

Today's Presenter



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The Context for Suicide Prevention

CONNECTED

#CONNECTEDMH

A YOUTH MENTAL HEALTH INITIATIVE



Identification of Suicidality

Considerations for Identification

- Depression (but not always)
- Social determinants
- Transitions
- Substance Use



Warning Signs and Symptoms of Suicide

Signs - What you may see/hear

- Talking or writing about death, dying, or suicide
- Threatening to hurt or kill oneself
- Seeking access to means
- Acting recklessly or engaging in risky activities
- Increasing alcohol or drug use
- Withdrawing from family, friends, or society
- Demonstrating rage and anger or seeking revenge
- Appearing agitated
- Having a dramatic change in mood

Symptoms - What someone may feel

Hopeless

Worthless or Purposeless

Trapped

Risk Factors for Increased Risk of Suicide

- Health Related Factors
- Identifiable Stressors
- Environmental Factors
- Past Suicide Behavior



Suicide Care Pathway and Assessment

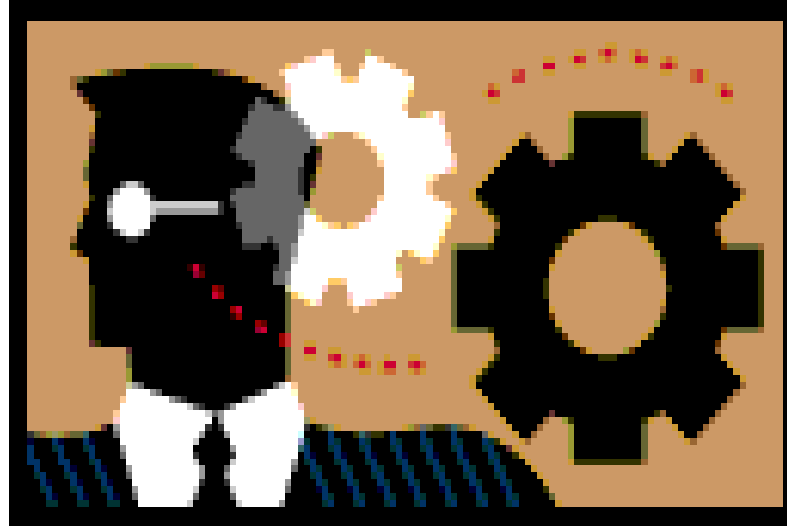
Create a Pathway

- How does one get on?
- How does one get off?
- Exceptions/what if....



Suicide Inquiry

- Be direct
- No leading questions
- Ask about past attempt(s) – biggest predictor



Suicide Inquiry

- Ideation/Thoughts
- Plans/Methods
- Intent
- Protective Factors



Suicide Ideation

- Thoughts of
 - Death
 - Wanting relief
 - The world will be better off w/o me
 - Significant others will be better off w/o me
- Contemplation
 - Plan
 - Means and lethality
 - Energy with which to carry out



Asking about Ideation

- Sometimes people in your situation (describe the situation) lose hope and I'm wondering if you may have lost hope too?
- Have you ever thought things would be better if you were dead?
- With this much stress (or hopelessness) in your life, have you thought of dying?
- Have you ever thought about killing yourself?
- When did you begin having suicidal thoughts?
- Did any event (stressor) precipitate the suicidal thoughts?
- How often do you have thoughts of suicide? How long do they last? How strong are they?
- What is the worst they have ever been?
- What do you do when you have suicidal thoughts?
- What did you do when they were the strongest?

Asking about Plan

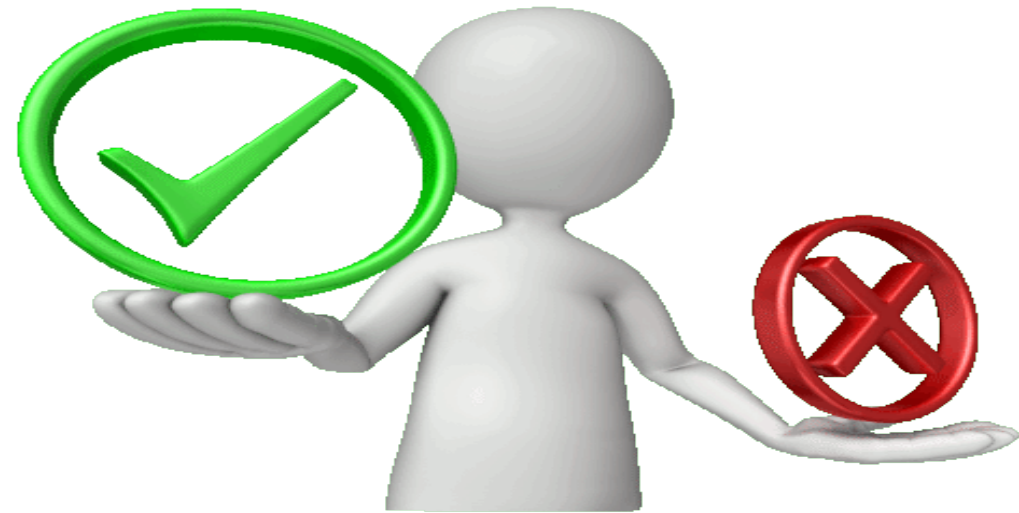
- Do you have a plan, or have you been planning to end your life? If so, how would you do it? Where would you do it?
- Do you have the (drugs, gun, rope) that you would use? Where is it right now?
- Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?

Asking about Intent

- What would it accomplish if you were to end your life?
- Do you feel as if you're a burden to others?
- How confident are you that this plan would actually end your life?
- What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do (e.g., held the pills or gun, tied the rope)?
- Have you made other preparations (e.g., updated life insurance, made arrangements for pets)?
- What makes you feel better (e.g., contact with family, use of substances)?
- What makes you feel worse (e.g., being alone, thinking about a situation)?
- How likely do you think you are to carry out your plan?
- What stops you from killing yourself?

Asking about Protective Factors

- Sense of responsibility to family
- Life satisfaction
- Social support; belongingness
- Coping skills
- Problem-solving skills
- Reality testing ability
- Religious faith
- Strong therapeutic relationship



Detecting Suicide Risk

Screening vs. Assessment

- **Screening:** Identifies who may be at risk using a standardized tool
- **Assessment:** Comprehensive evaluation conducted by clinician to confirm risk and plan for treatment
- What instruments? When? How often?

Screening for Depression with the Patient Health Questionnaire-9 for Teens

	⁽⁰⁾ Not At All	⁽¹⁾ Several Days	⁽²⁾ More Than Half the Days	⁽³⁾ Nearly Every Day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				
In the past year have you felt depressed or sad most days, even if you felt okay sometimes? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? <input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				
Has there been a time in the past month when you have had serious thoughts about ending your life? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you EVER , in your WHOLE LIFE, tried to kill yourself or made a suicide attempt? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Columbia Suicide Severity Rating Scale: Screener Version

Ask questions that are in bold.	Past Month	
	YES	NO
Ask Questions 1 and 2		
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any actual thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6		
3. Have you been thinking about how you may do this? <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i>		
4. Have you had these thoughts and had some intention of acting on them? <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i>	Lifetime	
	Past 3 Months	
If YES to question 6, ask: Was this in the past 3 months?		

Schedule follow-up

Address Lethal Means, Safety Planning, Schedule Follow-up

Evaluate Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-up

<https://cssrs.columbia.edu/training/training-options/>

Suicide Interventions

Treating Suicide Risk

- Treat suicide separately from mental health and/or substance use disorders
- Brief interventions:
 - Safety planning,
 - Reducing access to lethal means
 - Caring contacts
- Longer term treatments:
 - Cognitive behavioral therapy for suicide prevention (CT-SP)
 - Dialectical behavior therapy (DBT)
 - Collaborative assessment and management of suicidality (CAMS)

Suicide Interventions: Safety Planning

What is Safety Planning?

- Safety planning intervention consists of an often written/documented, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.
- There are different types
- Who is safety planning for?

Stanley B, Brown GK. Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*. 2012; 19(2), 256–264.

Emotional Fire Safety Plan

NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there.

Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

ON FIRE

Direct advice for overwhelming urges to kill self or use opioids

— Shut it down —

Sleep (no overdosing). Can't sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— No Important Decisions —

Especially deciding to die. Do not panic. Ignore thoughts that you don't care if you die. Stop drugs and alcohol.

— Make Eye Contact —

A difficult but powerful pain reliever. Look in their eyes and say "Can you help me get out of my head?" Try video chat. Keep trying until you find someone.

IN A FIRE

Things I Know How To Do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

<input type="checkbox"/> Visit NowMattersNow.org (guided strategies)	<input type="checkbox"/> Opposite Action (act exactly opposite to an urge)
<input type="checkbox"/> Paced Breathing (make exhale longer than inhale)	<input type="checkbox"/> Mindfulness (choose what to pay attention to)
<input type="checkbox"/> Call/Text Crisis Line or A-Team Member (see below)	<input type="checkbox"/> Mindfulness of Current Emotion (feel emotions in body)
<input type="checkbox"/> "This makes sense: I'm stressed and/or in pain"	<input type="checkbox"/> "I can manage this pain for this moment"
<input type="checkbox"/> "I want to feel better, not suicide or use opioids"	<input type="checkbox"/> Notice thoughts, but don't get in bed with them
<input type="checkbox"/> Distraction:	<input type="checkbox"/>

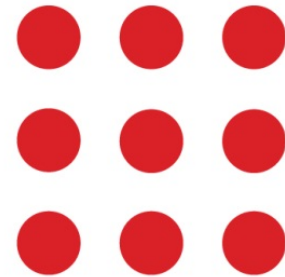
The 6 Steps of the Stanley and Brown Safety Plan

1. Recognizing warning signs
2. Using internal coping strategies
3. Socializing distractions
4. Contacting friends or family members
5. Contacting professionals
6. Reducing access to lethal means

Stanley B, Brown GK. Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*. 2012; 19(2), 256–264.

NATIONAL
SUICIDE
PREVENTION
LIFELINETM
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Veterans Crisis Line

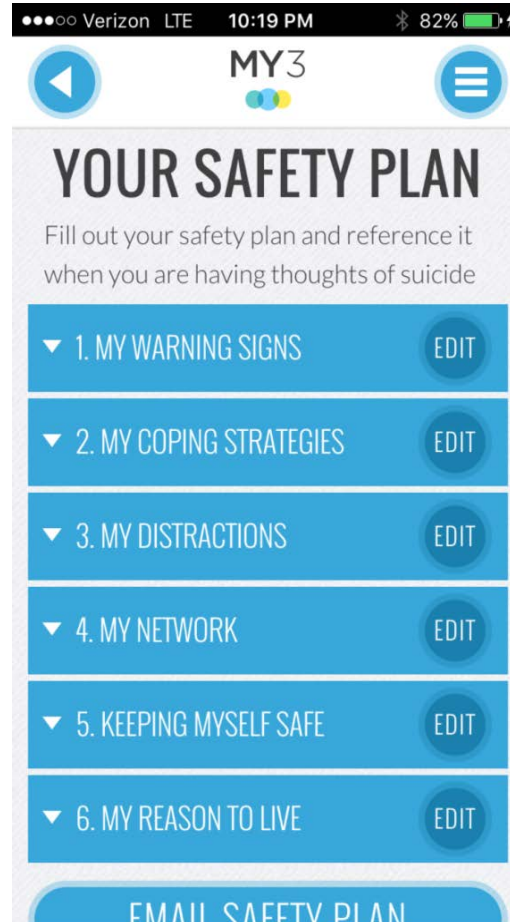
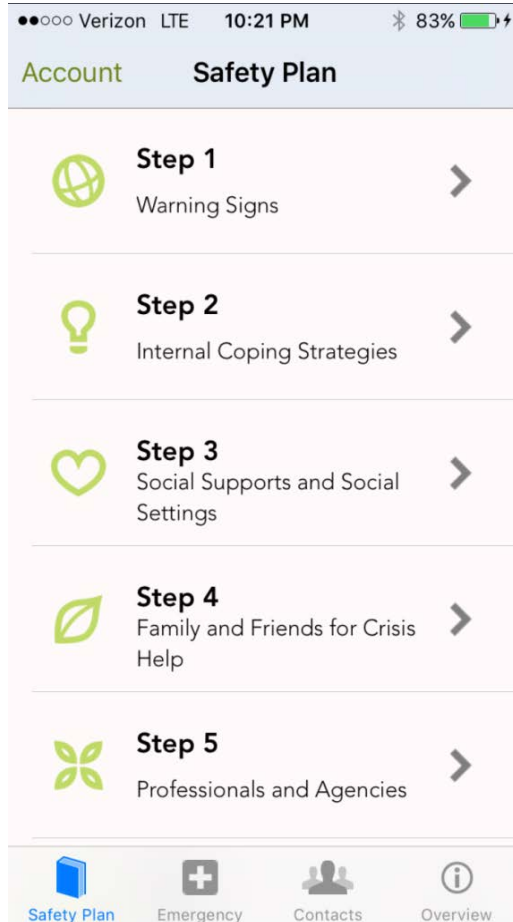


1-800-273-8255
PRESS 1

Other hotlines

- Crisis Text Line: Text “hello” to 741741
- Trevor Project: 1-866-488-7386
 - For LGBTQ Youth
- TRANS LIFELINE: 1-877-565-8860

Documenting the Plan



Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

- _____
- _____
- _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

- _____
- _____
- _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

- _____
- _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs1@columbia.edu or gregbrown@mail.med.upenn.edu.

Likelihood of Using Plan

- ASK:
 - “Where will you keep your safety plan?”
 - “How will you remember that you have a safety plan when you are in a crisis?”
 - “What might get in the way or serve as a barrier to using the safety plan?”
- Review plan periodically. Revise, as necessary.

Suicide Interventions: Means Restrictions Counseling

Means Restriction Counseling

- Ask your patients/clients about their access to lethal means
- Work with your patients/clients on reducing access to lethal means, particularly firearms and medications, including:
 - Communicate effectively with your patients/clients about this issue
 - Set goals for reducing access and develop a plan that is acceptable to both you and your patients/clients
- Evidence-based strategy for helping to reduce access to the methods people use to kill themselves.

Training: Counseling on Access to Lethal Means (CALM)

Counseling on Access to Lethal Means

TOOLS & RESOURCES | COURSE NAVIGATION | EXIT

SPRC
SUICIDE PREVENTION
RESOURCE CENTER

Menu | Narration Text | Search

- Lifeline Contact Information
- Welcome
- Produced By
- ▶ What This Course Covers Before You Begin
- ▶ Module 1: Introduction to Means Restriction
- ▶ Module 2: Counseling on Access to Lethal Means

Counseling on Access to Lethal Means
Online Learning

HICRC
Harvard Injury Control Research Center

SPRC
SUICIDE PREVENTION
RESOURCE CENTER

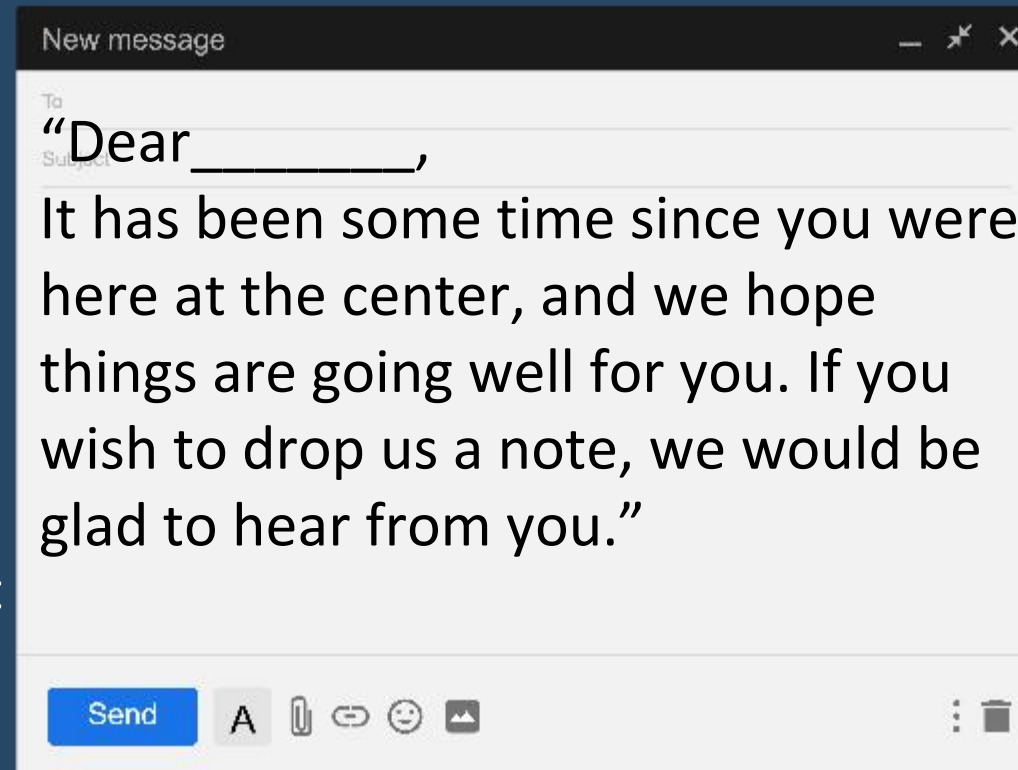
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<https://training.sprc.org/enrol/index.php?id=3>

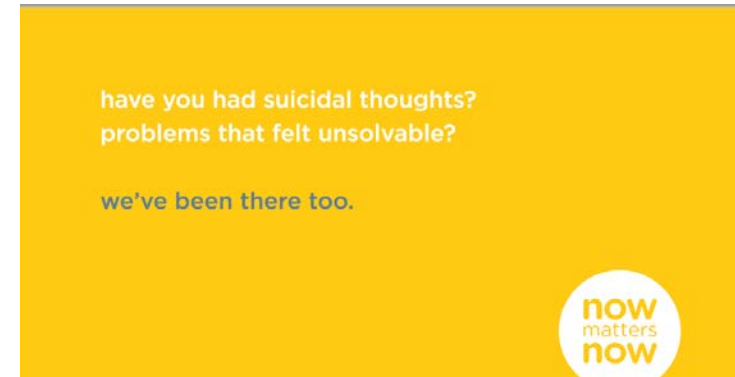
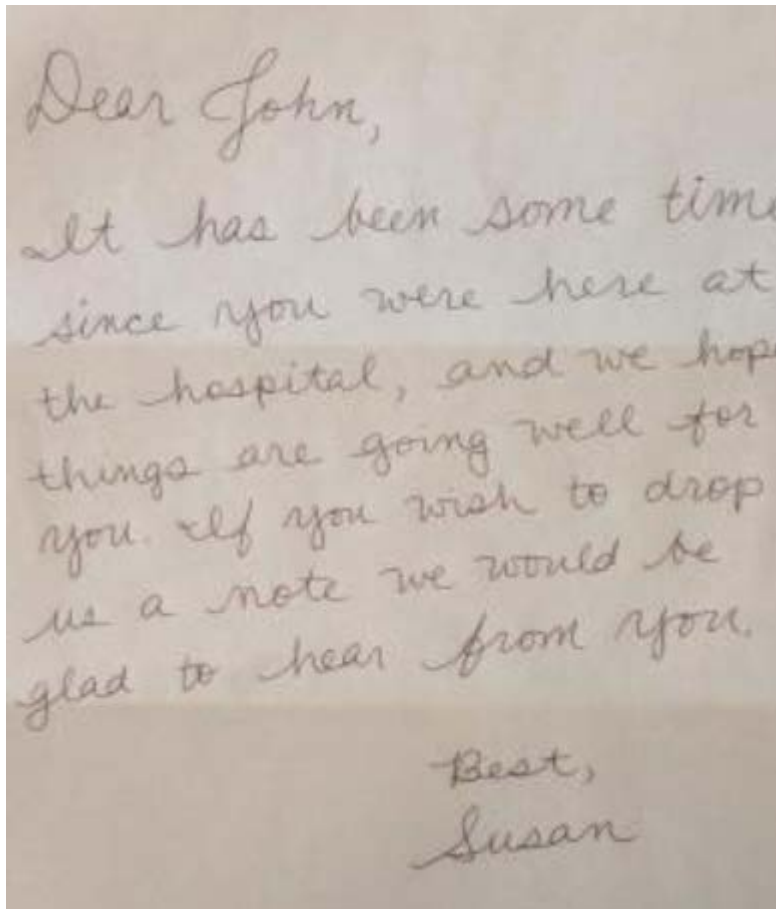
Suicide Interventions: Caring Contacts and Other Interventions

Non-Demand Caring Contacts

- Letter, phone call, email, or text message
- Nonpunitive
- Doesn't expect or require action from recipient



Caring Letters/Cards/Contacts



Henry,
I don't know you well yet, I am glad that you told me a little more about your life. I have lots of hope for you – you've been through a lot. I hope you'll remember that and come back to see us. With care, -Nurse Matt

Visit nowmattersnow.org for strategies that have helped us survive and build more manageable and meaningful lives.

@nowmattersnow   

(NowMattersNow.org → “More”)

Motto JA, Bostrom AG. [A randomized controlled trial of postcrisis suicide prevention](#). 2001. *Psychiatric Services*, 52(6), 828-833.

Caring Messages

We asked over 1000 people. Here are the top results.
Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It's yours.

— Ursula Whiteside

You may feel you don't matter and see no future. But you do. Yet it is there - please let it evolve because the world needs you and your contribution.

— Kristine Laaninen

When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I'm okay and things often change quickly. I don't know if that would help for you.

— Daniel DeBrule

Please don't stop fighting. You are being prepared for something far greater than this moment.

— Breanna Laughlin

I was trapped in the Dark Place. Drowning in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly: I am. You might be able to too. Just get through today.

— Amy Dietz

I've found this Franklin D. Roosevelt quote helpful, "A smooth sea never made a skilled sailor." We'll be prepared for something bigger.

— Ursula Whiteside

You're a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is.

— John Brown

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry at times for sure - but you are never a burden for feeling it.

— Nina Smith

This is part of a poem from Jane Hirschfield, "The world asks of us only the strength we have and we give it. Then it asks more, and we give it."

— Sara Smucker Barnwell

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light.

— Debbie Reisert

Things can be completely dark for some of us sometimes. I don't know where you are at today, or if this message can shine through, but I'm here sending you a tiny bit of light - a light beam.

— Ursula Whiteside

Live. If only, at times, because it is an act of radical defiance.

— Ursula Whiteside

Your story doesn't have to end in this storm. Please stay for the calm after the storm. The possibility of a rainbow. Maybe not tomorrow or next week, but you can weather this.

— Breanna Laughlin

I've been there - that place where you'd do anything to stop the pain. It's a dark, suffocating birth canal to a better place...Life changes can suck; but nothing ever changing sucks more.

— Kathleen Bartholomew

This is a favorite line of mine from Desiderata, "You are a child of the universe, no less than the trees and the stars; you have a right to be here."

— Andy Bogart

Wanting to be rid of pain is the most human of impulses. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Contingent on nothing else.

— Sara Smucker Barnwell

now
matters
now

NowMattersNow.org

Other Interventions

- Micro-interventions
- Opposite action
- Dialectical behavioral therapy skills (DBT)
- Cognitive therapy for suicide prevention (CT-SP)
- Collaborative assessment and management of suicidality (CAMS)
- Problem-solving therapy
- Medication intervention with clozapine

Continued Suicide Management

Reduction in Monitoring



POLICY AND
PROCEDURES



TEAM
MEETING/CASE
CONFERENCE/S
UPERVISION



REMAIN
CONSISTENT



RESTART
PROCESS WHEN
SYMPTOM
EMERGE

Wellness Planning

- This is an important part of the treatment process
- Review with the patient the reasons it is important
- Discuss the warning signs of relapse
- Review what strategies have worked previously with the patient
- It should be completed when:
 - The patient's suicidality subsides
 - Transitions of care/end of treatment

Helpful Websites

- Everytown for Gun Safety <https://everytown.org/>
- National Council for Behavioral Health
<https://www.thenationalcouncil.org/BH365/2015/05/08/treatment-toolbox-clinical-interventions-prevent-suicidal-behavior/>
- Now Matters Now <https://www.nowmattersnow.org/>
- Suicide is Different <https://www.suicideisdifferent.org/>
- Suicide Prevention Resource Center <https://www.sprc.org/>
- Zero Suicide <https://zerosuicide.sprc.org/>

Thank you!

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