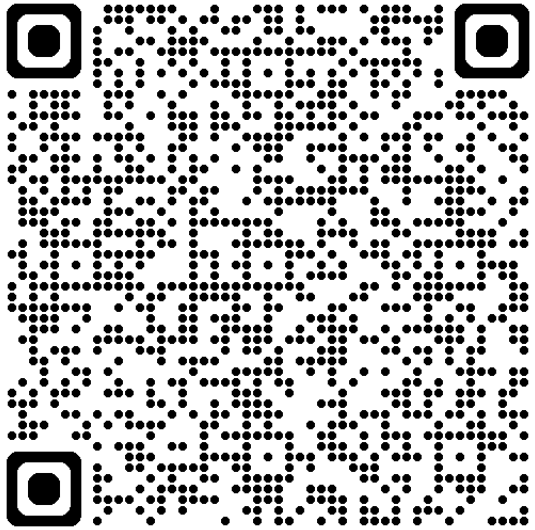
Advanced Suicide Risk Assessment and Safety Planning in Real World Settings

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CEUs will be uploaded to CE Broker

- *Cincinnati Children's Hospital Medical Center is an approved provider of continuing education by the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board, provider numbers RCX111201 and RST112501. This program is approved for 3.5 clock hours*.
- No partial credit will be given.
- Be sure your sign in and your email is correct.
- Failure to complete sign in, full attendance and survey may result in CEU not given.
- Please complete the survey with **48 hours** of receiving it.



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Objectives

- Review and explain best use of ASQ and Columbia Suicide Severity Rating Scale (C-SSRs or Columbia) for youth in schools and community.
- Review the vital elements to Safety Planning and how to utilize information from the Columbia to develop an effective Safety Plan.
- Practice using ASQ, Columbia and Safety Planning.

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Take Care of Yourself

- Suicide is an intense and sensitive topic. Please prioritize your own self-care during this training.
- Everyone's experience with suicide is different.
- This is a judgement free zone focused on improvement.



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Ice Breakers



- In the chat, please share your role
- What's your guilty pleasure?
- Are you using the ASQ?
- How comfortable are you with the C-SSRs?
- How comfortable are you with Safety Planning?

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Words Matter

Language significantly influence outcomes, either fostering positive change or contributing to stigma and negative experiences.

Avoid

Words that can convey guilt:
"commit", "confess", "admit"

Words that can glorify or shame:
"success," "completed,"
"unsuccessful," "failed," “passive”

Use instead

"Died by suicide"
"Disclosed suicidal thoughts",
or "Took their own life"

Don't

Speculate, blame or gossip

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Important Considerations for Assessing Suicide Risk

Clarify What is Being Said

- Go off script.
- Ask questions a different way.
- Check to make sure you understand what is being said.

Examples:

- Student says they want to hurt themselves. ***"Can you tell me more about what you mean by hurt yourself?"*** *or* ***"Would you die if you hurt yourself?"***

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Important Considerations for Assessing Suicide Risk

Clarify timing: When assessing for risk you want to be aware of

Current thoughts/behaviors (today, yesterday)



Versus

Past thoughts/behaviors (last week, last month, last year)



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Suicidal Ideation: What is the purpose of this thought

Suicidal ideation is any thought about not wanting to be alive. This can be a wish to die, wishing the world would stop for a while, wanting to escape, or it can be wanting to do something to end their life.

Understanding the purpose of suicidal ideation is important. A child struggling with intrusive thoughts about suicide and is scared of their own thoughts is different than a child struggling with wanting to die.

1. “Tell me more about that…”
2. “Do these thoughts scare you or upset you?”
3. “Is there anything that would increase or decrease these thoughts?”

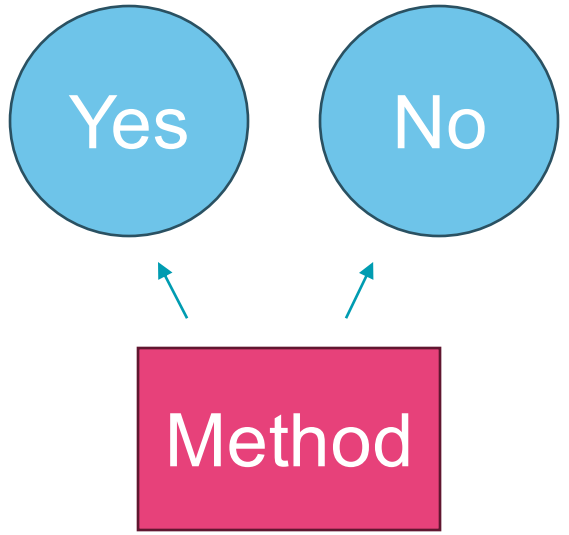
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Method: the How

Method is the ***possible*** way(s) that one has considered of how to end their life. Method is not the same as a plan. Method and intent are also different. Method may be part of plan, but method and plan are different. Having chosen a method can lead to a plan.

Ex: Hanging, jumping off a bridge, taking pills, shooting self

1. "Have you considering doing anything to end your life? How would you do this?
2. This can lead to asking about intent. "When you are thinking about how you would end your life, in that moment are you thinking yes I would act on it right now if I could or no, even if I could end my life right now, I wouldn't."



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Intent: the heart of the matter

Intent is the difference between desire to kill themselves and stay alive. Understanding intent is dynamic. Youth can be vague in answering this question. Questions that can add clarification about how they are feeling.

1. “Tell me more about that…”
2. “When was the last time you thought you were going to kill yourself?”
3. “Is there anything that would increase or decrease your wanting to kill yourself?”

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Plan: Answers the how, when and where

Plan has all the pieces that will lead to them making a suicide attempt.



1. Thought through steps.
2. Access to means to end their life.
3. Intent to act.

Example: Greg has a rope hidden in his room and has learned how to tie a noose. After failing a test in school, he decided that tonight he will hang himself after everyone goes to bed.

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Example working through SI questions

1. **Wish to be Dead**: “I don’t want to be alive.”
2. **Non-Specific Active Suicidal thoughts**: “Yes, I want to die.”
3. **Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act**: “I could hang myself or take pills.”
4. **Active Suicidal Ideation with Some Intent to Act, without Specific Plan:** “I want to die, but I am not sure what I will do, but I will find a way.”
5. **Active Suicidal Ideation with a Specific Plan and Intent:** “After school I will take the pills that I have been hiding in my room.”

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Frequency and Duration

Both can help you understand how much someone is suffering and assist in safety planning. The greater the frequency and duration the more risk.

Frequency: When or How often

1. Multiple times a day, daily, 2 to 5 times a week, once a week.
2. A particular trigger can help determine how often
3. Having to take a test vs issues with peers

Duration: How Long

1. All day, 4 to 8 hours, 1 to 4 hours, less than an hour, a few seconds or minutes.
2. Understanding when the thoughts occur can help determine duration.
3. Morning vs Evening

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Controllability and Deterrents

Both can help you understand how much someone is suffering and assist in safety planning.

Controllability: Is an effort made to control the thoughts?

1. How difficult is it to control the thoughts?
2. For some they haven't considered trying to control the thoughts.

Deterrents: Has anything stopped them?

1. Often includes loved ones, friends, pets and the future.
2. Can affect intent.

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Suicidal Behaviors

A suicidal behavior is "a potentially self-injurious act with at least some intent to die."

"Potentially"

1. Actual harm doesn't need to occur.
2. They believe that the action could kill themselves.

"Intent"

1. If any part of them wanted to die when the action took place.
2. Can be inferred if no other intent could be inferred.

Examples: Gun to head, trigger pulled, gun misfires or
Any pills swallowed or wraps cord around neck tightly

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Other types of Suicidal Behaviors

Interrupted, Self Aborted and Preparatory Behaviors are also concerning and could be missed if not directly asked about.

Interrupted or Self Aborted Suicide: Intent and ready to engage in suicidal behaviors.

1. Due to someone or something else interrupting.
2. Due to stopping yourself.
3. Have pills in hand but put them back in the bottle when someone comes home unexpectedly.

Preparatory Behaviors: Anything to prepare to end one's life.

1. Saying goodbye online, giving items away, writing a suicide note.
2. Getting together items to use, such as buying a gun, getting a rope, gathering pills.

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Non-Suicidal Self-Injurious Behaviors

- Self-harm for reasons other than to kill oneself
- Added to Columbia, because the information was often provided during the interview, and they didn't want to lose data. They didn't include it to determine risk, but it is important information for ongoing treatment.
- Examples: cutting, burning, scratching, skin picking

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ASQ then Columbia

ASQ

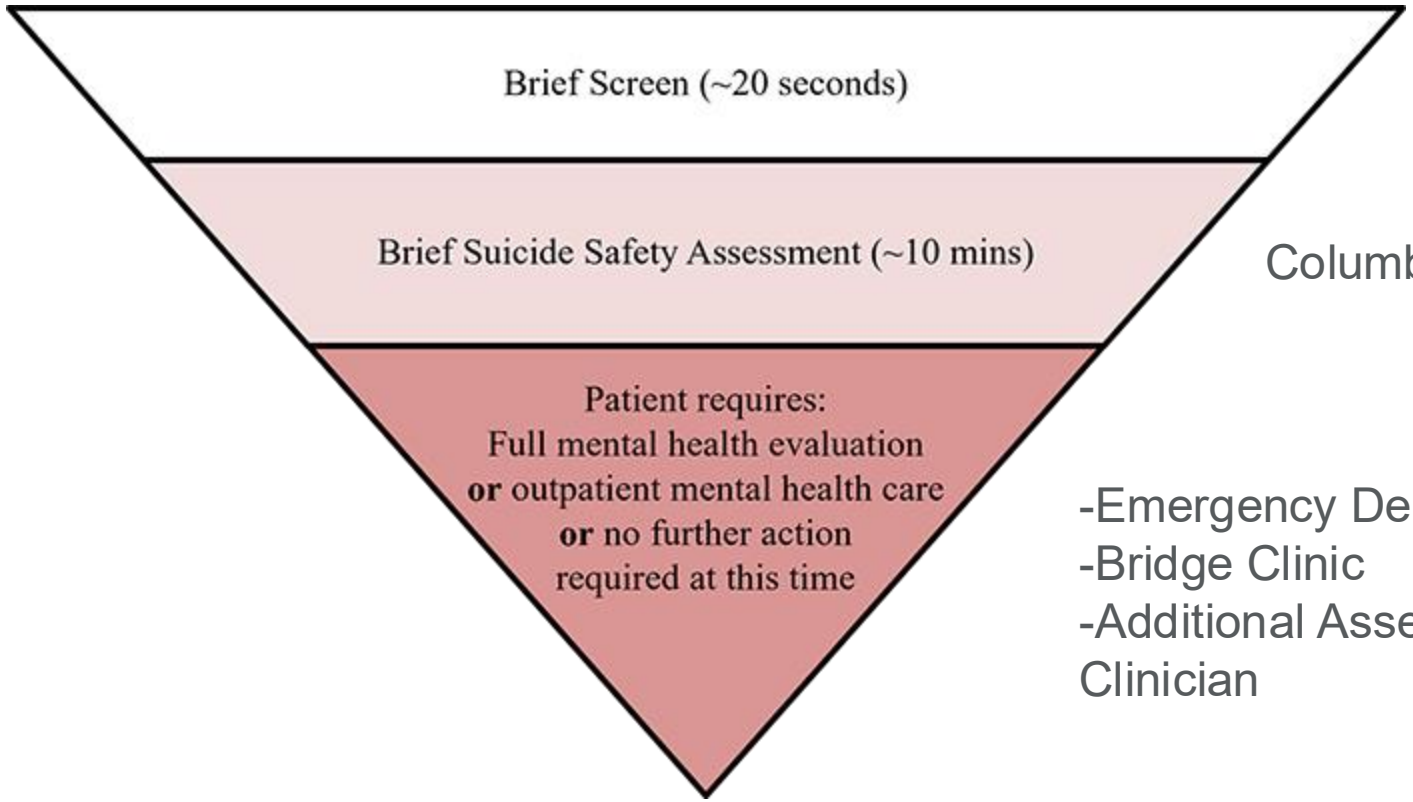
- Best usage - you are **UNSURE** if suicidal ideation and suicidal behaviors are the concern.
- 4 to 5 simple questions
- Determines if current suicidal thoughts are a concern
- Complete Columbia Screening with any positive result

Columbia

- Best usage - you know that suicidal ideation or suicidal behaviors are the concern.
- Assesses both current and historical timeframes
- Provides information that assists in Safety Planning

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Clinical Pathway from ASQ to Columbia



ASQ

Columbia

-Emergency Department
-Bridge Clinic
-Additional Assessment by Clinician

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Role Play w/ Jennifer

Please complete your paper copy of the C-SSRs during the role play.



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Case Example Jennfier: C-SSRs

SUICIDAL IDEATION		
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.	**Lifetime: Time He/She Felt Most Suicidal**	**Past 1 month**
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/die by suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"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."* ***Have you been thinking about how you might do this?*** If yes, describe: Cutting self deeper and taking pills	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐

Case Example Jennfier: C-SSRs

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
INTENSITY OF IDEATION		
The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal. Lifetime - ***Most Severe Ideation:*** ***3*** (*Type # (1-5)*) ***Method*** (*Description of Ideation*) Recent - ***Most Severe Ideation:*** ***2*** (*Type # (1-5)*) ***Non specific suicidal thoughts*** (*Description of Ideation*)	Most Severe	Most Severe
Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	_1_	_3_

Case Example Jennfier: C-SSRs

Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	_4_	_2_
Controllability **Being around family helps** ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	_5_	_4_
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	_1_	_1_
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) Disappointing others (0) Does not apply	_0_	_0_

Case Example Jennfier: C-SSRs

SUICIDAL BEHAVIOR *(Check all that apply, so long as these are separate events; must ask about all types)*	**Lifetime**	**Past 3 months**
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you_____ as a way to end your life?*** ***Did you want to die (even a little) when you_____?*** ***Were you trying to end your life when you _____?*** ***Or Did you think it was possible you could have died from_____?*** ***Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?*** (Self-Injurious Behavior without suicidal intent) If yes, describe:	**Yes** ☐ **No** ☐ Total # of Attempts 0	**Yes** ☐ **No** ☐ Total # of Attempts 0
Has subject engaged in Non-Suicidal Self-Injurious Behavior?	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐

Case Example Jennfier: C-SSRs

Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred)*. Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. ***Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?*** If yes, describe:	Yes ☐ No ☐ Total # of interrupted 0	Yes ☐ No ☐ Total # of interrupted 0
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. ***Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?*** If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted 0	Yes ☐ No ☐ Total # of aborted or self-interrupted 0
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). ***Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?*** If yes, describe:	Yes ☐ No ☐ Total # of preparatory acts 0	Yes ☐ No ☐ Total # of preparatory acts 0

What the C-SSRs tells us about Jennifer

- What did we learn from the Columbia?
  - While Jennifer is struggling with thoughts of killing herself she is not currently thinking about how she would do so and is also denying intent and plan.
  - Thoughts last less than an hour and she can control them with some difficulty.
  - Deterrents include not wanting to disappointment family or therapist.
- Why can we safety plan?
  - Jennifer is scared of her own thoughts and wants help.
  - Triggers are known and can be addressed.
- What differences would tell us that we can't safety plan?
  - If intent was different and she was wanting to die.

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Next Steps with Jennifer

1. Normalize mental health concerns.
2. Reinforce that sharing current risk with parents/others encourages their ability to support (their "need.")
3. Promote hope by discussing help.
4. Point out strengths in sharing; Be specific to Jennifer's strengths.
5. Reinforce Jennifer's role in assessing her triggers, warning signs, coping skills and how this will help her to feel control.
6. Notify Jennifer that you will not keep recommendations from her.
7. Be direct about the need for parents to be involved and how this will help both Jennifer and her "support team" to reinforce her strengths and safety.

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Jennifer's Risk Factors

- Underlying Anxiety
- Worry about the perceptions of others
- Desire to be perceived as good (both + and a barrier)
- Communication Concerns
- Fear of next steps and hospitalization
- Deficits in self-esteem and understanding of personal strengths
- Feeling controlled by her thoughts / feeling out of control
- Perceived inability for others to understand

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Take a break, you deserve it!



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Safety Planning: A Critical Mental Health Intervention to Mitigate Risk

1

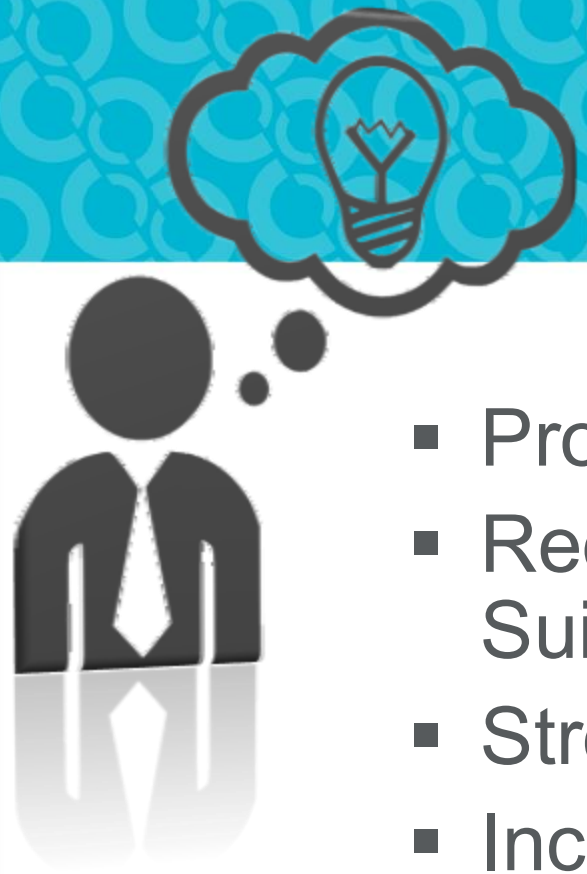
Understand how risk factors and protective factors are both considered and incorporated into your plan.

2

Understand that a Safety Plan is an intervention to be used with individuals with at-risk thoughts and/or behaviors, and use of the plan can help mitigate safety concerns.

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Safety Planning Goals:



- Promote Safety During Crises.
- Reduce Risk by Addressing Warning Signs and Suicidal Thoughts.
- Strengthen Protective Factors and Coping Strategies.
- Increase Empowerment and Engagement in Treatment.
- Support Families By Improving Communication to Enhance Safety.

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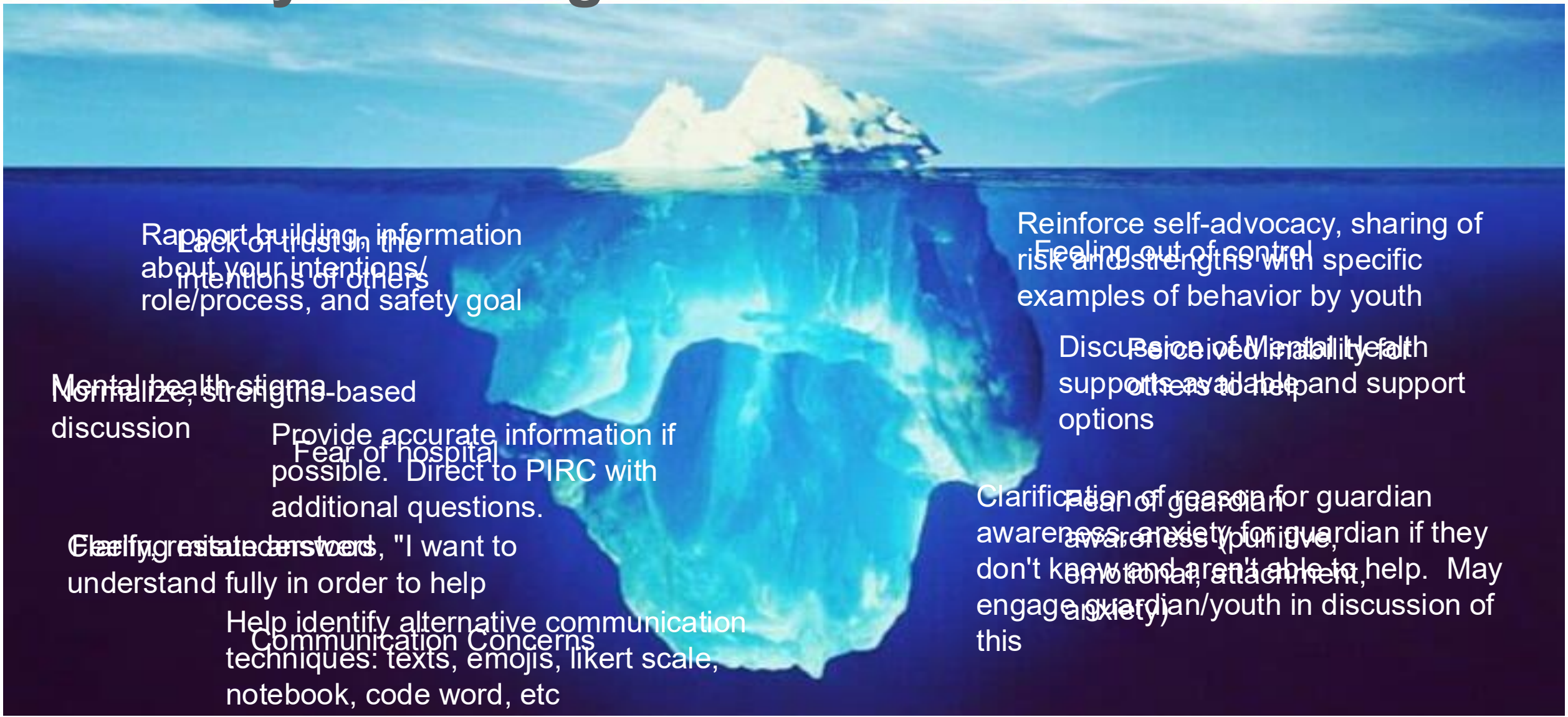
What Comes to Mind?



In the chat, share adjectives that people might use to describe a youth experiencing suicidal thoughts or struggling with their mental health.

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Addressing Common Barriers in Safety Planning for the child



What Comes to Mind?

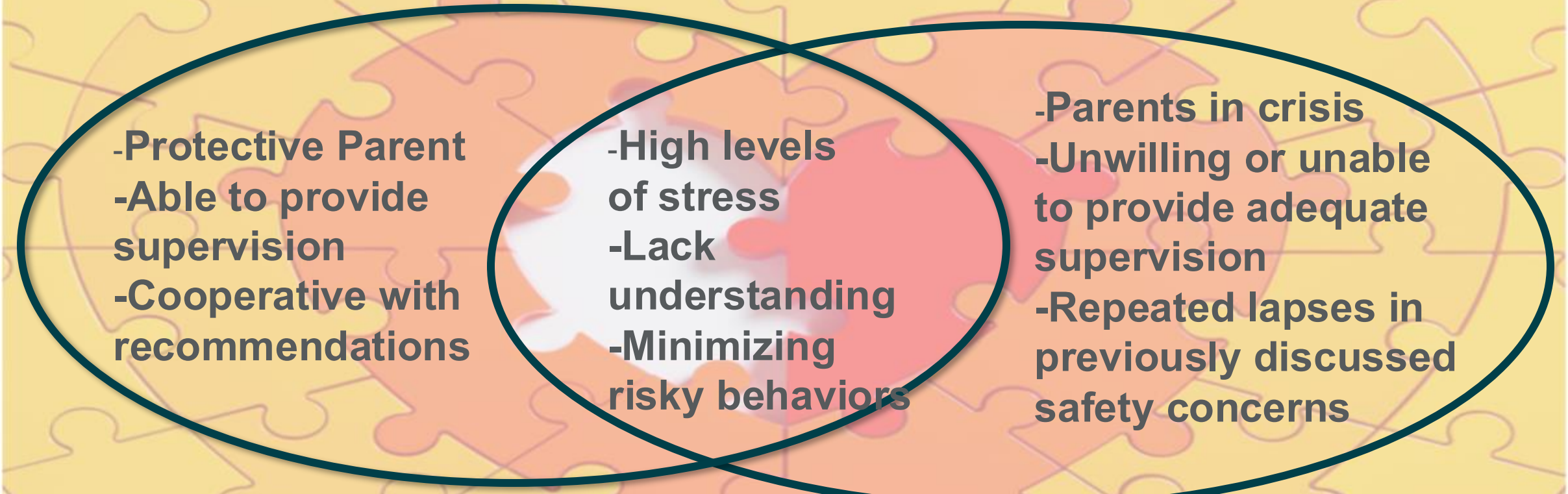


In the chat, share adjectives that people might use to describe parents, guardians or loved ones caring for a youth at risk for suicide or experiencing mental health concerns.

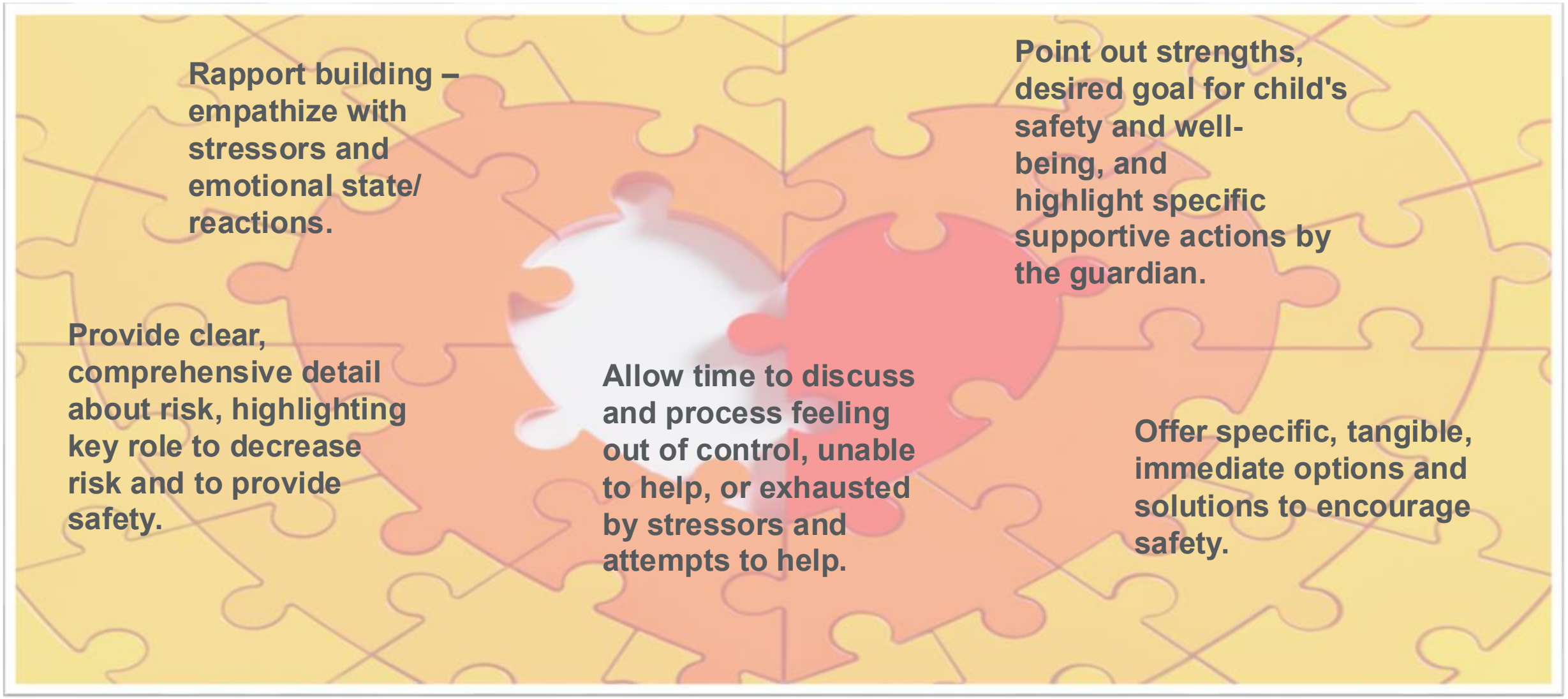
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Empathy for parents during Safety Planning

Understand how family situation can impact safety planning



Safety Planning with Guardians- Engaging and Addressing Barriers



Empathy for Family Situation

- Seek to Understand the Family's Perspective
- Family Engagement Encourages Collaboration and Safety
- Minimizing May be Associated with Lack of Understanding or Fear
- Personal Stressors of the Guardian or Caregiver



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Safety Plan: Key Sections



- Reported Safety Concerns
- Warning Signs
- Internal Coping Strategies
- Distractions
- People in My Life Who Can Help During a Crisis
- Professional and Emergency Supports

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Stanley- Brown Safety Plan

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. _____

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

_____

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Risk Assessment to Action

C-SSRS	Safety Plan
Frequency, Duration	Key at risk days, times, situations
Method	Restricting Access to Lethal Means
SI- purpose of thought or intent	Identification and Reduction of Triggers
Plan- The How, When, Why	Reduction of at-risk times, situations, and stressors
Deterrents	Review aborted attempts, use of coping skills, key supports in various environments

Weighing Protective / Risk Factors

Protective Factors

- Increase our confidence in the ability to Safety Plan and for the youth / family to follow the Safety Plan.
- Strengths to be discussed during the intervention.



Risk Factors

(SP is determined appropriate, yet risk factors may still exist)

- Increase our concern.
- Incorporated into the Safety Plan.
- Addressed during the intervention.

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Back to Jennifer...



Reminders:

- Jennifer is with Therapist.
- Mother is at school and is anxious and worried about keeping Jennifer safe, but open to safety planning.
- Mother is concerned she will be fired, due to missing work.

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Jennifer's Protective Factors

- Jennifer has two supportive parents.
- She has been engaged in therapy for over a year.
- She has worked hard in therapy.
- Jennifer wants to be successful and perceived as capable
- She wants others to be proud of her.
- Jennifer wants to feel better.
- She is taking a chance by notifying others about her new symptom: SI

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Initial Discussion Encourages Safety Planning

Goal: Jennifer will be open to discuss her risk and will fully support in the Safety Planning process.

- Remember: **Effective Safety Planning occurs when an individual is candid about their risk.**

- **The C-SSRS is administered either before and during these initial steps.**

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Safety Plan Role Play...

Critical Thinking:

- Uncovering Elements of the CSSRS / Safety Plan During Discussion with Jennifer/Mom
- Alignment with Stanley-Brown Safety Plan

C-SSRS / Safety Plan Discussion	Safety Plan Sections
	Reported Safety Concerns
	Warning Signs
	Internal Coping Strategies
	Distractions
	People in My Life Who Can Help During a Crisis
	Professional / Emergency Support
	Environmental safety

Role Play Continues with Jennifer and Mom



- Watch for rapport building with mom.
- What information was brought forward from the Columbia and use in Safety Planning.
- Questions about Safety Planning?

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Jennifer's Safety Plan

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

1. Stressed about school/Poor grades
2. Thinking others are better off without me
3. Hands Shaking
4. Head hurting
5. Making a mistake on the team

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. Play a game on phone
2. Play with a fidget
3. Go for a walk
4. Focus on my family and things that make me happy

Step 3: People and social settings that provide distraction:

1. Name Mom - going for walks Phone
2. Name Family - Playing games Phone
3. Place Being outside
4. Place Being at home

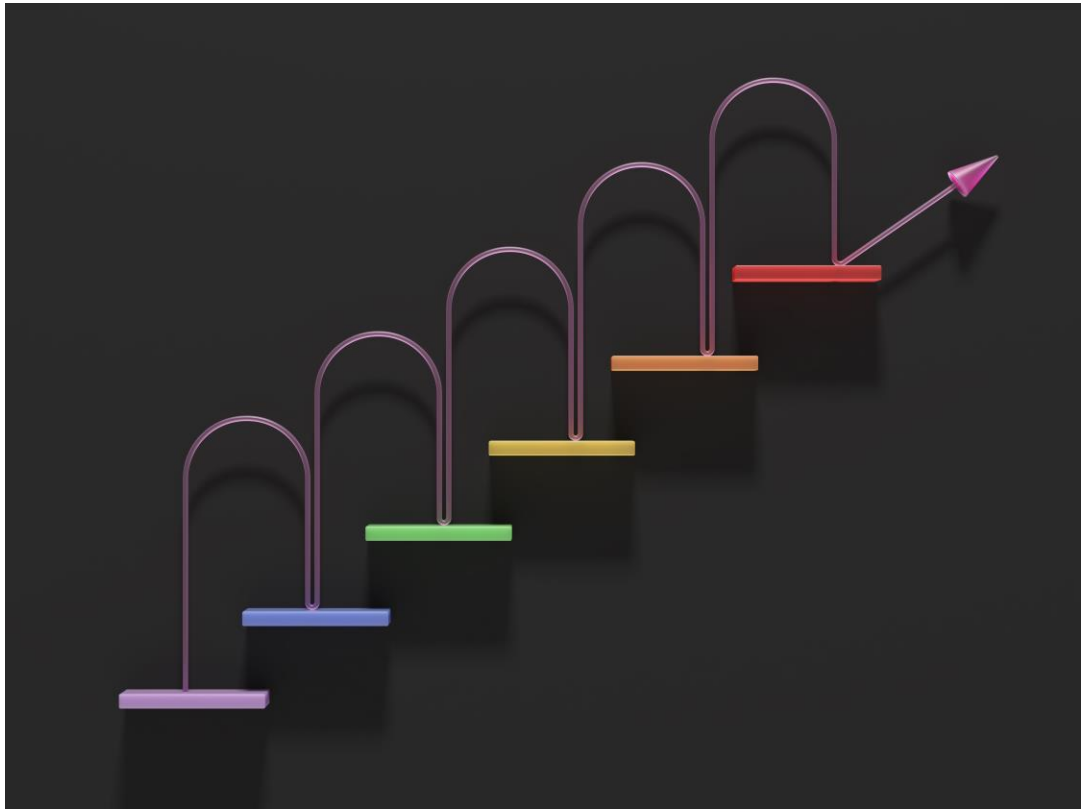
Step 4: People whom I can ask for help:

1. Name Mom Phone
2. Name Ms. Jones - front office staff at school Phone
3. Name Phone

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Safety Plan Step 5

- Covers professionals in the patient's life that you can add.
- Can include next appointments with providers.
- Can provide directions on how to contact additional professionals should a crisis occur again.



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Safety Plan Step 6

- Steps to reduce access to lethal means and to enhance safety:
- Secure medication
- Remove/limit access to dangerous and lethal items
- Remove alcohol and drugs
- Consider lock boxes and safe storage
- 1:1 observation, co-sleeping
- All households / environments that pose risk

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Discussion about safety plan role play



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Take a break, you deserve it!



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Edward Case Review: (take a photo)

You haven’t seen Edward in several weeks due to winter break. He wasn’t looking forward to break due to his parents’ frequent arguments. His father lost his job in October and finances have been tight. Edward struggles to connect with peers and often feels misunderstood and lonely. He plays video games and zones out most of the day. Upon returning from break you check on him and due to a gut feeling decide to ask the ASQ.

Edward has thought about ending his life by taking pills, shooting himself or hanging himself. He reported that the day after Christmas he wanted to kill himself but didn’t think it would work. He didn’t have a gun and didn’t want to hang himself because he didn’t want his younger siblings to find him. He denies having a current plan to kill himself. Edward thinks of killing himself several times a week, and thoughts starts after school until he falls asleep. Thoughts stop "sometimes" while playing video games, listening to music, or watching videos on his phone. He doesn’t want to leave his siblings, and they keep him from acting on his thoughts. He wants his parents to stop arguing. He denies suicide attempts or self-harm. He states that the first day of winter break, he got a belt and put it around pipes in the basement and was trying to figure out how to hang himself. His younger sister came downstairs, so he took the belt down and left the basement with his sister. He did go look for pills the same night to overdose. He found Melatonin gummies and ate a few and just woke up the next morning.

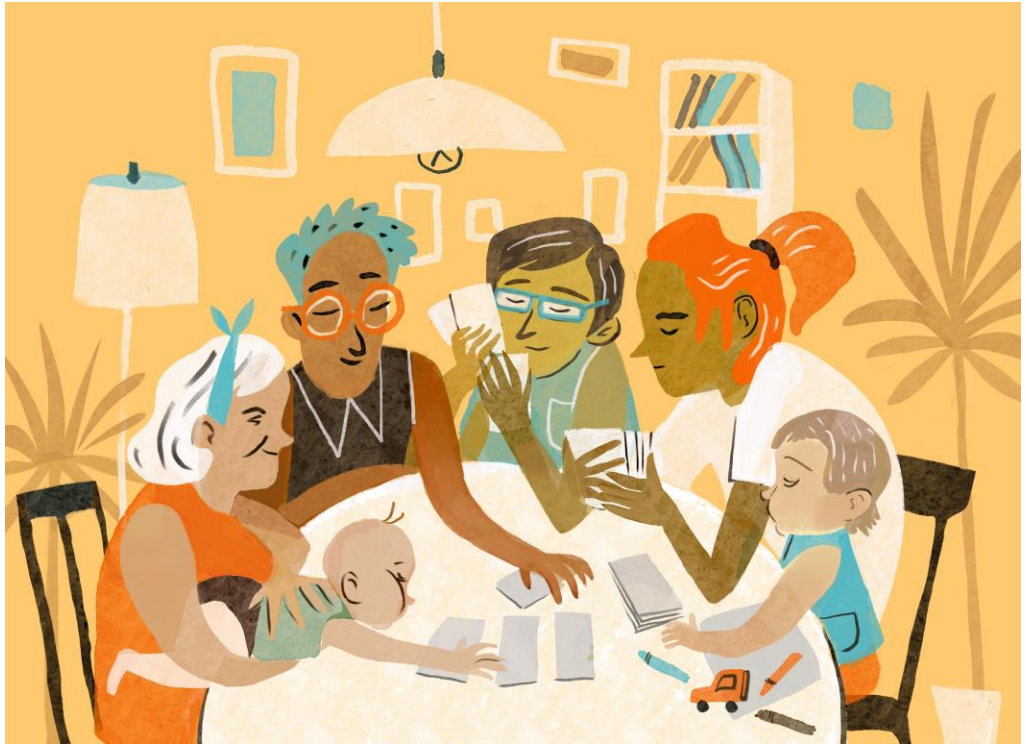
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Group Role Play - Instructions

We will need multiple volunteers to act as the Clinician. Participant will change after the ASQ and each section of the C-SSRS.

Those who are not part of the role play can fill out the documents based on information provided.

The idea is to practice!



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Edward - ASQ

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** O Yes O No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** O Yes O No
3. **In the past week, have you been having thoughts about killing yourself?** O Yes O No
4. **Have you ever tried to kill yourself?** O Yes O No

   If yes, when was the most recent attempt? _____ O Within last 12 months O Over 1 year ago

*If patient answers **Yes** to any of Questions #1 through #4, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** O Yes O No

   If yes, describe briefly: _____

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Role Play Edward – Suicidal Ideation

SUICIDAL IDEATION		
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.	**Lifetime: Time He/She Felt Most Suicidal**	**Past 1 month**
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?*** If yes, describe: After school	Yes ☐ No ☐	Yes ☐ No ☐
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/die by suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. ***Have you actually had any thoughts of killing yourself?*** If yes, describe:	Yes ☐ No ☐	Yes ☐ No ☐
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"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."* ***Have you been thinking about how you might do this?*** If yes, describe: Shooting self, hanging self and taking pills	Yes ☐ No ☐	Yes ☐ No ☐

Role Play Edward – Suicidal Ideation

4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?*** If yes, describe:	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** If yes, describe: Rope around neck but sister come in the room, later took Melatonin	**Yes** ☐ **No** ☐	**Yes** ☐ **No** ☐
INTENSITY OF IDEATION		
The following features should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe). Ask about time he/she was feeling the most suicidal. Lifetime - ***Most Severe Ideation:*** ***5*** (*Type # (1-5)*) ***Plan – rope around neck and took Melatonin*** (*Description of Ideation*)	Most Severe	Most Severe

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Role Play Edward – Intensity of Ideation

Frequency ***How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day	_4_	_4_
Duration ***When you have the thoughts how long do they last?*** (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous	_4_	_4_
Controllability **Playing video games with sister** ***Could/can you stop thinking about killing yourself or wanting to die if you want to?*** (1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts	_4_	_4_
Deterrents ***Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?*** (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably stopped you (3) Uncertain that deterrents stopped you (4) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you (0) Does not apply	_2_	_2_
Reasons for Ideation ***What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?*** (1) Completely to get attention, revenge or a reaction from others (2) Mostly to get attention, revenge or a reaction from others (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) Parents would be better off without me (0) Does not apply	_0_	_0_

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Role Play Edward – Suicidal Behaviors

SUICIDAL BEHAVIOR *(Check all that apply, so long as these are separate events; must ask about all types)*	**Lifetime**	**Past 3 months**
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. ***Have you made a suicide attempt?*** ***Have you done anything to harm yourself?*** ***Have you done anything dangerous where you could have died?*** ***What did you do?*** ***Did you_____ as a way to end your life?*** ***Did you want to die (even a little) when you_____?*** ***Were you trying to end your life when you _____?*** ***Or Did you think it was possible you could have died from_____?*** ***Or did you do it purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?*** (Self-Injurious Behavior without suicidal intent)	**Yes** ☐ **No** ☐ Total # of Attempts 0	**Yes** ☐ **No** ☐ Total # of Attempts 0

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Role Play Edward – Suicidal Behaviors

Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred)*. Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. ***Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?*** If yes, describe: Hung belt around pipes in basement and then sister walked in.	Yes ☐ No ☐ Total # of interrupted 1	Yes ☐ No ☐ Total # of interrupted 1
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. ***Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?*** If yes, describe:	Yes ☐ No ☐ Total # of aborted or self-interrupted 0	Yes ☐ No ☐ Total # of aborted or self-interrupted 0
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). ***Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?*** If yes, describe: Looked for pills that would end his life.	Yes ☐ No ☐ Total # of preparatory acts 1	Yes ☐ No ☐ Total # of preparatory acts 1

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C-SSRS Review: Seeking Clarity with Edward

- How did you categorize Edward's incident with the belt?
- How did you categorize his incident looking for pills? How did intent play into your decision?
- What other information would you want in to order to decide about safety planning verses hospitalization?
- What else do you want to know?
- What information did you learn that will help you Safety Plan?

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Considerations for Edward's Safety Plan

Risk Factors

- Financial insecurity in the home
- Parents not aware of how their stress is affecting the household
- Pt has been isolating and is absorbed in distraction
- Frequency and Duration are both high

Protective Factors

- Concern for siblings (Deterrents)
- Is already attempting to use coping skills
- Good historian, honest about risk factors
- Identifies his stressors and what he wants to change in his life

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Key Safety Planning Reminders...

- Safety planning is an intervention
  - As important as rapport building and skill building, which both may be included in safety planning.
- Maladaptive Behaviors can inform coping skills.
  - Edward's getting lost in video games can be channeled into other healthy escapes (taking a walk, playing outside with siblings, listening to music).



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Key Safety Planning Reminders...



- Parent involvement is important.
  - Parents need to take ownership of their child's safety, if parents are not engaged a higher level of care may be needed or a call to Children's Services.
- Your clinical skills are key to this process
  - C-SSRS and a Safety Plan are tools to help you gather the information and provide a clear path of next step for your patient and their family.

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Break Out Groups for Safety Planning
(15 minutes) *Be Creative and Share your Skills*

Instructions:

Choose **Edward**, **Therapist**, **Guardian**

Using the ASQ/CSSRS, Role Play Safety Planning:

- Build Rapport
- Identify Coping skills / Strengths
- Home Safety Recommendations
- Next Steps / Crisis Support



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Discussion about safety plan role play



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What if...

Edward is in High School



What unique challenges are present?

- Driving
- Door dash pills
- More freedom

How do these challenges impact Safety Planning?

- Independence may feel threatened
- Social time and time alone may both encourage coping AND impact safety

Elementary and Middle School Groups?

Unique Challenges for these ages?

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What if...

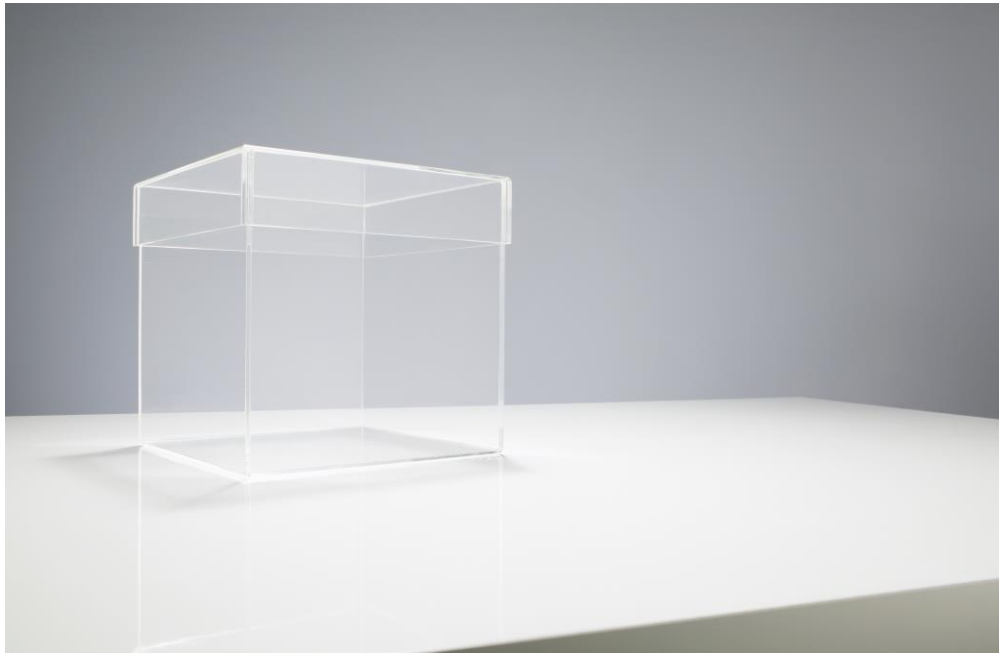
Safety Planning Requires Thinking Outside the Box

Edward's Dad begins Door Dashing as financial concerns worsen

- Dad is now working while mom is at work
- Limited family support
- No family or friend support

How can Edward's safety be prioritized?

- Can Edward go with dad while he is Door Dashing?
- How might Edward's age create safety challenges for supervision?
- If another care-provider is identified, Safety Planning should be discussed



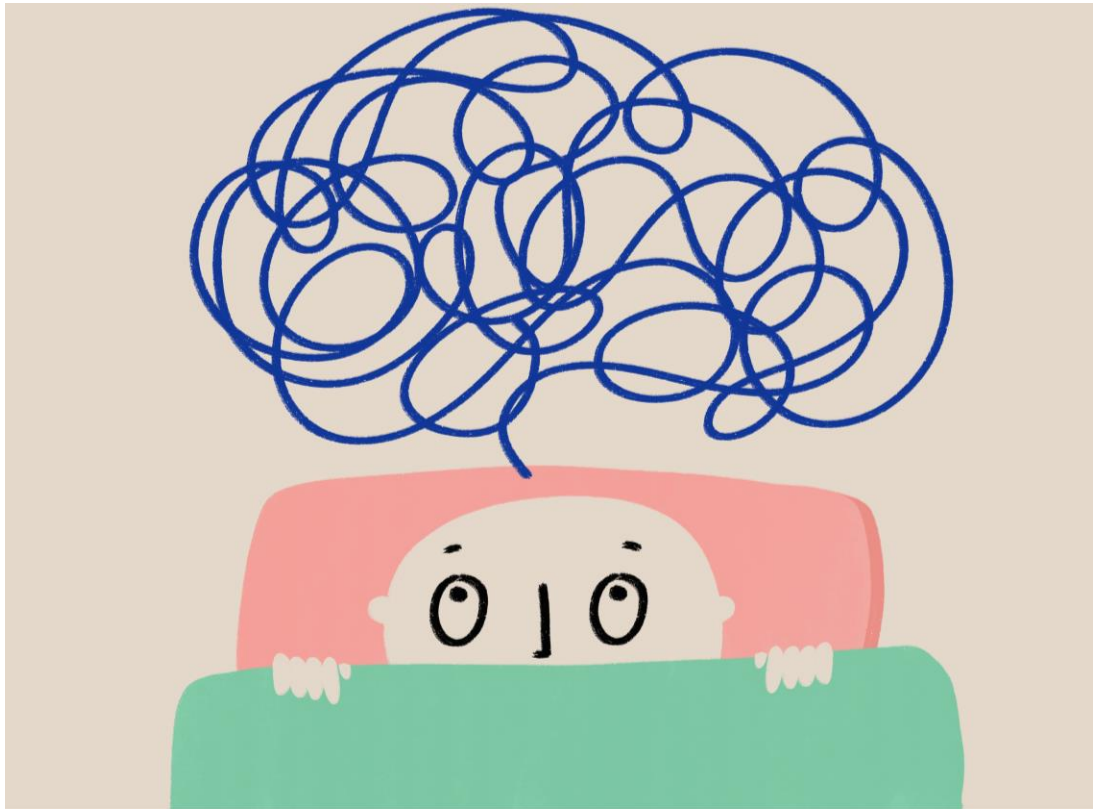
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Common Provider Questions and Concerns about Safety Planning

- Engagement with reluctant youth and/or guardian(s)
- Safety Planning across multiple environments
- Managing communication barriers – youth refusal to share risk.
- Environmental barriers to adequate supervision
- When do concerns rise to the level of mandatory Reporting
- What is within and beyond Provider control?

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When Safety Planning Isn't Enough



- Safety planning is an intervention and interventions sometimes don't go as planned.
- During safety planning you may find out new information that changes the plan.
- Call PIRC 513-636-4124 and keep them updated when information changes.

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Questions



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Case Example Jennfier: ASQ

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

*If the patient answers **Yes** to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

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