Skills Training for Evaluation and Management of Suicide - Refresher

This course "Skills Training for Evaluation and Management of Suicide - Refresher", VA Item Number 43820, is a non-accredited course.

It is the refresher training for the web-based course "Skills Training for Evaluation and Management of Suicide", VA Item Number 39351, which is an accredited course.

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U.S. Department of Veterans Affairs

Veterans Health Administration

Preface

The Skills Training for Evaluation and Management of Suicide course utilizes case scenarios that reflect different ways a clinician may respond during situations in which a Veteran reports suicidal ideation.

The intent for creating this course is to train clinical staff who treat Veterans in crisis in all clinical settings.

The objective of this course is to demonstrate to providers of all disciplines how to identify suicidal crises and select the appropriate level of care and support to manage the Veteran's needs. For clinicians who do not routinely conduct suicide risk assessments, walking through these scenarios may also be an informative introduction to the process.

Introduction

Veterans are at an increased risk of suicide compared to the general population. According to the National Violent Death Reporting System (NVDRS), in 2016 there was an average of twenty Veteran deaths each day as a result of suicide. The VA/DoD has developed a Clinical Practice Guideline (CPG) as one component of a comprehensive strategy to reduce Veteran suicide.

The purpose of this knowledge-based course is to provide training to the current team on how best to utilize this CPG to facilitate the development of suicide risk assessment and management skills. By addressing this training practice gap clinical care team members, through the use of supporting information and micro-simulations, will be able to discuss suicide risk with Veterans, determine acute and chronic suicide risk, and as a team implement a treatment plan to manage suicide risk.

As you move through this guide, please remember that the information provided is presented with the knowledge that current research is ongoing and that the clinician can benefit from additional self–study and keeping abreast of the literature.

Skills Training for Evaluation and Management of Suicide (STEMS) Introduction Material

Learning Objectives

At the conclusion of this training the participant should be able to:

1. Engage Veterans in a discussion about suicide risk.
2. Evaluate for, and determine, the level of acute and chronic suicide risk.
3. Implement effectively a treatment plan to manage acute and chronic risk for suicide.

Suicide Facts and Figures

- Suicide is the 10th leading cause of death in the US:
  - There were 47,000 deaths by suicide in the US in 2017.
- Of those who attempt suicide and live, 10-20% will make an additional attempt within one year.
- The suicide rate for Veterans is 1.5 times higher than the rate for non-Veteran adults.
- Among Veterans, self-inflicted firearm injury was the most frequent cause (69.4%) of death by suicide.
- Congress passed the Joshua Omvig Veterans Suicide Prevention Act in 2007 to create a comprehensive suicide prevention program.

Audience

- Suicide prevention has been VA's top clinical priority since 2017.
- As VA clinicians, it is our collective responsibility to contribute to suicide prevention.
- This course was created to develop critical, core skills that are applicable across a wide range of clinical disciplines and settings.
- The skills can be applied to suicide screening and evaluation.
- These skills can also be highly valuable for each of us as members of a larger community in our interactions with family members, friends, and others who may be in distress.

Screening and Evaluation

- Early identification of suicidal ideation affords the best opportunity to reduce the risk of a suicide attempt and death.
- VA has implemented a population-based suicide risk screening and evaluation strategy for suicide prevention. More information can be found on the Suicide Risk Identification Risk (link available in "Resources").
- Suicide Risk Screening:
  - Brief process to identify Veterans who may be at increased risk of suicide and may need further evaluation and/or treatment.
- Suicide Risk Evaluation:
  - Process by which a clinician gathers information to evaluate a Veteran's acute and chronic risk for suicide to develop individualized risk mitigation strategies.

Key Points

- Suicidal ideation and behavior are "transdiagnostic," i.e., they are not limited to a single medical, mental, or behavioral health diagnosis. They affect a wide array of Veterans across different clinical settings.
- It is therefore important to evaluate suicide risk among Veterans who have no known mental or behavioral health diagnosis.
- Evaluation should not be limited to mental and behavioral health settings.
- Let's start with the key components of a comprehensive risk evaluation.

What to Evaluate

What to Assess:

Risk Factors – Psychological

The following psychological risk factors should be evaluated as part of a comprehensive suicide risk evaluation:

- Current suicidal ideation and the availability of means of self-harm, e.g., firearms
- Prior suicide attempt(s)
- Current mental health conditions, e.g., mood disorders and substance use disorders
- Current mental health symptoms, e.g., agitation, hopelessness, insomnia
- Prior mental health hospitalizations

Risk Factors – Social

The following social risk factors should be evaluated as part of a comprehensive suicide risk evaluation:

- Stressful life events, e.g., loss of a relationship, illness of a family member, death of a loved one
- Financial problems, e.g., unemployment, excessive debt, unstable housing
- Legal problems, e.g., criminal charges
- Lack of social support, e.g., geographic isolation, poor interpersonal relationships

Risk Factors – Medical

The following medical risk factors have been found to increase risk of suicide regardless of presence of mental health illness or substance use. Having more than one of these conditions substantially increases suicide risk:

- Traumatic Brain Injury
- Chronic pain
- New diagnosis of a major illness
- Worsening medical illness/Increased functional limitation

Protective Factors

- Collaboratively evaluate values and reasons for living with the Veteran. This can include using validated approaches to evaluation.
- It is important to evaluate protective factors often. Protective factors are dependent on the person and cannot always be generalized.
- Common protective factors can include spiritual, religious, or moral beliefs about suicide, children in the home, work place obligations, the desire to contribute to one's community.
- Sometimes factors thought to be protective (e.g., having children, a relationship with a significant other, spiritual or religious beliefs) can increase suicide risk if they are a source of stress.

Warning Signs for Suicide

- Warning signs are signals indicating that a person may engage in suicidal behavior in the immediate future. They represent changes in a person's level of suicide risk.
- Warning signs can occur in the absence of expected risk factors.

Common Warning Signs for Suicide:

Changes in Behavior

- Medication nonadherence
- Changes in eating habits
- Changes in sleep patterns
- (Increased) substance use
- (Increased) isolation, e.g., not responding to texts, calls, disengaging from social medial, or staying in a secluded area
- (Increased) verbal or physical aggression
- Preparatory behavior, e.g., selling belongings, making estate plans, researching ways of dying by suicide, or collecting items for suicide attempt (e.g., hoarding medications or purchasing a firearm)

Changes in Thoughts

Includes both, the type of thoughts, and the way the person is experiencing the thoughts, e.g., getting stuck on particular thoughts:

- More frequent passive suicidal thoughts, e.g., "I would be better off dead"
- Active suicidal thoughts, e.g., planning, fantasizing
- Increased "tunnel vision," i.e., not being able to think of anything but death/suicide
- Experiencing many thoughts rapidly
- Feeling overwhelmed such that they are not able to notice any thoughts, e.g., "my mind went blank"
- Desire for a sense of peace or control that may be facilitated by suicidal ideation and/or behavior

Changes in Emotions

Increased:

- Irritability ("agitation")
- Sadness
- Hopelessness
- Shame
- Guilt
- Anger
- Sadness
- Anxiety

Limited access to the following because the person is stuck in other emotions and thoughts:

- Happiness
- Pride
- Self-compassion

Changes in Bodily Sensations

- Increased tightness in chest, feeling of heat in different parts of the body, increased heart rate.
- Feeling disconnected, lethargic, heavy, cold.
- Feeling sick to stomach, like stomach is dropping.

Many may have panic-like symptoms noted above.

It is important to evaluate for the specific symptoms that occur in the context of suicidal ideation and behavior.

Guiding Therapeutic Approach to Evaluation:

It's Not Just What You Evaluate, But Also How You Evaluate

- Our guiding therapeutic approach serves to guide the suicide prevention intervention.
- These are some helpful considerations when asking about suicide risk and reasons for living during a comprehensive evaluation.

Open-Ended Question

- Use open-ended questions to collect information nonjudgmentally.
- Starting with open-ended questions will help you elicit more information.
- Closed-Ended questions often elicit single word (e.g., yes/no) responses and are most useful when clarifying information.
- Examples of open-ended questions:
  - What do your suicidal thoughts look like?
  - How do you know when you're thinking about suicide?
- Examples of closed-ended questions:
  - Are you having thoughts of wanting to kill yourself?
  - Have you made preparations to kill yourself?

Summarize

- Summarize the Veteran's comments using their language.
- Summary statements with reflections reinforce that you are listening and are prepared to collaboratively understand the Veteran's experience.
- Additionally, summarizing may facilitate more trust and dialogue with the Veteran.
- Examples of summary statements:

  - I hear you saying that you are feeling hopeless and have been feeling down.
  - What does it mean for you to feel down?

Validate the Experience

- The Veteran's experience of their psychological pain is valid and important to acknowledge.
- This applies to any experience they have, including suicidal ideation and behavior.
- Validation underscores the importance of the Veteran's experience without judging their behavior.
- While the Veteran's experience of their pain is valid, their pattern of responding to the psychological pain may not be consistent with their values and long-term goals, i.e., it does not support their well-being.

Directly Ask about Suicide

- Be direct and ask the Veteran specifically about their experience.
- While being direct with the Veteran, maintain a collaborative style, for example:
  - Use the Veteran's language for reflective statements and in documentation of the evaluation
  - Work as a team with the Veteran to evaluate suicide risk, e.g., "could you help me fill in the gaps between getting in a fight with your wife and attempting suicide?"

Responding to Information about Suicide

- At the beginning of your work together, let the Veteran know how you will respond to the information they may give to you, e.g., confidentiality discussion and when confidentiality will need to be broken.
- For instance, express to the Veteran that if they tell you about suicidal thoughts alone it does not necessarily warrant hospitalization.
- Let the Veteran know that you would consider hospitalization only when there is concern about imminent risk of harm to themselves or others. This means they have imminent intent to act on suicidal or homicidal thoughts.
- If you work with the Veteran routinely, it is not necessary to have the conversation about confidentiality in every meeting, but at least at the start of your work together and when the Veteran may be at increased risk for suicide.

Risk Stratification

- To understand the Veteran's level of risk for suicide during a meeting (particularly among Veterans who have a history of suicidal behavior), it is important to classify their acute and chronic risk.
- Risk stratification improves understanding and communication of the Veteran's current circumstances, strengthens documentation, and improves treatment planning.
- When stratifying risk, both acute and chronic risk for suicide should be assessed separately as described in the following slides.

Risk Stratification: Acute Risk

- To determine the level of acute risk, assess:
  - Current suicidal ideation
  - Plan
  - Intent
  - Behavior
  - Access to lethal means
- Based on the information gathered, determine whether the acute risk level is low, intermediate, or high:
  - **High acute risk:** Suicidal ideation with plan and intent to die by suicide. Veteran is unable to maintain safety alone.
  - **Intermediate acute risk:** Veteran may have suicidal ideation and a plan to die by suicide, but can maintain safety independently.
  - **Low acute risk:** There is no current intent to die by suicide. If a plan for suicide is present, it is likely to be vague and without preparatory behaviors. Veteran can maintain safety independently.

Responses to Acute Suicide Risk

- High acute risk:
  - Typically requires psychiatric hospitalization to maintain safety.
  - Veteran may need to be directly observed in an environment with no access to lethal means until transferred to a secure unit.
- Intermediate acute risk:
  - Outpatient management should be intensive and include: frequent contact and a well-articulated safety plan.
- Low acute risk:
  - Management may continue on an outpatient basis.
  - Outpatient referral to mental healthcare may be indicated.

Risk Stratification: Chronic Risk

- To determine the level of chronic risk, assess:
  - History of suicidal behavior over an individual's lifetime
  - Reasons for living
  - Access to coping skills
  - Persistent psychosocial stressors (e.g., relationship, occupational, financial)
  - Chronic medical conditions
- Based on the information gathered, determine whether chronic risk level is low, intermediate, or high:
  - **High chronic risk:** There is a history of suicide attempt(s), presence of chronic conditions that elevate risk (e.g., substance use, chronic pain), few coping skills, limited reasons for living, and significant chronic psychosocial stressors (e.g., persistent relationship distress or financial and housing stressors).
  - **Intermediate chronic risk:** The Veteran may have a history of chronic conditions that elevate risk for suicide (e.g., depression, substance use, chronic pain), risk factors are balanced with access to coping skills and ability to endure crisis using these skills, reasons for living and engagement in care.
  - **Low chronic risk:** The Veteran has a history of managing life stressors without relying on suicidal ideation.

End of introduction

Scenario 1

Psychologist:
Dr. Natalie Cho
and
Ms. Davis

Scenario 1

Situation: Ms. Davis is a single Veteran who has come to the Women's Clinic for a follow up appointment with her primary care provider following her daughter's birth 3 months ago. She screened positive for depression and her provider in the women's clinic is worried about her risk for suicide.

Dr. Cho: Good morning, my name is Natalie Cho and I'm from Primary Care Mental Health Integration. I understand that your Primary Care Provider had some concerns about your safety after talking to you about your mental health.

Ms. Davis: Thanks for seeing me. I haven't been feeling myself lately and I'm not sure what to do.

How should the provider respond?		
A	I understand that your feeling depressed and not like yourself. What else would be important for me to know?	**Correct.** This response paraphrases the available information. Open ended questions are a helpful way to encourage the Veteran to share more information while building rapport.
B	I'm sorry to hear that you're having a hard time recently. Have you spoken to anyone in your family about this?	**Incorrect.** The response is a close ended question that does not elicit specific information related to the Veteran's suicide risk. The response prematurely suggests the Veteran should be talking to family members.
C	Based on your responses to the survey, I'd really like to refer you to the Mental Health clinic for Cognitive Behavior therapy for depression.	**Incorrect.** The response moves to the implementation phase by providing a referral. In the engagement phase, the primary goal is to gather information and build rapport.
D	I reviewed your chart and it sounds like your experiencing post-partum depression. I would like to talk to you about medication that should help you take care of yourself and your baby.	**Incorrect.** The response can be received by the Veteran as being overly prescriptive and does not facilitate an understanding of her circumstances. It also does not build rapport.

Scenario 1

Dr. Cho: I understand that you're feeling depressed and not like yourself. What else would be important for me to know? What else would you like to share about what's going on now?

Ms. Davis: It just doesn't seem to get any better. I don't feel like doing anything. My daughter needs so much from me; I can barely keep up. I worry that I do not love her enough. Thank goodness, my mother is staying with us and can help look after her.

How should the provider respond?		
A	Parenting classes will give you realistic expectations about your baby, your body, and your mood. This should help with your depression.	**Incorrect.** The response is overly prescriptive and occurs before assessing suicide risk.
B	I'm glad your mother is there to help you, that must be such a relief. It is important to have a supportive environment when you have a new child.	**Incorrect.** Although an empathic response, it doesn't move forward with suicide risk assessment.
C	I don't think you're a bad mother. A post-partum support group with other mothers may be helpful to you.	**Incorrect.** The comment overlooks the need to assess the Veterans suicide risk and mental health and may prevent important disclosure.
D	It sounds like you have a lot going on right now. You mentioned some thoughts about suicide to your PCP. Could you tell me more about those thoughts?	**Correct**. The response validates the Veteran's experience and moves to assessment based on data gathered earlier. An open-ended question directly inquired about suicidal thoughts.

Scenario 1

Dr. Cho: It sounds like you have a lot going on right now. You mentioned some thoughts about suicide to your PCP. Could you tell me more about those thoughts?

Ms. Davis: I didn't mean I had suicidal thoughts; I haven't had those thoughts for years. Plus I could never do that to my daughter. It's just that in the last few mornings I just haven't wanted to wake up and sometimes I think I'd be better off dead.

How should the provider respond?		
A	Since your mother is here, let's take advantage of her support to get some more rest.	**Incorrect.** The response starts the treatment planning which is suited to the implementation phase. Assessment of suicide risk is the current goal.
B	Many new mothers get so tired they may feel overwhelmed.	**Incorrect.** Although the information may be correct, sleep deprivation can contribute to suicidal thoughts and actions. The response minimizes the Veteran's suicide risk.
C	You have thoughts that you don't want to wake up and sometimes you would be better off dead. Have you ever had a plan or intent to act on these thoughts?	**Correct.** The response reflects the Veteran's statements and directly asks about the suicide plan.
D	I'm happy to hear that you don't have suicidal thoughts. That'll help simplify the treatment recommendations.	**Incorrect.** The response prematurely concludes the assessment for suicide risk without fully assessing the Veteran's suicidal ideation, plans, or intent.

Scenario 1

Dr. Cho: You have thoughts that you don't want to wake up and sometimes you would be better off dead. Have you ever had a plan or intent to act on those thoughts?

Ms. Davis: I have never had a plan to kill myself. I certainly haven't wanted to act on these thoughts. Last time I felt suicidal was after my miscarriage. I felt like it was my fault because I was active duty and working all the time.

How should the provider respond?		
A	I'm sorry to hear about your miscarriage and that you had guilt for so long. Working hard doesn't cause miscarriages.	**Incorrect:** Although the response recognizes the Veteran's feelings, it does not ask how she copes with those feelings.
B	What I am hearing you say is that you do not have a plan or intent to kill yourself. You have been worried. How are you coping with your feelings now?	**Correct.** The response reflects the Veteran's feelings and uses open ended questions to better understand how the Veteran copes with these feelings.
C	Do you think that like with your miscarriage; you are working too hard to be able to take good care of your daughter? It may be time to involve your mother even more.	**Incorrect.** The response could serve as a helpful suggestion during implementation but fails to assess her coping skills during the assessment.
D	Just think about your new baby and spending time with her. Being present for her should be your number one priority.	**Incorrect.** The response does not validate the Veteran's experience and dismisses the Veterans' feeling of guilt.

Scenario 1

Dr. Cho: What I am hearing you say is that you do not have a plan or intent to kill yourself. You have been worried; how are you coping with your feelings now?

Ms. Davis: After the miscarriage I would have a few drinks to fall asleep and even though I didn't drink when I was pregnant, I am worried I am going to start drinking like I was after the miscarriage.

How should the provider respond?		
A	Does your mother know about your drinking? You should talk to her about it.	**Incorrect.** The response is overly directive and misses the opportunity to assess her alcohol use.
B	That could be dangerous for you and your new baby, especially if you are breastfeeding. Can you think of anything else to do that would give you relief other than drinking?	**Incorrect.** Although the response attempts to further the discussion of healthy coping options, it jumps too quickly to thinking of alternatives (implementation).
C	You are really worried about how drinking could make things worse for you and your baby. Tell me more about the last time you drank.	**Correct.** The response empathically acknowledges the Veteran's struggle and assesses her drinking behaviors.
D	Here's a pamphlet of information about rethinking your drinking.	**Incorrect.** The response jumps to problem-solving without the evaluation of alcohol use.

Scenario 1

Dr. Cho: You are really worried about how drinking could make things worse for you and your baby. Tell me more about the last time you drank.

Ms. Davis: I started drinking again a month ago. I'm drinking more and more since I started. Last night I drank 4 beers and still couldn't fall asleep.

How should the provider respond?		
A	You have to stop drinking. Have you considered spending more time with your family instead?	**Incorrect.** The response jumps to quickly to problem solving and makes assumptions about what the Veteran should do to resolve this issue.
B	I am concerned about your drinking. Would you be willing to cut it down?	**Incorrect.** The response does not invite the Veteran to participate in the problem solving.
C	It sounds like you are drinking more lately. Could we talk about how that could impact your wellbeing?	**Correct.** The response provides a reflection of the Veteran's alcohol use and opens the conversation to talking about possible risk factors.
D	I would advise you to follow the VA's recommended limit of less than 7 drinks a week for women.	**Incorrect.** The response is impersonal and does not allow the Veteran to respond with their own experience.

Scenario 1

Dr. Cho: It sounds like you're drinking more lately. Could we talk about how it may impact your wellbeing?

Ms. Davis: I know I need to do something about my drinking. I've been buying a case of beer a week, maybe I can start by buying less.

How should the provider respond?		
A	There are many alternatives for dealing with stress, like focusing on your breath. Would you be willing to try this instead?	**Incorrect.** While the response offers a suggestion on how to address dealing with the stress, it fails to validate the Veteran's ideas about how to focus on her wellbeing.
B	I think that's a great idea. How confident are you that you could buy less beer?	**Correct.** The response validates the Veteran's means safety plan and supports harm reduction approach to managing alcohol use. It also discusses the Veteran's confidence to carry out the stated plan.
C	How confident are you that you can cut back in how much your drinking?	**Incorrect.** Although it is helpful to ask the Veteran about her confidence in reducing her drinking, the response does not focus on the Veteran's ideas and is not collaborative.
D	Have you talked to your daughter's pediatrician about how alcohol use can affect your baby?	**Incorrect.** The response does not focus on the Veteran's wellbeing. Instead it uses a close-ended question which can diminish rapport.

Scenario 1

Dr. Cho: I think that's a great idea. How confident are you that you could buy less beer?

Ms. Davis: I think that is a step I could take tonight. I could also lock the liquor cabinet. I'm not sure I'll remember to do that when I get home, maybe I should write myself a note.

How should the provider respond?		
A	You made several useful suggestions. Their success depends on how well you implement the plans. Without the correct supports in place, I fear the best laid plans will be for naught.	**Incorrect.** The response acknowledges the Veteran's contributions in an impersonal manner and suggests skepticism of the ability to implement the plans.
B	I think it'd be very helpful if you got your Mom involved so she could supervise. You seem to be overwhelmed.	**Incorrect.** Although it is important to include family into safety planning when possible, the response misses the opportunity to validate.
C	It sounds like ensuring your abstinence when you are home might be too much of a challenge. I'd like to consider admission to the hospital for your safety.	**Incorrect.** The response is invalidating and does not incorporate the Veteran's preferences and resources. There is not indication that the Veteran needs to be hospitalized.
D	That could help. Many people also find it helpful to involve other supportive friends or family members. Whom in your life might be able to assist?	**Correct.** The response validates the Veteran's suggested plan, reinforces support, and allows for additional support when the Veteran returns home.

Scenario 1

Dr. Cho: That could help. Many people also find it helpful to involve other supportive friends or family members. Whom in your life might be able to assist?

Ms. Davis: The only people I really talk to are my best friend, Kim, and my mom. Kim lives out of state, so I don't think she could really help from there. I really don't want my mom to know that I'm drinking again. I know I can do this on my own for now. If things get worse then I'll tell her.

How should the provider respond?		
A	It sounds like you don't have many close relationships, perhaps you could consider joining a support group in order to make some new friends.	**Incorrect.** It may be useful to suggest joining a support group, but the response fails to acknowledge her current social supports.
B	I respect your preference not to have your mother involved at this time. I am glad you are willing to take some steps on your own.	**Correct.** The response validates the Veteran's stated preferences and `thereby enhances rapport. It also reinforces the plan to review the Veteran's commitment to self-determination.
C	Since you don't have good relationship with your mother, you need to call Kim and tell her to come down since you're not doing so well.	**Incorrect.** The response is judgmental and overly directive. It is important to let the Veteran's preferences guide the discussion.
D	I fear that your relapse on alcohol demonstrates poor judgement, making it difficult to honor your preferences. I think we need to call your mother.	**Incorrect.** The response is judgmental and fails to incorporate the Veteran's ideas and preferences in the discussion.

Scenario 1

Dr. Cho: I respect your preference not to have your mother involved at this time. I am glad you are willing to take some steps on your own.

Ms. Davis: I appreciate you respecting my wishes. I did not want to get a lecture today. I know this is important. I have to get better for myself and my daughter.

Dr. Cho: You mentioned that your daughter is a reason that you need to push through all of this. I'd like to hear more about the thoughts that have been keeping you from killing or hurting yourself.

Ms. Davis: Definitely my daughter. Even though I struggle to connect with her at times, I know that it's my responsibility to take care of her and protect her. I didn't have a great childhood and I don't want her to have to go through the same. Besides if anything did happen to me, then my mom would be forced to take care of my daughter. I don't want her to have to raise my daughter on her own.

How should the provider respond?		
A	It's important that you take care of your daughter. I'd hate to be in a position in which I need to contact CPS.	**Incorrect.** The response could be experienced and threatening and diminishes rapport. Is not collaborative or supportive and does not further the conversation related to protective factors.
B	I'm so sorry that you had a rough childhood. What made it so difficult?	**Incorrect.** The response is not relevant to the risk assessment being conducted.
C	It's good to think about your mother. After all, decisions that you make affect not only you, but others around you as well.	**Incorrect.** The response is directive and negative, when the discussion about protective factors should be positive and collaborative.
D	You have a strong sense of responsibility towards your daughter; you realize that you need to take care of yourself in order to take care of her.	**Correct.** The response paraphrases what the Veteran just explained, but also validates her need to take care of her child.

Scenario 1

Dr. Cho You have a strong sense of responsibility towards your daughter; you realise that you need to take care of yourself in order to take care of her.

Ms. Davis: Yeah, my daughter is the reason I do anything these days. Even though Kim is out-of-state, she texts me every day to check on how I'm keeping up my routine. We were in the same unit in the Air Force. She supported me after the miscarriage, and I've supported her through tough times too. She is the only one who really understands what it's been like for me.

How should the provider respond?		
A	Even though she lives out of state, Kim cares about you and stays in touch. What else have you thought about to keep you safe?	**Correct.** The response paraphrases what the Veteran just explained, but also validates her need to take care of her child.
B	It sounds like Kim has been with you through very tough times. How did she support you after your miscarriage?	I**ncorrect.** The response is not relevant to the risk assessment being conducted.
C	Many other people had miscarriages. I'm sure you could find other people who would relate to your situation. Should I give you a referral?	**Incorrect.** The response is directive and negative, when the discussion about protective factors should be positive and collaborative.
D	If you respond well to telecommunication, I would recommend a referral to our telehealth program. They could prompt you to engage in your activities of daily living.	**Incorrect.** The response could be experienced and threatening and diminishes rapport. Is not collaborative or supportive and does not further the conversation related to protective factors.

Scenario 1

Dr. Cho: Even though she lives in another state, Kim cares about you and stays in touch. What else have you thought of to help keep you safe?

Ms. Davis: I used to go to church with my mom and help out with the social activities. She still goes. I know many of the people ask about me. I've been thinking I should start going again. There's a new moms' group that I've wanted to check it out.

How should the provider respond?		
A	You really should return to church. Being religious has been shown to protect people from killing themselves.	**Incorrect.** The response is too directive and is not a Veteran-centered response.
B	It sounds like you are ambivalent about going back to church. There's a mom groups here at the VA. I could place a referral.	**Incorrect.** The response is a misinterpretation of what the Veteran stated and discourages the Veteran from engaging in an activity that she voiced could be helpful.
C	You've listed several reasons to keep yourself safe and how you will do it. Many people write out these things on a Safety Plan so they do not forget. Is it something you would be willing to do now?	**Correct.** The response validates The Veteran's efforts and moves the interview into documenting the safety plan.
D	It sounds like you feel guilty about not going to church. Do you think that is a good reason to return? It may make you feel worse.	**Incorrect.** The response takes no a negative tone and dissuades the Veteran from engaging in a supportive activity that she has indicated may be helpful to her.

Dr. Cho: You've listed several reasons to keep yourself safe and how you will do it. Many people write out these things on a Safety Plan so that they do not forget. Is it something you would be willing to do now?

Ms. Davis: Yes, I can do that.

NOTE: See Page 9 to view the Veteran's Safety Plan.

Information included in the Safety Plan:

- **Step 1: Veteran lists warning signals that indicate they may be in crisis.**
- **Step 2: Lists activities that the Veteran can do on their own to keep safe.**
- **Step 3: Veteran lists people and social settings that help distract them.**
- **Step 4: Veteran provides names of people with whom they can share information and that they can go to for help.**
- **Step 5: Contains names of professionals and agencies the Veteran may contact if in crisis.**
- **Step 6: The Veteran captures steps to take to protect themselves.**

The safety plan ends with other resources the Veteran may use.

Scenario 1

Dr. Cho: I appreciate the thought you have put into your detailed safety plan. Many Veterans find Mental Health treatment to be helpful. Would you be interested in scheduling a follow up appointment?

Ms. Davis: I've tried therapy and medications in the past and it wasn't always helpful.

How should the provider respond?		
A	I'm curious to hear more about your experience with therapy and medications. Tell me about what things you found in past treatments to be most helpful.	**Correct.** The answer aims to get a better understanding of what the veteran found useful in the past to increase motivation for future treatment.
B	Mental Health treatment is proven to be very helpful. Maybe you haven't had the right kind of treatment.	**Incorrect.** The response fails to further explore what the Veteran means by the treatments not being helpful. It's also false to assume that she has not been treated with the "right kind."
C	I'd like you to give it some more thought and perhaps we could also contact Kim or your mother to join in the conversation.	**Incorrect.** The response is dismissive and offers to include friends and family before giving the Veteran an opportunity to elaborate on her answer.
D	Maybe it's time to consider a more intensive program. Should we talk about TMS, DBT, or and IOP?	**Incorrect.** The response makes assumptions about the previous treatment she received and makes recommendations using jargon.

Scenario 1

Dr. Cho: I'm curious to hear more about your experience with therapy and medications. Tell me about what things you found in past treatments to be the most helpful.

Ms. Davis: I was in therapy as a kid. I liked the therapist and I liked getting to leave class. When we moved to a different town, it stopped. I thought about trying to meet with a therapist after the miscarriage, but I was afraid to admit I needed help. They prescribed me something for a while, which helped. When it ran out, I never refilled it.

How should the provider respond?		
A	Why? Wasn't it a safe place to get help in the service? It's their responsibility to take care of all your needs.	**Incorrect.** Although this is an important aspect to explore in the future, it is not critical to discuss at the moment.
B	It sounds like you have found therapy and medications to be helpful in the past. However, because of inconsistent care, both came to an end.	**Correct.** The response concisely summarizes the Veteran's experience without judgment while also emphasizing her positive experiences with medication and therapy.
C	Let's look at your medical records to see if we can find the name of the medication you were prescribed after your miscarriage. Maybe we can try that again.	**Incorrect.** The response jumps too quickly to medication. It is important to first express validation and understanding of the Veteran, especially to address previous concerns.
D	You weren't provided adequate mental health care in the service. In the future, I advise you to have more consistent care.	**Incorrect.** Although the response does make an attempt to validate a possible previous concern of the Veteran, it is overly prescriptive, and it does not move the discussion forward.

Dr. Cho: It sounds like you have found therapy and medications to be helpful in the past. However, because of inconsistent care, both came to an end.

Ms. Davis: Even though we've only talked for a little while, I feel like you understand a lot of the things that I have been going through. It would be really helpful if I could talk with you at least until I'm more settled. It takes a while for me to really trust someone.

Dr. Cho: That is understandable. I want to recap what we've talked about today and the plan going forward to make sure that we are on the same page.

Ms. Davis: Okay

Dr. Cho: Since the birth of your daughter 3 months ago, you haven't been feeling like yourself, not feeling connected to your daughter, having negative thoughts about yourself, thinking you'd be better off dead, and drinking more alcohol. You want to work on getting better, because you feel responsible for your daughter's wellbeing and feel some responsibility towards your friend and your mother. You'd like to reconnect with members of your church and possibly join the mom's group there. You created a Safety Plan today and you plan to use that when you get home, as well as share it with your friend Kim. For now, you and I can meet weekly but I'll also enter a referral for individual therapy and psychiatry. Was there anything that I missed?

Ms. Davis: No, I think that's everything. Thank you so much for your support.

End of Scenario 1

Scenario 1

Safety Plan Example – Scenario 1

MY SAFETY PLAN	
Please follow the steps described below on your safety plan. If you are experiencing a medical or mental health emergency, please call 911 at any time. If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at **1-800-273-8255 (press 1).**	
Step 1: Triggers, Risk Factors, and Warning Signs	
Signs that I am in crisis and that my safety plan should be used:	
1. Not showering, eating, or getting out of bed	
2. Thinking about the miscarriage, like "it was my fault…I should have taken better care of myself."	
3. Increasing my alcohol use (drinking more than 2 drinks at a time)	
4. Suicidal thoughts, like "the world would be better off without me…I just want to end it."	
Step 2: Internal Coping Strategies	
Things I can do on my own to distract myself and keep myself safe:	
1. Pray	
2. Watch a funny TV show	
3. Use the Virtual Hope Box	
4. Listen to music	
5. Do a yoga video	
Step 3: People and Social Settings that Provide Distraction	
Who I can contact to take my mind off my problems/help me feel better:	
1. Name: Pastor John Allen	Phone: 555 555 5456

2. Name: Jenny (friend)	Phone: 555 678 0301
Public places, groups, or social events that help me feel better:	
1. Attend church and activities at church	
2. Play with my daughter	
3. Text Kim	
4. Go to the library and check out spy novels	
5. Got to the movies with Mom	

Step 4: Family Members or Friends Who May Offer Help	
Who I can tell that I am in crisis and need support:	
1. Name: Kim (best friend)	Phone: 555 675 1234
2. Name: Diane (Mom)	Phone: 555 867 5309
3. Name:	Phone:

Step 5: Professionals and Agencies to Contact for Help	
Mental Health professionals or services I can contact for help:	
1. Name: Dr. Jones	Phone: 555 123 4567
2. Name: Dr. Garcia	Phone: 555 234 5678
3. Name:	Phone:

Veterans Crisis Line: 1-800-273-8255, press 1 **VCL Text Messaging Service:** Text to 838255	If I need to go to an emergency room or urgent care, I will go to: VA ER
VCL Chat: https://www.VeteransCrisisLine.net/Chat	ER Address: 1 Main Street
Dial 911 in an emergency	ER Phone: 555 123 4567

Step 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

1. Put picture of my daughter on the fridge to stop from drinking
2. Buy less alcohol (instead of a case of beer, buy 6-pack of low alcohol beer)
3. Lock alcohol in cabinet or remove from house
4. Download yoga video on my phone and computer so that I remember to practice this skill

These are the people who will help me protect myself from having access to dangerous items:

1. Name: Kim (best friend)	Phone: 555 675 1234
2. Name: Diane (Mom)	Phone: 555 867 5309
Other Resources:	
Virtual Hope Box Smartphone App	www.MakeTheConnection.net
My3 Safety Plan Smartphone App	www.VetsPrevail.org

Scenario 2

Dr. Wilson
and
Mr. Michaels

Scenario 2

Narrator: ***Mr. Michaels called the community-based outpatient clinic to talk with his therapist and described feeling hopeless about the future. Since feeling hopeless, he stopped taking the medications that he had previously found to be helpful. Dr. Wilson, his psychologist, answers Mr. Michael's phone call.***

Dr. Wilson: Hello, this is Dr. Wilson.

Mr. Michaels: Hi, thanks for talkin' with me. I've been really depressed and haven't been able to keep up with life. I've missed my appointments, then medications. But I really needed to just talk with someone before things get worse.

How should the provider respond?		
A	Mr. Michaels, missing your medications really is not a good idea. You know it is one of the most important parts of your treatment.	**Incorrect.** The statement lacks empathy and is overly directive and judgmental, which can make the Veteran defensive and shut down.
B	Depression can be very hard to deal with. I see that you indeed have missed your appointments with your therapist and psychiatrist. Would you consider coming into see someone? I can help get an appointment for you.	**Incorrect.** Although the response starts with acknowledging the Veteran's current difficulties, immediately asking the Veteran if he wants to schedule an appointment does not allow for further exploration of his distress and cuts the conversation off prematurely.
C	I am sorry to hear that you are feeling depressed and overwhelmed. Tell me more about what's been going on.	**Correct.** The response validates the Veteran's distress and the open-ended question invites the Veteran to report more about his circumstances.
D	A person's mood is often related to their medication regimen. Tell me, how many pills do you have left? Do you have them with you right now?	**Incorrect.** Asking several questions that are more about facts and less about feelings may lead the Veteran to believe that the clinician is not interested in hearing how he feels. This can prevent getting vital information needed to help the Veteran.

Scenario 2

Dr. Wilson: I'm sorry to hear that you're feeling depressed and overwhelmed. Please tell me more about what's been going on.

Mr. Michaels: Everything has been getting worse this last month. I know I should take my medication daily, but sometimes I think there's no point in taking my meds because they won't fix my problems. A couple times I took more of the meds so that I would pass out. I just didn't want to feel anything.

How should the provider respond?		
A	Sounds like you are feeling more depressed lately and are having mixed feelings about taking your medications. Could you tell me more about the times you took more of your medications than prescribed?	**Correct.** The response reflects the Veteran's description about his worsening depressive symptoms and acknowledges his ambivalence about taking medications without passing judgement. The open-ended question allows gathering more information about the Veteran taking more medication than prescribed.
B	Depressive symptoms often return when medications are not taken as prescribed. Do you think that this is why you're feeling worse?	**Incorrect.** This is a closed-ended statement that does not acknowledge any of the personal information conveyed by the Veteran. It can lead the Veteran to disengage.
C	If you don't think the medications are working, are you interested in making some changes to find something better?	**Incorrect.** This statement does not acknowledge the Veteran's experience and misses the Veteran's ambivalence about using medications. The response moves too quickly towards problem-solving and misses an opportunity to gather additional information about taking more medication than prescribed.
D	Taking too much medication at once can be dangerous. It is very important that you take medications only as prescribed to ensure your personal safety.	**Incorrect.** The response may be interpreted as being judgmental and may be counterproductive. It does not acknowledge the Veteran's worsening depression nor does it provide an opportunity to gather additional details about the use of his medication.

Scenario 2

Dr. Wilson: It sounds like you're feeling more depressed and have mixed feelings about taking your medications. Could you tell me about the times you took more of your medications than prescribed?

Mr. Michaels: I think the first time I took too many pills that was an accident. Or maybe I just thought a little more would help me sleep or relax. I've been on edge and hardly sleeping at all. When the pills knocked me out, I thought it might be nice to just go to sleep and not wake up. I'm just tired of feeling so terrible all the time. But I want to be done with this.

How should the provider respond?		
A	It sounds like you have been having a really hard time. Do you have anyone you can talk to at home?	**Incorrect.** The response's validation of the Veteran's experience is too narrow. It asks a closed-ended question that moves toward problem solving. It does not address that the Veteran may be suicidal and sends a subtle message that the therapist is not someone with whom he can talk.
B	I hear that you are tired of feeling so bad and that you desperately want some relief. Tell me, what do you mean by, "go to sleep and not wake up."?	**Correct.** The response uses reflective listening to let the Veteran know that his concerns are being heard. An open-ended question facilitates a suicide risk assessment.
C	Sounds like sleep has been very challenging. How many hours of sleep are you getting at night?	**Incorrect.** While the response explores the Veteran's concern about sleeplessness it does not convey empathy, nor does it address that the Veteran may be suicidal.
D	I'm concerned about your safety. I would like to send someone over to check on you right now. Could you tell me where you are calling from?	**Incorrect.** The response assumes that the Veteran's statement of "go to sleep and not wake up" indicates suicidality without first clarifying. Further use of active listening skills and suicide risk assessment are indicated. This is an opportunity to enhance the Veteran's engagement in the conversation.

Scenario 2

Dr. Wilson: I hear that you are tired of feeling so bad and that you desperately want some relief. It sounds like you first took extra medications to help you relax and sleep. Later it was to go sleep and not wake up. What do you mean by go to sleep and not wake up?

Mr. Michaels: Once this month I thought maybe if I took enough pills, I could make these feelings go away and not have to think about the way I feel. I really don't want to die. It's this depression I want to get rid of.

How should the provider respond?		
A	I want you to promise me you won't take extra medications again without talking to me first. Even though it may seem like it will, suicide isn't going to solve your problems.	**Incorrect.** The response is judgmental and stigmatizing. The second statement suggests that the clinician is more concerned about their potential liability than the Veteran's mental health or well-being.
B	I'm glad you reached out to talk to me about your experience. I'd like to discuss a plan to help you stay safe while your psychiatrist makes changes to your medications.	**Incorrect.** The response would be helpful later in the interaction. For now, additional information needs to be gathered to determine the Veteran's level of acute and chronic risk for suicide prior to moving towards safety planning.
C	I'm glad you don't feel that way now, that must have felt horrible! How often have you thought about harming yourself this week?	**Incorrect.** While attempting to be helpful the response is superficial and assumes the Veteran's experience rather than fostering further discussion and reflection with the Veteran. In addition, the question does not directly ask about suicidal thoughts. Being direct is important because a person who is considering suicide may answer "no" to a question asking about "harming" or "hurting" themselves, but yes to a question about "killing" themselves.
D	I hear that it's not so much that you wanted to die, but that you really wanted some relief. At any point during this time, did you have thoughts of killing yourself?	**Correct.** The response acknowledges the Veteran's suffering and ambivalence about living. Asking directly about suicidal ideation clarifies the Veteran's statements and invites further discussion about suicide.

Dr. Wilson: I hear that it's not so much that you wanted to die, but that you really wanted some relief. At any point during this time, did you have thoughts of killing yourself?

Mr. Michaels: A few weeks ago, I thought I'd be better off dead. But I didn't want to kill myself. I know the difference. When I was a teenager, I took a bunch of pills to die, but this wasn't the same.

How should the provider respond?		
A	Participating in treatment is critical to keep your mind from racing and to do the things that are important to you. To make sure you're in treatment, let's make sure we get you scheduled for your therapy and psychiatrist visits.	**Incorrect.** While it is true that treatment adherence would be beneficial, the statement is judgmental and disregards the Veteran's experience. It would likely result in a loss of rapport.
B	When people are suffering, it is common for them to think that they might be better off dead. Could you describe how often and intense your thoughts of suicide have been in the past few weeks?	**Correct.** The response normalizes the Veteran's distress and asks an open-ended question to gather more information about his suicidal thoughts.
C	It sounds like you've been down this path before and learned to recognize some of your warning signs. Given how recent this was I think it might be best to come into the hospital for stabilization.	**Incorrect.** The response is helpful and well-intentioned. However, it moves toward hospitalization more urgently than is currently indicated. Continue to build rapport and engage in safety planning, to allow the Veteran to be treated in the least restrictive environment.
D	It seems that you have friends, what would they think if you killed yourself?	**Incorrect.** The response is an attempt to get the Veteran to think about the consequences of suicide. However, in crisis, perceptions are often altered by the high distress. Many individuals who are considering suicide believe that others will be better off without them.

Scenario 2

Dr. Wilson: When people are suffering, many might think that they would be better off dead. Could you describe how often and intense your thoughts of suicide have been in the past few weeks?

Mr. Michaels: The thoughts come and go a few times a week, but it's been like that since I was a teen. They usually only last a few minutes. They were coming more often and lasting longer a couple of weeks ago, but I was able to distract myself.

How should the provider respond?		
A	Okay, I think I understand. Do you have any intent to kill yourself today? You must have had a hard childhood if you've felt this way for so long.	**Incorrect.** The response attempts to empathize but makes assumptions about his childhood that may not be accurate. In addition, the response could lead the conversation away from dealing with present concerns and safety.
B	What was happening a few weeks ago that made the thoughts worse?	**Incorrect.** The response can be helpful but moves the interview away from the assessment of the Veteran's suicidal thoughts. This may be more appropriate during safety planning.
C	Sounds like your recurrent thoughts of killing yourself were more frequent and intense a couple of weeks ago. During this time, did you make or plan any preparations to kill yourself?	**Correct.** The response validates the Veteran's willingness to share his suicidal thoughts and acknowledging his struggle helps to maintain rapport. Even though this is a closed-ended question, it is critical to assess whether the Veteran has a plan.
D	It really sounds like things are getting worse. You need to come in and see me today so we can get you into the hospital where you will be safe.	**Incorrect.** The statement stigmatizes the Veteran's experience and does not present the Veteran with options for care. More information is needed to determine his level of risk and whether hospitalization is warranted.

Scenario 2

Dr. Wilson: Well, it sounds like you've had thoughts of killing yourself off and on for a long time, and that they were more frequent and intense a couple weeks ago. During this time, did you make a plan or preparations to kill yourself?

Mr. Michaels: I have suicidal thoughts that come and go, but I'm not at the point that I would go through with it, and I have no plan. I just want to stop feeling so bad all the time, and I don't know what else to do to stop feeling this way.

How should the provider respond?		
A	I know you want to stop feeling bad but killing yourself is not the answer.	**Incorrect.** The response is judgmental and may deter the Veteran from wanting to share any additional information with the clinician.
B	It is important to limit your access to ways in which you could kill yourself. How many sleeping pills do you have right now?	**Incorrect.** The response asks about access to lethal means (i.e., sleeping pills). Jumping ahead to this question without acknowledging his lack of current intent and his insight into his ambivalence misses the opportunity to engage him in a conversation about protective factors.
C	What I understand you saying is that you don't have intent to kill yourself right now. Is that right?	**Incorrect.** Although the response directly asks about his current intent, it is leading and fails to acknowledge his report that he does not intend to "go through with it" at this time.
D	While you are thinking more about suicide lately, you don't think you would act on your thoughts. What are some things that are keeping you focused on living?	**Correct.** The response summarizes the Veteran's report, highlighting that while he is experiencing suicidal thoughts, he currently does not have any intent to act on his thoughts. The answer then helps him focus on reasons for living.

Dr. Wilson: It sounds like you're thinking a lot about suicide lately and don't have a plan and don't feel that you would act on your thoughts. What are some of the things that are keeping you focused on living right now?

Mr. Michaels: My family's the main reason I'm hangin' on. I couldn't do that to them. I feel like if I could just get some sleep, I would feel better. I could get out of the house and do more with my kids.

How should the provider respond?		
A	I have some ideas about what could help. First, I would like to review your safety plan with you. Second, it seems like sleep is a really big issue for you. Let's make sure to schedule an appointment to address your sleep.	**Correct.** The focus on safety planning offers a collaborative approach to helping the Veteran manage suicidal thoughts and urges during a crisis. This is critical to providing the Veteran with a safe problem-solving strategy that he can use while other factors that are contributing to his suicide risk (e.g., sleep difficulties) are addressed.
B	Taking your medication as prescribed will help you feel better. I also think you should talk to someone regularly so they can help monitor your progress.	**Incorrect.** There is no guarantee the medications will improve the Veteran's mood. It also misses the opportunity to explore reasons why he has not taken them as prescribed. The description of individual therapy is limited and focuses on monitoring symptoms rather than enhancing quality of life.
C	You need to start with taking your medications regularly. We should also set up an individual meeting to learn adaptive coping skills. Finally, you should come to a group for suicidal Veterans.	**Incorrect.** The statement regarding medications is somewhat accusatory. The recommendation for meeting with the Veteran individually uses jargon such as "adaptive coping strategies." Finally, the group is not portrayed as an opportunity to find support, but an area where the "suicidal" Veterans go.
D	The easiest thing you can do to cope better and benefit from treatment is taking your medications as prescribed. It's really important that you do your part.	**Incorrect.** The response is dismissive. It also indicates irritation with treatment nonadherence and does not provide options for the Veteran. Please try again.

Scenario 2

Dr. Wilson: I have some ideas about what could help. First, I'd like to review your safety plan with you. Second, it seems like sleep is a really big issue for you. Let's schedule an appointment to address your sleep.

Mr. Michaels: That sounds helpful, especially talking about my medications to help me sleep better.

Dr. Wilson: Let's start by going over your safety plan. I have a copy of your most recent safety plan here. It was the one created during your initial appointment. Do you have a copy nearby?

Mr. Michaels: No, I don't have it with me. I'm not sure where it is. To be honest, I haven't really looked at it since our appointment.

How should the provider respond?		
A	I really encourage you to find it and read through it. If it's hard for you to keep track of it, consider committing it to memory.	**Incorrect.** The response is overly directive and does not provide an opportunity to discuss solutions to making the safety plan more accessible.
B	Well, it is only helpful if you have it available when you need it. Remember, you have to do your part of staying healthy.	**Incorrect.** Response is disrespectful and not helpful.
C	It is helpful to review your safety plan often, so you know what to do when you really need it.	**Incorrect.** While the statement is true and provides a rationale for keeping it accessible, it does not provide options for addressing the problem.
D	OK, that's one thing we can work on. It can help to have the safety plan in multiple place so that it's available when you need it. Some people save it as a picture on their phone or use the safety planning app.	**Correct.** The response uses the opportunity to intervene and problem-solve around ways to keep the safety plan accessible. The response acknowledges that this is an area to improve and provided options.

Dr. Wilson: Okay, that's one thing we can work on. Remember, the safety plan gives you ways to manage your suicidal thoughts and keep your environment safe. Sometimes, it helps to have it in multiple places so that it's available when you really need it. Some people find it helpful to take a picture of it and save it to their phone. Or, use the safety planning app.

Mr. Michaels: An app would be great. I always have my phone with me.

Dr. Wilson: That's a good idea. Let's start updating your safety plan. First, let's look at some of your warning signs for suicide. You identified trouble sleeping at night, feeling like you want to crawl out of your skin, and daily suicidal thoughts. Have you noticed any other warning signs that signal more intense thoughts or urges to kill yourself?

Mr. Michaels: I think those are the main things. Well, I also don't leave the house as much and don't want to spend time with my family.

Dr. Wilson: Okay, I'll add those to the list. What about not taking your medications as prescribed or stopping them all together?

Mr. Michaels: Yeah, that would be a good one to add. I guess that's a sign that things are going to get harder for me to handle.

Narrator: ***Mr. Michaels and Dr. Wilson continue to work on steps two through five of the safety plan. We rejoin them at step six, making the environment safe.***

Dr. Wilson: I want to take a moment to talk to you about ways to keep your environment safe, especially when you're having more suicidal thoughts and feelings. You mentioned that if you were to kill yourself that you would take your pills. Would you be willing to limit the number of pills you have access to? For example, giving all of your medications to a family member to hold?

Mr. Michaels: I don't know, I really don't want to bother my wife with this. She already has enough on her plate.

Dr. Wilson: I understand that you may not feel comfortable with this idea, that's a normal reaction. Would you be willing to do so just for a little while, at least until you get through this difficult period? Remember, this is just to make sure you don't have easy access to a bunch of medications, should you feel more suicidal.

Mr. Michaels: I guess I could do that, just until we get this sleep thing figured out.

Dr. Wilson: For now, it will be a precaution that we will take to help keep you safe. Is your wife there now? Could we include her in our conversation about your safety plan?

Mr. Michaels: Okay, I don't want her to freak out with too much information, but she knows that I've been struggling, and it might help her feel better to know that we have a plan. She also might have questions for you.

NOTE: See Page 10 to review the safety plan

The first step helps the Veteran list warning signs that indicate that they may be in a crisis. By listing the internal coping strategies in step two, the Veteran is reminded about activities that they can do on their own to keep themselves safe. In step three, the Veteran lists the people and social settings that help distract them. In step four, the Veteran specifically provides the names of people with whom they can share information about the crisis and go to for help. Step five contains the names of professionals and agencies that the Veteran may contact during a crisis. Both individualized team members information and national resources are included in this section. Finally, in step six the Veteran writes down the ways in which to make the environment safer and steps to take to protect themselves. Making the environment safer means both decreasing access to items that are unsafe in a crisis and increasing access to reminders of safety and reminders to use healthy coping skills. The safety plan ends with other resources that the Veteran may use.

Dr. Wilson: Thank you Mr. Michaels for calling and including your wife in our conversation. I'm glad we were able to schedule you to come in tomorrow to discuss your medications. Remember, if you have a crisis before the appointment you can call me or the Veterans Crisis Line.

Mr. Michaels: Thank you Dr. Wilson, I really appreciate it.

End of Scenario 2

Safety Plan Example – Scenario 2

Scenario 2

MY SAFETY PLAN

Please follow the steps described below on your safety plan.
If you are experiencing a medical or mental health emergency, please call 911 at any time.
If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at
1-800-273-8255 (press 1).

Step 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. Not sleeping at night
2. When suicidal thoughts like "my family would be better off without me. I should just end it all." happen daily
3. Suicidal thoughts keep me from focusing on taking care of myself
4. Feeling like I want to crawl out of my skin
5. I don't leave the house
6. Not taking medication as prescribed

Step 2: Internal Coping Strategies

Things I can do on my own to distract myself and keep myself safe:

1. Going for a walk
2. Listening to music to lift my mood
3. Watching a game show on TV
4. Taking a hot shower and noticing the sensations of the water on my skin
5. Practice holding ice to bring myself back into the moment
6. Practice progressive muscle relaxation or a breathing exercise

Scenario 2

Step 3: People and Social Settings that Provide Distraction

Who I can contact to take my mind off my problems/help me feel better:

1. Name: Pastor Jim	Phone: 555 555 5456
2. Name: Dave (best friend)	Phone: 555 678 0301

Public places, groups, or social events that help me feel better:

1. Attend church and activities at church	
2. Hang out with my children	
3. Going to visit my best friend	
4. Go to the gym	
5. Watch movies	

Step 4: Family Members or Friends Who May Offer Help

Who I can tell that I am in crisis and need support:

1. Name: Linda (wife)	Phone: 555 675 1234
2. Name: Mary (sister)	Phone: 555 867 5309
3. Name:	Phone:

Step 5: Professionals and Agencies to Contact for Help

Mental Health professionals or services I can contact for help:

1. Name: Dr. Howard	Phone: 555 123 4567
2. Name: Dr. Younis	Phone: 555 234 5678

3. Name:	Phone:
Veterans Crisis Line: 1-800-273-8255, press 1 **VCL Text Messaging Service:** Text to 838255	If I need to go to an emergency room or urgent care, I will go to: VA ER
VCL Chat: https://www.VeteransCrisisLine.net/Chat	ER Address: 1 Main Street
Dial 911 in an emergency	ER Phone: 555 123 4567

Step 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

1. No firearms in the house
2. No medications other than the ones I'm prescribed
3. Give Linda my medications to hold
4. Hang a copy of my safety plan on my bathroom mirror
5. Download a mindfulness app on my phone so that I have it when I need it
6. Set a recurring alarm reminding me to take my medication each day

These are the people who will help me protect myself from having access to dangerous items:

1. Name: Linda (wife)	Phone: 555 675 1234
2. Name: Mary (sister)	Phone: 555 867 5309
Other Resources:	
Virtual Hope Box Smartphone App	www.MakeTheConnection.net
My3 Safety Plan Smartphone App	www.VetsPrevail.org

Scenario 3

Dr. Anderson
and
Mr. Williams

Situation: Mr. Williams presented to the Community Based Outpatient Clinic for a Primary Care appointment. The Veteran reported frustration about experiencing ongoing pain despite pharmacological and non-pharmacological interventions. After he voiced thoughts of wanting to kill himself, Mr. Williams was asked to urgently meet w/ the psychiatrist; the Veteran reluctantly agreed to the visit. We join Mr. Williams with Dr. Anderson just after they have been introduced to each other.

ENGAGEMENT PHASE:

How should the provider initially engage Mr. Williams?		
A	Thank you for meeting with me today. I can see that you're very upset. Would you be willing to talk with me so I can understand more about what's going on?	**Correct.** The response starts with acknowledging the Veteran's distress. Thereafter, asks for permission to explore the reason for the visit.
B	For me to be able to help you, I really need you to calm down. What do you need to do to calm down?	**Incorrect.** The response starts with identifying a need without first acknowledging the Veteran's distress. It is important to assess the cause for the distress before addressing means by which the distress can be alleviated.
C	I can tell that you're very upset. Do you want to get a glass of water and a snack from the canteen and we'll talk once you've calmed down a little?	**Incorrect.** While the emotional state is acknowledged, it does not allow for the exploration of the Veteran's concerns. Also, the well-meaning response does not assess for risk before asking the Veteran to leave the office.
D	It's going to be hard to help you until you calm down. Someone in your state cannot think clearly.	**Incorrect.** The response dismisses the Veteran's distress and does not allow for engagement with the Veteran.

Dr. Anderson: Thank you for meeting with me today. I can see that you're very upset. Would you be willing to talk with me so I can understand more about what's going on?

Mr. Williams: I didn't come here today to speak to a shrink. It's my pain that's making me want to end it all!

How should the provider respond?		
A	This will be a lot easier to discuss once you're calmer.	**Incorrect.** The response dismisses the Veteran's distress and does not allow for engagement with the Veteran.
B	You are clearly very bothered by a lot of things. Is there something I can do?	**Incorrect.** While the emotional state of the Veteran was addressed, the response prematurely and inappropriately offers to provide a solution to the Veteran's situation, which was not been fully assessed.
C	Sorry to hear that you're in pain and feeling like you want to end it all. If you're willing, I'd like to learn more about your situation.	**Correct.** The response focuses on engaging the Veteran, reflects what he said, and provides an invitation for further discussion.
D	As you may know, pain and mental health issues are connected. It is important that we meet so that you can get the care that you deserve.	**Incorrect.** The response takes a cognitive approach in the midst of a highly charged emotional situation. Not acknowledging the emotion is often perceived as a disconnected provider.

Dr. Anderson: Sorry to hear that you're in pain and feeling like you want to end it all. If you're willing, I'd like to learn more about your situation.

Mr. Williams: You might think that this is all in my head, but the pain is real.... I'm starting to feel like life is not worth living anymore.

How should the provider respond?		
A	What have you and your providers done to address the pain?	**Incorrect.** The response does not address the Veteran's experience of pain.
B	To address the pain we need to address your mood. Being depressed and irritable will only make the pain worse.	**Incorrect.** The response makes the connection between mood and pain but insinuate that the Veteran's emotional response is worsening his pain. The response is overly directive.
C	A lot of people with pain, like you, report similar things. You sound pretty hopeless right now.	**Incorrect.** Though the response is supportive, it does not further the conversation for purposes of assessment.
D	I hear you that the pain is real. It sounds like you really want relief.	**Correct.** The response acknowledges the Veteran's pain and keeps the focus on his unique experience.

Dr. Anderson: I hear you that the pain is real. It sounds like you really want relief.

Mr. Williams: If you're willing to hear me out, we can keep going.

Narrator: ***Dr. Anderson reviews the Veteran's medical record and notes information about alcohol use, depression, and pain.***

ASSESSMENT PHASE:

Dr. Anderson: Based on what you've told me and after looking at the notes from your provider, I feel like I have a better understanding of what you've been going through. Now, I wanted to learn more about your statements about wanting to "end it all."

How should the provider continue?		
A	People in pain often feel that they can't go on, but they are not suicidal. Is that what you mean?	**Incorrect.** The opening statement is erroneous. The question is close ended and does not give the Veteran an opportunity to elaborate on what it means to "end it all."
B	What do you mean by "end it all?" Have you had thoughts of wanting to kill yourself?	**Correct.** The response directly asks the Veteran if he had thoughts of wanting to kill himself.
C	Having thoughts of wanting to kill yourself may mean that you will need admission to the hospital.	**Incorrect.** The response moves to the implementation phase without a suicide risk assessment.
D	"End it all" is not very specific. Are you referring to your pain or your mental health?	**Incorrect.** The response does not directly assess for suicidality.

Dr. Anderson: What do you mean by "end it all?" Have you had thoughts of wanting to kill yourself?

Mr. Williams: Well doc, I don't seem to be able to shake those thoughts. It's happened before and it's a little frightening. I find myself thinking about killing myself and I'm worried I may go through with it.

How should the provider respond?		
A	I'm glad that despite the thoughts, you haven't taken the step to hurt yourself.	**Incorrect.** The response does not allow for a better understanding of the Veteran's suicidal thoughts.
B	This sounds serious, would you consider inpatient treatment?	**Incorrect.** The response jumps to treatment recommendations without a complete suicide risk assessment.
C	Sounds like you've been thinking about this quite a bit. What are you worried you might do?	**Correct.** The response continues to build rapport. The response then asks a direct question about the plan.
D	I think that it is going to be very important that we complete a suicide safety plan.	**Incorrect.** Safety planning should follow a complete assessment of the Veteran's suicidality.

Dr. Anderson: Sounds like you've been thinking about this quite a bit. What are you worried you might do?

Mr. Williams: This is hard because I really don't want to think about it [pause]. I've got a gun, and I've thought of shooting myself with it. I figure that it would be a sure way to end it. I even know of this peaceful place where I could do it [teary eyed].

How should the provider respond?		
A	It will be important to tell your family about your thoughts so that we can have a complete plan for your safety.	**Incorrect.** The response may be experienced as being impersonal and does not move the assessment forward.
B	I've probably heard it all; you can share whatever is on your mind.	**Incorrect.** Though the response includes caring statements, it does not move the assessment forward.
C	It will be important to tell your family about your thoughts so that we can have a complete plan for your safety.	**Incorrect.** The response prematurely starts safety planning and assumes family involvement without the Veteran's consent.
D	What I'm hearing is that you've thought about using your gun and picked a place. Have you made any other preparations to kill yourself?	**Correct.** The response summarizes the Veteran's statements and continues to assess for risk for suicide.

Dr. Anderson: What I'm hearing is that you've thought about using your gun and picked a place. Have you made any other preparations to kill yourself?

Mr. Williams: Well, I now keep the gun loaded in my bedside table. It used to be in a safe.

Dr. Anderson: Looks like you've increased your access to a gun. I see that you have struggled with alcohol use for a number of years and you seem to be slurring your words today. I want to understand if alcohol plays a role in any of this. Tell me about your alcohol use these days.

Mr. Williams: That's not the main problem. I drink to cope. I'm drinking my usual, no more....

How should the provider respond?		
A	I'm sorry to hear that you need to drink to cope. It must be hard.	**Incorrect.** The response empathizes w/ the Veteran's struggle but does not include an assessment question.
B	How much do you usually drink in a day?	**Correct.** The response continues to assess the Veterans alcohol use as a risk factor without making assumptions.
C	It's very important to limit your drinking or else it'll just make you feel worse.	**Incorrect.** The statement may be considered an admonishment and be poorly received.
D	You may be drinking more than the recommended limit set out by the Department of Health and Human Services. Am I right?	**Incorrect.** The response cites guidelines rather than assessing the Veteran's alcohol consumption.

Dr. Anderson: How much do you usually drink in a day?

Mr. Williams: It's hard to wake up with the depression; it takes me a couple of shots before I can get out of bed. Then, the rest of the day I just drink to make sure that I don't think too much about how I'd rather be dead. I probably go through about a fifth of whiskey. I drank a little more this morning to work up the nerve to come to this appointment. You know it's no fun talking to you doctors.

Dr. Anderson: You've been using alcohol to cope for a long time. How do you think your alcohol use has been affecting your health?

Mr. Williams: You know better than me that it's wreaking havoc on my blood sugars. My doc said if I don't do something about my sugars and weight, I'll have to start using insulin.

Dr. Anderson: I see that you've missed more appointments in the last few months. I wonder if the missed appointments are making it harder to keep up with your mental and physical health?

Mr. Williams: My wife was the one who kept up with all my appointments and medications. Since she left me 2 months ago, I haven't been able to keep up with any of that.

How should the provider respond?		
A	It's been a really challenging two months, is there anyone else you have in your life who is a support?	**Correct.** The response recognizes the distress and assesses for protective factors in the Veteran's life.
B	It seems you've just had a bunch of bad breaks lately.	**Incorrect.** Though the response acknowledges the Veteran's losses, it does not address protective factors.
C	Sounds like your wife is very important to your health. Have you tried to patch things up with your wife?	**Incorrect.** The response transitions to treatment planning without completing the assessment.
D	We have a variety of evidence-based psychotherapies at our facility that could help you get back on track. I could place a consult for the therapist to contact you for the best one for you.	**Incorrect.** The response does not acknowledge the Veteran's losses but rather offers specific treatment options.

Dr. Anderson: It's been a really challenging two months, is there anyone else you have in your life who is a support?

Mr. Williams: My kids have been pretty awesome through this whole thing. They've been coming by almost every day to check on me. I've talked with my pastor who's also been a great support.

Dr. Anderson: That's very good to hear. I'm glad that you have people who are looking out for you.

Mr. Williams: Well, you know it's not just them. Though it may not seem like it, I count on you guys, too.

How should the provider respond?		
A	Yes, of course, we're always here for you.	**Incorrect.** The response does not acknowledge the Veteran's support system but instead reaffirms availability of clinical staff.
B	It's nice to know that you feel that you can count on your kids and on us. I can see that you've worked closely with your treatment team in the past.	**Correct.** The response affirms the Veteran's use of his support systems and history of engagement in treatment.
C	Remember, we are here Monday through Friday from 8am to 430pm. Do you have our contact number and the Crisis Line number as well?	**Incorrect.** The response does not acknowledge the Veteran's supports and instead mentions clinic hours and the Crisis Line.
D	It is good to have a diverse support system that includes friends, family, and providers.	**Incorrect.** The response acknowledges the Veteran's supports in an impersonal and didactic manner.

Dr. Anderson: It's nice to know that you feel that you can count on your kids and on us. I can see that you've worked closely with your treatment team in the past.

Mr. Williams: Thanks doc, I may come off pretty rough, but I do appreciate your help.

IMPLEMENTATION PHASE:

Dr. Anderson: I'm glad that we're on the same team and that you have people who can support you. However, you also mentioned feeling a whole lot worse than you have ever before. You've been having thoughts of wanting to end your life, you're drinking more, and you're alone since your wife left you. Where does that leave you now?

Mr. Williams: Talking it through with you has made me realize how bad things have gotten, I'm in a real bad place. I think that's why I was so worked up when we started. But I'm not sure what'll help me get out of this rut.

How should the provider respond?		
A	With your degree of distress and risk factors the only next step that would be medically indicated is admission.	**Incorrect.** The physician is too technical and impersonal.
B	You're right, it's time to take action. Here's what I think you should do.	**Incorrect.** The response acknowledges that it is time to take action and offers recommendations without collaboration.
C	With the way things are right now for you, I think the only safe next step is admission.	**Incorrect.** The response does not acknowledge the Veteran's efforts at maintaining his health and instead only offers problem solving.
D	I'm happy to see that you're giving the situation more thought; it'll help us plan the next steps together. Let's discuss some options.	**Correct.** The response validates the Veteran's experience without getting caught up in the content which leaves the conversation open to discuss next steps of care.

Dr. Anderson: I'm happy to see that you're giving the situation more thought; it'll help us plan the next steps together. Let's discuss some options.

Mr. Williams: Well shoot, doc. I'm hoping we can fix this; the sooner the better.

Dr. Anderson: As you've said, there's a lot weighing on you and it's been difficult to cope. It's concerning that you've been taking steps on your plan for suicide. You certainly have a number of things in your life that are helping, like your family, pastor and the trust you have in your providers. Right now, your safety is the most important factor. I'm concerned that outpatient treatment will not work quickly enough to ensure that you're safe. I'd say that inpatient care is the best option.

Mr. Williams: I see what you're saying about how bad things have gotten. But I never thought it would come to having to be in the hospital. It sounds scary.

How should the provider respond?		
A	I hear you say that this sounds scary and at the same time you see that things have gotten hard and you're considering admission. What tells you that admission is the right step?	**Correct.** The response validates the Veteran's emotional experience and brings the focus to the Veteran's thoughts that admission would be helpful.
B	Sounds like you're really on the fence about this, tell me your concerns about being in the hospital?	**Incorrect.** The response validates the Veteran's emotional experience but focuses on concerns about admission rather than reasons for admission.
C	Well, admission is the only option. Even if it's scary.	**Incorrect.** The response starts with a highly directive statement that does not leave the Veteran with an option. It only later acknowledges the Veteran's emotional experience.
D	Most people are afraid to go into the hospital but with your risk factors, it's the only option.	**Incorrect.** The response is cold and reiterates the opinion for admission without acknowledging the Veteran's experience or requesting his input.

Dr. Anderson: I hear your concerns about going to the hospital. To play devil's advocate, what do you think are some benefits of being admitted to the hospital?

Mr. Williams: Well, I know we talked about a lotta things and it does sound like I'd be safer in the hospital. And maybe the only way to stop drinking too. Maybe I could talk to some counselors. I really have a lot to get off my chest.

Dr. Anderson: Well you have some concerns about going to the hospital. You are also seeing some benefits of being in the hospital. At this point, would you be willing to be admitted?

Mr. Williams: Yeah, I guess it makes sense.

Narrator: ***We join Mr. Williams two weeks later. He is meeting with his inpatient team to discuss his discharge plan. Of note, Mr. Williams' wife has agreed to help support him after his discharge.***

Team Leader: Thanks for meeting with me and the team.

Mr. Williams: I am feeling so much better. I missed my family, but I am glad I came into the hospital.

How should the provider respond?		
A	It's important to be prepared. Discharge is the hardest time for people and oftentimes results in being re-admitted to the hospital.	**Incorrect.** The response does not acknowledge the Veteran's own experience and does not do anything to move the conversation forward.
B	I am glad you are feeling better. Your outpatient psychiatrist did the right thing by admitting you.	**Incorrect.** The response only focuses on how the Veteran is feeling but does not move the discharge planning conversation forward. The response does not acknowledge the Veteran's role in the decision to be admitted.
C	It's important to keep using your safety plan. It's how you're going to stay safe.	**Incorrect.** The response does not acknowledge the Veteran's experience; instead, it just emphasizes the safety plan without knowledge of how the Veteran prefers to cope.
D	I'm glad to hear that you are feeling better. Could you share some skills you've learned that you can use at home to cope when things get hard?	**Correct.** The response validates the Veteran's experience while at the same time encourages the Veteran to identify helpful coping skills with an open-ended question.

Team Leader: I'm glad to hear that you are feeling better. Could you share some skills you've learned that you can use at home to cope when things get hard?

Mr. Williams: Using mindfulness to check in with myself is helpful. I should keep practicing. It was also good to quit drinking for a while; my mind feels so much clearer. Do you think I'm going to be able to do this stuff on my own?

How should the provider respond?		
A	You've already shown that you can apply coping skills on the inpatient unit even when it's been really hard. What kind of support do you think will be most helpful for you going forward?	**Correct.** The response validates the Veteran's experience in treatment and asks an opened ended question to engage the Veteran in collaboratively developing a discharge plan.
B	You've got this. I trust you.	**Incorrect.** The response provides encouragement but does not move the conversation forward.
C	You can do it if you keep practicing your coping skills. Adhering to your treatment plan is key to staying healthy and out of the hospital.	**Incorrect.** The response does not acknowledge what the Veteran has achieved thus far and is overly directive.
D	It's important that you maintain abstinence from alcohol. Relapse is highly correlated with the re-emergence of suicidal thoughts.	**Incorrect.** The response does not use the Veteran's experience to guide discharge planning and instead is technical and cold.

Team Leader: You've already shown that you can apply coping skills on the inpatient unit even when it's been really hard. What kind of support do you think will be most helpful for you going forward?

Mr. Williams: I really liked the one-on-one sessions. I think it would also help to keep going to groups. I feel understood by other Veterans. I liked the groups in which we practiced coping skills together.

How should the provider respond?		
A	Remember you should also go to 12 Step groups. Those meetings are really helpful.	**Incorrect.** The response is overly directive and does not account for the Veteran's experiences or preferences.
B	Good ideas. We will work on that for you.	**Incorrect.** The response reinforces the Veteran's ideas but does not clearly articulate the plan back to the Veteran.
C	So, you want to continue with individual therapy and attend groups where you practice coping skills. This sounds like a great plan!	**Correct.** The response summarizes the Veteran's ideas for discharge planning and provides reinforcement related to this plan, using a collaborative approach.
D	It's important that you maintain abstinence from alcohol. Relapse is highly correlated with the re-emergence of suicidal thoughts.	**Incorrect.** The response is not collaborative, is cold, and uses terminology that the Veteran may not understand, e.g., "correlated".

Team Leader: So, you want to continue with individual therapy and attend groups where you practice coping skills. This sounds like a great plan! We have a strong discharge plan. Make sure to add those coping skills you referenced to your safety plan. Speaking of your safety plan, let's review step 6, making the environment safe.

Mr. Williams: Oh, I forgot to tell you, I asked my wife to get rid of my gun. It's no longer in the house. I also asked her to get rid of the alcohol. I'm happy she is supporting me through this.

How should the provider respond?		
A	It's good to limit access to weapons and alcohol when you are struggling.	**Incorrect.** While reinforcing, the response does not encourage continued discussion of the safety plan.
B	That's great to hear! Way to make your home safer! What kinds of things could you do to make it more likely that you'll use your safety plan and practice these new skills?	**Correct.** The response provides reinforcement and continues the conversation about using the safety plan.
C	Firearms are dangerous. It's about time you got rid of them. It's also important that no new alcohol enters the house.	**Incorrect.** The response is judgmental and overly directive.
D	It is important that you never have access to a firearm again because of your history of suicidal thoughts.	**Incorrect.** The goal of lethal means safety is to reduce/slow down the Veteran's access to lethal means. The goal is not for the Veteran to never have access to firearms. Such an approach could prevent the Veteran from engaging in an honest conversation with clinicians. It is important to meet the Veteran where they are and negotiate the safest plan.

Team Leader: That's great to hear! Way to make your home safer! What kinds of things could you do to make it more likely that you'll use your safety plan and practice these new skills?

Mr. Williams: I think it's important that I have a copy of my safety plan somewhere I can see it. I'll also give a copy to my wife and kids so that they know how to help me when I'm struggling. The therapist said that there is a mindfulness app. I can ask one of my kids to help me with downloading it. I can then practice the mindfulness skills whenever I am stressed.

Team Leader: These are great steps to make it easier for you to use your safety plan. As a reminder, your first individual appointment is scheduled for Monday at 9:00am (hands a reminder card). It has been wonderful working with you, and I wish you the best with your outpatient care.

End of Scenario 3

You have successfully completed the

Skills Training for Evaluation and Management of Suicide - Refresher training.

Because this is a non-accredited training, there is no post-test necessary.
Learners should return back to TMS to Self-Certify their participation and to access their Certificate of Completion.
Additional information can be found in the course brochure.

To Contact Us:

Enterprise Service Desk:
If you have technical problems while in the course, Self-Certifying, taking the evaluation, or printing a Certificate of Completion, please contact the Enterprise Service Desk (24x7, 365 days a year) toll free at: 1 (855) 673–4357 OR if you are working from government furnished equipment, feel free to open a ticket using the "YourIT" icon on your desktop.

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Resources

1. **Community provider toolkit**
   https://www.mentalhealth.va.gov/communityproviders/
2. **Lethal means safety**
   https://www.mirecc.va.gov/lethalmeanssafety/
   Reducing Firearm & Other Household Safety Risks for Veterans and Their Families
   Means Safety Messaging for Clinical Staff
3. **National Suicide Risk Management Consultation Service**
   https://www.mirecc.va.gov/visn19/consult/index.asp
4. **Rocky Mountain MIRECC for Suicide Prevention - Educational Products**
   https://www.mirecc.va.gov/visn19/orderform/orderform.asp
5. **Safety planning**
   Safety Planning Resources for VA providers:
   https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx
   Safety Planning Resources for Community Providers:
   http://www.suicidesafetyplan.com/Home_Page.html
6. **S.A.V.E.**
   psycharmor.org/courses/s-a-v-e/
7. **Self-directed violence classification system (SDVCS)**
   SDVCS clinical tool:
   https://www.mirecc.va.gov/visn19/docs/Clinical_tool.pdf
   SDVCS vignettes for training:
   https://www.mirecc.va.gov/visn19/education/nomenclature.asp
8. **Suicide risk assessment and stratification**
   Therapeutic Risk Management Model
   https://www.mirecc.va.gov/visn19/trm/
   Therapeutic Risk Management – Risk Stratification Table
   https://www.mirecc.va.gov/visn19/trm/docs/RM_MIRECC_SuicideRisk_Table.pdf
9. **Suicide Risk Identification Sharepoint**
   https://dvagov.sharepoint.com/sites/ECH/srsa
10. **Uniting for Suicide Postvention**
    https://www.mirecc.va.gov/visn19/postvention/
11. **VA Mental Health- Suicide Prevention**
    https://www.mentalhealth.va.gov/suicide_prevention/index.asp
12. **VA/DoD Clinical Practice Guideline for Suicide Risk Management (2019)**
    https://www.healthquality.va.gov/guidelines/MH/srb/
13. **Veteran Suicide Data**
    https://www.mentalhealth.va.gov/suicide_prevention/data.asp

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