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Jill O’Neill     Program and Admin Coordinator
Gratitude and Acknowledgement
What’s with the semicolon?

• Symbolizes where an author could have ended a sentence, but didn’t.
• Represents a period of crisis or suicidal crisis where someone could have ended their life/story, but didn’t. Something or someone helped them to continue.
• Reminds us and others that staying alive through a period of instability or hopelessness (and continuing the story) is possible.
• The triangle/delta symbol represents: 1) The possibility of change, and 2) Three key components of building a suicide safer community – robust and coordinated Prevention, Intervention, and Postvention efforts.
Please take of yourself, especially today

While we are all passionate about suicide prevention, today’s conversation may be more activating than others we will have.

At any time, if you need to step away or take a break, please do so.
If you or someone you know needs support today...

Help Line: (831) 427-8020
Línea de ayuda en español: (831) 205-7074
• History and Intent

• County, Community, and Program Partnerships

• Context, Timeline, and Implementation

• Primary Activities
STRATEGIC PLAN

Program Areas

PREVENTION INTERVENTION POSTVENTION

Essential Elements

COMMUNICATION TRAINING DATA EVALUATION

SAMHSA COVID-19 Emergency Response for Suicide Prevention

SAMHSA Substance Abuse and Mental Health Services Administration
Suicidal Crisis Path and Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention

“The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening.” (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)

www.FresnoCares.org
OVERVIEW

- Suicide Prevention and Intervention Training
- Suicide Risk Screening, Assessment, and Safety Planning – resources and recommendations
- Awareness of and Access to Resources
- Supports for Suicide Loss Survivors
- Local and Statewide Resources and Tools
Safe Support for Individuals and Families:
Domestic Violence
Sexual Assault
Human Trafficking
Healthy & Safe Relationships

24-Hour Bilingual Crisis Line:
Domestic Violence, Sexual Abuse and Human Trafficking

1-888-900-4232

Programs Include:

• Crisis Intervention Program
• Children and Youth Program
• Education and Community Outreach Program
• Emergency Shelter
• Technology Safety
• Teen Violence Programs
• Positive Solutions Program
Access Team: Evaluates all requests for non-emergency services for those not currently receiving services from County Mental Health or community mental health providers.

Adult Mental Health Services Program: Part of Santa Cruz County Health Services Agency, providing services to those with serious and persistent mental illnesses, ranging from transition age youth (18-25) to older adults (over 60).

Assessment: A mental health evaluation to determine an individual’s mental health status and needs, including whether the individual qualifies for Santa Cruz Behavioral Health Services.

Child and Adolescent Behavioral Health Services: Comprehensive, strengths-based, culturally and linguistically appropriate services for Medi-Cal eligible youth who have moderate to severe behavioral health needs.

Consumer: Term often used to refer to an individual receiving mental health services.

Crisis Stabilization Program (CSP): Provides crisis assessment, crisis intervention, and disposition planning for individuals experiencing a psychiatric emergency for both voluntary and involuntary individuals.

Inpatient Services: Services provided while an individual is hospitalized.


Outpatient Services: Services that do not require hospitalization and/or are received while keeping current living arrangements.

Psychiatric Health Facility (PHF): A locked acute psychiatric inpatient program for people who are having a mental health emergency and need more intensive treatment and support.

Psychiatric Hold (5150/S5BS): Allows for involuntary evaluation and mental health treatment for up to 72 hours. May be mandated by a designated authority when an individual is determined to be a danger to themselves and/or others or gravely disabled due to a mental health issue.

Psychiatrist: A medical doctor with specialization in diagnosing and treating mental illnesses. Psychiatrists utilize therapy, medicine, and other modalities to treat patients.

Stigmas are negative assumptions that society or a person has about something. Examples of mental health stigmas include the idea that everyone with mental health issues is dangerous or that they are not reliable or responsible when being considered for a job or housing. Stigmas can discourage individuals from seeking help and jeopardize participation in ongoing treatment, support, or recovery. Fortunately, there are many ways to reduce stigmas and replace them with compassion and empathy. These ways include:

- Thinking and talking about mental health along a spectrum that includes everyone.
- Encouraging individuals to seek help, recognizing that everyone needs support sometimes.
- Making it easy for someone to reach out for help.
- Using person-centered language like “a person with schizophrenia” rather than “a schizophrenic.” A person is not a diagnosis.
- Promoting and supporting those who are willing to speak about their experiences.
- Supporting accurate representations of mental health and mental illness, such as in the media.
- Getting involved in legislation, advocacy, and activism that challenges stigma and protects the rights, welfare, and dignity of those with lived mental health experiences.

Therapist/Psychologist: Licensed professionals who specialize in the treatment of mental illnesses. Therapists and psychologists do not prescribe medication.

Rehabilitation: Services to improve, maintain, or restore an individual’s ability to thrive and function. May include life skills, symptom management, and others or gravely disabled due to a mental health issue.

Therapy: An intervention that focuses on symptom reduction to improve everyday wellbeing. Delivered individually, to families, or in group settings.

Mental health crises can manifest in different ways for each person and vary across age groups. While individuals may want help, it can be difficult to ask or know how to get it. However, there are some common warning signs that may indicate someone needs help. If you observe any of the following—especially if they are new behaviors—don’t be afraid to speak up.

**Adults**
- Talking about wanting to die
- Excessive worrying or fear
- Giving away possessions
- Extreme mood changes
- Difficulty concentrating
- Changes in sleep habits
- Avoiding friends/social activities

**Youth**
- Changes in school performance
- Frequent outbursts
- Excessive worry or anxiety, such as fighting to avoid bed or school
- Giving away personal belongings
- Neglecting personal hygiene
- Disengaging from activities

**Local resources for community members who may be experiencing mental health crises or challenges**

**www.suicideispreventable.org**

**FEEDBACK/CORRECTIONS**
Email suicideprevention@santacruzcounty.us for feedback and corrections. Additional resources and more information available at 211santacruzcounty.org and santacruzhealth.org/HSADivisions/BehavioralHealth.aspx
DOMESTIC VIOLENCE RESOURCES

Monarch Services—Bilingual Services
Support services for survivors of domestic violence and crisis counseling, including one-on-one sessions.
Call (831) 722-4532 for 24/7 bilingual crisis line. Learn more at monarchsc.org

UCSC CARE—Campus Advocacy Resources and Education
UCSC student support and resources for survivors of sexual assault, dating/domestic violence, and stalking. CARE is confidential and does not share information with anyone without explicit permission.
Call (831) 502-2273 or email care@ucsc.edu. Request form available at care.ucsc.edu.

Walnut Avenue Family and Women's Center
Support for families and survivors of domestic violence, including advocacy, information, support groups, emergency accommodation, and more.
Call (831) 426-3062 to make an appointment. If in immediate need of help call (866) 2MY ALLY (269-2559). See www.wafwc.org for more information.

National Domestic Violence Hotline
Advocates are available 24/7 to discuss a relationship and help determine if it might be abusive.
Call (800) 799-SAFE (7233), text “Start” to 88788, or chat online at thehotline.org.

MENTAL HEALTH SUPPORT AND COUNSELING/SUPPORT GROUPS

COUNSELING—INDIVIDUAL AND FAMILY SUPPORT

Family Service Agency of the Central Coast (FSA)
Provides counseling, suicide prevention services, and support groups to residents of the Central Coast. In Santa Cruz call: (831) 423-9444 x200
In Soquel and South County call: (831) 346-6767 x200
Learn more at fsa-cc.org

Cabrillo College
Available to Cabrillo Students. Student Health Services provides crisis support, short term counseling, and referrals to community help.
Call (831) 479-6435 or email healthservices@cabrillo.edu to schedule an appointment.
cabrillo.edu/student-health-services

East Cliff Family Health Center
Serves the primary health care needs of men, women, and children regardless of economic status. Offers primary care, pediatric services, mental health education, health coverage enrollment, food access programs, and more.
Call (831) 427-3500 to make an appointment.

Lighthouse Counseling
A program provided by Janus of Santa Cruz that provides affordable therapy services for individuals, couples, and families.
Call (831) 462-1060 (English & Spanish) for more information, or see januscc.org/lighthouse-counseling/

 Salvation Army Santa Cruz Community Center
Provides a variety of services including pantry, lunches for the unhoused, clothing, and recovery programs for substance abuse.
Call (831) 426-8365.

Beacon Health Options
Psychiatric consultation, psychological and neuropsychological testing, and outpatient drug therapy monitoring. Call toll-free 24/7 (855) 765-9700.

Pajaro Valley Prevention and Student Assistance, Inc.
Resources for families of PVUSD, offering counseling, substance use disorder services, mental health services, and family supportive services. See www.pvpssa.org, call (831) 728-6445, or email admin@pvpssa.org.

Shine a Light Counseling Center
Nonprofit committed to providing affordable therapy. Shine a Light offers sliding scale options and accepts Medi-Cal and victim compensation payments. Request an appointment at shinealight.info or call (831) 996-1222.

Salud Para La Gente
Provides a variety of healthcare services including behavioral health and general healthcare. Call (831) 728-0222 for appointment availability. Find out more at splg.org.

PEER COUNSELING—SUPPORT GROUP

NAMI—National Alliance on Mental Illness
Affordable and accessible behavioral and mental health services, community advocacy, and peer support groups.
Leave a message at (831) 427-8020. One of NAMI's trained volunteers will return the call and assist in locating appropriate resources. Learn more at namisc.org

Psychiatric Health Facility: (831) 600-2800
Locked 1-bed psychiatric inpatient treatment facility for adults experiencing a serious mental health crisis. 24-hour treatment and care.

If you or someone you know is experiencing a mental health crisis, please reach out for support:
• Call 988 or (800) 273-8255 to speak to a trained counselor 24/7
• Go to the nearest hospital emergency room
• Call 911 for emergency services
• Contact Trevor Lifeline for LGBTQ individuals at (866) 488-7386
• Reach out to the Trans Lifeline at (800) 565-8860
• Call the Veterans Crisis Line at (800) 273-8255

If you are not in immediate danger but need crisis support, reach out to 24/7 Santa Cruz Behavioral Health Services hotline at (800) 952-2333 who will assess for hospitalization in a psychiatric crisis.
Santa Cruz Behavioral Health Services provides:
• Walk in Crisis Services: (800) 952-2335 Crisis assessment and intervention services for adults and children.
• Mobile Emergency Response Team: MERT responds to sites to stabilize and support adults and children experiencing mental health crises.
• Mental Health Liaison: Mental health clinicians who support individuals interacting with law enforcement.
• Crisis Stabilization: (831) 600-2800 Crisis assessment, intervention, and referral services in a locked setting for up to 24 hours for adults and children. Dispositions to locked inpatient care or community resources.

CONFIDENTIALITY AND ANONYMITY
Community resources may offer support confidentially or anonymously. Confidential means the service provider you receive help from collects your information and acts to protect any identifiable information. Anonymity means no personal or identifying information is collected at all.
County Participation and Resources
California’s Suicide Prevention Plan 2020-2025

Download the plan here:
https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf

Support for people at risk for suicide or those supporting people at risk is available by calling the National Suicide Prevention Lifeline 1-800-273-TALK (8255)

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al National Suicide Prevention Lifeline 1-888-682-9454
Advance local strategic planning and implementation and alignment with strategic aims, goals and objectives set forth in California’s Strategic Plan for Suicide Prevention.

Builds on a previous Learning Collaborative offered by the California Mental Health Services Authority.
Striving for Zero Learning Collaborative

• Resource for Santa Cruz (and other counties) to plan, implement, evaluate, and grow suicide prevention, intervention, and postvention efforts.

• Direct assistance from team of subject matter and strategic planning experts for key areas (e.g. develop a youth-focused action plan or workgroup for suicide prevention efforts in our County)

• All-County modules and meetings on specific topics (e.g. supports after a suicide attempt); sharing best practices, successful models, and navigating challenges.
Striving for Zero Learning
Collaborative Resource Page
Suicide Alertness for Everyone: 8 trainings provided through grant period

safeTALK is a half-day interactive training in suicide alertness that...
- Teaches participants to identify people at risk of suicide and connect them with life-saving intervention resources
- Is widely used by both professionals and the general public—over 50,000 people attend yearly
- Is open to everyone 15 years old or older
ASIST is a highly rated, two-day, in person, interactive workshop in suicide intervention skills. It...
Teaches participants to identify people at risk of suicide and intervene to help them stay safe
Offers something to every participant, no matter how experienced
Is widely used by both professionals and the general public—over 120,000 attend yearly
Is open to anyone 16 years old or older
Includes: trainer presentations, audiovisuals, discussions, simulations and practice
3 options:

In-person, Full day
Blended In-person: Partial day (w/self-paced pre-work)
Blended Virtual: Partial day on Zoom (w/self-paced pre-work)

Full-day Adult Mental Health First Aid Training: 3 Workshops provided throughout the grant period.

“IT really gives the skills you need to identify — and ultimately help — someone in need.”

First Lady
Michelle Obama
MHFA Trained
Counseling on Access to Lethal Means

• 6 provided throughout the grant period

• Can be completed independently online

• Live courses also facilitated locally, with interactive elements and a focus on local and state resources

• Through this course, participants learn the value of means counseling and means safety strategies, as well as the skills to address this with clients or those at-risk.

• Handouts for this course include the following:
  • The Basics of Firearms
  • What Clients and Families Need to Know
  • Clients Who Need Lethal Means Counseling
  • Firearms Laws Relevant to Lethal Means Counseling
  • What Clinicians Can Do
Striving for Safety:
A Resource for Community Members and Professionals
(currently in soft launch)

Mental Health Services Oversight and Accountability Commission: www.strivingforsafety.org
Means Safety: Striving to Keep a Loved one Safe from Suicide

Welcome. This website is designed to support you to increase safety for yourself or a loved one, friend, colleague, or client when suicide risk is elevated. Limiting a person's access to means by which they may cause themselves harm is called lethal means safety, and here you'll find information about a range of strategies to promote safety in times of crisis or in anticipation of crisis.

Adding time between thoughts of suicide and a person's ability to obtain lethal means for an attempt represents a practical, lifesaving approach to prevent suicide.
Means Safety Checklist: Striving to Keep a Loved One Safe From Suicide

If you are concerned about how to keep yourself or a loved one who is thinking about suicide or has attempted suicide safe, this checklist offers a starting point.

### Means Safety Checklist

- **Learn the warning signs of suicide**
- **Have a conversation about suicide prevention**
- **Share crisis resources**
- **Keep medications securely stored at all times**
- **Dispose of unused, unwanted, or expired medications**
- **Review the steps to respond to a suspected drug overdose**
- **Keep guns securely stored**
- **Familiarize yourself with California law when considering storing a firearm outside the home**
- **Trust your instincts**
- **Remember you are not alone**

You are not alone. For immediate help call or text 988 or chat 988lifeline.org to reach the Suicide & Crisis Lifeline.
Striving for Safety: Firearms

Firearm Safety

Firearms are a leading method of suicide in the United States. Every step we can take to put barriers or “speed bumps” between someone’s thoughts of suicide and access to means to end their life reduces the risk of a suicide attempt. This page offers strategies to incorporate suicide prevention into firearm safety practices.

In the Home >

For Retailers and Ranges >
Informs community members about steps to prevent suicide including:

- Awareness and tools conversation
- Suggestions for safe storage
- Importance and strategies for storage outside of home
Striving for Safety: Firearms (Ranges and Retailers)

Provides recommendations for ranges and retailers:
• Promote suicide prevention (required by law to post NSPL)
• Offer trainings on suicide prevention
• Implement safe storage efforts
• Incorporate suicide prevention if firearm safety courses
• Resources for postvention guide
Informs community members about steps to prevent suicide including:

- Awareness and tools for conversation
- Steps for safe storage
- Safe disposal
Training for Pharmacists

One-hour training for pharmacists, available for free:

- Provides general information on recognizing suicide risk
- Reviews screening protocols using C-SSRS
- Provides opportunity to request hard copy of materials

To register, visit: http://www.yoursocialmarketer.com/pharmacist-gatekeepers/
In the Home

1. Take a good look around your home.
   - Check for areas that are prone to accidents, such as falls or choking hazards.
   - Remove any potential hazards that could cause injury.

2. Complete a safety 
   screening.
   - Use a tool like the National Suicide Prevention Lifeline or other resources available to assess the risk of suicide.

   - Be aware of any changes in behavior or mood that may indicate a risk.
   - Keep a watchful eye on anyone who may be at risk.

4. You are not alone.
   - If you or someone you know is in danger, reach out for immediate help.
   - Call 911 or contact a crisis hotline.

In Controlled Environments

1. A number of suicide prevention strategies can be put in place in controlled environments such as hospitals, jails, and prisons.

2. Learn to recognize suicide warning signs and risk factors.
   - Identify conditions and situations that may increase the risk of suicide.

3. Have suicide risk screening and assessment trainings and protocols in place to determine suicide risk levels.
   - Implement a system for screening and assessing suicide risk.

4. Conduct an environmental scan and implement safety technologies.
   - Review the physical environment for potential hazards.
   - Install safety barriers or other protective measures.

5. Have a postvention plan in place to guide the response if a 
   client, inmate, or staff member dies by suicide.
   - Ensure that a clear plan is in place for managing the aftermath of a suicide.

National Commission on Correctional Health Care, Suicide Prevention Portal

This website details requirements for a comprehensive, multipronged suicide prevention and intervention program in various settings: Jails, Prisons, Juvenile Facilities, Mental Health Services and Opioid Treatment Programs.

www.ncchc.org/
Striving for Safety: Signage and Barriers

Provides information, toolkits, and research related to implementation of safety barriers at various sites:

- Bridge and overpass barriers
- Parking structures
- Railway efforts
- Signage (examples)
Full-day Custom Training:

Risk Assessment and Safety Planning with the Columbia Suicide Severity Rating Scale (C-SSRS) and Stanley-Brown Safety Plan

4 Workshops (3 in-person, 1 virtually)
“It’s about saving lives and directing limited resources to the people who actually need them.”

- Dr. Kelly Posner Gerstenhaber, Founder and Director

For information on the substantial evidence supporting the Columbia Protocol, visit this site to access a Supporting Evidence document: https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/evidence/
STRATEGIC AIM 3: INCREASE EARLY IDENTIFICATION OF SUICIDE RISK AND CONNECTION TO SERVICES BASED ON RISK

- Goal 8: Increase detection and screening to connect people to services
- Goal 9: Deliver a continuum of crisis services within and across counties

Local and Regional Objectives

**Objective 8f** Deliver suicide prevention training to people who are in positions to identify warning signs of suicide and refer those at risk to mental health and substance use disorder services and culturally appropriate supports. Support youth gatekeepers by identifying trusted adults who can help them with next steps once a young person is identified as at risk. Provide people the opportunity to reinforce knowledge and skills acquired during training through periodic booster sessions. Build capacity and sustainability for suicide prevention training across systems using train-the-trainer models or evidence-based online trainings.

https://mhsoac.ca.gov/sites/default/files/Suicide%20Prevention%20Plan_Final.pdf
**Objective 8g** Screen people seen in health, mental health, and substance use disorder care settings for suicide risk and deliver best practices in suicide risk assessment and management to those who screen positive for risk. Such settings include state and local correctional facilities.

- Suicide screenings can follow positive results on other screening tools. For example, screening specific to suicide risk should follow positive screens for depression, anxiety, trauma, physical pain, and problem alcohol, drug use, and eating. Comprehensive suicide risk assessments follow screening.

- The Joint Commission recommended the use of screening and assessment tools that include the following: Ask Suicide Screening Toolkit (ASQ) by the National Institute of Mental Health; the Columbia—Suicide Severity Rating Scale (C-SSRS) Triage Version; Patient Health Questionnaire 9 (PHQ-9) Depression Scale; Suicide Behavioral Questionnaire Revised; Scale for Suicidal Ideation-Worst; and the Beck Scale for Suicide Ideation.²⁹

**Objective 8h** Integrate best practices in suicide risk assessment and management in health, mental health, and substance use disorder care settings and workflows. Create uniform policies and procedures to make screening, assessments, and decision-making routine. Clarify billing methods for services.

**Objective 8i** Deliver training to key action partners for conducting suicide screening in community-based settings when a person is identified as exhibiting warnings signs or communicating a desire to die. The Columbia-Suicide Severity Rating Scale has been adapted to meet the needs of diverse settings and populations and can be accessed for free here: [http://cssrs.columbia.edu/](http://cssrs.columbia.edu/).
C-SSRS: What is it?

• The Columbia Suicide Severity Rating Scale is a measurement tool designed to identify and measure suicide risk.
  • Presence of suicidal ideation (thoughts about suicide)
  • Intensity of those thoughts
  • History of suicidal behavior (attempts, preparatory bx)

• A handful of specific questions for each area help develop a sense of the client’s current risk level
How do we use these?

• Clearly and directly asking the questions from the assessment tool helps us get a picture of suicide risk.

• Simply asking these questions can help you and the person.

• Responses can help with treatment recommendations.

• Responses can be used to develop a safety plan and identify where more support is needed.

• Fidelity, Empathy, Curiosity, and Directness can help ground us in being successful in our use of these tools.
Goals of Effective Interactions/Interventions

- Identify and **boost protective factors** (where possible)
- Identify and **minimize risk factors** (where possible)
- Provide the person with individualized care and support
- Identify environmental, personal, and other **variables** that can boost or threaten safety (e.g. managing access to means for suicide).
- Start the process of **de-escalation and stabilization**
- Lower and determine the level of risk of the individual.
- **Appropriately triage** the response to the identified risk (guide safety plan recommendations)
- **Effective documentation** for continuity of care
### Risk & Protective Factors

**COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)**

*Pasner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelasny, Burke, Oquendo, & Mann*

© 2008 The Research Foundation for Mental Hygiene, Inc.

**RISK ASSESSMENT**

*Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.*

<table>
<thead>
<tr>
<th>Past 3 Months</th>
<th>Suicidal and Self-Injurious Behavior</th>
<th>Lifetime</th>
<th>Clinical Status (Recent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual suicide attempt</td>
<td></td>
<td>Hopelessness</td>
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<tr>
<td></td>
<td>Interrupted attempt</td>
<td></td>
<td>Major depressive episode</td>
</tr>
<tr>
<td></td>
<td>Aborted or Self-Interrupted attempt</td>
<td></td>
<td>Mixed affective episode (e.g. Bipolar)</td>
</tr>
<tr>
<td></td>
<td>Other preparatory acts to kill self</td>
<td></td>
<td>Command hallucinations to hurt self</td>
</tr>
<tr>
<td></td>
<td>Self-injurious behavior without suicidal intent</td>
<td></td>
<td>Highly impulsive behavior</td>
</tr>
</tbody>
</table>

**Suicidal Ideation**

*Check Most Severe in Past Month*

- Wish to be dead
- Suicidal thoughts
- Suicidal thoughts with method (but without specific plan or intent to act)
- Suicidal intent (without specific plan)
- Suicidal intent with specific plan

**Activating Events (Recent)**

- Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)
- Method for suicide available (gun, pills, etc.)
- Refuses or feels unable to agree to safety plan

**Describe:**

- Sexual abuse (lifetime)
- Family history of suicide (lifetime)

- Pending incarceration or homelessness
- Current or pending isolation or feeling alone
- Identifies reasons for living

**Treatment History**

- Previous psychiatric diagnoses and treatments
- Hopeless or dissatisfied with treatment
- Non-compliant with treatment
- Not receiving treatment
- Responsibility to family or others; living with family
- Supportive social network or family
- Fear of death or dying due to pain and suffering
- Belief that suicide is immoral; high spirituality
- Engaged in work or school

**Individual Risk Factors**

<table>
<thead>
<tr>
<th></th>
<th>Individual Protective Factors</th>
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</table>

**Notes:**
Screening Tools for Suicide Risk

Columbia Suicide Severity Rating Scale
Screener version with triage guidance
Online Options:

• On-line training module available through the Center for Practice Innovation (CPI) [here](#). Files for this training are also available for integration into internal Learning Management Systems by contacting the Lightouse Project team [here](#).

• Watch a webinar on your own schedule by going to the Project’s [YouTube channel](#) and selecting an archived webinar (less than 60 minutes).

• Download unlimited training videos to view or share for group training.
  • Training is available in over 30 languages and there is no limit on the number of downloads.
  • For English language training on the full and screener scales click on this [link](#), and then click on the “download” button in the upper-right corner to download it to your desktop (do not try to watch the video within the dropbox it will end early). A video training on just the shorter C-SSRS screener is also available if by clicking on this [link](#).
  • For training in other languages look in this [folder](#), select the language you desire and download the training by clicking on the “download” button in the upper righthand corner.

Training Considerations

Use of the Columbia protocol does not require prior knowledge or training; however, training is shown to be helpful for individual, organization, and community-wide use.

Trainings are not setting specific. Choose the method that works best for you or your group.

Note:
Specialized training and certification are available and required for use of the C-SSRS in research and clinical trials. Click [here](#) for more information.
Why? Means Safety and the Suicide Risk Curve

Most periods of suicide crisis are fairly short in duration. By putting time and space between a person and lethal means, a lethal attempt is less likely.

Suicide risk fluctuates over time

Risk is greater when:*  
- Thoughts are more frequent  
- Thoughts are of longer duration  
- Thoughts are less controllable  
- Few deterrents to acting on thoughts  
- Stopping the pain is the “reason”

Suicide Risk Curve by Barbara Stanley, PhD and Gregory Brown, PhD  
https://suicidesafetyplan.com/
Stanley-Brown Safety Plan
Stanley-Brown Safety Plan
https://suicidesafetyplan.com/

• Brief, collaborative intervention
• Conversation and cooperation between clinician and the suicidal individual
• Goal and purpose – help those who have or are experiencing a suicidal crisis to:
  ✓ Mitigate acute risk for suicidal behaviors
  ✓ Access appropriate coping strategies
  ✓ Identify and engage appropriate professional and personal resources

...all with the goal of decreasing the risk of suicidal behavior
STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:
1. 
2. 
3. 

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:
1. 
2. 
3. 

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:
1. Name: ____________________ 
   Contact: ____________________ 
   Place: ____________________ 
2. Name: ____________________ 
   Contact: ____________________ 
   Place: ____________________ 
3. Name: ____________________ 
   Contact: ____________________ 
   Place: ____________________ 

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:
1. Name: ____________________ 
   Contact: ____________________ 
2. Name: ____________________ 
   Contact: ____________________ 
3. Name: ____________________ 
   Contact: ____________________ 

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:
1. Clinician/Agency Name: ____________________ 
   Phone: ____________________ 
   Emergency Contact: ____________________ 
2. Clinician/Agency Name: ____________________ 
   Phone: ____________________ 
   Emergency Contact: ____________________ 
3. Local Emergency Department: ____________________ 
   Emergency Department Address: ____________________ 
   Emergency Department Phone: ____________________ 
   Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LEthal MEANS SAFETY):
1. 
2. 

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory A. Brown, PhD (2008, 2015)
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More than a checklist: Steps to Safety Planning

1. Conduct a risk assessment and obtain a description of a recent suicidal crisis to identify warning signs and how risk increases and decreases over time.

2. Review the Suicide Risk Curve and describe how the individual’s suicidal crisis corresponds to the risk curve.

3. Provide a rationale for a safety plan – to support during and after a crisis and to identify coping strategies and resources before a crisis to better manage the future crisis and allow time to pass without engaging suicidal behavior.

4. Describe the Development of a Safety Plan as a collaborative process between the clinician and the individual.
More than a checklist: Steps to Safety Planning

5. Complete the steps of the Safety Plan. (More to come on this…)

6. Explain How To Use the Safety Plan once it has been developed.

5. Discuss the Details of the Safety Plan: Discuss the location of the Safety Plan, who to share it with, the likelihood of its use and potential barriers. Confirm shared understanding.

6. Conduct a Follow-up Review of the Safety Plan to determine if it was helpful and needs revision.
Steps of the Stanley-Brown Safety Plan:

1. Recognize warning signs of an impending or worsening suicidal crisis
2. Employ internal coping strategies
3. Utilize social contacts as a means of distraction from suicidal thoughts
4. Contact family members or friends who may help to resolve the crisis
5. Contact mental health professionals or agencies
6. Make the environment safer by reducing the potential use of lethal means
7. Identify reasons for living (optional)
Support for Survivors of Suicide Loss

“Postvention is prevention for the next generation.”
Edwin Schneidman Ph.D. (1972)
Gratitude and Acknowledgement

- Evaluation Takeaways
- Next Steps & Continuing Activities
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