



RTS/C

Responding to Suicide with Compassion

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Self-Assessment

What is your relationship with suicide?

- Is suicide a sin or immoral?
- Is suicide selfish or cowardly?
- Is suicide sometimes understandable or justified?
- Do people have the right to take their own life?
- Are suicidal statements or gestures attention seeking?
- Are people who attempt suicide weak?
- Is suicide a sign of mental illness?
- Are you uncomfortable talking about suicide?
- Are you scared to ask someone if they are thinking about suicide?
- Do you know someone who has attempted or died by suicide?
- Have you had thoughts of suicide?

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Introductions

Kim Bryan

B.S. Psychology, Sociology – U of I
 Doctoral study in Sociology – U of I

Memberships:

- American Association of Suicidology
- Youth Suicide Prevention Committee
- Illinois Suicide Prevention Alliance
- Adolescent Suicide Prevention Committee

Survivor of suicide loss

Lived experience with suicidal thoughts

Rattle the Stars

- founded in 2016
- Federal 501(c)3 Charity
- Illinois Registered Charity
- funded by Champaign County Mental Health Board

Services:

- response planning consultation
- education and training
- community events
- institutional and political advocacy
- speaking engagements

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Your Role

You are expected to:

- provide support and validation, or refer to someone who can
- provide resources and referrals, or refer to someone who can

You are not expected to:

- solve someone's problems
- make sure someone is happy and well
- prevent someone's suicide attempt or death

**Suicide is preventable, but it is not predictable.
A suicide death is not your fault!**

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Compassion

noun

a feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering

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Responding with Compassion

"If help is harmful, then it's not help." -Kelechi Ubozoh

- Savior complex: we must save suicidal people from themselves
- Risk aversion: preventing death rather than supporting living
- Responses can deter help-seeking
- Stigma = discrimination

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Terminology

Suicide: Death caused by self-directed injurious behavior with any intent to die as a result.

Suicidal ideation (suicidal thoughts): thoughts of ending one's own life, regardless of how intense the thoughts are.

Suicidal behavior: any behavior in preparation for or resulting in a suicide attempt, including practicing or rehearsing.

Suicide attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

Interrupted: A person takes steps to injure self but is stopped by another person prior to fatal injury.

Aborted: A person takes steps to injure self but is stopped by self prior to fatal injury.

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Terminology

Passive suicidality: Having a desire for or wishing for death with no intent to act to attempt suicide.

Active suicidality: Having thoughts of suicide with an intent to act on the thoughts and attempt suicide, including planning, preparing, and other suicidal behaviors.

Indirect suicide: Engaging in a behavior that will knowingly and intentionally end one's life without directly committing the act upon the self.

Non-suicidal self-injury (NSSI): Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself with no suicidal intent.

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Words Matter

Discouraged

considering, contemplating,
thinking about suicide



Preferred

have thoughts of suicide

unsuccessful or failed attempt



attempted suicide

successful or completed suicide,
committed suicide, killed oneself



died of suicide, took one's own life

suicide threat, suicide gesture



suicidal behavior

making jokes about suicide

using suicidal statements to express frustration, despair, anger

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Objectives

Learn how to get support:

- connecting to resources
- hotlines

Learn about suicide:

- scope
- pathways to suicide
- risk and protective factors

Learn what to look for:

- warning signs

Learn what to do:

- how to ask about suicide
- what to say, what not to say
- risk screening
- means safety
- safety plan
- referrals
- follow-up plan
- documentation

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Learn

how to get support

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Connecting to Resources

➔ See "Suicide Prevention Resources" handout

- Crisis lines
- Assessment
- Counseling
- Information

Hotlines

- Who should contact
- When to contact
- How to contact
- What happens next
- Considerations



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Objectives

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| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Learn how to get support: <ul style="list-style-type: none"> • connecting to resources • hotlines <input type="checkbox"/> Learn about suicide: <ul style="list-style-type: none"> • scope • pathways to suicide • risk and protective factors <input type="checkbox"/> Learn what to look for: <ul style="list-style-type: none"> • warning signs | <ul style="list-style-type: none"> <input type="checkbox"/> Learn what to do: <ul style="list-style-type: none"> • how to ask about suicide • what to say, what not to say • risk screening • means safety • safety plan • referrals • follow-up plan • documentation |
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Learn

about suicide

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10 Leading Causes of Death by Age Group, United States - 2018

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,473	Unintentional Injury 1,226	Unintentional Injury 714	Unintentional Injury 967	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 27,917	Unintentional Injury 27,293	Malignant Neoplasms 113,947	Heart Disease 206,599	Heart Disease 655,383
2	Short Gestation 3,679	Congenital Anomalies 384	Malignant Neoplasms 393	Suicide 599	Suicide 9,211	Suicide 8,220	Malignant Neoplasms 19,640	Heart Disease 32,226	Heart Disease 81,642	Malignant Neoplasms 431,162	Malignant Neoplasms 599,274
3	Maternal Pregnancy Comp. 1,258	Homicide 353	Congenital Anomalies 201	Malignant Neoplasms 450	Homicide 4,607	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Chronic Low Respiratory Disease 155,500	Unintentional Injury 167,127
4	SIDS 1,324	Malignant Neoplasms 526	Homicide 171	Congenital Anomalies 172	Malignant Neoplasms 1,271	Malignant Neoplasms 3,584	Homicide 7,571	Suicide 8,345	Chronic Low Respiratory Disease 18,804	Cerebrovascular 127,244	Chronic Low Respiratory Disease 156,486
5	Unintentional Injury 1,168	Influenza & Pneumonia 122	Influenza & Pneumonia 71	Homicide 166	Heart Disease 905	Heart Disease 3,561	Homicide 3,364	Liver Disease 8,157	Diabetes Mellitus 14,941	Alzheimer's Disease 120,958	Cerebrovascular 147,810
6	Placenta Cord Membranes 724	Heart Disease 115	Chronic Low Respiratory Disease 68	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Unintentional Injury 3,358	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019	Cerebrovascular 84,946
7	Bacterial Sepsis 579	Perinatal Period 62	Heart Disease 68	Chronic Low Respiratory Disease 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebrovascular 5,128	Cerebrovascular 12,789	Unintentional Injury 57,512	Diabetes Mellitus 84,946
8	Circulatory System Disease 428	Sepsis 34	Cerebrovascular 54	Cerebrovascular 200	Influenza & Pneumonia 54	Cerebrovascular 567	Cerebrovascular 1,704	Chronic Low Respiratory Disease 3,807	Suicide 8,540	Influenza & Pneumonia 48,888	Influenza & Pneumonia 59,120
9	Respiratory Disease 390	Chronic Low Respiratory Disease 50	Sepsis 34	Influenza & Pneumonia 51	Chronic Low Respiratory Disease 165	HIV 482	Influenza & Pneumonia 956	Influenza & Pneumonia 2,380	Sepsis 5,056	Nephritis 42,232	Nephritis 51,380
10	Neonatal Hemorrhage 375	Cerebrovascular 43	Benign Neoplasms 19	Benign Neoplasms 30	Benign Neoplasms 151	Complicated Pregnancy 151	Influenza & Pneumonia 457	Sepsis 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Parkinson's Disease 32,948

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC. Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

10th leading cause of death in the US

2nd leading cause of death for ages 10-34

Over 48,000 deaths in 2018

2x as many suicide deaths as homicide deaths

www.cdc.gov/vitalsigns/suicide

Suicide in Illinois

based on 2015-2017 CDC Data

- 1488 total deaths
- 97 deaths of youth age 10-19
- 47,000 youth report attempting suicide
- For every death, there are an estimated 25-200 attempts.
- Rate in rural counties 2x rate in Chicago area

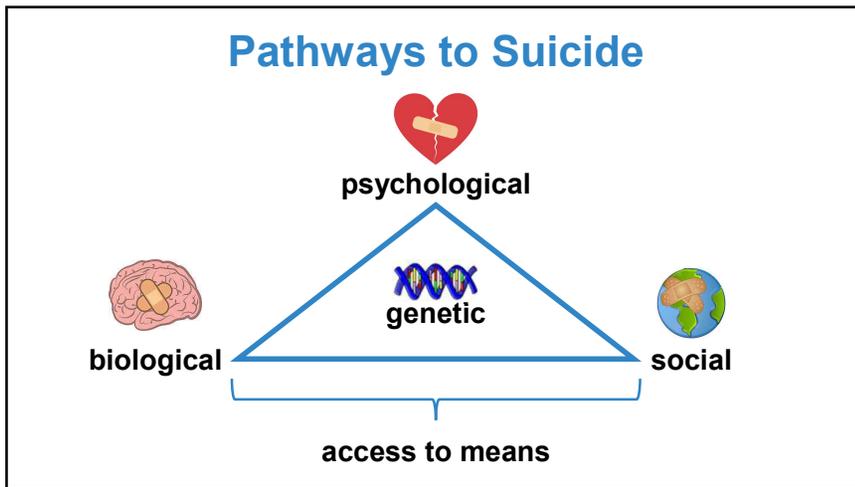
All Ages Suicide Mortality Rate by County, Illinois, 2008-2017

Suicide Mortality Rate All ages

Data Source: Illinois Department of Public Health, Center for Health Statistics, Vital Records, 2008-2017. Age-adjusted rate per 100,000 using the U.S. 2000 standard population. Created: June 2018.

Champaign County (2006-2015): 199 suicides

www.dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention



Biological: Brain Function

46% of people who died by suicide had a diagnosed mental illness
*This does not mean that mental illness caused their suicide

- Mood disorders (Depression, Bipolar Disorder)
- Anxiety disorders
- Trauma & Stress disorders (PTSD)
- Eating disorders
- Substance Use disorders
- Psychotic disorders (Schizophrenia)
- Neurodevelopmental disorders (Autism, ADHD, Conduct Disorder)

- Symptoms of mental illness are similar to symptoms of trauma
- Neurobiology of trauma (3rd variable problem)



Social: Crisis

- Refers not to the precipitating event, but to the person's reaction to the event
- Occurs when stress or emotions exceed a person's ability to cope
- Can develop from a single stressful incident or repeated exposure to stress
- Suicidal thoughts can occur any time someone is in crisis, even in the absence of mental illness



Age Group	%
<18 yrs	35%
18-24	24%
25-34	23%
35-64	16%
65+	6%

www.sprc.org/sites/default/files/migrate/library/YouthSuicideFactSheet.pdf

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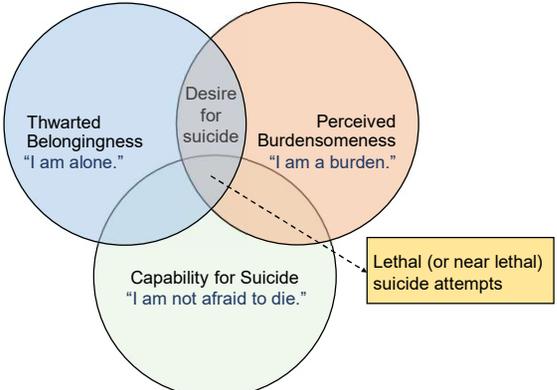


Psychological: Inner Conflict

- Thoughts, feelings, and beliefs about ourselves and our place in the world
- ability to perform roles
- ability to meet expectations
- moral dilemmas (moral injury)
- shame, guilt, humiliation
- May include cognitive distortions - perceptions don't always match reality
- ❖ Thwarted belongingness**
- ❖ Perceived burdensomeness**

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Interpersonal Theory of Suicide



Thwarted Belongingness
"I am alone."

Desire for suicide

Perceived Burdensomeness
"I am a burden."

Capability for Suicide
"I am not afraid to die."

Lethal (or near lethal) suicide attempts

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Impulsivity

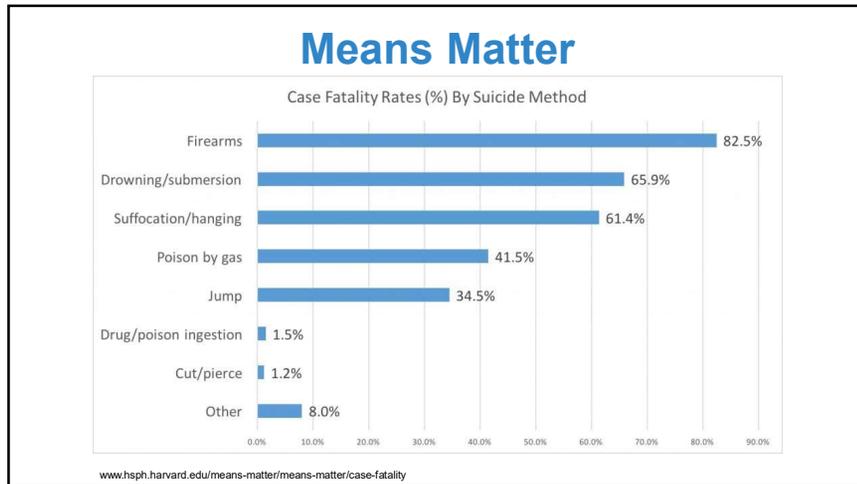
Time from Decision to Suicide Attempt



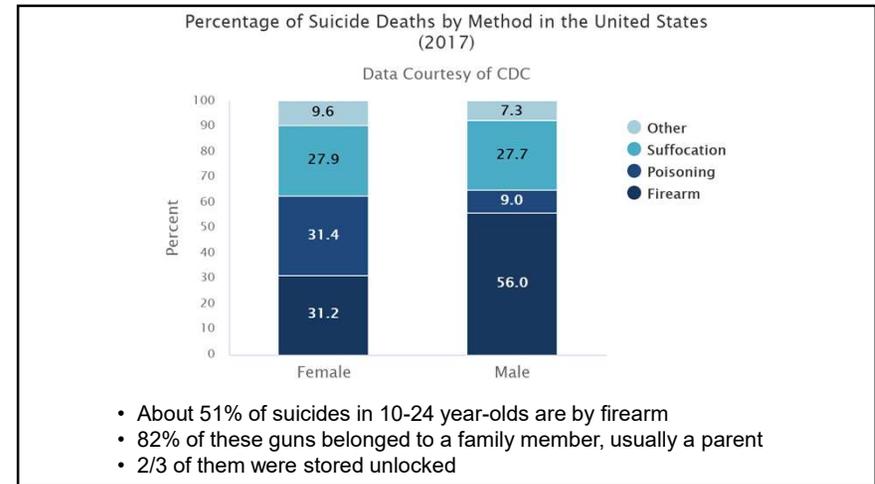
Time Interval	Percent of Suicide Attempters
Less than 5 min.	24%
Less than 20 min.	48%
Within 1 hr.	71%

Simon, T.R., Swann, A.C., Powell, K.E., Potter, L.B., Kresnow, M., and O'Carroll, P.W. Characteristics of Impulsive Suicide Attempts and Attempters. SLTB. 2001; 32(supp):49-59.

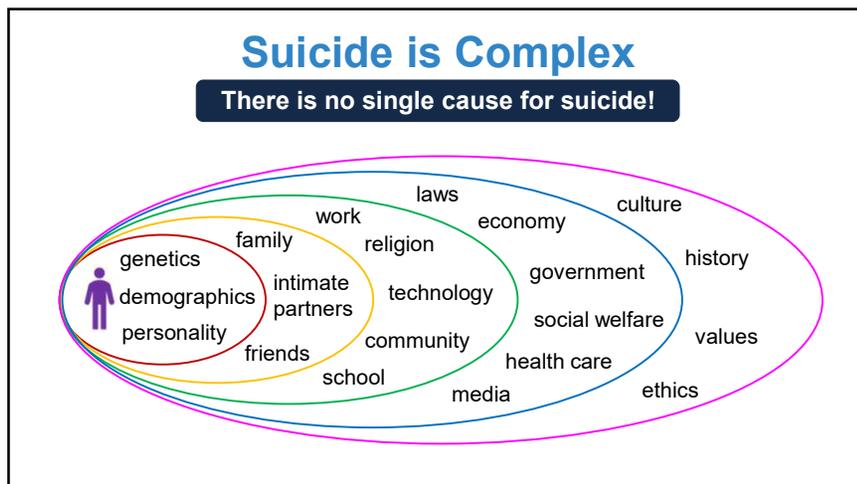
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- ### Risk Factors
- stress, crisis, trauma:
 - discrimination/oppression, relationship issues, academic stress, job stress, job loss, financial difficulties, legal trouble, disasters
 - mental illness & substance use
 - military service
 - LGBTQ+
 - family separation
 - incarceration
 - sexual assault and abuse
 - domestic/intimate partner violence (victim, witness, perpetrator)
 - bullying (victim and perpetrator)
 - chronic health problems
 - experience with death or suicide
 - personal and cultural characteristics

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Protective Factors

- Individual
- Family
- Community
- Society

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Protective Factors

- coping skills
- problem-solving skills
- connectedness, belongingness
- social support
- acceptance, affirmation
- sense of purpose
- feelings of success
- community services and supports
- economic stability and social welfare
- public policy
- cultural beliefs

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Objectives

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|---|--|

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Learn

what to look for

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Warning Signs

Indirect Warning Signs

- Crisis - overwhelming emotional distress
- Feeling empty, hopeless, or worthless
- Feeling trapped or having no solutions to problems
- Withdrawing or from family, friends, or activities
- Changes in eating or sleeping habits
- Engaging in risky and dangerous behaviors
- Overreacting or underreacting
- Guilt or shame
- Anxiety, agitation, or irritability
- Anger or rage
- Extreme mood swings
- Loss of future thought
- Increased alcohol or drug use

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Warning Signs

Direct Warning Signs

- Talking about having no reason to live
- Talking about being a burden or that others would be better off without them
- Talking about death or wanting to die
- Making jokes about suicide
- Giving away important possessions
- Saying goodbye to family and friends
- Making a will or getting affairs in order, including arranging for care of family members or pets
- Making a plan for suicide or preparing means, such as acquiring a firearm or stockpiling pills

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Warning Signs

Verbal

I can't take it anymore.	Nobody cares about me.
I'm just done.	No one understands.
My life is over.	No one will miss me.
I don't want to live like this.	No one needs me.
Nothing matters anymore.	They'd be better off without me.
What difference does it make?	My family shouldn't have deal with this.
I can't do anything right.	I just want to end it all.
I'm a failure.	I wish I was never born.
I'm just no good.	I want to sleep and not wake up.

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Self-Harm

- Non-suicidal Self-Injury (NSSI)
- cutting, scratching, burning, piercing, picking scabs, pulling hair, banging head, hitting or punching self
- Affects up to 35% of youth
- Why? coping, feeling emotion, control, self-punishment
- Can be a learned behavior (doesn't invalidate emotions)
- Additional signs: scars or persistent sores, wearing long sleeves and pants, having sharp objects
- Seek guidance and support before preventing the behavior

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Objectives

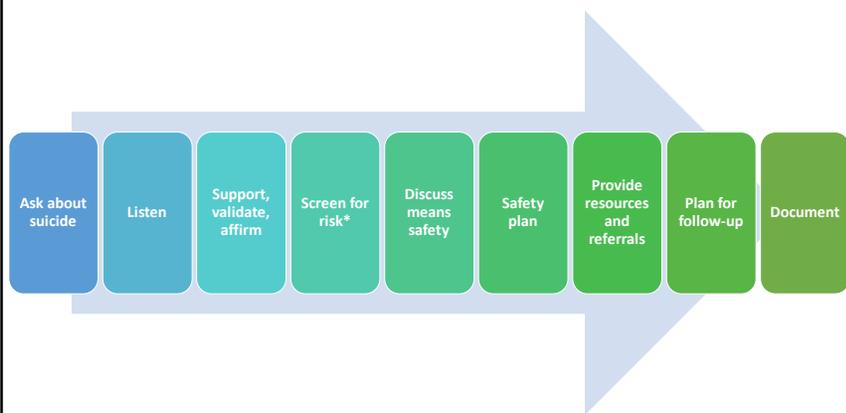
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Learn
what to do

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Suicide Intervention Process



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Active Listening Skills

- Listen more than you talk
- Be genuine
- Be conversational
- Be aware of non-verbal communication
- Be compassionate
- Be empathetic and give unconditional positive regard
- Be comfortable with silence
- Respect culture, identity, and experiences

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Active Listening Techniques

- Reflecting
- Clarifying
- Paraphrasing
- Validating
- Open ended questions, statement questions
- Pauses, silence
- It seems like you're saying/feeling...
- What I'm hearing is...
- So what you're saying is...
- I understand that you feel...
- I can tell that ___ is important to you.
- You have the right to feel...
- I wonder if you've thought about...
- Can you tell me more about...?

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Goals for Conversation

- Give space to talk about problems
- Provide emotional support and validation
- Shift their focus to the future and reasons for living
- Plan next steps toward safety

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How To Ask

Create a Safe Space

- Ask in private
- Explain your concerns
- Normalize suicide to reduce shame
- Be direct – use the word suicide
- Don't suggest a "no" answer
- Ask twice before accepting a denial
- Reassure that you are asking because you care

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How To Ask

I understand that things are really hard right now. It seems like you really miss school and being with your friends. I've noticed that you've been crying and seem to be on edge. **Signs & Concerns**

Others have said that sometimes when they get really stressed or upset they think about suicide. Is this something that you have thought about? **Normalize**

Say "Suicide"

Sometimes these thoughts can just pop into your head and go away quickly. Has that ever happened? **Ask Twice**

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How To Ask

I can tell that this break-up is really hard on you. I've noticed that you seem sad and withdrawn. With all that you've gone through, it's understandable that you may have trouble dealing with everything and might have thoughts of suicide. Have you been feeling this way?

These thoughts can be scary, but they happen to people sometimes. Have you ever thought that suicide was the only way to end your pain?

→ Signs & Concerns

→ Normalize

→ Say "Suicide"

→ Ask Twice

How To Ask

Sometimes when people feel really hurt and overwhelmed, they may not be able to see ways that things can get better. When you say that you are done with it all, do you mean that you are thinking about suicide?

It's not unusual for people to wish that they were dead or think others would be better off if they were dead. Have you ever thought that?

→ Signs & Concerns

→ Normalize

→ Say "Suicide"

→ Ask Twice

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What Not To Say

Don't silence them:

- Don't say that! That's a terrible thing to say.

Don't deny their feelings:

- You don't really want to die.
- You don't mean it.

Don't shame them:

- I can't believe you would even consider this.

Don't refer to suicide in negative terms:

- You're not going to do something stupid, are you?
- How can you consider such terrible choice?

What Not To Say

Don't make it about you:

- I'm really worried about you.
- I know exactly how you feel.

Don't push positivity:

- Just try to think happy thoughts.
- Stop being so negative.

Don't promise that things will get better:

- You'll feel better tomorrow.
- Everything's going to be ok.

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What Not To Say

Don't give praise or admiration:

- You have so much to live for.
- You're such a great person.
- You have so many people who love you.

Don't leverage relationships:

- How can you do that to your family?
- Think about how your family would feel.
- Your friends would miss you.

Don't make them promise not to attempt:

- Promise me you won't do this.

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What Not To Say

Don't minimize or trivialize problems:

- It's not really that bad.
- It's just a {test, game, fight...}.
- None of this will matter later.
- You're just mad. You'll get over it.

Don't judge or make character assessments:

- You're so selfish.
- You're such a coward.
- You're so brave and strong.
- You're doing the right thing by asking for help.

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What Not To Say

Don't argue or try to talk them out of it:

- Don't do this. You know this won't solve your problems.
- Do you really think this is going to fix things?

Don't give advice:

- You need to eat better and get more exercise.
- You should see about getting medication.

Don't problem solve until you have validated:

- A tutor would be able to help with your grades.
- Just break up and move on. He's not worth it.

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What Not To Say

Don't use clichés:

- Suicide is a permanent solution to a temporary problem.
- Suicidal people don't want to die, they just want the pain to end.
- Suicide doesn't end the pain; it just passes it on to someone else.

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What To Say

Maintain a safe space:

- I'm glad you feel safe talking to me.
- Thank you for trusting me.

Sympathize:

- I'm sorry you're hurting.
- I'm sorry this is happening to you.

Empower to meet needs:

- What can I do to support you?
- What do you need from me right now?

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What To Say

Encourage sharing (but don't ask why):

- Can you tell me about what's making you feel that way?
- Can you tell me more about that?

Validate feelings:

- It's ok if you're not ok.
- It's understandable that you feel...
- You have the right to feel...

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What To Say

Encourage healthy coping & remind of strengths:

- When you've felt like this before, what has helped?
- You can get through this.

Encourage help-seeking:

- Other people will know more about what to do.
We can find someone who can help.
- You don't have to do this alone. It can help to have others who can support you.

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What To Say

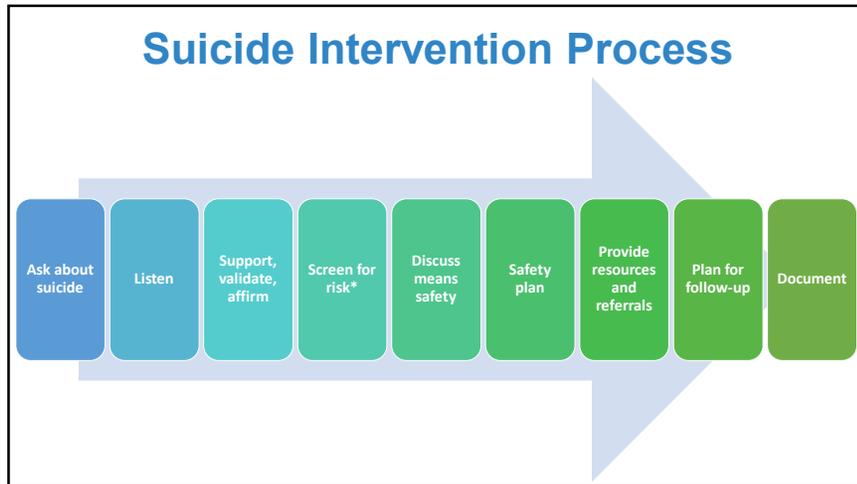
Offer support:

- You are not alone. I'm here for you.
- I care about you and I want to help.

Offer your presence (if you can):

- I'll go with you and we'll do it together.
- I'll sit with you while you call the hotline.

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Risk Screening

- Risk screening is not predictive and only measures risk right now
- Assessment and hospitalization are not always necessary (responses can be deterrents to help-seeking)
- Goal is not just to avoid injury or death, but to address risk factors

Considerations:

- effectiveness
- liability
- agency policy
- notifying guardians

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Risk Screening

Screening toolkits:

- c-SSRS: cssrs.columbia.edu
- ASQ: nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml

Remember the basics:

- Plan - Intent - Means
- Do they have a plan?
- Do they intend to act on the plan?
- Do they have access to the means to carry out the plan?

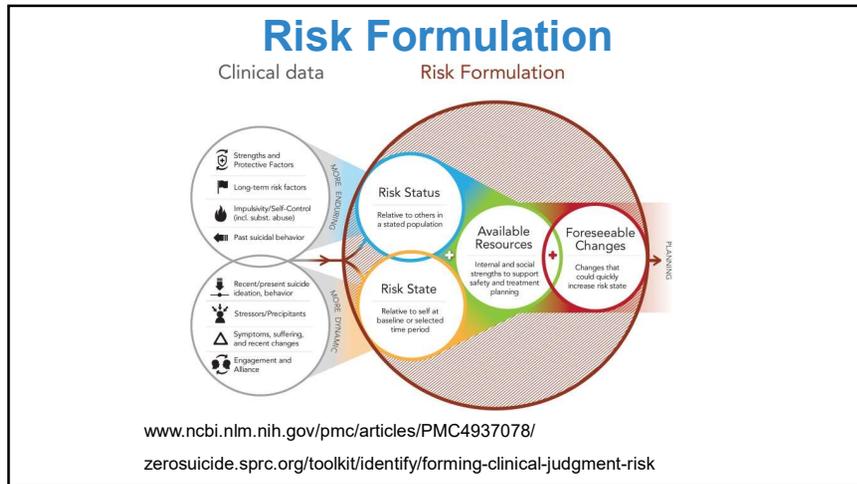
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Risk Screening

Suggested responses:

Low	provide support, means safety, safety plan, provide resources, follow-up
Moderate	consult with others, discuss treatment and/or hospitalization, means safety, safety plan, provide resources, follow-up
High	do not leave alone, initiate crisis response plan (call SASS or transport for assessment, call 911, engage other support systems), means safety, safety plan, provide resources, follow-up

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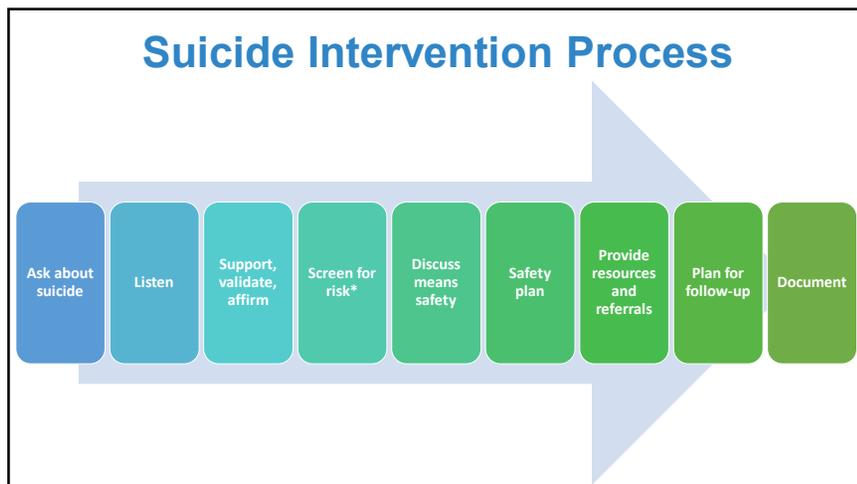
CAMS

www.cams-care.com

CAMS is a flexible therapeutic framework that is guided by a multi-purpose clinical tool called the “Suicide Status Form” (SSF) which guides the patient’s treatment and includes:

1. suicide-specific assessment,
2. suicide-specific treatment planning,
3. tracking of on-going risk, and
4. clinical outcomes and dispositions.

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Means Safety

Lethal Means Counseling: go.edc.org/CALMonline

- Talk with youth separately from parents/guardians.
- **Ask directly:** “Have you thought about how you might do it?”
- **Introduce Means Safety:** “When someone is having thoughts of suicide, sometimes the urge to act on those feelings can come on quickly and strongly. There are some things you can do to make sure you’re safe if that happens.”

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Means Safety

- Ask about access to firearms and medications, even in the absence of a plan: "Do you have access to a gun? What kinds of medications are in your home?"
- Discuss safety with firearms and medications, even if not identified as potential means: "Guns and pills are frequently used to attempt suicide. Can we talk about safety with those?"
- Discuss safety with any means they identify: "Can we talk about some ways you can be safe and avoid [the method]?"

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Means Safety

- Encourage collaboration: "Are you willing to...?" "Would it be possible to...?"
- Reassure them that this is to keep them safe.
- Explain that it is temporary until things are better.
- Plans should be specific and feasible - who will do what and when.
 - Write it down and follow-up.
 - For less lethal methods, they can create safety on their own. For highly lethal methods, a responsible person should be involved to ensure safety.

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Means Safety: Firearms

- **Best:** Remove firearms from the home
 - friend or relative who can legally possess
 - law enforcement
 - gun range or shop
 - storage unit
- **Better:** Safe storage in the home
 - gun locked separately from ammunition
 - gun disassembled and components locked separately
- At-risk person should not have keys or codes
- Hiding is not sufficient
- **Extreme Risk Protection Order (ERPO)**

 **Do not make judgements about firearm ownership**

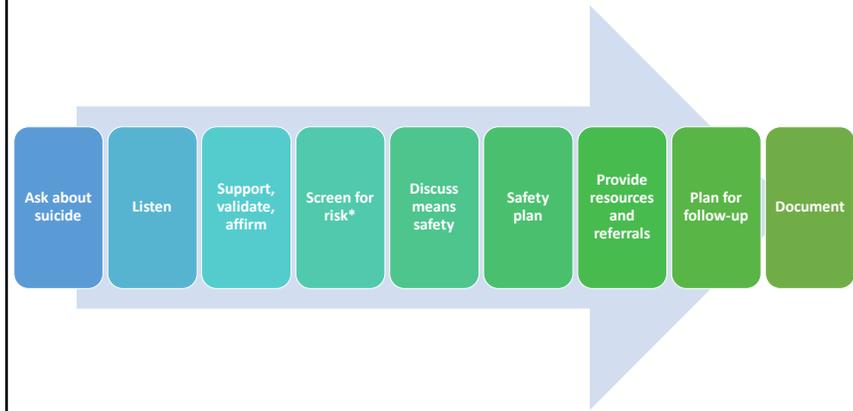
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Means Safety: Medications

- **Best:** Remove medications from the home
 - Safe disposal of unused medication
 - Limit quantities in the home
- **Better:** Safe storage in the home
 - Store in a lock box
- If opioids are necessary, have Narcan available
- At-risk person should not have keys or codes
- Hiding is not sufficient

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Suicide Intervention Process



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Safety Plan

Safety Planning: suicidesafetyplan.com

- Safety contracts are ineffective and not advised.
- A safety plan is a prioritized written list of coping strategies and sources of support for people experiencing suicide.
- Helps provide a sense of control to manage suicidal feelings.
- Can be used by anyone experiencing suicide, regardless of risk.

Considerations:

- effectiveness
- age/cognitive ability
- voluntary collaboration

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Safety Plan

Safety Planning: suicidesafetyplan.com

- Should be written by the person using it with guidance and assistance from the supportive person.
 - help brainstorm ideas and offer suggestions
 - help identify barriers and problem solve to overcome them
- Should be written in their own words using "I" statements.
- Can be shared with friends and family that can help implement the plan.

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Safety Plan

- **Introduce the Safety Plan:** "Sometimes when you're really upset, it can be hard to think about or remember the things that help you feel better. Just like we write plans for disasters like fires or tornadoes, you can write a plan for what to do when you're in crisis."
- **Explain:** "The safety plan is a series of steps that move from things you can do for yourself to accessing emergency care. You start at the first step and stop whenever the suicidal feelings subside. You don't have to complete a step before moving to the next one, and you can jump to a higher step whenever you need to."

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Safety Plan

1. Warning signs (when to use the plan)
2. Internal coping strategies
3. People and places that are distracting
4. People that can provide support
5. Professionals and agencies that can provide support
6. Making the environment safe (means safety)
7. Reasons for living

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Safety Plan

Step 1: Warning signs

- **Explain:** "Knowing your personal warning signs helps you to recognize when you may be going into crisis and may need to use the plan."
- **Ask:** "How will you know when the safety plan should be used? What are the signs that emotional distress or suicidal thoughts are coming?"
- **List:** specific thoughts, moods, emotions, behaviors, and thought processes

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Safety Plan

Step 2: Internal coping strategies

- **Explain:** "Coping skills distract you from your suicidal thoughts, which can help to alleviate them or keep them from getting worse."
- **Ask:** "What can you do on your own to distract you from your suicidal thoughts?" "What has worked for you in the past?"
- **List:** specific activities and coping skills
 - avoid unhealthy or risky strategies such as drinking or shooting a gun
 - should be things they can do on their own without contacting anyone
 - should be simple, easy to use, and absorbing
- **Assess:** "How likely are you to use these strategies? What might prevent you from doing these things?"

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Safety Plan

Step 3: People and places that are distracting

- **Explain:** "People and social settings can also help to distract you. These do not have to be people that you need tell about your suicidal thoughts."
- **Ask:** "Who helps you take your mind off your problems? What social situations provide distraction from your problems?"
- **List:** specific people and places
 - avoid people or places that may increase risk
 - program phone numbers into phone
 - places should be frequently available and easily accessible
- **Assess:** "How likely are you to use these strategies? What might prevent you from talking to these people or going to these places?"

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Safety Plan

Step 4: People that can provide support

- **Explain:** "If distractions aren't working, you will need to tell someone that you are in crisis and need support to alleviate your suicidal thoughts."
- **Ask:** "Who is someone that you could talk to when you're in distress? Who could you talk with that would be understanding and supportive?"
- **List:** people in prioritized order
 - program phone numbers into phone
 - suggest notifying these people that they are trusted for crisis support
 - if they don't have supportive people, they can move to Step 5
- **Assess:** "How likely are you to call these people when you're in crisis? What might prevent you from calling them?"

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Safety Plan

Step 5: Professionals and agencies that can provide support

- **Explain:** "If nothing else has worked, you can always contact professionals for support."
- **Ask:** "Who are the professionals that you can contact during a crisis?"
- **List:** personal clinicians and local or national crisis support services
 - program phone numbers into phone
 - remind to call 911 in an emergency
 - role playing can be helpful
- **Assess:** "How likely are you to contact these people or places when you're in crisis? What might prevent you from calling them?"

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Safety Plan

Making the environment safe (means safety)

- **Explain:** "You can take steps to keep your surroundings safe and clear of things that you may use to hurt yourself."
- **Ask:** "Have you thought about how you might attempt suicide?"
- **List:** specific means safety plan
 - Discuss safety with any means they identify.
 - Discuss safety with firearms and medications, even if not identified.
 - For less lethal methods, they can create safety on their own. For highly lethal methods, a responsible person should be involved to ensure safety.
- **Assess:** "How likely are you to take these steps to ensure that your surroundings are safe? What might prevent you from doing this?"

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Safety Plan

Reasons for living

- **Explain:** "When you're in crisis, you may forget about the things you love that are important to you. Writing down things that are worth living for can help to remind you."
- **Ask:** "What is at least one thing that is important to you that is worth living for?"
- **List:** all identified reasons

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My3 App

my3app.org

- Free
- Available on Android and Apple
- Available in Spanish

- Add 3 contacts who can help in a suicidal crisis
- Add personalized safety plan
- Access resources and emergency services

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My3 App

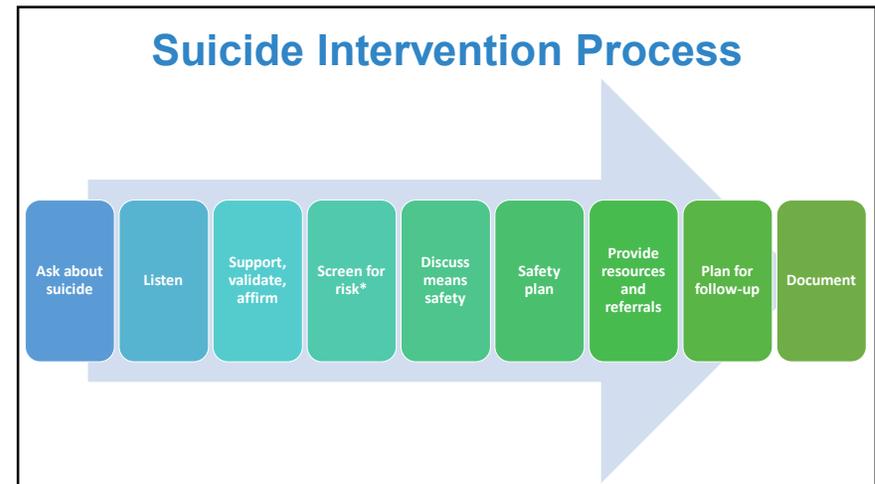
my3app.org

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My3 App

my3app.org

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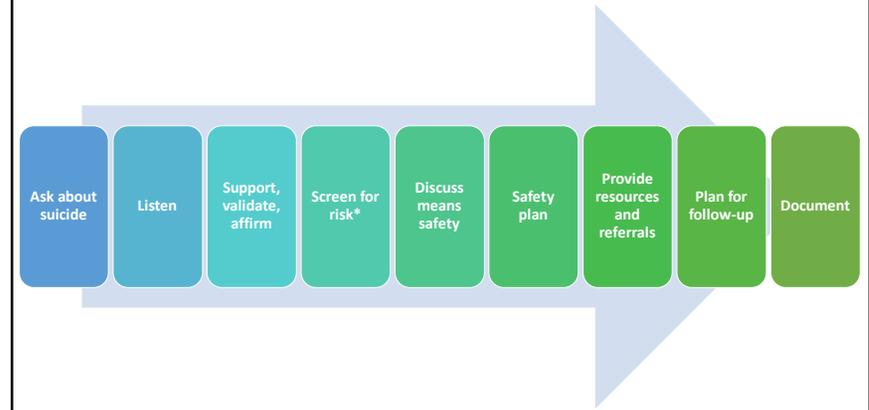
84

Referrals

- **Mental health services are important, but not the “solution”**
- Consider what is available in their community
 - informal and formal supports
- Consider their identity and accessibility
 - location, hours, language, friendliness, trust, etc.
- Make sure resource can actually meet their needs
- Provide instructions to help them feel confident
 - focus on skill building
- Offer support and assistance, but don't do it for them
- Provide a warm handoff whenever possible

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Suicide Intervention Process



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Follow-up Plan

Who, when, how - be specific

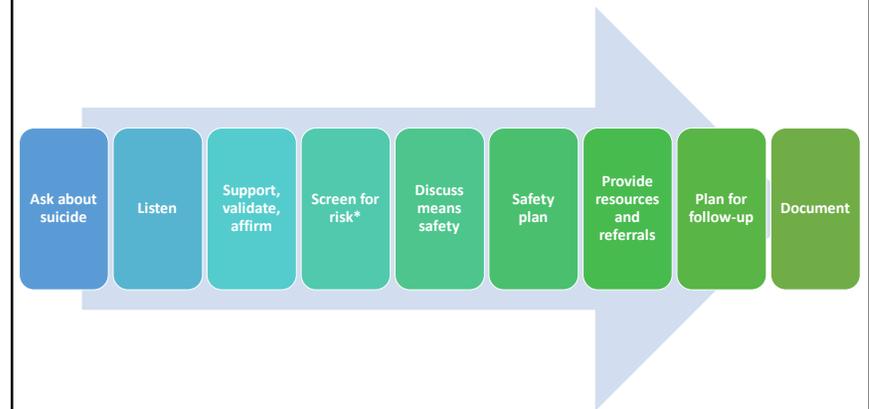
- I'll text you tomorrow at 3pm to see how things are going.
- Our social worker will call you at 5pm to check-in.

What happens if there is no answer

- If you don't answer, I'm going to call your mom.
 - If you don't answer, we'll come to your house to check on you.
- Remember, this person trusts you!
 - If you say it, do it. If you can't do it, don't say it.
 - Share the plan with a back-up.
 - Continue to informally check-in even after risk has decreased.

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Suicide Intervention Process



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Documentation

This is for your protection!

<p>Narrative:</p> <ul style="list-style-type: none"> • Information and history • Symptoms or warning signs • Events (include quotes) • Risk and protective factors 	<p>Suicide:</p> <ul style="list-style-type: none"> • Suicidal ideation (frequency, intensity, duration) • Plan for suicide attempt (timing, method) • Means to carry out plan (access) • Intention to act on suicidal thoughts • Preparations taken for suicide • Prior attempts (methods, injuries, treatments)
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Documentation

This is for your protection!

<p>Risk Screening:</p> <ul style="list-style-type: none"> • Tool or method used • Responses • Level of risk (include rationale) <p>Intervention:</p> <ul style="list-style-type: none"> • Crisis support provided • Safety planning (include copy) • Means safety 	<p>Actions and responses:</p> <ul style="list-style-type: none"> ➢ <i>Rationale for each</i> • Consultations with others • Options considered and rejected • Actions taken • Referrals made • Follow-up plans
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Objectives

<p><input checked="" type="checkbox"/> Learn how to get support:</p> <ul style="list-style-type: none"> • connecting to resources • hotlines <p><input checked="" type="checkbox"/> Learn about suicide:</p> <ul style="list-style-type: none"> • scope • pathways to suicide • risk and protective factors <p><input checked="" type="checkbox"/> Learn what to look for:</p> <ul style="list-style-type: none"> • warning signs 	<p><input checked="" type="checkbox"/> Learn what to do:</p> <ul style="list-style-type: none"> • how to ask about suicide • what to say, what not to say • risk screening • means safety • safety plan • referrals • follow-up plan • documentation
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rattlethestars.org

@RattleStarsOrg

Kim Bryan
Executive Director

kbryan@rattlethestars.org
 217-372-4479

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References & Resources

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