

# Suicide Prevention Plan – Episode (SPP-E)



Autisme,  
Déficience Intellectuelle,  
Suicide

## Managing the suicidal episode- Suicide prevention plan -Episode (PPS-E)

When? Once a person raises concern regarding a suicidal risk



Name, last name :	PPS-E date :
Name of the person managing the suicidal episode:	Relationship with person :

<p><b>Information to collect:</b> Indicators on which to base your clinical judgment about the suicidal episode and risk of an attempt. Proximal factors that may increase danger or be protective <u>in the current situation</u></p> <p><b>Episode risk factors:</b></p> <ul style="list-style-type: none"> <li>- History of MAAS (which ones? When?), suicidal behaviours or death, by suicide or otherwise, in the environment (less than 1 year), level of impulsivity/aggressiveness, mental health disorders and associated issues (<b>behavioural disorders</b>, ADHD, etc.), type and level of ID and ASD, negative interpersonal relationships or isolation, risk-taking behaviours or injury proneness, current state of disorganization, current state of intoxication, hopelessness, exasperation, discouragement (short, mid-term), planning ability (generally and in relation to suicide behaviour)</li> </ul> <p><b>Episode protective factors:</b></p> <ul style="list-style-type: none"> <li>- Varied options for expression (needs, emotions, frustrations, asking for help), and problem solving, presence of support during predictable or stressful events, reasons for living, ambivalence in relation to suicide, social support</li> </ul> <p><b>Critical moments/ trigger events related to the current MAAS episode:</b></p> <ul style="list-style-type: none"> <li>- Recurring situation of powerlessness, accumulation of apparently minor events, major predictable events, major unpredictable emotional events</li> </ul> <p><b>Environmental demands</b></p> <ul style="list-style-type: none"> <li>- Mismatch between the person's current capacities and the environmental demands</li> </ul> <p><b>Consequences</b> of the MAAS episode on relationships, activities, emotions, cognitions, entourage, etc.</p>		<p><b>Observe:</b> Collected information Source: Questions to person, observations, questions to professionals or close persons, person's file</p>
		<p><b>Decide:</b> Decisions resulting from the danger assessment process</p> <ul style="list-style-type: none"> <li>- Is there a foreseeable danger of an attempt if the person is left alone?</li> <li>- Is there a foreseeable danger of an attempt within the next few days?</li> <li>- Does the person have serious suicidal ideations?</li> <li>- Could the situation change quickly for the person?</li> </ul>
		<p><b>Act:</b> Intervene to manage the suicidal episode based on the person's needs.</p> <ul style="list-style-type: none"> <li>Ensure security</li> <li>Reduce risk of an attempt</li> <li>Close monitoring</li> <li>Increase hope</li> <li>Find solutions to current problems</li> <li>Take (MAAS) seriously, do not <u>trivialise</u> or minimise</li> </ul>
		<p><b>Concluding the process of managing the suicidal episode:</b> Ensuring that the person understands and feels comfortable with the conclusions reached by the intervention process <b>Check with the person on how they feel about their suicidal ideations</b>, on the changes made and with the action plan -The person's ease with the action plan (including the solutions), their willingness and engagement with the action plan, their ability to put the plan into action, help them to put the plan into action (how to help, who will do what? When?), critical moments to monitor in the next hours, days, weeks, status of suicidal ideations and suicide plan <b>Verify the potential effects of having addressed the subject of MAAS</b> -Check how the person feels after having talked about their MAAS, explore what was helpful and what made them uncomfortable, support and <b>intervene with</b> the person if they are having difficulties with the discussion on suicide, reinforce protective factors, emphasize effective coping strategies, validate help seeking, emphasize strengths and qualities, remind of reasons for living, indicate that you are happy that the person no longer thinks (or less so) of suicide in this moment, that this is positive for them.</p>