

C.A.R.E. Protocol

STEP 1: Connect	STEP 2: Assess	STEP 3: Respond	STEP 4: Empower
Create a calm, safe environment that allows for private conversation and minimal distractions to identify possible risk of self- harm (use <i>Warning Signs</i>).	Use <i>Screening Questions</i> to assess risk of harm.	Implement safety measures in response to risk assessment (e.g. keep individual away from sharp objects, potential weapons, etc.).	Assist in developing a simple Safety Plan for individuals who display non-imminent risk.
Maintain appropriate eye contact and open body language.	Offer support like helping to contact support services and family members.	Use active listening techniques to show understanding.	Support independent decision-making while ensuring the safety of the individual.
Use a gentle tone of voice and express genuine concern without judgment.	Keep emergency contact information available.	Maintain professional boundaries while validating emotions.	Help identify personal strengths and existing support systems.
Give the individual time to process and respond.	Document any safety concerns or risks observed.	Follow any established protocol set in place for crises.	Follow up with individual, showing support and offering prayer.

Warning Signs

Mood:

- Loss of interest 0
- Depression 0
- Anxiety 0
- Anger 0
- Irritability Ο
- Sudden improvement Ο



- Feeling tra 0
- Intolerable 0
- Having no 0
 - live

References:

1. American Foundation for Suicide Prevention. (2019, December 25). Risk factors, and warning signs. American Foundation for Suicide Prevention. https://afsp.org/risk-factors-protective-factors-and-warning-signs/ 2. Flarey, D. (2024, June 20). Crisis Intervention Model: Essential Steps for Effective Response. AIHCP. https://aihcp.net/2024/06/20/crisis-intervention-model-essential-steps-for-effective-response/ 3. National Institute of Mental Health. (2024). 5 Action Steps to Help Someone Having Thoughts of Suicide. National Institute of Mental Health (NIMH). https://www.nimh.nih.gov/health/publications/5-action-steps-to-help-someone-having-thoughts-of-suicide



	Behavior:	
nopeless emselves rapped le pain to reason to		 Isolation Telling people goodbye Giving away cherished items Searching for methods to end their lives



Screening Questions

1. To assess risk of harm, ask:		
 In the past few weeks, have you wished you were dead? In the past few weeks, have you felt that you or your family would be better if you were dead? In the past week, have you had thoughts of killing 		
yourself? 4. Are you having thoughts of killing yourself now? 5. Have you done anything, started to do anything, or prepared to do anything to end your life?	1 2 3	
	Su	
 If the answer is no to all questions, assist in developing a simple safety plan. If the answer is yes to questions 1–4, seek a behavioral health referral by dialing the Suicide & Crisis 		
Lifeline: 988 and assist in developing a simple Safety		
Plan.		
	Ho: Ho [:]	
 If the answer is yes to question 5, seek help 		
immediately by dialing the Suicide & Crisis Lifeline: 988, go to the ER, or dial 911.		
~ Remain with the individual until they can be evaluated.		



CRISIS SUPPORT (2)

Safety Plan

/arning signs I'm becoming unsafe:				
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•				
•				
oping strategies to soothe m	y feelings or distract me:			
•				
•				
•	·····			
upport System (who I can as	k for help):			
ame	Number			
ame	Number			
ame	Number			
rofessionals I can contact du	uring a crisis:			
linician	Number			
ospital	Number			
otline_ Suicide & Crisis Lifeline _	Number988			
lake my environment safe by (removing/adding items):				
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1. Columbia University Department of Psychiatry. (2021, September 29). A Simple Set of 6 Questions to Screen for Suicide. Columbia University Department of Psychiatry. https://www.columbiapsychiatry.org/news/simple-set-6-questions-screen-suicide 2. National Institute of Mental Health. https://www.nimh.nih.gov/research-conducted-at-nimh/asq-toolkit-materials

References:

^{3.} Stanley, B., & Brown, G. K. (2012). Safety Planning Intervention to Mitigate Suicide Risk. Cognitive and Behavioral Practice, 19(2), 256-264. https://doi.org/10.1016/j.cbpra.2011.01.001