidal ideation with intent or suicidal ideation	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Moderate risk factors, few protective factors	Suicide ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis info.
Low	Mild/moderate risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, ongoing education. Give emergency/crisis numbers

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CASE SCENARIO

A 63-year-old male has been referred to a counselor for counseling by his primary care physician because of a recent diagnosis of depression.

He has had a successful 40-year career in the entertainment industry. He is currently married, but has been divorced twice before. His previous divorces have caused him to have financial difficulties, as well as precipitated past episodes of depression. He has three grown children who live in the area, whom he is devoted to.

He reports that in his 20's he abused cocaine but sought treatment in his early 30's and has been abstinent from illegal drugs since. He's had two additional stints in rehab for alcohol; most recently in the past 12 months.

He indicates that he has been diagnosed with depression and anxiety and is currently taking Remeron and Serquel as prescribed by his doctor. At a recent doctor appointment, he was diagnosed with an incurable health condition.

LIFEGUARD
Tohid, 2016

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SAFE-T
Suicide Assessment Five-step Evaluation and Triage
for Mental Health Professionals

- IDENTIFY RISK FACTORS
Note those that can be modified to reduce risk
- IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced
- CONDUCT SUICIDE INQUIRY
Suicide thoughts, plans, behavior and intent
- DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate intervention to address and reduce risk
- DOCUMENT
Assessment of risk, rationale, intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE
1.800.273.TALK (8255)
SPRC, 2009

Suicide assessments should be conducted in the context, with any subsequent suicidal behavior, increased isolation, or persistent clinical change; for inpatients, prior to increasing privileges and at discharge.

- RISK FACTORS**
 - Suicidal behavior: history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
 - Current/past psychiatric disorders: especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity)
 - Comorbidity and recent onset of illness increase risk
 - Key symptoms: anhedonia, irritability, hopelessness, anxiety/panic, insomnia, command hallucinations
 - Family history: of suicide, attempts or Axis I psychiatric disorders requiring hospitalization
 - Precipitants: Stressors (interpersonal, ongoing events leading to humiliation, shame or despair (e.g., loss of relationship, financial or health crisis—or or anticipated), Ongoing medical illness (esp. CHS disorders, pain), Intoxication, Family turmoil/chaos, History of physical or sexual abuse, Social isolation,
 - Change in treatment: discharge from psychiatric hospital, provider or treatment change
 - Access to firearms
- PROTECTIVE FACTORS** Protective factors, even if present, may not counteract significant acute risk
 - Internal: ability to cope with stress, religious beliefs, frustration tolerance
 - External: responsibility to children or beloved pets, positive therapeutic relationships, social supports
- SUICIDE INQUIRY** Specific questioning about thoughts, plans, behaviors, intent
 - Identify: frequency, intensity, duration—in last 48 hours, past month and worse ever
 - Plan: timing, location, lethality, availability, preparatory acts
 - Behavior: past attempts, suicidal ideation, ideation (ongoing/occasional), suicidal ideation (suicidal ideation)
 - Intent: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; Explore ambivalence: reasons to die vs. reasons to live
 - For youth: ask parent/guardian about evidence of suicidal thoughts, plans or behaviors, and changes in mood, behaviors or disposition
 - Remind clearly when indicated, esp. in chaotic situations or parental note dealing with loss or humiliation, inquire if their area listed above
- RISK LEVEL/INTERVENTION**
 - Assessment of risk level is based on clinical judgment, after completing steps 1-3
 - Response to patient or environmental circumstances change

RISK LEVEL	RISK / PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric disorders with ongoing symptoms, or acute precipitating event; protective factors not robust	Recently lethal suicidal attempt; persistent suicidal ideation (strong intent or suicidal ideation)	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicide ideation with plan, but no intent or intent	Admission may be necessary depending on risk factors. Develop risk plan. Give emergency/crisis numbers.
Low	Suicidal ideation, strong protective factors	Thoughts of death, no plan, intent or suicidal ideation	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual decisions/works)
- DOCUMENT** risk level and rationale; treatment plan to address/reduce current risk (e.g., setting, medication, psychotherapy, E.C.T., contact with significant others, consultation); firearm instructions, if relevant; follow up plan. For youth, treatment plan should include roles for parent/guardian.

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Upon meeting with the our 63-year-old male and his wife, you learn that with each subsequent divorce he has experienced financial hardships. His divorce settlements cost him roughly tens of millions of dollars and he had to sell his multi-million-dollar ranch to settle. The client and his wife describe their marriage as having had its ups and downs, due to the client's struggles with alcohol and depression.

Professionally he is struggling. Recently, he received news that the television program he was starring in had been canceled after one season. He is uncertain about his ability to continue to work given his physical health concerns.

A few years ago, he had extensive heart surgery to replace the aortic heart valve. He has experienced several other health issues over the years and has recently been experiencing tremors, which resulted in seeing a specialist.

SUICIDE LIFEGUARD
Tohid, 2016

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SAFE-T
Suicide Assessment **F**ive-step **E**valuation and **T**riage
 for Mental Health Professionals

- 1 IDENTIFY RISK FACTORS**
Note those that can be modified to reduce risk
- 2 IDENTIFY PROTECTIVE FACTORS**
Note those that can be enhanced
- 3 CONDUCT SUICIDE INQUIRY**
Suicidal thoughts, plans, behaviors and intent
- 4 DETERMINE RISK LEVEL/INTERVENTION**
Determine risk. Choose appropriate intervention to address risk and reduce risk
- 5 DOCUMENT**
Assessment of risk, rationale, intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE
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Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or persistent clinical change for inpatients, prior to increasing privileges and at discharge.

1. RISK FACTORS

- Suicidal behavior: history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- Current/best psychiatric disorders: especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity), comorbidity and recent onset of illness increase risk
- Key symptoms: anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- Family history of suicide, attempts or Axis I psychiatric disorders requiring hospitalization
- Precipitants (stressors/interpersonal): triggering events leading to humiliation, shame or despair (e.g., loss of relationship, financial or health status—real or anticipated), changing medical illness (esp. CNS disorders, pain), intoxication, Family turmoil/chaos, history of physical or sexual abuse, Social isolation.
- Change in treatment: discharge from psychiatric hospital, provider or treatment change
- Access to firearms

2. PROTECTIVE FACTORS Protective factors, even if present, may not counteract significant acute risk

- Internal: ability to cope with stress, religious beliefs, frustration tolerance
- External: responsibility to children or beloved pets, positive therapeutic relationships, social supports

3. SUICIDE INQUIRY (Specific: questioning about thoughts, plans, behaviors, intent)

- **Meaning:** frequency, intensity, duration—in last 48 hours, past month and worst ever
- **Plan:** timing, location, lethality, availability, preparatory acts
- **Behaviors:** past attempts, aborted attempts, rehearsal (drying nose, loading gun), vs. non-suicidal self-injurious actions
- **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; Explore ambivalence: reasons to die vs., reasons to live
- **For health and safety/monitor/abuse evidence of suicidal thoughts, plans, or behaviors, and change in mood, behaviors or disposition**
- **Facial clarity, voice modulation, eye, or character observation or parental/child death with loss or humiliation, inquire in four areas: inner about**

4. RISK LEVEL/INTERVENTION

- Assessment of risk level is based on clinical judgment, after completing steps 1-3
- Reassess as patient or environmental circumstances change

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5. DOCUMENT Risk level and rationale; treatment plan to address/reduce current risk (e.g., setting, medication, psychotherapy, E.C.T., contact with significant others, consultations); firearm instructions, if relevant; follow up plan. For youth, treatment plan should include notes for parent/guardian.

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His wife discloses that the specialist has diagnosed with Parkinson's-like symptoms. She is concerned because he is being treated for depression by his doctor but has also been paranoid and experiencing hallucinations and bizarre behavior. Recently, he placed his collection of watches in a sock and gave them to his wife for safe keeping because he was concerned someone would steal them.

He and his wife indicate that he has been sober of illegal drugs and alcohol since his most recent treatment episode.

The counselor notes that there appears to be cut marks on his wrists. His wife indicates that despite a long history of depression the client has never expressed suicidal thoughts or behaviors to her. When the counselor asks about past suicide attempts he relates an experience while filming a movie in which he played the father to a son who committed suicide and how distressed he was by that scene.

He makes the comment that he just isn't sure he wants to go on living with a disease there is no recovery from.

LIFEGUARD
 Tolsted, 2016

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SAFE-T
Suicide Assessment **F**ive-step **E**valuation and **T**riage
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4. RISK LEVEL/INTERVENTION

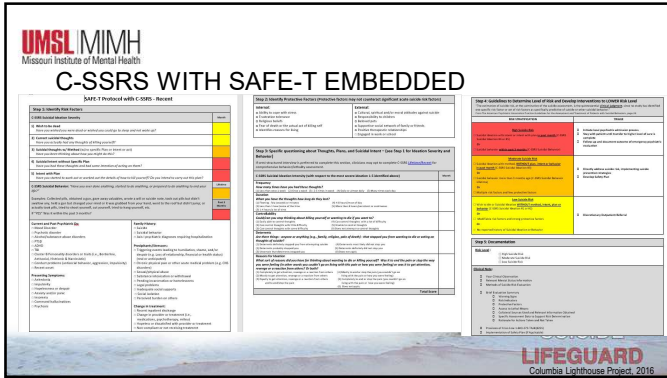
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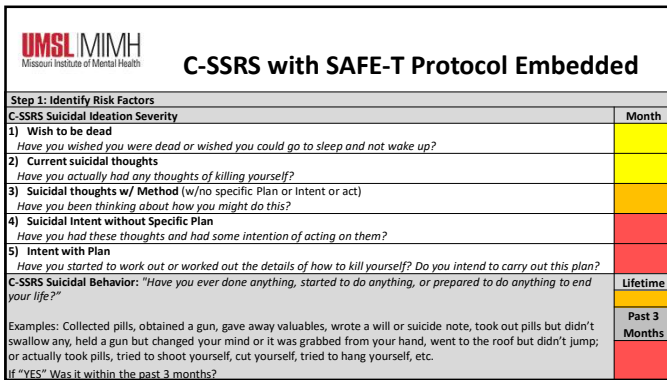
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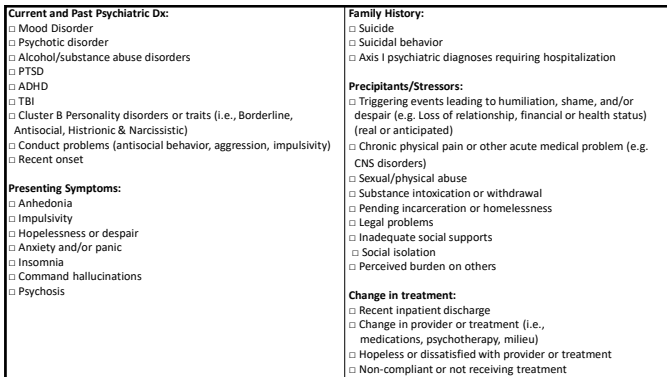
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<input type="checkbox"/> Access to lethal methods: Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing	
Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)	
Internal: <input type="checkbox"/> Ability to cope with stress <input type="checkbox"/> Frustration tolerance <input type="checkbox"/> Religious beliefs <input type="checkbox"/> Fear of death or the actual act of killing self <input type="checkbox"/> Identifies reasons for living	External: <input type="checkbox"/> Cultural, spiritual and/or moral attitudes against suicide <input type="checkbox"/> Responsibility to children <input type="checkbox"/> Beloved pets <input type="checkbox"/> Supportive social network of family or friends <input type="checkbox"/> Positive therapeutic relationships <input type="checkbox"/> Engaged in work or school
	

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Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior) If semi-structured interview is preferred to complete this section, clinicians may opt to complete C-SSRS Lifetime/Recent for comprehensive behavior/lethality assessment.	
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Month
Frequency <i>How many times have you had these thoughts?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	
Duration <i>When you have the thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time	
Controllability <i>Could/can you stop thinking about killing yourself or wanting to die if you want to?</i> (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts	

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Deterrents <i>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</i> (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply	
Reasons for Ideation <i>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</i> (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply	
Total Score	

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Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level	
<p>"The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior."</p> <p>From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.</p>	
RISK STRATIFICATION	TRIAGE
<p>High Suicide Risk</p> <p>Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5)</p> <p>Or</p> <p>Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Initiate local psychiatric admission process</p> <p><input type="checkbox"/> Stay with patient until transfer to higher level of care is complete</p> <p><input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation</p>
<p>Moderate Suicide Risk</p> <p>Suicidal ideation with method, WITHOUT plan, intent or behavior in past month (C-SSRS Suicidal Ideation #3)</p> <p>Or</p> <p>Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)</p> <p>Or</p> <p>Multiple risk factors and few protective factors</p>	<p><input type="checkbox"/> Directly address suicide risk, implementing suicide prevention strategies</p> <p><input type="checkbox"/> Develop Safety Plan</p>
<p>Low Suicide Risk</p> <p>Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior (C-SSRS Suicidal Ideation #1 or #2)</p> <p>Or</p> <p>Modifiable risk factors and strong protective factors</p> <p>Or</p> <p>No reported history of Suicidal ideation or Behavior</p>	<p><input type="checkbox"/> Discretionary Outpatient Referral</p>

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Step 5: Documentation
<p>Risk Level:</p> <p><input type="checkbox"/> High Suicide Risk</p> <p><input type="checkbox"/> Moderate Suicide Risk</p> <p><input type="checkbox"/> Low Suicide Risk</p>
<p>Clinical Note:</p> <p><input type="checkbox"/> Your Clinical Observation</p> <p><input type="checkbox"/> Relevant Mental Status Information</p> <p><input type="checkbox"/> Methods of Suicide Risk Evaluation</p> <p><input type="checkbox"/> Brief Evaluation Summary</p> <p><input type="checkbox"/> Warning Signs</p> <p><input type="checkbox"/> Risk Indicators</p> <p><input type="checkbox"/> Protective Factors</p> <p><input type="checkbox"/> Access to Lethal Means</p> <p><input type="checkbox"/> Collateral Sources Used and Relevant Information Obtained</p> <p><input type="checkbox"/> Specific Assessment Data to Support Risk Determination</p> <p><input type="checkbox"/> Rationale for Actions Taken and Not Taken</p> <p><input type="checkbox"/> Provision of Crisis Line 1-800-273-TALK(8255)</p>

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A COLLABORATIVE INTERVENTION FOR SUICIDE

Jobs & Linehan, 2016

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LISTEN TO THEIR STORY

What Is Their Why?

- Reasons for dying
- Psychological Pain
- Stress
- Hopelessness
- Self-Hate
- Rate the extent they wish to die 0-5

- Reasons for living
 - Protective factors
 - Connections to life
 - Hopefulness
 - Resiliency
 - Ambivalence
- Rate the extent they wish to live 0-5

Applied Suicide Intervention Skills Training (2014), Jobs (2016)

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LISTEN FOR THE PLAN

- Ideation: when, where, how
- Triggers for thoughts or behavior
- Frequency of thoughts
- Duration of thoughts – fleeing versus ruminating
- Preparation – obtaining or access to means
- Rehearsal
- History of suicidal behaviors – single or multiple attempts

Applied Suicide Intervention Skills Training (2014), Jobs (2016)

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LISTEN FOR INCREASED RISK FACTORS

- Impulsivity
- Substance use/abuse
- Significant loss
- Relationship problems
- Burden on others
- Health or chronic pain concerns
- Sleep problems
- Legal/financial issues
- Shame

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HELPFUL QUESTIONS

- When did you first notice you were having these thoughts? (duration)
- What led up to the thoughts? (triggers)
- How often have those thoughts occurred? (frequency)
- How close have you come to acting on those thoughts? (preparation)
- How likely do you think it is that you will act on them in the future?
- Have you ever started to harm (or kill) yourself but stopped before doing something? (rehearsal)
- What do you envision happening if you actually killed yourself?

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Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors (2010)

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HELPFUL QUESTIONS

- What do you envision happening if you actually killed yourself?
- Have you made a specific plan to kill yourself? If so, what does the plan include?
- Do you have guns or other weapons available to you? (access to means)
- How does the future look to you? (reasons for living/dying)
- What things would lead you to feel more (or less) hopeful about the future? (magic question)
- What things would make it more (or less) likely that you would try to kill yourself? (triggers)
- What things in your life would lead you to want to escape from life or to be dead? (pain)
- What things in your life make you want to go on living? (connections to life)
- If you began to have thoughts of harming or killing yourself again, what would you do? (resources/supports)

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Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors (2010)

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HELPFUL QUESTIONS

When there's been a past attempt:

- Can you describe what happened?
- What thoughts were you having beforehand that led up to the attempt?
- What did you think would happen?
- Did you seek help afterward yourself, or did someone get help for you?
- Had you planned to be discovered, or were you found accidentally?
- How did you feel afterward?
- Did you receive treatment afterward?
- Has your view of things changed, or is anything different for you since the attempt?
- Are there other times in the past when you've tried to harm (or kill) yourself?

Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors (2010)




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HELPFUL QUESTIONS

Individuals with repeated suicidal thoughts or attempts

- About how often have you tried to harm (or kill) yourself?
- When was the most recent time?
- Can you describe your thoughts at the time you were thinking mostly about suicide?
- When was your most serious attempt at harming or killing yourself?
- What led up to it, and what happened afterward?




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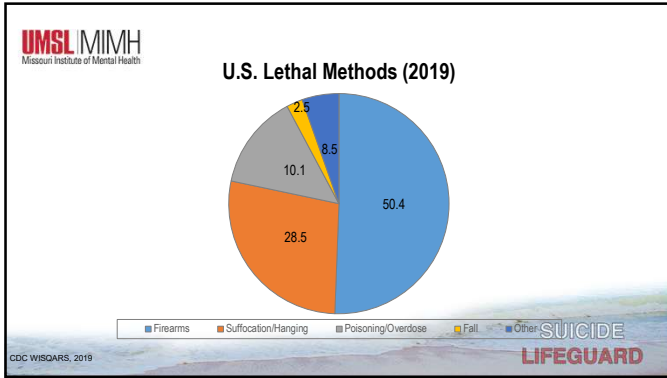
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EMPOWERING CLIENTS

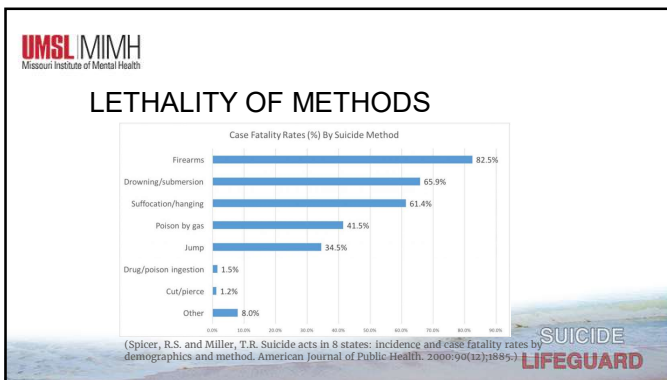
Stabilization
Safety Planning
Lethal Means Reduction



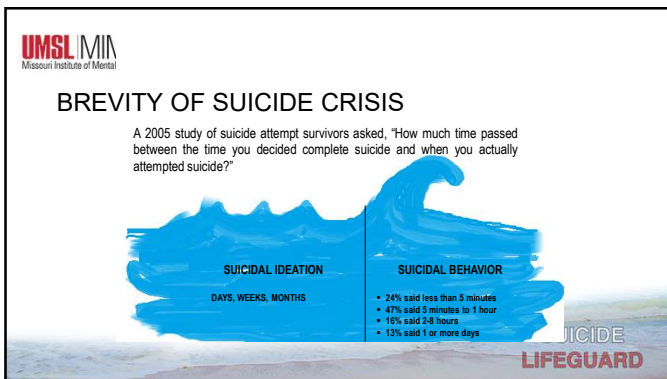
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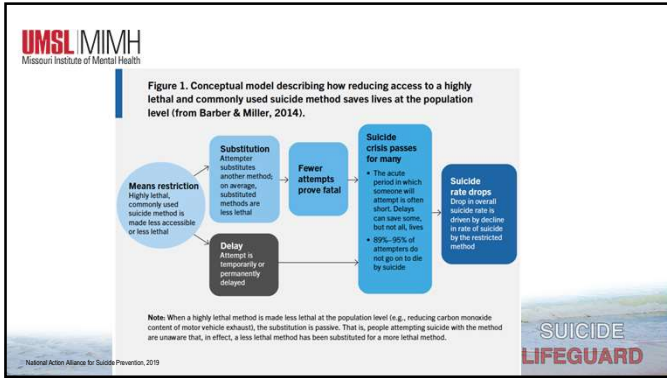
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U.S. National Action Alliance for Suicide Prevention, 2019

LETHAL MEANS REDUCTION

- Remove highly lethal means from the home
 - Store all firearms away from the home.
 - Don't keep lethal doses of medications/poisons in the home.
 - Remove access to other means when indicated as the identified method by the person at-risk.
- Off-site storage options for firearms
 - Storing with friends or family
 - Gun shops and shooting ranges
 - Self-Storage Facilities
 - Pawn shops
 - Some law enforcement department

SUICIDE LIFEGUARD

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U.S. National Action Alliance for Suicide Prevention, 2019

LETHAL MEANS REDUCTION

- Reduce access to highly lethal means
 - Practice safe firearm storage (e.g. gun safes, trigger/cable locks, store ammunition separately).
 - Change combination on the safe and remove keys from the home.
 - Disable firing mechanism (Remove the bolt, firing pin, slide, and store away from the home.)
 - Secure large quantities of medication in a locked space and disperse low doses as needed. (e.g. medication safes, combo caps).
 - Secure other means when indicated as the identified method by the person at-risk.

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LETHAL MEANS REDUCTION

- Safely dispose of all out-of-date, unused and excess medications and over the counter remedies.
 - Don't flush or pour medications down the sink.
 - Drug take back at local law enforcement agencies
 - Utilize drug deactivation/medical disposal kits.
- Be Creative
 - Keep a picture of loved ones in the gun safe.
 - Adhere a NSPL magnet to the gun safe.
 - After locking guns in a gun safe, store the key in a bank safety deposit box.
 - After locking guns in a gun safe, freeze the key in a bucket of ice.

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FIREARMS FOR PERSONAL PROTECTION

- Guns don't make people suicidal, guns make suicidal people more likely to die.
- Two-thirds of all firearm related deaths are by suicide.
- Keep personal protection firearm on your person at all times and secure in a safe, unloaded, at night.
- Emphasize that removal is temporary, until things get better.

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YOUTH ACCESS TO FIREARMS

- In a recent study, 82% of youth under 17 who died by suicide used a firearm that belonged to a family member; usually a parent. When storage status was noted, nearly two-thirds of the firearms had been stored unlocked.
- Hunter safety education does not protect youth from suicide risk.
- Don't assume kids don't know where the firearms are hidden.
- Don't assume kids know better than to touch a gun.


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WHAT ELSE?

- Follow-up, check in by phone, send a card or email
- Get others involved
 - Release of Information
 - Confidentiality
 - Limits of confidentiality
- Use law enforcement when necessary (welfare checks)
- Supervision/consult with colleagues/supervisors
- Review the policies within your organization
- Attend suicide specific trainings and conferences
- At-Risk populations – Youth, LGBTQ, Elderly
- Implement suicide policies within your organization
- Have referral resources at your disposal
- Join local suicide prevention coalitions



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Resources	
National Suicide Prevention Lifeline	1-800-273-TALK (8255) www.suicidepreventionlifeline.org
Veterans Suicide Prevention Lifeline	1-800-273-CHAT (8255) www.suicidepreventionlifeline.org/help-yourself/veterans/
LGBT Youth Suicide Hotline	1-866-4-U-TREVOR
Crisis Text Line	Text 741-741
Missouri Suicide Prevention Hotlines	http://www.suicide.org/hotlines/missouri-suicide-hotlines.html
Missouri Department of Mental Health	dmh.mo.gov/mentalillness/suicide/
Suicide Prevention Resource Center	www.sprc.org
SAMHSA - Substance Abuse and Mental Health Services Administration	www.samhsa.gov
CDC - Center for Disease Control	www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html
AFSP - American Foundation for Suicide Prevention	www.afsp.org
AAS - American Association for Suicidology	www.suicidology.org
NAMI - National Alliance on Mental Illness	www.nami.org
The Trevor Project (LGBTQ)	www.thetrevorproject.org
Indian Health Services Suicide Prevention and Care Program	https://www.ihs.gov/suicideprevention/
Recommended Standard Care for People with Suicide Risk: MAKING HEALTH CARE SUICIDE SAFE	https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf

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Books and Trainings	
Managing Suicidal Risk: A Collaborative Approach	David Jobes & Marsha Linehan
Preventing Suicide: A Toolkit for High Schools	SAMHSA
After a Suicide: A Toolkit for Schools 2nd Edition	Suicide Prevention Resource Center
Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention	Terri Erbacher, Jonathon Singer, & Scott Poland
Helping the Suicidal Person	Stacey Freedenthal
Guns and Suicide: An American Epidemic	Michael Anestis
Recommended Standard Care for People with Suicide Risk: MAKING HEALTH CARE SUICIDE SAFE	https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf
(CAMS) Collaborative Assessment and Management of Suicidology	www.cams-care.com
(ASIST) Applied Suicide Intervention Skills Training	www.livingworks.net/programs/asist/
(RRSR) Recognizing & Responding to Suicide Risk	www.suicidology.org/training-accreditation/rrsr/
School Suicide Prevention Accreditation Program	www.suicidology.org/training-accreditation/school-suicide-prevention-accreditation
(CALM) Counseling on Access to Lethal Means	www.sprc.org/resources-programs/calm-counseling-access-lethal-means
Connect Suicide Prevention, Intervention and Postvention Training	www.theconnectprogram.org
Now Matters Now	Nowmattersnow.org

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Links to Professional Organization Ethical Standards	
American Association for Marriage and Family Therapy	www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx
American Counseling Association	www.counseling.org/knowledge-center/ethics
American Psychiatric Association	www.psychiatry.org/psychiatrists/practice/ethics
American Psychiatric Nurses Association	www.apna.org/i4a/pages/index.cfm?pageid=5684
American Psychological Association	www.apa.org/ethics/code/
American School Counseling Association	www.schoolcounselor.org/school-counselors-members/legal-ethical
Missouri Credentialing Board for Substance Use Disorder Professionals	www.missouricb.com
National Association of Alcoholism and Drug Abuse Counselors	www.naadac.org/code-of-ethics
National Association of School Psychologists	www.nasponline.org/standards-and-certification/professional-ethics
National Association of Social Workers	www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

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