

# Suicide Prevention and Management

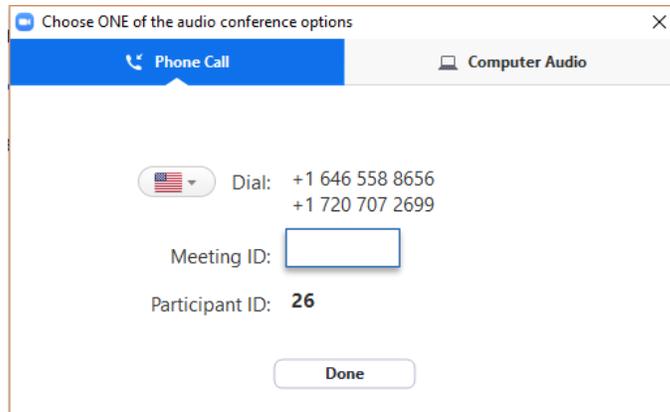
*Social Workers on the Front Line of the Opioid Epidemic*  
Learning Collaborative

**Spring 2020 Webinar Series**

# Webinar Logistics

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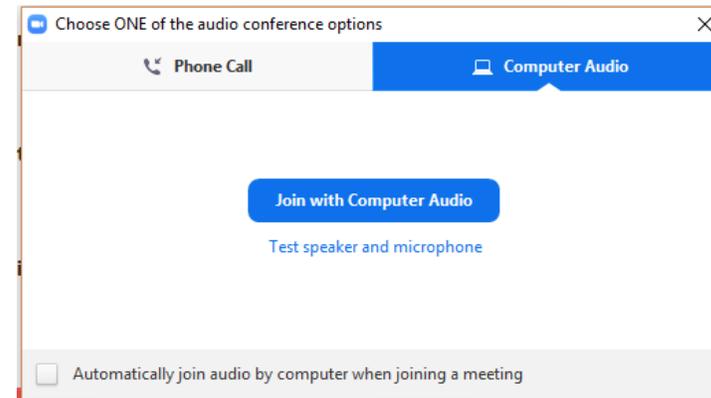
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Meeting ID:

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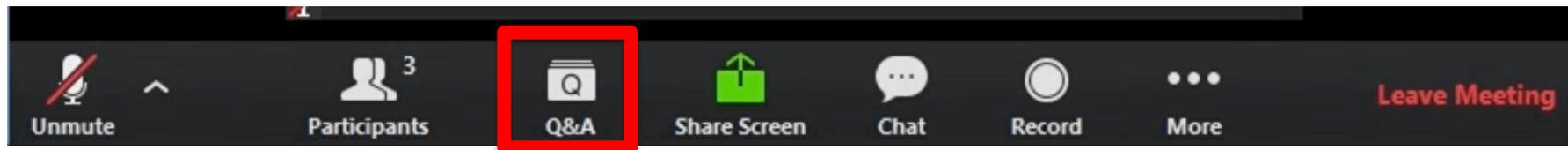
Test speaker and microphone

Automatically join audio by computer when joining a meeting

# Webinar Logistics

## Ask a Question

Submit any questions using the Q&A function at the bottom of your screen.



# Today's Presenter



Welcome!

Laura Leone, DSW, MSSW, LMSW  
Integrated Health Consultant  
The National Council for Behavioral Health



# Learning Objectives

- Participants will be able to...
  - Demonstrate an understanding of suicide risk factors and warning signs, including special considerations for individuals with substance use.
  - Learn about evidenced-based screening, assessment, and intervention practices, as well as wellness planning, team-based care, and electronic health record considerations.
  - Gain an understanding on the development and use of a suicide care pathway and other resources.

# The Context for Suicide Prevention



# Language About Suicide

Former Terms	Replacement Terms
Committed suicide	<b>Died of/by suicide</b>
Successful suicide	<b>Suicide</b>
Completed suicide	<b>Suicide</b>
Unsuccessful Attempt	<b>Non-fatal attempt/Suicide attempt</b>
Hurt yourself	<b>Kill yourself</b>
Suicidal person	<b>Person with thoughts of suicide</b>
Attention seeking, manipulative act, suicide gesture or threat	<b>Describe what you mean...</b>

# Identification of Suicidality

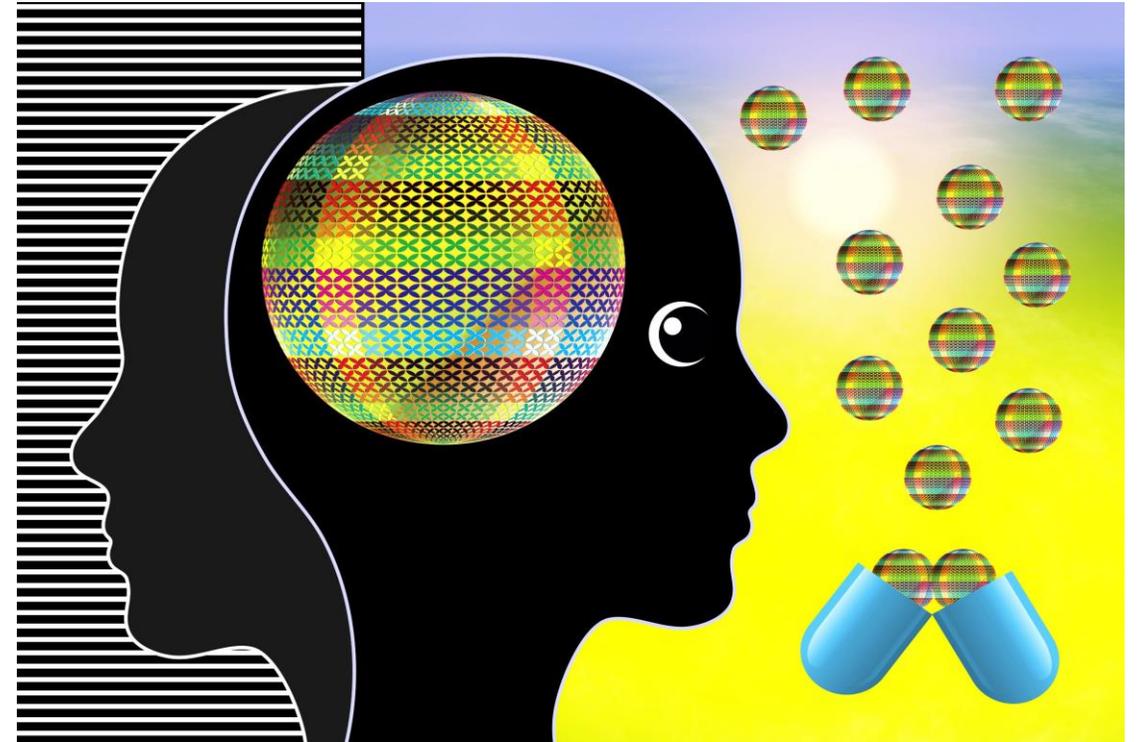
# Considerations for Identification

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



# Substance Use Disorder and Suicide

- Increase in suicidal thoughts
- Increase in plans for suicide
- Increase in suicide attempts
- Increased risk for people with co-occurring disorders



# 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?

# Risk Factors for Increased Risk of Suicide

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



\*According to the American Foundation for Suicide Prevention

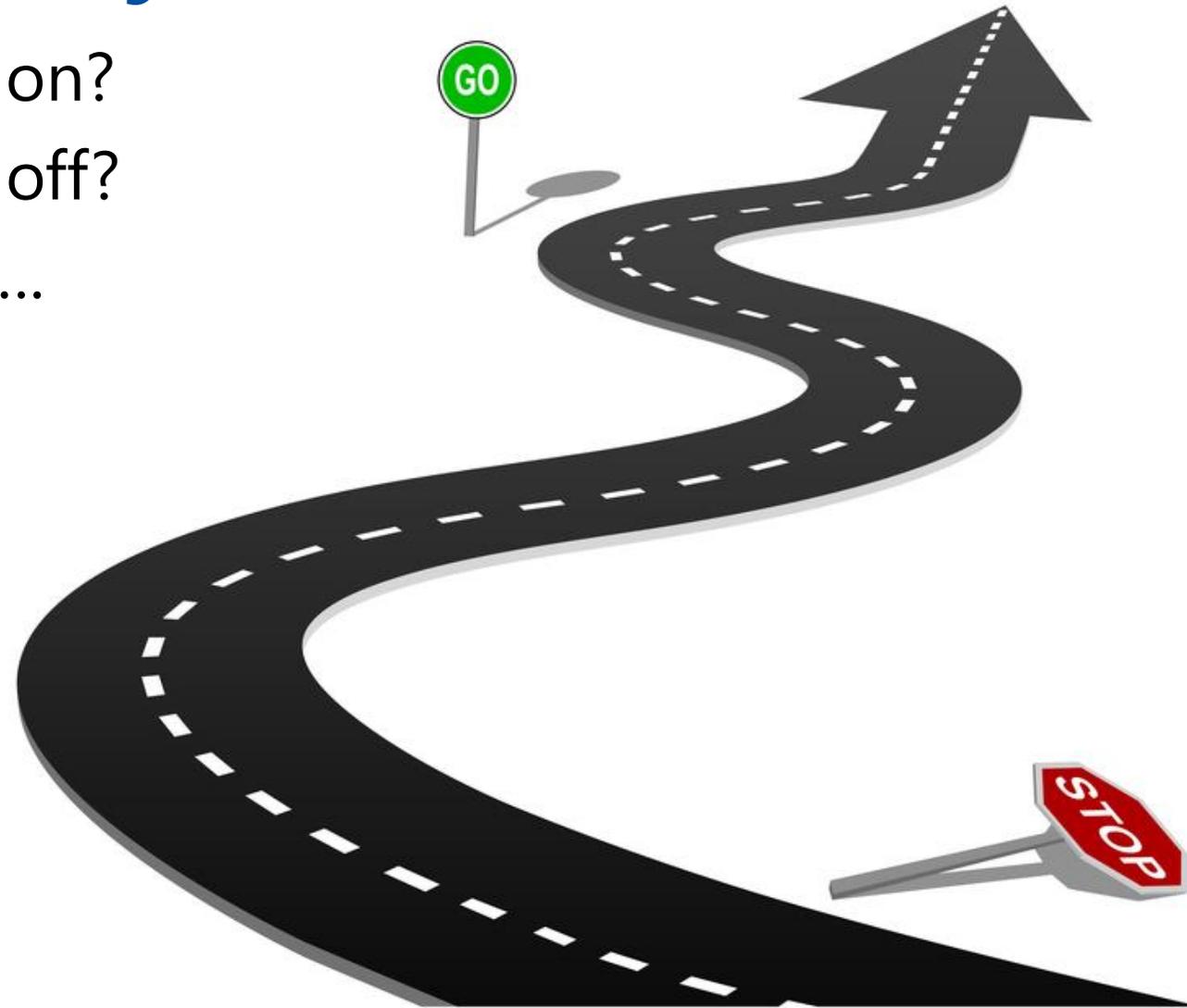


Questions?

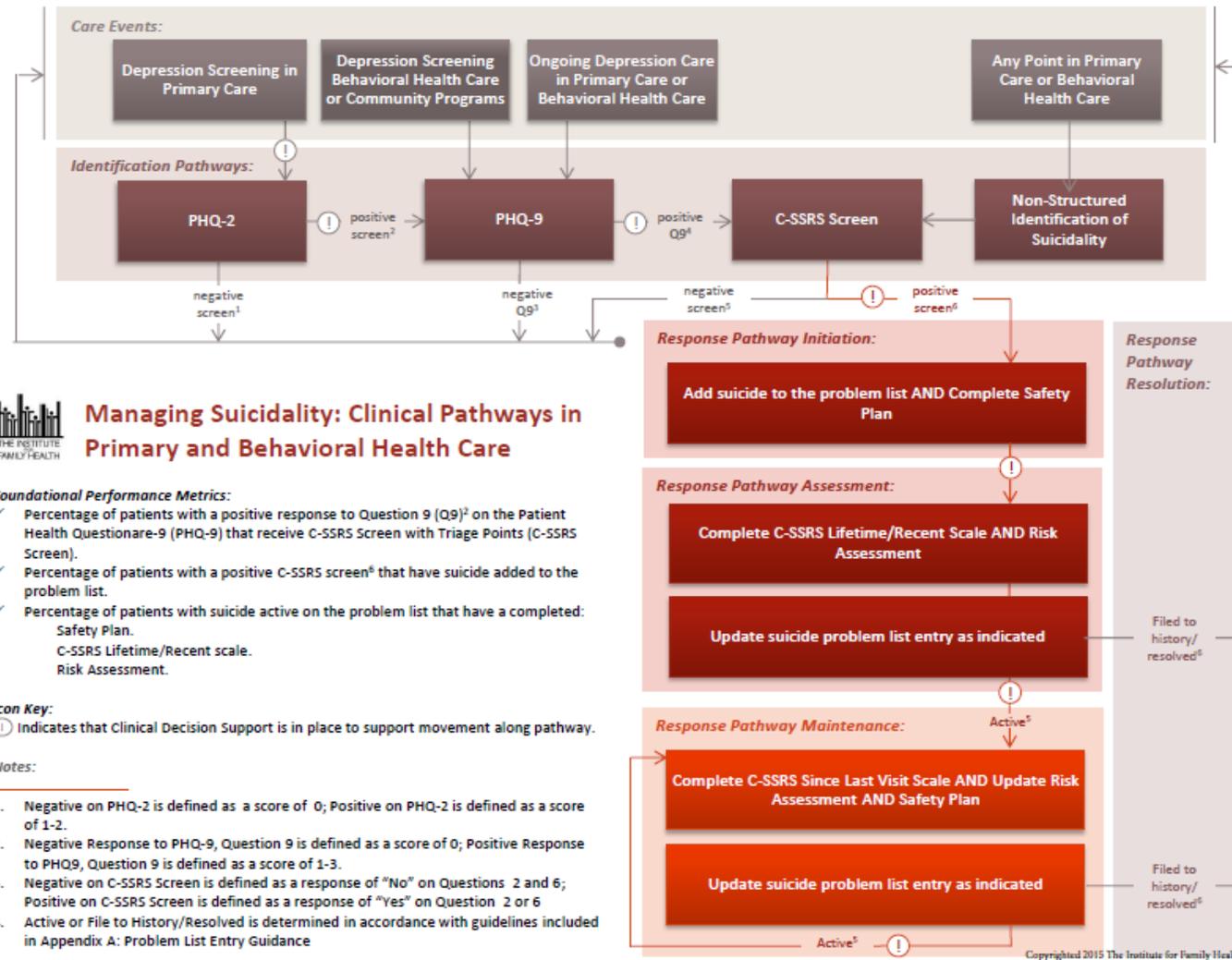
# Suicide Care Pathway and Assessment

# Create a Pathway

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

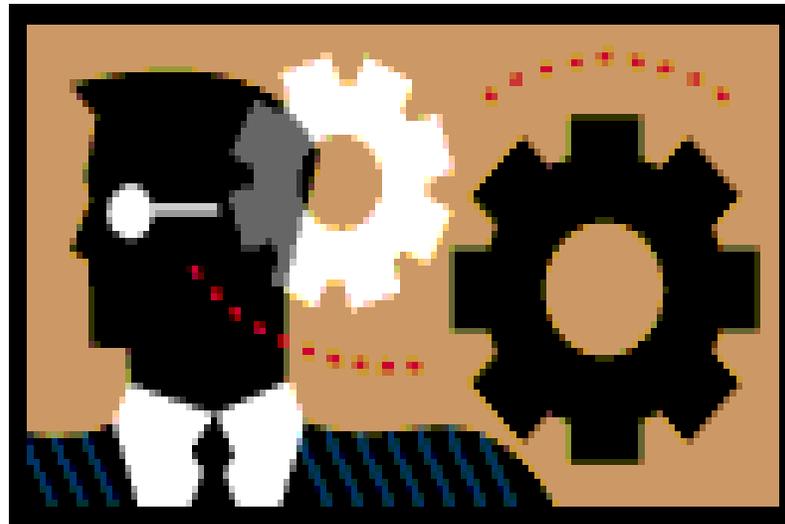


# Suicide Care Pathway Example



# Suicide Inquiry

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



<https://www.sprc.org/sites/default/files/PrimerModule4.pdf>

# Suicide Inquiry

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



<https://www.sprc.org/sites/default/files/PrimerModule4.pdf>

# 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?

<https://www.sprc.org/sites/adeault/files/PrimerModule4.pdf>



# 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?

<https://www.sprc.org/sites/default/files/PrimerModule4.pdf>

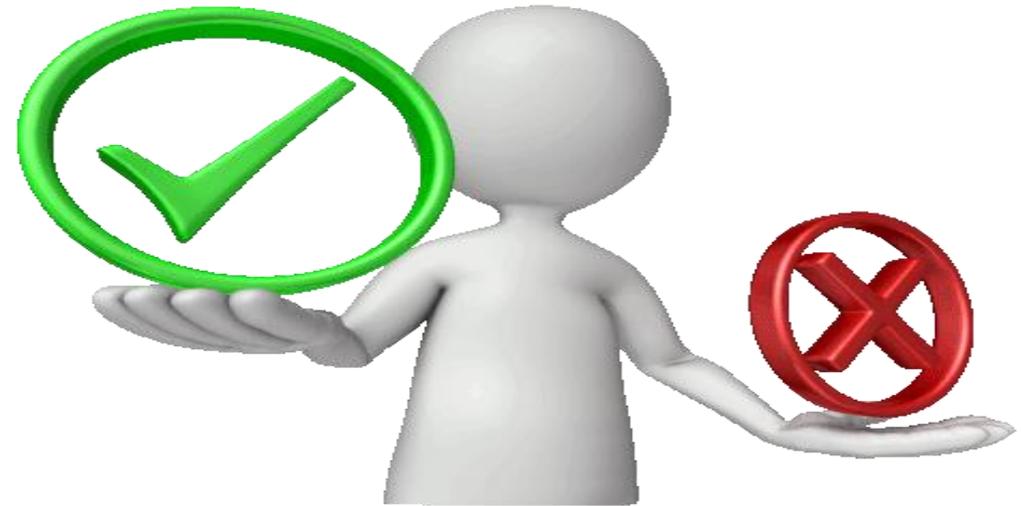
# Asking about Intent

- 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?

<https://www.sprc.org/sites/default/files/PrimerModule4.pdf>

# 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



<https://www.sprc.org/sites/default/files/PrimerModule4.pdf>

# Screening for Depression

- Patient Health Questionnaire 2
- Patient Health Questionnaire 9
  - Thoughts you would be better off dead or hurting yourself

# Patient Health Questionnaire-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(use "✓" to indicate your answer)

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

US Preventive Services Task Force

# Columbia Suicide Severity Rating Scale Screener

Ask questions that are in bold.

Ask Questions 1 and 2	Past Month	
	YES	NO
<b>1. Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2. Have you had any actual thoughts of killing yourself?</b>		
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, go directly to question 6		
<b>3. Have you been thinking about how you may do this?</b> <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>		
<b>4. Have you had these thoughts and had some intention of acting on them?</b> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>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?</b>		
<b>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b>  <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 <b>YES</b> to question 6, ask: <b>Was this in the past 3 months?</b>		

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/>

# Columbia Suicide Severity Rating Scale Lifetime/Recent Version

Lifetime/recent Suicide Severity Rating Scale

[File Documentation](#) Completed/Reviewed

<b>SUICIDAL IDEATION</b>		
	Lifetime: Time He/She Felt Most Suicidal	Past 1 Month
<p><b>1. Wish to be Dead</b></p> <p>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></p>	<p>Yes No</p>	<p>Yes No</p>
<p><b>2. Non-Specific Active Suicidal Thoughts</b></p> <p>General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><i>Have you actually had any thoughts of killing yourself?</i></p>	<p>Yes No</p>	<p>Yes No</p>
<b>SUICIDAL BEHAVIOR</b>		
<p><i>(Check all that apply, so long as these are separate events; must ask about all types)</i></p>	Lifetime	Past 3 months

### RISK ASSESSMENT with C-SSRS TRIAGE INDICATORS

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

\* Indicators of High Risk from the C-SSRS

Past 3 Months	Suicidal and Self-Injurious Behavior (from C-SSRS)	Lifetime
* <input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>
* <input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>
* <input type="checkbox"/>	Aborted or Self-Interrupted at <input type="checkbox"/> not receiving treatment	
* <input type="checkbox"/>	Other preparatory acts to kill	

Suicidal Ideation (from C-SSRS) Check most severe	
<input type="checkbox"/>	Wish to be dead (1)
<input type="checkbox"/>	Suicidal thoughts (2)
<input type="checkbox"/>	Suicidal thoughts with method
* <input type="checkbox"/>	Suicidal intent (without specific plan)

Clinical Status (Recent)	
<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Helplessness
<input type="checkbox"/>	Feeling Trapped
<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Chronic physical pain or other acute medical problem (cancer, etc.)
<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Aggressive behavior towards others
<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
<input type="checkbox"/>	Sexual abuse (lifetime)

Protective Factors (Recent)	
<input type="checkbox"/>	Identifies reasons for living
<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Engaged in work or school
<input type="checkbox"/>	Engaged with Phone Worker

Other Protective Factors	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Other Risk Factors	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Describe any suicidal, self-injurious or aggressive behavior (include dates)

# Suicide Risk Formulation

- Background:
  - Long-term Risk Factors:
  - Impulsivity/Self-control:
  - Past/Present Suicide Ideation/Behavior:
  - Identifiable Stressor:
  - Clinical Presentation:
  - Engagement/Reliability:
- Synthesis:
  - In light of the above factors:
    - Risk Status (related to stated population):
    - Risk State (compared to person's baseline):
    - Internal and Social Strengths/Supports:
    - Hypothetical Changes That Could Increase Risk:



Questions?

# 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, G. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 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](http://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, G. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.

# Step 1: Recognizing Warning Signs

- ASK: “How will you know when the safety plan should be used?”

Type of Warning Sign	Example
Thoughts	“I’m a failure”
Emotions	Guilty, disappointed
Physical sensations	Fatigue, headaches
Thinking processes	“Having racing thoughts”
Images	Flashbacks
Moods	“Feeling irritable”
Situations	“When my parents are fighting”
Behaviors	“Using drugs”

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# STEP 2: Using Internal Coping Strategies

- Useful to have patients try to cope on their own with suicidal feelings, even if it is just for a brief time
- Identification of coping strategies:
  - ASK: “What can you do on your own if you become suicidal again, to help yourself not act on your thoughts or urges?”
  - ASK: “What activities could you do to help take your mind off your problems even if it is for a brief period of time?”
  - Examples: Going for a walk, praying, listening to music, taking a shower, playing with a pet, knitting, exercising

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# STEP 2: Using Internal Coping Strategies

- Assess the likelihood of using such strategies:
  - ASK: “How likely do you think you would be able to do this step during a time of crisis?”
- Identification of barriers and problem-solving:
  - ASK: “What might prevent you from thinking of these activities or doing these activities even after you think of them?”
- Use a collaborative, problem-solving approach

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# Step 3: Socializing Distractions

- This step is not for reaching out to others for specific help with the suicidal crisis – it is for distraction from suicidal thoughts
- ASK: “Are there places or groups that you can go that can help take your mind off your problems...even for a little while?”
- Examples: Coffee shop, gym, place of religion, shopping mall, AA meeting.
- ASK: “Who do you enjoy socializing with?”

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# Step 4: Contacting Friends or Family Members

- ASK: "Among your family or friends, who do you think you could contact for help during a crisis?"
- ASK: "Who is supportive of you and who do you feel you can talk with when you're under stress?"
- Examples: Spouse/partner, sibling, parent, close friend, clergy

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# Step 5: Contacting Professionals

- ASK: “Who are the mental health professionals we should identify to be on your safety plan?”
- List names, numbers and/or locations of:
  - Clinicians
  - Local emergency department
  - National Suicide Prevention Lifeline: 800-273-TALK (8255)

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

**NATIONAL**

**SUICIDE**

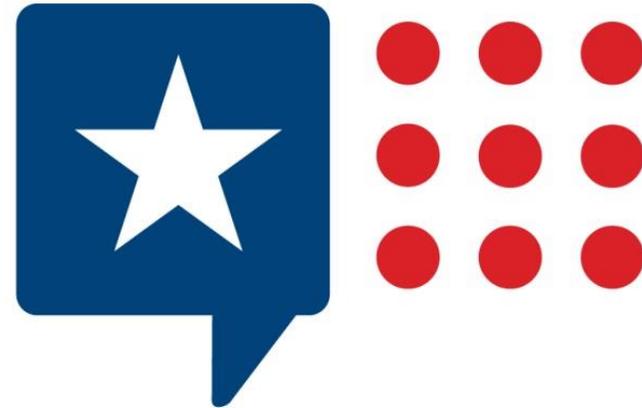
**PREVENTION**

**LIFELINE**<sup>TM</sup>

**1-800-273-TALK (8255)**

[suicidepreventionlifeline.org](http://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

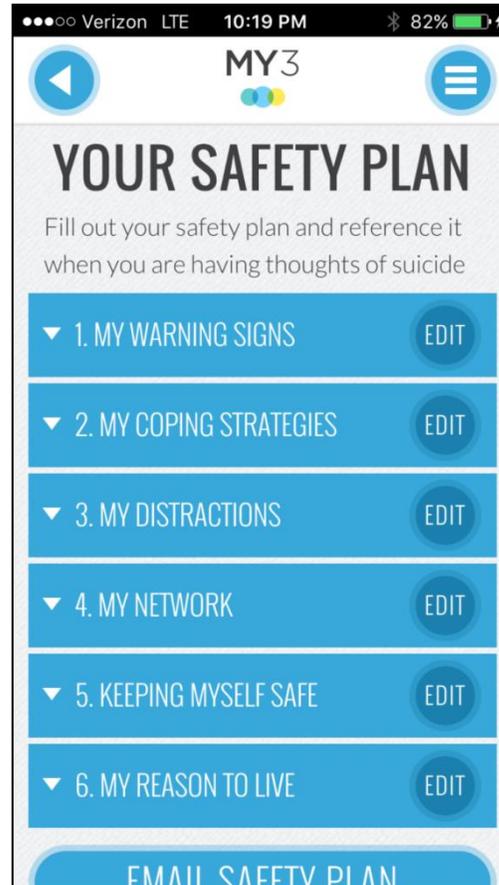
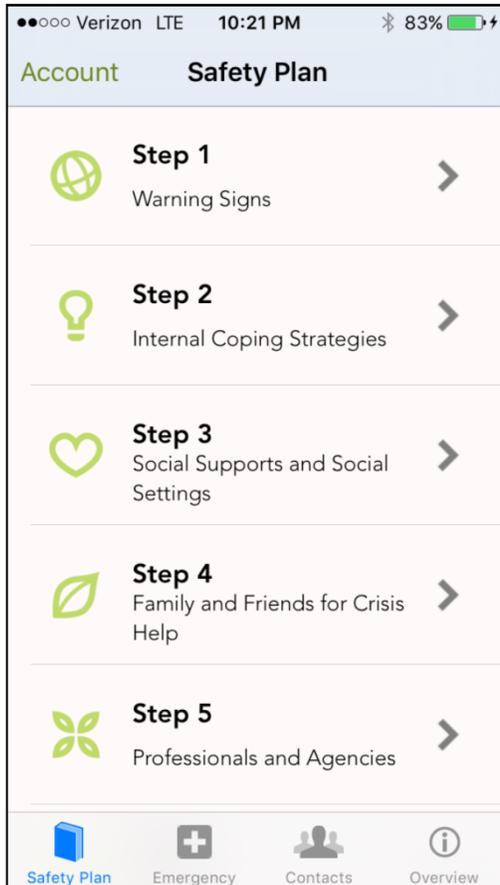


# Step 6: Reducing Access to Lethal Means

- Evidence-based strategy for helping to reduce access to the methods people use to kill themselves.
- Advise on specific off-site and in-home secure storage options for firearms and strategies to limit access to dangerous medications and other ways people die by suicide.

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.

# 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:**

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_

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

- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
- Local Urgent Care Services  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

- \_\_\_\_\_
- \_\_\_\_\_

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# 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.

Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.



**Questions?**

# **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

SPRC. (2018). Means restriction counseling. Retrieved from <https://training.sprc.org/enrol/index.php?id=3>

# Training: Counseling on Access to Lethal Means (CALM)

The screenshot displays the user interface for the 'Counseling on Access to Lethal Means' training. At the top, the title 'Counseling on Access to Lethal Means' is visible, along with navigation links for 'TOOLS & RESOURCES', 'COURSE NAVIGATION', and 'EXIT'. The main content area features a collage of images depicting various individuals in distress or being supported, such as a man with his head in his hands, a woman in a hoodie, and a man being comforted. The interface includes a sidebar menu with options like 'Lifeline Contact Information', 'Welcome', 'Produced By', 'What This Course Covers', 'Before You Begin', 'Module 1: Introduction to Means Restriction', and 'Module 2: Counseling on Access to Lethal Means'. The bottom of the interface shows a video player with a 'PAUSED' status, a progress bar at '00:03 / 00:06', and a slide indicator 'SLIDE 2 OF 64'. Logos for the Harvard Injury Control Research Center (HICRC) and the Suicide Prevention Resource Center (SPRC) are also present.

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

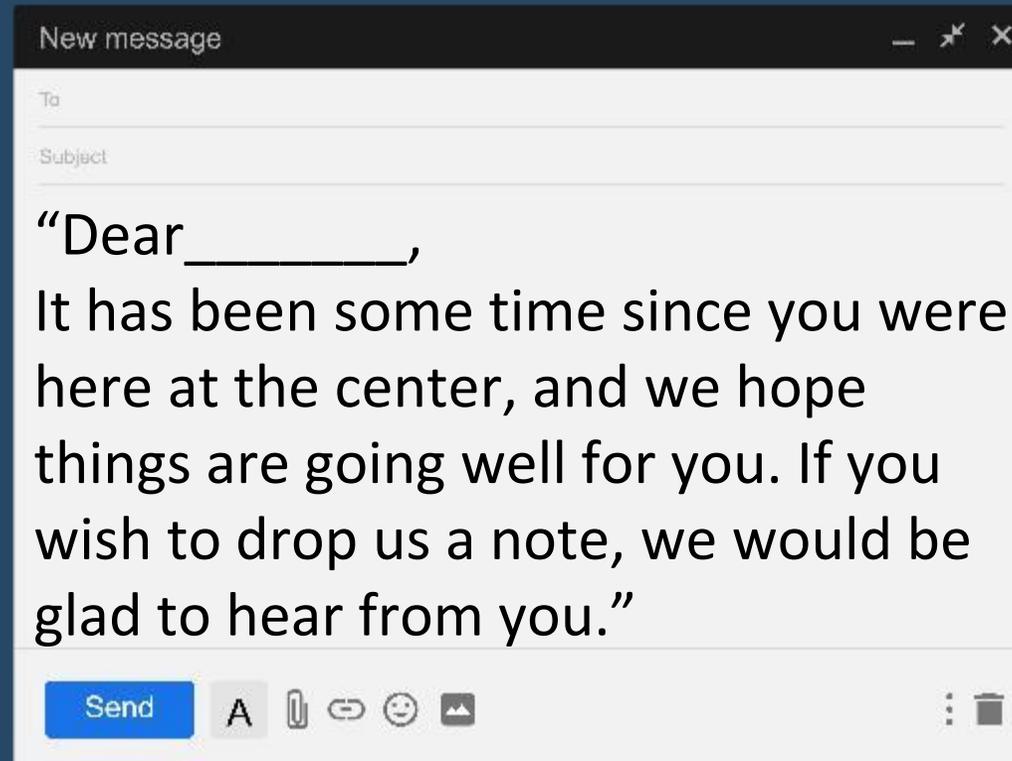


Questions?

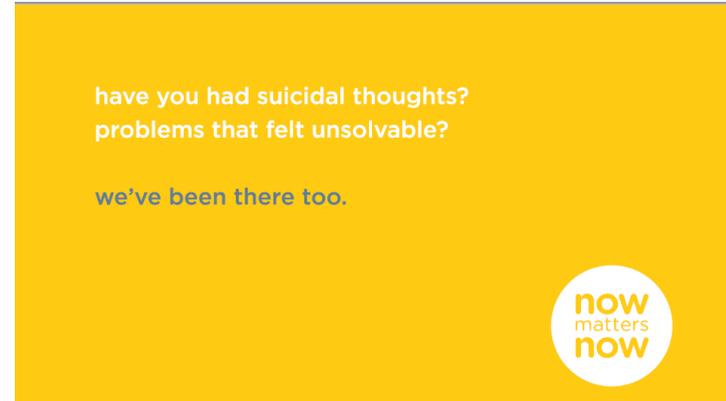
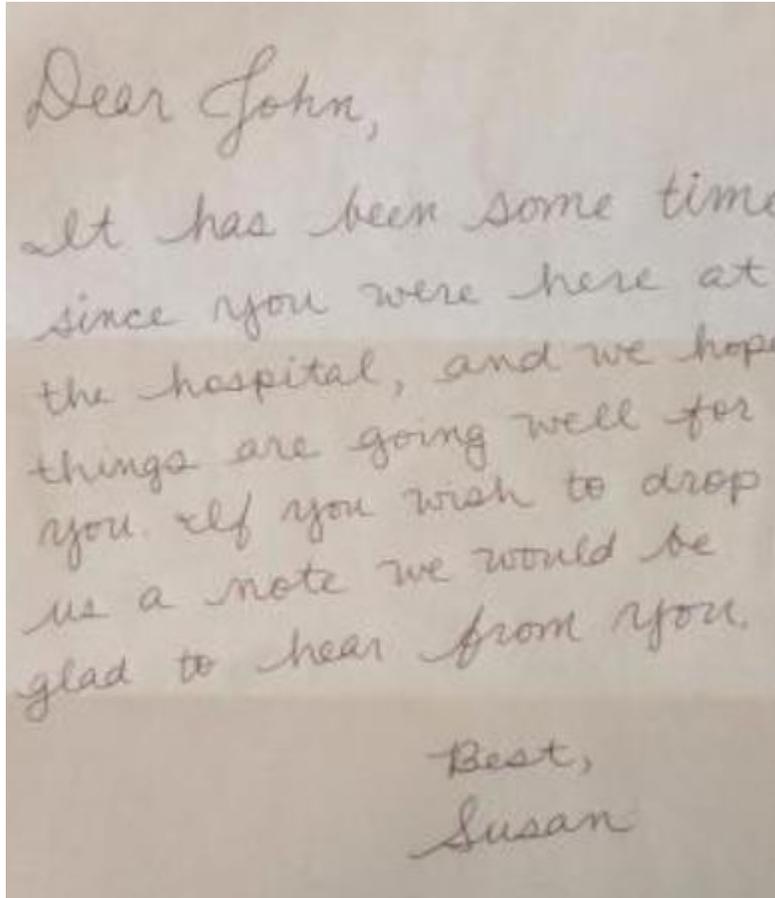
# **Suicide Interventions: Caring Contacts and Other Interventions**

# 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](https://nowmattersnow.org) for strategies that have helped us survive and build more manageable and meaningful lives.

@nowmattersnow   

(NowMattersNow.org → “More”)

Original Study: Motto, J. A., & Bostrom, A. G. (2001). [A randomized controlled trial of postcrisis suicide prevention](#). *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

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 Reiser

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

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

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# 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



**Questions?**

# Continued Suicide Management

# Reduction in Monitoring

- Policy and procedures
- Team meeting/case conference/supervision
- 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



# Resources

# 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/>

# Safety Planning References and Resources

- Stanley, B., & Brown, G. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264.  
[http://suicidesafetyplan.com/uploads/Safety\\_Planning\\_-\\_Cog\\_Beh\\_Practice.pdf](http://suicidesafetyplan.com/uploads/Safety_Planning_-_Cog_Beh_Practice.pdf)
- Safety Plan Template <http://suicidesafetyplan.com/>
- Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. Washington, DC: United States Department of Veterans Affairs.
- Safety Planning Guide: A Quick Guide for Clinicians  
<http://www.sprc.org/sites/sprc.org/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf>
- Safety Planning Intervention for Suicide Prevention (online training)  
<http://zerosuicide.sprc.org/sites/zerosuicide.sprc.org/files/sp/course.htm>
  - Facilities licensed by NYS OMH can access this free online training through the Center for Practice Innovations. Others can use the link above.
- Safety Plan Mobile App <https://itunes.apple.com/us/app/safety-plan/id695122998>
- MY3 Mobile App <http://www.my3app.org/>



# Discussion and Questions



Thank you!

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# Next Webinar – May 7



**Jeff Capobianco, PhD, LLP**  
Integrated Health Senior Consultant,  
National Council for Behavioral Health

## Integrated Health Care Policy & Practice

Tuesday, May 7, 2020  
4:00 - 5:00 pm ET

[Register here \(link\)](#)

## Webinar Series

Visit the [webinar series website \(link\)](#) to view the schedule, descriptions, and registration links to each webinar, as well as recordings of past events.

### Upcoming:

- **Integrated Health Care Policy & Practice**
  - Thursday, May 7, 2020, 4 - 5 pm ET
- **Policy Landscape for Substance Use Treatment and Prevention**
  - Monday, May 11, 2020, 4 - 5 pm ET
- **Trauma Informed Care**
  - Thursday, May 14, 2020, 1 - 2 pm ET

