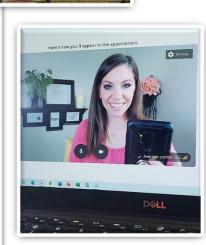


Carrie Breedlove MS, LPC

EMDR Trained







Overview

PREVENTION

INTERVENTION

SAFETY PLANNING

POSTVENTION

BREEDLOVE COUNSELING, PLLC

CARE REMINDERS

- Your history
- Take a break

Seek support



DEFINITIONS

- Passive thoughts of death wish to be dead, wish to go to sleep and not wake up
- Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.



- A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- Suicidal ideation refers to thinking about, considering, or planning suicide.

SUICIDE: US Statistics

- 10th leading cause of death in the US
- In 2019 there were an estimated 47,500 deaths by suicide in the US. (1 every 11 min)
- 12 million contemplated
- 3.5 million planned an attempt
- 1.4 million attempted (2019)

AGE/GENDER

- Highest in middle-aged white men
- Higher among adults age 45-64 years old, highest among ages 52-59
- Men tend to complete more, women tend to attempt 1.5 times as often
- 7.4 % of youth in grades 9-12 reported at least one suicide attempt in the past 12 months



YOUTH

- Female students attempted almost twice as often as male students
- Black students reported the highest rate of attempt
- Approximately 2.4% of all students reported making a suicide attempt that required treatment by a doctor or nurse.



ETHNICITY

- Highest, White 16.84
- Alaska Native/American Indian 14.12
- Asian/PacIfic Islander 7.16
- Black African American 7.03

(based on rate per 100,000)

SUICIDE: Global Statistics

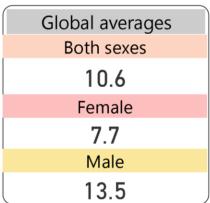
- Globally 800,000 people die from suicide every year that's twice the number from homicide.
 (One person every 40 seconds)
- The suicide rate for men is twice as high as for women.
 In many countries this ratio is even higher.
- Self-poisoning from pesticides have had a large toll, particularly in low-to-middle income countries. Bans on some pesticides have been effective in reducing suicide rate

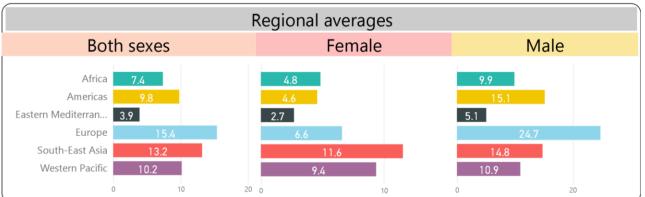
Crude suicide rates (per 100 000 population)

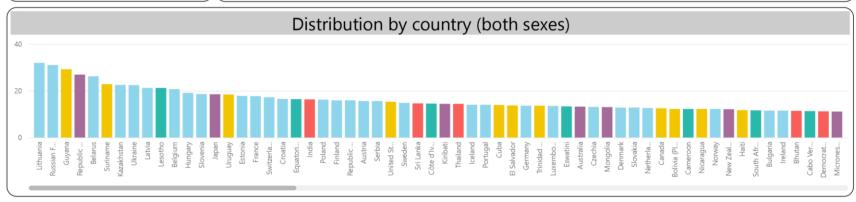
Year: 2016

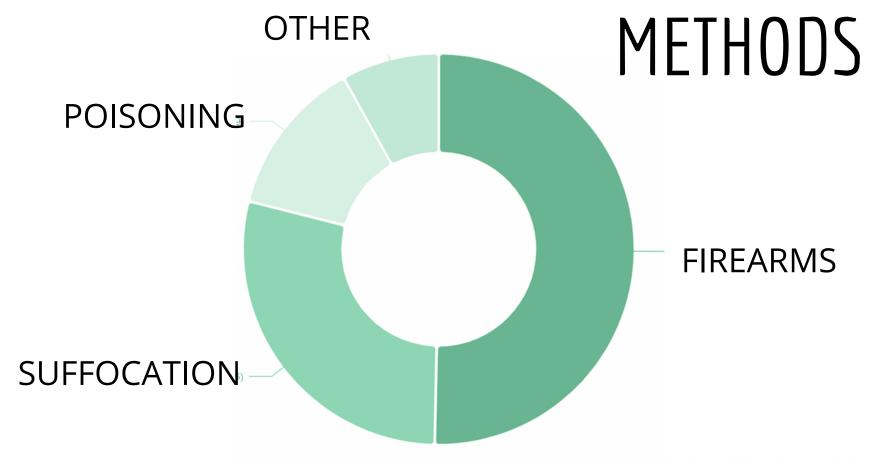
Suicide deaths occur in adolescents and adults of all ages

Last updated: 2018-04-05

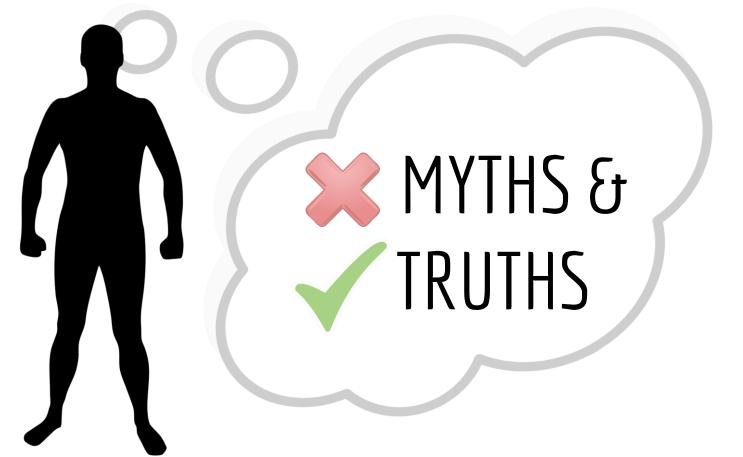








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MYTH: Discussing suicide will make someone act on it

TRUTH: Asking about suicide can be the best way to identify risk and bring relief

MYTH: If you tell a mental health professional you have thoughts of suicide they will lock you up

TRUTH: Professionals look for the most least restrictive option for care. Taking away your rights is not something that one individual has the power to do

MYTH: Once suicidal, always suicidal

TRUTH: Thoughts about suicide can come and go

MYTH: People who threaten don't do it

TRUTH: People who threaten sometimes do follow through.

take all threats seriously.

MYTH: 100% of people with SI are determined to die

TRUTH: People who have suicidal thoughts are ambivalent

MYTH: Suicide is always impulsive

TRUTH: Sometimes it is, but many times it has been thought through for a long time





• Committed/completed suicide vs died by suicide

Unsuccessful/failed attempt vs suicide attempt

Suicide survivor vs suicide loss survivor





PASSIVE THOUGHTS OF DEATH

- "Wouldn't care if I died"
- "I wish I could just disappear"
- "I wish I could go to sleep and not wake up"
- Wish to be in heaven
- Not actively planning to harm self
- Wishful thinking
- If someone else did someone to cause their death, that would be "OK"

ACTIVE THOUGHTS OF DEATH

- Actively thinking about a method, or researching a method to kill oneself
- Active planning about when and where to use the method
- Intent to follow through on thoughts/plan

Biosignature of Suicide

- Decreased blink rate
- "Ramped up," but with flat affect
- Agitation: pacing, crying, wringing hands
- Insomnia
- Weight loss



IS PATH WARM?

Ideation
Substance Use

Purposelessness

Anger

Trapped

Hopelessness

Withdrawing

Anxiety

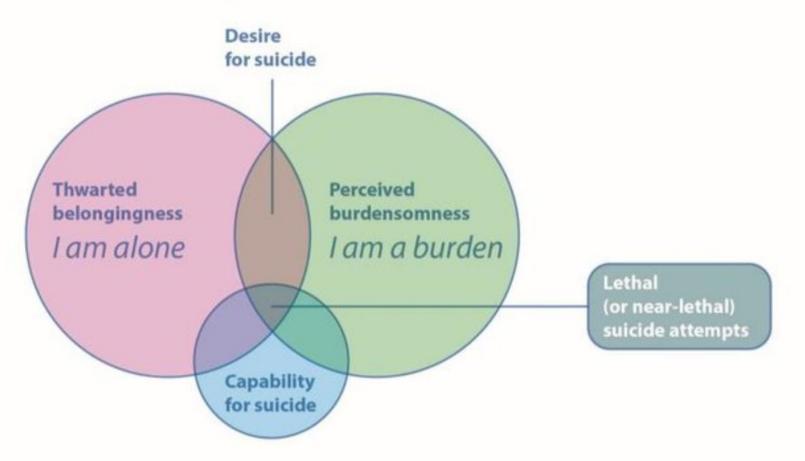
Recklessness

Mood Change

YOUTH: Additional Warning Signs

- Childhood abuse
- Recent traumatic event
- Lack of a support network
- Availability of a gun
- Hostile social or school environment
- Exposure to other teen suicides
- Change in eating and sleeping habits

- Withdrawal from friends, family, and regular activities
- Violent or rebellious behavior, bullying, running away
- Drug and alcohol use
- Unusual neglect of personal appearance
- Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
- Frequent complaints about physical symptoms, such as stomach pains, headaches, or tiredness.
- Rejecting praise or rewards



CHRONIC RISK FACTORS & PROTECTIVE FACTORS

CHRONIC RISK FACTORS

- Suicide attempts/ideation (self/family)
- Parental history of violence
- Substance use
- Divorce
- Psychiatric hospitalization
- Trauma
- Violent behaviors
- Impulsive/reckless behaviors
- Mental health diagnosis

PROTECTIVE FACTORS

- Social supports
- Resiliency/skills to adapt to change
- Jobs they feel invested in
- Engaged in school
- Spiritual beliefs
- Ease of access to clinical supports / attending counseling
- Able to identify reasons for living
- Fear of death or dying due to pain/suffering

Risk Assessment

C-SSRS-Risk-Assessment-Page.docx (live.com)

- Suicidal and Self-Injurious Behavior
- Suicidal Ideation
- Activating Events (Recent)
- Treatment History
- Clinical Status (Recent)
- Protective Factors (Recent)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, 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 Suicidal and Self-Injurious Lifetime | Clinical Status (Recent) Months Rehavior Actual suicide attempt Hopelessness Interrupted attempt Major depressive episode Aborted or Self-Interrupted attempt Mixed affective episode (e.g. Bipolar) Other preparatory acts to kill self Command hallucinations to hurt self Self-injurious behavior without Highly impulsive behavior suicidal intent Suicidal Ideation Substance abuse or dependence Check Most Severe in Past Month Wish to be dead Agitation or severe anxiety Suicidal thoughts Perceived burden on family or others Suicidal thoughts with method Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.) (but without specific plan or intent to act) Suicidal intent (without specific plan) Homicidal ideation Suicidal intent with specific plan Aggressive behavior towards others Activating Events (Recent) Method for suicide available (gun, pills, etc.) Recent loss(es) or other significant negative Refuses or feels unable to agree to safety plan event(s) (legal, financial, relationship, etc.) Sexual abuse (lifetime) Family history of suicide (lifetime) Pending incarceration or homelessness Protective Factors (Recent) Current or pending isolation or feeling alone Identifies reasons for living Responsibility to family or others; living with Treatment History Previous psychiatric diagnoses and treatments Supportive social network or family Hopeless or dissatisfied with treatment Fear of death or dying due to pain and suffering Non-compliant with treatment Belief that suicide is immoral; high spirituality Not receiving treatment Engaged in work or school Other Risk Factors Other Protective Factors Describe any suicidal, self-injurious or aggressive behavior (include dates)

(CSSRS)



The Lighthouse Project The Columbia Lighthouse Project

BREEDLOVE COUNSELING, PLLC

- Simple
- Efficient
- Effective
- Evidence-supported
- Universal
- Free

(CSSRS)

	Past	Month	
 Have you wished you were dead or wished you could go to sleep and not wake up? 			
Have you actually had any thoughts about killing yourself?			
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6			
3) Have you thought about how you might do this?			
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High	High Risk	
Always Ask Question 6	Life- time	Past 3 Months	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk	

(CSSRS)

https://cssrs.columbia.edu/

https://cssrs.columbia.edu/ documents/clinicalpractice-screener-recent/

https://www.youtube.com/w
atch?v=xAcq_svRGu8
Training video

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Ask questions 1 and 2. If both are negative, proceed to question 2 is "yes", ask questions 3, 4 and 5. If the answ "Intensity of Ideation" section below.	"Micidal Behavior" section. If the answerto wer to question 1 and/or 2 is "yes", complete	He/SI	ne: Time he Felt Suicidal	Par	
1. Wish to be Dead		Ves	No	Ves	,
Subject endorses thoughts about a wish to be dead or not alive anymor Have you wished you were dead or wished you could go to sleep and		-			ľ
If yes, describe:					
 Non-Specific Active Suicidal Thoughts General non-specific throughts of weating to end one's it lefelies by such ways to fall oneself Suscitation methods, instead, or plan during the ame Have you actually had any throughts of killing yourself? 	ide (e.g., "I've shought about killing reposit") without thoughts of summer period.	Yes	No	Yes	,
If yes, describe:					
3. Active Suicidal I deation with Any Methods (Not Plan Subject moirnes throughts of nucleic and has through of at least one as specific plan with time, place or method detail a world one (e.g., thou who would say, "I thought about saling an oversione had I mover made it and I would have go through with it." Have you been thinking about how you might do shis?	ethod during the assessment period. This is different than a ght of method to kill self but not a specific plan). Includes person	Yes	No	Yes	N
If yes, describe					
4. Active Suicidal Ideation with Some Intent to Act, wit	thout Specific Plan				
Active suicish thoughts of killing oneself and subject reports having g thoughts but I defectely will not do copyling about them." Have you had these thoughts and had some intention of acting on the		Ves	No	Yes	D
If yes, describe:					
5. Active Suicidal Ideation with Specific Plan and Inten	at.		No		
Thoughts of leiling oneself with details of plan fully or partially works Have you started to work out or worked out the details of how to kill	ed out and subject has some intent to carry it out. yourself? Did you intend to carry out this plan?	Ves	No.	Yes	N
If yes, describe					
INTENSITY OF IDEATION		-		-	-
The following features should be rated with respect to the most	t severe type of ideation (i.e., 1-5 from above, with 1 being				_
the least severe and 5 being the most severe). Ask about time h	wishe was feeling the most suicidal.				
Lifetime - Most Severe Ideation: Type #(1-5)	Description of Ideators		ost	Me Sev	
Recent - Most Severe Ideation:					
8pe #(1-5)	Description of Ideators				
Frequency					
How many times have you had these thoughts? (1) Less than once a week -(2) Once a week (3) 2-5 times in w	week (4) Daily or almost daily (5) Many times such day	١.	_	_	_
Duration					
When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time	_(4) 4-3 hourshoost of day _(5) More than 8 hours/persistent or continuous	-	_	_	_
(3) 1-4 hours/a lot of time					
Controllability Could/can you stop thinking about killing yourselfor was	utino to dia Maan count to 2				
(1) Early shie to control thoughts	—(4) Can control thoughts with a lot of difficulty	_	_	_	
(2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty	(5) Unable to control thoughts (0) Does not attempt to control thoughts				
Deterrents	- And the second of the second				
	on, pain of death) - that stopped you from wanting to				
Are there things - anyone or anything (e.g., family, religic				_	
Are there things - anyone or anything (e.g., fumily, religit die or acting on thoughts of suicide?	-44) Determine most likely did not don you				
Are there things - anyone or anything (e.g., family, religit die or acting on thoughts of suicide? (1) Determit definitely stoped you from attempting suicide (2) Determit probably stoped you	_(4) Deterrents most likely did not stop you _(5) Deterrents definitely did not stop you	-			
Are there things - anyone or anything (e.g., family, religit die or acting on thoughts of nutcled? (1) Determine defluitely stoped you from altempting nacide (2) Determine probably stoped you (3) Uncertain that determine stopped you	(4) Determine most likely did not stop you (5) Determine deflushely did not stop you (6) Does not apply				-
Are there things - anyone or anything (e.g., family, religit die or acting on thoughts of suicide? (1) Detarrats defaulty stoped you from attempting sucide (2) Detarrats probably stoped you (2) Uncertain the deservant stopped you Reasons for I deation	_(5) Deterrents definitely did not stop you _(0) Does not apply				
Are there things - anyone or anything (e.g., family, religit die or acting on thoughts of nutcled? (1) Determine defluitely stoped you from altempting nacide (2) Determine probably stoped you (3) Uncertain that determine stopped you	_(5) Determine definitely did not stop you _(6) Does not apply using so die or killing yourself? Was it to end the pain				
Are there things - asyone or anything (e.g., family, religit due or acting on thoughts of subciling (e.g., family, religit (1) Destroys definition of the continuous and the (2) Destroys travibly supply on the continuous thin destroys the continuous angule you. The continuous thin destroys the continuous angule you. The continuous distribution of the continuous angule you were feeling (in other words you could preliging or was it to get attention, revenue or a reaction for feeling) or was it to get attention, revenue or a reaction for	(5) Determine definitely did not stop you (6) Does not apply stifug to die or killing yourself? Was it to end the pain difu't go on living with this pain or how you were on others? Or both?				
Are there things - anyone or anything (e.g., family, religible (or oxicing, on thought of piscliche): (3) Determine definitive anyone you from atmosphing nacide (5) Determine harbolist supped you (5) Uncertain that determine stopped you (7) Uncertain the stopped you (7) Uncertain the stopped you care you have for thinking about was provided to result it to get attention, reverse or a reaction freelings) or wast it to get attention, reverse or a reaction for feelings or wast it to get attention, reverse or a reaction for feelings or a tention in two others.	(5) Determine definitely sident stop you (6) Does not upply sating so die or killing yourself? Was it to end the pain dh'i go on living with this pain or how you were onn others? Or both? (6) Mostly to mid or stop the pain (you couldn'i go on			_	
Are there things - asyone or anything (e.g., family, religit due or acting on thoughts of subciling (e.g., family, religit (1) Destroys definition of the continuous and the (2) Destroys travibly supply on the continuous thin destroys the continuous angule you. The continuous thin destroys the continuous angule you. The continuous distribution of the continuous angule you were feeling (in other words you could preliging or was it to get attention, revenue or a reaction for feeling) or was it to get attention, revenue or a reaction for	(5) Determine definitely did not stop you (6) Does not apply stifug to die or killing yourself? Was it to end the pain difu't go on living with this pain or how you were on others? Or both?	_		-	_

SUICIDAL BEHAVIOR (Check all that apply, so long as these are separate events; must ask about all types)		Life	time	Pa		
Actual Attrugic Appendixy of experiment consisted with a least more well to die, as a recult yield before was in part floring of as in particularly of experiment consisted with a least more well to die, as a recult yield before was in part floring of an in many. There does not have to be any player or harm, as the pointed for many or how, Thyrom participation, many and the sign principal and insperiment. The sign principal and insperiment many and the sign principal and insperiment. The sign principal and insperiment pulpy finds as the sign of any or an excellent on one offer extent but assist on the submitted or, principal and insperiment pulpy finds as the sign of any or an excellent one or the sign but decided on the principal and the sign of	loan some wide to die, as a recall of our Belavior was in part through of as method to kill it a stay intensiblence to die associated with the act, then it can be considered an actual saided you of harm, which populated for injury or harm, you have populated principle principle grantist parties of undergrantist produced on safety. It considered on safety: On the contract of the			Ves	No	
e you mane a suiceae streeper you done anything of harm yourself? e you done anything dangerous where you could have died? What did you do?		Total # of Attempts		Total # of Attempts		
Did you as a way to end your life? Did you want to did (even utility of when you? Were you nying to end your life when you? Or bid you wink in war possible you could have deld from? Or bid you wink in war possible you could have deld from? Or did you do it yarvely for other reasons 'without ANY Intention of hilling yourself (life to relieve stress get sympally, or get counteding a lite to helpony). (left layous the derive without said utint)	, feel better,	-	_	-	_	
lfyer, describe: Has subject engaged in Non-Suicidal Self-Injurious Behavior?		Ves	No	Yes	No 🗆	
Interrupted Astrony): Assert consists of the season of th		Yes	No	Yes	No	
you actually did anything? If you, decribe Aborted or Self-Interrupted Attempt:		Ves	nupted No.	Ves	upted —	
This perm begins to the disp tower design, a scale dampy, it is not perfect the probability which to provide the many design of the permitting of the permitten of the permitting of the permitting of the permitten of the			Total # of abouted or self- interrupted		Total # of aborted or self- interrupted	
reparatory. Actor Debavics: or preparatory. Actor Debavics: or preparatory in interacting under a suicide strongs. This can include aughting beyond a verbalization or through, such as amending a pention method (e.g., toping polis, per change a gue) or preparing for each should by misside (e.g., giving things sway, wenting a solic not). are you acknown any steps interned marking a miscle deal interprise or preparing to kill yourself (each as collecting pills, titting a gue, priving ealabolis own) over things a miscle deal or titling a miscle deal or standards was not remarking a miscle deal or titling a miscle deal or the standards was over the standard with the standard of the standards are the standard are the standards are the standard			No		No □	
Free, describe			ita		ts .	
	Attempt	Most Leth Attempt Date:		Initial/Fi Attempt Date:	nt	
Areas Landing Medical Designer. Areas Landing Medical Designer (Landing Landing Landi	Briter Could	Briter C		Znkr	Clouke	
Potential Leichality: Only Amore if Armal Leichality-Only Leichy Heidely of stand attempt it is motived demage (the following enoughes, while having no actual medical damage, had notential for very serious leichality pad gan in month and pulled the tringer but gan fails to fire so no medical damage, laying no insult trades with monoming train to an pulled sway before run over) 3 delawate and hidely to result in injusy?	Briter Cods	Briter C	Tode	Buter	Clude	
= Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available merkeal care						
© 2008 Research Foundation for Mental Hygiene, Inc. C-SSRS—Lifetize Record (Version 1/14/09)			2 of 2			

(CSSRS)

https://cssrs.columbia.edu/

C-SSRS-1-14-09-m9-12-17-m5-3-21-Lifetime-Recent.doc (live.com)

BREEDLOVE COUNSELING, PLLC

Who is qualified to use it?

(CSSRS)

- Spouses
- Parents
- Teachers
- Friends
- Family
- Teens

(Also available in Spanish)



HOW TO USE THE CSSRS

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		

HOW TO USE THE CSSRS

2) <u>Há</u>	ave you actually had any thoughts of killing yourself?		
If	If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3)	Have you been thinking about how you might do this?		
	E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do itand I would never go through with it."		
4)	Have you had these thoughts and had some intention of acting on them?		
	As opposed to "I have the thoughts but I definitely will not do anything about them."		
5)	Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		

HOW TO USE THE CSSRS

2) Have you actually had any thoughts of killing yourself?

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

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

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: Was this within the past three months?

YES

NO

CSSRS IN ACTION!



https://www.youtube.com/
watch?v=Hqr5BheXEdQ

Asking the right questions



https://www.youtube.co
m/watch?v=xAcq_svRGu8

PRACTICAL HELP FOR THOSE AT LOW RISK

- 1. Supportive listening
- 2. Safety Planning
- 3. Weekly meetings, offering additional MH supports



PRACTICAL HELP FOR THOSE AT MODERATE RISK

- 1. Supportive listening
- 2. Safety Planning
- 3. Weekly meetings, connecting with additional MH supports



PRACTICAL HELP FOR THOSE AT HIGH RISK

- Stay with someone who has admitted to having a method/plan and intent to carry it out
- 2. Connect with crisis services IMMEDIATELY (Crisis line or 911)
- 3. Follow up in 24 hours, ask about safety plan



BREEDLOVE COUNSELING, PLLC

SAFETY PLANNING



SAFETY PLAN

1	
2	
3	
STEP 2: Refocusing my mind and heart – Things I can do to redirect my mind, an	d body that don't
require other people. (physical activity, prayer/meditation, art, hobby, reading, s	inging, etc.):
1	
2	
3	
STEP 3: People and social settings that provide encouragement:	
1. Name/Phone Number	
2. Name/Phone Number	
3. Place	
4. Place	
STEP 4: People I trust, whom I can ask for help:	
1. Name	
Phone	
2. Name	
Phone	
3. Name	
Phone	
STEP 5: Professionals or agencies I can contact during a crisis: (case workers, cou	nselors, doctors, etc.
1. Clinician Name	
Phone	
2. Clinician Name	
Phone	
3. Local Urgent Care Services (address/phone number)	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	
Crisis Text Line Text "home" to 741-741	
Denton County Psych Triage (24-7 Free walk-in mental health crisis assessmen	nt)
2509 Scripture St, Denton, TX 76201 (940) 381-9965	
STEP 6: Making the environment safe (something I need to remove from/or add	to my environment)
1.	,
2.	
The one thing that is most important to me and worth living for is:	

SAFETY PLAN

- 1. Warning signs
- 2. Activities to refocus
- 3. People and social settings providing encouragement
- 4. People I trust, who I can ask for help
- 5. Professional or agencies
- 6. Making the environment safe

Reason for living:

What is worth living for?

https://suicidepreventionlifeline.org/wpcontent/uploads/2016/08/Brown_StanleySafetyPlan Template.pdf

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SAFETY PLAN: STEP 1 & 2

l	
2	
3.	
TED 2. D.	
require oth	focusing my mind and heart — Things I can do to redirect my mind, and body that don't ner people. (physical activity, prayer/meditation, art, hobby, reading, singing, etc.):
require oth 1	

SAFETY PLAN: STEP 3 & 4

STEP 3: People and social settings that provide encouragement	:
1. Name/Phone Number	
2. Name/Phone Number	
3. Place	
4. Place	
STEP 4: People I trust, whom I can ask for help: 1. Name Phone	
2. Name	
Phone	
3. Name	
Phone	

SAFETY PLAN: STEP 5

STEP 5: Professionals or agencies I can contact during a crisis: (case workers, counselors, doctors, etc.				
1. Clinician Name				
Phone				
2. Clinician Name				
Phone				
3. Local Urgent Care Services (address/phone number)			
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK ((8255)			
Crisis Text Line Text "home" to 741-741				
Denton County Psych Triage (24-7 Free walk-in mer	ntal health crisis assessment)			
2509 Scripture St, Denton, TX 76201 (940) 381-996	5			
STEP 6: Making the environment safe (something I nee	ed to remove from/or add to my environment)			
1				
2				





- LOCAL CRISIS HOTLINES
- LIFELINE 800-273-8255
- CRISIS TEXT LINE
 - TEXT "HOME" TO 741-741
- 24/7 Statewide COVID-19 Texas Mental Health Support Line 833-986-1919

COUNSELING ON ACCESS TO LETHAL MEANS

(CALM)



https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

FOLLOW-UP & POSTVENTION

SUICIDE LOSS SURVIVOR



https://www.youtube.com/watch?v=430Ka041gB4

FOLLOW-UP

- CSSRS questions
- Supports?
- Safety Plan

	SAFETY PLAN				
	1		igns (thoughts, mood, situation) that my body lets me know i'm not doing well.		
		Month	mind and heart – Things I can do to redirect my mind, and body that don't		
1) Have you wished you were dead or wished you could go to sleep and not wake up?			physical activity, prayer/meditation, art, hobby, reading, singing, etc.):		
Have you actually had any thoughts about killing yourself?			al settings that provide encouragement:		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6			r		
3) Have you thought about how you might do this?			whom I can ask for help:		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk				
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk		High Risk		r agencies I can contact during a crisis: (case workers, counselors, doctors, etc.)
Always Ask Question 6	Life- time	Past 3 Months			
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk	rvices (address/phone number) feline Phone: 1-800-273-TALK (8255) 'home' to 741-741 h Triage (24-7 Free walk-in mental health crisis assessment) snton, TX 76201 (940) 381-9965		
			e environment safe (something I need to remove from/or add to my environment)		
	2				
	The or	ne thing that	is most important to me and worth living for is:		
	Modif	fied: Safety P	lan Template ©2008 Barbara Stanley and Gregory K. Brown		

POSTVENTION: L.O.S.S. TEAM



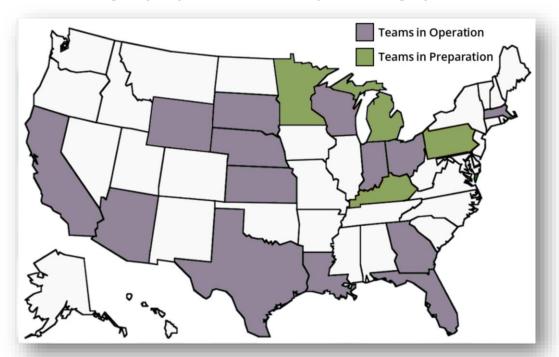


https://www.face book.com/carrie breedlove19/vid eos/101552029 13325819/



https://www.faceb ook.com/5886208 18/videos/101583 66446980819/

L.O.S.S. TEAMS IN US



POSTVENTION: Support for Suicide Loss Survivors





https://www.touchedbysuicide.net/

https://www.facebook.com/carriebreedlove19/videos/10158410764630819

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ADDITIONAL TRAINING https://www.pesi.com/

- Managing Suicidality with High-Crisis DBT Clients
- Why People Die by Suicide: What the Last 20 Years of Research Shows Us
- Losing a Loved One to Suicide: Interventions to Move Survivors Beyond the Ruins
- Suicide in Historically Marginalized Communities:
 Perception Versus Reality
- What To Do with Suicidal Thoughts That Just Won't Go Away



- Reduce Suicide, Liability, & Workload in Healthcare and Beyond with The Columbia Protocol
- Lessons from Treating Suicidal Veterans: The Latest Interventions
- Cognitive Processing Therapy (CPT) for Suicidality:
 Overcoming Stuck Points and Creating Mental Flexibility
- New Insights and Strategies: Crisis Safety Planning with Youth and Teens
- Helping the Suicidal Person: A Clinical Toolbox
- Embracing Suicidal Parts: Using Internal Family Systems
 (IFS) to Heal Traumatic Wounds

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REFERENCES

Suicide Prevention Resource Center. (n.d.). Counseling on Access to Lethal Means. Retrieved August 4, 2020 from https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Suicide Prevention Life Line. (n.d.). Safety Plan Template. Retrieved Aug 4, 2020 from https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf

T*A*P*S Tragedy Assistance Program for Survivors. Retrieved from https://www.taps.org/

The Columbia Lighthouse Project. (n.d). Retrieved from https://cssrs.columbia.edu/



REFERENCES

American Foundation for Suicide Prevention. (n.d.) Suicide Statistics. Retrieved August 2, 2020 from https://afsp.org/suicide-statistics/

Help Guide. (n.d.) Suicide Prevention. Retrieved August 3, 2020 from https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm

National Institute of Mental Health. (n.d.). Suicide. Retrieved August 2, 2020 from https://www.nimh.nih.gov/health/statistics/suicide.shtml

The Holy Bible, new international version. (1984). Grand Rapids: Zondervan Publishing House

Van Orden, K.A., Witte, T. K., Cukrowicz, K.C., Braithwaite, S.R., Selby, E.A., Joiner Jr., T.E. (2010). The Interpersonal Theory of Suicide. *Psychological Review*, Vol 117(2), Apr 2010, 575-600



ADDITIONAL RESOURCES

Crisis Text Line https://www.crisistextline.org/

National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/

American Foundation for Suicide Prevention https://afsp.org/

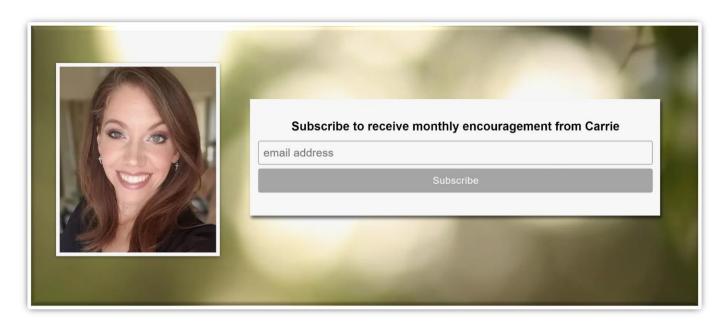
Veterans Crisis Line https://www.veteranscrisisline.net/

Suicide Prevention Resource Center https://www.sprc.org/

Zero Suicide http://zerosuicide.edc.org/

Texas Youth Helpline https://www.dfps.state.tx.us/Youth_Helpline/

Sign-up to get monthly resources and encouragement!



https://www.breedlovecounseling.com/email-list

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