



## 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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[rattlethestars.org](http://rattlethestars.org)



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## Your Role

### Be a supportive person

#### You are expected to:

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

#### You are not expected to:

- solve their problems
- make them feel better
- prevent a suicide attempt or death

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

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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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## 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.

## 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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## 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

## Learn

**how to get support**

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## Connecting to Resources

➔ See "Suicide Prevention Resources" handout

- Crisis lines
- Assessment
- Counseling
- Information

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The collage features several logos and contact information for crisis services:

- 2-1-1**: A blue speech bubble logo.
- YouthLine**: A blue box with "let's talk." and phone number 877.968.8491.
- Disaster Distress Helpline**: A dark blue box with phone and text numbers.
- CALL BLACKLINE**: A black box with phone number 1 (800) 604-5841.
- Veterans Crisis Line**: A blue box with a star and phone number 1-800-273-8255.
- THE TREVOR PROJECT**: A colorful logo for the LGBTQ Crisis Hotline with phone number 1-866-488-7386.
- NATIONAL SUICIDE PREVENTION LIFELINE**: A green and white logo with phone number 1-800-273-TALK (8255).
- RED NACIONAL de PREVENCIÓN del SUICIDIO**: A red and white logo with phone number 1-888-628-9454.
- TRANS LIFELINE**: A red box with text "I'm not ok." and "I'm here, and I'm listening." and phone numbers for USA and CAN.

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

### 10 Leading Causes of Death, United States 2020, All Races, Both Sexes

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,043	Unintentional Injury 1,153	Unintentional Injury 609	Unintentional Injury 881	Unintentional Injury 15,117	Unintentional Injury 31,315	Unintentional Injury 31,007	Malignant Neoplasms 34,539	Malignant Neoplasms 110,243	Heart Disease 505,655	Heart Disease 695,982
2	Short Gestation 3,141	Congenital Anomalies 382	Malignant Neoplasms 382	Suicide 581	Homicide 6,406	Suicide 8,454	Heart Disease 12,177	Heart Disease 34,169	Heart Disease 38,551	Malignant Neoplasms 440,753	Malignant Neoplasms 602,390
3	SIDS 1,399	Homicide 511	Congenital Anomalies 171	Malignant Neoplasms 410	Suicide 6,062	Heart Disease 7,125	Malignant Neoplasms 10,730	Unintentional Injury 27,819	COVID-19 42,090	COVID-19 282,836	COVID-19 350,631
4	Unintentional Injury 1,194	Malignant Neoplasms 307	Homicide 169	Homicide 235	Malignant Neoplasms 1,305	Heart Disease 3,084	Suicide 7,314	COVID-19 16,954	Unintentional Injury 28,915	Cerebrovascular 137,741	Unintentional Injury 200,655
5	Maternal Pregnancy Comp 116	Heart Disease 112	Heart Disease 59	Congenital Anomalies 150	Heart Disease 870	Malignant Neoplasms 3,673	COVID-19 6,079	Liver Disease 9,503	Chronic Low Respiratory Disease 18,816	Alzheimer's Disease 137,741	Cerebrovascular 190,264
6	Placenta Cord Membranes 700	Influenza & Pneumonia 84	Influenza & Pneumonia 55	Heart Disease 111	COVID-19 501	COVID-19 2,254	Liver Disease 4,938	Diabetes Mellitus 7,545	Diabetes Mellitus 18,002	Chronic Low Respiratory Disease 129,712	Chronic Low Respiratory Disease 155,997
7	Bacterial Sepsis 542	Cerebrovascular 55	Chronic Low Respiratory Disease 54	Chronic Low Respiratory Disease 93	Congenital Anomalies 384	Liver Disease 1,631	COVID-19 4,492	Bleeds 7,949	Liver Disease 18,151	Diabetes Mellitus 72,194	Alzheimer's Disease 134,242
8	Respiratory Distress 388	Perinatal Period 54	Cerebrovascular 32	Diabetes Mellitus 50	Diabetes Mellitus 312	Diabetes Mellitus 1,155	Diabetes Mellitus 2,904	Cerebrovascular 5,885	Cerebrovascular 14,163	Unintentional Injury 62,796	Diabetes Mellitus 102,188
9	Circulatory System Disease 385	Septicemia 43	Benign Neoplasms 25	Influenza & Pneumonia 50	Chronic Low Respiratory Disease 200	Cerebrovascular 500	Cerebrovascular 2,009	Chronic Low Respiratory Disease 3,935	Suicide 7,190	Nephritis & Pneumonia 42,875	Influenza & Pneumonia 53,544
10	Neonatal Hemorrhage 317	Benign Neoplasms 35	Suicide 20	Cerebrovascular 44	Complicated Pregnancy 191	Complicated Pregnancy 564	Influenza & Pneumonia 1,145	Homicide 2,542	Influenza & Pneumonia 9,295	Nephritis & Pneumonia 42,511	Nephritis 82,247

www.cdc.gov/vitalsigns/suicide

WISQARS™ Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention  
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

## Suicide in Illinois

based on 2015-2020 CDC Data

- 1362 total deaths in 2020
- 98 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

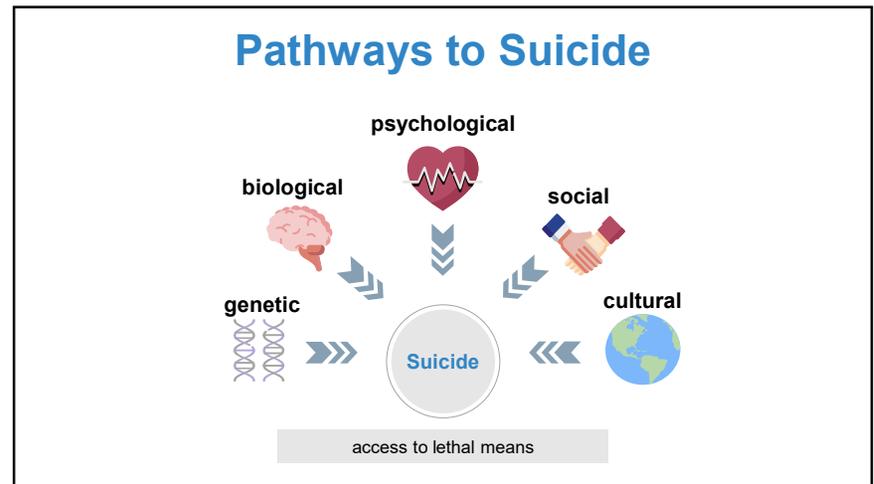
Suicide Mortality Rate All ages

- 4.7 - 10.9
- 11.0 - 15.1
- 15.2 - 18.5
- 18.6 - 27.6

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 2019

**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- something else leads to both

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## Social: Crisis

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

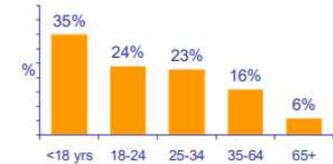


FIGURE 3. % of suicides occurring within 24 hours of a crisis, by age group

[www.sprc.org/sites/default/files/migrate/library/YouthSuicideFactSheet.pdf](http://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**
- ❖ **Entrapment**
- ❖ **Strain**

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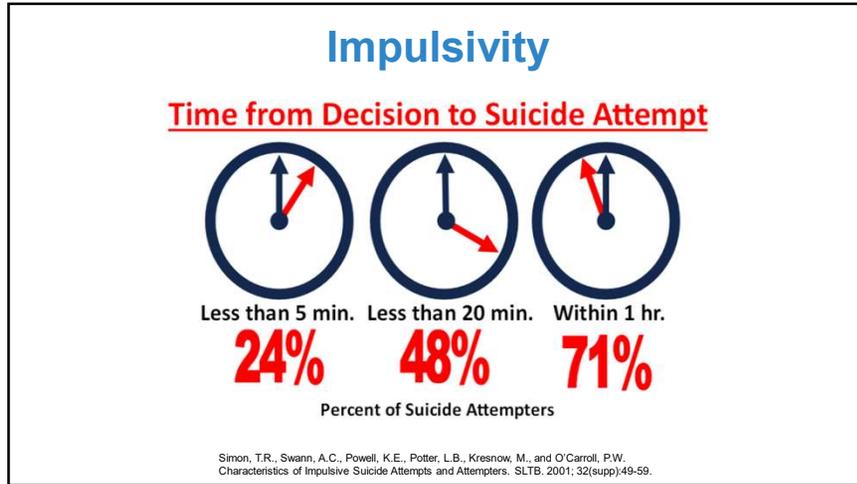
## Cultural: Instructions

- Scripts: directions on how to be and how to see the world
- Tools: directions on how to manage problems
  - related to risk and protective factors

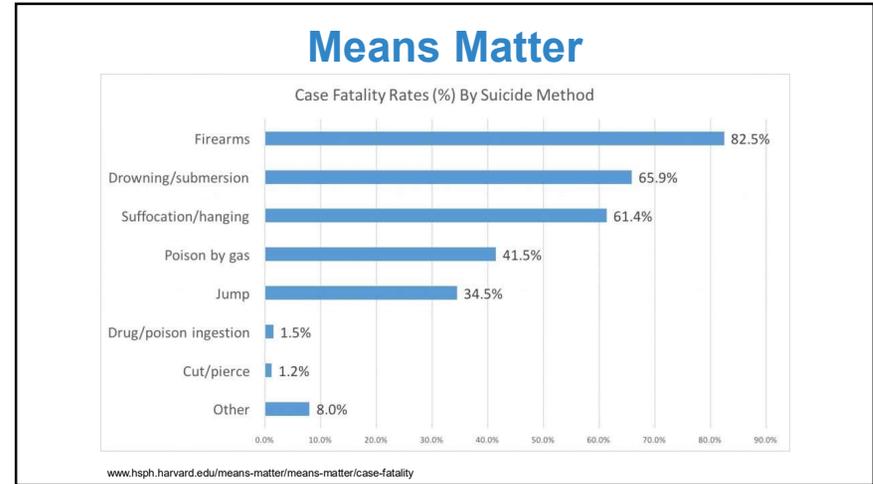
Types of culture:

- identities and social groups
  - race, gender, class, sexual orientation, age
- large defined populations
  - country, state, region
- small defined populations
  - community, school, workplace, church
- other informal groups
  - gun owners, substance users, athletes

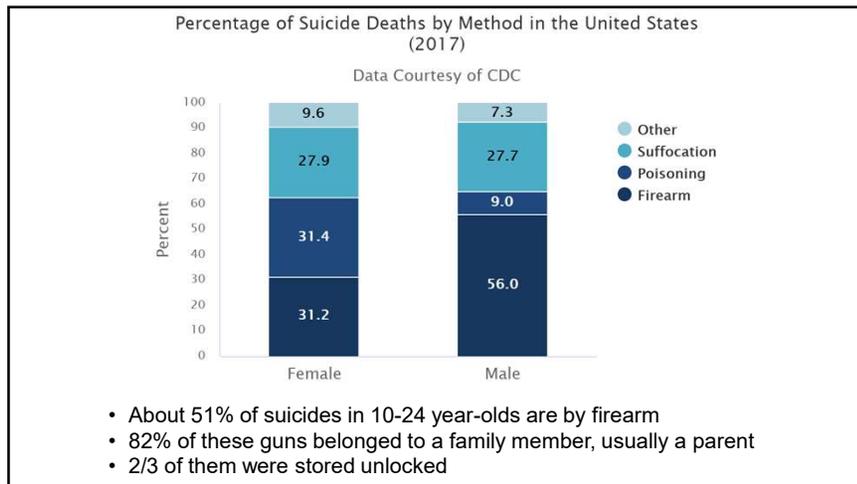
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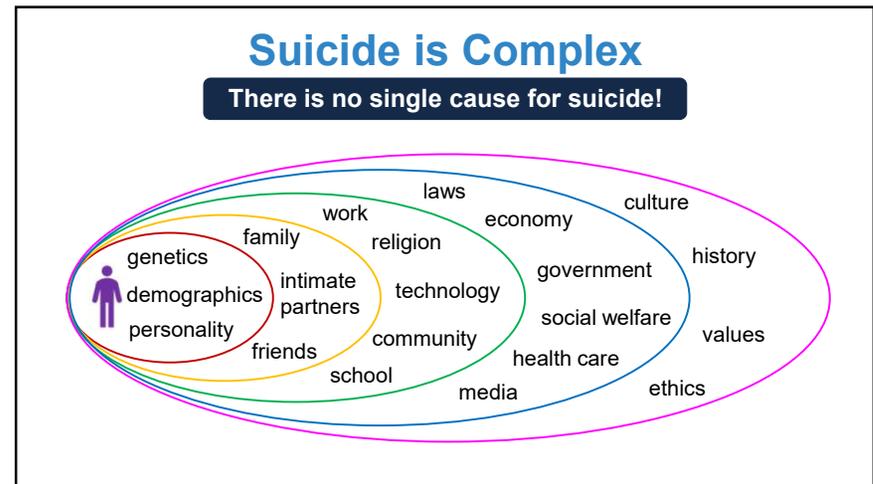
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## Risk Factors

- distress, crisis, trauma:
  - discrimination/oppression, relationship issues, academic stress, job loss, financial difficulties, legal trouble, disasters
- mental illness & substance use
- military service
- LGBTQ+
- occupational stressors
- 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 (e.g. impulsiveness, perfectionism)

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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
- organizational safety and wellness
- economic stability and social welfare
- public policy
- cultural beliefs

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## Objectives

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## Learn

### what to look for

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## Warning Signs

- We're not good at recognizing these!
- Identify circumstances and situations that can increase risk rather than trying to identify individuals at risk
- You don't have to wait for warning signs to ask about suicide

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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

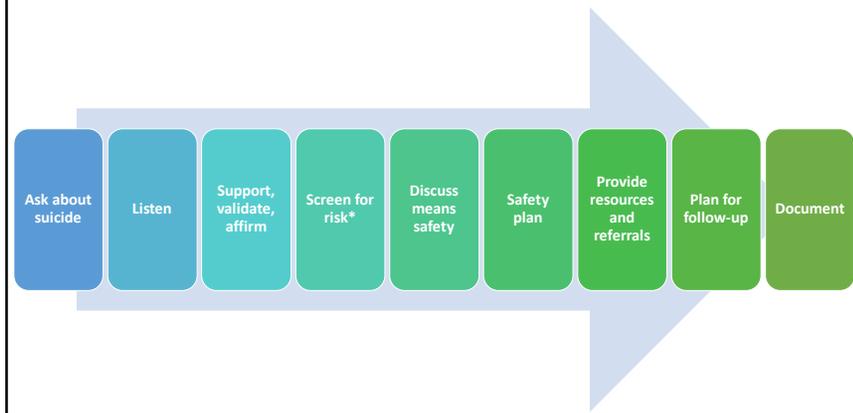
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Learn  
what to do

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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

### ➤ Pay Attention

- Make eye contact (if comfortable)
- Be aware of body language
- Avoid interruptions and distractions

### ➤ Avoid Judgement

- "Walk in their shoes" - perspective taking
- Unconditional positive regard - everyone is doing the best they can

### ➤ Identify Emotions and Values

- Focus on their feelings and what is important to them
- Use emotion words

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## Active Listening Techniques

### > Ask Questions

- Open-ended questions: Can you tell me more about...?
- Statement questions: I wonder if you've thought about...

### > Check your Understanding

- Reflecting, Clarifying, Paraphrasing
- It seems like you're saying/feeling...
- What I'm hearing is...
- So what you're saying is...

### > Validate and Affirm

- I understand that you feel...
- I can tell that \_\_\_ is important to you.
- You have the right to feel...

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## Signs of Poor Communication

- Repeating things
- Interrupting
- Arguing
- Denying understanding "No, that's not it."
- Expressing agitation or frustration "Forget about it."
- Diminished response, prolonged silence

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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**

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

Is this something that you have thought about? **Say "Suicide"**

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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? **Signs & Concerns**

These thoughts can be scary, but they happen to people sometimes. Have you ever thought that you just don't want to live anymore? **Ask Twice**

With all that you've gone through, it's understandable that you may have trouble dealing with everything and might have thoughts of suicide. **Normalize**

Have you been feeling this way? **Say "Suicide"**

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## 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? **Signs & Concerns**

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? **Ask Twice**

When you say that you are done with it all, do you mean that you are thinking about suicide? **Normalize**

Have you ever thought that? **Say "Suicide"**

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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?

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## 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 be devastated.

### 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.

### 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?

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## What To Say

### Validate feelings:

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

### Ask about suicidality:

- Plan - Have you thought about how you might do it?
- Intent - Do you intend to act on this plan?
- Means - Do you have {a gun, pills, etc.}?

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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.

### Empower to meet needs:

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

### Encourage healthy coping & remind of strengths:

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

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## What To Say

### Encourage future-thought:

- What do you care about that is worth living for?
- What keeps you alive?

### Encourage help-seeking:

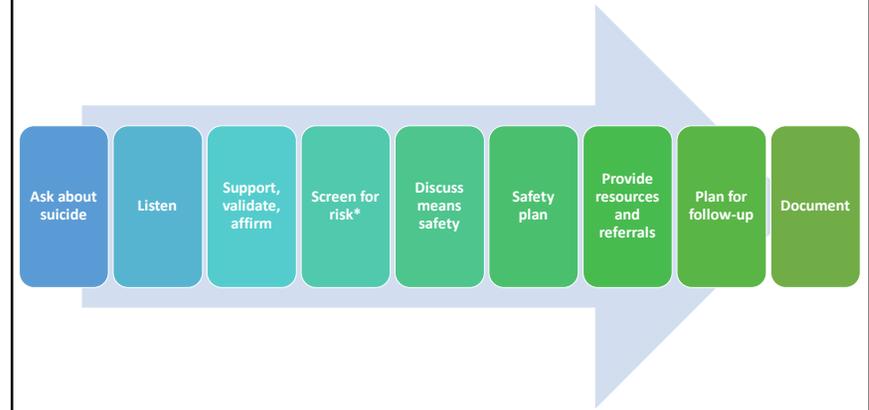
- Other people will know more about what to do.  
We can find someone who can help.

### 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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## Suicide Intervention Process



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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](https://cssrs.columbia.edu)
- ASQ: [nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml](https://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:**

<b>Low</b>	provide support, means safety, safety plan, provide resources, follow-up
<b>Moderate</b>	consult with others, discuss treatment and/or hospitalization, means safety, safety plan, provide resources, follow-up
<b>High</b>	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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## Risk Formulation

Clinical data      Risk Formulation

[www.ncbi.nlm.nih.gov/pmc/articles/PMC4937078/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937078/)  
[zerosuicide.sprc.org/toolkit/identify/forming-clinical-judgment-risk](http://zerosuicide.sprc.org/toolkit/identify/forming-clinical-judgment-risk)

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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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## Suicide Intervention Process

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## Means Safety

Lethal Means Counseling: [go.edc.org/CALMonline](http://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**

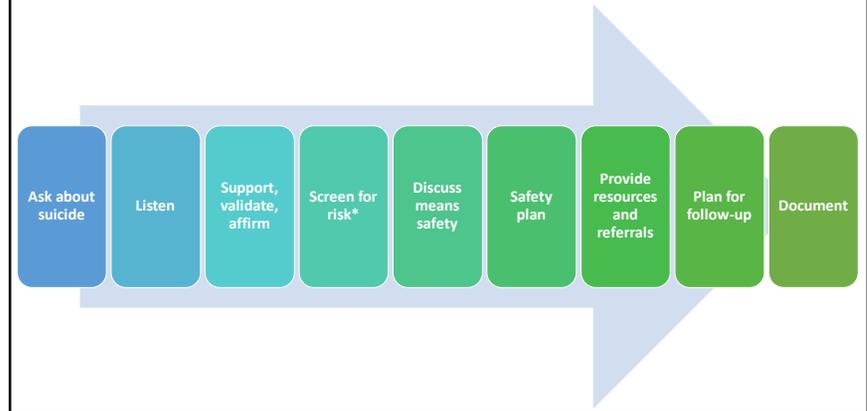
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## Means Safety: Medications

- **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](http://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](http://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

## 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



### ADD RESOURCES

Save a resource by selecting "Add Resource" on the resource information page.

- ▼ FOR VETERANS
- ▼ FOR LGBTQ+ YOUTH
- ▼ FOR LOCAL SUICIDE PREVENTION ACTIVITIES
- ▼ FOR WARNING SIGNS OF SUICIDE
- ▼ FOR YOUTH
- ▼ FOR MENTAL HEALTH
- ▼ SUICIDE LOSS SURVIVORS
- ▼ SUICIDE ATTEMPT SURVIVORS
- ▼ MEN

## My3 App

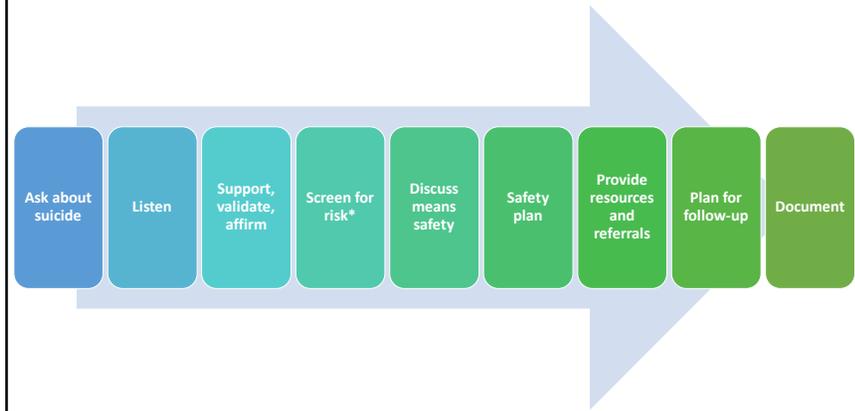
my3app.org



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## Suicide Intervention Process



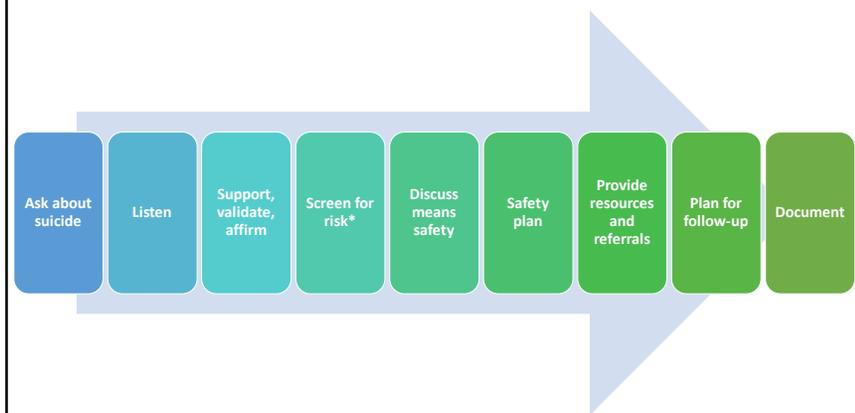
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## Referrals

- **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

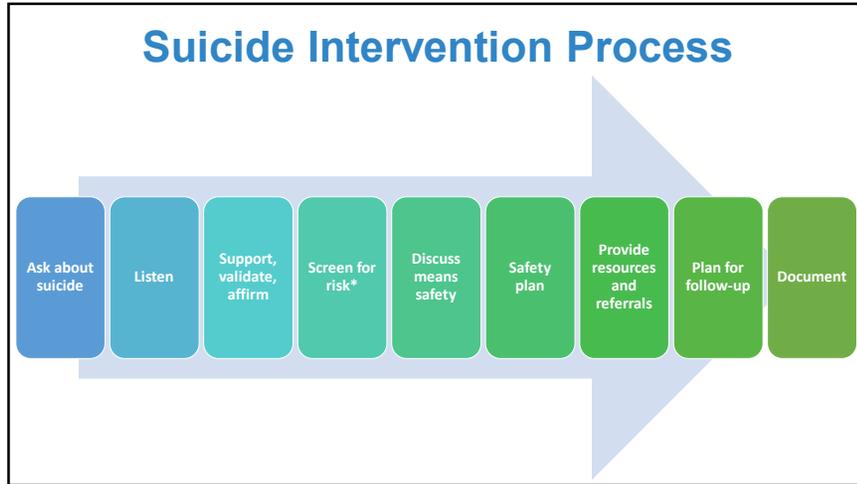
### Who, when, how - be specific

- 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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## Documentation

**This is for your protection!**

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

**This is for your protection!**

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

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

ASQ: [nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml](http://nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml)

CAMS Framework: [www.cams-care.com](http://www.cams-care.com)

Centers for Disease Control and Prevention. (June 2017). Vital Signs: Suicide Rising Across the US. [www.cdc.gov/vitalsigns/suicide](http://www.cdc.gov/vitalsigns/suicide)

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