

# APPENDIX A

## Psychoeducation Examples: AFSP and SPRC

**AFSP After an Attempt Resources (<https://afsp.org/find-support/ive-made-attempt/after-an-attempt/>)**

### *Immediately after an attempt*

Maybe you have just returned home from the hospital...or you may be trying to make sense of what led you to consider suicide. The “why” of suicide is complex and answers may not come easy.

Your journey of healing is one that many have been on and survived. Your life matters.

### *How did I get here?*

You may not understand all of the thoughts and feelings that led you to consider suicide, and that’s okay.

Many people who feel suicidal are experiencing a mental health concern, which is treatable. You may also have been experiencing stressful life events, found it difficult to express your feelings, or felt yourself isolating from others.

While you may still have challenges, many people who survive a suicide attempt begin to see those challenges in a new light, and realize that there are people available to support them. You don’t need to have all of the answers to heal from this experience. There is a way through.

### *Interacting with family and friends*

Sometimes people do not know what to say following a suicide attempt. They may be frightened, confused, or angry, and say things that are not helpful to your recovery. They may also avoid discussing it with you.

They may need time to process what has happened. Their journey is not your journey however, and you are not responsible for how they decide to work through their feelings.

If asked about your attempt, tell people what you are comfortable telling them, or that you need time. Find a therapist or other mental health professional and/or a support group. Enlist the help of family and friends with day-to-day responsibilities for a time, if needed.

### *Things you can do to support your recovery*

You have experienced a significant health event, and just as you would while recovering from any other health concern, you will need time, reflection, and support from others during your recovery.

Be kind to yourself. You have just survived a life-threatening health crisis and you deserve to take the time you need.

Take care of your health. Exercising, eating right, getting enough sleep and spending time with healthy people can have a huge impact on your health and mood.

Find a mental health professional. A good therapist or doctor can help you put this experience in proper perspective. They can also help you develop a safety plan and find ways to address life stressors.

Try a support group. There are different kinds of support groups, including those for depression and other mental health conditions and for those who have survived a suicide attempt. A group can help you know you are not alone.

Talk to those you trust. When you're ready, let them know what happened and that you want them to help you stay safe.

Join our AFSP community. Whether you visit our website, attend a community presentation, join a volunteer committee, or attend a walk, you will be connected to people who understand the complexity of suicide and want to help prevent it.

### *Safety Plan*

Having a safety plan that addresses the following is an essential component of your recovery:

Recognize what puts you at risk.

Find coping strategies that do not rely on the presence of others.

Engage with people and go to places that help take your mind off your problems.

Reach out to family or friends that can help you in a crisis.

Call the National Suicide Prevention Lifeline at 1-800-273-8255

Keep your environment safe.

Information for family and friends

If your loved one has made a suicide attempt, it is important that you seek support and take steps to care for yourself and them.

SPRC “Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments,” pages 9-10, (<https://www.sprc.org/edguide>).

The Brief Patient Education intervention helps the patient understand his or her condition and treatment options and may facilitate patient and family adherence to the follow-up plan. As patients with suicide risk often do not attend follow-up mental health appointments after discharge, the ED visit may be the best—or only—opportunity to provide these patients and their family members with important suicide prevention information. Written materials may complement, but not replace, direct, one-on-one communication between provider and patient.

#### Action Steps

- » Ask the patient for permission to include his or her family members, close friends, and/or a certified peer specialist in the intervention. A peer specialist is a person with lived experience who is trained and certified to provide services to others.
- » Discuss the following:
  - ✓ Patient’s current condition
  - ✓ Risk and protective factors
  - ✓ Type of treatment and treatment options
  - ✓ Medications and adherence
  - ✓ Substance use
  - ✓ Home care
  - ✓ Lethal means restriction
  - ✓ Follow-up recommendations
  - ✓ Signs of a worsening condition (e.g., increased frequency of suicidal thoughts, increased trouble sleeping) and how to respond (e.g., ask friends or family to help keep you safe, remove access to lethal means).
- » Communicate that treatment is effective. For example, tell the patient, “Research shows that mental health treatment helps people recover from suicidal thoughts or feelings (Brown et al., 2005; Linehan et al., 2006). If you follow-up with treatment, you will feel better.”
- » Explain when a return visit to the ED is warranted.
- » Provide verbal and written information identifying the local crisis center or crisis line.

Assist the patient in making a call to the crisis center before leaving the ED.

» Use teach-back techniques to ensure the patient and his or her family understand the information provided. For example:

“We talked about important next steps. Can you tell me what you’ll do when you get home?”

“I want to be sure I explained everything clearly. Can you please explain it back to me in your own words?”

» Show empathy and respect for patient autonomy and privacy. The goal of the Brief Patient Education intervention is to instill hope of recovery and to reduce stigma and shame.

» Provide written educational materials, including a list of community resources.

# APPENDIX B

## Caring Contact Examples

Sourced from [http://zerosuicide.sprc.org/resources?type\\_1%5B%5D=tool&field\\_toolkit\\_tid%5B%5D=4](http://zerosuicide.sprc.org/resources?type_1%5B%5D=tool&field_toolkit_tid%5B%5D=4)

### Example 1

Hello \_\_\_\_\_,

We have been thinking about you and want to check in with you regarding how things are going.

You left \_\_\_\_\_ (provider office or facility) with a plan to \_\_\_\_\_ (insert coping strategy) and follow up with \_\_\_\_\_ (provider). Were you able to make it to this appointment? If not feel free to call us at \_\_\_\_\_ if you would like assistance in rescheduling or if you need anything else. Know that all the people here are ready and willing to lend a hand.

Be Well!

### Example 2

Dear [Client],

We are sending this to you as a follow up to your visit on [Date] with [Provider Name].

You are in our thoughts and we care about you. We hope that you are doing well.

It is our mission to provide mental health care and promote wellness that is sensitive to your needs. We value you as an essential member of our community. We are always here for you. Feel free to contact us any time [Phone Number].

Blessings to you.

### Example 3

Dear \_\_\_\_\_,

It has been a little while since you were at \_\_\_\_\_, and we hope things are going well for you. If you would like to send us a note we would enjoy hearing from you.

Please note the following resources are available to you: (National Suicide Prevention Lifeline and other local resources).

Best wishes,

### Example 4 (Missed Appointments)

Hello \_\_\_\_\_,

I hope you are doing well.

Over the past few weeks, I have not seen you for our scheduled appointments or been able to reach you. We have called you and your emergency contacts several times to check in, but we have been unable to make contact with you. I hope our not hearing from you means that you are feeling better, but if not, I hope you will remember that we are here if you need us.

Please know that I want to continue to be here for you, both to listen and to talk about how our working together is helping or not helping you. Also, I am happy to see if I can offer any community resources that might be helpful to your recovery.

I look forward to speaking with you soon, hopefully, for an update on how you are doing, and to offer any support that I can. Please call me at \_\_\_\_\_ and if I am not available and you need immediate assistance you can ask for the Clinic Manager.

Hope to hear from you soon,  
Staff Name  
Title

Examples 5 - 8





you will  
always  
have  
the help  
and  
support  
of people  
who care-  
people  
like us.



COMMUNITY COUNSELING CENTER  
400 E. Silver Springs Road  
Cape Girardeau, MO 63703  
573.334.1100  
[www.cccmr.com](http://www.cccmr.com)



COMMUNITY COUNSELING CENTER  
402 S. Silver Springs Road  
Cape Girardeau, MO 63703  
573.334.1100  
[www.cccntr.com](http://www.cccntr.com)



# Appendix C

## Follow Up Phone Call Script Example From University of Utah Healthcare

### Follow Up Calls Phone Call Guide/Script:

1. Explain who we are and why we are calling.
  - a. “Hi, my name is \*\*\*\*\* I am a social worker/certified peer specialist with University Healthcare. I am calling to follow up with you regarding your recent visit to the ER or recent stay at UNI. We follow up with people after their visit to see how you are doing, make sure that your needs are being met and offer any support and resources you might need.”
2. Ask if they are able to talk.
3. General overview of how they are doing, build some rapport.
  - a. *“How have things been going since your discharged from UNI or visit at the ER?”*
4. Assess SI/Risk - further assess/offer services as appropriate.
5. Ask if they have been seen in the ER since discharge or the last follow up call.
6. Discussed follow up with discharge plan/outpatient providers.
  - a. Be specific if the discharge plan states specific appointment, providers, etc.
7. Ask if they have a safety plan/crisis response plan.
  - a. Are they using it?
  - b. Has it been helpful/effective?
  - c. So they need help making any changes to make it more helpful?
  - d. Do they need help developing one?
8. Ask lethal means questions - counsel further as needed.
  - a. *“We ask everyone this question, if you do not feel comfortable answering that’s ok. Do you own, have access to or have firearms in your home?”*
  - b. If no and it seems further explanation for the question is needed discuss the importance of safety when someone is at high risk or going through a rough time.
  - c. If yes, are they locked up safely? Offer resources for free trigger locks, etc. See this website to read more about lethal means counseling: <https://www.hsph.harvard.edu/means-matter/recommendations/clinicians/>
  - d. If this topic was not discussed in the initial follow up due to not being able to get a hold of the individual, and you are able to talk with them on the second, please discuss it and document as above. We will not have to discuss it each follow up once it has been addressed.
9. Do they need any other support or resources from us?
10. Educate and make sure they have the number for the CL and WL.
11. Ask if they are ok with future follow up phone calls.
  - a. Explain that we follow up 4 times in the 90 days after discharge/the ER visit to provide support, resources, etc.
  - b. If yes:

- i. Is this the best phone number?
- ii. Is there a good or better time or day or day of week?
- iii. Is it ok to leave a message?

12. DOCUMENT!!!!

### Leaving a Voicemail

1. Make the message very generic; no identifying information.
  - a. *"Hi, this message is for >first name<. My name is \*\*\*\*\*, I'm a social worker/certified peer specialist with University of Utah Healthcare. I'm calling in regards to your recent clinical visit with us. I just wanted to follow up with you regarding that visit and how you are doing. Please give us a call back here at 801-587-3000/801-587-1055. I look forward to hearing from you. Thank you, goodbye."*
2. DOCUMENT!!!!

# Appendix D

## The Joint Commission Tips for High-Quality Hand-Offs

