

Outreach in Time of COVID19

Matching the Patient Experience to Guided Intervention

Virtual support for Suicidal Thoughts, Depression, Anxiety Loneliness and Substance Cravings

Overarching Assumption Most people with suicidal thoughts shouldn't be referred to 911 or ER. Use Best Practices. Work together to utilize coping tools and resources, planning for and managing suicidal thoughts and other life problems. Here are tips to match different experiences.



“Can't Get Out of Bed”

Guide through [Opposite Action](#), breaking into micro-steps “Sit up in bed, put one foot on the floor,...”. See Diana Video. Acknowledge “Can't get out of bed thinking” exists and makes action hard.



“Emotionally Numb”

Help [Distract](#) them from the experience with humor or stories (e.g. if they like cats, tell a cat story or ask for one). Highlight later that you just did a coping skill together.



“Brain Fog”

Use [Mindfulness](#) of senses using [5, 4, 3, 2, 1 technique](#). Do a task addressing obstacles or preparing for future (e.g. send an email to school). Create a list: you come up with an item, then they do (e.g. 10 ways to survive loneliness).



“Highly Distressed” or “High Cravings”

Coach them through using [Cold Water](#) and [Paced Breathing](#). Do it with them. Ratings intensity over time, “Now where are you at on a scale of 1 to 10?”



“Socially Disconnected”

Send [Caring Messages](#) between sessions, via text or email with patient permission. Together, have them send messages to others while letting go of what will happen once sent ([ideas](#), [card](#)).