



CETA

Common Elements Treatment Approach:

Safety for Suicide

Single Element Telehealth Manual – Adult

High Income Country Version

www.cetaglobal.org

For more information: info@cetaglobal.org

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Note: This manual is intended to be used for safety assessment and planning integrated with other programming and/or services. Prior to utilizing this manual, providers require training in this telephone safety element to enhance fidelity and effectiveness. To arrange a training, please contact: info@CETAGlobal.org.

Introduction

This manual was designed to address safety issues either as a stand-alone element of CETA added to programming, or in conjunction with other psychosocial or mental health services via telephone or videoconferencing. The safety element was initially developed as one of many elements within a transdiagnostic approach, the Common Elements Treatment Approach (CETA; www.cetaglobal.org), that addresses a wide range of mental and behavioral health problems (e.g. depression, trauma, anxiety, substance use, violence). Given the demand and need for safety throughout health and social service programming, the safety module has been adapted to be an independent element for providers across disciplines (e.g. mental health, education, health, social services) to utilize when working with high-risk populations.

What is telehealth?

Telehealth is providing health-related services using technology, such as telephone, mobile devices, interactive videoconferencing, email, chat, and/or text messaging. Telehealth may be provided in addition to in-person health services or may be used as a stand-alone service.

Why use telehealth?

Telehealth is an alternative way to provide health care if attending in-person visits is not possible or not clinically recommended. Research studies evaluating telehealth services show they can be as effective as in-person services in crisis management and improving mental health.

What methods should I use for telehealth?

Finding a way to reliably use technology in health services can be challenging, and every individual has differing access to technology. The following can help guide and troubleshoot finding a means of communication that works for you and the individual receiving services:

Video chat and telephone available	Try to use encrypted video programs, such as WhatsApp or Skype.
	Always make sure the individual is in a private, safe, and comfortable space.
	Discuss any barriers to using video chats (e.g., inconsistent access to internet, paying for internet data, etc.).
Only telephone available, no video chat	Without video, ask additional questions to make sure the individual is in a private, safe, and comfortable environment.
	Discuss with the individual any barriers to using a telephone (paying for airtime, difficulty hearing or understanding others on the phone, etc.)
No telephone or video chat available	Problem solve options with the individual to use a friend or family member's telephone, smartphone, or computer.
	As the provider, you may need to discuss this option with the friend or family member, in which you can explain the importance of confidentiality and privacy.

What are the ethical and professional standards for telehealth?

Providers maintain the same level of ethical standards with telehealth services as they do with in-person services, including informed consent, confidentiality and privacy, safety issues, discussing cases with supervisors, and appropriate personal boundaries.

Where should I be when calling the individual?

- ✓ A private and quiet space, where others cannot hear your conversation.
- ✓ For video chats, choose a neutral background (e.g., a wall) and a space with good lighting. It is always best to do a video test before talking to anyone.

Where should the individual be?

- ✓ A private space, where others cannot hear their conversation.
- ✓ A space where they feel safe and comfortable to discuss difficult topics.

What should I tell the individual?	<i>"Everything we discuss on the phone will be private. I will not tell anyone the things we talk about. The only time I cannot keep things private is if you or someone else is in danger."</i>
	<i>"I am sitting in a private space, where nobody can hear our conversation."</i>
	<i>"I am not recording this conversation in any way"</i> or provide information on audio recording practices and assurance of confidentiality.
What should I ask the individual?	<i>"Are you in a private space?" "Can anybody else hear our conversation?" "Do you feel safe and comfortable to talk?"</i>
	<i>"Can you understand me clearly? Are there any problems with the connection?"</i>
	<i>"Do you have any concerns for your confidentiality doing therapy over the phone?"</i> If yes, <i>"What are your concerns?"</i>

Key Points to Remember about Telehealth

- ✓ For video, individuals cannot always clearly view facial expressions and body language. You may over exaggerate facial expressions or add statements to show reactions (e.g., *"I am happy to see you,"* or *"I am not judging you."*)
- ✓ For phone, you cannot see the individual and they cannot see you.
 - Make statements to share your body language and facial expressions. (e.g., *"I am smiling right now,"* or *"I am writing down what you are saying and paying attention."*)
 - Ask the individual about their body language, facial expressions and mood (e.g., *"What are you doing right now?"*, *"If I looked at you, what would I see?"* or *"How are you feeling right now?"*)

Who should I talk to about any questions or concerns with using telehealth?

For any concerns on this element or other CETA questions, please contact info@CETAGlobal.org. Telehealth can be a new and different experience, and it is normal to have questions and challenges. Always remember, the CETA team is here to support you, along with supervisors and colleagues at your organization.



Throughout this manual, look for boxes like this to give you telehealth tips.

Readiness Checklist for Providers

Before completing safety, review this checklist to make sure you are ready:

- I am sitting in a private space, where others cannot hear me**
- My computer, telephone, or other device is charged**
- I have enough data/airtime/wifi to talk**
- I am somewhere with a clear internet or phone connection**
- I have a back-up device ready in case of any problems with my device or connection**
- I have the individual's contact information saved somewhere other than the device I am using in case we get disconnected**

Safety Readiness:

- I am aware of my organization's safety protocol, including WHO to contact and WHEN to contact the indicated support if safety issues are reported**
- If applicable, I have discussed with my indicated support a way to contact them during a safety concern without disconnecting from the individual**
- I have a list of emergency services near the individual's location**
- I have discussed with the individual a back-up contact for them, in case their device runs out of battery or disconnects**

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Safety Background

This element should be implemented as standard protocol for prevention, assessment, and monitoring of safety issues. For some individuals, you may just need to ask the safety questions. For other individuals, you may need to repeatedly work on safety depending on the severity.

This element covers safety assessment and planning for:

- a) Suicidal thoughts, plans, attempts.

There are separate sections for safety for homicide, interpersonal violence, and other unsafe behaviors or situations, such as risk-taking (e.g., going into unsafe areas when not necessary) and community violence. For information please go to www.cetaglobal.org, or email info@cetaglobal.org.

Rationale or WHY

- Assessing safety risk is one of the best ways to prevent harm and injury, or death.
- Discussing and making a detailed plan for an individual's safety is critical to maintain their health and safety.
- Safety concerns may be a sign that an individual needs additional help, such as a mental health treatment program.

Goals

1. Assess risk.
2. Work collaboratively with the individual to develop a detailed safety plan.
3. Develop a document (written or pictures) that lays out a detailed safety plan. You should keep a copy (or notes) and, only if safe, have the individual create and keep a copy.
 - In some cases, if a document increases risk to the individual (i.e., if someone else saw it, the individual could get hurt), a “reminder” sheet can be developed that helps the individual remember the safety plan, but does not indicate the safety concern or full, detailed plan.
4. Develop a plan that includes connecting with the individual regularly (and as frequently as needed) to monitor safety.

Specific methods for assessing risk and developing safety plans for suicide are outlined below.

Safety Background: Suicide

What is Suicide?

Suicide is the taking of one's own life because they wish to die. Individuals can have suicidal thoughts (i.e. thoughts about wanting to die or kill themselves) and/or suicide attempts (i.e. the act of trying to kill oneself).

Who is at Risk of Suicide?

Individuals of all genders, ages and ethnicities can be at risk of suicide. People with significant stressors (e.g. job loss, family violence, trauma history, etc.) are at increased risk for suicidal thoughts and attempts.

When Should I use the Safety for Suicidal Ideation Steps?

Ideally, these questions should be asked at every interaction with an individual in mental health care treatment. It can also be used as a screener at every health visit for prevention. These steps would, of course, be used when an individual makes a suggestion or statement about wanting to die (e.g. "I wish I was dead," or "Life is too hard; I want to end it all") or kill themselves ("I want to kill myself"), it is important to assess the individual's risk and, if needed, make a plan to keep them safe.

Explaining the What and Why

- In Safety, we start with explaining "What" we are doing and "Why" we are going to do it.
 - Safety concerns can feel very scary and uncomfortable to talk about, so we want to make the individual more comfortable by normalizing safety assessment and planning.
 - *"I am going to ask you some questions about safety. We ask every person these questions often because we want to be sure you are safe. Many individuals who are feeling very sad, stressed, or fearful think about or wish to die."*

Assessing Risk:

To assess risk, clearly ask the following four questions:

- a. Ask about current suicidal thoughts: "Do you think about killing yourself?"
 - I. Ask when this started and how often they think about this in the past week.
- b. Ask about a plan: "Do you have a plan to kill yourself?"
 - I. Ask for the details of the plan (Where? When? How?)
- c. Ask about access to a plan: "Do you have a way to carry out this plan?"
 - I. Ask about access to the details of their plan. For example - if the individual has access to medicine, a gun, gas stove, or other means of killing him or herself.
- d. Ask about past suicidal attempts: "Have you ever tried killing yourself?"
 - I. Ask them to tell you about the time they tried killing themselves and get details of what happened (i.e., how long ago, what did they do, did they require medical attention). Also find out if there were any other times they tried to kill themselves.

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These questions are purposely asked in a direct way since suicide is a very serious, sometimes life

Thoughts or Past Attempt (Question a and/or d only) —————▶ Low Risk	Contact identified support at the <u>end of call (with individual still on the phone)</u>
Thoughts + Plan (Questions a and b) —————▶ Medium Risk	Contact identified support <u>immediately (beginning of call)</u>
Thoughts + Plan + Access (Questions a, b, and c) —————▶ High Risk	Contact identified support <u>immediately (beginning of call)</u>

or death situation.

- ⇒ When asking the questions, it is good **to normalize** thoughts of suicidality.
- ⇒ It is also important to **thank** the individual for being honest about their thoughts.
- ⇒ If an individual says “yes” to any of these questions, the provider **must** develop a safety plan right away and contact others (e.g. supervisor, team leader, etc.) as required by their organization. WHO the provider should contact and WHEN the provider should contact them is often determined by the level of safety risk.
 - ⇒ See table below for risk levels and suggestions on when to contact the identified support (e.g. supervisor).
- ⇒ For more specific information about who you should call and when to call them, please refer to your organization’s safety protocol.



Steps for Calling the Identified Support:

- The provider should request permission to consult with his/her identified support:
 - *“My job is to keep you safe. I have a supportive and knowledgeable [colleague position and name], who I would like to call to seek a second opinion, so that both of us can help make sure that you are safe. She/he also is not able to speak to anyone else about you or what is discussed.”*
- The provider should put the individual on mute and check-in every minute to ensure safety.
 - You may have the individual work on something while they wait – even a simple list of things they enjoy, or people in their lives that care about them.
- If calling **immediately**, the provider should:
 - Review the individual’s responses to the safety questions
 - Make a plan for the safety steps to complete (e.g. A-D)
 - Decide if the provider needs to call the identified support at the end of the call
- If calling at the **end of the call**, the provider should:
 - Review the individual’s responses to the safety questions and safety plan
 - Decide if anything needs added to or changed in the safety plan
- Whenever an individual reports safety concerns, you should **always** call your identified support while the at-risk individual is still on the phone.

Developing a Plan for Suicide Risk

Options for Safety Planning

- Develop a “Contract” or “Promise” for Safety
 - This usually takes the form of a written note, stating that the individual “promises” or “gives their word” to not hurt or kill themselves for a short amount of time (e.g., 24 hours, 2-3 days; 1 week).
 - This should always be completed WITH the safety plan.

- Identifying Warning Signs
 - Warning signs include thoughts, feelings, behaviors and/or situations that lead to the individual having thoughts of wanting to hurt or kill themselves.
 - Identifying warning signs helps us know WHEN/WHERE/HOW the individual is most likely to have thoughts of hurting or killing themselves – and then make a safety plan focused on those.
 - Ask questions like:
 - *“What are some times that you think about killing yourself?”*
 - *“What is happening around you, or who is around you when you have thoughts of killing yourself?”*
 - For example, if the individual mostly has thoughts of killing themselves at night, the safety plan would focus on this time of the day.

- Develop a Safety Plan
 - Safety plans are highly varied depending on the situation.
 - Safety plans are best if they have multiple parts and are **VERY DETAILED**.
 - The safety plan often includes things that can decrease thoughts of wanting to die such as things the individual can do, people to talk to, and/or helpful thoughts.
 - Questions may include:
 - *“What are some things you could do to feel better?”*
 - Many individuals have tried other things before that made them feel better or gave them hope (e.g., praying, walking, reading).
 - Get details about when, how, where they can do these things.
 - *“Who are some people you could talk to that help you feel better?”*
 - You may help the individual by asking about people that care for or about them, such as family members and/or friends. In some cases of older individuals, it could be their children (if child is 18+ years).
 - If someone is identified, walk through in detail how to contact the person(s), where/when/how the individual would reach out to them, details of how the individual may ask for help. Your safety plan may even include calling this individual during session to arrange and talk through such details.

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- “What are some things you could think to make you feel better?”
 - This could include a list of reasons to live (e.g., people that count on the individual, goals for the future, religious reasons).
- Write down these activities, people and thoughts that make the individual. Make a detailed plan about where the plan will be kept, when they can access the plan, and how they will use the items in the plan.

Removal of Dangerous Objects:

- The safety plan should also include removing all dangerous things (e.g., pills, guns, knives, ropes, poison, etc.) that the individual has easy access to. This can include asking a friend/family member to keep the items for the individual until there is no further risk.
- Often in session we reach out to someone that might be able to remove the items even while we are on the phone with the individual. Details about where these objects will go should be discussed.

Develop a “Safety Watch”

- A Safety Watch is **only** for high risk individuals (i.e., thoughts, a plan and access to a plan).
- For individuals at high-risk (i.e., suicidal thoughts, a plan, and access to a plan), identify, while on the phone with the individual, family members or close friends who can help watch the individual to keep them safe.
- Setting up a safety watch requires the provider to obtain commitment from family members and/or friends that will help monitor the individual **at all times**, and in **all locations and situations**.
- An effective safety watch may require family and friends to take “shifts” (e.g., first person watches from 8 – 11am, the second 11 – 4pm, etc.) so at least one person is watching the individual 24 hours a day. The provider may also need to create a schedule for the family and friends who agree to monitor the individual.
- If the individual has someone (or a few people) who are willing to help, the provider can ask this person(s) to “watch” the individual. The “watchers” should always have the individual within their sights and **never** leave him/her alone.
- This is a very intense plan. The provider should help explain this to family/friends and walk through the activities of a day and how to keep watch at all times.
- The safety watch is set up for short periods of time (24 hours), with the option to continue or change the plan after check-in with the provider.

Plan for follow-up

- Some individuals require immediate referrals to existing services that can provide longer term treatment (e.g. a mental health counselor) and/or more intensive care (e.g. inpatient hospitalization). Your organization may provide these services directly or have relationships

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with other existing organizations that provide these services. If a referral is needed, you will follow your organization's safety protocol on how to provide such referrals.

- If an individual is not able to be immediately referred for higher level care (e.g. inpatient hospitalization, mental health counselor), the provider should continue to follow-up with the individual to ensure their safety over short periods of time. Follow-ups should take place more frequently (at least once a day for 3 days) right after the disclosure of suicidal thoughts and then slowly become less frequent depending on the level of safety concern.
 - An individual will require more frequent follow-ups if they express suicidal thoughts with a plan, or if there is any concern that the individual will be unable to maintain their safety.



Telepsychology Tips

- ⇒ Check with the individual throughout the call to make sure they are in a safe environment to discuss safety concerns.
- ⇒ Always have a back-up phone number ready for the individual, in the case of a lost connection.
- ⇒ Discuss with your supervisor or the appropriate contact in your organization ahead of time ways to contact them during a call if safety concerns arise. This should be a method you can use while staying on the video chat or telephone with the individual.
- ⇒ Keep a list of available emergency or crisis resources that are nearby the individual's location. This could be a list of emergency medical services, community leaders, or "connectors" that could help.

Safety for Suicidal Ideation (STEPS)

1. Welcome and check in ground rules for the phone and current ability to privately talk.



Welcome the individual:

“Hello (say individual’s name). This is (say your name). Are you available to talk now?”

Telephone - Since you cannot see the individual, you must verify their identity before proceeding. For example, if this is your first time speaking with them, you could ask them how they were connected to you and the name of the person who referred them. Or if you have spoken to the individual before, you could ask what you talked about last call. If you cannot confirm the individual’s identity, you should postpone the call.

Technology check:

“Can you understand me clearly?”

“Is there any problem with the connection?”

Phone call guidelines:

“Talking over the phone can be different than meeting in person because we cannot see each other. So, it’s important that you stop me if you cannot hear something, if you have questions, are confused, or need a break.”

Make sure the individual is in a private, safe, and comfortable environment:

“Are you in a place where you can talk privately?”

“Can anybody else hear this conversation?”

“Do you feel safe and comfortable talking where you are?”

*NOTE: Anytime you feel the individual has changed their tone and/or you hear background noises repeat the questions above to ensure confidentiality.

Develop or review a plan in case you are disconnected. This could include calling back several times over 15 minutes, contacting the individual on an alternate phone number, calling the person who referred them or a family/friend, and/or using other means of contact (e.g. messaging apps).

Reiterate confidentiality

“Remember everything we talk about on our call today is between you and me. That means I cannot share what you say with anyone. It is also important that when we have the calls you are somewhere where you can talk and share openly. As I mentioned before, the only time I would need to break confidentiality is if you tell me you want to hurt yourself, hurt someone else or someone else is being hurt. Everyone’s safety is very important.”

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2. What

- a. *“I am going to ask you some questions about safety.”*

3. Why

- a. *“We ask every person these questions because we want to be sure you are safe. Many individuals who are feeling very sad, stressed, or fearful think about or wish to die.”*

4. Assess

- a. *“Do you think about killing yourself?”*
 - i. If individual says yes, *“When? How often?”*
- b. *“Do you have a plan for killing yourself?”*
 - i. If individual says yes, *“What is the plan?”* (get details of the plan)
- c. *“Do you have a way to complete that plan, access to what you would need?”*
 - i. If individual says yes, *“What do you have? Where is it? How would you get it?”*
- d. *“Have you ever tried to kill yourself before?”*
 - i. If individual says yes, *“When? How many times? What did you do?”*

Thoughts or Past Attempt (Question a and/or d only)	————→ Low Risk	Contact supervisor or other identified person at the end of call (with individual still on the call)
Thoughts + Plan (Questions a and b)	————→ Medium Risk	Call supervisor or other identified person <i>immediately</i> (with individual still on the call)
Thoughts + Plan + Access (Questions a, b, and c)	————→ High Risk	Call supervisor or other identified person <i>immediately</i> (with individual still on the call)

5. Normalize thoughts of suicide.

- a. *“Thank you for sharing this information with me. Many people think about killing themselves during their life.”*

6. Give hope that we can help them.

- a. *“We have helped many people stay safe and alive and believe life is worth living.”*

7. Call your supervisor or the identified person in your organization.

- a. Based on the individual’s risk level from the table above, contact your supervisor or the identified person in your organization, either in the moment or at the end of call. Let the individual know you need to contact someone else. For example:
 - i. *“My job is to keep you safe. I have a supportive and knowledgeable [Colleague Position, Name], who I would like to call, so that both of us can help make sure you are safe. She/he also follows the rules of confidentiality and will help us come up with the best plan to keep you safe. I will call them now on another phone. Are you okay waiting on the line?”*

- b. If you are uncertain of when to contact your supervisor or the identified person in your organization, it is ALWAYS better to call them immediately while the individual is still on the phone to double check.

 **Call supervisor or the identified person while the individual is still on the line.**

- You may put your audio on mute with the individual while you talk with your supervisor or the contact in your organization.
- Be sure to check-in with the individual every minute to ensure their safety.
- You may have the individual do an activity while they wait (i.e., write a list of all of the people around that could support them or have them write a list of small activities they can do that bring them joy).

8. Complete a Safety Plan depending on individual risk and/or recommendation by your supervisor or contact at the organization.

Thoughts or Past Attempt (Question a and/or d only)	————→ Low Risk	Do Steps A - C
Thoughts + Plan (Questions a and b)	————→ Medium Risk	Do Steps A – C, possibly D
Thoughts + Plan + Access (Questions a, b, and c)	————→ High Risk	Do Steps A – C, possibly D

A. Have the individual give their safety “word” or “contract”

- I. *“We want to make sure you are safe. I know this might be hard. Can you give me your word (i.e., promise) that you will keep yourself safe for a short period of time – just over the next day?”*
- II. *“I want this to be a “strong” promise. Some people may sign a paper, others may make a statement with their hand on a religious book or on the name of a family member. What would make this a strong promise for you?”*
- III. *“How long do you think you can promise to keep yourself safe? It may be one day, a few days, or a week - what do you think?”*

 Ask the individual to use a piece of paper and pen to create the contract.
If unavailable, unsafe or individual cannot read/write, write the contract yourself.

Video chat - Ask the individual to show you the contract during the video chat or show them the contract you made. If possible and safe, send a photo.

Telephone - If possible and safe, ask the individual to send you a photo of the contract or send a photo of the contract you made to the individual.

B. Identify Warning Signs

- I. *“What are the signs before you start thinking about killing yourself?”*
- II. *“How do you feel before you start thinking about killing yourself?”*
- III. *“What do you do before you start thinking about killing yourself?”*
- IV. *“What are you thinking before you start thinking about killing yourself?”*
- V. *“What are the situations when you are most likely to think about killing yourself?”*

C. Create a Safety Plan (write down these answers to create the safety plan)

- I. Help them find ways and skills to feel better.
 - i. *“When you start thinking, feeling, or doing these things, what are things you can do to help decrease the thoughts about wanting to die?”*
 - ii. *“Are there people you talk to that make you feel better and help lessen the thoughts or distract yourself from the thoughts?”*
 - iii. *“Are there things you could think that could make you feel better? For example small things that you do currently or used to do that bring you joy.”*
 - iv. *“Which of these can you do more of, or keep doing?”*
- II. If they have means to hurt themselves (weapon, pills, etc.), develop a plan for getting rid of the items.
 - i. *“I would like to help you think about who we could ask to take away the _____ that you have planned to use to kill yourself. Taking away your access to the _____ will help to increase your safety.”*
 - ii. Develop a detailed plan to call this person and arrange for immediate removal of the things they plan to use.



Ask the individual to use a piece of paper and pen to create the safety plan.

If unavailable, unsafe or individual cannot read/write, write the plan yourself.

Video chat - Ask the individual to show you the plan during the video chat or show them the plan you made. If possible and safe, send a photo.

Telephone - If possible and safe, ask the individual to send you a photo of the plan or send a photo of the plan you made to the individual.

D. Set up a safety watch

- I. *“We want to help you keep yourself safe. Many times, we use family members or close friends to do this. Can you help me think of who in your family can be around you, or trusted friends that could be helpers?”*
- II. *“Can we work together to have the helpers join us on this call to agree to help be with you so that you stay safe?”*
- III. *“Would you prefer to speak with your friend/family together or shall I just speak to them? Remember, I cannot tell them any details of what we talk about. I will only*

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be saying that you are having some thoughts of hurting yourself (which are common) and I would like their help to keep you safe.”



If family/friend is available, ask individual if they can join the video chat or call.

If family/friend is unavailable, ask for the contact information for the family member.

- i. Ask family/friend to remove the individual’s access to any means to hurt themselves.
- ii. Ask family/friend to monitor the individual at all times until your follow-up call with the individual.

E. Make a plan for any necessary follow up with the client

- I. *“I want to make a plan to check in with you again in the next _____ (state the time period you want to follow up with the client in, e.g. 24hrs) to see how the safety plan went and how you are feeling. What is the best way to contact you? What times would work best?”*

F. Review the safety plan to ensure client understanding

- I. *“I just want to review your plan one last time. Can you tell me again what you will do in the next _____ (state amount of time they will put the plan into place e.g. 24hrs) if you are feeling unsafe or thinking about killing yourself?”*

EXAMPLE SAFETY PLANS

I, Robert, promise to keep myself for the next 24 hours. If I have thoughts of wanting to kill myself, I will do the following:

1. **Listen to gospel music, pray, and watch funny movies (i.e. Men in Black)**
2. **Talk to my sister, Annie, via phone or in-person. If Annie is at work, I can call my mom.**
3. **Think: “I have a lot to live for,” “My family loves me,” and “Things will get better.”**
4. **I will give my sister the pills in my apartment. As discussed, she will also remove any other dangerous objects we find while searching my apartment (e.g. rope, cleaning liquids, knives, etc.)**

If I feel I cannot keep myself safe, I will call 911 or the suicide hotline at: XXX-XXX-XXXX.

Signature

Date