

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

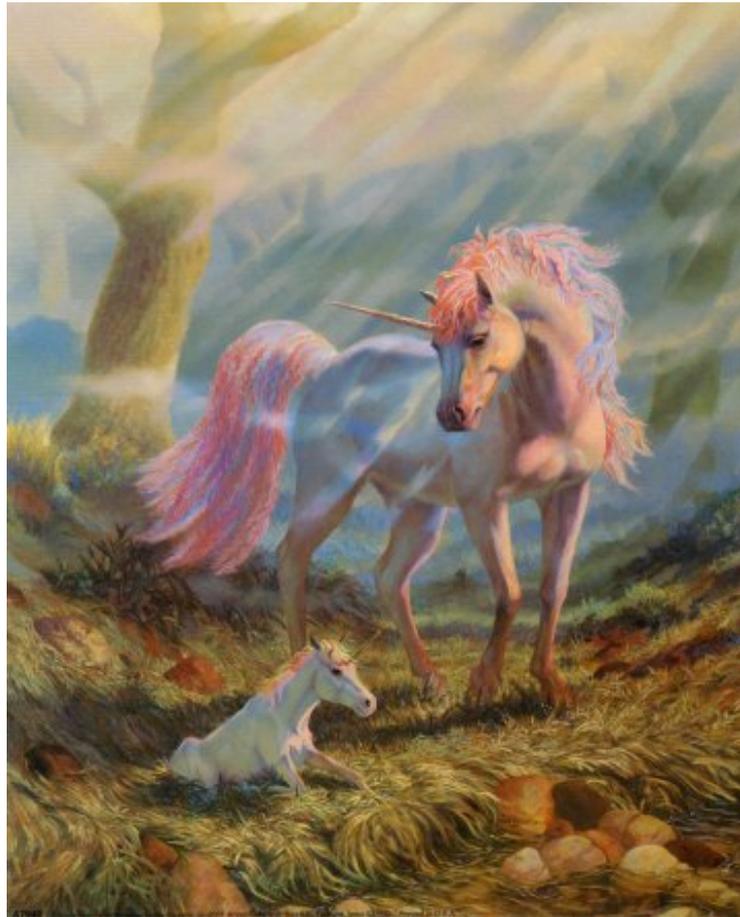
Pffft, Qualifications

- 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

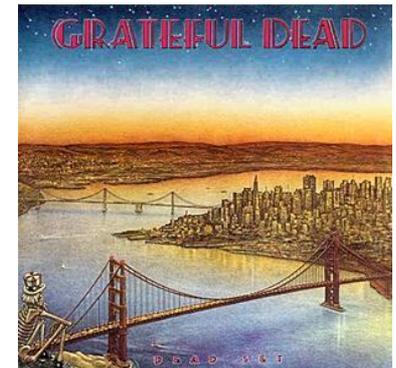
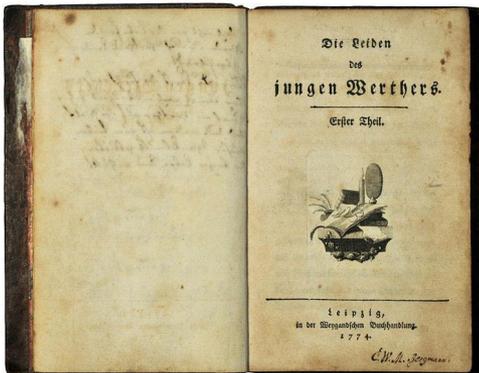


How I Got Here



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

"Committed"

Instead, use "completed" or "died by"

Suicide is **never the result of a single factor** or event

Suicide is the **result of extremely complex interactions** between psychological, social, and medical problems

Suicide results, most often, from a **long history of problems**

How We Should Say It

Don't present suicide as a **means to a certain end**, a valid **coping mechanism**, or an understandable **solution** to a specific problem

Don't make venerating statements out of context (e.g. "She was a great kid with a bright future.")

Do temper coverage of displays of grief

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	Hans Fischer	1945, nobel prize for chemistry
Paul Drude	1908, electromagnetism	Yutaka Taniyama	1958, modularity theorem
Clara Immerwahr	1915, chemical weapons	Jenő Egerváry	1958, combinatorial algo optim.
Aleksandr Lyapunov	1918, stability, physics, probability	Renato Caccioppoli	1959, differential calculus
Emil Fischer	1919, nobel prize for chemistry	Hessel de Vries	1959, radiocarbon dating
Clemens von Pirquet	1929, bacteriology, immunology	Percy Bridgman	1961, nobel prize for physics
Ludwig Haberlandt	1932, hormonal contraception	Jon Hal Folkman	1969, combinatorics
George Eastman	1932, eastman kodak	C.P. Ramanujam	1974, number theory
Paul Ehrenfest	1933, quantum mechanics	George R. Price	1975, game theory, geneticist
Wallace Carothers	1937, organic chemistry, nylon	D.R. Fulkerson	1976, network maximum flow
Lev Schnirelmann	1938, differential geometry	John Northrop	1987, nobel prize for chemistry
William Campbell	1938, NAS president, relativity	Valery Legasov	1988, chernobyl investigation
Paul Epstein	1939, epstein zeta function	Bruno Bettelheim	1990, jungian/freudian child psych
Wolfgang Doeblin	1940, markov processes	Andreas Floer	1991, manifolds, homology
Hans Berger	1941, EEG, alpha wave rhythm	Robert Schommer	2001, astronomy, astrophysics
R. Schoenheimer	1941, isotope tagging	Garrett Hardin	2003, tragedy of the commons
Felix Hausdorff	1942, topology, set theory	Denice Denton	2006, electrical engineering
Dénes König	1944, graph theory	Andrew E. Lange	2010, astrophysics

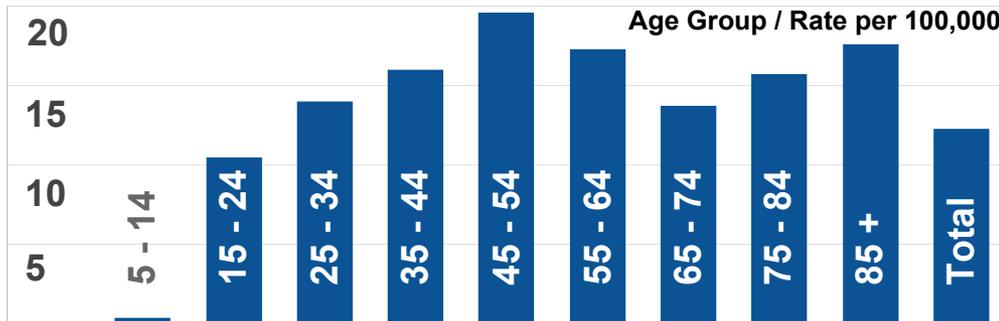
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The Numbers

Suicide Rate for All Age Groups (US), 2010

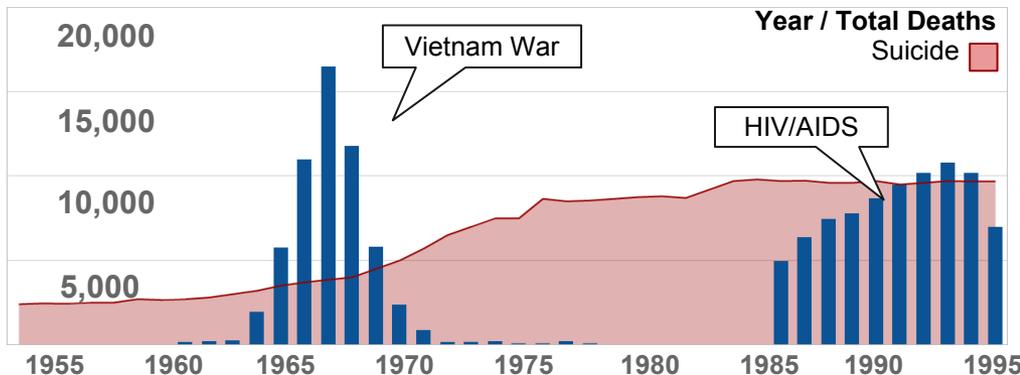


Tenth most common cause of death among the total US population

Third behind accidents and homicide for males age 15 – 24

Second only to accidental death among males age 25 - 34

Annual deaths in men age 18-34 (US)



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

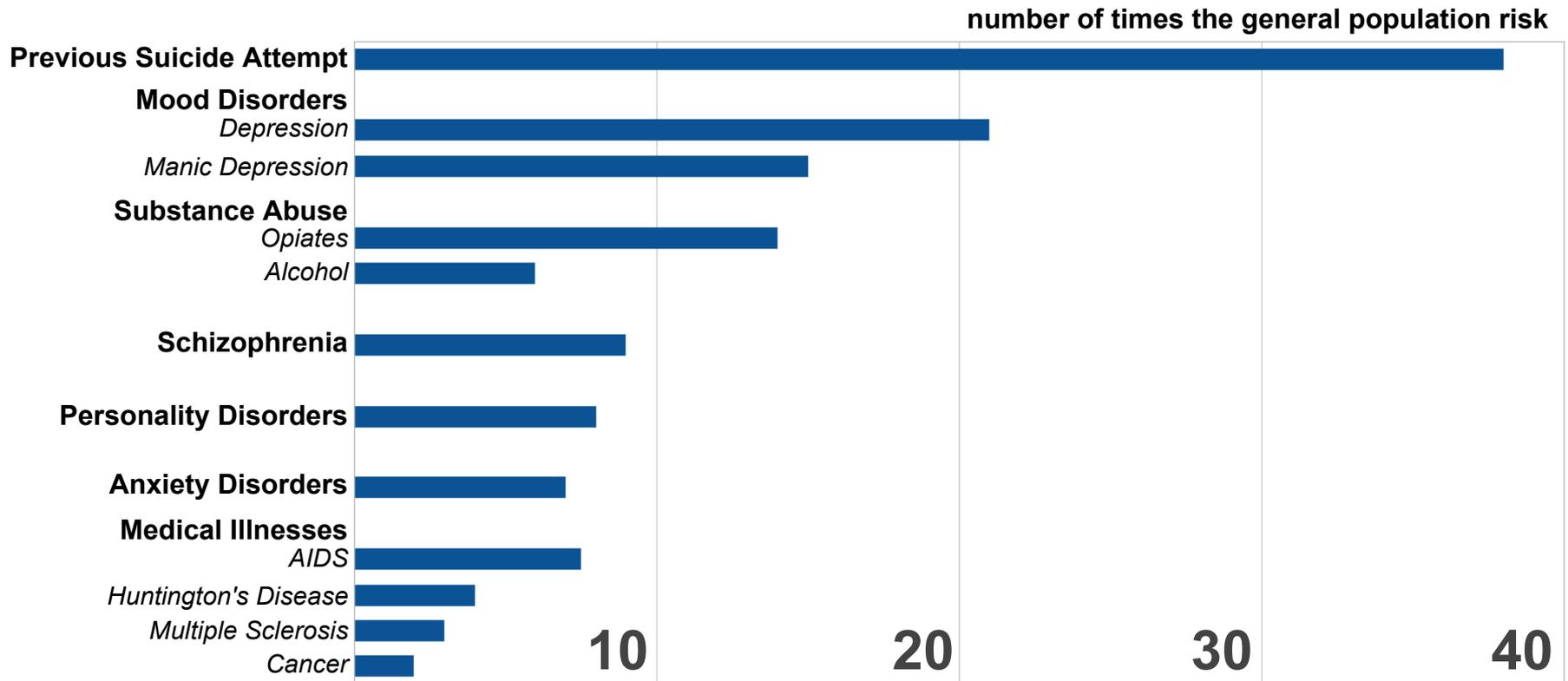
Continuous or episodic worries or fear about real or imagined events
Panic disorder, OCD, PTSD, social anxiety

Alcoholism / Substance Abuse

Physical dependence on drugs or alcohol

Clinical Stuff

Suicide Risk Correlation



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

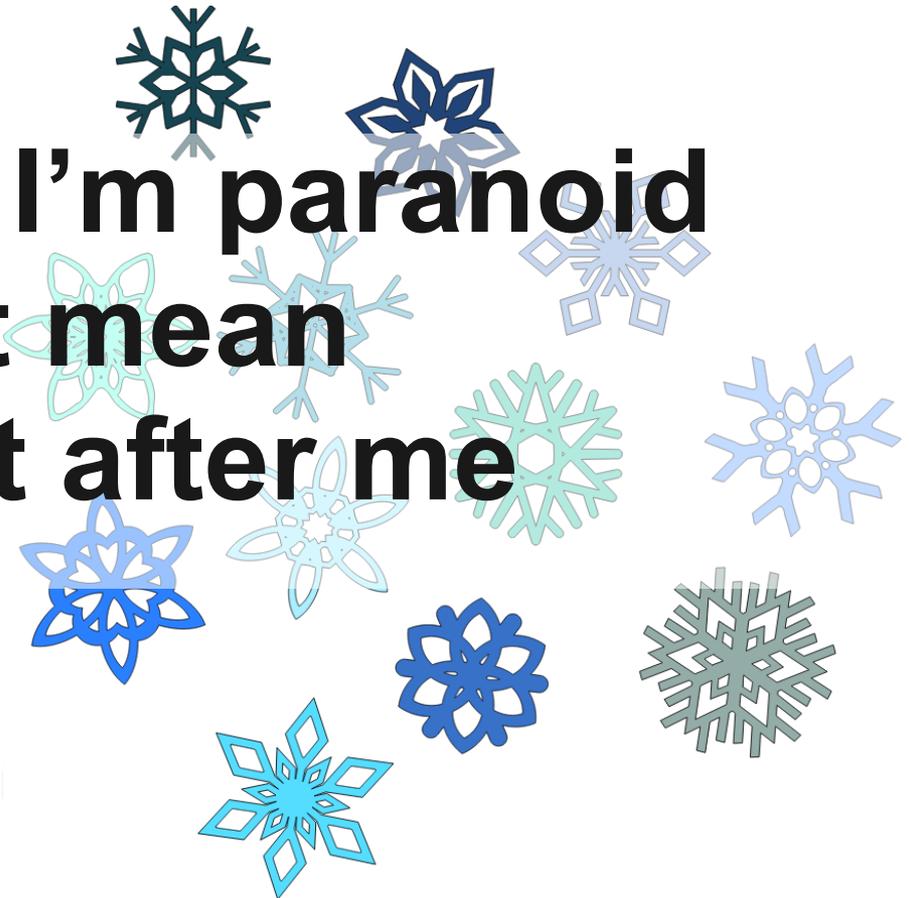
Our Community

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



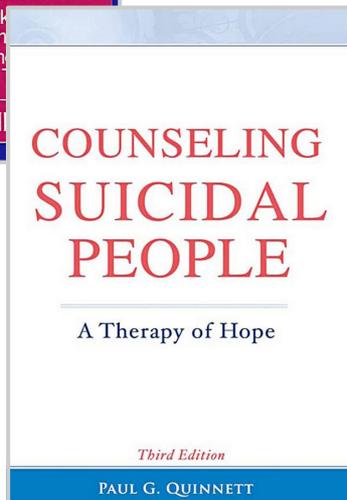
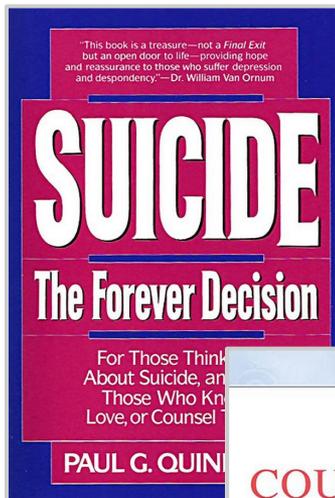
Our Community

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

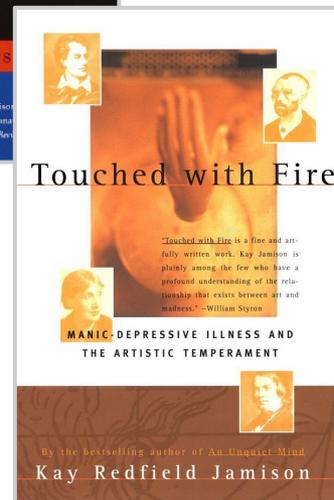
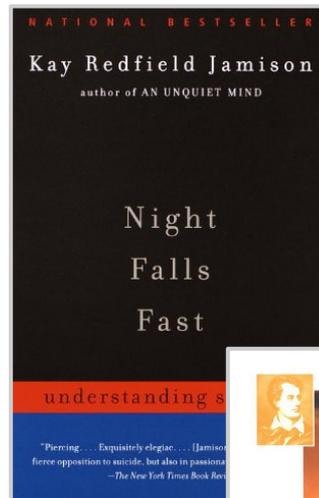


Further Reading

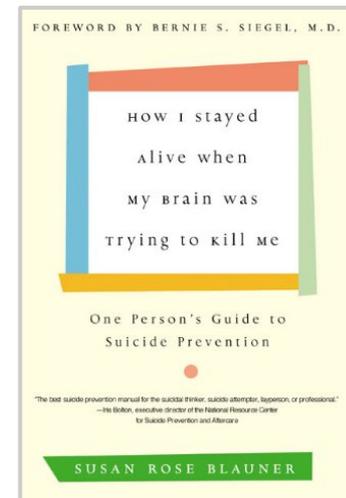
Paul Quinnett



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.casualiamia)
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 true. First things first, I don't know you. I am just some random guy on the internet who has never met you. I don't know your situation, your life story, your social habits, your favorite color, etc. here's the thing: Life is beautiful.

I'm not very religious myself, and I won't lie when I say that I like to think that what's beautiful, if not pretty exciting to wonder about. But we don't know what's there. No one prematurely will send you to an unknown place, and there is no coming back from that.

Also, don't get me wrong when I say "Life is Beautiful"; I know damn well how difficult it is to live with just a flick over to the other side of the coin. Life is beautiful. There's a lot of things that meet, love, hate, disagree, etc. But what do I know? I'm just a random guy on the internet who has never met you. But I will cry for you. Which, in itself, is a beautiful thing.

Either way, I wish you the best of luck. I hope you find what you're looking for.

permalink
[-] throwaway1937459
Thank you.

Quote:

If you are considering killing yourself you are obviously not giving a crap anymore. So... instead of killing yourself, just go the other way out.

Leave your house, leave the country, go on an adventure, do something awesome. Go kill a shark with a harpoon. You're going up against 100% death rate before, you're better off now.

Fook everything, the world is your oyster. Sometimes you just 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

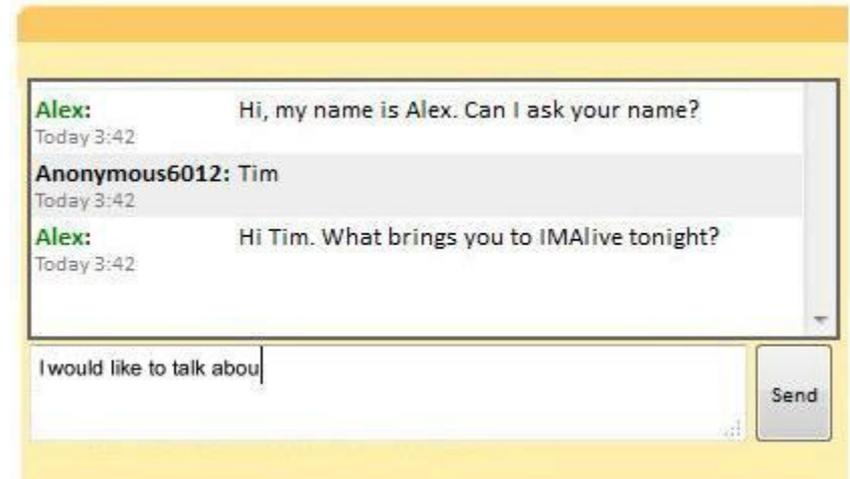
30% of callers to suicide hotlines hang up

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

- 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

Frientervention

- 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)

Counselor or Therapist	Treatment Availability	
Duty to Others	Difficulty of Access to Means	
Strong Relationships	Good Health	Job Security
Fulfilling Career	AA or NA Sponsor	
Fear of Death	Medication Compliance	Friends
Positive Self-Esteem	Support of Significant Other	
Safety Agreement	Calm Environment	Pets
Moral Prohibition	Responsibility for Children	
*** Sobriety ***		

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

- 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

Destructive

- 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
<input type="checkbox"/> Current ideation <input type="checkbox"/> Psychological pain <input type="checkbox"/> Hopelessness <input type="checkbox"/> Feels like a burden <input type="checkbox"/> Feels trapped <input type="checkbox"/> Feels intolerably lonely	<input type="checkbox"/> Attempt in progress <input type="checkbox"/> Plans to kill self with method known <input type="checkbox"/> Plans to kill others as well as self <input type="checkbox"/> Expressed intent to die <input type="checkbox"/> Preparatory behaviors <input type="checkbox"/> Has secured means <input type="checkbox"/> Practice with method
Capability	Buffers
<input type="checkbox"/> History of suicide attempts <input type="checkbox"/> Access to firearms <input type="checkbox"/> Exposure to death by suicide <input type="checkbox"/> History of or current violence toward others <input type="checkbox"/> Available means of killing self / others <input type="checkbox"/> Currently intoxicated <input type="checkbox"/> Substance abuse (recent / current) <input type="checkbox"/> Acute symptoms of mental illness <input type="checkbox"/> Recent dramatic mood change <input type="checkbox"/> Out of touch with reality <input type="checkbox"/> Not sleeping <input type="checkbox"/> Aggression / Rage / Impulsivity <input type="checkbox"/> Recent change in treatment	Internal <input type="checkbox"/> Ability to cope with stress <input type="checkbox"/> Spiritual beliefs <input type="checkbox"/> Core values / purpose in life <input type="checkbox"/> Frustration tolerance <input type="checkbox"/> Planning for the future External <input type="checkbox"/> Immediate supporting relationships <input type="checkbox"/> Strong community bonds <input type="checkbox"/> People connections <input type="checkbox"/> Familial responsibility <input type="checkbox"/> Pregnancy <input type="checkbox"/> Engagement with you <input type="checkbox"/> Positive therapeutic relationship
Estimated Risk Level: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH <input type="checkbox"/> 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

Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State

Immediate State

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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

Desire

Current emotion

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

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: _____

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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): _____

- Suicide in progress → Call 911
- Drug / Alcohol / Medication influence
- Potential suicide methods nearby
- Self harm in progress / just completed

Listen & Assess

Crisis Intervention Documentation & Suicide Risk Assessment

Suicidal Ideation & Intent

Immediate State

Suicide in progress -> Call 911 immediately & ascertain location
 Influence of drugs / alcohol. If yes, list: _____
 Potential suicide methods nearby

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: _____

Current Ideation

Current ideation
 Psychological distress
 Hopelessness
 Feels like a burden
 Feels trapped
 Feels terribly 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

Estimated Risk Level: LOW MODERATE HIGH UNCERTAIN

Outcomes & Next Actions

Persuaded to accept assistance? Yes No
If no, action taken: Emergency response initiated Resource mobilized Self-Discharge

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

Professional Referral: Current provider Provider in possession of _____
Willing to give up means to suicide (if in their possession): Yes No
Agrees not to use drugs / alcohol? Yes No No Control

PIC's Commitment to Safety: _____

Action Plan (be concrete): _____

- 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

Suicidal Capability & Desire

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

Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State

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- Self harm in progress / Just completed

Suicidal Ideation & Intent

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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:

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: _____

Depression

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

Suicidal Capability

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

Estimated Risk Level: LOW MODERATE HIGH UNCERTAIN

Outcomes & Next Actions

Convinced to accept assistance? Yes No

Proactive 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

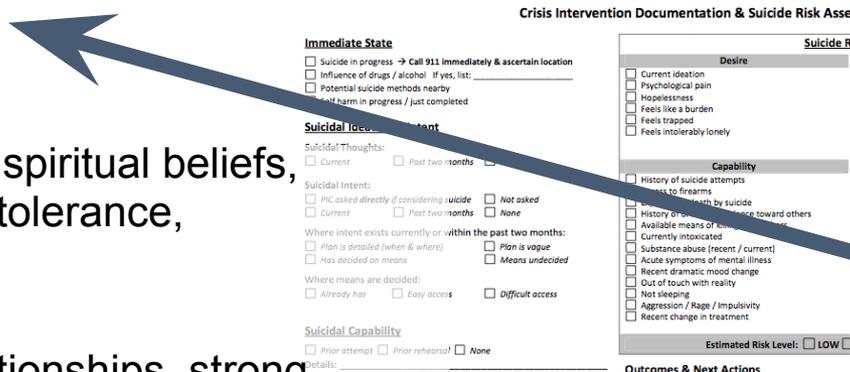
Buffers

- 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



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 _____

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)
- Has decided on means
- Plan is vague
- Means undecided

Where means are decided:

- Already has
- Easy access
- Difficult access

Suicidal Capability

- Prior attempt
- Prior rehearsal
- None

Details: _____

Suicide Risk Indicators

Desire	Capability	Intent
<input type="checkbox"/> Current ideation	<input type="checkbox"/> History of suicide attempts	<input type="checkbox"/> Attempt in progress
<input type="checkbox"/> Psychological pain	<input type="checkbox"/> Access to firearms	<input type="checkbox"/> Plans to kill self with method known
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> History of suicide by suicide	<input type="checkbox"/> Plans to kill others as well as self
<input type="checkbox"/> Feels like a burden	<input type="checkbox"/> History of suicidal thoughts toward others	<input type="checkbox"/> Expressed intent to die
<input type="checkbox"/> Feels trapped	<input type="checkbox"/> Available means of suicide	<input type="checkbox"/> Preparatory behaviors
<input type="checkbox"/> Feels intolerably lonely	<input type="checkbox"/> Currently intoxicated	<input type="checkbox"/> Practice with method
	<input type="checkbox"/> Substance abuse (recent / current)	
	<input type="checkbox"/> Acute symptoms of mental illness	
	<input type="checkbox"/> Recent dramatic mood change	
	<input type="checkbox"/> Not sleeping	
	<input type="checkbox"/> Aggression / Rage / Impulsivity	
	<input type="checkbox"/> 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 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): _____

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

Positive Relationships	Strained Relationships
_____	_____

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

Means decided on means Means undecided

Where PIC were decided: Already decided Easy access Difficult access

Suicidal Capability

Prior attempt Prior suicidal 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
<input type="checkbox"/> Current ideation	<input type="checkbox"/> Attempt in progress
<input type="checkbox"/> Psychological pain	<input type="checkbox"/> Plans to kill self with method known
<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Plans to kill others as well as self
<input type="checkbox"/> Feels like a burden	<input type="checkbox"/> Expressed intent to die
<input type="checkbox"/> Feels trapped	<input type="checkbox"/> Preparatory behaviors
<input type="checkbox"/> Feels intolerably lonely	<input type="checkbox"/> Has secured means
	<input type="checkbox"/> Practice with method

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

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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