DISCLAIMER:

This document contains guidelines for managing situations with clients who are suicidal or having suicidal ideations. This is a supplement to the mandatory training that covers the policies and procedures for handling these situations. If you have not had the opportunity to attend this training, please ensure that you are consulting your supervisor, in addition to clinical staff, while referencing the document. This document is NOT to be used in isolation or as a substitute for the training.
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YOUTH SUICIDE INTERVENTION GUIDELINES

LISTEN - LISTEN - LISTEN

Put your own “stuff” aside and listen with your ears and your heart/gut.

ASK

When you sense that a youth is depressed and possibly suicidal, ASK DIRECTLY, “ARE YOU THINKING OF KILLING YOURSELF?”

Determine possible risk factors/warning signs:
- What is the current crisis?
- Are you feeling depressed/hopeless?
- Is there any history of depression or previous suicide attempts?
- Are you feeling isolated?
- Do you have any support?
- Have you ever known anyone who died by suicide?

Determine current situation:
- Is he/she currently using drugs and/or alcohol?
- Does the youth have a suicide plan?
- How specific is the plan? (When? Where? How?)
- Does he/she have a method available?
- Has the youth already hurt themselves in any way (e.g., cutting)?

TAKE ACTION

Contact Designated Staff (e.g., Your Supervisor) – Get Others Involved

POTENTIAL RISK
- Some Risk Factors and Warning Signs
- No plan to kill self at this time

1. Contact support people and/or guardian;
2. Develop a safety plan;
3. Refer to physician or mental health resources;
4. Report to designated staff.

MODERATE RISK
- Many Risk Factors and Warning Signs
- Suicidal thoughts, but no immediate plans or means

1. Do not leave youth alone;
2. Contact support people and/or guardian;
3. Develop a safety plan;
4. Arrange for physician/mental health evaluation;
5. Report to designated staff.

IMMEDIATE RISK
- Risk Factors and Warning Signs are high
- Plans to kill self in the near future and has the means

Arrange for an immediate psychiatric and medical evaluation.
DO NOT LEAVE YOUTH ALONE!

EMERGENCY ROOMS
- Washington Hospital Center (202) 877-7000
- George Washington Hospital (202) 715-4000
- Psychiatric Institute of Washington (PIW) (202) 885-5600
- Children’s National Medical Center (18y/o & under) 1-888-884-BEAR (2327)
- Comprehensive Psychiatric Emergency Program (CPEP)/Mobile Crisis Unit
  (202) 673-9300; Office (202) 673-9319
- CHAMPS (18y/o & under) (202) 481-1450

If the youth declines treatment:
EMERGENCY: DIAL 911 (Request Crisis Intervention Officer) An officer will come, detain them, and bring them to a facility.

REFERRAL INFORMATION
- Youth’s physician or therapist:
- DC Access Helpline: 1-888-793-4357
- CHAMPS (18y/o & under): 202-481-1450
- Comprehensive Psychiatric Emergency Program (CPEP)/Mobile Crisis Unit:
  (202) 673-9300; Office (202) 673-9319
- National Suicide Hotline: 1-800-273-TALK (8255)
- https://suicidepreventionlifeline.org/chat/ (24/7 online chat)
Strategies for Talking with Youth

Talk youth through process of obtaining outside help.
Be honest and upfront with youth about the process and limits of confidentiality.
Use language such as “I know you may not want me to call anyone or you may be scared, but my job is to keep you safe.”
Offer to accompany youth to hospital (or meet there if being taken by police); let youth know they are not alone in this process.

Look for These Risk Factors/Warnings

- Feeling depressed/hopeless
- Feeling helpless
- History of depression
- Previous suicide attempt
- Lack of support
- Feeling of isolation and/or withdrawal
- Sadness/crying
- Change in appetite, sleeping
- Low energy
- Difficulty concentrating
- Loss of interest in activities
- Slipping grades or work
- Feeling angry or irritable
- Alcohol or drug use
- Feeling guilty for no reason
- Talking about suicide, death
- Giving away possessions
- Careless, high risk behavior
- Making a suicide plan
- Unexplained mood improvement

KEEP IN MIND

- Most people do NOT really want to die. They simply want to end the pain.
- People can move quickly from “low risk” into a state of crisis.

REMAIN CALM

- Listen attentively.
- Ask directly about suicide.
- Take action and get help.

PLEASE CONTACT YOUR SUPERVISOR FIRST

If in need of clinical support, the following staff can be contacted:

Elizabeth Mohler - 202.489.4906
Aldo Hurtado (Bilingual Spanish/English) - 202.280.5430
Shayna Scholnick (Bilingual Spanish/English) - 202.276.9193
Jessica Yepez (Bilingual Spanish/English) - 202.494.3001
Jessica Rice - 202.386.2688
Isabella Suero-Stackl (Bilingual Spanish/English) - 240.421.0907
Adam Angel - 443.604.0725

**See policy on following page**
Mental Health Emergency - If a youth discloses suicidal ideation, or shows other signs of acute mental distress (paranoia, delusions, self-harm, etc.), remove them from the program area to a safe and confidential space for further assessment.

<table>
<thead>
<tr>
<th>Staff</th>
<th>Course of Action</th>
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<tbody>
<tr>
<td>Direct Worker</td>
<td>[1] If youth discloses suicidal ideation, or shows other signs of acute mental distress, remove them from the program area to a safe and confidential space.</td>
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<td>[2] A staff member should remain with the youth at all times while another staff member notifies immediate supervisor/clinical supervisor to provide additional assistance.</td>
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<tr>
<td></td>
<td>[3] Staff should contact clinical staff on site to assist and conduct a safety and risk assessment. If on site clinical staff is not available, please consult with supervisor to contact clinical staff from other LAYC/MMYC sites.</td>
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<tr>
<td></td>
<td>[4] If clinical staff assess a high level of risk, 911, the Comprehensive Psychiatric Emergency Program (CPEP), or CHAMPS (18 years old &amp; under) must be called for assistance. In Montgomery and Prince George’s Counties the mobile crisis must be called. If staff assess a low level of risk, a safety plan will be put in place, and follow up will be required.</td>
</tr>
<tr>
<td></td>
<td>[5] Inform parent if the participant is under 18.</td>
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<td>[6] Provide consent forms to medical personnel if medical treatment is required.</td>
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</tbody>
</table>
Safety Plan

STEP 1: Know When to Get Help
What are the warning signs that you are beginning to struggle with your problem? These can include thoughts, feelings, or behaviors.

STEP 2: Coping Skills
What can you do, by yourself, to take your mind off the problem? What obstacles might there be to using these coping skills?

STEP 3: Social Support
If you are unable to deal with your distressed mood alone, contact trusted family members or friends. List several people in case your first choices are not available.

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<tr>
<th>Name</th>
<th>Contact Info</th>
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STEP 4: Seek Help from Professionals
If your problem persists, or if you have suicidal thoughts, reach out to your professional support system.

Local emergency number: 1-800-123-456

Professional or agency: 

Suicide hotlines in the United States: 
1-800-SUICIDE
1-800-273-TALK
1-800-799-4889 (for deaf or hard of hearing)
Plan de seguridad

PRIMER PASO: Sepa cuándo obtener ayuda
¿Cuáles son las señales de alarma de que usted está empezando a lidiar con su problema? Estos pueden incluir pensamientos, sentimientos o comportamientos.

SEGUNDO PASO: Las habilidades para sobrellevar situaciones difíciles
¿Qué puede hacer usted, por sí mismo, para despejar su mente del problema? ¿Qué obstáculos se podrían presentar al usar estas habilidades para sobrellevar situaciones difíciles?

TERCER PASO: El apoyo social
Si usted no puede lidiar solo con su estado de ánimo angustiado, comuníquese con familiares o amigos de confianza. Enumere a varias personas en caso de que sus primeras opciones no estén disponibles.

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Información de contacto</th>
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CUARTO PASO: Busque ayuda de un profesional
Si su problema persiste o si tiene pensamientos suicidas, comuníquese con su sistema de apoyo profesional.

<table>
<thead>
<tr>
<th>Número de emergencia local:</th>
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<table>
<thead>
<tr>
<th>Profesional o agencia:</th>
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<table>
<thead>
<tr>
<th>Líneas directas de suicidio en los Estados Unidos:</th>
</tr>
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<tbody>
<tr>
<td>1-800-SUICIDE</td>
</tr>
<tr>
<td>1-800-273-TALK</td>
</tr>
<tr>
<td>1-800-799-4889 (para las personas sordas o con dificultades auditivas)</td>
</tr>
</tbody>
</table>
Talking about Confidentiality with Clients

**Do's**
- **Do** speak to your clients at the start of your working relationship about confidentiality and the limits to confidentiality.
- **Do** be honest and upfront with clients when you have to break confidentiality.
- **Do** involve your clients in the process whenever possible when you have to break confidentiality.
- **Do** keep detailed case notes about why, when, and how you broke confidentiality and to whom.
- **Do** check with your supervisor if you ever are not sure whether or not it is ok to break confidentiality.

**Don'ts**
- **Don't** spring the limits of confidentiality on clients in the moment you need to break it.
- **Don't** make promises to clients about keeping everything they say confidential.
- **Don't** break confidentiality behind your client's back or without them knowing.
- **Don't** lie to your clients about any part of the process of breaking confidentiality.
- **Don't** forget to document any breaking of confidentiality.
- **Don't** break confidentiality without first checking with your supervisor, if you're not 100% sure it's appropriate.

Ways to Talk to Clients about Confidentiality...

"I just want to let you know that everything you say here is confidential, except in these cases..."

"Remember when we first met, when we talked about confidentiality and the times when I couldn’t keep what you said confidential? Well, this is one of those times when I have to tell someone in order to keep you (or someone else) safe. It is my job to make sure you are safe, and to do that I need to get you (or someone else) help."

"I know that maybe you don't want me to tell anyone, but as I said before I need to do it to keep you (or someone else) safe. Would you like to be here and call with me?"

"I know this can be scary, but I am going to tell you everything I can about the process. I can be with you during as much of the process as you want me to and as I am able to."
Limitations of Confidentiality

It is important to always talk to clients at the beginning of your relationship with them (the Rapport Building Stage) about Confidentiality and the limits to Confidentiality.

When Rules to Confidentiality are NOT applied?

- It’s important to understand not only the importance of confidentiality, but also its LIMITS.

1. First, and most important - is SAFETY. Follow the NASW Code of Ethics.
   
   - When a Client reveals that he/she wants to hurt themselves
     - Follow Suicide Intervention Guidelines.
   - If an individual leaves the office saying that he/she wants to harm another person—what do you do??
     - Inform the potential victim or perhaps someone that may know the potential victim, make a police report—something needs to be done-DUTY TO WARN.

2. Reporting Child Abuse/Neglect - this MUST be reported and documented - (in an Unusual Incident Report, ETO, and other program databases)

   - DC:
     - Child Protective Services Hotline
       202-671-SAFE

   - Montgomery County:
     - Child Abuse & Neglect Hotline
       240-777-4417

   - Prince Georges County:
     - Child Protective Services
       301-909-2450

ALWAYS INFORM YOUR SUPERVISOR OF THE ABOVE SITUATION
Learning to Self-Care

Learning to take care of yourself is a lifelong process but essential to the work you do!!

“You can’t pour from an empty cup.”

Types of Everyday Self Care

1. Physical Management
   - General Health: Am I taking care of my body? Especially when I feel sick or run down?
   - Nutrition: Am I eating lunch? Drinking enough water throughout the day?
   - Breathing Exercises: Do I stop to take deep breath during the day to regenerate?
   - Rest: Do I get enough sleep? What other activities can I do that make me feel rested and take my mind off work or stressful situations?

2. Emotional Management
   - Sense of Being Wanted and/or Belonging: Do I make sure I meet this need outside of the office by spending time with friends and family? (It is important to not meet this need with our youth).
   - Identify & Express Emotions: Am I able to identify, express and process my emotions appropriately?
Finding Self Care Activities that Work for YOU

✓ Activities can be Physical, Creative, Spiritual and/or Relaxing.
  o Some things can fall in multiple categories
✓ Activities should be FUN and ENJOYABLE to YOU!!!
  o This is personal, what works for your friend, relative, or coworker may not be enjoyable to you.
✓ Activities should be DOABLE.
  o It would be nice to travel, but it is not doable to do this every day! This needs to be realistic.
✓ Activities should be able to change your energy level.
  o When you are feeling sluggish or tired you may need an activity that will re-energize you and boost your energy.
  o When you are feeling anxious, jittery, or revved up you may need an activity that will help calm you down and help you relax.
✓ Activities should divert your attention.
  o You want an activity that will help you think about something other than work or the stressful situation (so maybe watching a movie or TV show that reminds you of a certain case or work may not be helpful)
✓ Activities should be things you can DO rather than watch.
  o Always better to engage in an activity rather than watch others participate in the activity.
✓ Activities should be something you can do every day for about one hour.
  o Can be split up in many different chunks of time that add up to an hour, but you should be taking care of yourself for at least an hour every day.
  o Sometimes this means you need to schedule your self-care time and honor it.