



Learning Centre
Queensland Centre for **Mental Health Learning**

QC18 Suicide Prevention Skills: Core

Workshop A: Chronological Assessment of Suicide Events

West Moreton Health |  Queensland Government

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Queensland Health and the Learning Centre acknowledge the Traditional Owners and Custodians of the land, waters and seas, and pay our respects to Elders past, present and future.

We recognise the **historical and ongoing impacts of colonisation** including the dismantling of culture and heritage, extinguishment of language, dislocation from Country and deliberate separation of families and communities. We acknowledge the social, emotional, and physical consequences for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander communities continue to demonstrate resilience and strength, and generously share their culture and traditions.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain the names and/or images of deceased people.

'Making Tracks' artwork produced for Queensland Health by Gilimbaa.

Queensland Health 2010: *Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033*
– Policy and accountability Framework Brisbane 2010; Qld Government, Making Tracks Artwork and Protocols.

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West Moreton Health is committed to ensuring every child and young person is seen, heard, and feels safe by creating inclusive environments where their voices are valued, their needs are understood, and their safety is everyone's responsibility.

3

Housekeeping



Toilets and facilities



Fire exits and evacuation



Mobile phones to silent



Order coffee and lunch



Group agreement:

- ❖ Safety
- ❖ Respect
- ❖ Confidentiality.



Your role:

- ❖ Learn from each other.

4



Introductions

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What you will learn

- To gather detailed and valid information about suicide risk using the chronological sequence and questioning techniques within the Chronological Assessment of Suicide Events (CASE) approach.
- To use compassionate actions to relieve a person's suicidal distress and to maintain own wellbeing.

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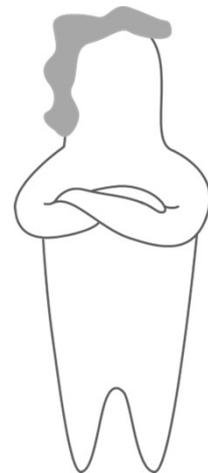
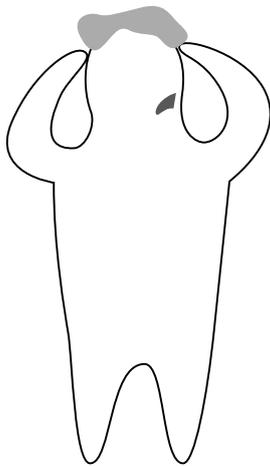
Program: Workshop A

Time	Content
First half	Housekeeping and introductions
	Activity: Compassion first Explanation of the CASE approach
	Break: 10-15 minutes
Second half	Activity: CASE interview via MH call (demonstration)
	Activity: Simulation (fishbowl) Close

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Why are we talking about compassion and why is it first?

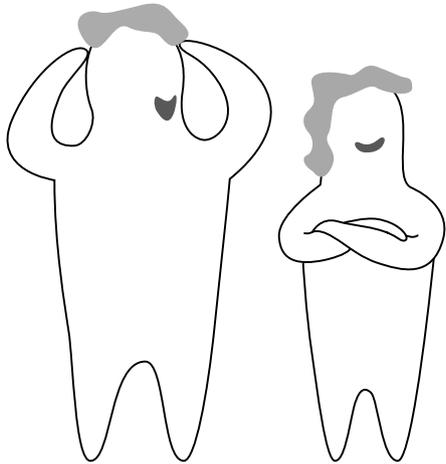


Source: December 2020 <https://www.mentalhealthcommission.gov.au/nspo/projects/national-suicide-prevention-adviser-final-advice>

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Why compassion matters



Reduces distress



Alleviates suffering



Builds connection

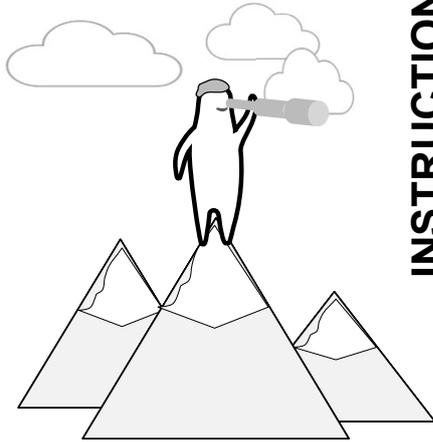


Strengthens hope

How much extra time does it take to do compassion?



What is compassion? Crushers and creators activity



INSTRUCTIONS

1. Open your activity record to '**Activity: Crushers and creators**'.
2. Form **pairs** with someone you don't know.
3. As your partner tells you about a (safe) problem, use the **crusher** responses.

Some **safe topic** ideas:

- To exercise more and be healthier
- Get a better work life balance
- Get kids to do their homework.

4. After **45 seconds** give your partner a turn.
5. **Then** repeat the same story, but this time your partner responds with **creator** responses.
6. After **45 seconds** give your partner their turn.

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Compassion is...

“Wise and kindly acts.”

Paul Gilbert

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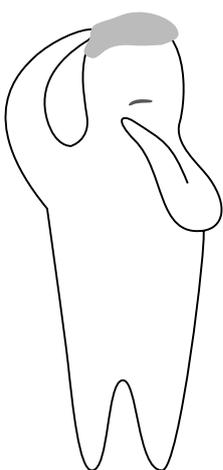
Five moments of compassion

5 MOMENTS OF COMPASSION



Adapted from: Compassion Training for Healthcare Workers, Monash University short course, material accessed on: 06/10/2023.

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Barriers to compassion

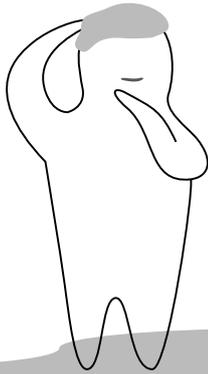
What barriers are there to being compassionate when working with people who feel suicidal?

What can you do personally to keep compassion first and foremost in your mind?

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A practical tool...



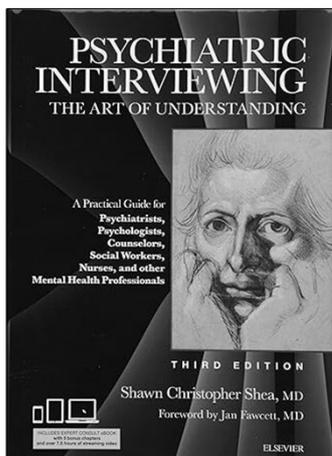
- Check
- Change
- Check



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Why are we learning this approach?



An introduction to:

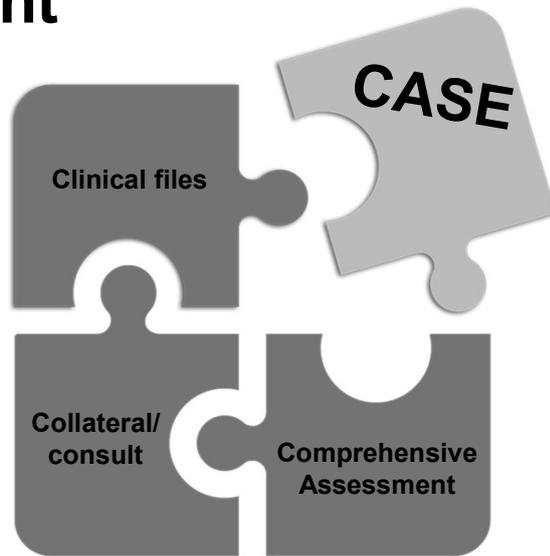
Chronological
Assessment of
Suicide
Events

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The risk assessment

Four sources of information



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When do you use the CASE inquiry into suicidal events?

Chronological Assessment of Suicide Events



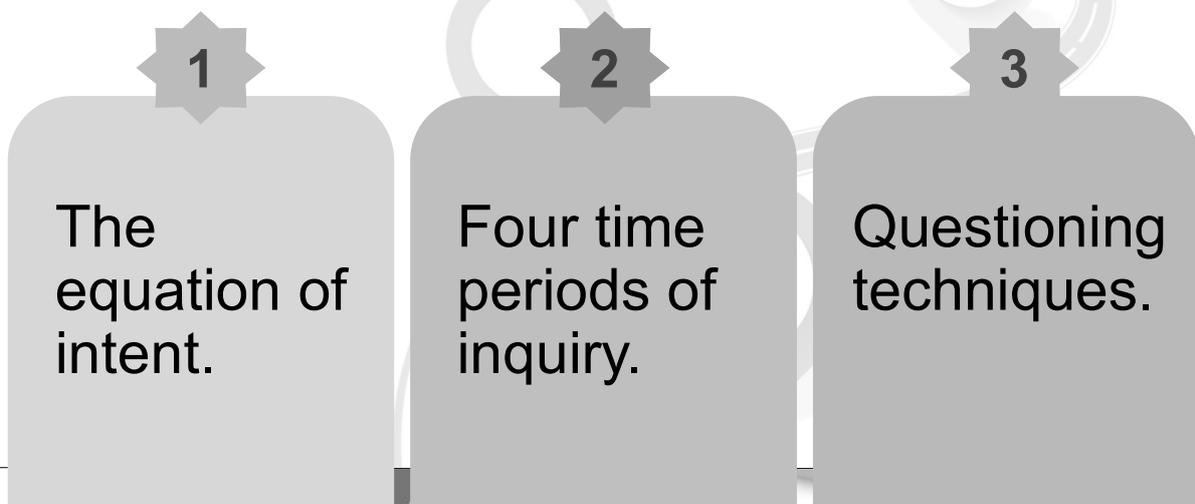
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How does CASE fit within other processes?

Assessment		Formulation	Treat and transition	
Comprehensive assessment (data gathering)	Suicide specific assessment and inquiry	Prevention Oriented Risk Formulation	Immediate safety strategies	Ongoing care plan
Static, dynamic, protective + Bio/psycho/ social factors	CASE Gathers facts and details about the method and suicidal events + Protective factors	Risk state + Risk status + Identify available resources + Foreseeable changes	Safety planning + Lethal means counselling and plans + Treat/referrals + Follow up	Strengthen reasons for living vs Reasons for dying + Treat current stressors (dynamic factors)

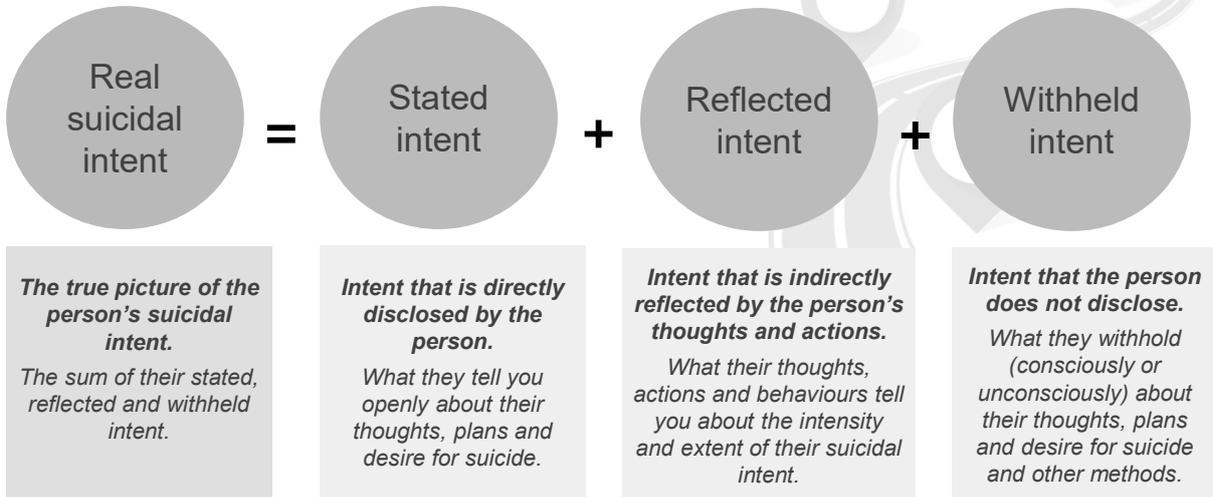
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CASE is made up of 3 components



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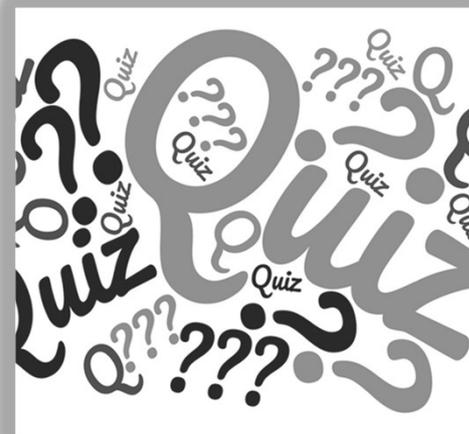
1. The Equation of Intent



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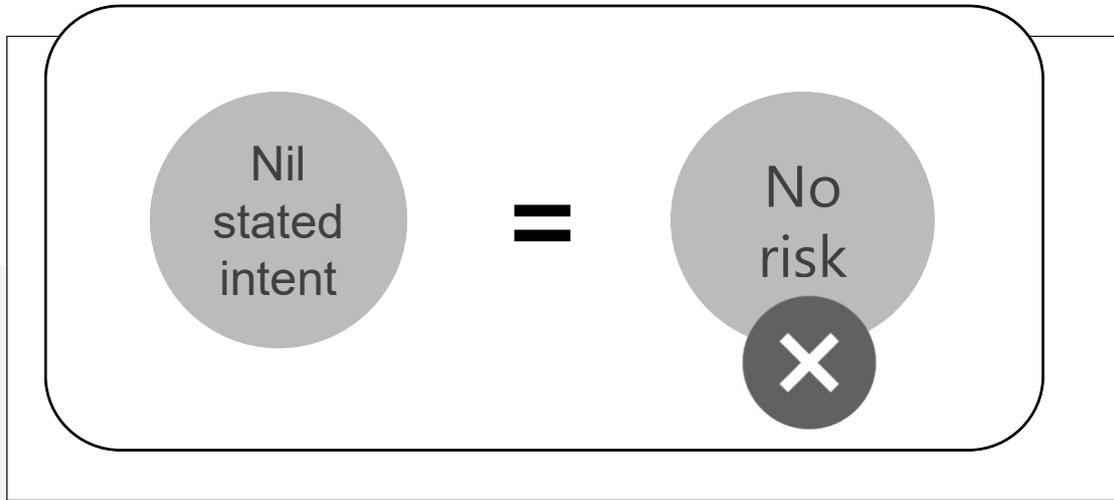
Equation of intent



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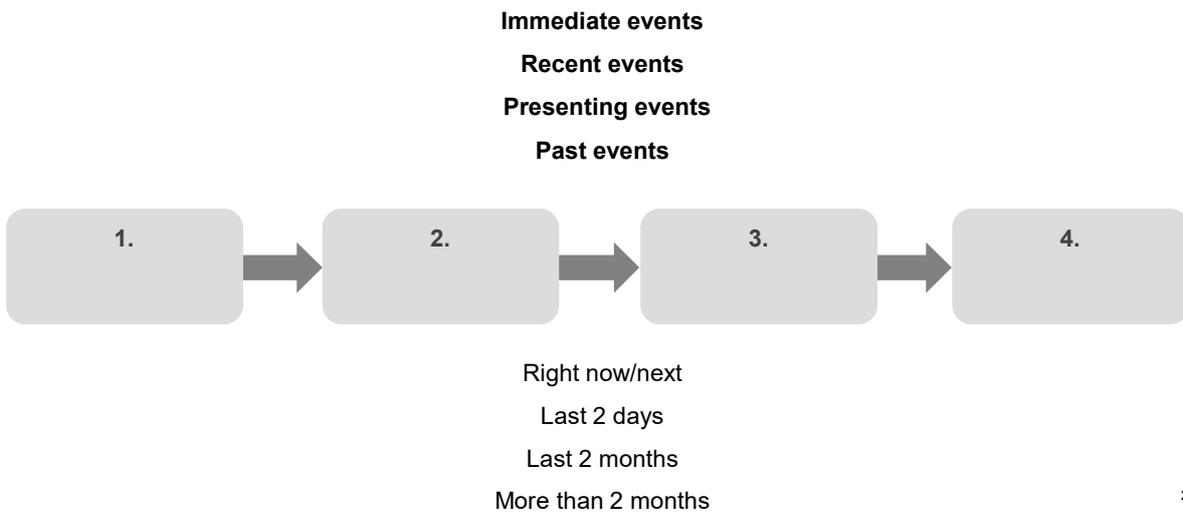
A faulty conclusion



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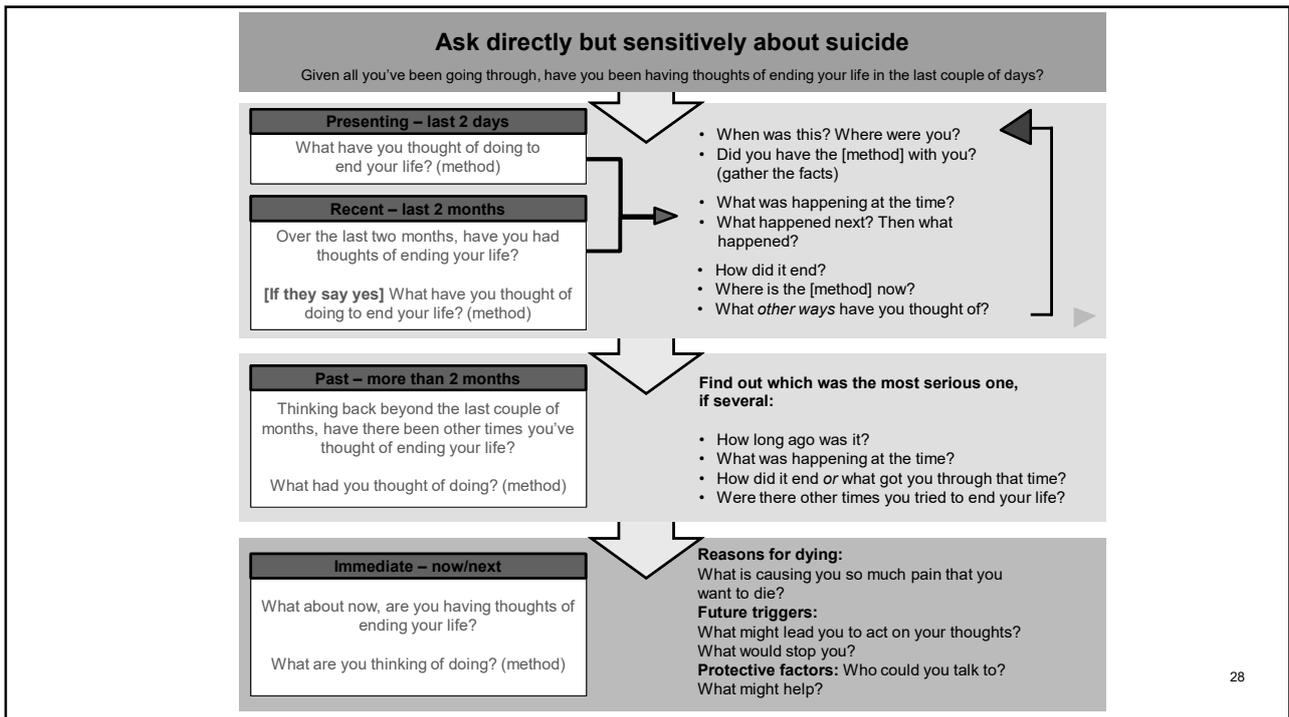
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2. Four time periods of inquiry

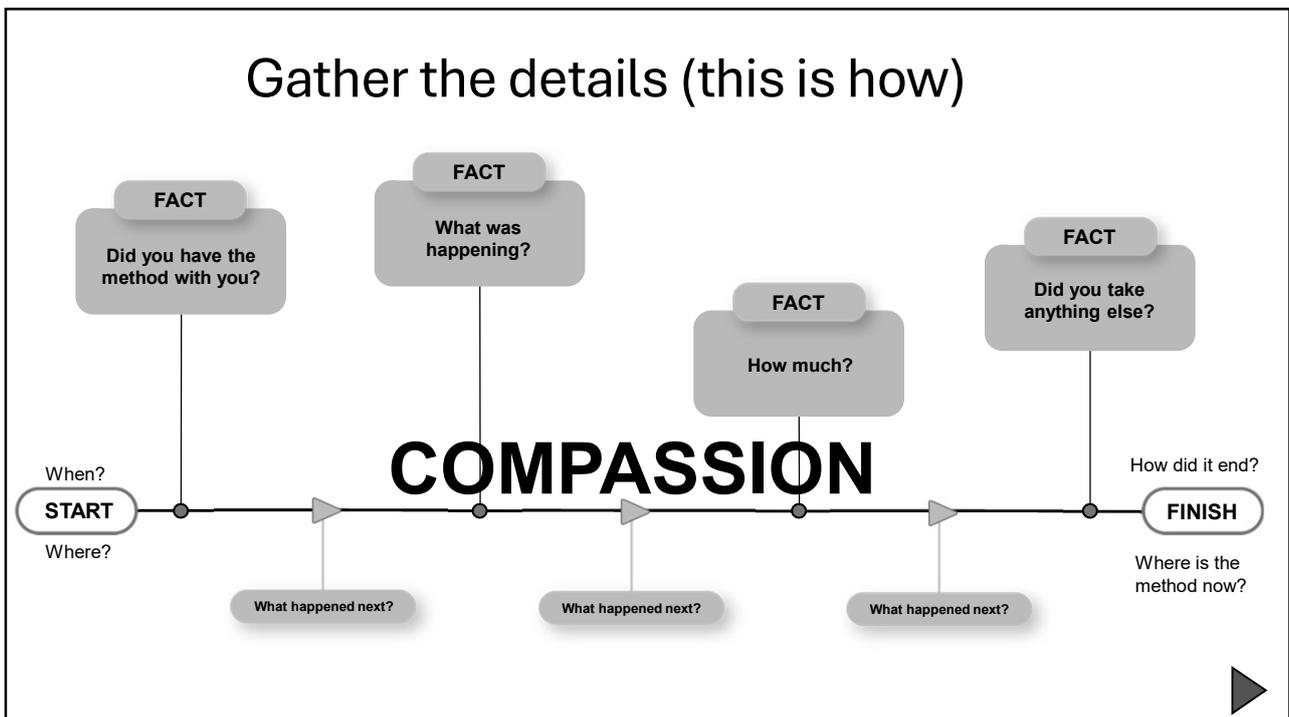


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Interview demonstration: Steve's story



Instructions:

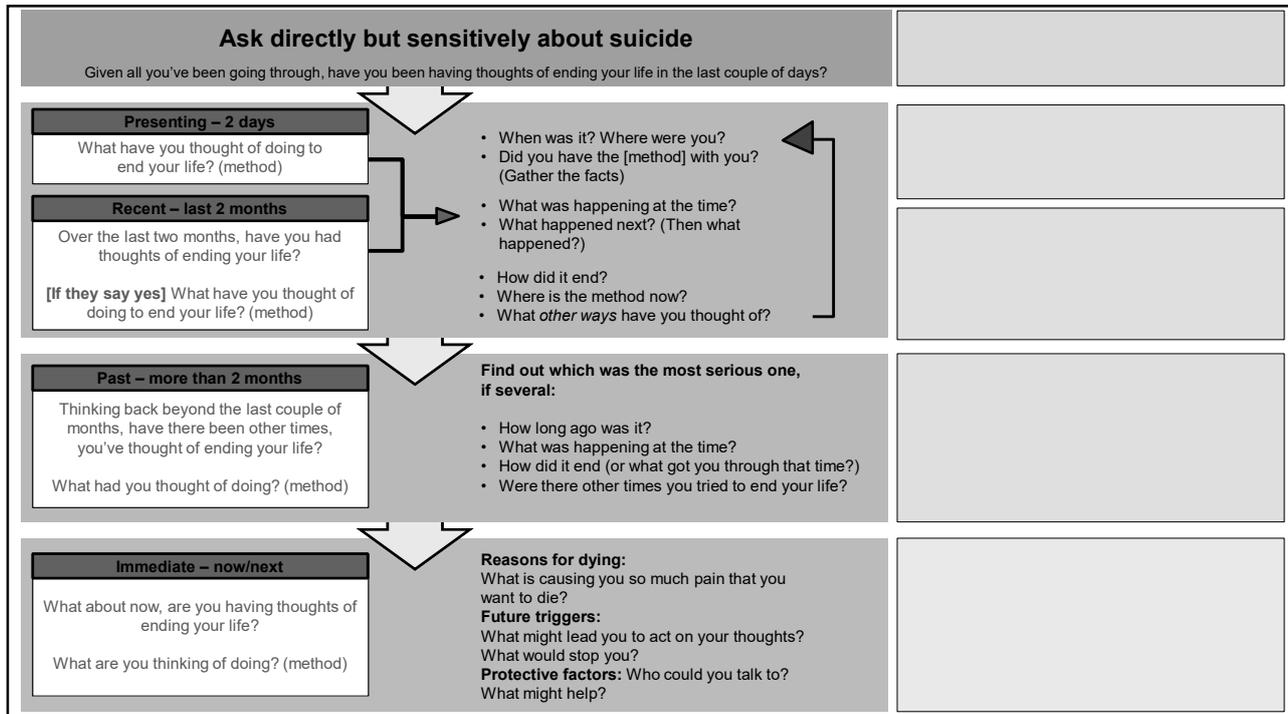
Listen to this phone interview with Steve. Follow how the clinician moves through the time periods and questions in the work aid while using compassion and empathy.

Make notes of the interview techniques and data gathered. Use the observer sheet in your activity record.

Then we'll look at the information and map it to our table on the whiteboard.

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Let's do a quick quiz to check you know the best order

In which order do we ask these questions?

- 1 Did you have the [method] with you, when you had thoughts of ending your life?
- 2 Where is the [method] now?
- 3 Given everything you're going through, have you been having thoughts of ending your life?
- 4 What other ways have you thought of ending your life?
- 5 How did it end? What stopped you?
- 6 What have you thought of doing? (method)
- 7 When was this/where were you?
- 8 What was happening? What happened next?

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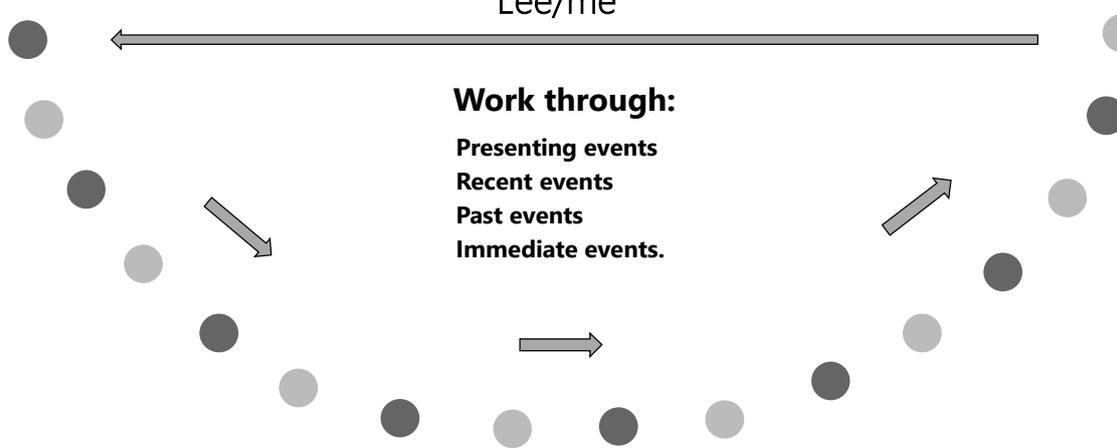
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CASE skills practice: Simulation


 Lee/me

Work through:

- Presenting events
- Recent events
- Past events
- Immediate events.



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CASE skill simulation: Observations

Ask directly but sensitively about suicide		
Given all you've been going through, have you been having thoughts of ending your life in the last couple of days?		
Presenting – 2 days What have you thought of doing to end your life? (method)	<ul style="list-style-type: none"> When was it? Where were you? Did you have the [method] with you? (Gather the facts) What was happening at the time? What happened next? (Then what happened?) How did it end? Where is the method now? What <i>other</i> ways have you thought of? 	
Recent – last 2 months Over the last two months, have you had thoughts of ending your life? [If they say yes] What have you thought of doing to end your life? (method)		
Past – more than 2 months Thinking back beyond the last couple of months, have there been other times, you've thought of ending your life? What had you thought of doing? (method)	Find out which was the most serious one, if several: <ul style="list-style-type: none"> How long ago was it? What was happening at the time? How did it end (or what got you through that time?) Were there other times you tried to end your life? 	
Immediate – now/next What about now, are you having thoughts of ending your life? What are you thinking of doing? (method)	Reasons for dying: What is causing you so much pain that you want to die? Future triggers: What might lead you to act on your thoughts? What would stop you? Protective factors: Who could you talk to? What might help?	

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Debrief: Simulation



1. What did it feel like to participate?
2. How did it go?
3. What parts went well? **Why?**
4. Were there parts that didn't go well? **Why?**
5. How would you do it differently next time?

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How might you adapt the CASE approach?

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What's next?

Assessment		Formulation	Treat and transition	
Comprehensive assessment (data gathering)	Suicide specific assessment and inquiry	Prevention Oriented Risk Formulation	Immediate safety strategies	Ongoing care plan
Static dynamic protective + Bio/psycho/ social factors	CASE Gathers facts and details about the method and suicidal events + Protective factors	The factual and detailed information from the assessment process has a critical role in informing these tasks.		

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Self compassion strategies – let's exercise some now

Activity: Compassion strategies (for self)

Physiological sigh

Take **two** consecutive inhales through the nose: one big inhale, followed by another inhale (with no exhale in between), to maximally inflate your lungs.

Then slowly exhale all your air via your mouth until your lungs are empty.

Changing your critical self talk

If you observe a harsh critical inner voice, ask it to soften.

Rub your arm or fingers together or tap your leg, until the negative feeling subsides.

Speak to yourself in a friendly way – it's okay to make mistakes. It's okay to feel disappointed, worried, frustrated or uncertain.

Self compassion break

Say to yourself:

- Suffering is a part of life, other people feel this way, I'm not alone, we all struggle in our lives.
- May I be kind to myself, give myself the compassion I need, forgive myself, be gentle and patient with myself.

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Program: Workshop B

Time	Content
	Welcome back
First half	Making sense of what we know (Prevention Oriented Risk Formulation)
	Break: 10-15 minutes
Second half	Safety planning and lethal means counselling
	Brief Intervention for Alcohol and Other Drugs (AODs)
	Close

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What you will learn:

- ❑ To formulate a statement of the person's suicide risk using the Prevention Oriented Risk Formulation (PORF).
- ❑ To work collaboratively with the person and their support people to develop a safety plan, provide appropriate interventions such as lethal means counselling, and offer a brief intervention for substance use.

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We've gathered
Lee's suicide
specific
information.
But what next?



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Making sense of what we know - PORF

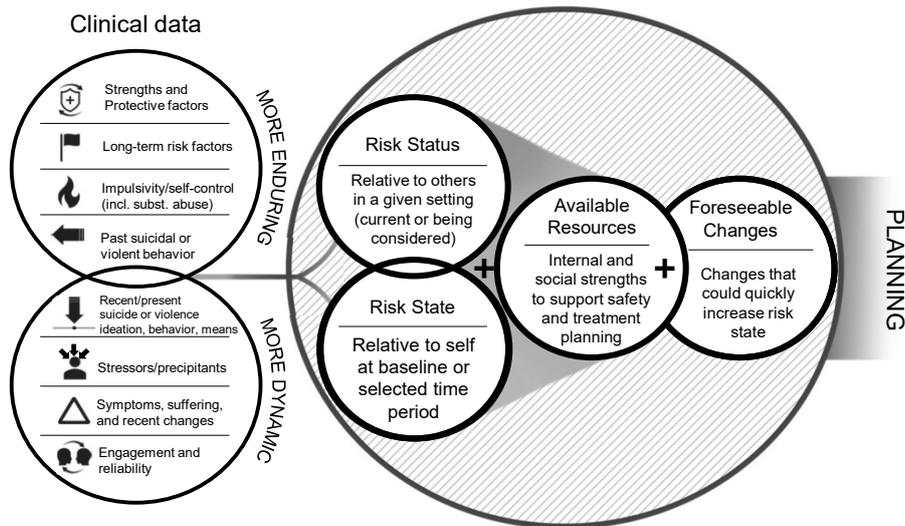
Assessment		Formulation	Treat and transition	
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Prevention Oriented Risk Formulation

(Pisani, Murrie, & Silverman, 2016)



Pisani, Murrie, Silverman, Turner (2022). Prevention-Oriented Risk Formulation: Update and Expansion. In M Pompili (ed) Suicide Risk Assessment and Prevention. Springer Nature: Switzerland. © University of Rochester 2019. Used with permission. SafeSide Prevention / SafeSide Australia

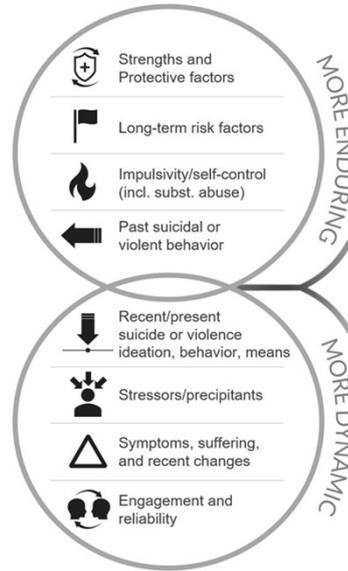
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Activity: Clinical data for Lee

Gathered from:

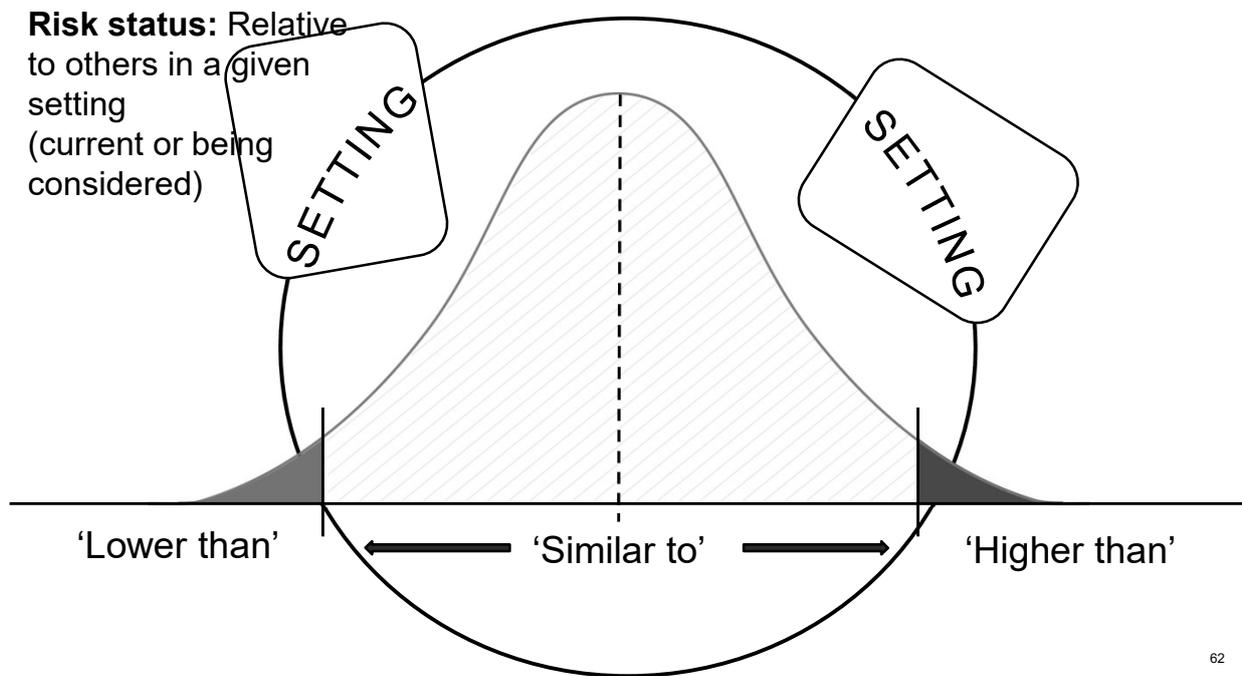
- CASE interview
- Clinical files
- Collateral/consultation
- Comprehensive MHAOD assessment
- Clinical wisdom.



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Risk status: Relative to others in a given setting (current or being considered)

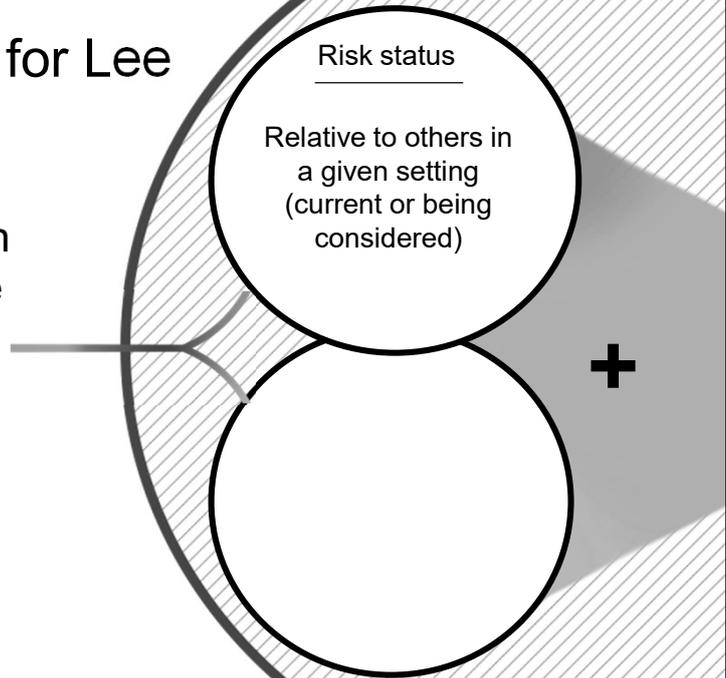


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Activity: Risk **status** for Lee

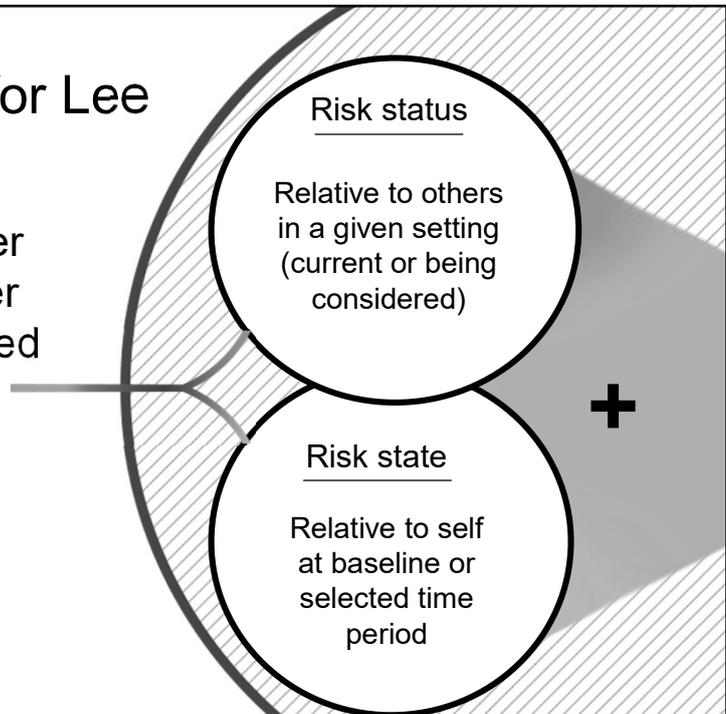
1. Is risk higher than, similar to, or lower than others in an acute care setting?
2. Explain why and how.
3. What is protective?



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Activity: Risk **state** for Lee

1. Is the current risk higher than, similar to, or lower than baseline or selected time period?
2. Explain why and how?
3. What is protective?



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Activity:
Available resources and foreseeable changes for Lee

Available resources

Internal and social strengths to support safety and treatment planning.

+

Foreseeable changes

Changes that could quickly increase risk state.

RESPOND

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Is it safe for Lee to return home?

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Safety first

Assessment		Formulation	Treat and transition	
Comprehensive assessment (data gathering)	Suicide specific assessment and inquiry	Prevention Oriented Risk Formulation	Immediate safety strategies	Ongoing care plan
Static dynamic protective + Bio/ psycho/ social factors	CASE Gathers accurate details about the method and specific incidents + Protective factors	Risk state + Risk status + Identify foreseeable changes and available resources	Safety planning + Lethal means counselling + AOD Brief intervention + Follow up/ referrals	Strengthen reasons for living and address reasons for dying + Treat current stressors/ drivers (dynamic factors)

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What is a safety plan?



A brief collaborative intervention between the worker and the person that aims to mitigate risk.

(Stanley & Brown, 2012)

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Activity:

In pairs write your ideas in your activity record.

What makes a good safety plan?

What is useful or helpful **versus** not useful or helpful?

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Key principles of safety planning

- Individualised and person centred
- Specific and meaningful to the person
- Practical, useable, accessible
- Collaborative between the worker, the person, and their supports.

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Six steps of a safety plan

1. Warning signs.
2. Internal coping strategies.
3. People and social settings for distraction.
4. Friends or family to contact for help/support.
5. Professionals or agencies to contact for help/support.
6. **Making the environment safer.**



(Stanley and Brown, 2012)

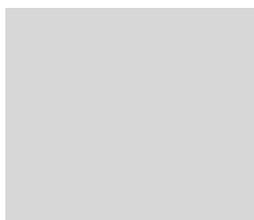
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Activity: Six steps of a safety plan



Name of the part.



Definition/description of the part.



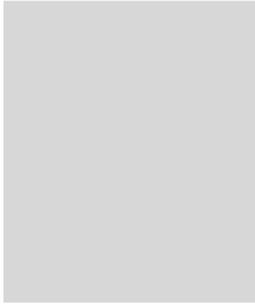
Come up with some examples that Lee might identify. Make them as **specific** and **personalised** as you can.

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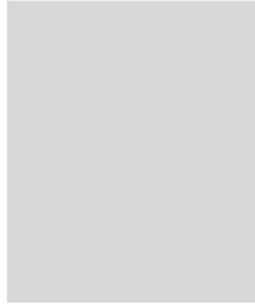
72

Your answers: Six steps of a safety plan

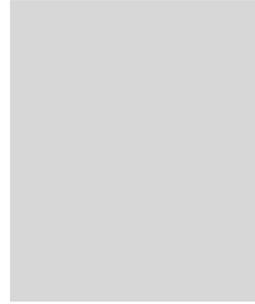
1. Warning signs



2. Internal coping strategies

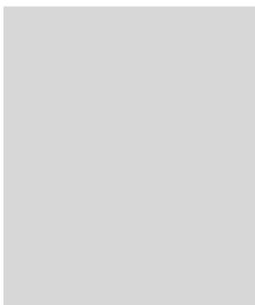


3. People and social settings for distraction

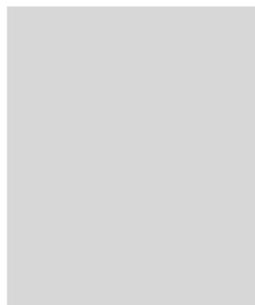


Your answers: Six steps of a safety plan

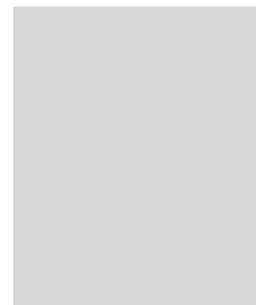
4. People I can ask for help

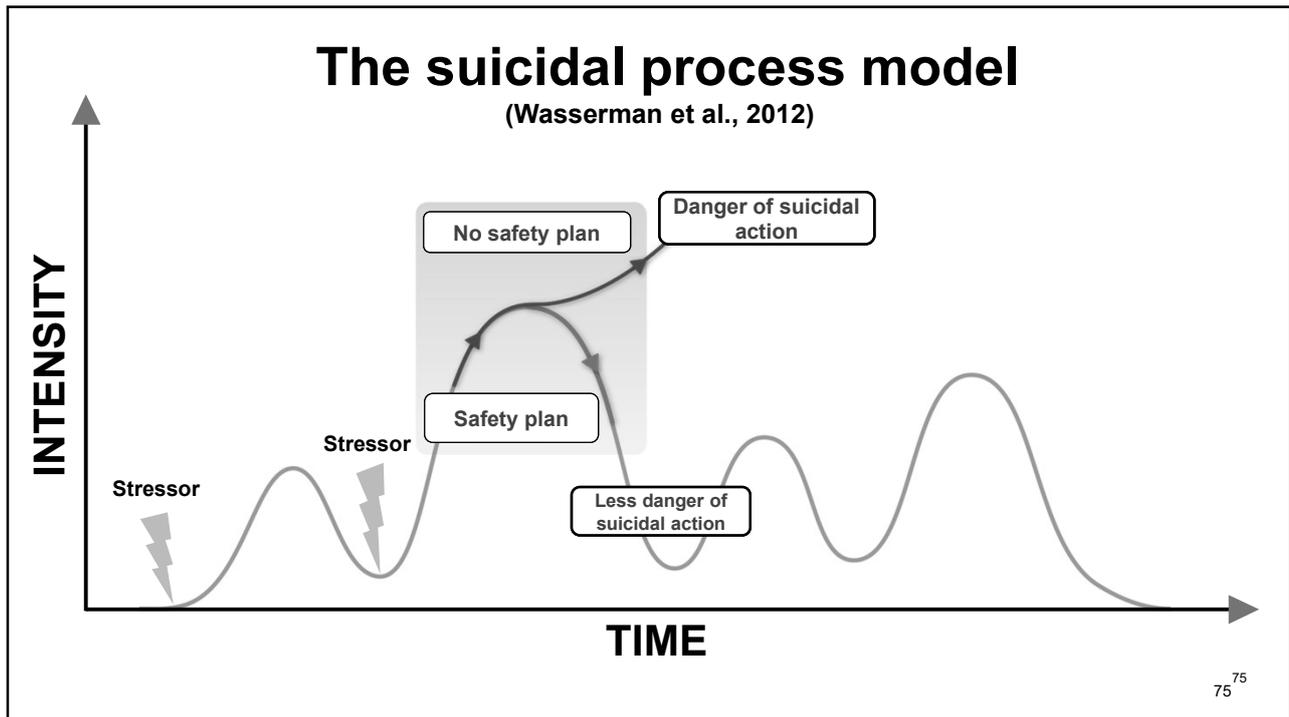


5. Professionals or agencies to contact for help



6. Making the environment safer





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The evidence for safety planning

➔ divert, distract, delay

- Safety planning resulted in 45% fewer suicidal behaviours.
- The odds of suicidal behaviour halved over 6 months.
- Increased treatment engagement.
- Doubled the odds of attending at least one outpatient visit and two follow up phone calls.

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Have you ever
had someone
give you
unsolicited
advice?



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”

"People are more likely to be
persuaded by what they hear
themselves say than by what
other people tell them."

Blaise Pascal

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An invitation to develop a safety plan

Ask: Elicit the person's perspective, expertise and seek permission.

Offer: Provide bite sized pieces in plain language.

Ask: Elicit their response or reaction to the information.



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Demonstration with Lee



An invitation
to develop a
safety plan

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Activity: Safety planning with Lee

1. Form pairs and choose who will be the clinician/worker first.
2. Start the conversation anew and work through **Steps 1 and 2** of the **safety plan**.
3. Then swap roles so the other person can be the clinician/worker and do **Steps 3, 4, and 5**.
4. You'll have 6 minutes each.
5. Remember to **Ask-Offer-Ask** and use the key principles of safety planning.
6. Fill in steps 1-5 of the **safety plan** as you go.



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**What does making the environment
safer *actually* mean?**

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What are the most commonly used methods in Queensland?



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Activity:
Thinking creatively to remove access to means.

For each means think about:

- Ways it could be removed or adapted to be safer (be specific).
- Who would be involved?
- What challenges might you face?
- How to overcome these challenges, to ensure safety and respect the person's autonomy and dignity.

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The steps in a lethal means counselling conversation



Step 1: Explain what making the environment safer means (use Ask-Offer-Ask).

Step 2: Develop a plan:

- Where is it now?
- How will it be removed or adapted to be safer?
- Who will remove or adapt it?
- When will they remove or adapt it?

Step 3: Document the plan.

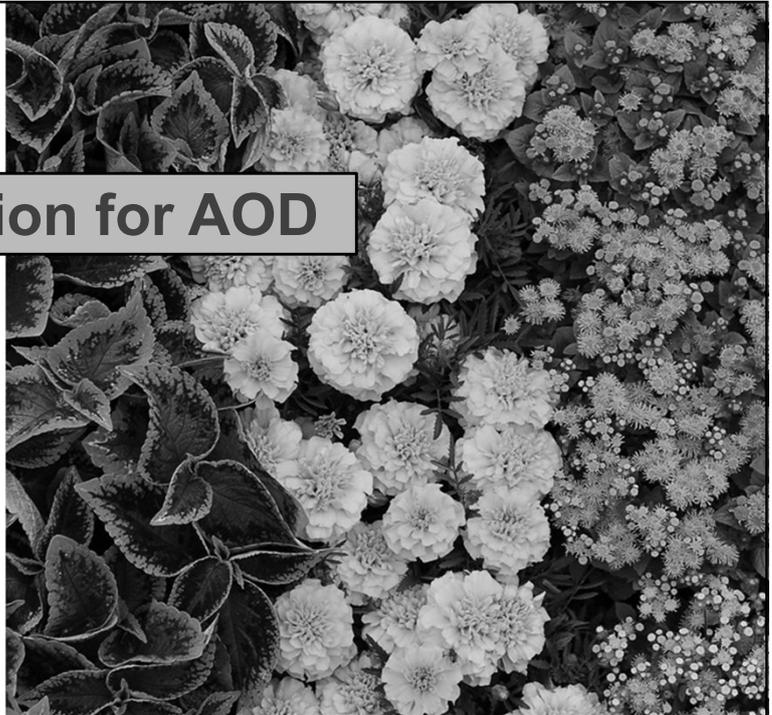
Step 4: Follow up and review.

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Brief intervention for AOD

It's about
having a
conversation.



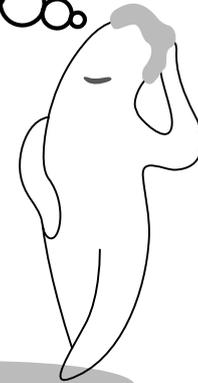
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AOD conversations: Key considerations

“One of the most powerful interventions is the experience of a non judgemental and respectful conversation”

(Source: AOD lived experience voices)

- Be non judgmental and respectful
- Understand the relationship between AOD use and suicidality (positive/neutral/risk factor).
- Reducing or stopping AOD suddenly may increase suicide risk or be fatal.
- Aim: reduce suicidal harms.



<p>Toolkit</p> <p>Alcohol Check Tools</p> <p>Contains all 5 component tools of Alcohol Check, as well as a combined 'Complete set' for easy download.</p>	<p>Toolkit</p> <p>Cannabis Check Tools</p> <p>Contains all 5 component tools of Cannabis Check, as well as a combined 'Complete set' for easy download.</p>	<p>Toolkit</p> <p>Stimulant Check Tools</p> <p>Contains all 5 component tools of Stimulant Check, as well as a combined 'Complete set' for easy download.</p>	<p>Resource</p>  <p>A Guide to using Insight's Check Tools</p> <p>Insight</p> <p>Please read this guide prior to using the Check Tools.</p>
<p>Toolkit</p> <p>Opioid Check Tools</p> <p>Contains all 5 component tools of Opioid Check, as well as a combined 'Complete set' for easy download.</p>	<p>Toolkit</p> <p>Benzodiazepine Check Tools</p> <p>Contains all 5 component tools of Benzodiazepine Check, as well as a combined 'Complete set' for easy download.</p>	<p>Toolkit</p> <p>Other Tools</p> <p>Contains a series of other useful resources that we think complement the Check Tools nicely.</p>	

In doubt?

Give ADIS a shout!

adis | **24/7
ALCOHOL
AND DRUG
SUPPORT** | adis.health.qld.gov.au
📞 **1800 177 833**
(free call)



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A conversation about AOD

Ask: Elicit the person's perspective, expertise and seek permission

- What role does alcohol play when you're feeling suicidal? How do you stay safe?
- Would you mind if I shared some concerns (or some information) I have about the link between alcohol and suicide?

Offer: Provide bite sized pieces in plain language

- I am worried that alcohol has increased the likelihood of acting on your thoughts.
- There are some ways we can reduce your harm/stay safer while drinking. I've got a tool we can use to help us.
- Would you like to read over this table? (referring to the tool)

Ask: Elicit their response or reaction to the information

- Do you think some of these things would help you?
- Have you used these strategies before?



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Activity: Using the alcohol check tool to have a conversation

1. Read the **check tool** to familiarise yourself with it.
2. In pairs have a conversation with Lee about her alcohol use.
3. Start with **Ask-Offer-Ask** to seek permission and check what Lee already knows.
4. Gently weave the **check tool** into the conversation.
5. Swap roles after 3 minutes.



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Self compassion exercise



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Online evaluation

Queensland Centre for Mental Health Learning

To improve the quality of our courses, the Learning Centre uses online evaluations.

Please ensure that you have **signed the attendance sheet** in order to access your electronic certificate and receive the post evaluation email.

The evaluation process



Step 1

Workshop booking

Sign up - your booking triggers a series of processes.



Step 2

Pre evaluation

After signing up, an email confirms your booking. This email contains important details and the pre evaluation link.



Step 3

Post evaluation

Upon workshop completion, you will receive access to your certificate and the post evaluation link.

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