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Navigating the Suicidal Crisis with your Outpatient Client

Dr. Laura Leone, DSW, MSSW, LMSW

Sara Seidel Beall, NCC, LCMHC

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Today's Presenters



**Dr. Laura Leone, DSW, MSSW, LMSW
(she, her, hers)
Consultant
National Council for Mental Wellbeing**



**Sara C. Seidel Beall, NCC, LCMHC
(she, her, hers)
Senior Product Manager, Behavioral Health
Relias**

Objectives

By the end of the webinar, participants will be able to:

- Understand the details and assessment of a suicidal crisis.
- Implement immediate and ongoing response strategies to a suicidal crisis.
- Identify opportunities for successful referrals and the use of documentation best practices.

Understanding Suicidal Crisis

The Suicide Iceberg



Suicide Deaths

46K Deaths

ED Visits
Related to
Suicide

371K ED Visits

Self-Reported
Suicide Attempts

1.8M Self-
Reported Attempts

Seriously
Considered Suicide

12.3M Seriously
Considered Suicide

What does suicidal crisis look like?



- ❖ Verbal Cues
- ❖ Behavioral Changes
- ❖ Mood Changes



Who is at elevated risk?



Demographics and History

- Age
- Gender
- Ethnicity and Race
- Location / Community
- History of Trauma
- Previous Suicide Attempts
- Family History
- Military Service
- Incarceration



Behavioral Health Factors

- Mental Health Diagnoses
- Substance Use and Addiction
- Chronic Pain or Illness
- Non-Suicidal Self Injury



Life Context

- Stressful Life Events
- Abuse and Violence
- Loss and Bereavement
- Loneliness and Isolation
- Lack of Support
- Other Considerations:
 - Access to Lethal Means
 - Suicide contagion



Suicidal Crisis and Telehealth

Telehealth Considerations

- Check the client's environment. At the start of every session, be sure you request:
 - the **client's location**
 - **Who else is present** in the client's location for safety, support, and confidentiality
- **Discuss how virtual contact is different from in-person visits.**
- Emphasize the importance of **utilizing the safety plan.**

Telehealth Crisis Plans

- Obtain and Include **Local EMS and crisis support information** with client.
- List clients' **local social and professional supports (authorized for release of information).**
- List **adaptive options for social support**, not just names and numbers.
- Create a **plan for contact if disruption happens.**

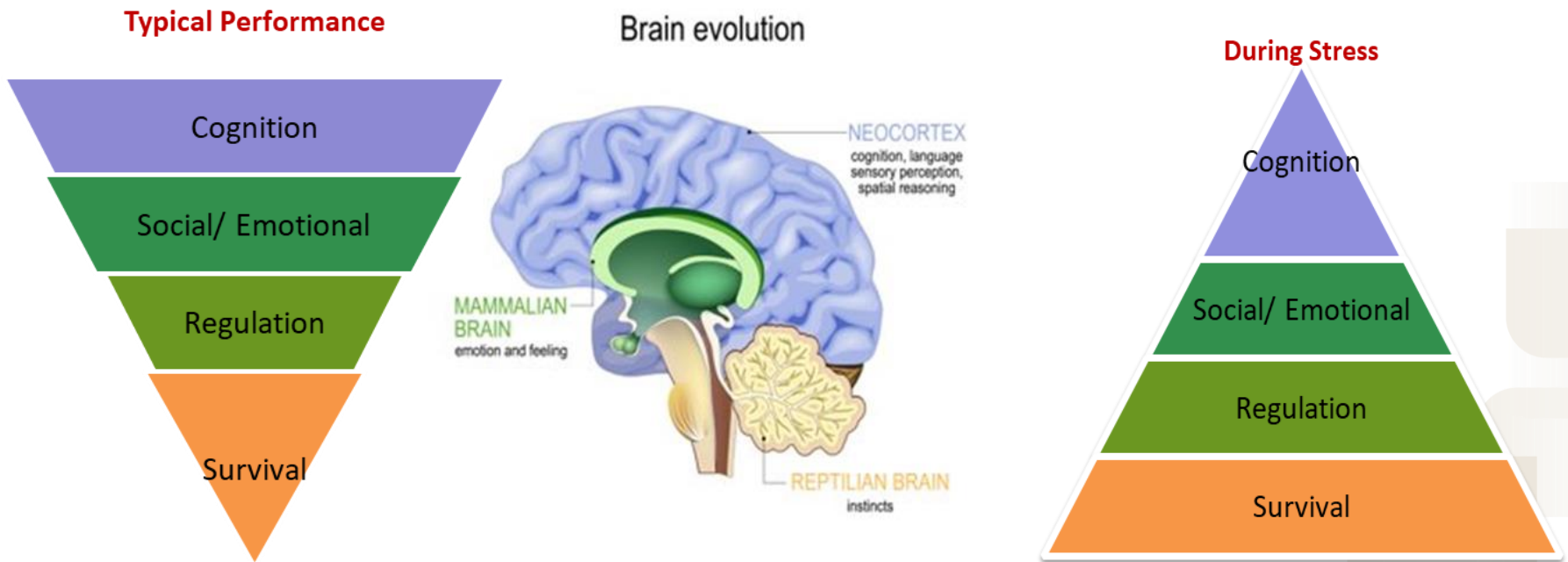
Initial Safety and Suicidal Assessment

The Need for De-escalation



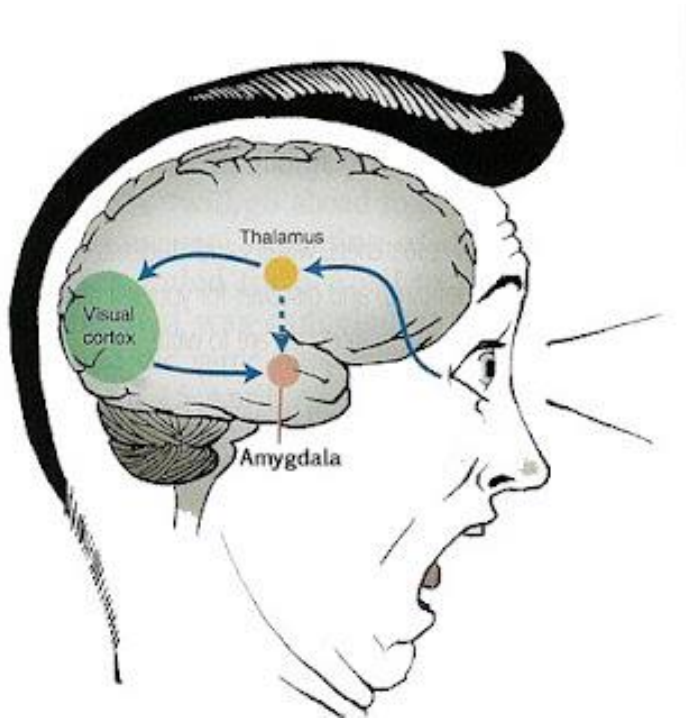
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Impact of Stress on Brain Energy



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Stress on the Brain: Survival Mode Response



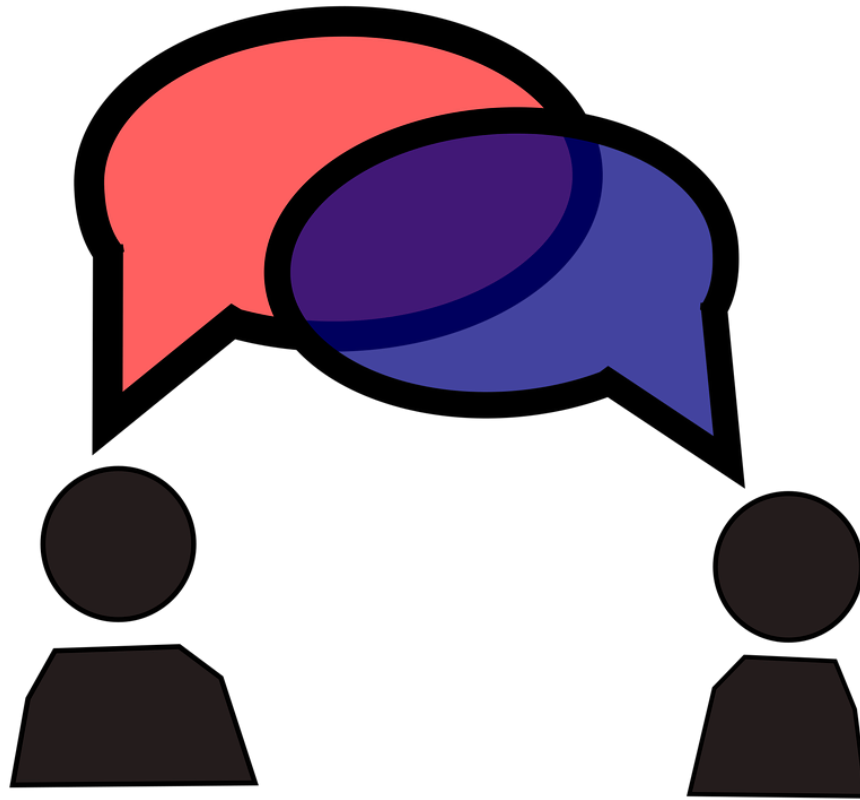
Inability to

- Respond
- Learn
- Process

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When Communicating



Being Culturally Sensitive and Responsive to Distress



Listen for variations in understanding



Be open to involving other professionals



Respect different communication practices

Non-Verbal Communication



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Responding to Emotionally Escalated Behavior



Stay Calm



Manage your own response



Identify a purpose to interactions



Respect personal space



Set safety limits

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De-escalation Techniques

Employ	purposeful & thoughtful interactions, Person-first language
Focus on	relationship building, Practice self-awareness
Promote	consistency & predictability
Teach	proactive regulation strategies
Recognize	areas of strength
Avoid	punitive and/or exclusionary practices
Foster	a safe space

Further Inquiry and Assessment

Risk Assessment

Severity	Disaster	High	Medium	Minimal
Probability				
Regularly	Critical	Critical	High	Medium
Probable	Critical	High	Medium	Medium
Occasional	Critical	High	Medium	Low
Rarely	High	Medium	Medium	
Improbable	Medium			

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Suicide Inquiry

- Ideation/Thoughts
- Plans/Methods/Means
- Intent/Desire
- Protective Factors



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Asking about Ideation

- Sometimes people in your situation (describe the situation) lose hope and I'm wondering if you may have lost hope too?
- Have you ever thought things would be better if you were dead?
- With this much stress (or hopelessness) in your life, have you thought of dying?
- Have you ever thought about killing yourself?
- When did you begin having suicidal thoughts?
- Did any event (stressor) happen before the suicidal thoughts?
- How often do you have thoughts of suicide? How long do they last? How strong are they?
- What is the worst the suicidal thoughts have ever been?
- What do you do when you have suicidal thoughts?
- What did you do when the suicidal thoughts were the strongest?

Asking about Plan/Methods/Mean

- When you think about killing yourself, how do you imagine you might go about it?
- Do you have a plan, or have you been planning to end your life? If so, how would you do it? Where would you do it?
- Do you have the (insert means: e.g., drugs, gun, rope) that you would use? Where is it right now?
- Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?

Asking about Intent and Desire

- What would it accomplish if you were to end your life?
- Do you ever feel that you're a burden to others?
- How do you think others would react to your death?
- How confident are you that this plan would lead to your death?
- How likely do you think you are to carry out your plan for killing yourself?
- What have you done to begin to carry out the plan? For instance, have you practiced what you would do (e.g., held the pills or gun, tied the rope)?
- Have you made any preparations for your death (e.g., updated life insurance, made any arrangements for pets)?
- What makes you feel worse when you are suicidal (e.g., being alone, thinking about a situation)?
- What makes you feel better when you are suicidal (e.g., contact with family, use of substances)?
- Do you feel connected to other people?
- Do you have someone you can call when you are feeling bad?
- **What stops you from killing yourself?**

Determine Protective Factors

- Sense of responsibility to family or others
- Life satisfaction
- Coping skills
- Problem-solving skills
- Ability to Reality test
- Religious faith / spirituality
- Social support / meaningful connections / belongingness
- Strong therapeutic relationship



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Screening for Suicide Risk

- The first step in connecting
- Identifying and creating a conversation
- Using a validated and reliable tool



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Columbia Suicide Severity Rating Scale - Screener Version

Ask questions that are in bold.

	Past Month	
Ask Questions 1 and 2	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake up?		
2. Have you had any actual thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6		
3. Have you been thinking about how you may do this? <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it."</i>		
4. Have you had these thoughts and had some intention of acting on them? <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>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.</i>	Lifetime	
If YES to question 6, ask: Was this in the past 3 months?		

Schedule follow-up

Address Lethal Means, Safety Planning, Schedule Follow-up

Evaluate Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-up

<https://cssrs.columbia.edu/training/training-options/>

Columbia Suicide Severity Rating Scale - Lifetime/Recent Version

Lifetime/recent Suicide Severity Rating Scale

[File Documentation](#) Completed/Reviewed

SUICIDAL IDEATION		
	Lifetime: Time He/She Felt Most Suicidal	Past 1 Month
<p>1. Wish to be Dead</p> <p>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></p>	<p>Yes No</p>	<p>Yes No</p>
<p>2. Non-Specific Active Suicidal Thoughts</p> <p>General, non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><i>Have you actually had any thoughts of killing yourself?</i></p>	<p>Yes No</p>	<p>Yes No</p>
SUICIDAL BEHAVIOR		
<p><i>(Check all that apply, so long as these are separate events; must ask about all types)</i></p>	Lifetime	Past 3 months

RISK ASSESSMENT with C-SSRS TRIAGE INDICATORS

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

* Indicators of High Risk from the C-SSRS

Past 3 Months	Suicidal and Self-Injurious Behavior (from C-SSRS)	Lifetime
* <input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>
* <input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>
* <input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>
* <input type="checkbox"/>	Other p	<input type="checkbox"/>

Suicidal Ideation (from C-SSRS)	
<input type="checkbox"/>	Wish to
<input type="checkbox"/>	Suicida
<input type="checkbox"/>	Suicida
* <input type="checkbox"/>	Suicida

Clinical Status (Recent)	
<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Helplessness
<input type="checkbox"/>	Feeling Trapped
<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Command hallucinations to
<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Substance abuse or depen
<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Chronic physical pain or oth (cancer, etc.)
<input type="checkbox"/>	Perceived burden on family
<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Aggressive behavior toward
<input type="checkbox"/>	Method for suicide available
<input type="checkbox"/>	Refuses or feels unable to
<input type="checkbox"/>	Sexual abuse (lifetime)

Protective Factors (Recent)	
<input type="checkbox"/>	Identifies reasons for living
<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Engaged in work or school
<input type="checkbox"/>	Engaged with Phone Worker

Other Protective Factors	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Other Risk Factors	
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

Describe any suicidal, self-injurious or aggressive behavior (include dates)





Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? Yes No

If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary. (*Note: Clinical judgment can always override a negative screen).
- If patient answers **"Yes"** to any of questions 1 through 4, or refuses to answer, they are considered a **positive screen**. Ask question #5 to assess acuity:
 - "Yes"** to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**.
 - **Patient cannot leave until evaluated for safety.**
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No"** to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741



**Script for nursing staff**Ask **Suicide-Screening** Questions**Say to parent/guardian:**

"National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child's safety, we will let you know."

Once parent steps out, say to patient:

"Now I'm going to ask you a few more questions."
Administer the ASQ and any other questions you want to ask in private (e.g. domestic violence).

If patient screens positive, say to patient:

"I'm so glad you spoke up about this. I'm going to talk to your parent and your medical team. Someone who is trained to talk with kids about suicide is going to come speak with you."

If patient screens positive, say to parent/guardian:

"We have some concerns about your child's safety that we would like to further evaluate. It's really important that he/she spoke up about this. I'm going to talk to your medical team, and someone who is trained to talk with kids about suicide is going to come speak with you and your child."



Interpersonal Needs Questionnaire

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what you think and feel.

		Not at all true for me		Somewhat true for me			Very true for me	
1.	These days, the people in my life would be better off if I were gone	1	2	3	4	5	6	7
2.	These days, the people in my life would be happier without me	1	2	3	4	5	6	7
3.	These days, I think I am a burden on society	1	2	3	4	5	6	7
4.	These days, I think my death would be a relief to the people in my life	1	2	3	4	5	6	7
5.	These days, I think the people in my life wish they could be rid of me	1	2	3	4	5	6	7
6.	These days, I think I make things worse for the people in my life	1	2	3	4	5	6	7
7.	These days, other people care about me	1	2	3	4	5	6	7
8.	These days, I feel like I belong	1	2	3	4	5	6	7
9.	These days, I rarely interact with people who care about me	1	2	3	4	5	6	7
10.	These days, I am fortunate to have many caring and supportive friends	1	2	3	4	5	6	7
11.	These days, I feel disconnected from other people	1	2	3	4	5	6	7
12.	These days, I often feel like an outsider in social gatherings	1	2	3	4	5	6	7
13.	These days, I feel that there are people I can turn to in times of need	1	2	3	4	5	6	7
14.	These days, I am close to other people	1	2	3	4	5	6	7
15.	These days, I have at least one satisfying interaction every day	1	2	3	4	5	6	7

Note: Items 7, 8, 10, 13, 14, and 15 are reverse coded.

Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner, T. E. (2012). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the Interpersonal Needs Questionnaire. *Psychological Assessment, 24*(1), 197-215.

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Acquired Capability for Suicide Scale- Fearlessness about Death (ACSS-FAD)

Please read each item below and indicate to what extent you feel the statement describes you. Rate each statement using the scale below and indicate your responses on your answer sheet.

		0 Not at all like me	1	2	3	4 Very much like me
1	The fact that I am going to die does not affect me.	0	1	2	3	4
2	The pain involved in dying frightens me.	0	1	2	3	4
3	I am very much afraid to die.	0	1	2	3	4
4	It does not make me nervous when people talk about death.	0	1	2	3	4
5	The prospect of my own death arouses anxiety in me.	0	1	2	3	4
6	I am not disturbed by death being the end of life as I know it.	0	1	2	3	4
7	I am not at all afraid to die.	0	1	2	3	4

PHQ9 & PHQ9-A

- Screenings for depression
- Not suicide screening tools, but can be a helpful starting point ...

Follow-up after Screening

- Treat suicide separately
- Immediate brief interventions
- Longer term treatments





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Crisis Safety Planning and Management

Creating a Collaborative Safety Plan

- Who needs it?
- Who's involved?
- What is it?
- When do you do it?
- Where can you do it?
- How do you create one?



My Warning Signs

My Coping Strategies

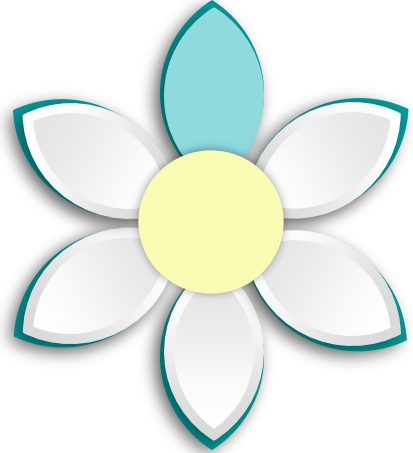
My Safe Environment



My Distractions

My Professional Supports

My Personal Supports

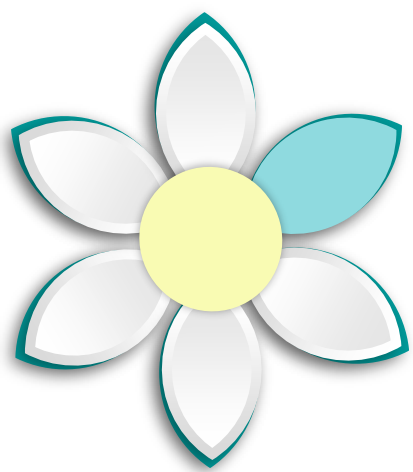


My Warning Signs

Something a person thinks, feels, or does as suicidal thoughts are starting to develop.

Only list warning signs that your client can recognize and will use

- What happens when you start to experience suicidal thoughts or feel overwhelmed?
- What do you feel in your body before you begin feeling suicidal? (e.g., heart racing, not sleeping or eating well)
- What thoughts, images, moods, situations, and behaviors indicate to you that a crisis may be developing?
- How will you know when to use your safety plan?



My Coping Strategies

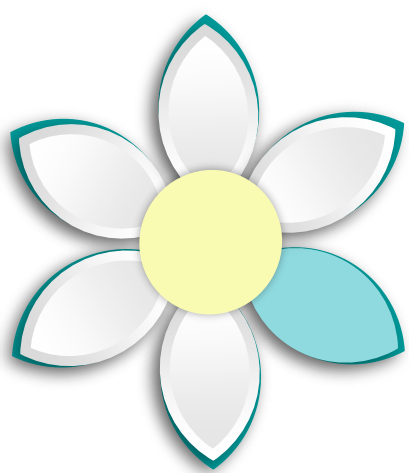
Things a person can do on their own to help feel a little better in the moment.

Identify the client's potential roadblocks and their solutions

- What can you do, on your own, to help yourself stay safe?
- List things that you can do on your own to help you not act on urges to harm yourself.

For every resource step:

- How likely do you think you would be able to use these strategies during a time of crisis?
- What might stand in the way of you thinking of these strategies or doing them if you think of them?
- What can we do to plan for these roadblocks?



My Distractions

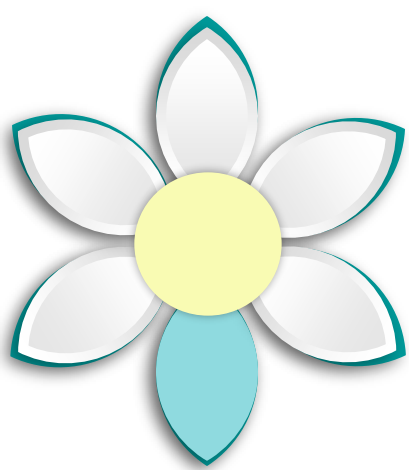
People or places that offer comfort or help to take a break from a situation. This gives space to start feeling/thinking differently.

***Help the client find safe people and places ***

- Which people or places help you take your mind off your problems at least for a little while?
- Who helps you feel better when you socialize with them?
- Ask about likelihood, roadblocks, and then brainstorm solutions.

Quick Note: This can be a person, place, or activity. It is not necessary for the client to tell the people on this list what are going through or feeling

.



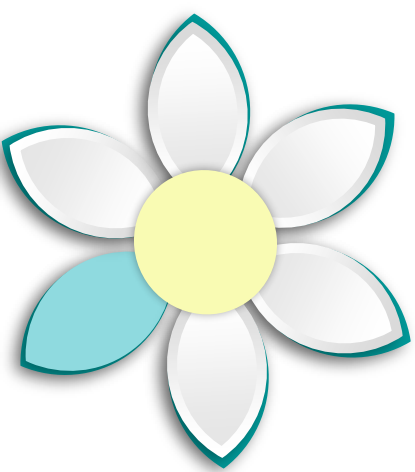
My Personal Supports

Trusted family or friends that you feel comfortable talking with and who can provide some help.

Create a list of contacts with the client

- Who do you feel you can talk to about what you're experiencing and who will be supportive?
- Among your family or friends, who do you think you could contact for help during a crisis?
- Ask about likelihood, roadblocks, and then brainstorm solutions.

Quick Notes: In this step, unlike the previous one, the client will reveal to others that they are in crisis. Listing multiple people can help if one contact is unreachable, so prioritize the list. When possible, it is helpful for the client to talk to these supports about being on the Safety Plan before a crisis happens.



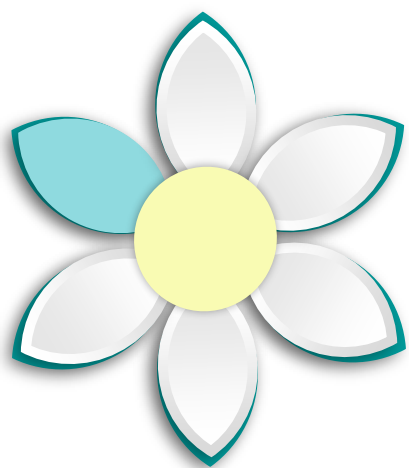
My Professional Supports

People who can provide professional care and support. Agencies or professionals the client can call during an emergency.

Create a list of behavioral health resources

- Who are the mental health professionals you feel belong on your safety plan?
- What agencies and organizations support you with your mental health needs?
- Ask about likelihood, roadblocks, and then brainstorm solutions.

Quick Note: List contact information and hours for 988 and other crisis hotlines, clinicians and agencies, urgent cares, local EDs, mobile crisis teams, and crisis centers. Be sure to have all contact options (phone, text, chat, location, etc.) and have the client also put the contact information into their phone.



My Safe Environment

Items that can be used to harm a person can be dangerous during a suicidal crisis.

Make the environment safe by removing or limiting lethal means

- What items do you have nearby that you may use to harm yourself?
- How might you safely remove them, or what would make it harder for you to access and use these items?
- Do you own a firearm, such as a gun or rifle?
- Are there other items you've considered using to kill or harm yourself?
- What would make it harder for you to access and use these items?

What else?

Maintenance of the Safety Plan

Everyone has a copy

Review and update regularly

Practice the coping strategies

When another crisis occurs

Common Mistakes in Safety Planning

Doing the plan for the client

Not using client's language

Using canned or sparse plans

Not preparing the client

Not reviewing and updating

Using hospitalization first

Ideas for Great Safety Plans

Promote safety in various places and situations

Make plans for dependents

Call helplines with client

Scale of distress (1-5)

Another Consideration

Needs of parents, family, and caregivers

Documentation and Follow-up



The Flow of Information

- In the client's chart
- To team members
- To ED / external organizations
- Ongoing services and treatment / care planning

* Remember health literacy!



Team and Partner Collaborations

- Team discussions on clients' progress
- Collaborate with care continuum partners
 - How will you communicate?
 - How will you assess how things are going for the clients and for the partners?
 - How will you evolve together?

We Covered...

- Understanding Suicidal Crisis
- Initial Safety and Suicidal Assessment
- Crisis safety Planning and Management
- Documentation and Follow-up

A decorative graphic on the right side of the slide. It features a cluster of colorful hearts in shades of red, blue, yellow, and pink, scattered across the upper half. Below the hearts are three stylized dandelion-like flowers with orange centers and thin, radiating lines, each with a long, thin stem. The overall aesthetic is warm and hopeful.

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Further Questions and Discussion



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Thank you!

Dr. Laura Leone, DSW, MSSW, LMSW
Integrated Health Consultant
National Council for Mental Wellbeing
LauraL@TheNationalCouncil.org

Sara C. Seidel Beall, NCC, LCMHC
Senior Product Manager
Relias
sseidelbeall@relias.com

Presentation Evaluation

<https://www.surveymonkey.com/r/WGXBCXC>

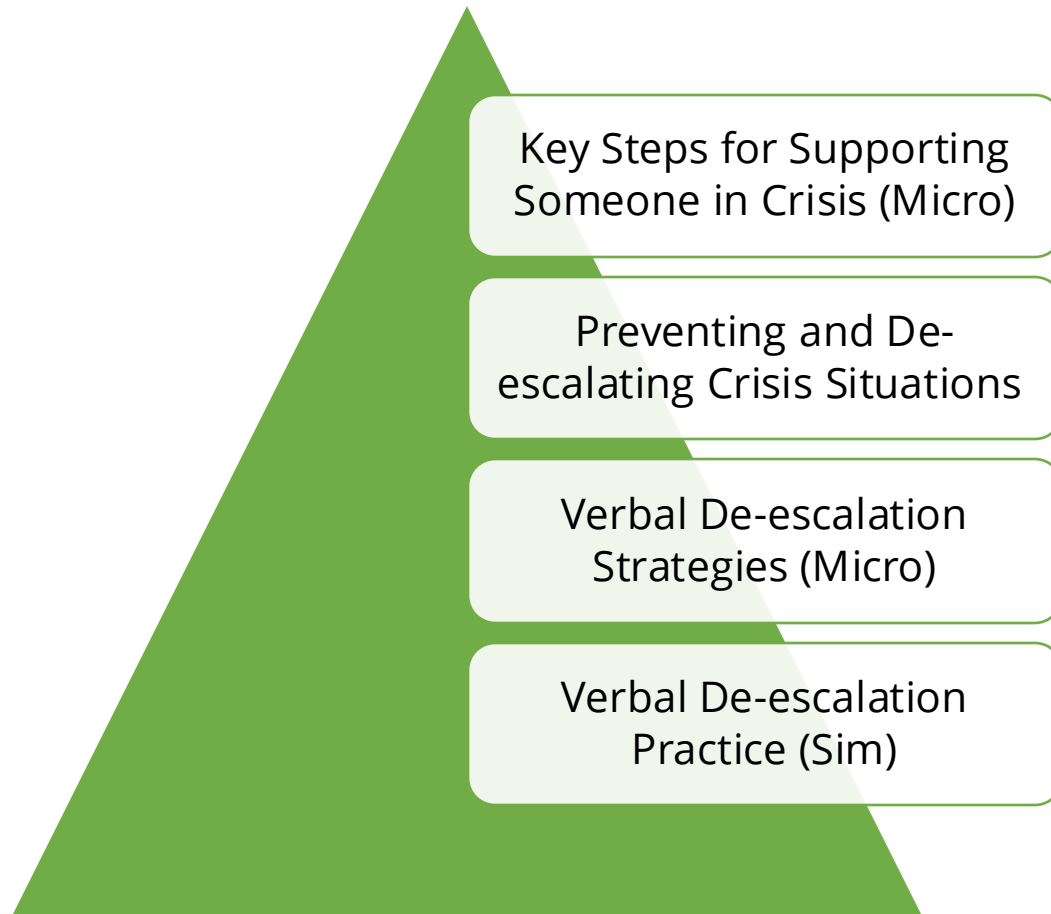


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A decorative graphic consisting of several concentric, overlapping circular bands. The colors transition from light blue on the left to light green on the right, with a white center. The bands have a soft, blurred appearance.

Appendix: Relias Content

Relias De-escalation Solutions



Relias Crisis Solutions

Crisis Planning

In Session: Practicing Clinical Skills for Safety Planning (Sim)

Engaging Family Members in Crisis Planning

Crisis Management

Recognizing and Responding to a Person in Crisis

Crisis Management Basics for Paraprofessionals

Crisis Management Across Health and Human Services (Sim)

Crisis Management Approaches for Telehealth Services

Crisis Management Approaches for Telehealth Services with Children and Adolescents

Crisis Systems

Approaches to Preventing Psychiatric Hospitalizations and Readmissions

Communicating with Public Safety Officers (Micro)

Behavioral Health System of Crisis Care

Relias General Suicide Solutions

Prevention

- Preventing Suicide in Adults: The Role of Paraprofessionals

Screening and Assessment

- Suicide Risk Assessment using ASQ (Microlearning)
- Assessing Suicide Risk Using the C-SSRS (Microlearning)
- Assessing and Screening for Suicide Risk
- Suicide Screening for Direct Care Staff
- Cultural Considerations Related to Suicide

Intervention

- Evaluating and Intervening to Reduce Suicide Risk: Exam
- Overview of Evidence-Based, Suicide-Specific Interventions
- Lethal Means Counseling
- Community-Based Interventions to Reduce Suicide Risk

Postvention

- Effective Intervention in the Aftermath of a Suicide

Relias General Suicide Solutions

Special Populations

- Depression and Suicidality in Older Adults
- Reducing Suicide Risk in Adolescents and Transition Age Youth
- Preventing Suicide in Youth: The Role of Paraprofessionals
- Preventing Suicide Among Veteran Populations

Care for Clinicians

- Managing Reactions When Working with Suicidal Clients: A Guide for Clinicians
- Podcast: Processing a Client Dying by Suicide
- Behavioral Health Leaders: Supporting Clinicians after a Client Death

In Session Simulations

- In Session: Practicing Clinical Skills to Prevent Suicide in Children and Adolescents
- In Session: Practicing Clinical Skills to Prevent Suicide in Young Adults
- In Session: Practicing Clinical Skills to Prevent Suicide in Adults
- In Session: Practicing Clinical Skills to Prevent Suicide in Older Adults
- In Session: Practicing Clinical Skills for Safety Planning

Relias General ODV Solutions

Other-Directed Violence

- Assessing and Managing Risk of Other-Directed Violence in Children and Adolescents
- Assessing and Managing Risk of Other-Directed Violence in Adults
- Lethal Means Counseling

Intimate Partner Violence

- An Overview of Intimate Partner Violence for Paraprofessionals
- Identifying and Responding to Intimate Partner Violence
- The Connection Between Substance Use and Intimate Partner Violence

In Session Simulations

- In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Children and Adolescents
- In Session: Practicing Clinical Skills to Prevent Other-Directed Violence in Adults
- In Session: Practicing Clinical Skills for Safety Planning