The Diverse Communities We Serve: Collaborating in Prevention, Intervention, and Postvention

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Response Crisis Center

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Affiliated Sante Group

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Eastern Shore Crisis Response
Affiliated Sante Group
Objectives

- Participants will learn how three crisis centers...
  - Collaborate with existing agencies in prevention, intervention, and postvention crisis response services in their diverse community service areas
  - Utilize macro level strategies and an ecosystems perspective to work within the environmental and cultural contexts of the individuals in the areas served
  - Unite within their communities to maximize limited funding
  - Support each other within their crisis programs
Suicide Prevention, which prepares for...

Suicide Postvention, which is a part of...

Suicide Intervention, which reduces need for...
BRACE YOURSELVES

GEOGRAPHY IS COMING
New York: Suffolk County
Maryland: Baltimore County Eastern Shore
Baltimore County Crisis Response
Eastern Shore Crisis Response
IT’S NOT THE SIZE OF YOUR DATA THAT MATTERS

IT’S HOW YOU USE IT!
City Mouse, Country Mouse

Eastern Shore Crisis Response (ESCRS)
Lynn Gurley, LCSW-C
Clinical Coordinator

Baltimore County Crisis Response (BCCRS)
Tamala Converse, LCSW-C
Clinical Coordinator
“Our presentation will be nothing but long, boring gibberish. It’s up to you to interpret it as informative and inspiring. That’s teamwork!”
Funding

"You can sum up this year's budget with one word."
Teamwork with "Sister" Programs

- BCCRS
- ESCRs
- Prince Georges County Crisis Response (PGCRS) – MD
- Mecklenburg County Crisis (CriSyS) – NC
- BCCRS answers ESCRs crisis line overnights
- BCCRS answers CriSyS crisis line overnights
- Back-up
  - BCCRS to CRiSyS, ESCRs and PGCRS
  - PGCRS to BCCRS
- Quarterly Clinical Coordinator Meetings
- Cross-training
- Assistance
- Consultation
- Support
Do not reinvent the wheel

stand on top of it and
take pictures as you
do something original
Collaborations

BCCRS

Police/911

Community resources

Hospitals

Education systems

MH/SA providers

Community workgroups
The country mouse couldn’t believe the feast he saw! He followed his city cousin as he picked through bowls of nuts, platters of cheese, and plates of cookies.
ESCRS Collaborations

- BCCRS
  - Overnight coverage
  - Mutual support

- OMHCs/SU Providers
  - UCCs
  - Safety Plans
  - Hospital Diversion

- Crisis Beds/Residential Treatment
  - Accompaniment
  - Joint dispatches
  - Referrals
  - Reciprocity

- 6 Hospitals
  - UCC Appts
  - Well-being checks
  - Space
  - Inpatient group

- Universities
  - Interns
  - Workforce Development

- Wellness and Recovery Centers
  - Peer Support Specialists
  - Persons w/Lived Experience
  - WRAP Group
Collaborative Works in Progress
HERE’S MERYL!
SUPPORTING SCHOOL COMMUNITIES AFTER SUICIDE

Meryl Cassidy, LMSW, ACSW
Executive Director
Who we are... What we do...

24/7 Hotline
Crisis Intervention / Suicide Prevention
Information and referrals

Bilingual Hotline
Conexión
(631) 751-7423
Mon-Fri 5pm-10pm

Online Counseling
Hear2Help
www.responsehotline.org
Mon-Fri 7pm-11pm

National Suicide Prevention Lifeline
1-800-273-TALK

Community Education / Professional Training

Support Line

LIRR Partnership
1-877-5 TALK-TO-US
THE SCHOOL AS AN ECOSYSTEM

A connected ecosystem

- Young person
- Family
- School
- Community

- International policy
- National policy
- Government
- Data collection
- Local Education Authorities
- Healthcare services (incl. mental health)
- School policy
- Healthy Schools
- Work experience
- PRUs
- Rehabilitation services
- Businesses
- Legal services
- Teacher & staff training
- Child protection services
- Prisons
- External service providers
- Research and resource centres
- Life-skills education
- Resilience education
- Leadership
- Peers
- Emergency services
- NGOs
- Charities
- Media and advertising
- Faith-based organisations
- Carers’ support services
- PSHE
- Life-skills education
THE NEED FOR POSTVENTION IN SCHOOLS
WHAT IS POSTVENTION?

Support for school communities in responding to suspected, attempted, or death by suicide
IMPLEMENTING A POSTVENTION PLAN

ONE
- CONFIRM FACTS

TWO
- DEVELOP A COORDINATED CRISIS RESPONSE
  - Assess staff readiness to respond and resources needed

THREE
- HELP STUDENTS COPE

FOUR
- MEMORIALIZATION – SOME CREATIVE SUGGESTIONS

FIVE
- MEDIA
Circles of Vulnerability

Geographical Proximity

Population at Risk

Psychosocial Proximity
Case Study 1
Ariel

HOW PREPARED ARE WE?
Case Study 2
Jeremiah

HOW PREPARED ARE WE?
Reported: 42,773

Unreported: 5% to 25% more suicides

Non-fatal behaviors: 40 to 100 x greater the number of suicides

# Affected: Every suicide behavior may affect a few or a very large number
1 in 5 have thoughts

“Death ends a life, but it does not end a relationship, which struggles on in the survivor’s mind towards some resolution which it never finds.”

From “I Never Sang for My Father”
5 QUESTIONS TO CONSIDER...

- Why do people kill themselves?
- Who is responsible when someone dies by suicide?
- Can suicide be prevented?
- Should suicide be prevented?
- Are there circumstances under which you would consider suicide?
JOINER’S THEORY OF SUICIDE

- Thwarted Belongingness
  “I am alone.”

- Perceived Burdensomeness
  “I am a burden.”

- Desire for Suicide

- Capability for Suicide
  “I am not afraid to die.”

Suicide or Near-Lethal Suicide Attempt
**RISK FACTORS**
- Age
- Gender
- Family History
- Genetics
- Geographical Location
- Access to Means
- Past Attempts
- Mental Illness
- Drug / Alcohol Abuse

**WARNING SIGNS**

<table>
<thead>
<tr>
<th>DIRECT</th>
<th>VERBAL</th>
<th>BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to die</td>
<td>Will preparation</td>
<td>Suicide note</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDIRECT</th>
<th>Better off without me</th>
<th>No one will miss me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Give away possessions</td>
<td></td>
</tr>
</tbody>
</table>

**Protective Buffers**
- Family/Friends
- Internal Coping Skills
- Mental Health Providers
Explore Invitations

ASK DIRECTLY ABOUT SUICIDE

BE PREPARED TO LISTEN

https://youtu.be/WcSUS9iZv-g
Kevin Hines

https://youtu.be/3BByga7bhto
Teen Suicide Prevention – Mayo clinic
We listen in order to:
- Understand
- Validate
- Connect
- Be truly present
- Find a turning point
- Life connection

Motivational Interviewing Skills
**The Patient Health Questionnaire (PHQ-9)**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Visit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself - or that you’re a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Column Totals**  
_______ + ______ + ______

**Add Totals Together**

---

10. If you checked off any problems, how difficult have those problems made it for you to  
Do your work, take care of things at home, or get along with other people?  

☐ Not difficult at all  ☐ Somewhat difficult  ☐ Very difficult  ☐ Extremely difficult
### ASSESSMENT OF SUICIDE RISK

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**  
Screen Version - Recent

<table>
<thead>
<tr>
<th>SUICIDE IDEATION DEFINITIONS AND PROMPTS</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask questions that are bolded and underlined.</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Wish to be Dead:</strong> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</td>
<td></td>
</tr>
<tr>
<td><em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Suicidal Thoughts:</strong> General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.</td>
<td></td>
</tr>
<tr>
<td><em>Have you actually had any thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td><strong>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</strong> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.”</td>
<td></td>
</tr>
<tr>
<td><em>Have you been thinking about how you might kill yourself?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Suicidal Intent (without Specific Plan):</strong> Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”</td>
<td></td>
</tr>
<tr>
<td><em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Suicide Intent with Specific Plan:</strong> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</td>
<td></td>
</tr>
<tr>
<td><em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Suicide Behavior Question:</strong> <em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</td>
<td></td>
</tr>
</tbody>
</table>
| **If YES, ask:** *How long ago did you do any of these?*  
• Over a year ago? • Between three months and a year ago? • Within the last three months? | | |
Lethality Assessment

<table>
<thead>
<tr>
<th>Category</th>
<th>YES</th>
<th>NO</th>
<th>Overall Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUICIDAL IDEATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helplessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived burden on others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling trapped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling incredibly alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Desire</td>
<td></td>
<td></td>
<td>Low Med High</td>
</tr>
<tr>
<td><strong>SUICIDAL CAPABILITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior attempts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impacted by someone else’s suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Available means of hurting self/a mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of violence towards others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently intoxicated/impaired</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Substance abuse history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent dramatic mood change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of touch with reality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current sleep deprivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current anxiety or agitation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent acts of threats of aggression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Capability</td>
<td></td>
<td></td>
<td>Low Med High</td>
</tr>
<tr>
<td><strong>SUICIDAL INTENT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempt in progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan to hurt self/others – method known</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparatory behaviors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expressed intent to die</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Intent (must be med or high if any are checked)</td>
<td></td>
<td></td>
<td>Low Med High</td>
</tr>
<tr>
<td><strong>PROTECTIVE BUFFERS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Immediate support – someone present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other supports (family, friend, therapist)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Planning for the future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engagement with telephone worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some positive feelings for life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beliefs that would oppose suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall buffers</td>
<td></td>
<td></td>
<td>Low Med High</td>
</tr>
</tbody>
</table>
**Safety Plan Example**

### SAFETY PLAN

**Step 1: Warning signs:**
1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

**Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:**
1. Play the guitar
2. Watch sports on television
3. Work out

**Step 3: Social situations and people that can help to distract me:**
1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

**Step 4: People who I can ask for help:**
1. Name Mother Phone 333-8666
2. Name AA Sponsor(Frank)Phone 333-7215

**Step 5: Professionals or agencies I can contact during a crisis:**
1. Clinician Name Dr John Jones Phone 333-7000
   - Clinician Pager or Emergency Contact #555 822-9999
2. Clinician Name Phone
   - Clinician Pager or Emergency Contact #
3. Local Hospital ED City Hospital Center
   - Local Hospital ED Address 222 Main St
   - Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

**Making the environment safe:**
1. Keep only a small amount of pills in home
2. Don’t keep alcohol in home
3.
DBT SKILLS THAT HELP WITH SAFETY PLANNING

- Interpersonal effectiveness
- Mindfulness
- Distress tolerance
- Emotion regulation

https://youtu.be/w6T02g5hnT4

https://youtu.be/HZ1-Nj3voXY
KEEPING THE ENVIRONMENT SAFE

Suicide Prevention Resource Center

CALM: Counseling on Access to Lethal Means

SPRC RESOURCE
Online Course

Information
Type: Training
Author: Suicide Prevention Resource Center (SPRC)
Publisher: Education Development Center, Inc. (EDC)

This free online course is designed for providers who counsel people at risk for suicide, including mental health and medical providers.

See This Resource
THE IMPORTANCE OF FOLLOW UP

- Structure of each call
- Mood check
- Safety Plan Review
HOSPITALIZATION
IMPLEMENTING ONGOING TRAINING

Safe TALK And ASIST QPR

THE GOOD BEHAVIOR GAME

ACTIVE MINDS SOURCES OF STRENGTH

SUICIDE SAFE SCHOOLS

response Crisis Center
let's get interactive
“To the world you may be one Person; but to one person you may Be the world.” Dr. Seuss

Meryl Cassidy, ACSW, LMSW
Executive Director
Response of Suffolk County, Inc

https://youtu.be/RVA2N6tX2og
Questions?

ONE DOES NOT SIMPLY

END A PRESENTATION WITHOUT ANSWERING QUESTIONS
Contact Information

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