Suicide Risk Assessment and Intervention Tactics

Amber Baldet

This won't be depressing.

Trigger Warning:

Discussion of mental health, self-harm, substance use/abuse, trauma, suicide

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@amberbaldet

Today You Will Learn

- Risk analysis profiling framework
- Identifying clues & warning signs
- Situational threat assessment
- Volunteer & first responder procedure
- How to talk to another human being

Pffft, Qualifications

- Online Suicide Hotline Volunteer
- QPR Gatekeeper Instructor Training
- Online Crisis & Suicide Intervention Specialist (OCSIS)
- Crisis Intervention & Specialist in Suicide Prevention (CISSP)

Thank You

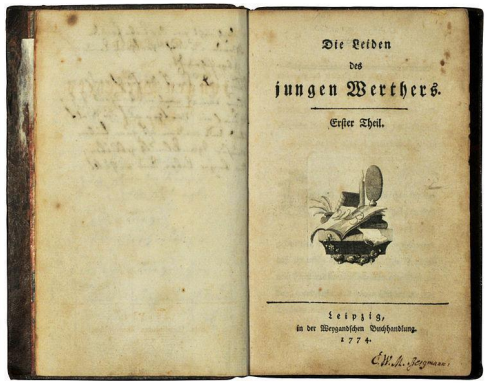
Alex Sotirov
Meredith Patterson
Nikita
Myrcurial
Chris Eng
Josh Corman
Jack Daniels
Jericho
Quine

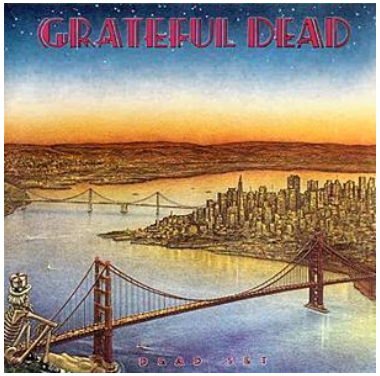
How I Got Here

How I Got Here

Contagion

Exposure to suicide or suicidal behavior directly or indirectly (via media) influences others to attempt suicide.





We’re Doing it Wrong

Responsible Journalism & Social Media Standards

What We Should Say	How We Should Say It
"~~Committed~~" Instead, use "completed" or "died by"	**Don't** present suicide as a **means to a certain end**, a valid **coping mechanism**, or an understandable **solution** to a specific problem
Suicide is **never the result of a single factor** or event	**Don't** make venerating statements out of context (e.g. "She was a great kid with a bright future.")
Suicide is the **result of extremely complex interactions** between psychological, social, and medical problems	**Do** temper coverage of displays of grief
Suicide results, most often, from a **long history of problems**	**Do** promote coping strategies and post links to prevention resources

Our Community

Selected Computer Science Suicides

Alan Turing	1954, computation, cryptanalysis
Klara Dan von Neumann	1963, wrote ENIAC controls, MANIAC programmer
Chris McKinstry	2006, artificial intelligence (mindpixel), VLT operator
Push Singh	2007, artificial intelligence (openmind common sense, MIT)
Jonathan James	2008, DOD intrusion (ISS software), TJX implication
Sam Roweis	2010, machine learning (vision learning graphics, NYU)
Bill Zeller	2011, software development, government release of public data
Len Sassaman	2011, cypherpunk, cryptography, privacy advocate
Ilya Zhitomirskiy	2011, free software development (diaspora)
Charles Staples Stell	2012, UGA data breach suspect
Aaron Swartz	2013, open development, CC, RSS, digital rights activism
Igal Koshevoy	2013, open source development (osbridge, calagator)

Our Community

Selected Mathematician & Scientist Suicides

Ludwig Boltzman	1906, statistical mechanics
Paul Drude	1908, electromagnetism
Clara Immerwahr	1915, chemical weapons
Aleksandr Lyapunov	1918, stability, physics, probability
Emil Fischer	1919, nobel prize for chemistry
Clemens von Pirquet	1929, bacteriology, immunology
Ludwig Haberlandt	1932, hormonal contraception
George Eastman	1932, eastman kodak
Paul Ehrenfest	1933, quantum mechanics
Wallace Carothers	1937, organic chemistry, nylon
Lev Schnirelmann	1938, differential geometry
William Campbell	1938, NAS president, relativity
Paul Epstein	1939, epstein zeta function
Wolfgang Doeblin	1940, markov processes
Hans Berger	1941, EEG, alpha wave rhythm
R. Schoenheimer	1941, isotope tagging
Felix Hausdorff	1942, topology, set theory
Dénes Kőnig	1944, graph theory
Hans Fischer	1945, nobel prize for chemistry
Yutaka Taniyama	1958, modularity theorem
Jenő Egerváry	1958, combinatorial algo optim.
Renato Caccioppoli	1959, differential calculus
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Percy Bridgman	1961, nobel prize for physics
Jon Hal Folkman	1969, combinatorics
C.P. Ramanujam	1974, number theory
George R. Price	1975, game theory, geneticist
D.R. Fulkerson	1976, network maximum flow
John Northrop	1987, nobel prize for chemistry
Valery Legasov	1988, chernobyl investigation
Bruno Bettelheim	1990, jungian/freudian child psych
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Robert Schommer	2001, astronomy, astrophysics
Garrett Hardin	2003, tragedy of the commons
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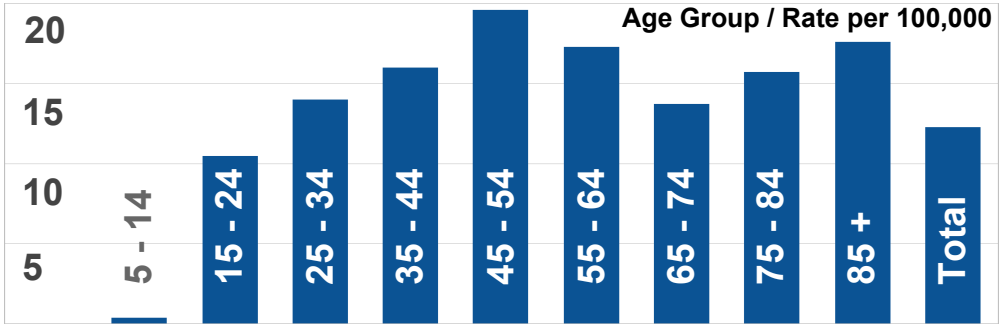
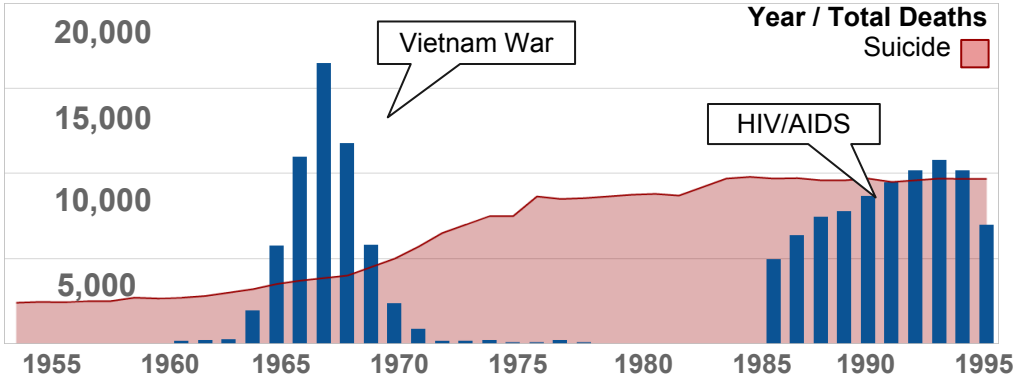
The Numbers

Suicide Rate for All Age Groups (US), 2010



Annual deaths in men age 18-34 (US)



Tenth most common cause of death among the total US population

Third behind accidents and homicide for males age 15 – 24

Second only to accidental death among males age 25 - 34

Top chart: American Association of Suicidology, Suicide in the USA Based on 2010 Data

Bottom chart: Jamison, Kay Redfield. Night Falls Fast: Understanding Suicide.

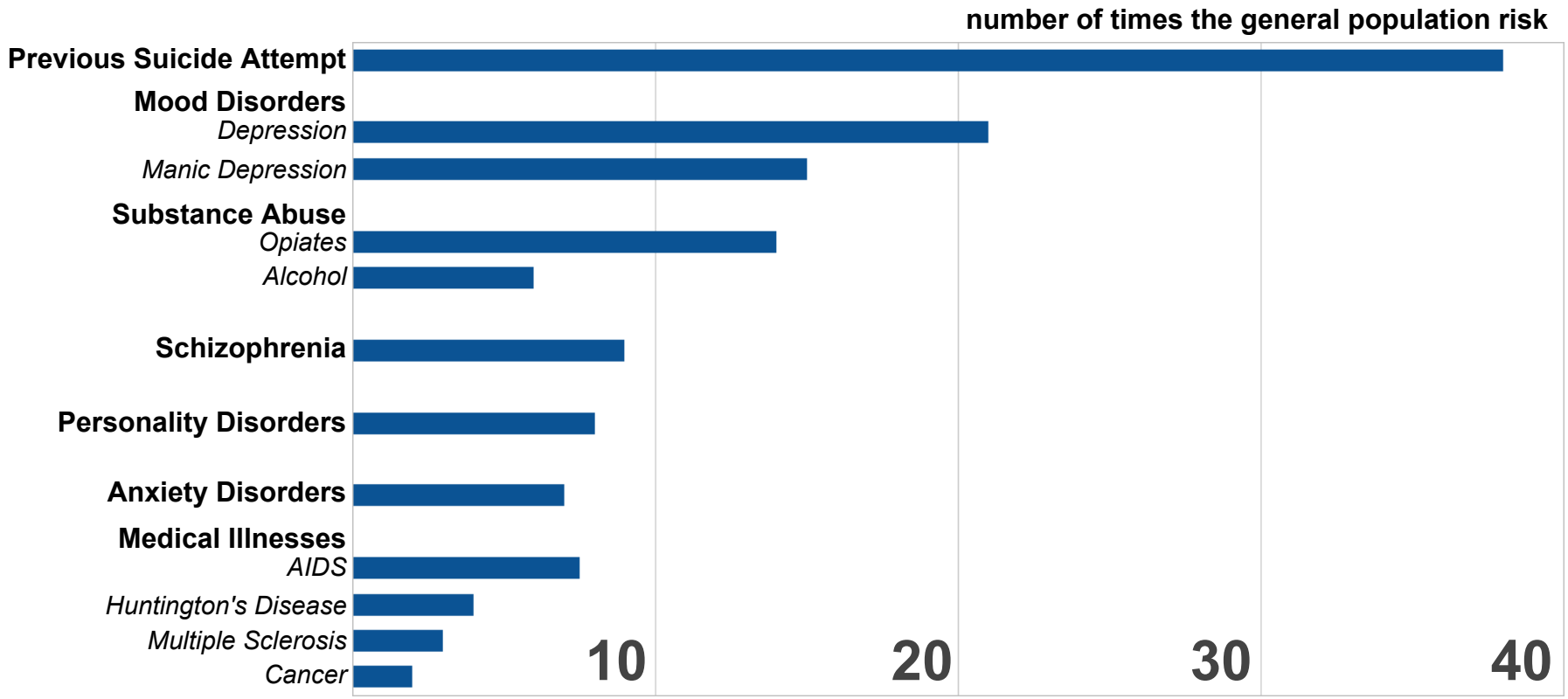
Clinical Stuff

Mental Illnesses Most Closely Related to Suicide

Mood Disorders	Depression Major depression Bipolar disorder (manic-depressive)
Schizophrenia	Auditory hallucinations, paranoid or bizarre delusions, significant social or occupational dysfunction
Personality Disorders	Cluster A - paranoia, anhedonia Cluster B - antisocial, borderline, histrionic, narcissistic Cluster C - avoidant, dependent, obsessive compulsive
Anxiety Disorders	Continuous or episodic worries or fear about real or imagined events Panic disorder, OCD, PTSD, social anxiety
Alcoholism / Substance Abuse	Physical dependence on drugs or alcohol

Clinical Stuff

Suicide Risk Correlation



Source: Jamison, Kay Redfield. Night Falls Fast: Understanding Suicide.

Our Community

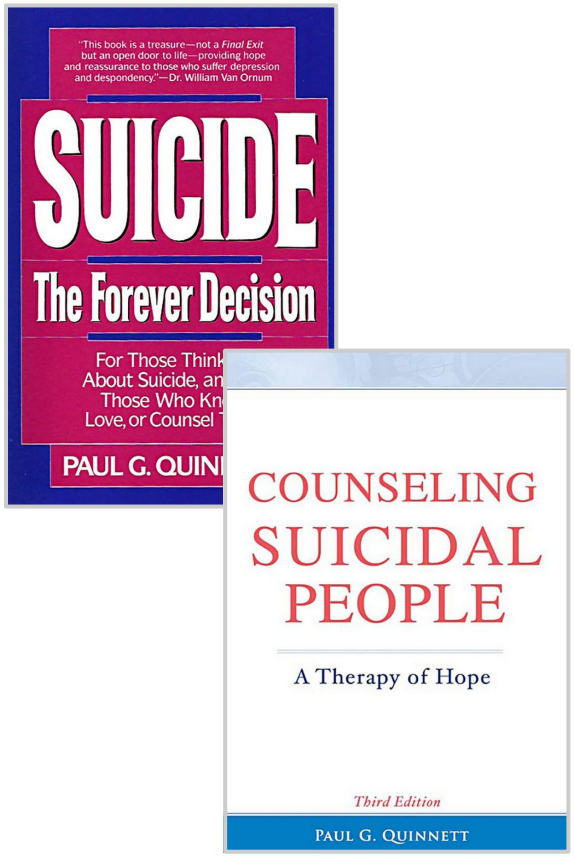
I'll sleep when I'm dead,
Too busy CRUSHING IT

Our Community

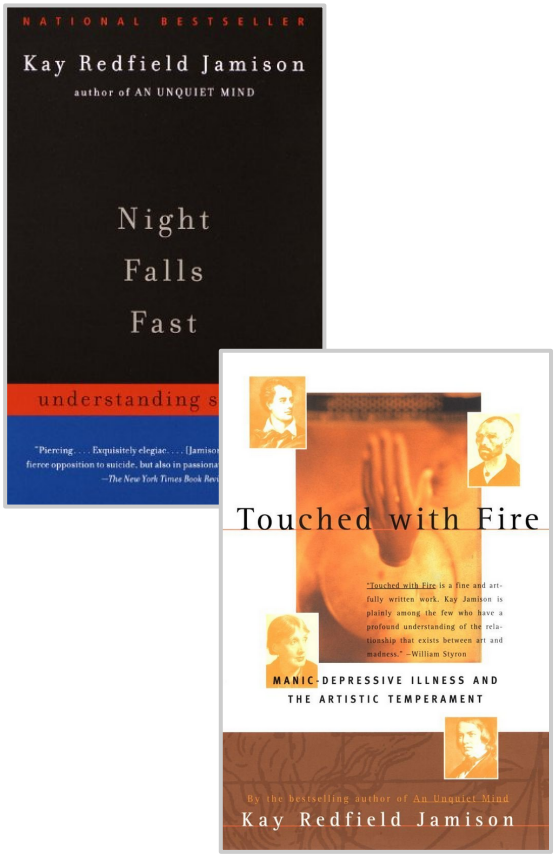
Just because I'm paranoid doesn't mean they're not after me

Further Reading

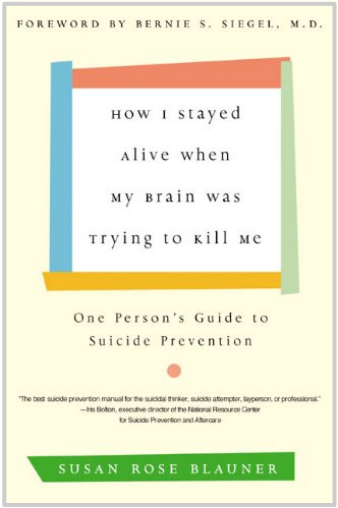
Paul Quinnett



Kay Redfield Jamison



Susan Blauner



Where Do We Seek Help?

/r/SuicideWatch

reddit CASUALIAMA comments related

I am going to kill myself in a few hours. AMA (self.casualiama)
213 submitted 5 days ago by throwaway1937459
502 comments share

top 200 comments show 500
sorted by: top

[–] FueledByTesla 513 points 5 days ago
I am going to give you the benefit of the doubt and assume that this is completely t
First things first, I don't know you. I am just some random guy on the internet who h
post. I don't know your situation, your life story, your social habits, your favorite co
here's the thing: Life is beautiful.
I'm not very religious myself, and I wont lie when I say that I like to think that what
beautiful, if not pretty exciting to wonder about. But we don't know what's there. N
prematurely will send you to an unknown place, and there is no coming back from th
Also, don't get me wrong when I say "Life is Beautiful"; I know damn well how difficu
with just a flick over to
it is still beautiful. Ther
meet, love, hate, disre
But what do I know? I'r
hell can't. But I will cry
your choice. Which, in
Either way, I wish you
permalink
[–] throwaway193745
Thank you.

Quote:

If you are considering killing yourself you are obviou
not give a crap anymore. So... instead of killing you
the !!!! out.

Leave your house, leave the country, go on an adve
something awesome. Go kill a shark with a harpoon.
going up against 100% death rate before, you're be

Fook everything, the world is your oyster. Sometime
that barrel out of my mouth and point it in the air.

Start a revolution - LIVE.

Move to barcelona, hit the bars, then maybe when you're done, you wouldn't want to kill yourself because you would see how beautiful the world is.

Hacker News new | comments | ask | jobs | submit login

Why you shouldn't do what Aaron did
507 points by Pitarou 91 days ago | comments

Hi,

TL;DR If Swartz's death is triggering suicidal thoughts, you must understand that this will pass, and life will be worth living.

After seeing the impact of Aaron Swartz's death on the Hacker News community, I am concerned about the Werther effect (the tendency of a prominent suicide to trigger other suicides). I hope I can help by sharing what I learnt through 10+ years of depression and recovery.

Depression robs you of the ability to: 1. remember happiness 2. feel happiness 3. anticipate happiness 4. make considered decisions

#1-#3 make you miserable, but #4 is the killer. Bits of your brain actually shut down, and you run on pure emotion. For example, when I was depressed, I was easy prey for offers like "4 for the price of 3 on this crappy overpriced chocolate" because I couldn't weigh it up. All I could think was "chocolate: good. 4 for 3: good. 4 for 3 chocolate: irresistible". But if you're running on pure emotion and your emotions tell you "everything sucks" well ... suicide looks like a good option.

So why didn't I kill myself? Somewhere in my guts, there was a stubborn belief that "this will pass". You might even call it a sense of entitlement: "come on world -- you can give me something better than this!" And you know what? It DID! Thanks to some wonderful people, and to Cognitive Behavioral Therapy, I found a way to recover.

With the best 10+ years of my life lost to depression, starting from scratch in my 30s has been hard, but it's still a life, and I swear that life is worth more than you can possibly understand when you're depressed.

Stay strong,

Pitarou

Where Do We Seek Help?

Online Crisis Response

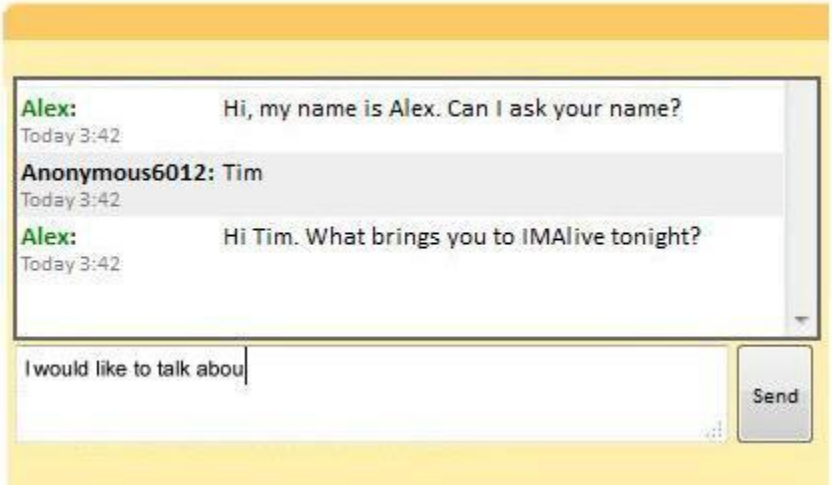
30% of callers to suicide hotlines hang up

Online response networks are more "anonymous" for both caller & volunteer

Efficacy appears to be equivalent, though data analysis is more difficult online

IMAlive has very consistent training

Volunteer pairing has the same "luck of the draw" as via phone



Crisis Intervention is Easy

Supporting a depressed friend is hard.

Intervention Hotline	Frientervention
• Burden of initiation on PIC* • PIC assumes you are qualified, +1 to credibility • Interactions has finite bounds Hotline volunteers must remain anonymous Therapists can set their hours of availability	• You may need to initiate • Friend sees you as a peer • Friends may have an expectation of "always on" access • Lack of improvement in their situation may degrade your credibility over time **Emotional exhaustion**

**PIC = Person In Crisis*

Rethink our Service Model

- Let’s keep encouraging people to open up and seek help

BUT ALSO

- Let’s start proactively screening and responding to potential threats

Identifying Risk

- Direct Verbal Clues
- Indirect Verbal Clues
- Behavioral Clues
- Situational Clues

Identifying Risk

Take all red flags seriously, confront them immediately.

- **Myth**: If someone is talking about suicide, they won't do it.
- **Myth**: Talking to someone about suicide might put the idea in their head.

Identifying Risk

Fundamental Risks

Biological

Genetic Load
Mood/Personality Disorders, Family History
Disorders/diseases comorbid with depression

Biological Sex
Sexual Orientation
Age
Ethnicity

Personal / Psychological

Child Abuse
Loss of a Parent
Drugs / Alcohol
Culture Shock / Shift
Values / Religious Beliefs
Bullying
Genetic Knowledge
Therapy History
Civilian / Military
PTSD
Career Identity

Environmental

Season
Geography
Isolation
Urban / Rural
Sociopolitical Climate
Model for Suicide

Proximal Risks

Triggers / "Last Straws"

Relationship Crisis
Loss of Freedom
Public Shame
Fired / Expelled
Medical Diagnosis
Financial Debt
Relapse
Any Major Loss

Perceived Loss = Real Loss
All causes are "real"

Increasing hopelessness & contemplation of suicide as a solution

WALL OF RESISTANCE

Death

Identifying Risk

The Wall of Resistance (Protective Factors)

Oh Shizz Now What

- Find a safe space to talk
- Build rapport & trust
- Ask “The Suicide Question”
- Listen while assessing current threat
- Implement appropriate response plan
- Persuade person to get more qualified help
- Follow up

Reporting Obligations

Legal: Are you a licensed professional being paid to evaluate the PIC's mental state?

Ethical: Are you a social worker, teacher, or volunteer?

None: Average person acting in good faith

Building Rapport

Building Rapport

Constructive	Destructive
• Ask one question at a time • Give the person time to respond • Repeat back the person's input as output to confirm that what you heard is what they meant • Say when you don't understand, ask for clarification • Ask open ended questions	• Interrupting • Asking questions in succession • Promising to keep a secret • "Leading the witness" • Trying to solve their problems • Rational/Philosophical arguments • Minimizing their concerns or fears

Active Listening is not Social Engineering!

All the Feels

Separate Feelings from States of Being

"I **AM** so lonely [and *no one* will *ever* love me]."

"I **FEEL** lonely right now, but I could talk to a friend."

"I **AM** a mess [and I *could not* change even if I wanted to]."

"I **FEEL** heartbroken and exhausted and furious and overwhelmed right now, but I didn't always feel this way in the past, and I won't always feel this way in the future.

I can't change what happened, but I can change how I feel about it."

All the Feels

"I am so burnt out."

"I feel exhausted from working all the time and going home just stresses me out more."

"I feel exhausted from working all the time and angry that I have to be on call 24/7 just to get an ounce of recognition from my boss, and the attitude I take home isn't making my family life any better. And this new guy at work is eyeing my stapler, that bastard."

"That new guy seems pretty good, and I'm terrified he's going to replace me if I can't prove to everyone that I'm on his level. But what if I try to learn the new stuff, I'll find out I'm not as fast at it as I used to be? I'm afraid to tell my family how anxious I feel, because I'm their rock and I don't want to disappoint them. I've been shutting them out, and now I feel guilty that it's gone on for so long that I can't bring it up and admit this is all my fault. I think about home when I'm at work, and work when I'm at home, and get nothing constructive done at either."

Bringing “It” Up

Directly

- Some of the things you said make me think you’re thinking about suicide. Am I right?

Indirectly

- Have you ever wished you just didn’t have to deal with all this anymore?

DON’T SAY

- You’re not thinking about doing anything stupid, are you?

Listen & Assess

Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State

- ☐ Suicide in progress → **Call 911 immediately & ascertain location**
- ☐ Influence of drugs / alcohol If yes, list: _____
- ☐ Potential suicide methods nearby
- ☐ Self harm in progress / just completed

Suicidal Ideation & Intent

Suicidal Thoughts:

☐ *Current* ☐ *Past two months* ☐ *None*

Suicidal Intent:

☐ *PIC asked **directly** if considering suicide* ☐ *Not asked*
☐ *Current* ☐ *Past two months* ☐ *None*

Where intent exists currently or within the past two months:

☐ *Plan is detailed (when & where)* ☐ *Plan is vague*
☐ *Has decided on means* ☐ *Means undecided*

Where means are decided:

☐ *Already has* ☐ *Easy access* ☐ *Difficult access*

Suicidal Capability

☐ *Prior attempt* ☐ *Prior rehearsal* ☐ *None*

Details: _____

Suicidal Desire

What's wrong & why now? _____

Why not now? (reasons for living): _____

Who is involved? (social supports, important relationships, conflicts):

Positive Relationships	Strained Relationships

Suicide Risk Indicators

Desire	Intent
☐ Current ideation	☐ Attempt in progress
☐ Psychological pain	☐ Plans to kill self with method known
☐ Hopelessness	☐ Plans to kill others as well as self
☐ Feels like a burden	☐ Expressed intent to die
☐ Feels trapped	☐ Preparatory behaviors
☐ Feels intolerably lonely	☐ Has secured means
	☐ Practice with method

Capability	Buffers
☐ History of suicide attempts	Internal
☐ Access to firearms	☐ Ability to cope with stress
☐ Exposure to death by suicide	☐ Spiritual beliefs
☐ History of or current violence toward others	☐ Core values / purpose in life
☐ Available means of killing self / others	☐ Frustration tolerance
☐ Currently intoxicated	☐ Planning for the future
☐ Substance abuse (recent / current)	External
☐ Acute symptoms of mental illness	☐ Immediate supporting relationships
☐ Recent dramatic mood change	☐ Strong community bonds
☐ Out of touch with reality	☐ People connections
☐ Not sleeping	☐ Familial responsibility
☐ Aggression / Rage / Impulsivity	☐ Pregnancy
☐ Recent change in treatment	☐ Engagement with you
	☐ Positive therapeutic relationship

Estimated Risk Level: ☐ **LOW** ☐ **MODERATE** ☐ **HIGH** ☐ **UNCERTAIN**

Outcomes & Next Actions

Persuaded to accept assistance? ☐ *Yes* ☐ *No*

If no, action taken: ☐ *Emergency response initiated* ☐ *Resource material given* ☐ *Other:* _____

Agrees to talk to: ☐ *Parent* ☐ *Relative* ☐ *Friend* ☐ *School Counselor* ☐ *Faith Based* ☐ *Physician*

Professional Referral: ☐ *Current provider* ☐ *Provider identified now* Name/Number: _____

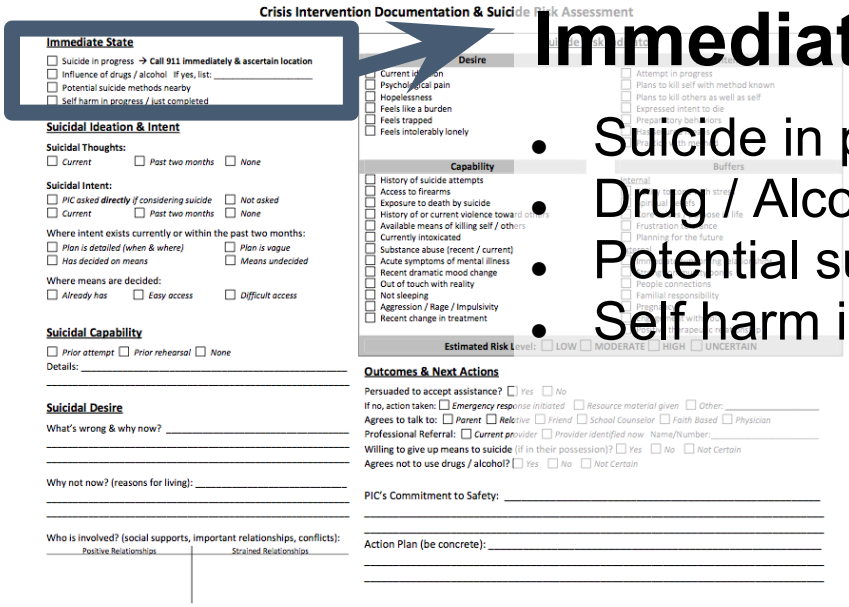
Willing to give up means to suicide (if in their possession)? ☐ *Yes* ☐ *No* ☐ *Not Certain*

Agrees not to use drugs / alcohol? ☐ *Yes* ☐ *No* ☐ *Not Certain*

PIC's Commitment to Safety: _____

Action Plan (be concrete): _____

Listen & Assess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Details: _____

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Desire
- ☐ Current ideation
- ☐ Psychological pain
- ☐ Hopelessness
- ☐ Feels like a burden
- ☐ Feels trapped
- ☐ Feels intolerably lonely

Capability
- ☐ History of suicide attempts
- ☐ Access to firearms
- ☐ Exposure to death by suicide
- ☐ History of or current violence toward others
- ☐ Available means of killing self / others
- ☐ Currently intoxicated
- ☐ Substance abuse (recent / current)
- ☐ Acute symptoms of mental illness
- ☐ Recent dramatic mood change
- ☐ Out of touch with reality
- ☐ Not sleeping
- ☐ Aggression / Rage / Impulsivity
- ☐ Recent change in treatment

- ☐ *Attempt in progress*
- ☐ *Plans to kill self with method known*
- ☐ *Plans to kill others as well as self*
- ☐ *Expressed intent to die*
- ☐ *Preparing last wishes*

Buffers
- ☐ *Familial*
- ☐ *Frustration tolerance*
- ☐ *Planning for the future*
- ☐ *Hope*
- ☐ *People connections*
- ☐ *Familial responsibility*
- ☐ *Engaged with treatment providers*

Estimated Risk Level: ☐ LOW ☐ MODERATE ☐ HIGH ☐ UNCERTAIN

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PIC's Commitment to Safety: _____

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- Drug / Alcohol / Medication influence
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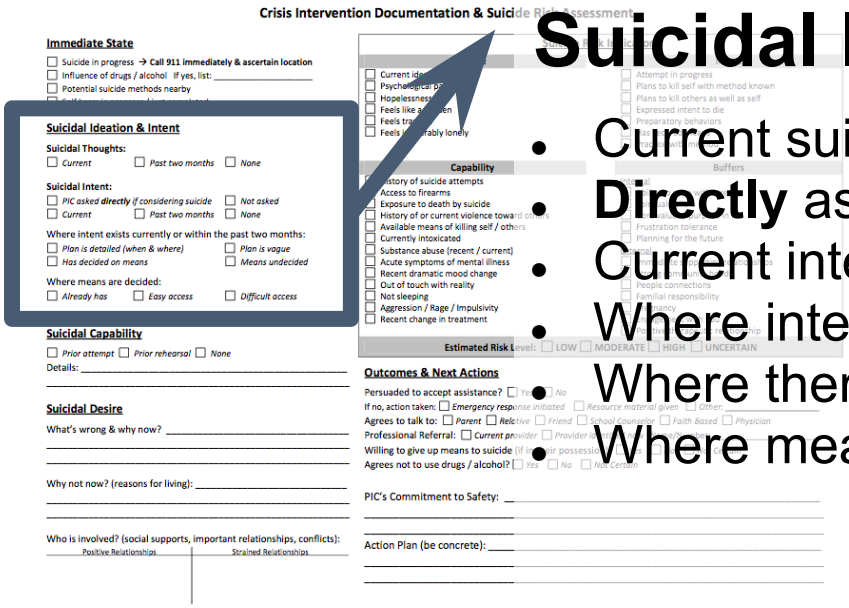
Listen & Assess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- Already has
- Easy access
- Difficult access

Suicidal Capability
- Prior attempt
- Prior rehearsal
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Details: _____

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- Substance abuse (recent / current)
- Acute symptoms of mental illness
- Recent dramatic mood change
- Out of touch with reality
- Not sleeping
- Aggression / Rage / Impulsivity
- Recent change in treatment

Estimated Risk Level: LOW MODERATE HIGH UNCERTAIN

Outcomes & Next Actions

Persuaded to accept assistance? Yes No

If no, action taken: Emergency response initiated Resource material given Other: _____

Agrees to talk to: Parent Relative Friend School Counselor Faith Based Physician

Professional Referral: Current provider Provider

Willing to give up means to suicide (if in their possession)

Agrees not to use drugs / alcohol? Yes No Not Certain

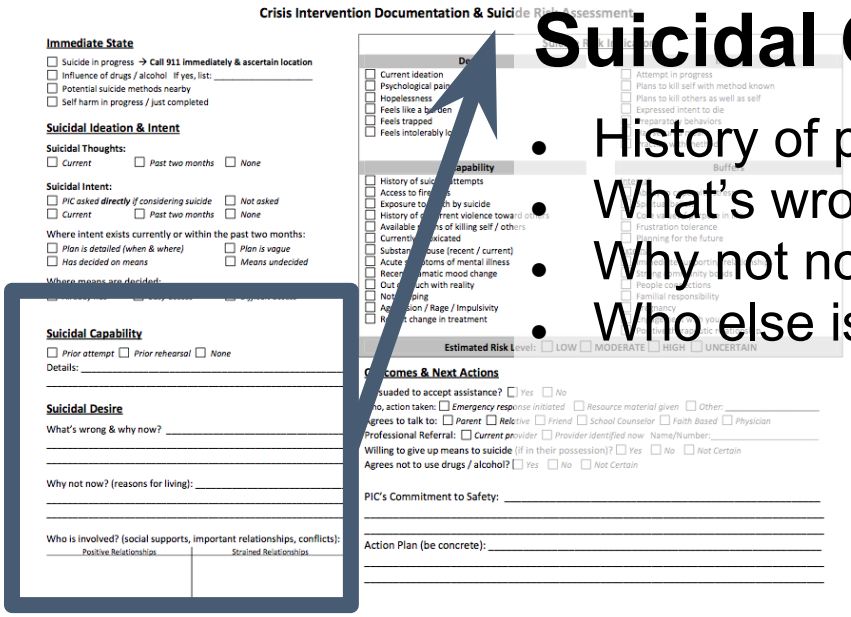
PIC's Commitment to Safety: _____

Action Plan (be concrete): _____

Suicidal Ideation & Intent

- Current suicidal thoughts? Recently?
- **Directly** asked about suicidal intent?
- Current intent exists? Recent past?
- Where intent exists, is there a plan?
- Where there's a plan, how detailed is it?
- Where means are decided, is access easy?

Listen & Assess


Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State
- Suicide in progress → Call 911 immediately & ascertain location
- Influence of drugs / alcohol If yes, list: _____
- Potential suicide methods nearby
- Self harm in progress / just completed

Suicidal Ideation & Intent

Suicidal Thoughts: Current / Past two months / None

Suicidal Intent: PIC asked directly if considering suicide / Not asked; Current / Past two months / None

Where intent exists currently or within the past two months: Plan is detailed (when & where) / Plan is vague; Has decided on means / Means undecided

Suicidal Capability
Prior attempt / Prior rehearsal / None
Details: _____

Suicidal Desire
What's wrong & why now? _____
Why not now? (reasons for living): _____
Who is involved? (social supports, important relationships, conflicts): Positive Relationships / Strained Relationships

Current ideation
Psychological pain
Hopelessness
Feels like a burden
Feels trapped
Feels intolerably lo

History of suicide attempts
Access to firearms
Exposure to death by suicide
History of current violence toward others
Available means of killing self / others
Currently intoxicated
Substance abuse (recent / current)
Acute symptoms of mental illness
Recent dramatic mood change
Out of touch with reality
Not sleeping
Aggression / Rage / Impulsivity
Recent change in treatment

Attempt in progress
Plans to kill self with method known
Plans to kill others as well as self
Expressed intent to die
Reckless behaviors

Frustration tolerance
Planning for the future
People connections
Familial responsibility

Estimated Risk Level: LOW / MODERATE / HIGH / UNCERTAIN

Outcomes & Next Actions
Persuaded to accept assistance? Yes / No
If no, action taken: Emergency response initiated / Resource material given / Other: _____
Agrees to talk to: Parent / Relative / Friend / School Counselor / Faith Based / Physician
Professional Referral: Current provider / Provider identified now Name/Number: _____
Willing to give up means to suicide (if in their possession)? Yes / No / Not Certain
Agrees not to use drugs / alcohol? Yes / No / Not Certain

PIC's Commitment to Safety: _____
Action Plan (be concrete): _____

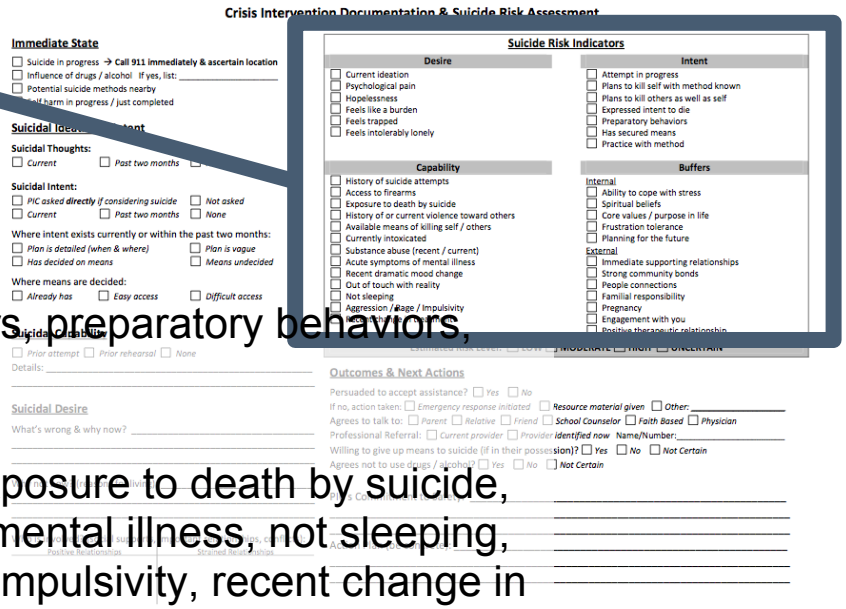
Suicidal Capability & Desire

- History of prior attempts? Rehearsals?
- What's wrong, why now?
- Why not now?
- Who else is involved?

Listen & Assess

Risk Indicators

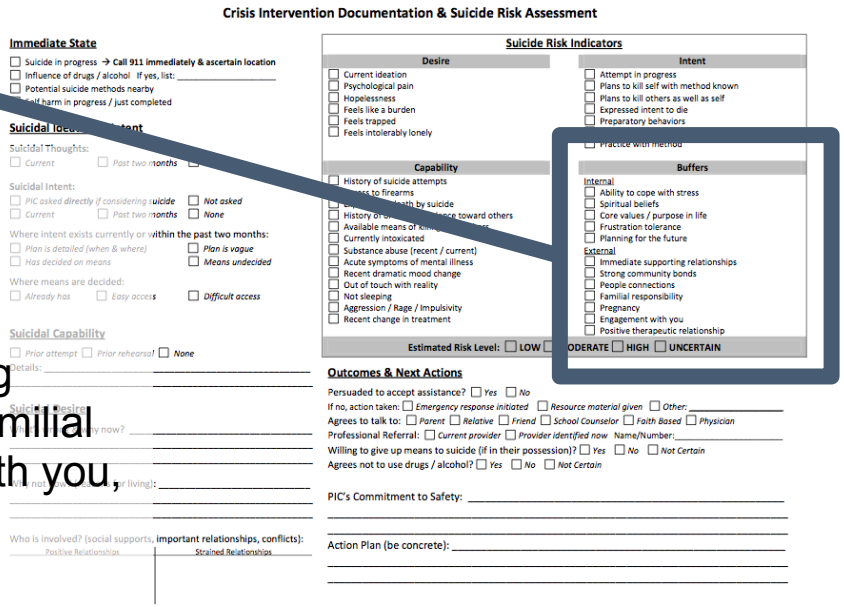
- **Desire**
  pain, hopelessness, feels like a burden, feels trapped, intolerably lonely
- **Intent**
  attempt in progress, plans to kill self/others, preparatory behaviors, secured means, practice with method
- **Capability**
  history of attempts, access to firearms, exposure to death by suicide, currently intoxicated, acute symptoms of mental illness, not sleeping, out of touch with reality, aggression/rage/impulsivity, recent change in treatment



Listen & Assess

Buffers

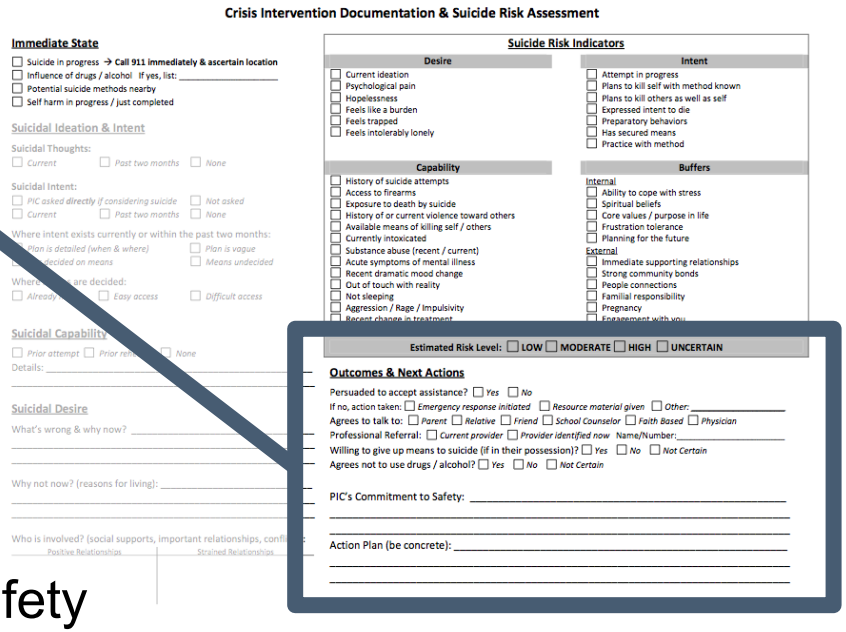
- **Internal**
  ability to cope with stress, spiritual beliefs, purpose in life, frustration tolerance, planning for the future
- **External**
  immediate supporting relationships, strong community bonds, people connections, familial responsibility, pregnancy, engagement with you, positive therapeutic relationship



Listen & Assess

Outcomes & Next Actions

- Persuaded to accept assistance?
- Agrees to talk to…
  parent, relative, friend, school counselor, faith based, professional referral
- Professional referral details
- Agrees not to use drugs/alcohol?
- Document the Commitment to Safety
- Action Plan details



Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State

- ☐ Suicide in progress → Call 911 immediately & ascertain location
- ☐ Influence of drugs / alcohol If yes, list: _____
- ☐ Potential suicide methods nearby
- ☐ Self harm in progress / just completed

Suicidal Ideation & Intent

Suicidal Thoughts:
☐ Current ☐ Past two months ☐ None

Suicidal Intent:
☐ PIC asked directly if considering suicide ☐ Not asked
☐ Current ☐ Past two months ☐ None

Where intent exists currently or within the past two months:
☐ Plan is detailed (when & where) ☐ Plan is vague
☐ Decided on means ☐ Means undecided

Where means are decided:
☐ Already ☐ Easy access ☐ Difficult access

Suicidal Capability

☐ Prior attempt ☐ Prior rehe ☐ None
Details: _____

Suicidal Desire

What's wrong & why now? _____

Why not now? (reasons for living): _____

Who is involved? (social supports, important relationships, confli
Positive Relationships | Strained Relationships

Suicide Risk Indicators

Desire	Intent
☐ Current ideation	☐ Attempt in progress
☐ Psychological pain	☐ Plans to kill self with method known
☐ Hopelessness	☐ Plans to kill others as well as self
☐ Feels like a burden	☐ Expressed intent to die
☐ Feels trapped	☐ Preparatory behaviors
☐ Feels intolerably lonely	☐ Has secured means
	☐ Practice with method

Capability	Buffers
☐ History of suicide attempts	Internal
☐ Access to firearms	☐ Ability to cope with stress
☐ Exposure to death by suicide	☐ Spiritual beliefs
☐ History of or current violence toward others	☐ Core values / purpose in life
☐ Available means of killing self / others	☐ Frustration tolerance
☐ Currently intoxicated	☐ Planning for the future
☐ Substance abuse (recent / current)	External
☐ Acute symptoms of mental illness	☐ Immediate supporting relationships
☐ Recent dramatic mood change	☐ Strong community bonds
☐ Out of touch with reality	☐ People connections
☐ Not sleeping	☐ Familial responsibility
☐ Aggression / Rage / Impulsivity	☐ Pregnancy
☐ Recent change in treatment	☐ Engagement with you

Estimated Risk Level: ☐ LOW ☐ MODERATE ☐ HIGH ☐ UNCERTAIN

Outcomes & Next Actions

Persuaded to accept assistance? ☐ Yes ☐ No
If no, action taken: ☐ Emergency response initiated ☐ Resource material given ☐ Other: _____
Agrees to talk to: ☐ Parent ☐ Relative ☐ Friend ☐ School Counselor ☐ Faith Based ☐ Physician
Professional Referral: ☐ Current provider ☐ Provider identified now Name/Number: _____
Willing to give up means to suicide (if in their possession)? ☐ Yes ☐ No ☐ Not Certain
Agrees not to use drugs / alcohol? ☐ Yes ☐ No ☐ Not Certain

PIC's Commitment to Safety: _____

Action Plan (be concrete): _____

Threat Assessment

Threat Level:

This chart is meant to represent a range of risk levels and interventions, not actual determinations

Risk Level	Risk / Protective Factors	Suicidality	Action Plan & Next Steps
HIGH	Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
MODERATE	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan Give emergency / crisis numbers
LOW	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reductions Give emergency / crisis numbers

Source: Suicide Assessment Five-step Evaluation and Triage (SAFE-T)

Action Plan & Next Steps

- **Persuade** the PIC to accept your help in getting better help
- Secure a **Commitment to Safety** in their own words
- Establish a **safe space** to ride out the next few hours
- Establish & Implement a **follow-up plan**

Most commonly (Low or Medium Threat)

- Enlist others to keep up contact and safety
- Hand out resources and online references
- Find appropriate professional care, make an appointment, show up
- Build a Crisis Plan

Building a Crisis Plan

- Proactive plan created during a non-crisis time
- Identify personal triggers and warning signs that a crisis might be developing
- Step by step personal action plan designed to prevent escalation into crisis mode

Personal Safety Plan - EXAMPLE

USE THIS PLAN WHEN I'M FEELING

1. Overwhelmed
2. Angry
3. Helpless
4. Confused
5. Lonely

Warning Signs

INTERNAL: Thoughts, mental imagery, moods, situations, behaviors that let me know a crisis may be developing:

Brain stuck on my breakup	Comparing my life to my friends'
Replaying conversations in my head	Angry at people on my "I trust" list
Thinking about my sister	"Nothing will ever change."
"You'll never be good enough!"	Slept less than 6 hours last night

EXTERNAL: Places, events, people, time of day/year, songs, themes, items, etc. that correlate with these internal signs:

Have to go to a family dinner	Beach weather
Friday night without plans	Quarterly performance reviews
Too sad to fulfill an obligation I made	My birthday
Social media infoleak about Panchal	Anniversary of my dad's death

Possible Activities

Enjoyable actions to distract, relax, and refocus without contacting someone:

Play SWTOR	Go out to the café and read
Walk around the city	Organize something
Work on my blog	Make a to-do list, review GTD
Play with Avid Pro Tools	Go to the gym

People and social settings that provide distraction:

Hackerspace	Gym
TRX class (invite David)	Karaoke (invite Brian & Tanya)
Apple store downtown	Coffee (invite someone online)
Volunteer at the animal shelter	COD Multiplayer

Action Plan

1. Take a deep breath
2. Ask for suicidal thoughts to be removed from my brain
3. HALT (hungry | angry | lonely | tired)
4. Take 5 more deep, slow breaths & zone in to the present
5. Identify my current feelings
6. Practice "feelings vs. facts"
7. Write down feelings for later review
8. "Do in spite of how I feel"
9. Choose an activity
10. See who's online / call someone
    Jeff 212.555.1234
    Mark 212.555.1234
    Julie 212.555.1234
11. 5 minutes of meditation
12. Choose a task and practice doing it in the present
13. Call emergency contact
    Therapist Dr. Greene 212.555.1234
    Psych Center Front Desk 212.555.1234
    National Hotline 800.273.8255 (TALK)
14. Put down weapons and keep both hands on the phone

Making the Environment Safe

1. Pull out scheduled meds for tonight, put the rest on ice, leave them!
2. Disconnect from social media when I'm obsessively refreshing
3. Turn on the lights, put on playlist of calming songs, remove clutter

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

TODAY: Hiking alone in the woods on a perfect morning

SOMEDAY: Hiking in the woods on a perfect morning with someone who loves me

Resources

Tactical Crisis Response

You!	Talking to someone trusted who is educated about suicide intervention can save a life. If possible, talk in person. While implementing QPR, you can research alternate referral options and help get the PIC to a safe space.	
911	If you think/know an attempt is in progress, call Emergency Services immediately.	
Current or Past Therapist	Professionals with knowledge of the PIC's medical / psychological history are invaluable. Past therapists can help make quality referrals (e.g. after a move or due to insurance change). If the PIC won't make the call, you can.	
Hospital / Counseling Center	Making the physical move to safe environment drastically lowers mortality risk.	
Hotlines	National Suicide Prevention Lifeline National Hopeline Network The Trevor Lifeline Boys Town National Hotline National Domestic Violence Hotline Rape, Abuse, Incest National Network (RAINN)	800.273.TALK (8255) 800.784.2433 866.488.7386 800.448.3000 800.799.SAFE (7233) 800.656.HOPE (4673)
Internet Chat	IMAlive	imalive.org

Resources

Discussion

Coping & Collaboration

IRC		freenode #bluehackers
Reddit (communities come and go, use search)		/r/suicidewatch /r/suicidology /r/reasontolive
Web (send me more!)		bluehackers.org news.ycombinator.com

Resources

Education & Advocacy

American Association of Suicidology	Pursues advancement of suicidology as a science suicidology.org	Washington, DC
Stop a Suicide (Screening for Mental Health)	Educational resources & crisis intervention tools stopasuicide.org	Wellesley Hills, MA
American Foundation for Suicide Prevention	Fund research, policy advocacy afsp.org	New York, NY
The Trevor Project	Resources for LGBT youth thetrevorproject.org	West Hollywood, CA

References

Books:

- Blauner, Susan Rose. *How I Stayed Alive When My Brain Was Trying to Kill Me.* ISBN: 0060936215
- Conroy, David L, Ph.D. *Out of the Nightmare: Recovery from Depression and Suicidal Pain*. eISBN: 978-1-4502-4734-4
- Jamison, Kay Redfield. *Night Falls Fast: Understanding Suicide*. eISBN: 978-0-307-77989-2
- Jamison, Kay Redfield. *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*. eISBN 978-1-439-10663-1
- Quinnett, Paul G. *Counseling Suicidal People: A Therapy of Hope*. ISBN: 978-0-9705076-1-7
- Quinnett, Paul G. *Suicide: The Forever Decision*. ISBN: 0-8245-1352-5

Data & Resources

- QPR Gatekeeper Trainer Certification Program: qprinstitute.com
- Suicide Prevention Resource Center: Suicide Assessment Five-step Evaluation & Triage (SAFE-T) sprc.org
- Center for Disease Control: Deaths and Mortality Final Data for 2010 cdc.gov

Images & Screenshots:

- Patient in a Cage - Mass Media Depictions of Mental Illness, historypsychiatry.com
- Ringing of the Mental Health Bell - The Story of Our Symbol, mentalhealthamerica.net
- Brick Wall - Solna Brick wall vilt forband,wikimedia.org
- Burial at the Crossroads, historynotes.info
- Goethe, The Sorrows of Young Werther, wikimedia.org
- Godzilla escapes Mount Mihara, flixter.com
- Golden Gate Bridge - Dead Set, Grateful Dead wikipedia.org
- Scumbag Brain - anomicofficedrone.wordpress.com
- Why you shouldn't do what Aaron did - Hacker News
- thatfatcat images - Imgur 1 Imgur 2 Imgur 3
- I am going to kill myself in a few hours. AMA - Reddit
- IMAlive chat interface - imalive.org

Questions?

Suicide Risk Assessment and Intervention Tactics

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