Responding to Suicide Ideation & Intent

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Topics We’ll Cover Today

1. How to communicate and ask directed questions about intent

2. How to talk with someone who is currently suicidal

3. Who is safe to discharge from the ED
What do we mean by suicidal ideation?

**Morbid Rumination (AKA Passive Ideation)**
- Thoughts about death, dying, or not being alive

**Wish to Die (AKA Suicidal Desire)**
- Thoughts about a desire to be dead or not alive anymore, or a wish to fall asleep and not wake up

**Active Ideation (AKA Suicidal Intent)**
- Thoughts of wanting to end one’s life, with various levels of intent and planning

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**Intent**
- Subjective (Expressed)
- Objective (Observed)

**Plan**
- Method
- Time & Place

Mann & Oquendo (2003)
What do we mean by suicidal behavior?

**Preparatory Acts or Behavior**
- Acts or preparations towards making a suicide attempt (anything beyond verbalization or thought)

**Aborted Attempt**
- When individuals begin to take steps toward making an attempt, but stop themselves before they actually engage in an attempt

**Interrupted Attempt**
- When an attempt is interrupted by an outside circumstance from starting the potentially self-injurious act

**Suicide Attempt**
- A nonfatal, self-injurious act with at least some intent to die

**Death from Suicide**
- Death from injury where there is evidence it was self-inflicted and that there was at least some intent to die

Avoid using “committed” or “successful”

Mann & Oquendo (2003)
Acute vs. Chronic Risk

**Acute Risk**

*Acute Factors* = all things that fluctuate in severity and will alleviate to some degree as the suicidal crisis resolves

**Warrant immediate clinical attention**

**Chronic Risk**

*Chronic Factors* = static factors related to the person’s susceptibility to becoming suicidal in the first place

**Warrant long-term outpatient care**

Rudd (2006)
### COLUMBIA-SUICIDE SEVERITY RATING SCALE
**Primary Care Screen with Triage Points**

<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS:</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are in bold and underlined.</td>
<td>YES NO</td>
</tr>
<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1) Wish to be Dead:</strong> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?</td>
<td></td>
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<tr>
<td><em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
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<tr>
<td><strong>2) Suicidal Thoughts:</strong> General non-specific thoughts of wanting to end one's life/commit suicide, &quot;I've thought about killing myself&quot; without general thoughts of ways to kill oneself/associated methods, intent, or plan.</td>
<td></td>
</tr>
<tr>
<td><em>Have you had any actual thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</td>
<td></td>
</tr>
<tr>
<td><strong>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</strong> Person 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. &quot;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.&quot;</td>
<td></td>
</tr>
<tr>
<td><em>Have you been thinking about how you might do this?</em></td>
<td></td>
</tr>
<tr>
<td><strong>4) Suicidal Intent (without Specific Plan):</strong> Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as oppose to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
<td></td>
</tr>
<tr>
<td><em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
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<tr>
<td><strong>5) Suicide Intent with Specific Plan:</strong> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</td>
<td></td>
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<tr>
<td><em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
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<tr>
<td><strong>6) Suicide Behavior Question</strong></td>
<td></td>
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<tr>
<td><em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em></td>
<td>Lifetime</td>
</tr>
<tr>
<td>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td>Past 3 Months</td>
</tr>
<tr>
<td>If YES, ask: <strong>Was this within the past 3 months?</strong></td>
<td></td>
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</tbody>
</table>

**Response Protocol to C-SSRS Screening** (Linked to last item marked "YES")
- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consultation (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Consultation (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

**Disposition:**
- Behavioral Health Referral
- Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Behavioral Health Consultation and Patient Safety Precautions
Common Barriers to Responding Appropriately

- Time constraints
- Feeling their reasons are not valid
- Belief in attention seeking
- Frustration when someone seems illogical

Keep in mind...

Patients considering suicide are likely at their worst and are likely to have difficulty in interpersonal situations.
It’s not just the talking you do. It’s the listening. Listen to understand.

-Kevin Briggs
Tips for Responding to Suicide

◎ Avoid arguing, blaming, or saying that you know how they feel.

◎ Ask directly about suicide:
  ○ “Others in similar circumstances have thought about ending their life; have you had these thoughts?”
  ○ “When you say ‘It won’t be a problem much longer,’ that makes me wonder – are you thinking about suicide?”
Suicide is not a problem. It’s a solution to a problem.

-Jess Stohlmann-Rainey
Additional Tips for Responding

◎ Once you have understood the situation, then make statements to build hope

Many individuals who are in these types of circumstances find it helpful to talk with someone. Would you be willing to try it?

You mentioned that your prescription has ran out, you are worried about losing your home, and you’ve struggled to find reliable transportation. If you would come to the hospital with us, we could connect you with a case manager there who could help you consider solutions to these problems.

I hear that you’re worried what will happen if you go to the hospital. At the same time, I’m worried that you’ll hurt yourself if you stay here alone. Many people find the hospital can be a helpful option until they can keep themselves safe again.
Guardian of the Golden Gate: Protecting the Line Between Hope & Despair

By Kevin Briggs
What description best fits your client?

No identifiable suicidal ideation
- × Ideation present
- ☐ Frequent
- ☐ Intense
- ☐ Long-lasting
- ☐ Specific plans
- ☐ Intent to follow-through
  - ☐ Subjective (self-report)
  - ☐ Objective (observed behavior)

Risk Level

Minimal
- Continue ongoing outpatient treatment and re-assess as needed.

Mild
- Increase frequency or duration of outpatient visits
- Active involvement of family
- Frequent re-evaluation of treatment plan goals & suicide risk
- Recurrent evaluation of need for hospitalization
- 24-availability of emergency or crisis services
- Consideration of medication
- Use of telephone contacts for monitoring
- Frequent input from family members with respect to indicators
- Professional consultation as needed

Moderate
- Recommend immediate evaluation for inpatient hospitalization

Severe
- Extreme

No-Suicide Contracts: Not Helpful

What is a No-Suicide Contract?

An agreement between the person struggling and a clinician in which the person agrees not to harm themselves and/or to seek help when in a suicidal state and the person believes they are unable to honor the commitment.

Not helpful because...

- The term contract implies more care for liability and legal aspects of practice than for person struggling.
- No standard definition or agreement for what they should contain.
- Research does not suggest that they work consistently.

(Miller, 1999; Rudd, 2006; Rudd et al., 2006)
If there’s any morbid ruminations or ideation, it is important to complete a safety plan.
Use Crisis Response Plan or Safety Plan

Guidelines for Constructing a Safety Plan

1. Identify resourceful others who could assist in carrying out details of safety plan. Include them in the creation of it.
2. Work out how they can both prevent or restrict access to lethal means.
3. Identify troubling behaviors that client uses to cope with distress.
4. Identify safe havens the client could use for a limited time.
5. Consider enlisting client’s work or school to temporarily alter schedule.
7. Generate list of personal resources client could use if needed.
8. Identify emergency resources client could use if needed.

Flemons & Gralnik (2013)
# Examples of Safety Plans

## 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:** ___________________________ **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:** ___________________________
2. **Clinician Name:** ___________________________ **Phone:** ___________________________
3. **Phone:** ___________________________ **Phone:** ___________________________
4. **Urgent Care Services Phone:** ___________________________

### 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:**

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## Individual Safety Plan Guide

**Date:** ___________________________

### Individual We’re Here to Support:

_____________________________

### Others Involved:

_____________________________

### Other Resourceful People Who Can Assist:

**Specify:**

1. Family members
2. Friends
3. Member of spiritual community
4. Police

### Response Plan

#### Efforts to Cope I Want to Avoid

- Substance use
- Withdrawing from activities
- Withdrawing from people
- Disordered eating
- Impulsive or compulsive actions
- Harm self or others

### Alternative Options I Want to Try

- Walking
- Exercise
- Music
- Meditation
- Prayer
- Reading
- Writing
- Reaching out

### Safe Havens I Could Access

(Choose at least one, at family/friends home, at hospital, includes contact information, if relevant)

1. If thoughts are too much, ___________________________
2. If I need more safety, ___________________________
3. If I still need more safety, ___________________________

### Other People to Contact To Leesen Stress

1. **Name:** ___________________________ **Phone:** ___________________________
2. **Name:** ___________________________ **Phone:** ___________________________
3. **Name:** ___________________________ **Phone:** ___________________________

### Relevant Professional Supports

<table>
<thead>
<tr>
<th>What to do?</th>
<th>With what?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin</td>
<td>Therapy</td>
</tr>
<tr>
<td>Resume</td>
<td>Medication</td>
</tr>
<tr>
<td>Continue</td>
<td>Detox/Rehab</td>
</tr>
<tr>
<td></td>
<td>Outpatient program</td>
</tr>
<tr>
<td></td>
<td>Inpatient program</td>
</tr>
</tbody>
</table>

### Support Persons to Contact & Number

1. **Name:** ___________________________ **Phone:** ___________________________
2. **Name:** ___________________________ **Phone:** ___________________________
3. **Name:** ___________________________ **Phone:** ___________________________

### Emergency Resources

- **Doctor:** ___________________________
- **Therapist:** ___________________________
- **Crisis Line:** ___________________________
- **Hospital:** ___________________________
- **Emergency Room:** ___________________________

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**Navigate:** Helping Families Navigate Suicide Risk
If there are any markers of intent—either subjective or objective—an evaluation for hospitalization is recommended.
Questions?
National Resources

• **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)
  Free and available 24 hours/day, 7 days/week
  Para Español oprima el 2
  For deaf and hard of hearing – TTY 1-800-799-4889 or chat at site below
  [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

• **Crisis Text Line**  Text HOME to 741-741 in the U.S.

• **Veterans Crisis Line** 1-800-273-TALK, Press 1
  Text 83-8255, or chat online at [www.veteranscrisisline.net](http://www.veteranscrisisline.net)

• **IM Alive Chat**  Online suicide crisis chat at [www.imalive.org](http://www.imalive.org)

• **The Trevor Project** 1-866-488-7386
  Hotline for LGBT Youth
  TrevorText – Available Fridays 4pm-8pm; Text TREVOR 1-202-304-1200
  TrevorChat – Available 7 days a week 3pm-9pm at the site below
  [www.thetrevorproject.org](http://www.thetrevorproject.org)

• **TransLifeline** 1-877-565-8860
  Peer hotline for transgender people experiencing a crisis