

Suicide Prevention Training | Sample Assessment Questions

Suicide Thoughts

- *“Sometimes, when people feel sad, they think about suicide. Have you ever thought about killing yourself?”*
- *“Have you ever felt that you would be better off dead?”*
- *“Are you thinking about suicide now? When did you last think about suicide?”*

Suicide Plans

- *“Have you ever thought about how you would try to end your life?”*
- *“Do you have a plan to end your life?”*
 - *If yes...*
 - *“What would you do?”*
 - *“Is there anything else you have planned to do?”*

Suicide Intent

- *“When would you do this?”*
- *“Where would you do this?”*
- *“Where is the _____?”*
- *“How easy would it be for you to get _____?”*
- *“What have you done toward carrying out your plan?”*

Prior Suicide Attempts

- *“Have you ever tried to kill yourself?”*
- *“Have you ever made a suicide attempt?”*
- *“Have you ever tried to end your life?”*

- ▶ For methods with **low lethality**, clinicians may ask patients to remove or limit their access to these methods themselves.
- ▶ Restricting the patient's access to a **highly lethal method**, such as a firearm, should be done by a designated, responsible person – usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

ASSESS the likelihood that the overall safety plan will be used and problem solve with the patient to identify barriers or obstacles to using the plan.

DISCUSS where the patient will keep the safety plan and how it will be located during a crisis.

EVALUATE if the format is appropriate for patient's capacity and circumstances.

REVIEW the plan periodically when patient's circumstances or needs change.

REMEMBER: THE SAFETY PLAN IS A TOOL TO ENGAGE THE PATIENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

THE WICHE Center for Rural Mental Health Research is supported by the Federal Office of Rural Health Policy, Health Resources and Services Administration (HRSA), Public Health Services, Grant Award, U1CRH03713



Western Interstate Commission for Higher Education
3035 Center Green Drive, Suite 200 Boulder, CO 80301-2204
303.541.0200 (ph) 303.541.0291 (fax)
www.wiche.edu/mentalhealth/

Safety Planning Guide ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Planning Guide may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

Safety Planning Guide

A Quick Guide for Clinicians

may be used in conjunction with the "Safety Plan Template"

Safety Plan FAQs?

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **patient's own words**, and is **easy** to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.



Western Interstate Commission for Higher Education



Implementing the Safety Plan: 6 Step Process

Step 1: Warning Signs

- ▶ Ask: “How will you know when the safety plan should be used?”
- ▶ Ask: “What do you experience when you start to think about suicide or feel extremely depressed?”
- ▶ List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patient’s own words.

Step 2: Internal Coping Strategies

- ▶ Ask: “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”
- ▶ Assess likelihood of use: Ask: “How likely do you think you would be able to do this step during a time of crisis?”
- ▶ If doubt about use is expressed, ask: “What might stand in the way of you thinking of these activities or doing them if you think of them?”
- ▶ Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- ▶ Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- ▶ Ask: “Who or what social settings help you take your mind off your problems at least for a little while?” “Who helps you feel better when you socialize with them?”
- ▶ Ask for safe places they can go to be around people (i.e. coffee shop).
- ▶ Ask patient to list several people and social settings in case the first option is unavailable.
- ▶ Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- ▶ Assess likelihood that patient will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: Family Members or Friends Who May Offer Help

- ▶ Instruct patients to use Step 4 if Step 3 does not resolve crisis or lower risk.
- ▶ Ask: “Among your family or friends, who do you think you could contact for help during a crisis?” or “Who is supportive of you and who do you feel that you can talk with when you’re under stress?”
- ▶ Ask patients to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- ▶ Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- ▶ Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

- ▶ Instruct the patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- ▶ Ask: “Who are the mental health professionals that we should identify to be on your safety plan?” and “Are there other health care providers?”
- ▶ List names, numbers and/or locations of clinicians, local urgent care services.
- ▶ Assess likelihood patient will engage in this step; ID potential obstacles, and problem solve.
- ▶ Role play and rehearsal can be very useful in this step.

Step 6: Making the Environment Safe

- ▶ Ask patients which means they would consider using during a suicidal crisis.
- ▶ Ask: “Do you own a firearm, such as a gun or rifle??” and “What other means do you have access to and may use to attempt to kill yourself?”
- ▶ Collaboratively identify ways to secure or limit access to lethal means: Ask: “How can we go about developing a plan to limit your access to these means?”

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

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

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express permission. Completing and submitting the form on this web page http://www.suicidesafetyplan.com/Page_8.html constitutes permission to use the template.

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

Suicide Prevention Training | Resource List

For the client:

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

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

Press 1 for veterans

Crisis Chat

www.crisischat.org

Crisis Text Line

www.crisistextline.org

Text START to 741-741

Trevor Lifeline

www.thetrevorproject.org

1-866-488-7386

Trans Lifeline

www.translifeline.org

1-877-565-8860

211

www.211.org

SAMHSA Behavioral Health Treatment Locator

www.findtreatment.samhsa.gov

1-800-662-4357

Virtual Hope Box

Search App Store for Virtual Hope Box

Clinician's Guide: [https://www.health.mil/About-](https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/Connected-Health-Provider-Resources)

[MHS/OASDHA/Defense-Health-](https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/Connected-Health-Provider-Resources)

[Agency/Operations/Clinical-Support-](https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/Connected-Health-Provider-Resources)

[Division/Connected-Health/Connected-Health-Provider-](https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/Connected-Health-Provider-Resources)

[Resources](https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Clinical-Support-Division/Connected-Health/Connected-Health-Provider-Resources) (bottom of page)

King County 24-Hour Crisis Line

www.crisisconnections.org

1-866-4CRISIS

(206) 461-3222

For the provider:

American Association of Suicidology

www.suicidology.org

American Foundation for Suicide Prevention

www.afsp.org

Centers for Disease Control and Prevention

www.cdc.gov/ViolencePrevention/suicide/index.html

Suicide Prevention Resource Center

www.sprc.org/settings/primary-care/toolkit

National Strategy for Suicide Prevention

<http://actionallianceforsuicideprevention.org/national-strategy-suicide-prevention-0>

Washington State Suicide Prevention Plan

www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf

Screening Tools:

Patient Health Questionnaire (PHQ) 9
http://www.cqaimh.org/pdf/tool_phq9.pdf

SAFE-T Pocket Card
<https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432>

Columbia Suicide Severity Rating Scale (C-SSRS)
<https://www.cssrs.columbia.edu>

Management Tools:

Suicide Safety Plan
www.suicidesafetyplan.com

Working with veterans:

Military One Source
www.militaryonesource.mil

For loss survivors:

Crisis Connections Cares (CC Cares)
<https://www.crisisconnections.org/survivors-of-suicide-support-groups/cc-cares>

Agency Practices for Responding to a Client Suicide
<https://www.sprc.org/resources-programs/sample-agency-practices-responding-client-suicide>

Medication disposal:

DEA National Take-Back Day
https://www.deadiversion.usdoj.gov/drug_disposal/takeback/
1-855-239-9317

Self-Injury:

Self-Injury and Recovery Research and Resources (Cornell University)
<http://www.selfinjury.bctr.cornell.edu/about-self-injury.html>

SAMHSA Podcast - Non-Suicidal Self-Injury: Description, Motivations, and Relationship to Suicide
<https://www.youtube.com/watch?v=nQlv83yfOY8>

Working with people of different cultures:

SAMHSA Tribal Training and Technical Assistance Center
<http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>

SPRC Guidance for Culturally Adapting Gatekeeper Trainings
<http://www.sprc.org/resources-programs/guidance-culturally-adapting-gatekeeper-trainings>