

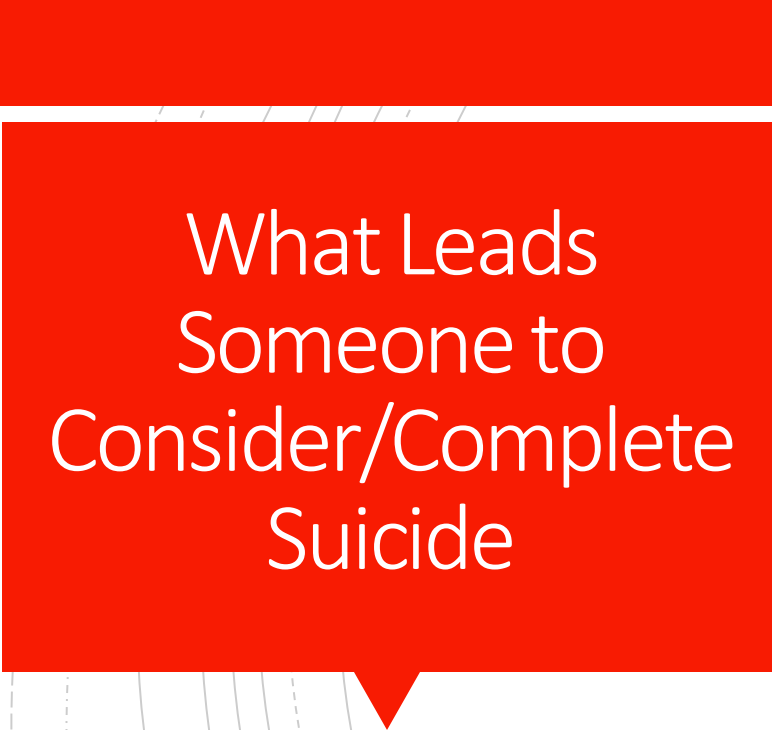


Suicide Refresher for Volunteer Counselors

February 2025

Agenda

- **What Leads to Suicidal Thoughts**
- **Warning Signs**
- **How to Handle a Suicide Call**
- **Lethality Assessment**
- **Buffers to Suicide**
- **Formulating a Safety Plan**
- **Suicide Follow Up/Outreach Calls**
- **Important Takeaways**

A red speech bubble graphic with a white outline, containing white text. The bubble has a tail pointing downwards and to the left.

What Leads
Someone to
Consider/Complete
Suicide

Health

Mental Health Conditions

Serious Illness or Chronic Pain

Traumatic Brain Injury

Environmental

Access to Lethal Means

Prolonged Stress (including Bullying, Unemployment,
etc.)

Stressful Events or Sudden Losses

Exposure to Suicide

Lack of life experience (esp. for young people)

Historical

Prior Suicide Attempt

Family History of Suicide

Childhood Abuse, Neglect, or Trauma

Beliefs That Can Lead to Suicidal Thoughts

Overwhelmed

- *"There's too much going on at once."*

Helpless

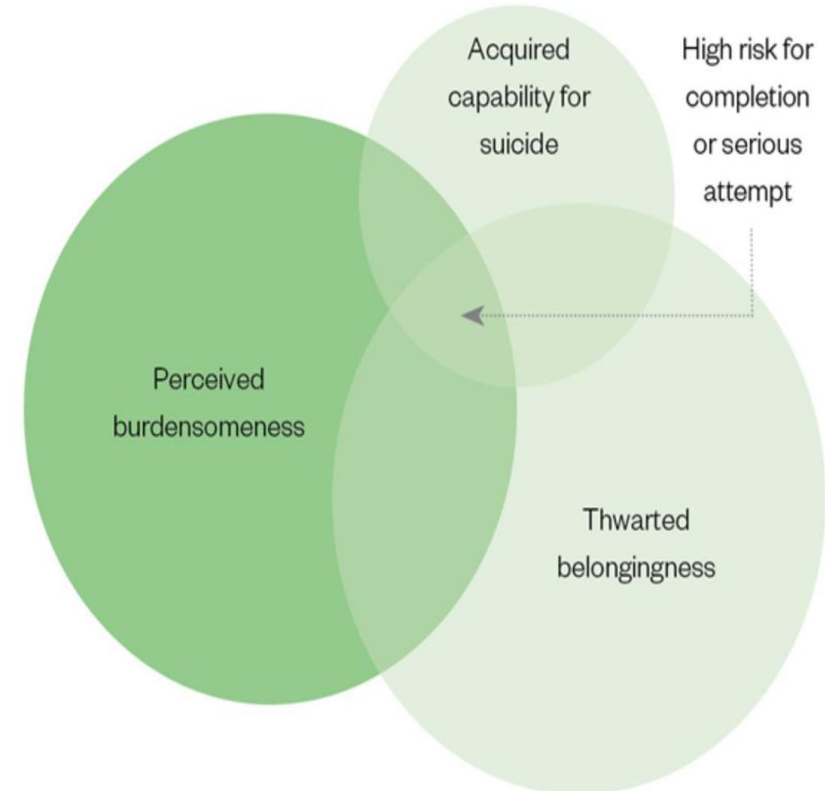
- *"I don't know what to do."*
- *"I can't help myself anymore"*

Hopeless

- *"Nobody can help me."*
- *"There's no way out of this."*

Dr. Thomas Joiner's tested theory proposes that an individual will not die by suicide unless they have both the desire to die by suicide and the ability to do.

The Interpersonal-psychological theory of suicidal behavior, by Dr. Thomas Joiner (2005)





Warning Signs That
Someone May Be
Suicidal

Talk

Killing Themselves
Feelings Hopeless
No Reason to Live
Burden to Others
Feeling Trapped
Unbearable Pain

****Sometimes a person won't say they are suicidal, but will say "red flag" words. It is our job to pick up on those words****

Behavior

Increased Substance Use
Researching Suicide
Withdrawing from Activities
Isolating from Friends/Family
Sleeping Too Much/Too Little
Saying Goodbye, Getting Affairs in Order
Giving Away Prized Possessions
Aggression or Fatigue

Mood

Depression
Anxiety
Loss of Interest
Irritability
Humiliation/Shame
Irritability/Anger
Relief/Sudden Improvement

Warning Signs That Someone May Be Suicidal

Urgent Warning signs include:

- Development of a specific plan (especially a very detailed, thought-out plan)
- A sudden lift in depression without counseling and/or medication
- Making final arrangements (goodbyes, notes, funeral planning)
- Giving away prized possessions

Basis of Prevention/Intervention

- Vast majority of suicidal people do not want to die, most just want the pain to stop. “It’s understandable you want the pain to stop. It sounds like you can’t think of another way out of it right now”
- Ambivalence is the most prevalent emotion “It sounds like a part of you wants to live”
- It’s the counselor’s job to use our active listening skills to be there for the client, attend to their feelings, and intervene if necessary

How to Handle Suicide Calls

Step 1: Establish Relationship With the Client

- Support the person for having contacted
- Be Accepting, warm, supportive and non-judgmental. Do this by using attending skills and exploring, reflecting feelings
- Demonstrate confidence and concern. Let them know you are not afraid to talk about how they're feeling or what they're going through.

For example:

- **Counselor: "Hotline this is ____"**
- Client: Hi, I'm feeling so hopeless
- **Counselor: You're feeling hopeless today... my name is __ what's yours?**
- Client: My name is ____ . And yeah, I just cant take life anymore
- **Counselor: "Well (name), it's great that you called here today to talk about your feelings of hopelessness and not being able to take life anymore. Tell me what's going on that you're having these feelings"**
- Client: Well I'm failing school, I got left off the baseball team, my parents are constantly fighting about my failures and I'm such a burden to everyone...there's so much more too. I wish I wasn't here anymore.
- **Counselor: It sounds like you're feeling overwhelmed and helpless. It also seems like you're feeling alone and that you can't talk to your parents. Sometimes when people feel the feelings you're describing, they also think about suicide. Are you feeling like you want to kill yourself today?**

(example continued on slide 13)

How to Handle Suicide Calls

Step 2: Center on the Suicidal Thoughts/Assess the Degree of Risk by using a lethality assessment.

- Ask the Caller: **“Sometimes when people feel the way you are feeling, they think about suicide. Are you thinking of killing yourself?”**
- If yes, Counselors must begin a full lethality assessment. Any answer other than “no” should be explored as a “yes”.

It’s good to reflect back the client’s own words or feelings preceding the questions about suicide.

- **ALL** people calling on 988 should be assessed for suicidal thoughts, regardless of the topic they are calling about.

How to Handle Suicide Calls

Step 2 Continued: Center on the Suicidal Thoughts/Assess the Degree of Risk by using a lethality assessment.

Assess for Current Plan: How are you planning to kill yourself?

- Find out what they are planning and when they are planning to do it. The more thought out/detailed/bizarre the plan, the higher the lethality.

Assess for Priors: Have you ever tried to kill yourself before?

- If yes, find out “How many times have you attempted”, “How did you attempt”, “What happened after”, “Who knows about it”.

All of these questions help us understand their comfortability with the idea of completing suicide and help us remind them that they have possibly been in this spot before and were able to overcome the feelings. It opens a door for us to make that connection for them.

Assess for Method: What are you going to use to kill yourself?

- This may have already been answered when asking about their plan

Assess for Means: Do you have the (method- gun, pills, etc) with you now?

- If the client has the means with them, the lethality may be higher. If they do have the means present, it’s okay to ask them to put it in another room while you speak “You mentioned you have a knife, how would you feel about putting that in a different room while we speak” “You mentioned you had pills with you. Now that we’ve been talking a bit, how would you feel about flushing those pills down the toilet?”. The less likely they are the move away from the means, the higher the lethality.

How to Handle Suicide Calls

Step 2 Continued: Center on the Suicidal Thoughts/Assess the Degree of Risk by using a lethality assessment.

Assess for Losses: What's been going on in your life that's making you feel like you want to kill yourself?

- This might have already come out when you were establishing a relationship with the client.
- Suicide is often precipitated by losses. Sometimes the client needs to hear that they have the right to feel overwhelmed by these losses.

Assess for Buffers: What Might Keep Them From Completing Suicide?

- Are you currently seeing a therapist/counselor? Who in your life knows about this?
- If yes: Do they know you're feeling suicidal? If no: "How would you feel about talking to someone on a long-term basis about how you're feeling?" "How would you feel about telling ___ you're feeling this way?" etc.

Keep in mind, we don't want the lethality assessment to sound like an interrogation. We want to keep using our active listening skills and feeling skills when attaining this information.

How to Handle Suicide Calls

Example Continued:

Counselor: So you've told me you're having thoughts of suicide today. Have you thought of a plan on how you would kill yourself?

Client: Well, I have some pills in the bathroom I could take from when I had oral surgery. They're pretty strong, I know they would do the trick. I looked it up and I know with my height and weight, I would need to take 6. I'd probably also wash it down with some vodka I have under my bed just to make sure it works.

Counselor: It sounds like you have given this a lot of thought, however you called here today to talk about this, so it seems like a part of you wants to live. It takes a strong person to pick up the phone and ask for help. Have you ever tried to kill yourself in the past?

Client: Yeah, I actually tried 3 weeks ago.

Counselor: So you tried to kill yourself 3 weeks ago. Tell me how you tried to kill yourself?

Client: I tried to hang myself, but I chickened out and got down. My mom heard stuff slam off my dresser and came in. She took me to the hospital. But I'm not going to fail at suicide this time. I just can't take it all anymore.

Counselor: So your mom knows about the attempt and took you to the hospital. It sounds like that was a scary situation for both of you, but it also seems like even 3 weeks ago there was that part of you that wanted to live, and that's the part we can talk about today. What happened when you got to the hospital?

Client: They gave me meds and I am waiting for a therapist to call me. It's all hopeless though.

LICC Model of Lethality Assessment

Low:

- Person has suicidal thoughts (ideation)
- No concrete plan and/or means
- No prior attempts, or priors from very long ago
- They have buffers against suicide and can keep themselves safe

Medium:

- Person has a plan (most likely vague) but may not have the means to carry it out
- Means are not readily available, even if they are accessible
- Has recent and/or multiple attempts
- Some buffers against suicide and can plan to keep self safe

High:

- Person has a concrete plan and the means available to carry it out
- They may have already taken steps to end their life
- They refuse to get rid of means
- Recent and/or multiple priors
- Unable to identify buffers
- Cannot plan for safety

Lethality Is High-
Intervention Might
Be Needed

Step 3: If after performing the lethality assessment you determine their lethality is high:

- Try to get as much identifying information as you can while still attending to feelings. Determine if they are alone.
- Ask the client if they would like us to send help. If yes, ask for their address and follow the directions for contacting a supervisor that can be found in the counselor manual. The supervisor will call the police.
- If they say they would not like you to send help, but you feel they are at imminent risk, contact a supervisor for consultation.
- Stay on the phone with the caller until help arrives or the call resolves in another way.

Lethality is Low,
Medium, or it is
Ideation

Step 4: If you determine lethality is low, medium, you are able to de-escalate a high lethality situation, or find the client is experiencing ideation begin crisis intervention to learn more about the client's situation.

- Listen to words and feelings
- Encourage the expression of feelings
- Help identify the problems
- Let the client know that suicide is a permanent solution to what could be temporary problems
- Point out the clients' strengths
- Find out what is still meaningful for the person (buffers)
- Explore the persons resources- make sure they know they can call us back if they're thinking of suicide again
- Offer a follow up call
- Explore catharsis-A temporary sense of relief even though nothing has changed yet. "It was a positive step you took by calling here tonight. However there's a chance these feelings may come back- what do you think you can do if these feelings come back?"
- Give the 24/7 rap

Exploring Buffers to Suicide

Immediate Support

Who do you think could help you right now?
How could you get in touch with them?

Social Supports

Who is the closest person in your life? How would you feel about telling them how you're feeling?

Do you have a therapist or counselor that you want to contact?

What does your therapist tell you to do when you start feeling this way?

Future Plans

What is one thing you wanted to accomplish that you won't be able to if you kill yourself?

What are some of your hopes for the future?

What would you like to accomplish before you die?

Ambivalence for Living

Even though you are thinking about dying, what things in your life might make you want to go on living?

Although part of you may think you want to die, part of you wants to live, or you would not have told me how you are feeling. Tell me about the part of you that wants to live.

Core Values

You mentioned before that you're very close to your (friend, mother, daughter, brother, etc.) If (loved one's name) told you that they were thinking of killing themselves, what would you tell them?

Open Ended Questions to Point Out Buffers

To assess hopelessness “Looking into the future, who or what do you think would help make things better?”

To assess helplessness “What can you do to make things better?” “Who can help you make things better?”

To assess perceived burden on others “What’s stopping you from telling your family/friends/etc. how you’re feeling?”
Be aware that a client may say that they don’t want to tell their loved ones because they don’t want to feel like a burden or because their family/friends will be better off without them. If this happens, don’t try to convince them otherwise.
Simply say:

“It sounds like you feel like your _____ (family, friends, etc.) might be better off without you. But studies show that suicide-loss survivors are at increased risk for a variety of psychological complications, including suicidal behavior.”

To assess trapped feelings “Suicide is an option you have. However, there are always other options, even though they might not seem so great. Let’s talk about some other options and see if there’s anything that seems better than suicide”

Safety Planning

Step 1: Warning signs (thoughts, images, moods, situation, behavior) that a crisis may be developing:

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (ex: relaxation technique, physical activity)

Step 3: People and social settings that provide distraction: (these should be social people – not people you would share your suicidal thought with)

Step 4: People whom I can ask for help: (these should be people you would feel comfortable sharing your suicidal feelings with)

Step 5: Professionals or agencies I can contact during a crisis:

Referrals can be offered here

Other supports:

Middle Earth Hotline: 516-679-1111

988 (to speak to a crisis counselor)

911 (for immediate dispatch of help)

Step 6: Maintain safe environment: eliminate the means, avoid unsafe people and unsafe locations that could trigger suicidal intent

Step 7: **The one thing that is most important to me and is worth living for:**

Validate how hard it can be to commit to safety. It is ok if they cannot remain safe from suicide forever. They only need to plan to stay “safe for now”, for the immediate future.

Offering a Follow Up Call

- A check in call to a client who was feeling suicidal
- Offered to First party callers
- Any counselor can make these outgoing calls, as assigned by admin. staff
- Follow up forms will auto-populate in the Yellow Ribbon on InfoBase.

Criteria:

- Any suicidal person, anywhere, can be offered a follow up call. (within the U.S.)
- Any lethality is acceptable for a follow up call

Third Party Suicide Calls

A third party is someone who calls concerned about someone else and usually wants to know what they can do to help that person. You can tell them:

- It's okay to talk about suicide. It's not going to put the idea in their head. Educate the caller about the signs
- Your friend/family member is asking for help. Perhaps they are doing it in a desperate way, but they still need help. It's dangerous to think they are just looking for attention
- If your friend/family member were recently put on medication for anxiety/depression etc. it's important to know that medication may not work until 6 weeks. If they're not feeling better right away it's not necessarily because it isn't working.
- It's important not to be misled by a sudden positive mood change without any outside intervention
- It may be necessary to monitor them closely until they are able to receive help

Third Party Suicide Calls

- You are not responsible for what someone else does. What you can do is help them get in touch with someone who is specially trained to help them. By calling here you took a big step in a positive direction, however if they are unwilling to get help for themselves, it's ultimately their choice. You can only do so much to try to help them.
- It's important for you to try to get help for your friend. This may mean breaking their trust if they told you to keep their suicidal thoughts and plans a secret. The person may feel you betrayed them by telling a professional/adult/their parents however if they are alive there will always be time to repair the friendship/relationship
- How would you feel about giving them our phone number/online chat
- Our agency has a suicide outreach team where specially trained counselors can call the person you are worried about and try to see if there's anything we can do to help. I would need some information from you about your friend and our counselors will reach out within the next few days. From here you will fill out the form in InfoBase.
- If you feel this person is in imminent danger, you can call 911

Third Party Suicide Calls

During 3rd party suicide calls it's important to remember there are 2 clients-the suicidal person and the person calling. You want to find out all you can about the suicidal person (information to complete a lethality assessment if possible) and let them know it's okay if they don't have all the information. Remember that you want to support the 3rd party for calling, attend to their feelings and explore their support system, as it's not easy for them to carry this around.

Offering Suicide Outreach Calls

- Third party calls
- Only specially trained counselors can make these calls
- Outreach forms will auto-populate in the Yellow Ribbon.

Criteria

- People living in Nassau, Suffolk, or the 5 boroughs can be offered an outreach call
- Any lethality is acceptable for an outreach call

Important Takeaways

When speaking to someone who presents as suicidal, it can be normal to want to jump into action and get them to some sort of a safe resolution. When we jump to resolution too quickly, it can be easy to forget to use our basic counseling skills.

These skills (active listening, feelings, open ended exploring questions) are crucial to forge a connection with the caller in crisis. They want to be heard-that's why they're calling us.

While it is important to do a timely lethality assessment, it is also important to never lose your empathetic contact with the client. And remember, when in doubt, summarize 😊

If you are feeling unsure of what to do, or are feeling stuck on a call, reach out to a supervisor on call. That's what we're here for! It's easier for us to help you in the moment than after the call has ended.

Weekday Google Voice number – (516)847-5590

Weekend Google Voice number – (347)871-1520

Ask to debrief with a supervisor after a particularly hard call.

Use the resources in the counselor manual, especially the suicide section, the feelings wheel, and even the Marathon Stuff section if you're feeling lost. You'll notice the "How to Handle a Suicide Call" steps are very similar to our MESFEOCA (hourglass) skills.