

Zeroing In: Integrating Suicide and Overdose Prevention

Module 4: Integrated Safety Planning

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*Please take a brief
pre-training survey:*



Zeroing In On Our Series

- Module 1: Foundations of the integrated Zero Suicide + Zero Overdose approach
- Module 2: Screening for suicide risk and substance use in every setting
- Module 3: Risk assessment & triage for suicide and overdose
- **Module 4 (*today!*): Integrated safety planning**
- Module 5: Means reduction & overdose prevention strategies
- Module 6: Monitoring, follow-up, and continuous quality improvement

Recap: Module 3

- ✓ Risk assessment is collaborative and iterative — focus on prevention, not prediction.
- ✓ Use structured domains + clinical judgment: assess suicide risk (thoughts, intent, plan, behaviors, means) and overdose risk (amount, route, tolerance, mindset, setting).
- ✓ Formulate risk (status + state + drivers) and match intervention intensity; pay special attention to transitions of care.

Overview: Module 4

- Why Integrate Suicide & Overdose Prevention
 - Shared Tools
 - Risk Assessments
- Choosing & Adapting the Right Safety Plan
- Case Vignettes
- Review & Next Steps

Why Integrate Suicide & Overdose Prevention

Why Integrate Suicide & Overdose Prevention?

1

Risks are Interconnected

Suicide and overdose often overlap, with shared risk factors and populations. Addressing them in silos can miss critical issues.

2

Social Drivers Elevate Risk

Housing instability, food insecurity, and other stressors greatly elevate suicide and overdose risk.

3

Overlapping Behaviors

Many individuals at risk experience a mix of mental health concerns, substance use, and SDOH. These factors fuel each other.

4

Risk Stratification

Tackling all three domains together addresses the whole person and can reduce overall harm more effectively than separate plans.

Shared Tools

- Screening tools can be adapted to address risk factors for both drug use and suicide
- “Toolkits” for health professionals and social workers can be modified to include both

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> 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."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> 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. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

Low Risk
 Moderate Risk
 High Risk

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Overdose Risk Questionnaire

Write all substance use carries some risk, we also know that risk varies greatly depending on what, how, and when someone uses. We care about your wellness and want to better understand your experiences. After completing this screening, we will collaborate to develop a safety plan that fits you where you are now. Please select all that apply from the lists below.

Recent Opioid or Substance Use Associated with an Increased Risk of Accidental Overdose	
☐	Opioids such as pain medication, fentanyl, methadone, or heroin, etc., even occasionally or as prescribed
☐	Non-opioid substances or medications obtained legally, such as Xanax, cocaine, MDMA, etc., even occasionally

Drug Overdose History	Pattern of Use: What, How, and When
☐ Accidental drug overdose	☐ Using substances of different strengths or quality
☐ More than one accidental drug overdose	☐ Using when feeling rushed, alone, or in unfamiliar surroundings
☐ Intentional use of drugs to overdose	☐ Using when you are alone

Health and Wellness	Using substances through an intravenous line (IV) or a needle
☐ Do you have any health concerns that could impact your risk of overdose? (e.g., liver, immune, eye, or respiratory issues)	☐ Using when feeling suicidal thoughts or not caring if you ended up
☐ Have you had any recent stressors that may impact your risk of overdose? (e.g., loss of a loved one, financial hardship, relationship issues, or incarceration)	☐ Changing how you use substances (e.g., snorting, smoking, or swallowing)
☐ Are there any other factors that you believe may impact your risk of overdose? Please describe below:	☐ Using more than one substance at the same time or within a short period of time
	☐ Using other substances while under the influence of alcohol

NOTES:

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C-SSRS and Risk Identification

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	
	Past 3 Months	
If YES to question 6, ask: Was this in the past 3 months?		

Low Risk: No active ideation (only passive or none) → no formal plan required; safety planning can be used here but should be based on client perception of utility and clinical judgment.

Moderate Risk: Significant ideation present (even if intent denied) → still create a safety plan and increase monitoring.

High Risk: Patient has intent or recent attempt → Drivers immediate safety measures (safety plan, possibly higher level care or supervision).

Overdose Risk Assessment

- ▶ **High Overdose Risk:** One or more major risk factors present.
- ▶ **Moderate/Mild Overdose Risk:** individual uses substances but with fewer risk factors.
- ▶ **Low Overdose Risk:** individual reports no significant substance use (or strictly uses as prescribed with no misuse).

Risk reduction and overdose prevention education is essential regardless of level.

Social Driver Risk Assessment

- ▶ **High SDOH Risk (Social Crisis):** The individual has an imminent same day social driver.
- ▶ **Moderate Social Driver Risk:** The individual has at least 1 social driver imminent within next 30 days.
- ▶ **Low/No Social Risk:** The individual reports stability and has not imminent or within 30 day risks.

Choosing & Adapting the Right Safety Plan

Safety Plan Starting Points

Suicide Safety Plan

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____

2. _____

3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____

2. _____

3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Place: _____ Address: _____

4. Place: _____ Address: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____

Emergency Contact: _____

2. Professional/Services Name: _____ Phone: _____

Emergency Contact: _____

3. Emergency Department: _____

Emergency Department Address: _____

Emergency Department Phone: _____

4. Crisis Line Phone (e.g. 988): _____

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____

2. _____

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Stanley-Brown

Overdose Safety Plan

My Safety Plan

Step One: Things which put me at risk of accidental overdose
(Risks are often use of medications or illicit drugs, methods of use, history, and health factors)

• _____

• _____

• _____

Step Two: Actions I can take to reduce my risk of overdose
(Consider steps that address the risks found in step one, example: Changing method of use)

• _____

• _____

• _____

Step Three: Things I do regularly (or want to do more) to stay well
(Consider ways you take care of your physical and mental health)

• _____

• _____

• _____

Step Four: People who support my wellness and I can ask for help

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____ Phone: _____

Program: _____ Phone: _____

Urgent Care: _____ Phone: _____

Local Crisis Hotline: _____

SAMHSA's National Helpline: 1-800-662-HELP (4357)

Step Six: The number one reason I want to live today

• _____

Step Seven: The next step I am willing to take to reduce my risk

• _____

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Remember:
It is not the form that is so important, as it is the process of exploring warning signs and way of trying to cope ahead.

Safety Plan Overlaps

Suicide Safety Plan

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____

2. _____

3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____

2. _____

3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Place: _____ Address: _____

4. Place: _____ Address: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____

2. Name: _____ Contact: _____

3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR PROFESSIONAL SERVICES I CAN CONTACT DURING A CRISIS:

1. Professional/Services Name: _____ Phone: _____

Emergency Contact: _____

2. Professional/Services Name: _____ Phone: _____

Emergency Contact: _____

3. Emergency Department: _____

Emergency Department Address: _____

Emergency Department Phone: _____

4. Crisis Line Phone (e.g. 988): _____

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____

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Stanley-Brown

Overdose Safety Plan

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Step One: Things which put me at risk of accidental overdose
(Risks are often use of medications or illicit drugs, methods of use, history, and health factors)

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(Consider steps that address the risks found in step one, example: Changing method of use)

• _____

• _____

• _____

Step Three: Things I do regularly (or want to do more) to stay well
(Consider ways you take care of your physical and mental health)

• _____

• _____

• _____

Step Four: People who support my wellness and I can ask for help

Name: _____ Phone: _____

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Name: _____ Phone: _____

Step Five: Professionals and agencies I can call in a crisis

Name: _____ Phone: _____

Program: _____ Phone: _____

Urgent Care: _____ Phone: _____

Local Crisis Hotline: _____

SAMHSA's National Helpline: **1-800-662-HELP (4357)**

Step Six: The number one reason I want to live today

• _____

Step Seven: The next step I am willing to take to reduce my risk

• _____

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Plan Similarities

Suicide Plan Steps 2, 3, 6
→
Overdose Plan Step 2

Suicide Plan Steps 4 & 5
→
Overdose Plan Steps 4 & 5

Suicide Plan Step 7
→
Overdose Plan Step 6

Mapping the Primary Risk

Risk drives the **starting tool**; the patient drives the **final plan**

The entry point to the decision matrix is “**What is the primary risk right now?**”

Primary Risk	→ Starting Point
Suicide Risk	Stanley & Brown (Suicide Safety Plan)
Overdose Risk	Zero Overdose Safety Plan

Integrations Instead of New Plans

What **other risks** are present that need to be integrated?

- ☐ Suicide thoughts or behaviors
- ☐ Overdose exposure (intentional or accidental)
- ☐ Medication at home
- ☐ Social isolation or instability
- ☐ Emotional or cognitive cue that increase risk

Decision Matrix: Risk Levels vs. Safety Plan

Suicide Risk (C-SSRS 1-6)	Overdose Risk	Social Drivers	Primary Plan	Integration
HIGH: Active Suicidal Ideation w/ Intent/Plan (Y on C-SSRS 4, 5, or 6)	ANY (Low, Moderate, High)	ANY (Low, Moderate, High)	SUICIDE SAFETY PLAN	Integrate Overdose & Social Needs: suicide prevention is primary with other needs woven in
MODERATE: No Active Suicidal Ideation (Y on C-SSRS 3)	HIGH	ANY (Low, Moderate, High)	OVERDOSE SAFETY PLAN	Integrate Suicide & Social Needs: emphasize overdose prevention while supporting other concerns
LOW: No Active Suicidal Ideation (N on C-SSRS 3)	LOW	HIGH	WELLNESS PLAN	Integrate Mild Risks: focus on immediate referrals and include simple coping strategies
LOW: No Active Suicidal Ideation (N on C-SSRS 3)	LOW	LOW	NO SPECIALIZED PLAN	No specialized plan is required; continue with routine care and preventative measures

Safety Planning Intervention Goals

Safety Planning involves more than simply completing the form. Developing a safety plan with an individual involves 9 components:

1

Be fully present and connect

2

Determine if the individual is suited for suicide safety planning

3

Listen carefully to the “story” of their crisis

4

Provide psycho-education about the nature of suicidal crises

5

Introduce safety planning and give a rationale and overview

6

Explain how to use the safety plan steps

7

Complete the Safety Plan Form together

8

Implement safety planning

9

Follow-up contacts

Case Vignettes

Adapting an Overdose Safety Plan to Address Suicide Risk

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
<u>Risk Factors</u>	<u>Actions to Reduce Risk</u>	<u>Actions to Stay Well</u>	<u>Supportive People</u>	<u>Professional Help</u>	<u>Reasons to Live</u>	<u>Next Steps</u>
Identify emotional states or thought patterns that increase overdose risk.	Add coping steps for suicidal feelings.	Identifies and encourages daily practices positive mental and physical space.	Ensure at least one support person listed knows about their mental health.	Verify suicide prevention resources are listed.	Overdose safety plans explicitly ask for a reason to live each day.	Include a commitment about seeking help for suicidal thoughts.

Stop, Drop, and Plan

- **Physical fire:** Stop, Drop, Roll → prevent harm immediately
- **Emotional fire:** Take protective steps → ground yourself, interrupt repetitive thoughts
- **Safety planning:** Flexible—tailored to risk (high risk → full plan; low risk → simple strategies)
- **Goal:** Be prepared before emotions escalate → right care, right person, right time



Case: Luis

Luis is a 25-year-old sales manager who began using opioids, first by prescription and then recreationally, after suffering a sports injury in high school. He struggles with ongoing opioid use and had an unintentional overdose three years ago.

Luis has had occasional suicidal thoughts but denies having a plan. He is motivated to reduce his substance use but he says he is not ready to stop altogether. He is familiar with Naloxone but doesn't know how to access it. Luis maintains strong ties to his family and partner.



Initial Risk Assessment:

Low Suicide, High Overdose

Suicide Risk: **Low**

- Occasional suicidal ideation, but denies plan or intent
- Denies any prior suicide attempts

Overdose Risk: **High**

- Ongoing opioid use (non-prescribed, recreational)
- History of accidental overdose (3 years ago)
- Limited awareness of overdose risk factors (e.g., variability in drug strength, using alone)
- No current access to Naloxone
- Psychological vulnerability: occasional SI and ambivalence

Luis' Matrix Outcome

Suicide Risk (C-SSRS 1-6)	Overdose Risk	Social Drivers	Primary Plan	Integration
HIGH: Active Suicidal Ideation w/ Intent/Plan <i>(Y on C-SSRS 4, 5, or 6)</i>	ANY <i>(Low, Moderate, High)</i>	ANY <i>(Low, Moderate, High)</i>	SUICIDE SAFETY PLAN	Integrate Overdose & Social Needs: suicide prevention is primary with other needs woven in
MODERATE: No Active Suicidal Ideation <i>(Y on C-SSRS 3)</i>	HIGH	ANY <i>(Low, Moderate, High)</i>	OVERDOSE SAFETY PLAN	Integrate Suicide & Social Needs: emphasize overdose prevention while supporting other concerns
LOW: No Active Suicidal Ideation <i>(N on C-SSRS 3)</i>	LOW	HIGH	WELLNESS PLAN	Integrate Mild Risks: focus on immediate referrals and include simple coping strategies
LOW: No Active Suicidal Ideation <i>(N on C-SSRS 3)</i>	LOW	LOW	NO SPECIALIZED PLAN	No specialized plan is required; continue with routine care and preventative measures

Step One:

Things Which Put Me at Risk of Accidental Overdose

- ▶ *“What are the first things you notice when things are getting worse for you — like a bad day where you might feel more at risk?”*
- ▶ **Clinician note:** Frame these as “When I notice myself...” to promote self-awareness. Allow Luis to identify both physical and emotional cues.
- ▶ **Integrated SI/Social Cue:** Include emotional cues like “feeling hopeless” or “not caring,” and socially disconnected behaviors like isolating from family/partner.

Step One: Things which put me at risk of accidental overdose

(Risks are often use of medications or illicit drugs, methods of use, history, and health factors)

- | | |
|---|---|
| • <u>I overdosed a few years ago</u> | • <u>I don't have a plan if something does happen</u> |
| • <u>I'm still using opioids</u> | • <u>I use more when I'm stressed</u> |
| • <u>Sometimes I use when I'm alone</u> | • <u>I've had suicidal thoughts in the past.</u> |

Step Two:

Actions I Can Take to Reduce My Risk of Overdose

- *“Let’s talk about what helps you stay safer when using — even if you’re not ready to stop. What are things you could do to lower the chance of an overdose?”*

Step Two: Actions I can take to reduce my risk of overdose

(Consider steps that address the risks found in step one, example: Changing method of use)

- I'll be with someone I trust or I'll call the Never Use Alone line
- I'll use fentanyl test strips & start w/ a small amount first
- If I feel like I don't care what happens to me, I'll call Emily or Jasmin before using
- I'm going to keep track of when and why I use
- I want to get a Naloxone kit this week
- Go over how to use the kit with Emily

Step Three:

Things I Do (or Want to Do More) to Stay Well

- ▶ *“What are some things you already do — or want to do more of — to take care of your physical or emotional health?”*

Step Three: Things I do regularly (or want to do more) to stay well (Consider ways you take care of your physical and mental health)

- | | |
|---|---|
| ● Spend time with Emily and my family — just being around them helps. | ● Write things down — what I’m thinking, what I want, what’s been hard. |
| ● Stick to my work routine and keep some structure in my days. | ● Make sure I’m eating, drinking water, and getting enough sleep. |
| ● Get outside for a walk when I’m feeling off or anxious. | ● Other Ideas? |

Step Four:

People Who Support Me and I Can Ask for Help

- ▶ *“Who can you reach out to if you’re at risk or just need someone in your corner? Who do you feel safe being honest with?”*

Step Four: People who support my wellness and I can ask for help

Name: Emily (my partner)

Phone: (612) 555-2019

Name: Carlos (my brother)

Phone: (612) 555-8872

Name: Jasmin (Harm Reduction Outreach)

Phone: (612) 555-4444

Step Five:

Professionals and Agencies I Can Call in a Crisis

- ▶ *“If things ever got worse — like if you were thinking about using dangerously or feeling unsafe — who could you call for help?”*
- ▶ **Clinician note:** Include both mental health and substance use options. Normalize help-seeking even in early crisis stages.
- ▶ **Integrated SI Cue:** Mention services that are equipped to help with emotional distress — not just overdose. Reassure that these aren’t only for emergencies.

Step Five: Professionals and agencies I can call in a crisis

Name:

Phone:

Program:

Phone:

Urgent Care:

Phone:

Local Crisis Hotline:

Suicide and Crisis Hotline (24/7): 988

Step Six:

My Number One Reason to Live Today

- ▶ *“Even when things are hard, what keeps you going? What reminds you that you want to stay alive?”*
- ▶ **Clinician note:** This is where protective factors are framed in his own words. Ask gently and help him articulate something meaningful and real.
- ▶ **Integrated SI Cue:** Center this statement around connection, hope, or a personal value. This becomes a future-oriented anchor during low moments.

Step Six: The number one reason I want to live today

- To live a full life with Emily and be there for the people who love me.

Step Seven:

The Next Step I'm Willing to Take to Reduce My Risk

- ▶ *“What’s one small step you’re ready to take this week to reduce your risk — even a little?”*
- ▶ **Clinician note:** Ensure the goal is realistic and driven by Luis. Avoid pressuring abstinence — it can be about access, awareness, or connection.
- ▶ **Integrated SI/Social Cue:** Frame it as something that strengthens both overdose safety and his connection to others.

Step Seven: The next step I am willing to take to reduce my risk

- I'm going to pick up Naloxone this week and go over it with Emily so we both know how to use it.

Adapting a Suicide Safety Plan to Address Overdose Risk

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
<u>Substance-Related Risks</u> <i>“Using drugs or drinking more, especially alone, means I’m not doing well.”</i> This cues patient and clinician that increased use = increased risk.	<u>Internal Coping / Distractors</u> Include alternatives to using: <i>“If I feel like using to escape, I will instead ____ for 30 minutes first.”</i> This addresses using substances as a harmful coping mechanism.	<u>Non-traditional Supports</u> Add case managers and peer or harm reduction programs.	<u>Personal Contacts / Supports</u> List someone they can call before using when distressed (hotline, sponsor, supportive friend).	<u>Professional Help</u> Include professionals that can assist with multiple risk factors related to suicide risk, overdose risk, and social drivers.	<u>Make Environment Safe</u> Go beyond removing guns/knives to limiting access to medications and drugs: <i>“Give my substances to my partner to hold onto, so I won’t take them impulsively.”</i>

Case: Mounir

Mounir is a 55-year-old software engineer who lost his job due to corporate downsizing and has had difficulty getting a new one. He feels a strong sense of culture and desire to support his family. He expresses a sense of shame and inadequacy after the layoff. Mounir does not normally use drugs or alcohol, due to religious reasons, but lately has felt the need to escape.

Mounir has begun withdrawing from his family and faith community, spending most of his time at home watching television. He reports hopelessness and more frequent suicidal thoughts, which he hides from his loved ones. When you ask if he has a plan, he says “sort of.”



Initial Risk Assessment:

High Suicide, Low Overdose

Suicide Risk: **High**

- Active Suicidal Ideation with intent/plan
- Acute stressor of losing job and inability to find a new one
- Feelings of hopelessness, shame, and inadequacy
- Isolating behavior, withdrawing from friends, family, and faith

Overdose Risk: **Low**

- No history or drug or alcohol use
- Potential vulnerability: feels the need to escape from current situation

Mounir's Matrix Outcome

Suicide Risk (C-SSRS 1-6)	Overdose Risk	Social Drivers	Primary Plan	Integration
HIGH: Active Suicidal Ideation w/ Intent/Plan (Y on C-SSRS 4, 5, or 6)	ANY (Low, Moderate, High)	ANY (Low, Moderate, High)	SUICIDE SAFETY PLAN	Integrate Overdose & Social Needs: suicide prevention is primary with other needs woven in
MODERATE: No Active Suicidal Ideation (Y on C-SSRS 3)	HIGH	ANY (Low, Moderate, High)	OVERDOSE SAFETY PLAN	Integrate Suicide & Social Needs: emphasize overdose prevention while supporting other concerns
LOW: No Active Suicidal Ideation (N on C-SSRS 3)	LOW	HIGH	WELLNESS PLAN	Integrate Mild Risks: focus on immediate referrals and include simple coping strategies
LOW: No Active Suicidal Ideation (N on C-SSRS 3)	LOW	LOW	NO SPECIALIZED PLAN	No specialized plan is required; continue with routine care and preventative measures

Step One:

Warning Signs

- ▶ *“What are the first things you notice when things are getting worse?”*
- ▶ **Clinician note:** These may be framed as *“When I notice myself...”* to build self-awareness.
- ▶ **Integrated Overdose Cue:** Include withdrawal and inactivity as red flags related to social disconnection and lack of purpose; address the role of substances in desire to “escape” current situation.

STEP 1: WARNING SIGNS:

1. Feeling ashamed or like a failure after thinking about the layoff
2. Spending all day watching TV and avoiding people
3. Thinking “I’m not useful anymore” or “They’re better off without me”

Step Two:

Internal Coping Strategies

- ▶ *“What can you do on your own, even for a few minutes, to get through the moment safely?”*
- ▶ **Clinician note:** Emphasize the importance of **specific, realistic, and adaptive** strategies.
- ▶ **Integrated Social + Overdose Response:** *“When I feel overwhelmed about my job loss, I will do one of the activities above before isolating, canceling plans with my family, and taking substances.”*

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. Recite or read meaningful spiritual passages
2. Practice daily gratitude journaling
3. Take a walk or sit outside and breathe deeply

Step Three:

People & Social Settings That Can Help Distract

- ▶ *“Who or where can help you feel a bit better, even just by being around others?”*
- ▶ **Clinician note:** Help Mounir see that distraction isn’t avoidance — it’s a step toward safety.
- ▶ **Integrated Social Cue:** Emphasize re-engaging with faith community or family as safe social anchors, even in passive ways.

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- | | |
|--|--|
| 1. Name: <u>My brother</u> | Contact: <u>555-645-8728</u> |
| 2. Name: <u>My son</u> | Contact: <u>555-921-0075</u> |
| 3. Place: <u>Attend Friday prayer services (even if just sitting quietly)</u> | 4. Place: <u>Sit in the family living room (instead of isolating in his room)</u> |

Step Four:

People to Contact When in Crisis

- ▶ *“Sometimes when things feel overwhelming, it helps to talk to someone we trust — not necessarily to fix the problem, but just to not carry it alone. Is there someone in your life — maybe a relative, friend, or someone from your community or mosque — who you could turn to when you’re having a hard time?”*
- ▶ **Clinician note:** Start by normalizing help-seeking within his values framework
- ▶ **Integrated Social Cue:** Focus on reconnecting socially, regaining a sense of purpose, and accessing practical guidance

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:	
1. Name: <u>Omar Rahman (brother)</u>	Contact: <u>612-555-2841</u>
2. Name: <u>Sarah Khatib (Close friend who also lost a job)</u>	Contact: <u>952-555-8454</u>
3. Name: <u>My son</u>	Contact: <u>864-555-2346</u>

Step Five:

Professionals or Agencies Contact Information

- ▶ *“If you find yourself in a crisis and need professional support, who are the healthcare providers or services you can contact?”*
- ▶ **Integrated Social + Overdose Cue:** While Step 5 primarily focuses on professional contacts, including harm reduction programs and SAMHSA hotline, it's essential to consider social determinants of health that may impact the individual's crisis. Incorporating contacts who can assist with social stressors—such as unemployment, housing instability, or financial difficulties—can provide a more integrated support system.

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:	
1. Clinician/Agency Name: _____	Phone: _____
Emergency Contact : _____	
2. Clinician/Agency Name: _____	Phone: _____
Emergency Contact : _____	
3. Local Emergency Department: _____	
Emergency Department Address: _____	
Emergency Department Phone : _____	
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)	

Step Six:

Making the Environment Safer

- ▶ *“We just want to make sure your environment is as safe as possible during hard times — that includes medications, tools, or anything that could become dangerous when you’re not feeling like yourself.”*
- ▶ **Integrated Overdose Response:** Include an action to secure or limit access to any medications, inside and outside of the home.

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. I will go through my bathroom cabinet with my brother and remove or safely store any medications I don't currently need.
2. I will post the 988 Lifeline number on my fridge and save it in my phone contacts.

Managing the Suicide Risk Curve

- Typically, suicidal thoughts will eventually peak and decline on their own, but there is a risk that someone may act on their suicidal urges at the highest level of risk (**RED** zone).
- The safety plan plan is meant for use at the point the person *begins* to have warning signs of a suicidal crisis (**YELLOW** zone).
- The safety plan's easy-to-follow steps gives a person things they can do to distract themselves from the suicidal crisis or get help, allowing the crisis to pass or preventing the crisis from escalating from **YELLOW** to **RED**.



Real-World Usage of Safety Plans

- ⊕ **Review:** clinicians should review the safety plan with clients and problem solve barriers
- ⊕ **Accessibility:** discuss where the client will keep the safety plan, and how they will remember to use it
- ⊕ **Adaptability:** a living document that grows and changes with the client's skills and circumstances

Review of Module 4

- ✓ Integrated safety planning is critical to creating a single, patient-centered plan
- ✓ Risk drives the starting tool, but the patient drives the final plan: begin by mapping the primary risk, using the decision matrix, and integrating other risks / adding plug-ins
- ✓ Addressing Social Determinants of Health may be necessary depending on the patient's current situation, regardless of primary risk or safety plan starting point

Join us for Module 5



SIPPS Module 5:
Means Reduction Counseling &
Overdose Prevention Strategies

Thursday Mar 12, 2026
12:30pm – 2:30pm ET



Post-Training Survey:
Please complete this brief survey.
Your responses help us evaluate and
improve our programs. All data is
confidential and reported in
aggregate.

Q&A