asking is caring

Brief screening for suicide and evidence-based approaches to safety planning for co-responders

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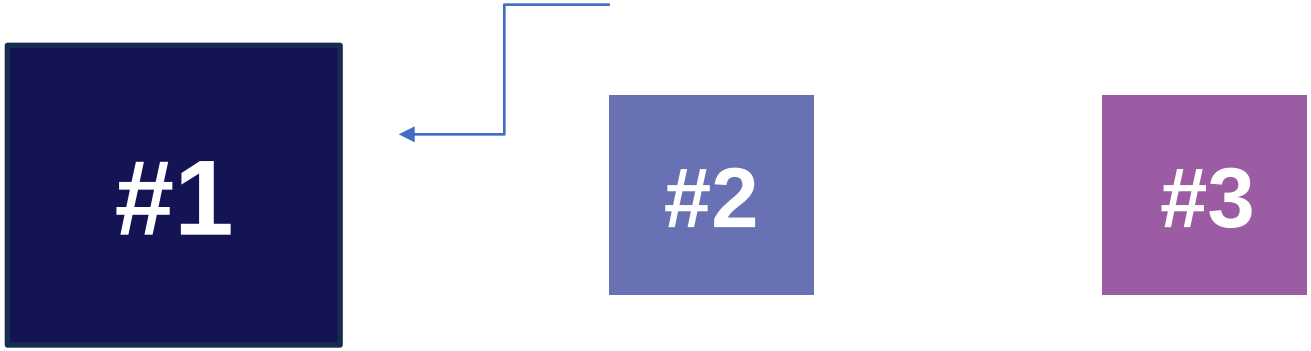
Photo credit: Ronak Valobobhai

LEARNING MODULES



Articulate the role of co-response in suicide prevention in the public health crisis of suicide.

Learn skills you can use anytime when you feel someone may be considering suicide.

Prepare for the role of co-response in suicide prevention. Integrate brief screening into your response and learn an evidence-based approach to safety planning.

Suicide is a Public Health Crisis

2nd leading cause of death among teenagers

(CDC, 2022)

More than **50,000** people in the U.S. died by suicide in 2023

(U.S. Surgeon General, 2023)

Firearms are the most common method of suicide in the U.S.

(CDC, 2022)

On average, **15-30** people are **severely affected** by each suicide death

(Cerel et al, 2018)

Look below Waterline to Save Lives

National Data | SAMHSA 2023

- **50,000 +**
- 1,700,000 + million suicide attempts
- 3,500,000 + made a suicide plan
- 12,300,000 + seriously considered suicide

Long-Term Survival

More than **90%** of people who survive a suicide attempt do not die by suicide.

Prevention can work.

(Owens, 2002)

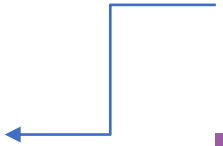
Suicide Happens

- To end profound psychological pain
- Protective factors aren't helping
- Loss of hope, can't see that life will get better over time
- Suicidal thoughts are not rational, often described as tunnel thinking
- People experiencing suicidal thoughts have trouble reaching out due to shame

The Role of Co-Response in Suicide Prevention

- Preparing yourself for the call
- De-escalating individuals and their loved ones in a suicide crisis
- Connecting individuals in crisis with the right resources
- **Developing safety plans based on suicide risk assessment and understanding protective factors**
- Providing follow-up
- Holding system partners accountable
- Supporting suicide loss survivors
- Ensuring you are ready for your next call by debriefing suicide-related calls for service

LEARNING MODULES



#1

Articulate the role of co-response in suicide prevention in the public health crisis of suicide.

#2

Learn skills you can use anytime when you feel someone may be considering suicide.

#3

Prepare for the role of co-response in suicide prevention. Integrate brief screening into your response and learn an evidence-based approach to safety planning.

look

listen

ask

act

connect

Preparing ourselves for suicide-related calls for service

Close observation of warning signs and protective factors will inform steps you take to help the person at-risk

How do we prepare for suicide-related calls for service?

Example Warning Signs

Externalized behaviors:

Things people do or say that may indicate they are at risk for suicide.

Behaviors you may observe.

Talking and Posting About:

- Not wanting to be here/wanting to die
- Being or feeling hopeless/trapped/burden

Change in Behavior

- Deviation from baseline functioning: not eating, not sleeping/sleeping more than usual, appearing disheveled/poor hygiene, uncharacteristically tearful/irritable
- Withdrawing from activities and people
- Increasing drug and alcohol use
- Engaging in high-risk behaviors, recklessness
- Self-harming
- Researching ways to die

(NIMH, 2020)

What are Protective Factors?

Skills, strengths, or resources that help people deal more effectively with stressful events.

- Flip side of risk factors and helps to counterbalance them
- Connection, even among strangers, is a key protective factor
- It's never too late to build protective factors

listen

Why do we listen once we arrive on scene?

- Gives the individual considering suicide a voice, allowing them to express their feelings
- Gives us the opportunity to show empathy through validation, key to connecting with a person in crisis
- Connection, even among strangers, is a key protective factor that can save a life
- Share the value of listening with support person(s)

How to Listen

- Respond to a call with the objective to listen and learn, not to change their mind…
- Slow down the interaction – you want them to tell you their story; how that happens will look different depending on how they present
- Introduce yourself, ask open-ended questions: *"Hi, I'm Stephanie, a social worker with the PD. What's going on for you today?"*
- Show interest, e.g., *"I hear you"*, *"That makes sense"*, *"Uh huh"*
- Paraphrase, e.g., *"It sounds like there has been a build up for some time now… is that correct?"*

What about body language?

Showing empathy

Try to put yourself in their shoes...
Try to see things from their point of view without them having to see your point of view.

Empathy does not require that you have experienced the same situation, or that you agree with what the person is saying or doing.

COMPONENTS OF EMPATHY

Word Choice Matters

Which statement is more empathetic?

What is the ask step?

When and how to ask about suicide

myth

Asking someone directly about suicide will put the idea of suicide in their head.

reality

Pain is what drives suicide. Asking doesn't cause pain, it builds connection.

How Do I Ask About Suicide?

- Be direct
- Be matter-of-fact
- Asking about suicide does not put the idea in their head

Ways to ask…

What's your preferred way to ask about suicide?

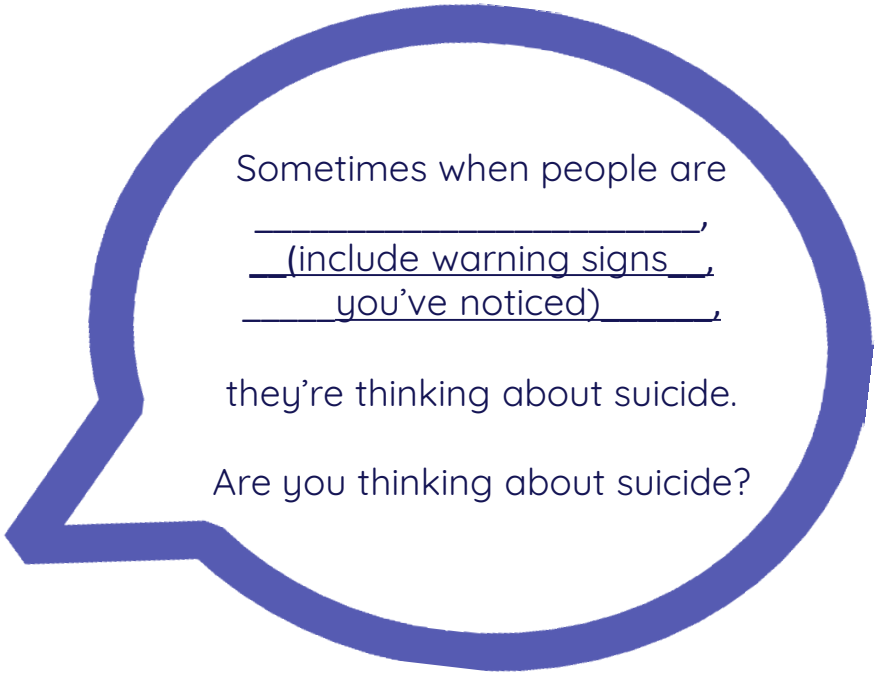
Do you have thoughts about suicide?

Are you thinking about killing yourself?

Are you thinking of ending your life?

Ask "Are you thinking about harming or hurting yourself?" only if you plan to ask a direct follow-up question about suicide.

It can help to ask this way…



What if they say NO?

- Ask: **“If you *were* thinking about suicide, who would you tell?”**
- Keep communication open
- Gather more information
- Keep checking in

What if they say YES?

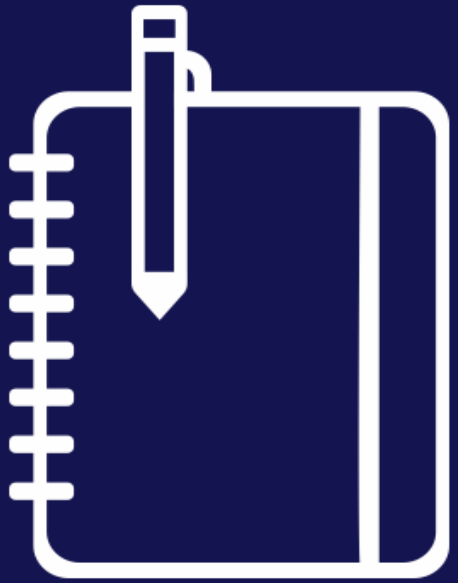
- **Stay calm**
- Take it seriously
- Thank them for their honesty
- Acknowledge their pain

If YES, follow up with these questions:

- Have you thought about how?
- Have you made a plan?
- Do you have access to what you need?
- Do you have a timeframe?

Generally, the more specific the answers, the further along the person is in their planning.

Collaboration 1



From the scenario that follows, how do you proceed with the call:

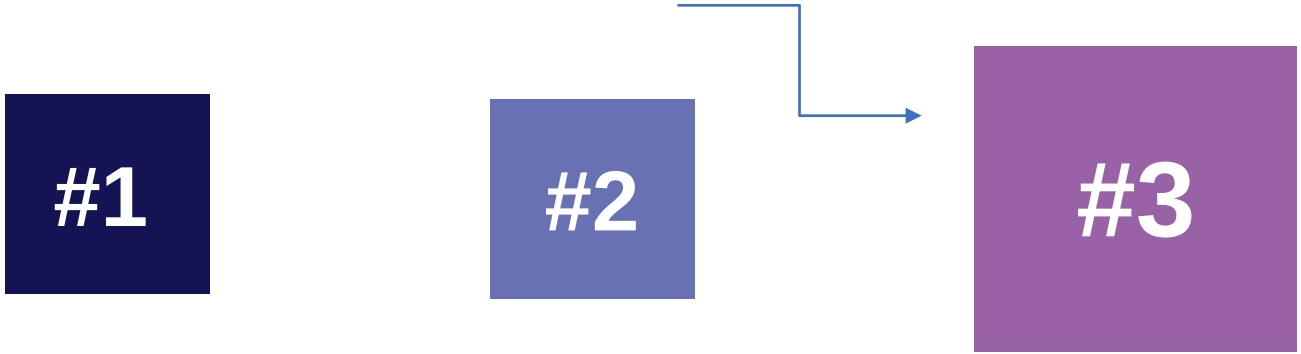
- What warning signs do you notice?
- Practice asking Samuel about suicide with a partner using the new framework you learned.
- Practice asking Samuel the follow-up questions.
- Share any barriers that get in your way of asking about suicide in the field.
- Problem-solve solutions to these barriers with your partner.

Scenario

Samuel is a 46yo male, living with his partner of 16 years. Samuel was diagnosed with Parkinson's that is rapidly progressing. You have been to Samuel's house a few times for MIH and follow up services and have built some rapport with him. The past few calls for service, you have noticed a decrease in his ADLs, a more depressed and hopeless mood, and Samuel has been less talkative and engaged with you and the team.

On today's call, you notice Samuel has a bit more energy and really seems to have accepted his Parkinson's. You also notice that Samuel's written will is on the counter, and he has a document with important usernames and passwords written down.

LEARNING MODULES



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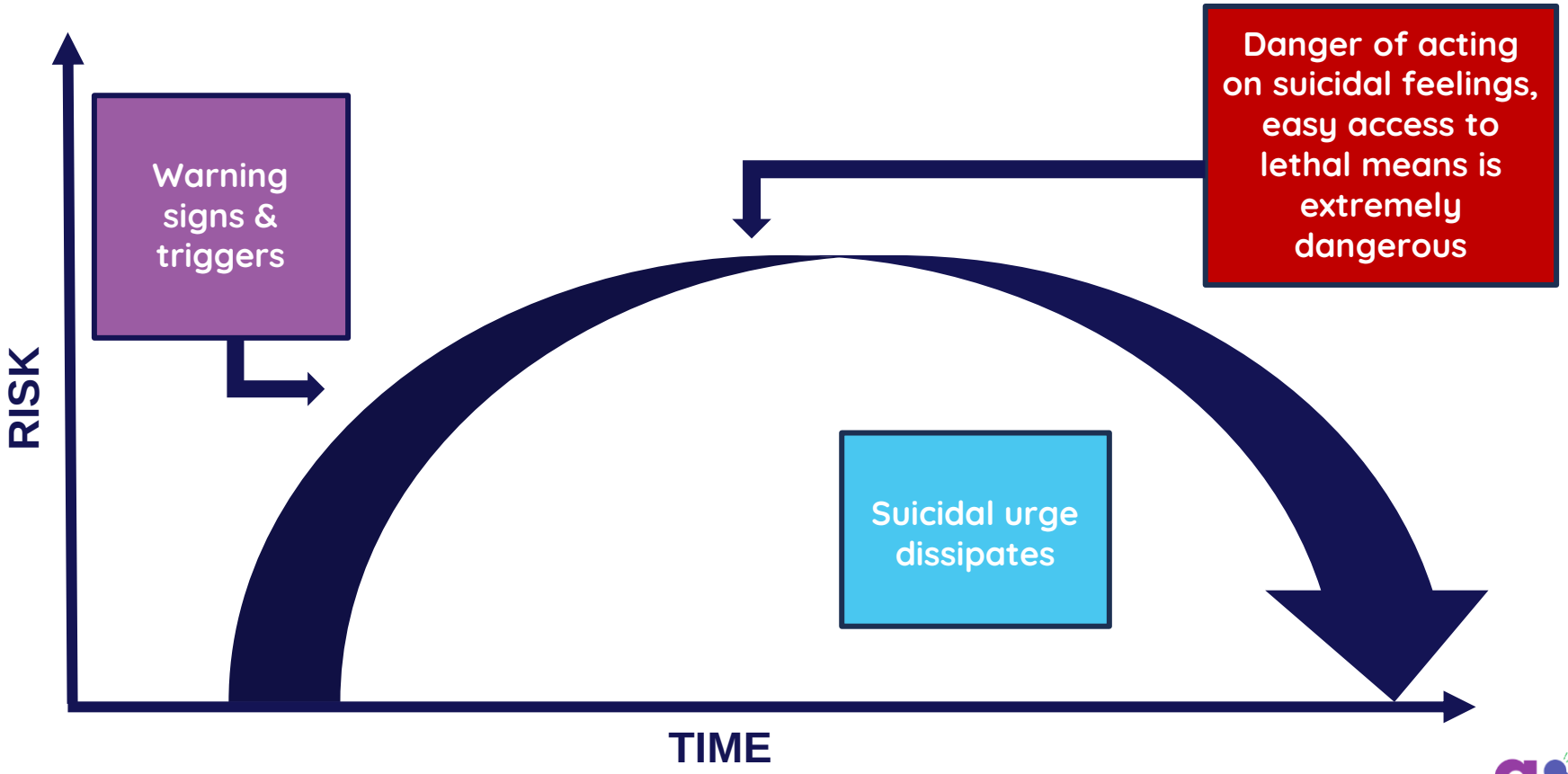
act

What can we do?

- Provide education around lethal means
- Use agency and regional protocols to play your role in suicide prevention to the best of your ability
- Offer brief screenings and safety planning when appropriate

HTTPS://WWW.HARVARD.EDU/NEWS/MAGAZINE/GUNS-AND-SUICIDE/

SUICIDE CRISES RISE AND FALL



AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Educate individuals in crisis and their support person(s) about lethal means: The need to temporarily remove access to lethal means while the person is having thoughts of suicide

WHEN IN CRISIS, LOCK UP OR TEMPORARILY REMOVE:
Firearms, excess Rx & OTC meds, belts, ropes, plastic bags & wrap, chemicals, poisons, alcohol, knives and other sharp objects, car keys

Closely monitor internet use if possible

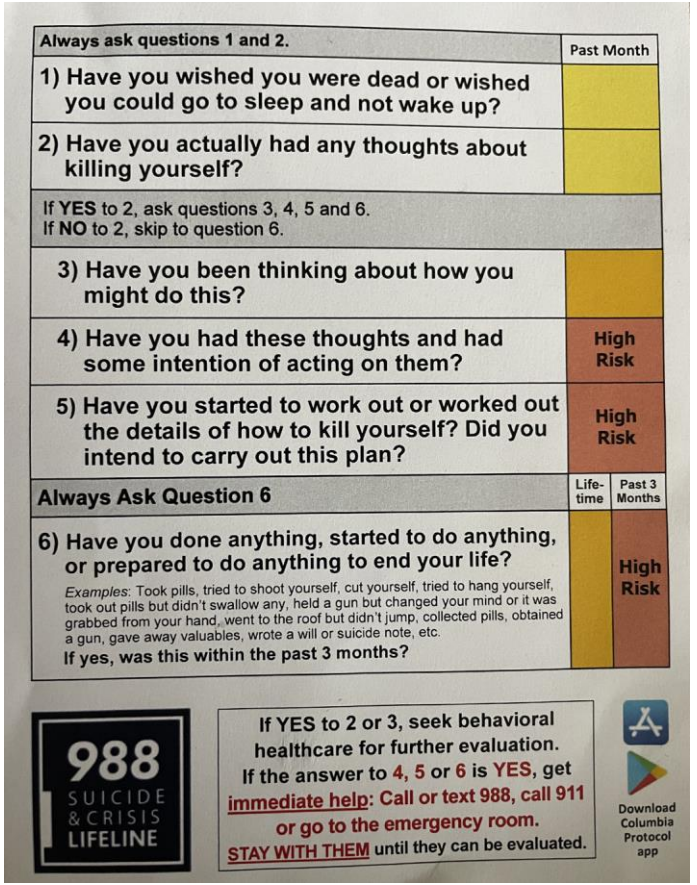
Closely monitor access to alcohol, meds

Suicide Intervention: Differences between Fire and Law Enforcement in Documentation

- **Fire programs** are community-based health care authorities that operate under HIPAA, so they have protected health information
- **Fire agencies** can do formal assessments such as for mental status, activities of daily living, and suicide risk
- **Law enforcement agencies** do not conduct formal assessments because they are not operating under HIPAA; case reports are discoverable by the public
- **Law enforcement** gathers information to make informed decisions to address risk and safety, but does not conduct formal assessments

For Fire-based Co-response Teams, Use the Brief Columbia Suicide Severity Rating Scale or Another Brief Screening Tool

1. Have you wished you were dead or wished you could go to sleep and not wake up?
2. Have you actually had any thoughts of killing yourself?
   (If YES to 2, ask 3, 4, 5, 6)
   (If NO to 2, skip to 6)
3. Have you been thinking about how you might do this?
4. Have you had these thoughts and had some intention of acting on them?
5. Have you started to work out or worked out the details of how to kill yourself? Do or did you intend to carry out this plan?
6. Have you done anything, or prepared to do anything to end your life? If yes, in the last 3 months?



Always ask questions 1 and 2.	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.	
3) Have you been thinking about how you might do this?	
4) Have you had these thoughts and had some intention of acting on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk

Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples:* Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If yes, was this within the past 3 months?**		High Risk

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

Suicide Response Decision Tool (SDRT)

Level of Risk:	Level 1 Yes to Q1, 2, but not 3	Level 2 Yes to Q3, but not 4, 5, 6, not in last 3 months	Level 3 Yes to Q4, 5, 6, last 3 months	Level 4 Suicide in progress
Ideation/Thoughts	✓	✓	✓	✓
Plan		✓	✓	✓
Intent			✓	✓
In-progress attempt				✓

Level 1: Low Risk

Low Risk
Suicidal thinking
Level 1

- ✓ Build connection through the listening step
- ✓ Develop **Safety Plan** and have person in crisis take a photo of the plan
- ✓ Notify support person(s) and provide guidance around lethal means and active listening without judgment
- ✓ Share/notify 988 resource for help connecting person to outpatient treatment

Level 2: Moderate risk

Moderate
Plan with no intent to follow through

Level 2

- ✓ Build connection through the listening step
- ✓ Develop **Safety Plan** and have person in crisis take a photo of the plan
- ✓ Notify support person(s) and provide guidance around lethal means and active listening without judgment
- ✓ Share/notify 988 resource for help connecting person to outpatient treatment, next-day appointments
- ✓ Explore a voluntary trip to ED or crisis stabilization options; offer transport to ED or to crisis stabilization facility (if available) if they don't feel safe at home
- ✓ **Make a Sheena's Law referral as per RCW (police response only)**
- ✓ Provide follow-up support to check in about crisis plan, outpatient treatment post-discharge, next-day appointments

Level 3: High Risk

High risk

Plan and intent to follow through

- ✓ Build connection through the listening step
- ✓ Notify support person(s) and provide specific guidance around lethal means and how to support their loved one in crisis

Depending on region and resources:

- ✓ **Work with law enforcement to involuntary commit person to hospital. Do not leave person alone. Discuss Extreme risk protective order if necessary.**
- ✓ Alternatively, call a Designated Crisis Responder (DCR) / mobile crisis response team to do an on-scene evaluation and transport by ambulance to the hospital.
- ✓ Alternatively, if protective factors / help-seeking is in place, voluntary transport and accompany to hospital.
- ✓ Provide follow-up support at post-discharge, check in about crisis plan, outpatient treatment post-discharge, next-day appointments

Level 4: Emergency risk

Emergency risk

In-progress attempt

- ✓ Police, fire, medics are dispatched to secure the scene, evaluate and intervene on safety, and provide immediate transport to hospital.
- ✓ Provide follow-up support to client and family post-discharge to check in about crisis plan, outpatient treatment post-discharge, next-day appointments

For Police-based Co-response Teams, Use your Department ITA or Mental Health Contact Form

Mental Health Crisis	Suicidal Thoughts	Suicidal Plan with Intent
Officer and MHP respond to call together	Officer and MHP respond to call together	Officer and MHP respond to call together
MHP provides referrals and resources	If MHP is on scene, referrals and resources are provided OR client can go to hospital voluntarily If no MHP and no hospital, Sheena's Law Referral	Officer completes ITA form MHP to write affidavit attached
MHP follows up as needed	MHP follows up as needed	MHP follows up as needed

Involuntary Treatment Act

- RCW 71.05.153

  Emergency detention of persons with behavioral health disorders

  (Effective until July 1, 2026)

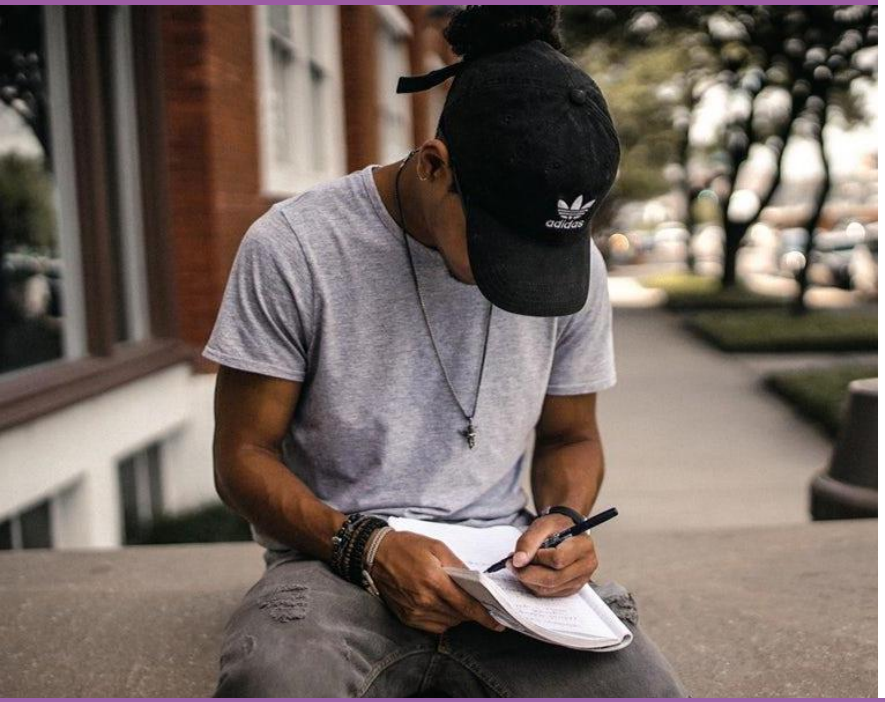
- https://app.leg.wa.gov/RCW/default.aspx?cite=71.05.153&pdf=true

Sheena's Law

- RCW 71.05.457

  Law enforcement referrals to behavioral health agencies—Reports of threatened or attempted suicide

- By July 1, 2017, all general authority Washington law enforcement agencies must adopt a policy establishing criteria and procedures for a law enforcement officer to refer a person to a behavioral health agency after receiving a report of threatened or attempted suicide.



What Makes a Safety Plan Effective?

- **When it is collaboratively developed by co-responder and individual in crisis ideally, with notification of support person(s)**
- **When the suicide risk curve is explained in conjunction with the plan's development**

Designed for people who:

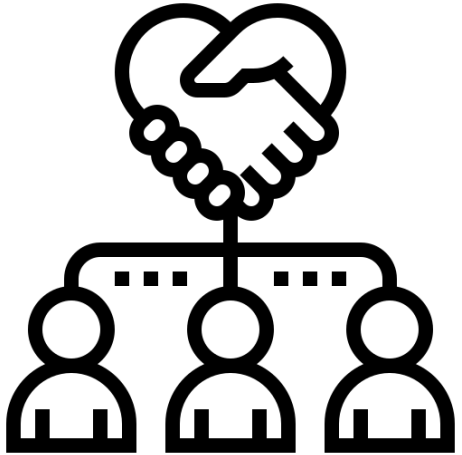
- Are at increased risk for suicide but not requiring immediate rescue
- Do not have severe cognitive impairment

What Makes a Safety Plan Effective

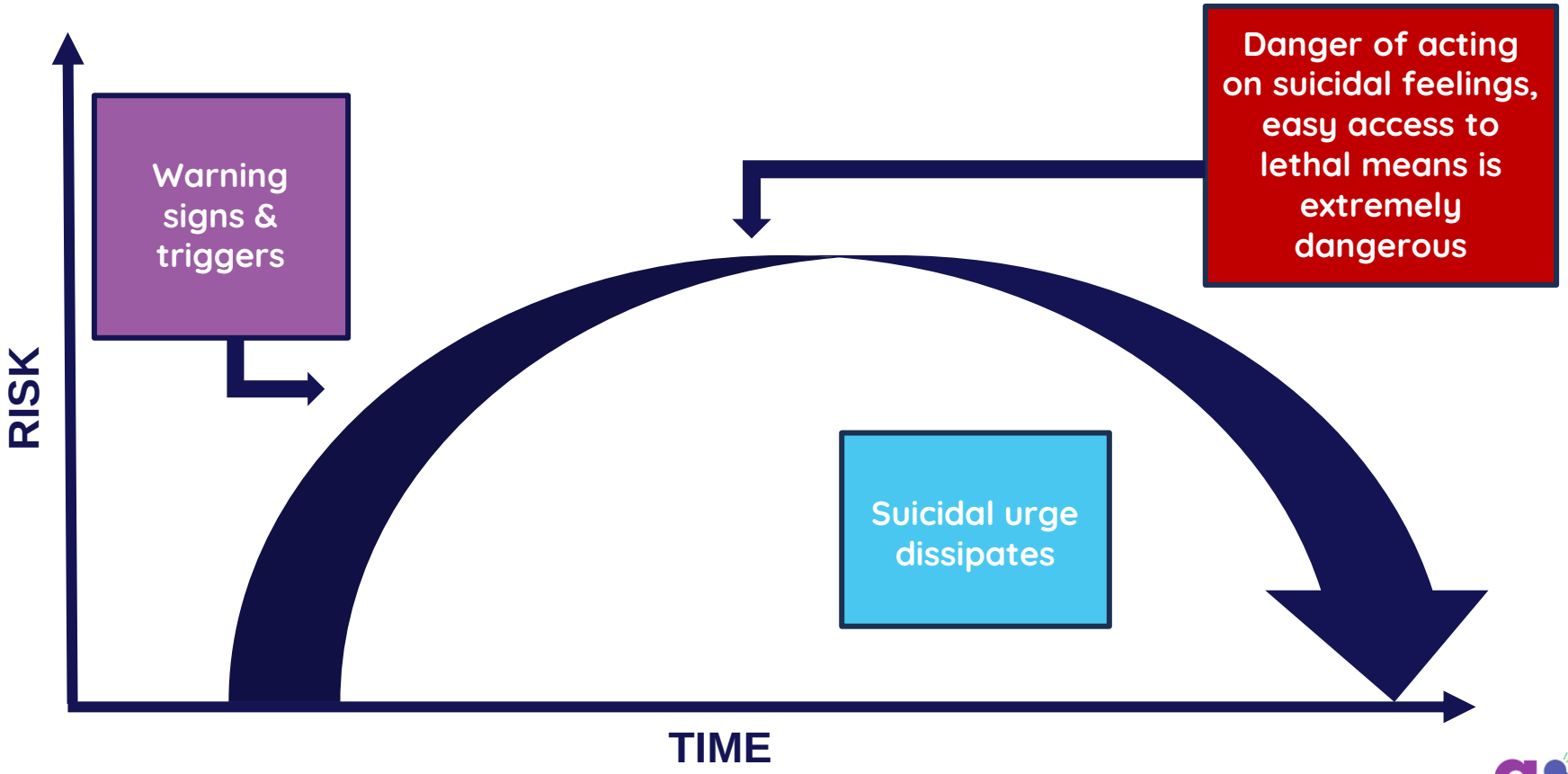
- Well-known tool for intervention for individuals to use in a suicide crisis
- NO-HARM CONTRACTS are **NOT** safety plans
- Suicide risk curve is what makes a safety plan evidence based
- Specific questions about lethal means need to be asked
- Can be done in one brief session and should be reviewed and revised over time; the person in crisis should take a photo and have a copy

Elements of Safety Planning

- Identifying triggers, factors that calm them down (suicide risk curve)
- Individual, internal coping strategies
- Positive distractions from the crisis
- Eliminate the dangers and make the environment safe
- Trusted adults, peers, and professionals
- Emergency resources
- Reason(s) for living



SUICIDE CRISES RISE AND FALL



Coping Strategies
(Things you can to self-soothe alone)

- Count backwards from 100
- Write in a journal
- Write the words to your favorite song
- Write down coping thoughts
- Pray
- Pick a “theme song” and sing in your head
- Take 5 deep breaths
- Tickle the palms of your hands
- Rub your earlobes slowly
- Count wall, floor, or ceiling tiles
- etc., etc., etc.

Is scrolling through a social media feed or playing video games a coping strategy?

Example Safety Plan

Warning signs that let me know I am in a crisis

- I am a failure
- Like everything is falling apart
- Maybe it would be easier if I ended it

How did my suicidal thoughts resolve last time

- I turned on some music and screamed in my pillow
- I went for a quick run outside
- I took a shower

Internal coping strategies:

- Watch a movie or read a good book
- Go play soccer
- Play with my dog Sally

Places and communities that provide distraction:

- Coffee shop
- Kate's house

Who can help distract me

- Thommy, 876-4567
- Mac, 467-4111
- Anne, 734-9273

Who can I tell I am in crisis:

- My mom, 555-1212
- Auntie May, 555-1213
- Uncle Dave

How I can make my home safe:

- Ask my mom to lock up the medications in the house
- Ask my grandpa to lock up his guns

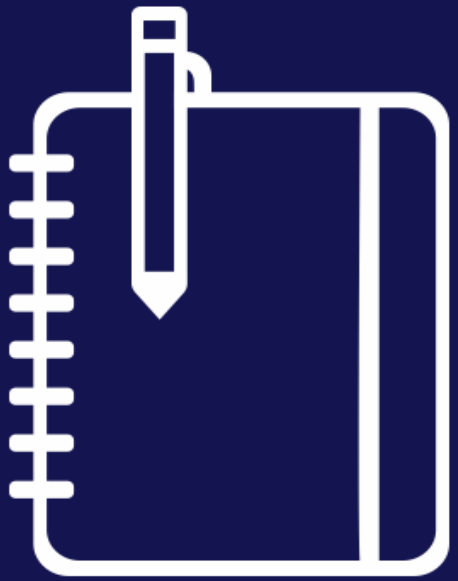
The one thing that is most important to me and worth living for:

- My dog, Kate, and Mom because I know they love me and would miss me if I was gone.

Providers and resources I can contact during a crisis:

- Barbara, clinic nurse, 555-1234
- Urgent Care or ER, 555-5678
- 988

Collaboration 2



Work on your own to develop a safety plan including your emotional risk curve.

Take a picture of it when you are finished.

Talk with a partner about how you can support your clients in developing greater insight during safety planning practices.

connect

Now what?

- Follow up to see how the safety plan is working
- Ensure connection to additional resources
- Educate support person(s) about how to be supportive of their person in crisis and about lethal means

What are the Local Resources in your Region?

Crisis Lines, 988 v regional crisis line

- 24 hours a day, 7 days a week
- Suicide risk assessment
- Safety planning
- Consultation and resources

Mobile Crisis Teams

- Work with community members in the community
- 24 hours a day, 7 days a week
- Coordination with other services
- Suicide risk assessment and safety planning
- Some employ a DCR for involuntary treatment

Other Co-Response Teams

- Work in collaboration with first response agencies
- On-scene crisis and follow-up support
- Suicide risk and safety assessments
- Care coordination and case management

Crisis Stabilization Facilities

- Physical and psychiatric assessments
- Daily living skills training
- Social activities
- Counseling
- Treatment planning & connecting to services
- 24/7 usually voluntary

Emergency Departments

- Medical clearance
- Recommendations, referrals post-discharge
- Physical and psychiatric assessments
- DCR for involuntary treatment
- 24/7 voluntary & involuntary

A Word on 988

English, Spanish, 250 languages, counseling support for suicidality, not dispatch

Press [1] for Veterans Crisis Line – connects to the VA
Press [2] for Spanish
Press [3] for LGBTQ+
Press [4] for Native and Strong Lifeline (Washington State only)

Calls and texts are answered by crisis counselors who can help determine the next steps and connect to local resources 24/7 including working with the regional crisis line to dispatch mobile crisis teams and to make connections to outpatient services including next day appointments.

Challenges with geolocation exist and are being addressed at the federal level.

asking is caring

look
People in crisis and considering suicide are in pain. We need to know what to look for.

listen
Remember you don't have to fix things, just listen and try not to pass judgment. Build a connection.

ask
Asking about suicide doesn't put the idea in their head; ask directly, and stay calm. Ask follow-up questions.

act
Provide education and support around removing lethal means. Use a screening tool and safety plan including the suicide risk curve.

connect
Activate protective factors. Connect with resources and don't be afraid to call or text **988.**

What's the meaning behind a semi-colon?

A semi-colon is used when an author could have ended their sentence but chose not to.

The semi-colon is a powerful metaphor for suicide attempt survivors where they are the author choosing not to end their life.

Can you help the person in crisis realize ***they are the author of their own story…?***