

By the end of the workshop, you will be able to:

Describe	List	Explain
basic guidelines for remote contact of suicidal clients.	adaptations of suicide risk assessments for telehealth.	purpose and function of safety planning for suicidal clients.

BASIC GUIDELINES

From Suicide Prevention Resources Center, 2020

Basic guidelines for remote contact of suicidal clients

- **Secure the client's privacy** during the telehealth session as much as possible.
 - Data safety is part of NASW's Code of Ethics
- *Where are you?* Request the **person's location** (address, apartment number) at the start of the session in case you need to contact emergency services.
- *Who can I contact?* Request or make sure you have **emergency contact information**.
- *If we get interrupted...* Develop a **contact plan** should the call/video session be interrupted.
- *If we call emergency services...* Prior to emergency contact, **develop a plan** for how to stay on the phone with the client while arranging emergency rescue, if needed.

Adaptations for suicide risk assessment

- In addition to standard risk assessment, assess for the **emotional impact of the pandemic** on suicide risk.
- **Possible COVID related risk factors** : social isolation; social conflict in sheltering together; financial concerns; worry about health or vulnerability in self, close others; decreased social support; increased anxiety and fear; disruption of routines and support.
- Inquire about increased **access to lethal means** (particularly stockpiles of medications, especially acetaminophen (Tylenol) and psychotropic medications).

Adaptations for clinical management

Staying in the community is ALWAYS preferred. During COVID, staying away from hospitals and EDs takes on additional importance: reducing stress and strain on hospital providers and reducing client's risk for contracting COVID.

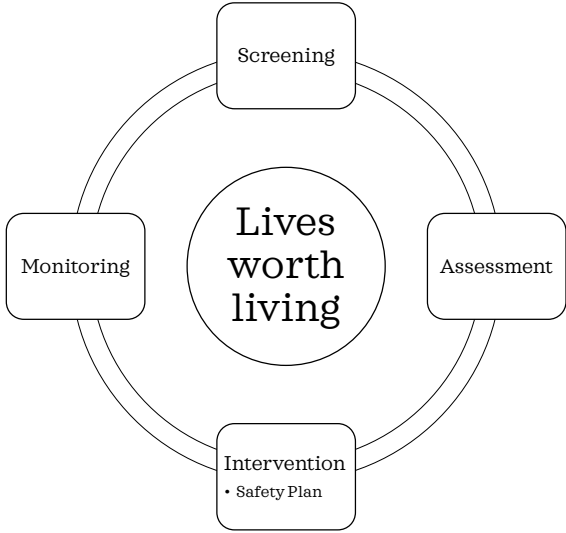
- Make provisions for **increased clinical contact** (even brief check ins) until risk de-escalates; remember risk fluctuates.
- Provide crisis hotline (1 800 273 8255) and crisis text (Text "Home" to 741741) information.
- Identify **individuals in the client's current environment** to monitor the client's suicidal thoughts and behaviors in person or remotely; seek permission and **have direct contact** with those individuals.
- Develop a **safety plan** to help clients manage suicide risk on their own.
- Collaborate to identify additional **alternatives to manage risk**.

If they can't remain safe in the community...

- Arrange for client to go to the nearest ED or call 911.
- Stay on the phone if possible until the client is in the care of a professional or supportive other person who will accompany them to the hospital.

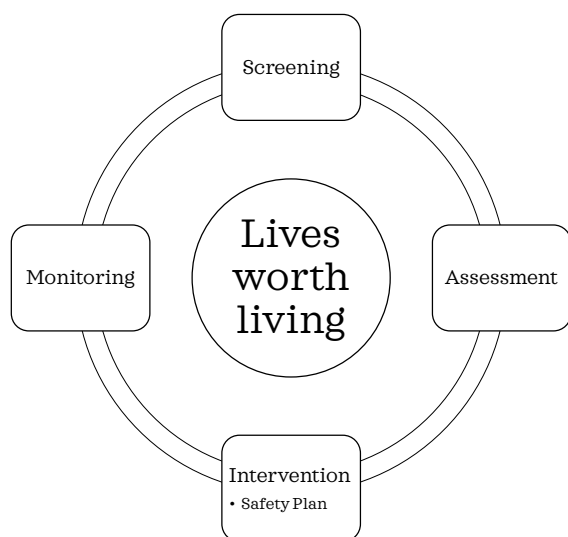
SUICIDE RISK ASSESSMENT

With telehealth adaptations (SPRC, 2020)



Safety Wheel

Four components of a comprehensive suicide management plan



Safety Wheel

Four components of a comprehensive suicide management plan

Purpose of suicide risk assessment

- Understand the story of how and why someone became suicidal (Freedenthal, 2017).
- Identify points of **prevention rather than prediction** (Pisani et al., 2016).
 - After the suicide risk assessment, the social worker, client and family or friends should know what stressors or conditions might exacerbate the current suicide risk and have a plan to prevent those from happening. This contrasts with the traditional view of the suicide risk assessment as a tool for predicting the near future.
- Provide an experience of being seen, heard and validated.

Have you had thoughts of...

Hurting	yourself? <i>[self-harm]</i>
Wanting	to die? <i>[non-suicidal morbid ideation]</i>
Killing	yourself? <i>[suicidal ideation]</i>

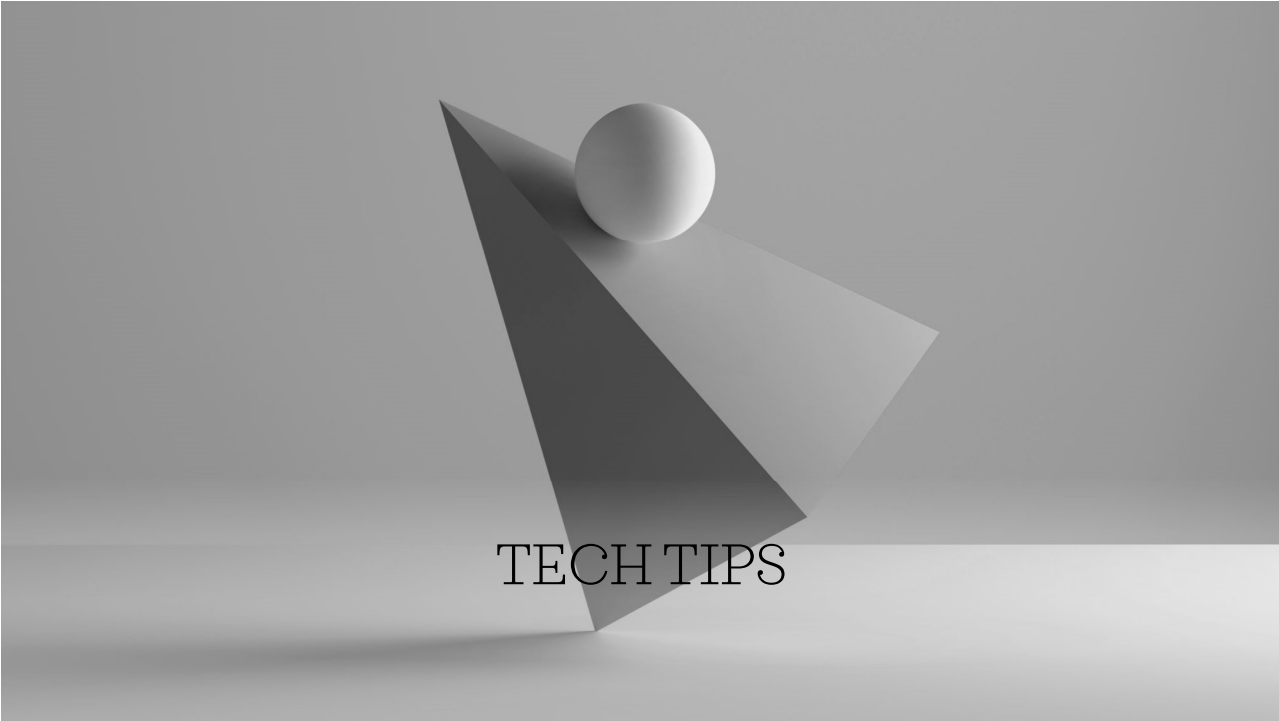
Suicide risk assessment basics

- Ideation
- Intention
- Plan
- Lethal means
- Strengths/Resources



When in doubt...

- Sage advice from a friend of mine who runs a crisis hotline.





Most teenagers aren't addicted to technology;
If anything, they're addicted to each other.

danah boyd

Harnessing Technology for Chat

“Your call may be recorded for supervision and training purposes”

- Sara Knox on text-based crisis intervention:
 - So what I hear you saying is...
 - Short sentences, no punctuation
 - No smiley face!

Assessment

Assessing client's technology use

- Self/family/relationship to tech, etc.
- How do they signal suicidal intent online?

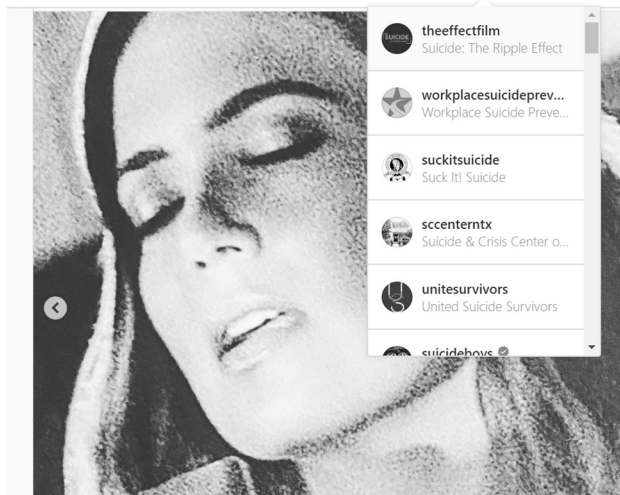
Telephony and webcam allow for flexibility:

- Have them take you on a tour of their house/apt/room
- Ask them to take a walk while you're talking
- Whiteboard on Zoom
- Review chat history/transcription

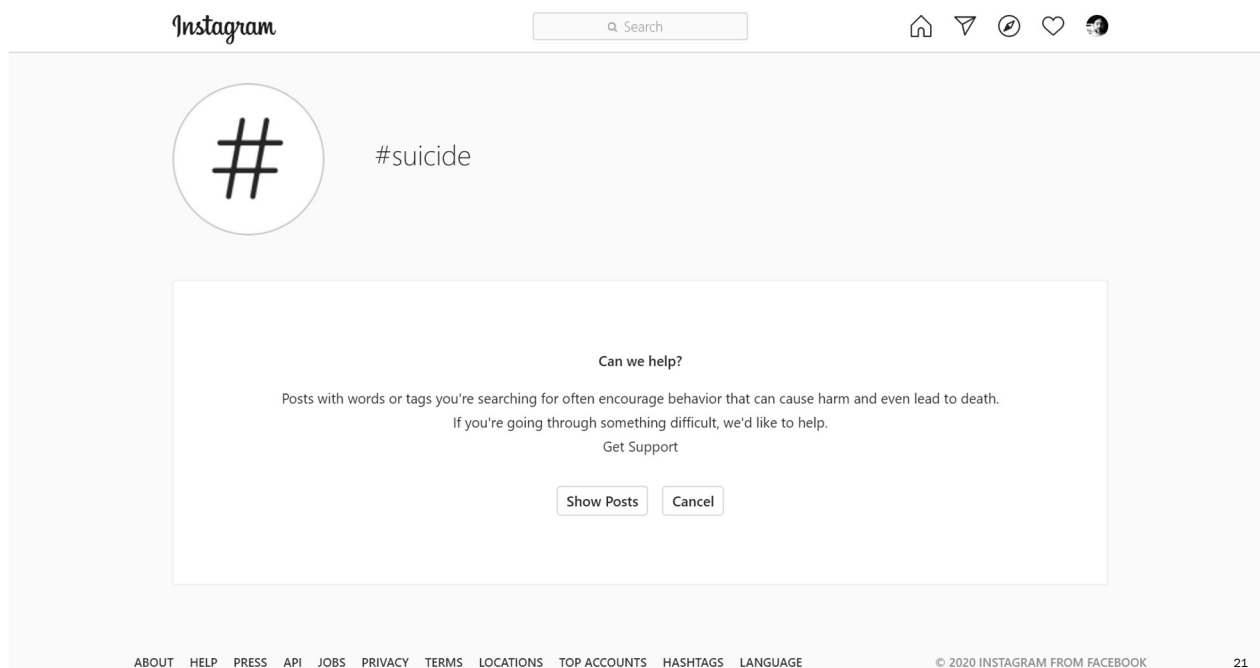
Be involved in social media



Instagram



- Suicide prevention organizations are online



DBT-inspired Technology mediated-practice

- Can't get out of bed
 - *Opposite Action*. Put phone in another room
- Emotionally numb
 - *Practice distraction* by watching a funny video together
- Disconnected
 - Caring texts

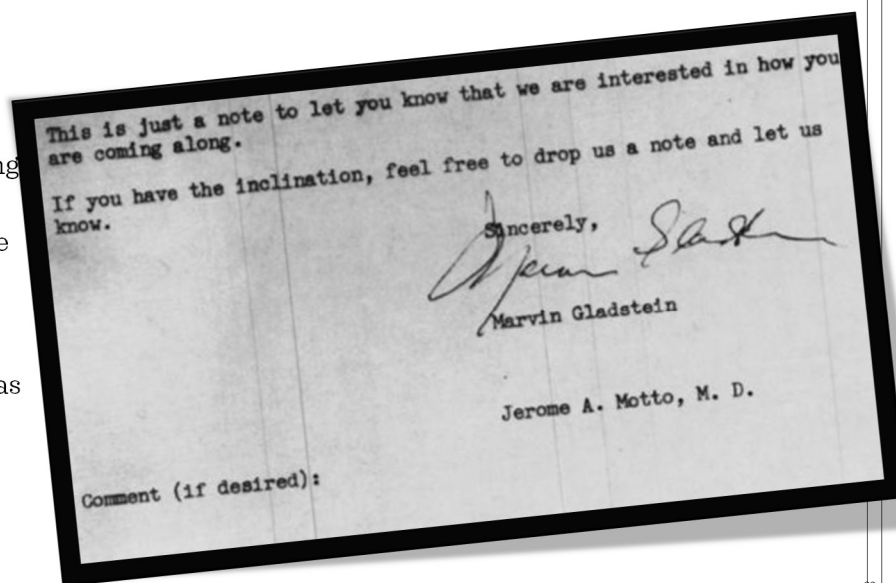
(see Whiteside, 2020 for more details: <http://zerosuicide.edc.org/resources/outreach-time-covid19-matching-patient-experience-guided-intervention>)

Caring letters

1969 - 1974

Jerome Motto sent “Caring letters” to people discharged after a suicide attempt.

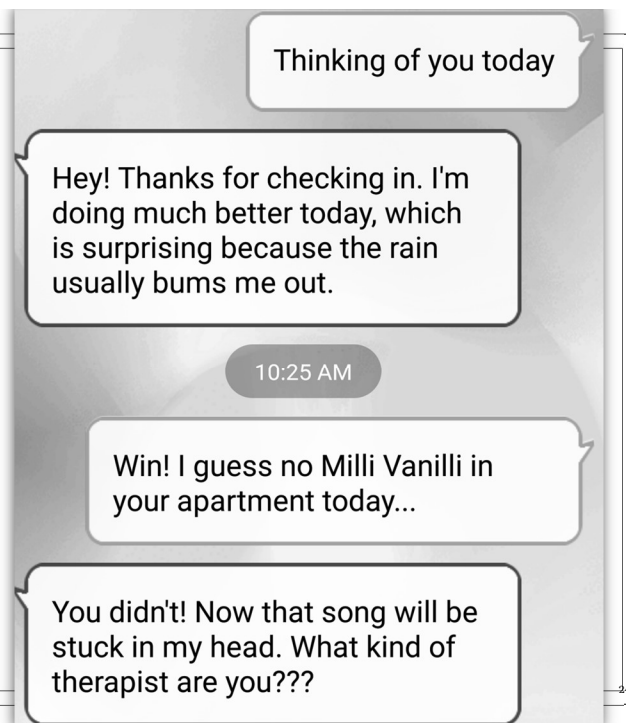
2 years later, those who received them were half as likely to die by suicide.

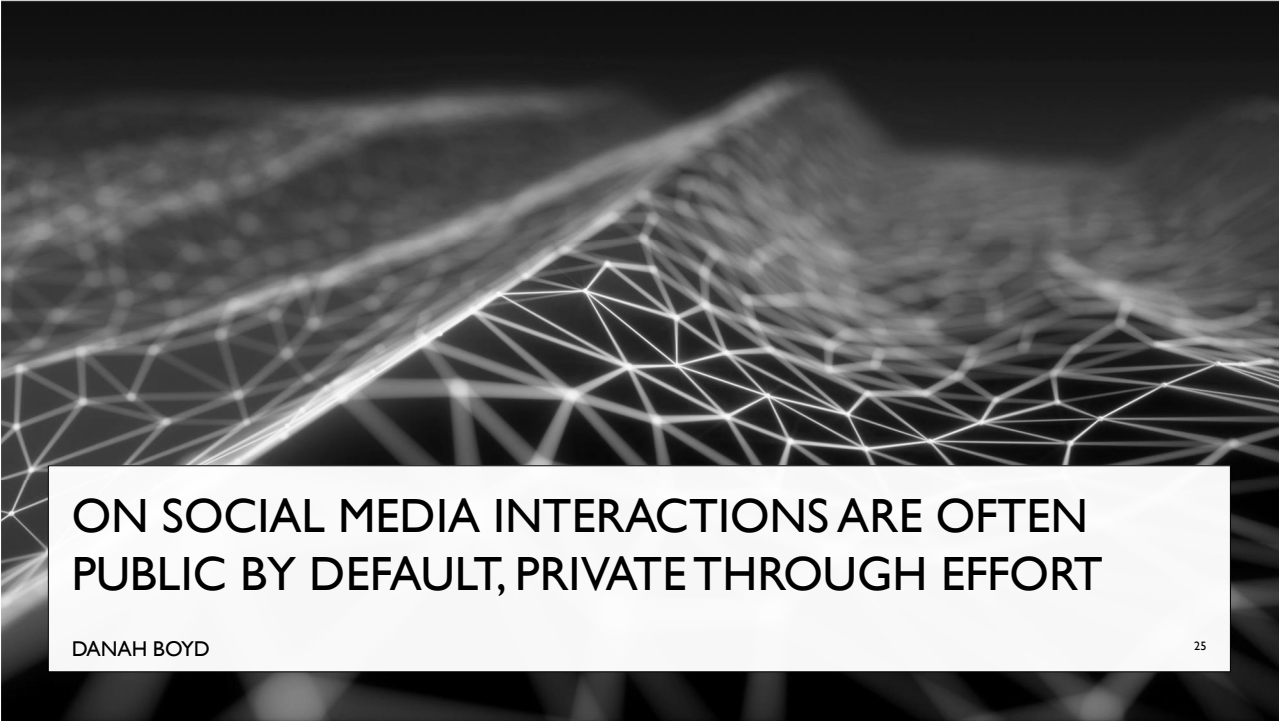


Caring texts

Text check-ins provide connection and resources for the clients and reassurance for the therapist.

This is an example of a simple “caring text.” No deep clinical work, just genuine connection. I could be silly because I knew the client and was pretty sure it would extend the good mood. I anchored her “win” with an earworm.





ON SOCIAL MEDIA INTERACTIONS ARE OFTEN PUBLIC BY DEFAULT, PRIVATE THROUGH EFFORT

DANAH BOYD

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SAFETY PLANNING

With COVID adaptations (SPRC, 2020)

Safety Plan by Shelby Rowe

Dastagir, A. (2018, Nov. 28) If you've ever had suicidal thoughts, make a safety plan. *USA Today*.
<https://www.usatoday.com/story/news/investigations/2018/11/28/suicide-prevention-if-youve-had-suicidal-thoughts-do-safety-plan/2018051002/>

Patient Safety Plan Template

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

1. Persistent dreams about past traumatic life events
2. Continuous, uncontrollable pre-occupation / past memories
3. Major life events, family deaths / losses that can trigger my PTSD

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

1. Prepare a big homemade meal & invite friends over
2. Go for a walk & listen to my favorite tunes
3. Create bead art

Step 3: People and social settings that provide distraction:

1. Name Pie w/ Andrea w/ Phone _____
2. Name Coffee & Bead time / Tracy Phone _____
3. Place Chickasaw Cultural Center & Place Roadtrip ☺

Step 4: People whom I can ask for help:

1. Name Sohna Phone _____
2. Name Jennifer Phone _____
3. Name Christopher 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:

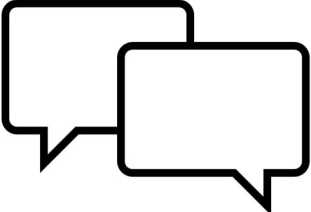
1. Always dispose of leftover prescription medications
2. Limit exposure to negative/toxic people - keep relationships healthy

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The one thing that is most important to me and worth living for is:
family - I want to honor my family & be a good ancestor for my descendants



SHARE RESOURCES IN THE CHAT BOX



1. Red Flags

These are things that let you know you are not doing well. Write down a couple of things that let you know and let others know that you are moving into the suicide zone. These can be the same things or different.

2. Things I can do by myself

Imagine you are alone on a desert island with very good Wi-Fi. What can you do to temporarily distract yourself from your suicidal thoughts and feelings? What do you do that makes you feel good, at least temporarily?

3. Places I can go

Sometimes getting a change of scenery is distracting. Assuming there is no shelter-in-place order, what are some places you like to go?

COVID adaptation: Virtual travel tours, opera, theater performances, concerts, museums, or zoos

4. People I can count on

Who can you reach out to for distraction and temporary relief? These are friends and family members that you can call or chat that will support you unconditionally, not professionals like therapists, doctors, or clergy. You do not have to talk with these folks about your suicidal thoughts, nor should you say that everything is fine.

COVID adaptation: Virtual hang outs with friends to watch movies or play board games. Virtual 12-step groups.

5. My list

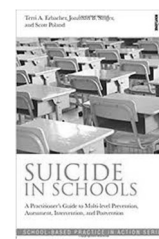
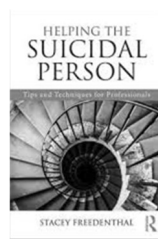
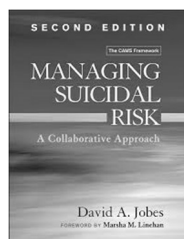
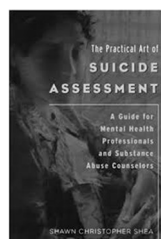
Now we are going to rank order the items from 2, 3, and 4. The next time you need to be distracted, what is the first thing you want to do from your list? It could be something you do on your own, a place, or another person.

6. Contacting Professionals

After you have gone through everything on your list, if you're still having suicidal thoughts or feelings, are still distressed or just want to talk with someone who has professional training and experience in this, write down the names and phone numbers of the professionals you would call. This could include mental health and medical professionals, crisis lines, clergy, among others.

7. Making your environment safe

If you have thought of how you would end your life, now is the time to make a promise to your current and future self that you will stay alive. One way you can keep that promise is by removing any lethal methods until you are out of this current suicidal crisis. This could mean having a neighbor hold on to your firearms and bullets, having someone take sharp objects, pills, and so forth.



PRACTICAL TEXTS ON SUICIDE & ASSESSMENT

