



SUICIDE PREVENTION CENTER

2018 Suicide Prevention Summit



Suicide Risk Assessment and Safety Planning for Everyone: How *You* Can Help

Your Presenters

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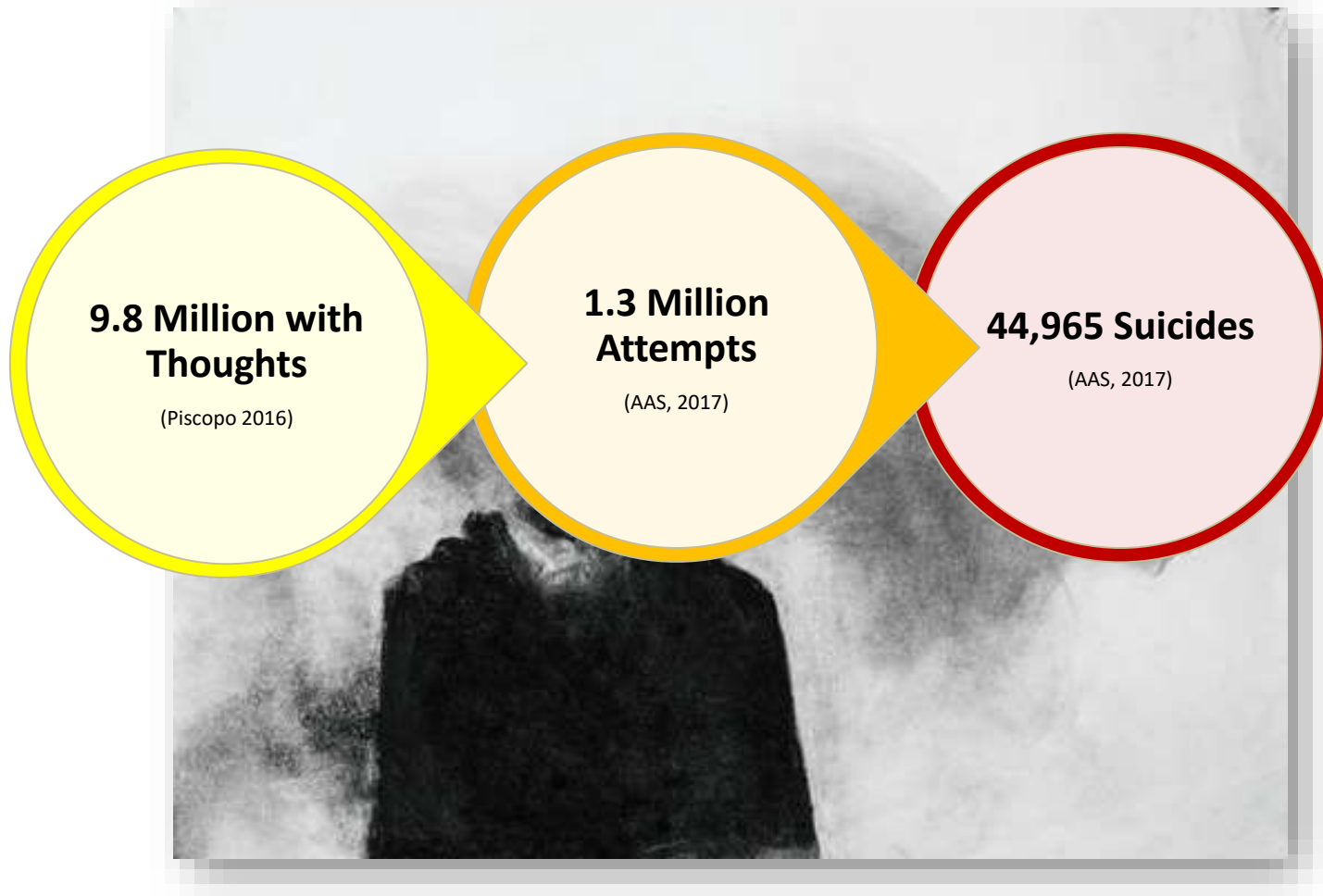
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Suicide Risk Assessment and Safety Planning for Everyone: How *You* Can Help

Suicide: The Problem





**Mental
Illness**

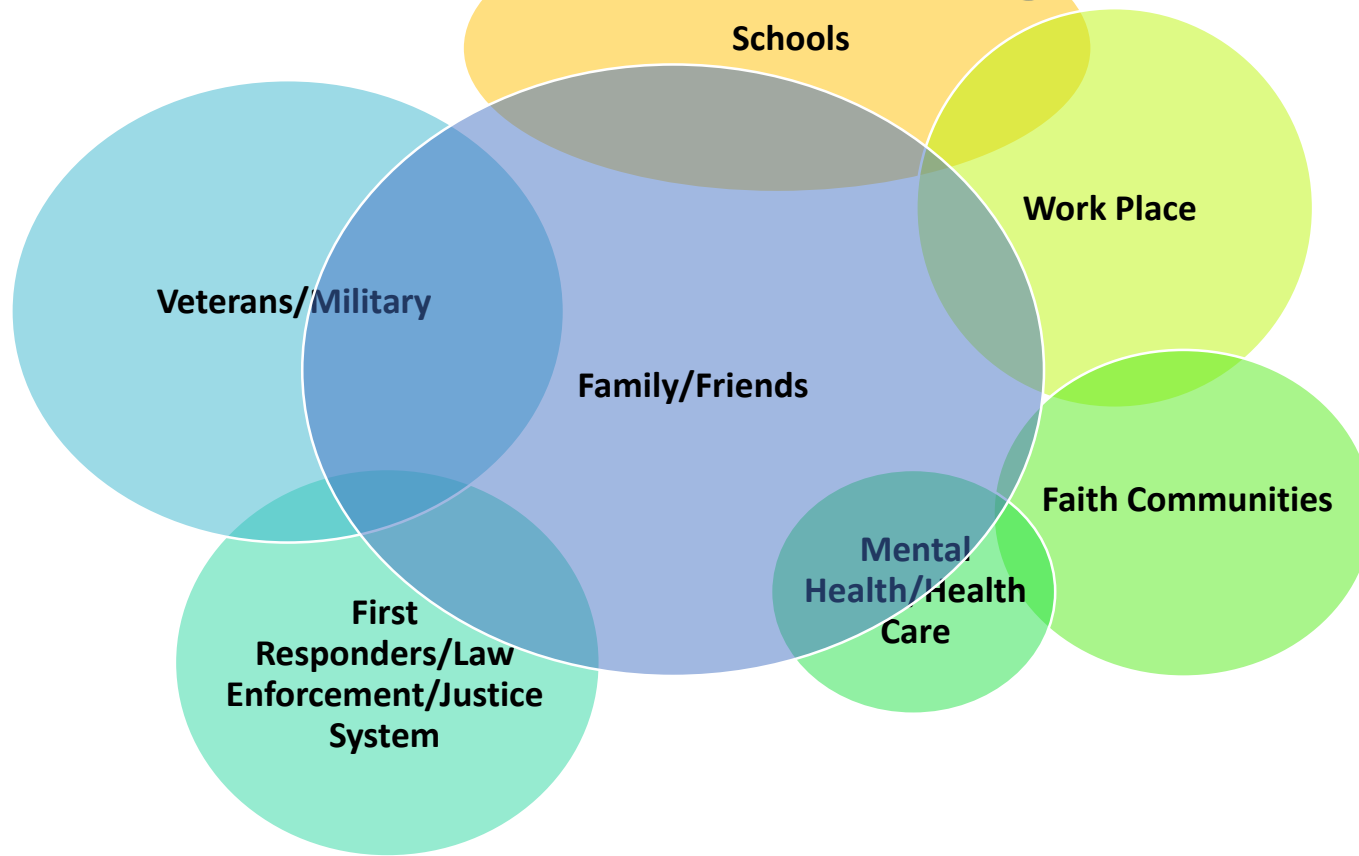
Fear

Taboo

**Culture /
Gender**

Shame

It takes a village...



Community Approach: *Your* Role

Participation

Throughout this workshop we'll invite you to participate in a few LIVE surveys and we'll look at the results together.

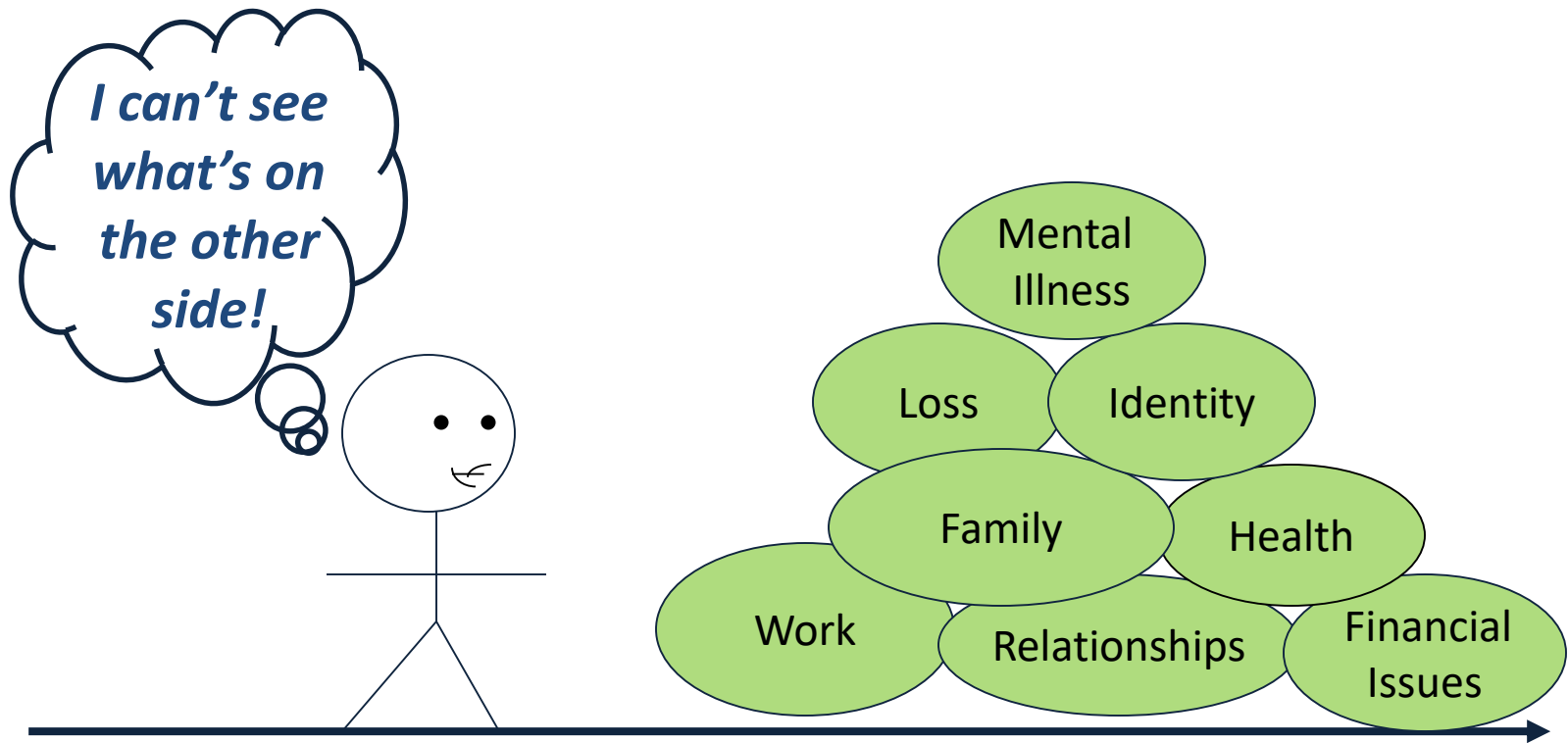
In order for you to participate, please text didispc to 22333 and join the session.

What do you look forward to?

What stresses you out?

Evolution of Suicidal Thoughts

What happens when stressors pile up?



The Brain & Tunnel Vision

Hopelessness, helplessness

Unbearable pain

Cognitive Distortions-
mood congruent memory

Preoccupation with death

Our Reaction



The Reaction They Need..



What We're Looking for in the Darkness



Ambivalence

How to Let Someone Know



How do people indicate they might be thinking about suicide?

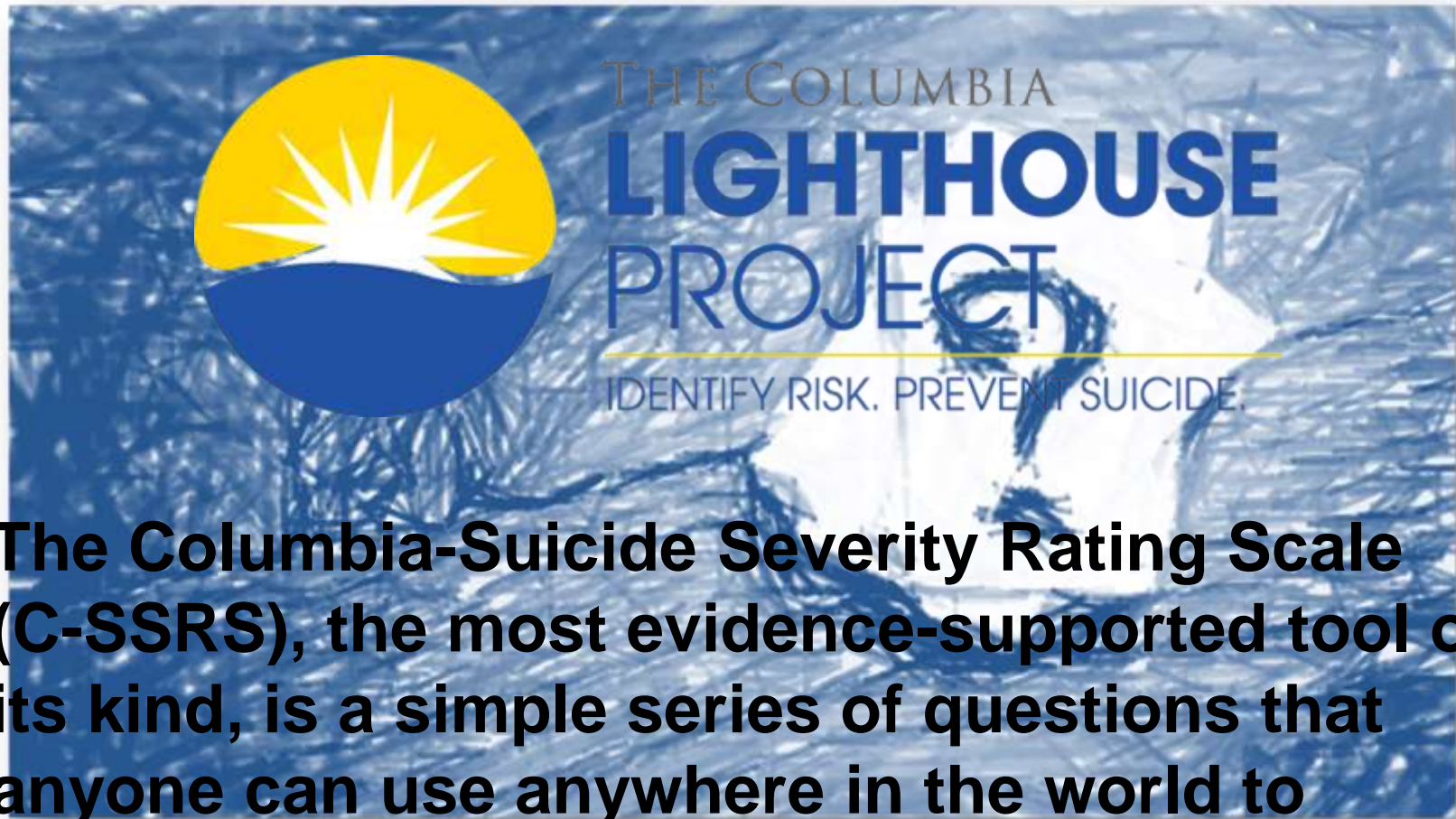
Warning Signs = Invitations



Invitation to What?



How to Ask



The Columbia-Suicide Severity Rating Scale (C-SSRS), the most evidence-supported tool of its kind, is a simple series of questions that anyone can use anywhere in the world to prevent suicide.

How to Ask



What keeps you from asking?

I didn't realize anything
that serious was going on

I didn't want to appear too
nosy

I wouldn't know what to do
(next)

I am afraid I might make it
worse

I am not ready to deal with
someone else's crisis

Asking and Receiving



Asking and Supporting

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C-SSRS: Versions

Who Can Administer the C-SSRS?

- No mental health training required
- In all health, behavioral health, school, work, and home settings

C-SSRS Content	
Screening Version	Full Version
<ul style="list-style-type: none">• Ideation Severity• Behaviors (One consolidated question)	<ul style="list-style-type: none">• Ideation Severity• Ideation Intensity• Behaviors• Lethality of Attempts

C-SSRS: Always Ask

Question One

Have you wished you were dead or wished you could go to sleep and not wake up?

Question Two

Have you actually had any thoughts about killing yourself?

C-SSRS: If Suicidal Thoughts Are Present

Question Three

Have you thought how you might do this?

C-SSRS: If Suicidal Thoughts Are Present

Question Four

Have you had any intentions of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act upon them?

Question Five

Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

C-SSRS: Always Ask

Question Six

Have you done anything, started to do anything, or prepared to do anything to end your life?

C-SSRS In Action- Video



Assessing Risk Vignette (C-SSRS)

- Group Exercise: Please refer to Vignette Handout
- With the person sitting next to you, please use the vignette and practice asking the CSSR Questions.

Safety Planning (Stanley & Brown, 2011)

Introduction

- Typically a brief, 20-45 minute intervention (Safety Planning Intervention: SPI).
- Provides PAR with a written set of 6 steps to use in times of crisis.
- Steps are prioritized and progressive from coping skills to emergency intervention.
- Can be utilized as a stand-alone intervention.
- Non-clinicians can be trained in SPI.

Safety Planning (Stanley & Brown, 2011)

Introduction

- In an ER setting, if psychiatric hospitalization is not indicated, discharge typically occurs with the “assess and refer” model.
- Many PAR’s do not follow up with referrals subsequent to discharge.
- Suicidal ideation has an ebb and flow.
- 11%-50% of attempters refuse outpatient treatment, and 60% attend only 1 week of treatment (tx) after discharge.

Safety Planning (Stanley & Brown, 2011)

Introduction

- Of attempters who do engage in tx, 38% end tx within 3 months.
- Fear, shame, stigma and a lack of access to resources can decrease engagement in tx.
- Collaborative, transparent process.



Safety Planning Intervention (SPI) (Stanley & Brown, 2011)

- SPI is being used in the following settings:
 - ER departments
 - Trauma Centers
 - Crisis Hot Lines
 - Psychiatric Inpatient Units
 - Veterans Administration (VA)
 - College Counseling Centers
 - Outpatient tx
 - County & State Department of Mental Health Settings

SPI and Hope



Choose the response that is not associated with a safety plan:

Collaborative

Progressive

Clinical

Resources

Safety Planning Intervention (SPI)

Step 1: Know the Warning Signs

Step 1: Know the Warning Signs.

Many suicide attempt survivors indicate that their suicidal thinking became almost automatic over time. When something negative occurred, they start to have negative thoughts. These thoughts include, "Nobody cares about me," "I can't take it anymore. I wish I were dead." These warning signs can include personal situations, thoughts, images, thinking styles, moods, or behaviors and can help you know when to use your plan.

What triggers your suicidal thoughts?

Safety Planning Intervention (SPI)

Step 2: Internal Coping Strategies

Step 2: Internal Coping Strategies

One way to do take your mind off your suicidal thoughts is to do something that helps you feel better. What can you do when you're alone and you start to have thoughts of suicide? What can you do to take your mind off of your problems and help yourself feel better? Examples include reading a book, playing computer games, exercising, playing with your dog, shopping, or writing down your thoughts and feelings in a journal.

Safety Planning Intervention (SPI)

Step 3: External Coping Strategies

Step 3: External Coping Strategies

Another way to take your mind off of your suicidal thoughts is through external strategies like talking to certain people or visiting places that improve your mood. Finding places that make you feel better or people who cheer you up are good ways to keep your thoughts from escalating. Where can you go to be around other people in a safe environment? Who can you be around that makes you feel positive? Examples include the coffee shop, the gym, church, friends, or family.

Safety Planning Intervention (SPI)

Step 4: Who Can You Ask For Help?

Step 4: Who can you ask for help?

It can be helpful to have someone with whom you feel comfortable sharing your thoughts of suicide. Ideally, this is a supportive person who already knows about your suicidal thoughts before a crisis occurs and is aware of his/ her role as a resource in your plan. Having several people listed here, if possible, is best in case your primary support person is unavailable.

Who do you feel comfortable talking to when you're in crisis?

Name

Phone #

Name

Phone #

Safety Planning Intervention (SPI)

Step 5: Professional Resources

Step 5: Professional Resources

What professionals or agencies can offer assistance if the other parts of this plan don't seem to be helping you to stay safe? Ideally, you want to have resources that are available 24 hours a day, seven days a week. Look at the back of this pamphlet for more resources!

Clinician's Name

Clinician's Phone #

Local Emergency Dept.

Phone #

Suicide Hotline (LA/OC): 1.877.727.4747

National Suicide Prevention Lifeline:
1.800.273.8255

Safety Planning Intervention (SPI)

Step 6: A Safer Environment

Step 6: A Safer Environment

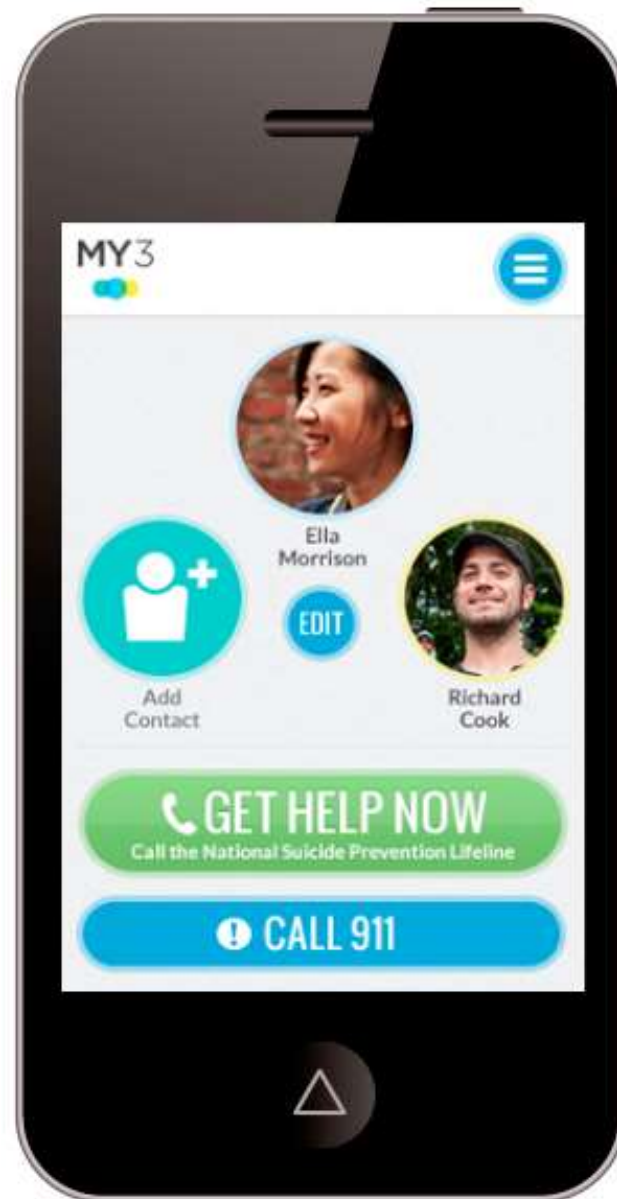
At times, if you forget to use your plan, or it doesn't make you feel better, having items close to you that you could use to harm yourself can create a dangerous situation. It is important to remove items that you may use impulsively.

What items do you have nearby that you may use to harm yourself? How can you safely remove them for the time being? Examples include pills, guns, knives, poison, or rope. To whom can you give them?

Safety Planning Intervention (SPI) Implementation

- Collaborative/co-created. Essential for the success of the safety plan. Also My3.
- Caregiver should assess for the likelihood that the PAR will utilize SP at conclusion.
- Ex: Ask “What are the most helpful aspects of the SP?”
- Identify/Address/explore ambivalence and barriers to use.

Safety Planning App



Safety Planning Intervention (SPI) Training

- Clinicians from a wide background can be trained to implement the SPI with PAR's.
- http://www.suicidesafetyplan.com/Page_8.html
- Typical Training includes 3 steps:
 - Step 1: Reading the safety plan manual and reviewing the brief instructions and safety planning form available from Stanley and Brown (2008)
 - Step 2: Attending a training where the SPI, its rationale and empirical base is presented.
 - Step 3: Participating in role plays to practice the implementation of the intervention.

Safety Planning Vignette

- Please refer to the vignette handout.
- With the group of people at your table, please take 5 minutes to create a safety plan framework for the PAR in the vignette.
- Discussion and debrief.





When poll is active, respond at **PollEv.com/didispc**



Text **DIDISPC** to **22333** once to join

I will try it

I need more training

Absolutely

I am not sure

Probably not

Questions?



Resources and Contacts

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**Resources and trainings for both instruments
on handouts**

**Visit the Didi Hirsch SPC Resource Table and
visit our website at www.didihirsch.org**