

Intervention Protocols For a Person at Risk of Suicide

BACKGROUND & PURPOSE OF THESE PROTOCOLS

Background: In the course of performing their professional duties, SASH staff may encounter a person experiencing suicidal ideations or suicidal thoughts, at risk for suicidal behavior, attempting a suicide or having died by suicide. This protocol covers intervention during a suicidal crisis and prevention of suicidal behavior. **This is a companion document to “Post-Suicide Protocols for SASH Staff,”** which provides guidance on responding after an attempted suicide or a death by suicide.

Purpose: Maintaining and reviewing protocols on what to do under stressful circumstances helps us respond quickly, appropriately, and effectively. Clear, specific protocols provide the steps to take and inform your knowledge of why these evidence-based steps are the recommended best practice.

Many steps in these protocols depend on a solid, basic knowledge of the warning signs of suicidal thoughts and actions. All SASH staff acquire this knowledge, as well as basic facts about suicide and suicide risk and protective factors, through C-SSRS and Gatekeeper trainings. The following six appendices are an essential part of these protocols:

- Appendix A: Warning Signs
- Appendix B: Sample Verbal Responses
- Appendix C: When It May Be Unsafe for You to Help
- Appendix D: Risk Factors
- Appendix E: Protective Factors
- Appendix F: Resources

These protocols are based on samples provided by the Vermont Suicide Prevention Center at <https://vtspc.org/suicide-resources/professional-protocols/>

RESPONDING TO A PERSON AT RISK OF SUICIDE

A person is considered “at risk of suicide” when:

- They talk about suicidal thoughts or show warning signs (**Appendix A**).
- They tell you about their own suicidal thoughts.
- You have observed some of the warning signs noted in Appendix A.
- You hear from another person that they have suicidal thoughts/intentions are exhibiting warning signs.

This may happen during an annual assessment/reassessment or at any other time.

STEP 1: Screen the Person for Risk, Employing the C-SSRS (Columbia-Suicide Severity Rating Scale)

Question 1: *Have you wished you were dead or wished you could go to sleep and not wake up?*

- SKIP THIS QUESTION IF you asked this question during their most recent assessment and they replied “yes.” (Simply check the YES box and move on to Question 2.)

Question 2: *Have you had any thoughts of actually killing yourself?*

- Make sure the way you say “actually” in this question does not come across as judgmental. It is important to remain neutral during conversations about suicide because it gives a clear message to the person that they can talk openly to you about suicide without fear of being judged.
- Use straightforward terms such as “kill yourself,” “end your life” and “suicide” in order to make sure the person is clear about what you are asking.
- Watch closely for the person’s reaction to your questions, and to the terms “suicide” or “kill yourself” or “hurt yourself.”
 - If the person is uncertain, hesitates or does not respond, consider that a “yes.”
 - If the person “maybe” or “sometimes,” consider that a “yes.”
 - Consider these questions, which also may indicate a “yes”:

- Do they get defensive or angry at you for asking?
- Do they avoid your eyes or turn away?
- Do they get nervous or upset with their answer?
- Do they tear up or begin to cry?
- Does their body language match if they say “no”?
 - **If YES, proceed to Questions 3, 4, 5 and 6.**
 - If the person says “**NO**, I am not suicidal,” do you believe them? Trust your gut reaction. If a person is not at risk for suicide, they typically will give a definite response.
 - **If NO and you believe them, proceed to Question 6.**

A person expressing suicidal intent or risk may be under the influence of alcohol, drugs, prescription medications and/or other substances. **If you believe a person in crisis is drunk, high or otherwise compromised, and they show suicidal intent or make suicidal statements, treat the situation as an immediate emergency and call 911.**

Question 3: *Have you been thinking about how you might do this?*

- *Sample answer:* “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.” (In this case, the answer would be “yes.”)
 - Indicate **YES** or **NO** in the checkbox and move on to Question 4.

Question 4: *Have you had these thoughts and had some intention of acting on them?*

- *Sample answer:* “I have the thoughts but I definitely will not do anything about them.” (In this case, the answer would be no.)
 - Indicate **YES** or **NO** in the checkbox and move on to Question 5.

Question 5: *Have you worked out (or started to work out) the details of how to kill yourself? Do you intend to carry out this plan?*

- A “yes” response to either statement indicates a “yes” response.
- Indicate **YES** or **NO** in the checkbox and move on to Question 6.

Question 6: *Have you ever done anything, started to do anything, or prepared to do anything to end your life?*

- If the answer is “yes,” ask them to tell you what they did and when it happened.
- *Sample responses may include:* 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 my mind, held a gun but it was grabbed from me, went to the roof but didn’t jump; or: actually took pills, tried to shoot myself, cut myself, etc.
 - Indicate **YES** or **NO** in the checkbox. If “yes,” indicate if it was in the past six months.

STEP 2: Review the C-SSRS Guidelines (on STAR) to Determine Risk Level and Develop Interventions

- If only yellow boxes are checked on the form, follow the guidelines document for **LOW** Risk.
- If yellow and orange boxes are checked, follow the guidelines document for **MODERATE** Risk.
- If any red boxes are checked, follow the guidelines document for **HIGH** Risk.

STEP 3: If the Person Is at Moderate or High Risk, Connect Them to Help

Someone with both a plan and the means to carry out a suicide needs professional help as quickly as possible. The risk is **HIGH** for an attempt. Treat this as a mental health emergency and contact the person’s counselor or doctor, the national suicide prevention line, local crisis lines or, if none of these options is appropriate, call 911. Wait with the person until the outside help arrives.

What If They Refuse Help?

A legal adult in our society always has the option of refusing treatment. If you believe the person is a significant danger to themselves or others, you should proceed with Step 3 above and contact professional help. The participant can decide with that person whether they will accept treatment.

If you are concerned about patient privacy regulations, remember that both HIPAA and FERPA have specific exclusions that allow the sharing of Protected Health Information (PHI). If you believe in good faith that the person is a danger to self or others, and you believe in good faith that the individual(s) with whom you are sharing the information are reasonably able to lower the threat, this meets the threshold for an exclusion.

STEP 4: Document

Following a response to an emergency of this nature, it may be important for you to professionally and for your organization to document the event and your responses, for reporting and/or liability reasons.

- Document each step you took.
- Determine whether you should provide your documentation to others — e.g., the person’s mental health counselor, the local mental health crisis team and, if the person was admitted for care, the hospital staff.

STEP 5: Reach Out to the Person after the Crisis

Suicide-prevention research shows that ANY form of contact from people who helped during the crisis has a positive effect, even if only briefly. Therefore, if it is safe and appropriate, get in touch with the person following the crisis.

- Visit in person. Call them on the phone. Write them a note or postcard. Send an email.
- Don’t be stopped by “I don’t know what to say.” Ask how they are doing, tell them you are glad they are safe, and you are calling just to say hi. You don’t have to sit and talk for an hour. The important thing is to make contact and check in soon after the crisis.

STEP 6: Self-Care

Self-care can help prevent the combined forces of mental, emotional, and physical exhaustion — otherwise known as burnout. Social-service professionals are especially susceptible to burnout due to the high levels of empathy their jobs require and the fact that they often work with clients who are in crisis. (See “Why Self-Care Is Vital for Social Service Professionals” at <https://socialwork.simmons.edu/blog/self-care-for-social-service-professionals>.) Here are some options for self-care:

- Talk to your supervisor, implementation manager or the SASH administrative team.
- Contact your Employee Assistance Program.
- Practice self-care activities such as engaging in physical activity, maintaining a routine, eating a well-balanced diet, getting the proper amount of sleep, and practicing mindfulness.
- Access resources on the following websites:
 - www.vtspc.org
 - <https://mental.health.vermont.gov/suicide-prevention>
 - www.sprc.org/states/vermont
 - www.samhsa.gov/suicide-prevention