

# CareCertify LLC

## Behavioral Health Series

### BHS-008

## Suicide Risk Assessment & Safety Planning

### Participant Guide

Group: Group 2: Clinical Knowledge | Credit Hours: 2.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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## Learning Objectives

Upon completing this course, you will be able to:

- Describe the prevalence of suicide and risk factors in home care populations
- Identify warning signs requiring immediate response vs. background risk factors
- Distinguish between passive ideation, active ideation, intent, and plan
- Respond effectively when a client expresses suicidal thoughts
- Describe safety planning components and how to support them
- Apply immediate response protocols in acute suicidal crisis

## Section 1: Suicide in Home Care Populations

Suicide is the 11th leading cause of death in the U.S., with approximately 47,000 deaths annually. Among older adults — a core home care population — rates are significantly elevated, particularly for white men over age 85. Your clients often carry multiple simultaneous risk factors: mental health conditions, chronic illness, recent loss, social isolation, and access to lethal means in the home.

### Suicide Is Preventable

Most people who survive a suicide attempt do not go on to die by suicide. Caring, attentive responses from people like you can be critical in moments of crisis. Your vigilance — observing, reporting, and responding — is a genuine, life-saving intervention.

## Section 2: Warning Signs and Risk Factors

### Immediate Warning Signs

- Talking about wanting to die or kill themselves
- Looking for ways to kill themselves (stockpiling medications, searching online)
- Expressing hopelessness or having no reason to live
- Talking about being a burden to others or feeling trapped
- Giving away prized possessions
- Saying goodbye as if they won't see you again
- Increasing use of alcohol or drugs
- Sudden calmness after a period of depression (can signal a decision has been made)

### Background Risk Factors

- Previous suicide attempt (single strongest predictor)

- Family history of suicide
- History of trauma or abuse
- Mental health condition (especially depression, bipolar, schizophrenia, PTSD)
- Substance use disorder
- Serious or terminal illness with pain or functional loss
- Recent significant loss
- Access to lethal means, especially firearms
- Social isolation

#### **Lethal Means**

Access to firearms or large quantities of medications dramatically increases suicide risk. If a client expresses suicidal thoughts AND has access to means, report immediately to your supervisor. Lethal means counseling — helping clients and families safely store or remove access — is part of evidence-based prevention.

### Section 3: Levels of Suicidal Communication

- PASSIVE IDEATION: "I wouldn't mind if I didn't wake up" — thoughts of death without active intent. Concerning — must document and report.
- ACTIVE IDEATION: "I want to kill myself" — explicit intent. Requires immediate documentation and reporting.
- IDEATION WITH INTENT: "I want to kill myself and I'm going to do it" — intent to act. Requires immediate response.
- IDEATION WITH PLAN: "I'm going to use my husband's gun tonight" — highest risk. Emergency response required.

#### **IMPORTANT: Never Promise Confidentiality**

If a client says "promise you won't tell anyone" about a safety concern — never promise. Say: "I care about you and I can't promise to keep a secret if it involves your safety. But I'll stay with you and we'll figure this out together."

### Section 4: The Home Care Worker's Response

When a client expresses suicidal thoughts, your response matters profoundly. Talking directly about suicide does NOT increase risk — it often provides relief.

1. STAY CALM — Your emotional regulation affects the client. Breathe. Speak slowly.
2. TAKE IT SERIOUSLY — Never dismiss or minimize suicidal statements.

- 3. ASK DIRECTLY — "Are you thinking about ending your life?" Asking reduces anxiety and opens communication.
- 4. LISTEN — Give time and space. Do not rush to problem-solve.
- 5. STAY WITH THE CLIENT — Do not leave someone expressing active suicidal intent alone.
- 6. REMOVE OBVIOUS MEANS if safe — move medications out of reach.
- 7. CONTACT YOUR SUPERVISOR immediately while remaining with or near the client.
- 8. CALL 911 if client is in immediate danger and you cannot reach your supervisor.

✓ DO	✗ DON'T
Take all expressions of suicidal thoughts seriously	Promise confidentiality around safety concerns
Ask directly about suicidal intent	Say "you don't really mean that" or minimize
Stay with the client if they express active intent	Leave an actively suicidal client alone
Contact supervisor immediately	Argue about reasons to live
Document exactly what the client said (use their words)	Make the client promise not to hurt themselves

## Section 5: Safety Planning

A safety plan is a written, personalized plan developed with a client to manage suicidal crises. Created by clinical team members — supported by home care workers. Components include: warning signs, internal coping strategies, support contacts, professional resources, and environmental safety steps.

### Crisis Resources

988 Suicide & Crisis Lifeline: Call or text 988 | Crisis Text Line: Text HOME to 741741 | Minnesota Crisis: 1-800-642-1025 | Immediate danger: Call 911

### SCENARIO

During a visit, your client says "everyone would be better off without me. I have my wife's sleeping pills in the nightstand."

Response: This is a crisis. Stay calm, stay with the client. Respond: "I hear you and I'm very concerned. Can you tell me more about what you're feeling?" Move the medications out of reach if safe. Call your supervisor immediately. If unreachable, call 911. Document everything specifically.

## Section 6: Documentation and Self-Care

Document: client's exact words in quotation marks, what you observed, what you did, who you contacted, and the outcome. This documentation is clinically critical for risk assessment and care planning.

### YOU MATTER TOO

Responding to suicidal crises is emotionally demanding. Seek debriefing from your supervisor. Use your agency's Employee Assistance Program (EAP) for support. Secondary traumatic stress is a real occupational risk — your emotional health enables you to continue helping clients.

### Quick Reference Summary

<b>Previous Attempt</b>	Single strongest predictor of future suicide attempt
<b>Warning Signs</b>	Immediate concern: hopelessness, giving away possessions, farewell statements, sudden calm
<b>Active Ideation with Plan</b>	Highest risk — specific method identified — emergency response required
<b>Lethal Means</b>	Firearms and medication stockpiles dramatically increase suicide risk
<b>Never Promise Confidentiality</b>	Never promise to keep safety-related information secret
<b>Asking Directly</b>	Does NOT increase risk — reduces anxiety and opens communication
<b>Safety Plan</b>	Personalized written crisis plan — created by clinical team, supported by home care worker
<b>988</b>	National Suicide and Crisis Lifeline — call or text 988
<b>Passive Ideation</b>	Thoughts of death without active intent — still requires documentation and reporting
<b>Self-Care</b>	Seek debriefing and support after difficult crisis interactions — secondary traumatic stress is real