

June 18, 2025

# Suicide Prevention and Safety Planning

---

**switchboard**  
connecting resettlement experts





# Today's Speakers



**Ashley LeBlanc,  
LCSW**

Technical Advisor,  
Mental Health and  
Psychosocial Support



**Jasmine Griffin,  
LPC**

Training Officer,  
Switchboard



# Learning Objectives



By the end of this session, you will be able to:

1

## IDENTIFY

protective factors,  
risk factors, and  
warning signs of  
suicide

2

## APPLY

four practical skills to  
ensure your  
communication with  
clients about suicide  
is assertive, clear,  
and compassionate

3

## IMPLEMENT

the six questions of  
the suicide risk  
screening tool with  
fidelity and  
confidence

4

## CREATE

effective suicide  
safety plans with  
clients, including six  
key elements



# **Protective Factors, Risk Factors, and Warning Signs of Suicide**



**There are often warning signs before someone attempts to end their life.**





Suicide CAN be prevented.



# Facts



In 2022, there were an estimated 1.6 million suicide attempts in the U.S.

In 2022, 49,476 Americans died by suicide in the U.S.

If a loved one dies by suicide, the bereavement process tends to be longer and more complicated.

Suicide rates increased approximately 36% between 2000 and 2021.

Suicide was the second leading cause of death for people ages 10-14 and 20-34.



## **Risk Factors**

Characteristics that make it more likely that individuals will consider, attempt, or die by suicide

## **Protective Factors**

Characteristics that make it less likely that individuals will consider, attempt, or die by suicide





- Substance abuse
- Physical illness
- Self-harm
- Certain mental health conditions (e.g., mood disorders)

## **Health Risk Factors**

## **Health Protective Factors**

- Optimal physical health
- Emotional well-being
- Positive coping behaviors and practices
- Access to mental health care



- Isolation/lack of support
- Access to lethal means
- Barriers to accessing care
- Recent loss

## **Social Risk Factors**

## **Social Protective Factors**

- Strong connection to family and friends
- Engagement in meaningful activity (work, school, volunteerism, etc.)
- Connection to faith or belief system





- History of self-harm
- History of suicidal attempts
- Family history of suicide
- History of trauma/abuse

## **History Risk Factors**

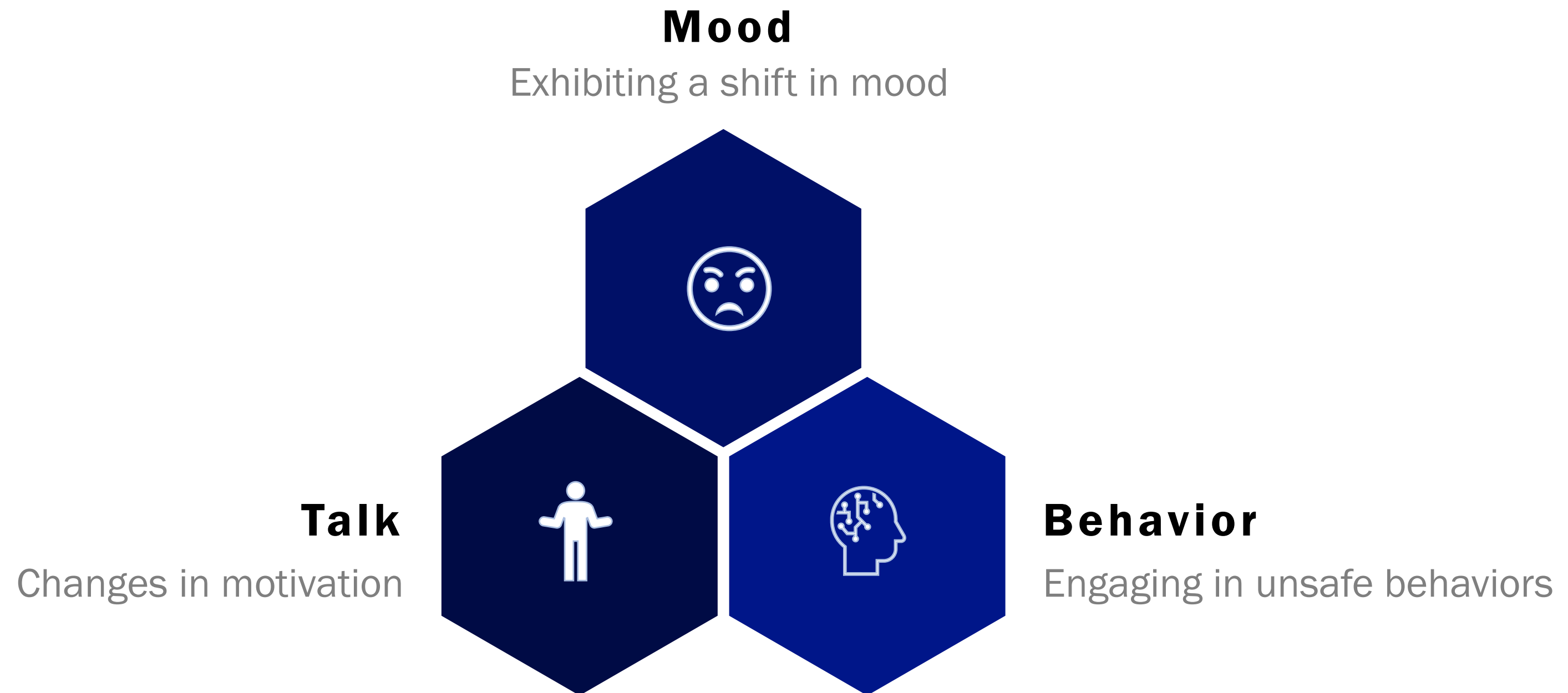
## **History Protective Factors**

- Positive childhood
- Positive attachment to at least one caregiver
- No childhood abuse/neglect
- Demonstrated resilience

# Warning Signs



Indicators that suggest potential danger, risk, or problems







# Case Scenario: Zahra

You are an economic empowerment caseworker who has been working with Zahra for four months.

Recently, Zahra lost her part-time job and since then, she appears to have lost weight, looks more tired than usual and rarely engages in classes and your individual meetings.

Based on your intake assessment, you know that Zahra has no health issues but reports a previous diagnosis of depression. She talks positively about her connection with her family. Zahra states she has made new friends and often attends community events.



**What are warning signs you notice in Zahra's scenario?**





**What are some protective factors that Zahra has?**



2

# **Communicating with Clients about Suicide Assertively, Clearly, and Compassionately**

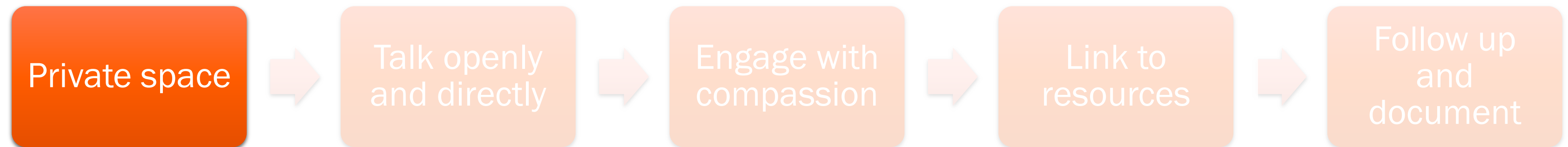
Four Practical Skills





**What are some key points to consider when approaching a conversation about suicide with a client?**

# How to Talk About Suicide



# Reminders



It is better to ask than to say nothing and be mistaken.

Listening and understanding can provide the client with relief and validation—and you with more information.

Asking shows the client that you care, are willing to listen, and can assist them with how they are feeling.

Even if the client is not thinking about suicide, asking creates an opportunity to let them know you are always there to offer support, or to connect them to other support if things get worse.





# Remembering: Zahra

You are an economic empowerment caseworker who has been working with Zahra for four months.

Recently, Zahra lost her part-time job and since then, she appears to have lost weight, looks more tired than usual and rarely engages in classes and your individual meetings.

Based on your intake assessment, you know that Zahra has no health issues but reports a previous diagnosis of depression. She talks positively about her connection with her family. Zahra states she has made new friends and often attends community events.

# Case Scenario: Zahra

- Due to your concerns, you decide to meet with Zahra to learn more about how she is coping. After class you approach Zahra and ask if she has a moment to talk.





**How might you approach Zahra?**





3

# **Suicide Risk Screening Tool**

Implementing the Six Questions with Fidelity and Confidence



# Columbia Protocol



- The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk screening through a series of simple, plain-language questions that anyone can ask
- C-SSRS was developed by the National Institute of Mental Health (NIMH) in 2007 to decrease suicide risk among adolescents with depression

# Columbia Protocol



Centers for Disease Control and Prevention adopts protocol and recommends for data collection

Columbia Protocol used in multiple settings across 45 nations and 6 continents

2012

2011

Today

Food and Drug Administration declares Columbia Protocol the standard for measuring suicidal ideation and behavior in clinical trials

# The Columbia Protocol

## Introduction and Definition



### Suicidal Ideation

A broad term used to describe a range of **contemplations, wishes, and preoccupations** with death and suicide.

### Suicide Plan

An individual's **thinking about a suicide attempt** that includes elements such as a **timeframe, method, and place.**

### Suicidal Behaviors

**Suicide, suicide attempts, suicidal ideation, planning or preparation** done with the **intent of dying** by suicide

# Questionnaire (Yes/No)



1

Have you wished you were dead?

2

Have you had thoughts about killing yourself?

3

Have you been thinking about how you might do this?

4

Have you had these thoughts and had some intention of acting on them?

5

Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?

6

Have you done anything, started to do anything, or prepared to do anything to end your life?





# Suicidal Ideation

Whether and when, in the past month, they have thought about suicide

**1**

**Have you wished you were dead or wished you could go to sleep and not wake up?**

**2**

**Have you actually had any thoughts about killing yourself?**



# Suicidal Plan

What actions they have taken to prepare for suicide

3

**Have you been thinking about how you might do this?**

4

Have you had these thoughts and had some intention of acting on them?

5

Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?



# Suicidal Behavior

Whether and when they attempted suicide or began a suicidal attempt that was either interrupted by another person or stopped of their own volition

6

**Have you done anything, started to do anything, or prepared to do anything to end your life?**

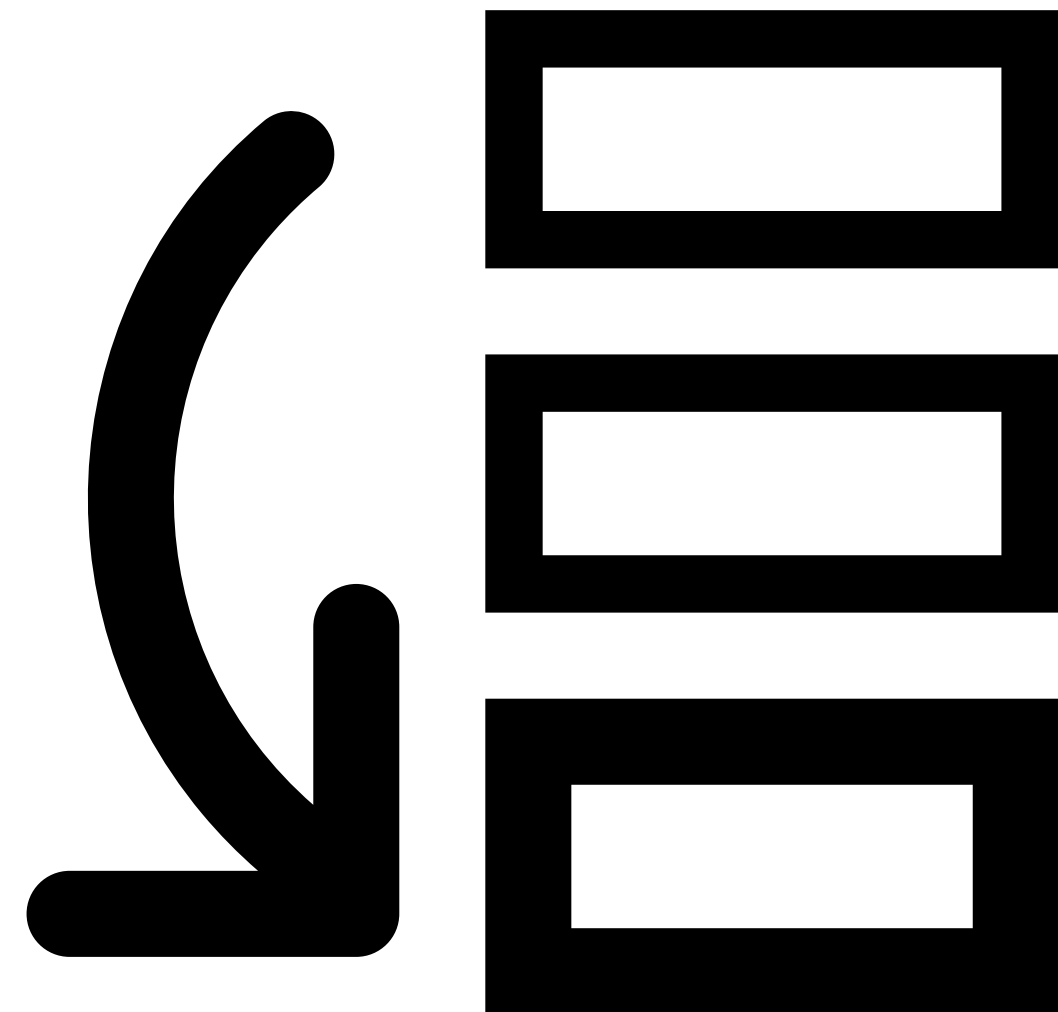
**If yes, was this within the past three months?**



# Low Risk: Suicidal Ideation

(Questions 1 & 2)

- Explore natural connections
- Offer additional supports
- Provide crisis line (988)
- Increase protective factors
- Develop Safety Plan



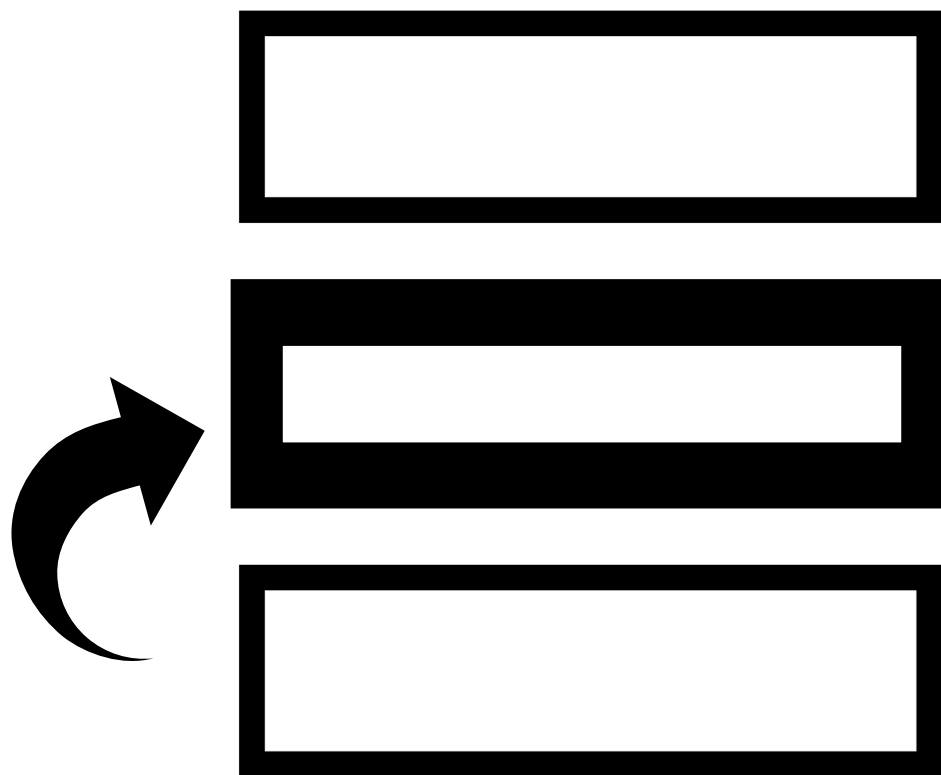




# Moderate Risk: Suicidal Plan

(Question 3)

- Provide crisis line (988)
- Look at increased visits
- Follow up with the client regularly
- Develop and/or review Safety Plan
- Consult with Supervisor



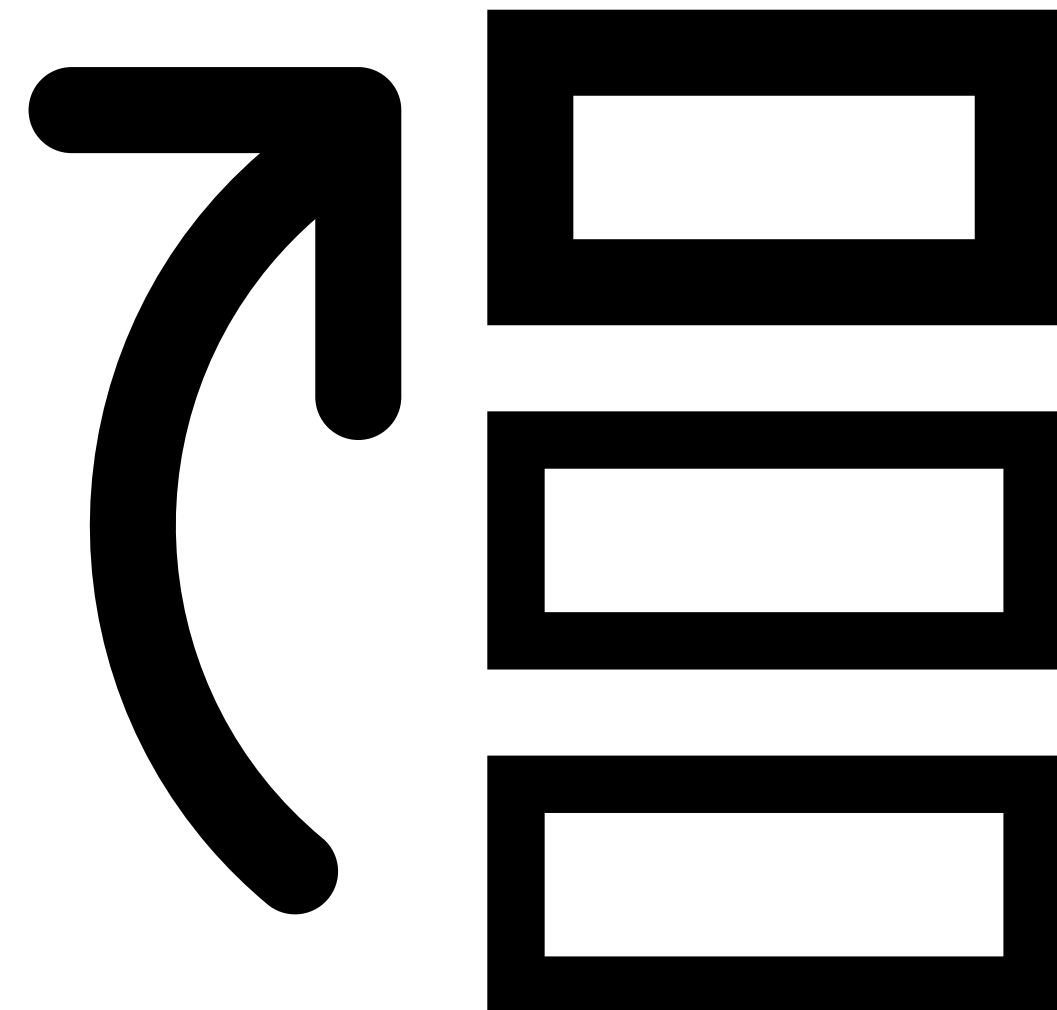


# High Risk:

**Suicidal Plan with Intent (Questions 4 & 5)**

**Suicidal Behaviors (Question 6)**

- Remain with the client
- Consult immediately with supervisor
- Call 911 if risk is clearly imminent
- If appropriate develop Safety Plan with the client





## Case Scenario: Zahra

During your conversation Zahra sobs frequently, saying she feels guilty she can't provide for her family. She tells you she has not been answering her friends' phone calls and says, "I feel like a burden, I wish I could just disappear."



**What questions might you ask Zahra after her response?**



# Case Scenario: Zahra

- You begin conducting the Columbia Protocol. Zahra states **YES**, she has been thinking about dying, but **NO**, she has not had thoughts about killing herself.







**What might you do next?**



4

# **Creating Effective Suicide Safety Plans with Clients**

Six Key Elements



**What comes to mind when you hear the words “feeling safe”?**

# What is a Safety Plan?



**1**

**Individually  
Tailored**

**2**

**Practical and  
Realistic**

**3**

**Simple and Easy  
to Remember**

The most important step of a Safety Plan is brainstorming or thinking through a situation *with* the person.



## Introduction to Safety Planning

Newcomers face unique risks and vulnerabilities due to their experiences of forced displacement, exposure to potentially traumatic experiences, and the complex stressors of resettlement. Safety planning can be a necessary or helpful intervention to maintain newcomers' overall safety and wellness. This short guide provides an overview of safety plans and the safety planning process to assist refugee service providers in effectively serving newcomer clients. It accompanies Switchboard's Low-Risk Safety Plan Template, which is intended for low-risk situations.

### What Is a Safety Plan?

A **safety plan** is a personalized, structured plan for how someone can manage unsafe situations, crises, or difficult moments in their lives, as well as stay safe or avoid dangerous situations. Safety plans are practical action plans for clients to follow when they are feeling overwhelmed to help them navigate through difficult emotions and dangerous situations.

When creating a safety plan, service providers can use a template or develop a plan from scratch. Templates can provide a helpful structure and ensure that important details are not omitted. They are most useful when they are editable or leave room for flexibility to address each client's unique needs. See Switchboard's Low-Risk Safety Plan Template as an example.

### Why Use a Safety Plan with Clients?

Safety plans are essential tools for clients and service providers. They empower clients by providing clear steps they can take when they are unsafe. By helping clients create a safety plan, you offer them a sense of control and a pathway to safety. Safety plans are essential for:

- **Preventing crises:** Identifying and addressing warning signs early
- **Managing risk:** Reducing the risk of harm by having a plan in place
- **Empowering clients:** Providing clients with coping strategies and support networks



# 6 Elements of a Safety Plan



## Warning Signs

When things get worse

## Coping Strategies

Decreasing distress

## Prevention

Removing potential danger



## Natural Supports

Family, friends, community

## Professional Supports

Professional organizations,  
law enforcement, medical care

## Action Plan

Crisis planning, staying safe

# Making Referrals



**1**

**Maintain lists of  
community resources**

**2**

**Provide information  
about available  
services**

**3**

**Encourage choice and  
answer questions**

**4**

**Gain consent before  
making a referral**

**5**

**Make warm hand-offs  
with staff when  
possible**

**6**

**Delineate roles and  
responsibilities**



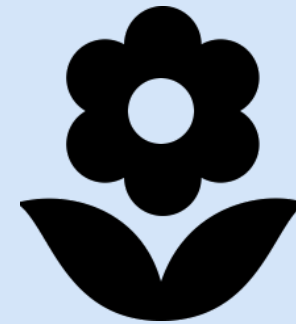
# Case Scenario: Zahra

- Final steps we might take with Zahra include:
  - Helping her to create a Safety Plan
  - Identifying her coping strategies and supports
- Ensure that proper referrals are made to community resources such as a support groups, counseling services, etc.

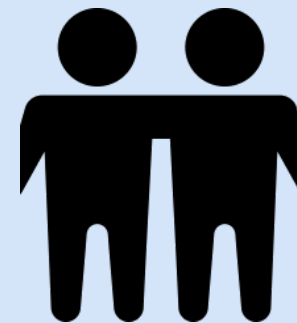




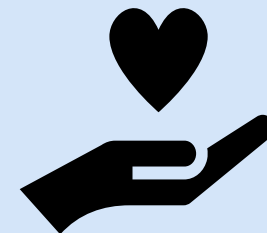
# Supporting Your Clients' Mental Health



Remind clients of their **resilience**  
and **instill hope** for the future



Connect clients to **meaningful  
activities**



**Provide information and referrals**  
for ongoing mental health support





**Questions?**

Type your question in the **Q&A** 



# Learning Objectives



Now you are able to:

1

## IDENTIFY

protective factors,  
risk factors, and  
warning signs of  
suicide

2

## APPLY

four practical skills to  
ensure your  
communication with  
clients about suicide  
is assertive, clear,  
and compassionate

3

## IMPLEMENT

the six questions of  
the suicide risk  
screening tool with  
fidelity and  
confidence

4

## CREATE

effective suicide  
safety plans with  
clients, including six  
key elements





# Help us help you!

Scan the QR code or click the link in the chat to access our feedback survey!

- Five questions
- 60 seconds
- Help us improve future training and technical assistance





# Recommended Resources

- [Columbia Protocol: Suicide Risk Screening Tool](#)
- [Information Guide: Introduction to Safety Planning](#)
- [E Learning Course: Suicide Prevention in Resettlement, Asylum, and Integration Settings - Switchboard](#)
- [Poster: Refugee Suicide Prevention by Refugee Health Technical Assistance Center \(RHTAC\)](#)
- [Information Guide: Refugee Suicide Prevention Training by Refugee Health Technical Assistance Center \(RHTAC\)](#)



## **Opening Doors to Mental Health Support: A Screening Guide for Resettlement Providers**

April 16, 2025 • Society of Refugee Healthcare Providers



# STAY CONNECTED!



**Switchboard@Rescue.org**



**www.SwitchboardTA.org**



**@SwitchboardTA**



The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0053. The project is 100% financed by federal funds. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.