



Suicide Prevention in a Virtual World

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Grace

Grace is a student and graduate assistant for the CMHC online program at The Chicago School. She is completing her fieldwork experience at Stetson University Counseling Services, where approximately 40% of incoming clients are in crisis. She is extremely passionate about helping clients who are coping with issues of depression, anxiety, stress, self-esteem, suicidal ideation, and trauma. She believes in using an integrative, holistic, and multicultural approach with her clients in order to better understand and assist them with their unique concerns.

Angela



- **Graduate Counselor Trainee at Stetson University**
- **Rollins College Graduate (May 2021)**
- **Experience includes but not limited to:**
 - Crisis counseling
 - Individual counseling
 - Group counseling
 - Multicultural Counseling/Diversity & Inclusion (LGBTQIA++)
 - Trauma
 - Crisis care
 - Anxiety and depression
 - OCD
 - Psychosis and severe mental illness
 - Eating disorders / body image
 - Life changes
 - Strengths and resilience
 - Mindfulness



Nicole

Nicole joined Stetson University Student Counseling Services in 2019 and took on the role of Training Coordinator in 2020. As Training coordinator, Nicole is responsible for facilitating the training of the Counseling Services Graduate Counseling Interns. Her counseling experiences include a children and adolescent Baker Act receiving facility, adult crisis stabilization units, private practice in New Smyrna Beach and Port Orange, suicide screenings with male inmates, and adolescent substance abuse and human trafficking survivor treatment in a residential facility. Nicole is also a Certified Personal Trainer and Powerlifting Coach. She tries to bridge wellness between the mind, body and spirit for a holistic approach.

The 4 Pillars of Virtual Risk Management

1

Establish clear protocols and communication of confidentiality and its limits in a virtual setting with clients

2

Determine and treat suicidal driving factors.

3

Initiate and facilitate a safety plan in a virtual setting

4

Understand hospitalization options for clients and be able to discuss it with clients.

Establish Clear Protocols

- Know your state's laws and limits
i.e. Florida's Baker Act
- Virtual Paperwork
Informed consent form – with collaborators
- Create protocol with client first session if disconnected.
- Ensure client location/confidentiality of location.

Collaborators

“My consent to teletherapy services includes the identification of two local (or on-site) collaborators. A collaborator is someone I know and trust and who would be a contact person that can be reached by the teletherapy provider if there is any concern for my physical or emotional wellbeing. Such collaborators may be called upon to contact me or to alert local authorities in an emergency situation.”

Name | Relationship | Phone Number | E-mail

Fluidly Assessing Suicidal Drivers

- **Predispositioning/Engaging**
 - Predisposing individuals to be receptive to our intervention
 - Establish a therapeutic bond/making psychological connections
 - Inform clients about what to expect/clarify intentions
- **Problem Exploration**
 - Communicate concern for the client
 - Identify 3 supports (psychological, logistical and social)
- **Examine Alternatives**
 - Situation supports – people who know the client who might care
 - Past/current coping mechanisms
- **Planning To Re-establish Control (allows for autonomy and mobility)**
 - Identify resources for immediate support
 - Develop coping mechanisms
- **Obtaining Commitment**
 - Have client verbally summarize the plan
 - If lethality is involved, stronger commitment and detailed plan summary is required
 - Is any hesitation, revisit earlier tasks
- **Follow up**
 - Decide on frame of time (minutes, days, hours)
 - Inquire about client's ability to maintain mobility and equilibrium
 - Reinforces your support for the client

Approaches to Assessment & Treatment

- **Take a directive approach**
 - *Asks about thoughts of killing oneself*
 - Ideation, intent, plan and means
 - *Ask about thoughts of self-harm*
 - Ideation, intent, plan and means
 - *Ask about thoughts of hurting others*
 - Ideation, intent, plan and means
- ***Ask these questions separately in order to obtain a clear, concise answer from the client***

Approaches to Assessment & Treatment (Cont'd)

Triage Assessment

- Assesses affective, cognitive and behavioral functioning
- Utilizes likert scale of 1-10 (1= no impairment & 10= severe impairment)
- Allows for implementation of proper interventions

CAMS (Collaborative Assessment and Management of Suicidality)

- Assesses suicidal risk factors and allows for creation of safety plans

Using Motivational Interviewing to Assess and Treat

- **You need to move the client from immobility to action. Maintenance occurs later**

- Precontemplation
- Contemplation
- Planning
- Action

- **Utilize basic counseling skills**

- Genuineness, empathy, unconditional positive regard

Develop discrepancy

- Miracle questions
- What is different now?

- **Roll with resistance**

- Work with the client – not against

- **Offer support**

- OARS

- Open Questions

- Affirmations

- Reflective Listening

- Summarizing

Things to Keep in Mind...

- What is the most pressing matter?
- How long has this matter been occurring?
- The client may be utilizing feeling words to indicate needs are not being met
- Multicultural implications (power, privilege, access to resources, etc.)
- ***May lead to safety planning and/or hospitalization***

When To Use a Safety Plan

- Based upon the information obtained when utilizing the approaches Angela mentioned
- Also use assessment results
 - CCAPS – for college students
 - PHQ-9
 - Columbia Suicide Severity Rating Scale (CSSRS)
- Clinical judgment

Safety Plan

- **IMPORTANT: Collaboratively create it!**
 - Even better – have the client fill it in and share their screen
- **List warning signs that a crisis is developing**
 - Includes thoughts, images, moods, situations, behaviors
- **Support people they can call for support including contact info!**
 - 1-3 of each:
 - Therapist/Other Professional
 - Family Members
 - Friends
 - Hotline Numbers Included

II. HOTLINE NUMBERS to call if you are in crisis:
Crisis Text Line 741-741
National Suicide Hotline 1800-273-8255
Volusia Mental Health Helpline 1800-539-4228
Deland Police Department 386-626-7400 or 911

Safety Plan (Cont'd)

- List Distraction Coping Skills (Minimum of 2)
- List Expressive Coping Skills (Minimum of 2)
- 5 Concrete steps client agrees to take when feeling unsafe/in crisis
 - Use info already listed to create a 5-step plan for what to do when the initial warning signs happen
 - Step 5 should always be the emergency services plan
 - Remember to include actual phone numbers so they don't have to look for this info when in crisis
- List reasons they deserve to live to remind themselves of during crisis

Safety Plan (Cont'd)

- Have client verbally agree to these for risk management:
 - Remain clean and sober until crisis passes
 - Follow medical advice, including medication regimen (if prescribed)
 - Remove (or see to removal of) the means of suicide
 - Not harm or kill self accidentally or on purpose
 - Call and talk to office, hotline, mental health provider, or other responsible person in cases of crisis
 - Follow steps of safety plan
 - Call 911 or proceed to nearest mental health facility in the event of imminent safety risk

Safety Plan Reminders

- Have client save file/screen shot the plan to the phone, print it and keep it with them, save to computer, etc. so it's always readily available in crisis
- Throughout and at the end ensure the client is open to and willing to follow plan/if they seem hesitant or unwilling
- Sometimes clients are excited to have a plan/way to handle these things themselves – it empowers them.

Hospitalization Options

- Voluntary
- Involuntary
- Know the different laws and procedures in your specific state
- Pros / Cons to voluntary vs involuntary hospitalization

Know Your Local Options

- Participate in a site visit: in person or virtual
- Connect with organization partners to build relationships

Why?

- Able to describe process and location appearance clearly and confidently
- Counselor confidence when dealing with already difficult situation
- Assurance for client

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