

SUICIDE RISK ASSESSMENT AND SAFETY PLANNING

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We're all in this together.

ACKNOWLEDGEMENTS

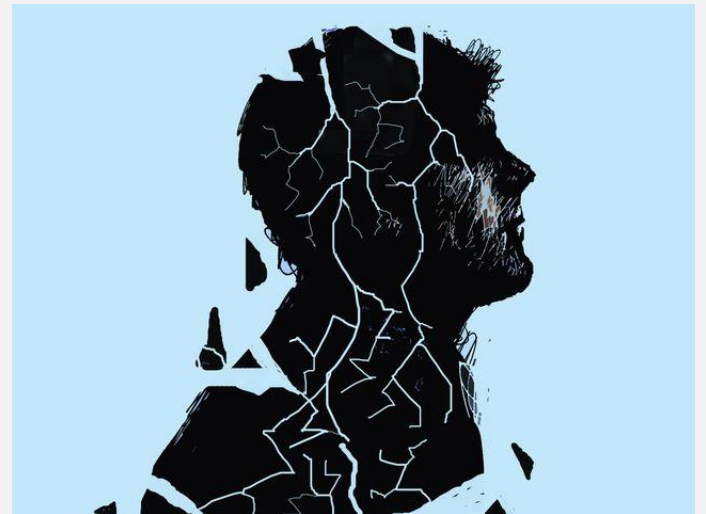
- Some of the material in slides adapted from: Steven J. Garlow MD PhD, Charles F. Gillespie, MD, PhD, Dorian Lamis, PhD & Rachel Hershenberg, PhD
- Additional slide content adapted from the presentations of
 - Greg Brown, Ph.D. & Barbara Stanley, Ph.D. (Brief Interventions with Suicidal Individuals: Safety Planning and Beyond)
 - Kelly Posner (Administration Training Columbia-Suicide Severity Rating Scale)

OBJECTIVES

- Participants will be able to identify the modifiable and nonmodifiable factors contributing to suicide risk.
- Participants will be able to describe the basic components of a suicide risk assessment and which thoughts and behaviors are important to assess as part of a thorough risk assessment.
- Participants will be able to conduct a risk assessment including level of care recommendations.
- Participants will be able to describe the components of a suicide safety plan.

Definitions:

- Nonsuicidal Self-Injury or Deliberate Self-Harm:
- Suicidal Ideation:
- Suicide Attempt:
- Death as a result of Suicide:

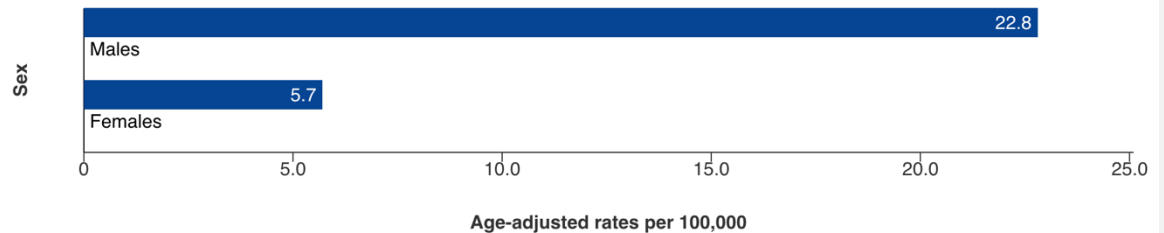


Past Year Suicidal Thoughts and Behaviors Among U.S. Adults



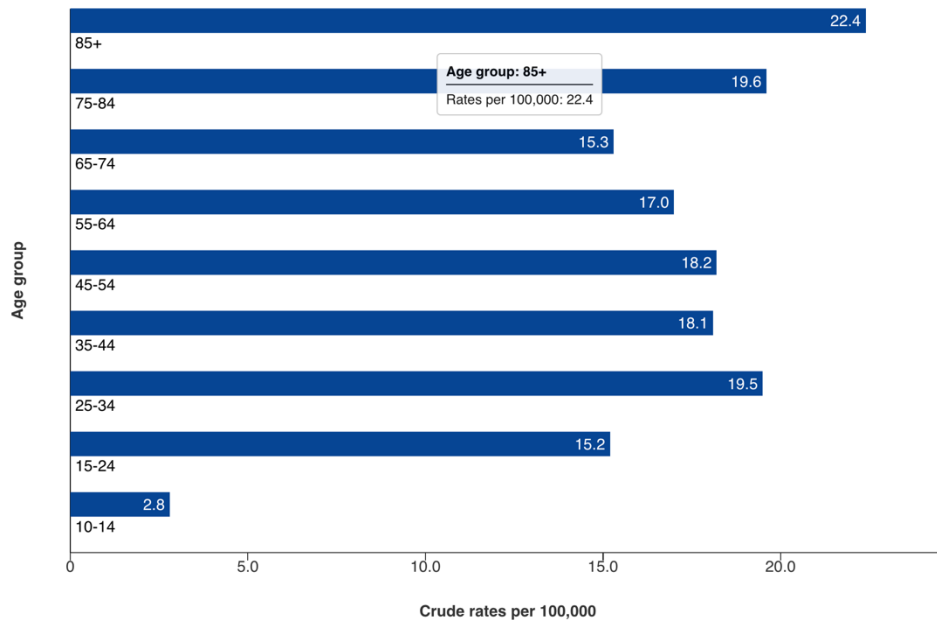
RISK FACTORS: STATIC/NON-MODIFIABLE

The suicide rate among males in 2021 was approximately four times higher than the rate among females. Males make up 50% of the population but nearly 80% of suicides.



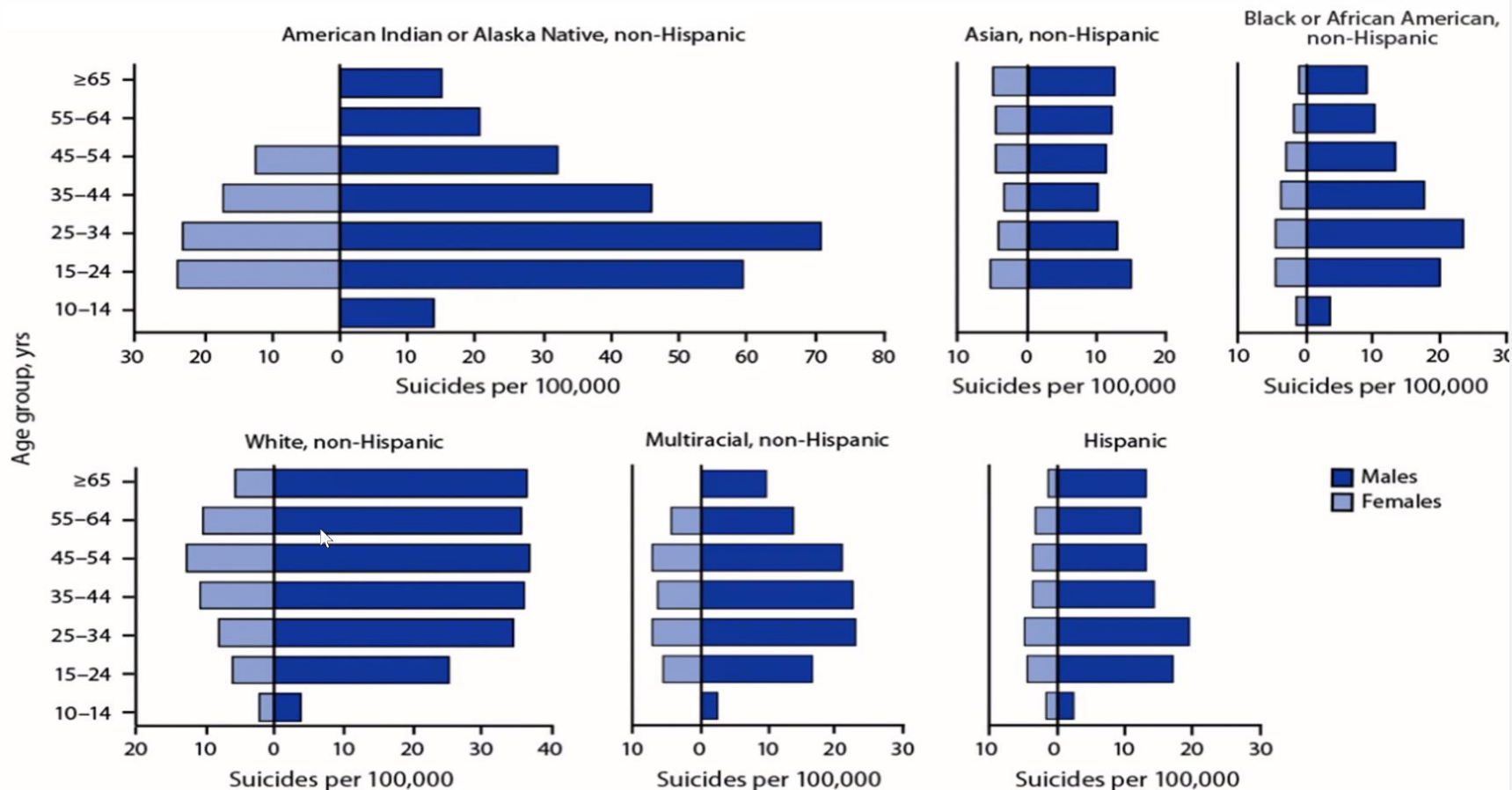
- Sex Differences in Suicide

People ages 85 and older have the highest rates of suicide.



- Age Differences

A CLOSER LOOK AT DIFFERENCES IN SUICIDE BY SEX, RACE/ETHNICITY, AND AGE GROUP, 2019-2020



ADDITIONAL HIGH-RISK GROUPS

- Urban/rural



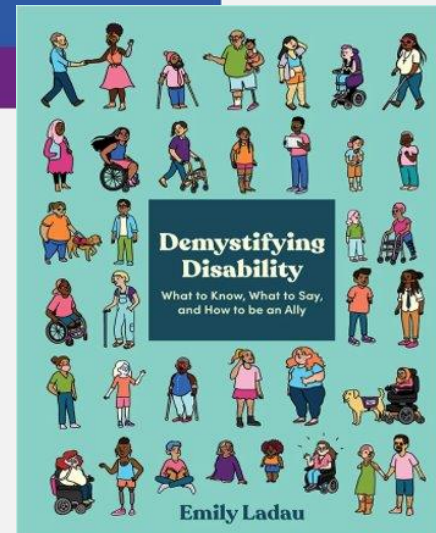
- Occupation



- Individuals from the LGBTQ+ community

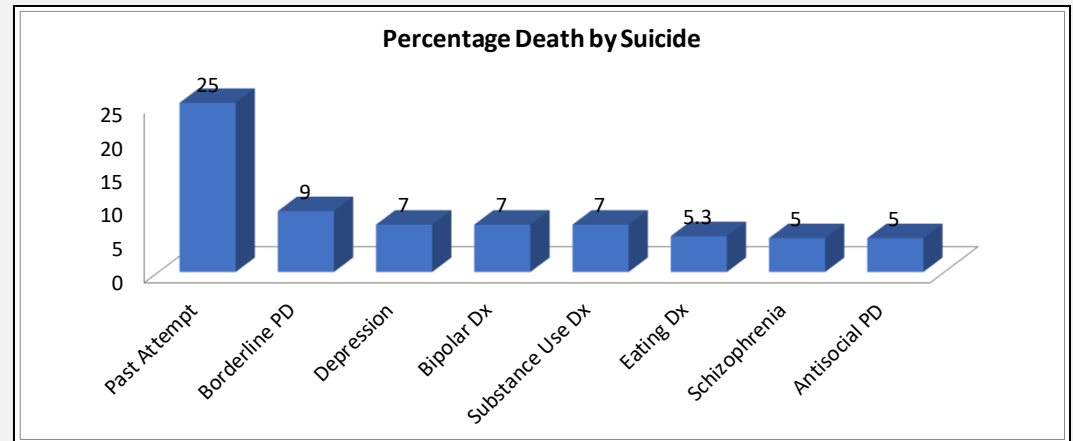


- Individuals w/ ability differences



NON-MODIFIABLE RISK FACTORS (CONT)

- History of suicidal ideation, plan or attempt
 - > # of attempts → greater risk
- History of childhood abuse
- Psychiatric disorder
- Family hx
- Medical conditions

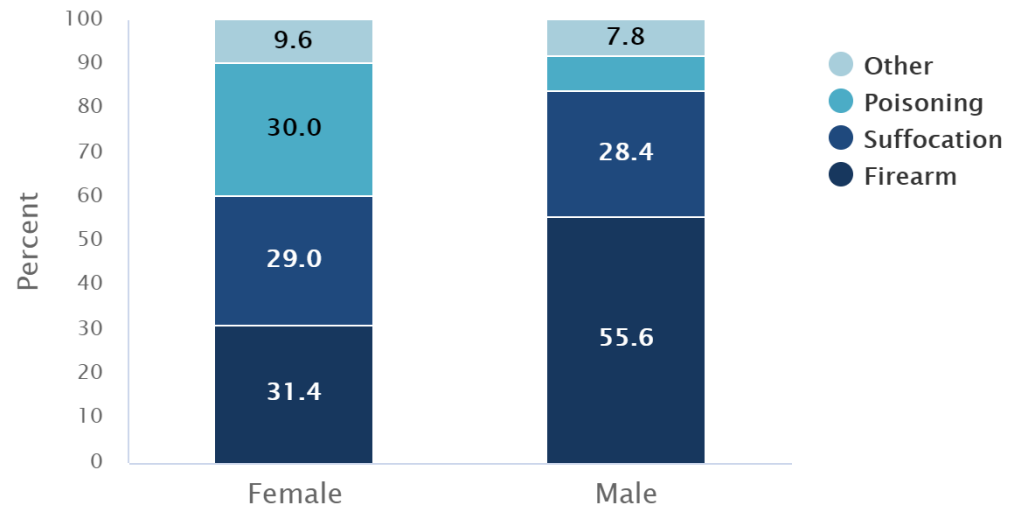


RISK FACTORS: MODIFIABLE

- Access to firearms
- Acute risk factors:
 - IS PATH WARM

Percentage of Suicide Deaths by Method in the United States (2019)

Data Courtesy of CDC



ACUTE WARNING SIGNS

Insomnia

Substance ↑/misuse

Purposelessness

Anxiety/Agitation

Trapped

Hopelessness



Withdrawal

Anger

Reckless behavior

Mood change

RISK FACTORS SUMMARIZED

- White male age 85+ or American Indian/Alaska Native male age 25-34
- Access to firearm
- Prior suicide attempt
- Family history of suicide
- Childhood sexual abuse
- Hopeless or dissatisfied with treatment
- Chronic physical pain or other impairing medical condition (including TBI)
- Hx of impulsivity and/or substance use problems

PROTECTIVE FACTORS

- Strong religious and cultural beliefs
- Meaning/purpose in life
- Positive social support
 - Friends or Family (sense of belonging)
 - Strong therapeutic relationship
- Survival/coping beliefs/ability to problem solve
- Reasons for living

RISK ASSESSMENT

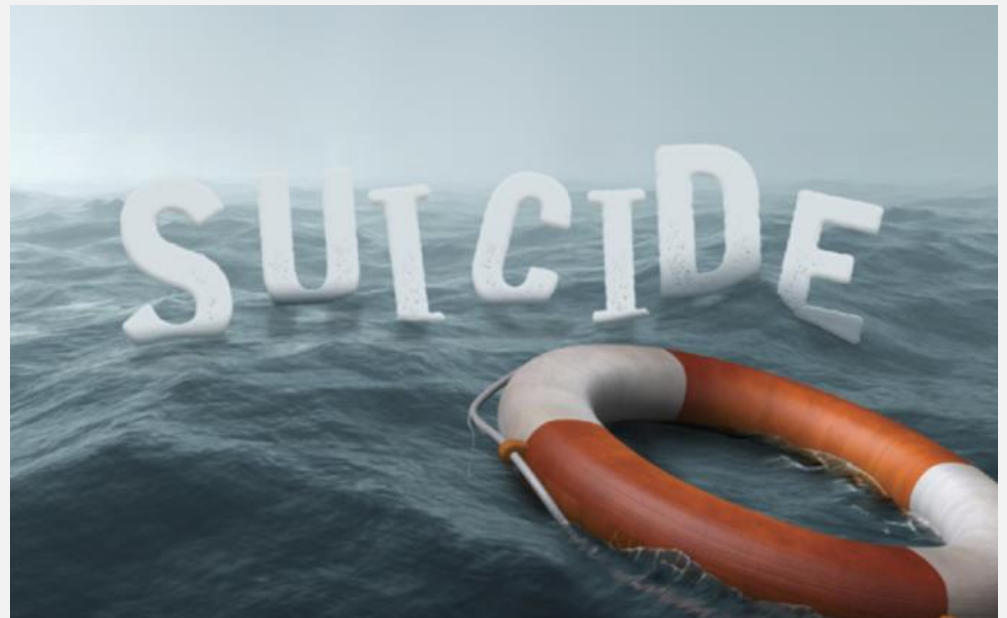
STEP 1: SCREEN

When?

- First contact (admission/first session)
- Any change in patient's behavior

How?

- Ask directly



STEP 1: SCREEN

Ask **directly** about...

Thoughts

Behaviors

CURRENT SUICIDALITY

- Thoughts of killing yourself
 - Frequency, duration, and controllability
- Planning
 - *Thoughts* about specifics of the plan
 - Method details
 - Specifics of plan: location and time
 - *Behaviors: Active preparations*
 - Prepare the suicide method (researching lethality)
 - Preventions against discovery
 - Preparation for (affairs) after death
- Intent
 - *On a scale of 0 to 10, how likely are you to kill yourself today?*
- *Risk Factors: Take note of both modifiable and nonmodifiable*
- Protective Factors

Step 2: Determine Level of Risk

RISK STRATIFICATION	SUGGESTED LEVEL OF CARE
<p style="text-align: center;"><u>High Suicide Risk</u></p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan <u>in past month</u> (C-SSRS Suicidal Ideation #4 or #5)</p> <p>Or</p> <p><input type="checkbox"/> Suicidal behavior <u>within past 3 months</u> (C-SSRS Suicidal Behavior)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Initiate local psychiatric admission process <input type="checkbox"/> Stay with patient until transfer to higher level of care is complete <input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation
<p style="text-align: center;"><u>Moderate Suicide Risk</u></p> <p><input type="checkbox"/> Suicidal ideation with method, <u>WITHOUT plan, intent or behavior</u> <u>in past month</u> (C-SSRS Suicidal Ideation #3)</p> <p>Or</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)</p> <p>Or</p> <p><input type="checkbox"/> Multiple risk factors and few protective factors</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use clinical judgement to determine if further evaluation is necessary <input type="checkbox"/> Outpatient
<p style="text-align: center;"><u>Low Suicide Risk</u></p> <p><input type="checkbox"/> Wish to die or Suicidal Ideation <u>WITHOUT method, intent, plan or behavior</u> (C-SSRS Suicidal Ideation #1 or #2)</p> <p>Or</p> <p><input type="checkbox"/> Modifiable risk factors and strong protective factors</p> <p>Or</p> <p><input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Outpatient

STEP 3: IMMEDIATE SAFETY NEEDS

Imminent Risk?

- Walk to Emergency Department (if available)
 - Call hospital security
- Arrange for inpatient admission
- Call 911

*Ideal to get patient on board with this!

STEP 3: IMMEDIATE SAFETY NEEDS

Not at Imminent Risk?

- Why?
 - Ideation/attempt by history only
 - ↓ ideation (end of contact)
 - Protective > acute risk
 - Adequate safety plan in place

STEP 3: ADDRESSING IMMEDIATE SAFETY NEEDS

As the clinician, your role is in crisis intervention/problem-solving

If not at *immediate* risk, provide prevention information and engage in safety planning

PRACTICE/ROLE PLAY

Goal: to gain familiarity with assessing suicide risk and determining level of care.

- With a partner, pick one person to be the patient and one to be the provider. You may use the case on the next slide as a guide.
- The provider will query to determine level of risk and recommended level of care.
- When we return, we will share our experiences and then discuss safety planning.

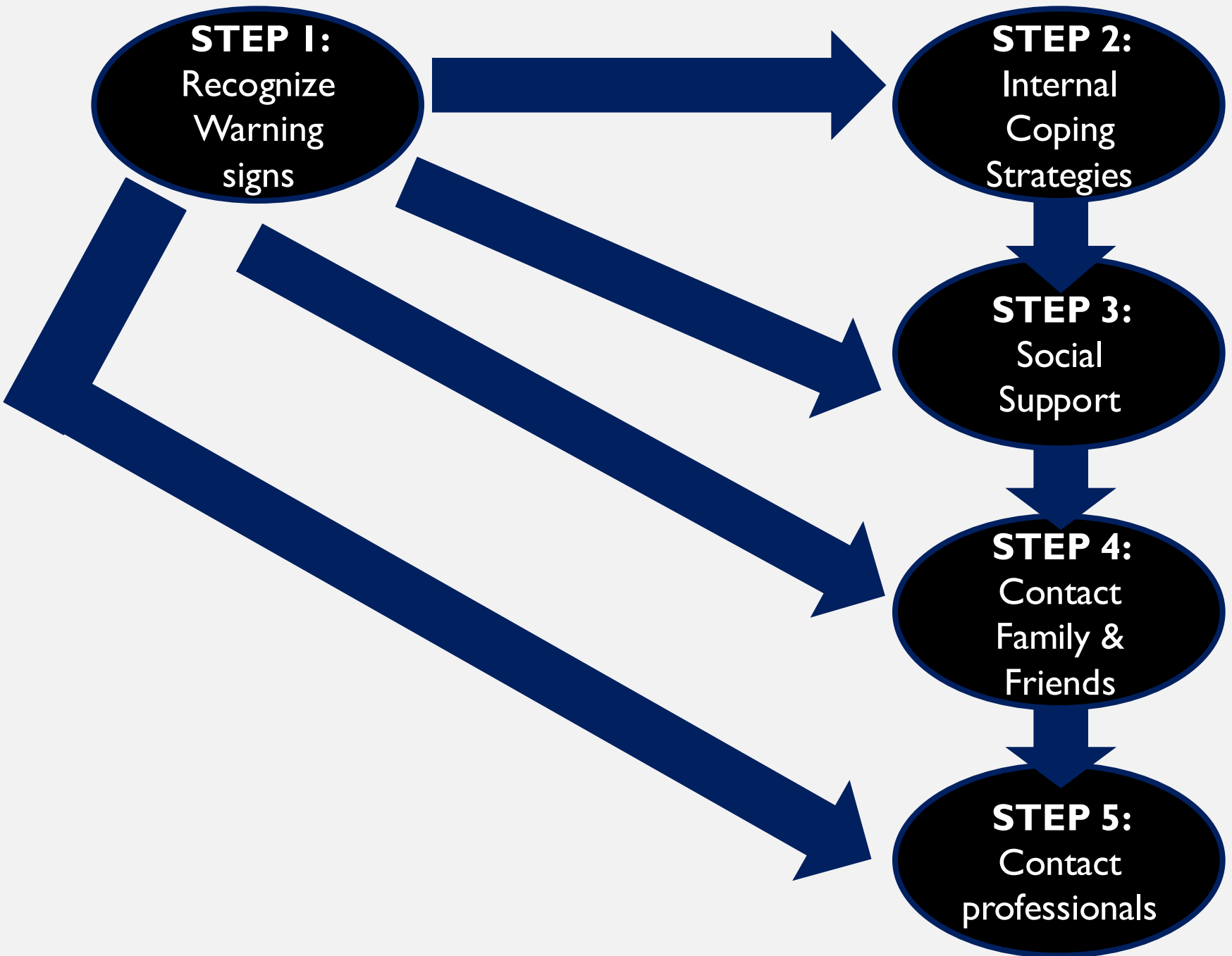
CLINICAL CASE: PATIENT'S STORY

- 25 year old Latinx male, identifies as bisexual, employed full time, lives in an apartment with a roommate.
- Diagnoses include bipolar I disorder, alcohol, cocaine, and cannabis use disorders, and PTSD from childhood sexual abuse.
- Presents to session appearing anxious and agitated, and reports recent medication noncompliance as well as binging on cocaine and alcohol over the weekend.
- Has never made a suicide attempt, though several months ago, reports that he had researched how to overdose on his current psychiatric medications.
- Denies intent or specific plan to act on these thoughts.

TAKEAWAYS FROM ROLE PLAY

STEP 4: PREVENTION COLLABORATE ON A SAFETY PLAN

- Used typically at the “moderate risk” category
- A prioritized written list of coping strategies and sources of support
 - Can be used during or preceding a suicidal crisis
- Developed after suicide risk assessment or a recent distressing event
- **How to do it?**
 - Use their story about the current crisis
 - Events transpired before, during, and after the crisis.
 - Collaborative process
 - Sit side-by-side
 - Use a “Safety Plan” form
 - Use patient’s own words
 - Make this easy-to-read



CLINICAL CASE: PATIENT'S STORY

- **Warning Signs:** elevated anxiety, catastrophic thoughts, interpersonal conflicts/fears of abandonment
- **Internal coping:** Distraction
 - Go on a walk (count your steps)
 - Grounding
 - Pray/Use affirmations/Quotes
 - Listen to inspirational music
 - Take a cold shower/Ice Pack (DBT skills)
 - Play with a pet
 - Engage in a hobby

CLINICAL CASE: PATIENT'S STORY

- **Social Support:** key social settings/people
 - Social settings:
 - Coffee shops
 - Places of worship
 - Public park
 - Exercise class
 - Individuals:
 - Family, friends (list specific people)
- **Contact Family and Friends**
- Help identify others to disclose/manage crisis
 - Clergy, family, close friend (list phone numbers)

CLINICAL CASE: PATIENT'S STORY

- **Contact Professionals and Agencies**
 - Identify a professional or agency
 - List numbers and include whether they can be accessed outside of business hours
 - Clinician, 988, Crisis Text Line, GCAL

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. _____

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

SUICIDE RESOURCES

- National Suicide Prevention Lifeline, Samaritans 24/7 crisis line → 988
 - Call or text
- Crisis text line:
 - Text HOME to 741741 from anywhere in the United States, anytime, about any type of crisis
- Georgia Crisis & Access Line (GCAL)
 - 1-800-715-4225

**The National Suicide Prevention Lifeline is now: 988
Suicide and Crisis Lifeline**



988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.

SUICIDE RESOURCES (CONT.)

- Safety planning apps:
 - Safety Plan, MY3, Virtual Hope Box, NotOK, Mood Tools, My Coping Plan, Beyond Now

For those interested in getting additional training:

- <https://namiga.org/register-for-a-qpr-suicide-prevention-training-session/>
- <https://cssrs.columbia.edu/training/training-options/> (free trainings on using the Columbia-Suicide Severity Rating Scale)