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Assessment and Management of Suicidal Ideation: A Structured and Experiential Approach to Clinical Decision Making and Client Safety

Presenters

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Brave Play

Statement of conflict, competing interest, or commercial support

There are no conflict of interest or competing interest in this presentation that we are aware of.

Commercial Support: **Brave Play Kit** used in six activities is a product of Brave Play a division of Garrett Counseling.

Brave Play

Learning Objectives

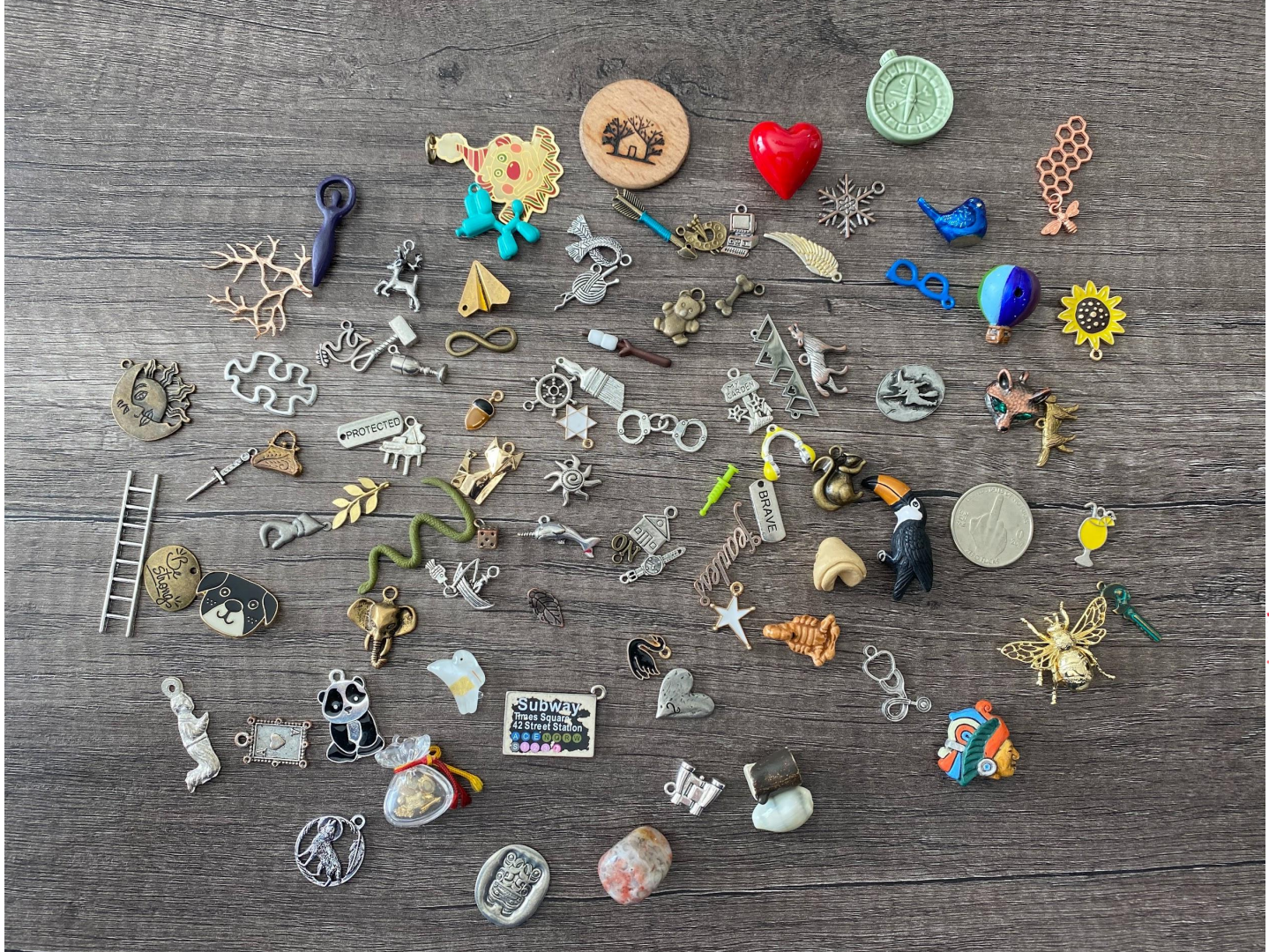
Participants will be able to:

1. Conduct developmentally appropriate suicide risk screenings using direct and clinically effective questioning strategies.
2. Differentiate levels of suicide risk (low, moderate, high) based on clinical indicators including ideation, intent, plan, access to means, and protective factors.
3. Apply a structured clinical decision-making framework to determine appropriate levels of care, including outpatient management and referral to emergency services.
4. Develop and implement collaborative safety plans that include coping strategies, environmental safety, and support systems.
5. Utilize safety rating tools to support client and family awareness of escalating distress and guide intervention.
6. Teach and apply crisis coping strategies that target cognitive, emotional, and physiological regulation.
7. Respond effectively to suicidal disclosures and crisis situations across clinical and administrative contexts.
8. Integrate experiential and regulation-based interventions to enhance clinical presence, attunement, and client stabilization.
9. Identify and manage clinician emotional responses to suicide risk in order to support ethical and effective decision making.

Let’s Get Started

Brave Play Kit Activity:

What are your initial reactions when a client discloses suicidal ideation?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Foundations of Suicide Risk and Clinical Presence

- **PHILOSOPHY OF SUICIDE RISK MANAGEMENT**

In suicide prevention and suicide risk management, “slowing down vs. reactive care” refers to a shift from crisis-driven, liability-focused intervention toward deliberate, collaborative clinical engagement.

SLOWING DOWN VS REACTIVE CARE

Reactive Care

- rushing assessments
- checklist-only evaluations
- immediate hospitalization without collaboration
- focusing primarily on legal protection
- interrupting or controlling the patient
- making decisions *about* the client rather than with the client

“Slowing Down”

- taking time to understand the suicidal narrative
- using curiosity instead of urgency alone
- regulating clinician anxiety
- collaborating transparently with the patient
- identifying the functions of suicidality
- building a stabilization plan jointly

- **STRUCTURE IN CLINICAL DECISION MAKING**

  There are three key things every clinician must understand and follow:

  1. The required screening tools for adults and children
  2. The required way to classify risk as low, moderate, or high
  3. The specific actions that must be taken for each level of risk

“NOTICE YOUR INTERNAL RESPONSE”

- Reflect on you internal responses to the suicidal scenario
- What Somatic Responses do you notice
    - Body Sensations, Thoughts, Impulses
- Processing Questions

In pairs discuss your internal responses to the scenario. Then answer the following processing questions with your partner. One person needs to write the answers:

1. **What somatic responses did you notice?**
2. **How does the clinician's state impact decision making?**
3. **How would a client respond to the clinician responding these ways:**
    a. **Calm and empathic, talking in normal slow voice**
    b. **Panicked, fast talking, disbelief or dismissive**

Important Takeaways:

- Be mindful of your reactions
- Speak in a slow and calm voice
- Be deliberate in your response
- Being Reactive can be harmful to the client and the therapeutic relationship
- Follow and be familiar with the Decision Making process

Suicide Risk Screening Across Development

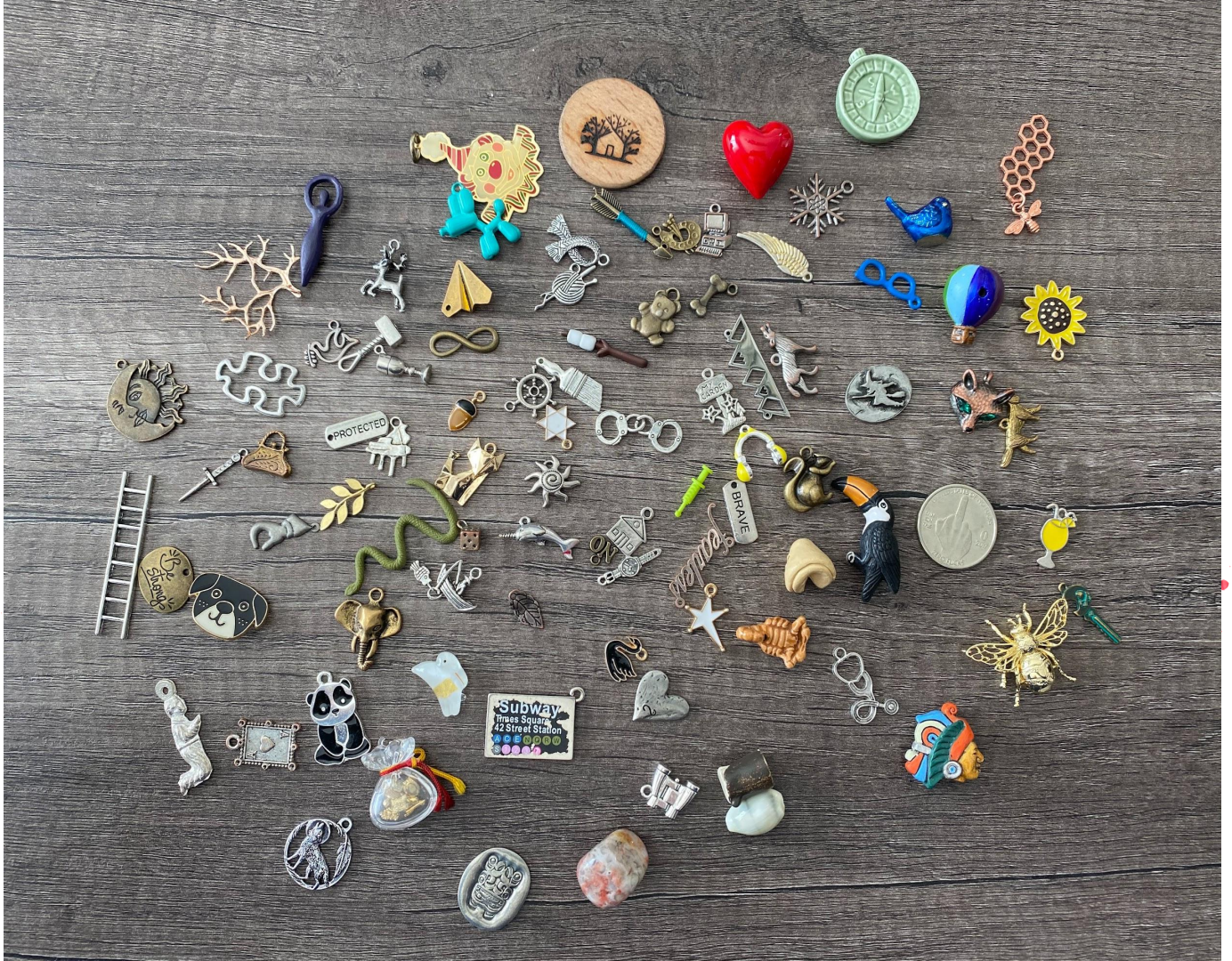
Let’s Get Started (3 mins)

Brave Play Activity

Select a **Brave play atom** to represent each developmental stage you work with:

- Child
- Adolescent
- Adult
- Older Adult

Place the atoms representing those developmental stages you work with in order from **most to least confident** in assessing for suicide risk.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Guided Reflection Questions (3mins)

Confidence

Which developmental stage do you feel the most confident assessing for suicide risk?

What factors help you feel confident when assessing for suicide risk in clients at this developmental stage?

Challenges

Which developmental stage presents the greatest challenge for you in conducting suicide risk assessments?

When evaluating suicide risk with clients at this stage of development, which factors present the greatest challenge for you?

Write down your reflections and turn into your lead counselor.

Counselor's Delivery

Language

Match your language to your client's age and maturity level.

Pacing

Clinicians should slow down and speak clearly when screening for Suicide Risk.

Relational Delivery

Using questions in a natural, conversational way instead of a strict order.

Child Screening Adaptations

Garrett Counseling Suicide Screener Under 13

Step 1: Question In-Session Screener

Ask these directly in simple, child-friendly language:

- Have you wished you could disappear or not be alive?
- Have you thought about hurting yourself or making yourself die?
- Have you ever tried to hurt yourself or make yourself die?
- Are you thinking about hurting yourself right now?
- Have you thought about how you would do it?

If all are no, continue the session. If any are yes, move to Step 2.

Step 2: Brief Risk Clarification

Only ask if screen is positive. Bring parent in at this point.

- Do you know how you would hurt yourself?
- Did you think you might really do it?
- Have you done anything to get ready (e.g., hiding something sharp)?
- Can the parent or caregiver keep the child safe right now?
- What helps you stop or feel safe?
- What has helped you not act on these thoughts so far?

Adult Screening Adaptations

Garrett Counseling Suicide Screener 13 and Up

Step 1: Question In-Session Screen

Ask these directly:

- Have you recently wished you were dead or wished you could go to sleep and not wake up?
- Have you had thoughts about killing yourself?
- Have you ever tried to kill yourself? *(If yes, explore further insight/plans)*
- Are you having thoughts about killing yourself right now?

If all no, continue session. If any yes, move to step 2.

Step 2: Brief Risk Clarification

Only ask these if the screen is positive:

- Do you have a **plan**?
- Do you **intend** to act on these thoughts?
- Do you have access to the **means** you would use?
- What has stopped you from acting on these thoughts so far (protective factors)?

SAFE Framework for Risk Conversations

Goal: SAFE is a structured approach that promotes clarity and collaboration.

S

Speak Directly

Use clear and calm language when discussing safety.

A

Assess Intent

Clarify the difference between thoughts, urges, plans, and immediate intent.

F

Free the Environment

Work collaboratively to reduce access to potentially harmful means.

E

Engage Supports

Clarify who are the the client's supports.

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Brave Play Exercise (20 mins)

“From Script to Presence”

01 **Practice: Moving to Relational Dialogue**
Moving from checklist-based questioning to natural, conversational dialogue.

02 **Role-Play Scenarios**
Experience both a structured approach and an attuned approach.

Brave Play Reflection

01

Clinician Perspective

Identify differences in your comfort level, pacing, and tone when moving from a structured checklist to relational dialogue. What changed in the client's response?

02

Connection vs. Completion

Were there moments where you prioritized completing the screener over genuine connection with your partner?

03

Client Experience

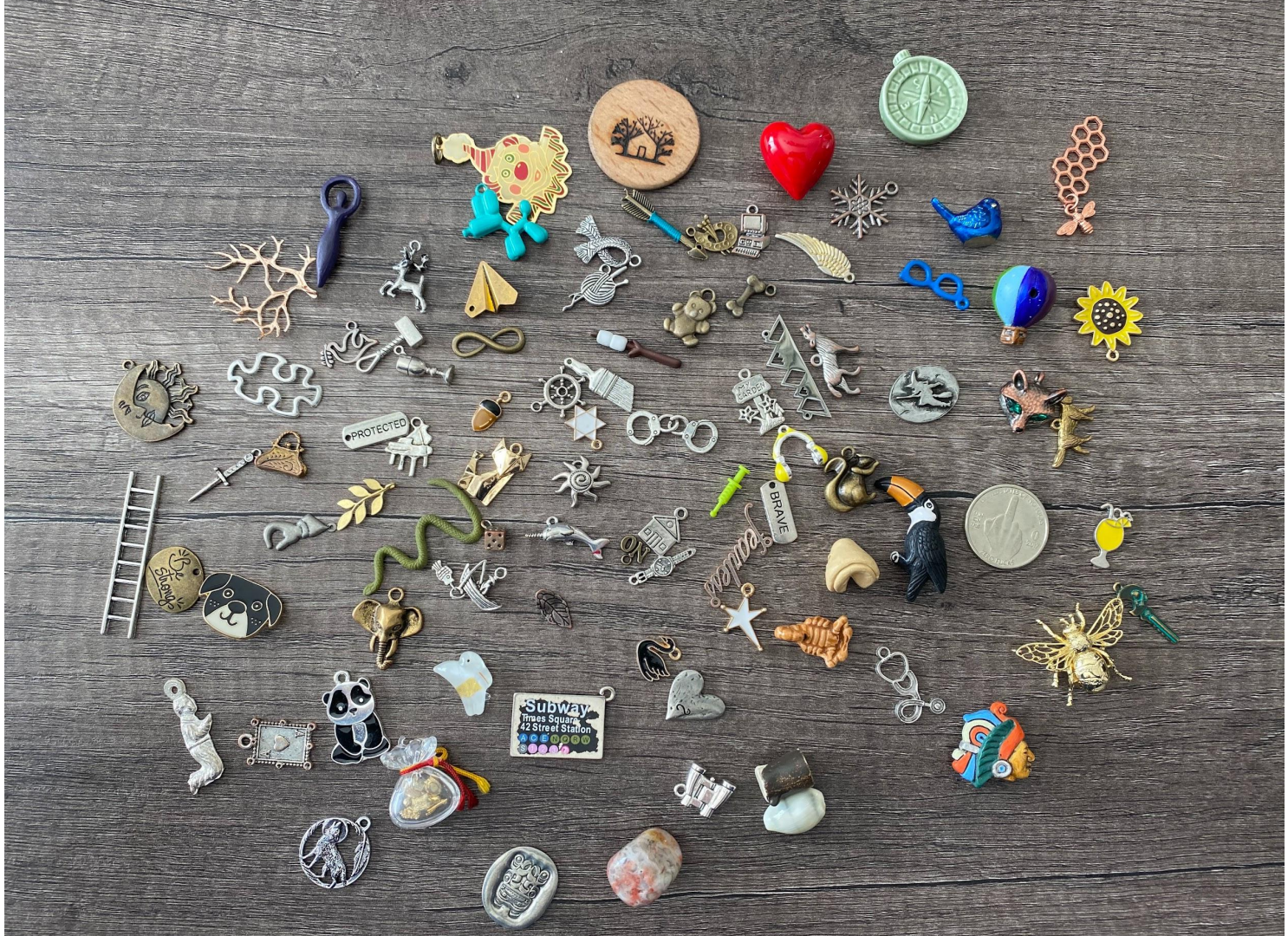
As the client, identify specific moments where you felt truly heard versus simply assessed. What made those experiences feel different?

Risk Stratification and Decision Making

Let’s Get Started (3 mins)

Brave Play Activity

Take a moment to select **2–3 atoms** that represent risk factors for suicide you have personally encountered in your clinical work.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Brave Play Reflection (3 Mins)

Part 1: Risk Identification

Take a moment to write down which Atoms you selected and tell us about the risk factors they represent for you.

Part 2: Clinical Urgency

Which Risk Factors are most likely to shift your clinical stance from assessment to intervention?

What is it about those factors that carries the most urgency in your decision making?

Key Variables in Determining Suicide Risk

01 Intent

02 Plan

03 Means

04 Protective Factors

Determining Level of Care

High Risk

Intent + Plan + Means

Current thoughts plus plan, intent, preparatory behavior, recent attempt, or concern that safety cannot be maintained.

Moderate Risk

Ideation without both current intent or plan

Thoughts of self-harm or wanting to die without clear current intent or plan, but concerns are still present.

Low Risk

Passive ideation only

Passive statements only, no plan, no intent, no behavior, and the child can be safely monitored by a parent.

Action to Take: Depending on the Risk

Low Risk:

Action:

Therapy intervention, monitoring in next 6 sessions with Step 1 (and Step 2 as appropriate).

Moderate Risk:

Action:

Under 13:

13 and Up: Safety planning with client and parent. Schedule follow up session within 24 hours.

13 and Up:

Safety Planning with client and increase monitoring by support person/parent. Schedule follow up session, between sessions if needed.

High Risk:

Action:

Send to the local hospital for evaluation. Give them a hospital information sheet relevant for your office/client.

Decision Making Framework

PACK: DECISION FRAMEWORK

Before deciding on outpatient care vs. hospitalization, consider these four core questions:

01 **Protective Factors**

02 **Acute Risk Factors**

03 **Can Family or Support Monitor?**

04 **Keep Emotions in Check**

Brave Play Experiential

Exercise: “Decision Mapping” (20 min)

Small Group Case Scenarios

Physical Mapping of Decision Pathways

Outpatient vs. Hospitalization pathways

Scenario #1

Jordan, a 16-year-old male, was seen for an individual counseling session following a referral from his school counselor.

Jordan disclosed passive suicidal ideation, stating, ***"Sometimes I think everyone would be better off without me,"*** but denied any specific plan, intent, or identified means.

He reported that the thoughts occur a few times per week, typically after conflicts with peers at school. Jordan denied any prior suicide attempts.

Scenario #2

Marcus came in for his regular appointment and seemed more shut down than usual. As the session continued, he shared that he had been thinking about ending his life using a firearm he keeps at home.

He told the counselor he had already picked a time (that evening) and had been thinking through the details for the past couple of days.

After completing the safety assessment, Marcus stated that he did not want to go to the hospital on his own.

Scenario #3

Evelyn, a 52-year-old female, arrived at her session following the death of her husband eight months prior. She placed a small wrapped item on the counselor's desk.

She said, ***"I want you to have this... I've been thinking about who should have the things that matter to me."***

Evelyn tearfully stated, ***"I just feel like I'm getting things in order. I won't be needing it."***

She denied suicidal ideation but became avoidant of eye contact for the remainder of the session.

Self Reflection and Processing

Decision Mapping Activity

Did you notice anxiety, urgency, fear, uncertainty, or confidence in your decision making?

Were there moments where you hesitated before choosing hospitalization or outpatient care?

Which scenario did you feel most comfortable assessing?

What helped you make your final decision?

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Key Takeaways

Risk Assessment & Documentation

Clinicians must assess intent, plan, means, and protective factors. Document all levels of risk, client responses, and next steps in session notes.

Moderate & High Risk Protocol

All documentation must be completed on the **same day** to ensure continuity. Safety plans must be uploaded to the client's chart immediately.

Hospitalization Indicated When:

- Active intent to harm self
- Access to lethal means
- Imminent timeline
- Supervision cannot be provided
- Protective factors are limited

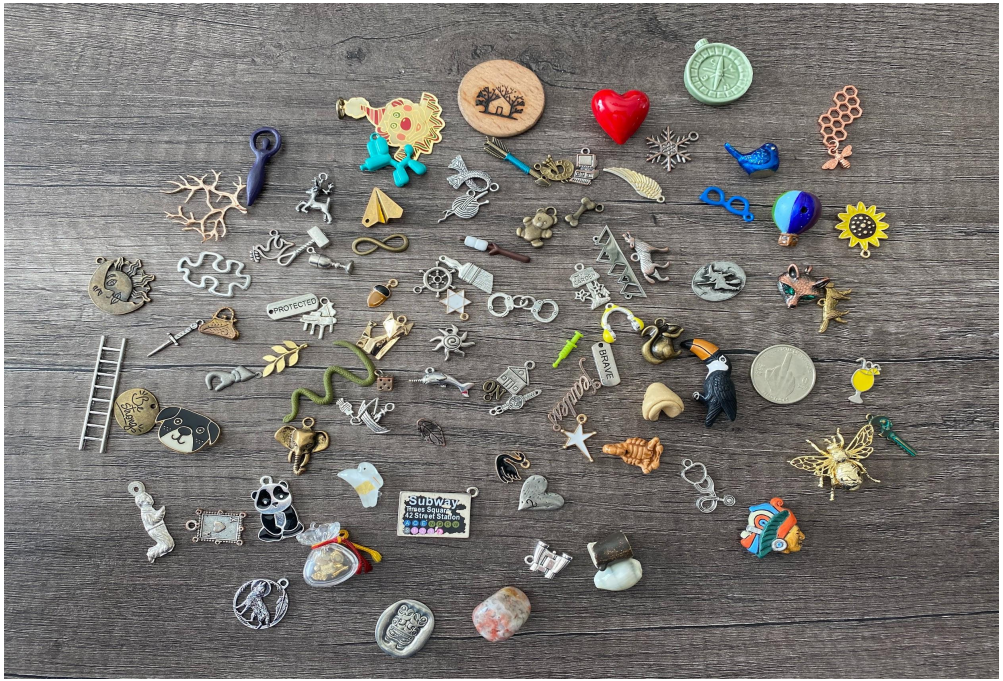
Outpatient Care Appropriate When:

- Client denies current intent
- Protective factors are present
- Environment can be made safe
- Caregivers can monitor client
- Coping skills are accessible

Safety Planning and Structured Tools

Brave Play Activity (3 min)

Pick an atom that symbolizes what makes safety planning feel challenging for you as a counselor.



Reflection (5 min)

- What object did you choose and why?
- What does this reveal about your approach to safety planning?
- Can you think of a time when you didn't experience this challenge while developing a safety plan? If so, what was the difference in this situation compared to others?

- Write down your reflections and give them to your lead counselor.

Safety Plan Document

Safety Plan

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Client's and/ or Guardian's Name:

Counselor's Name:

Date:

- Warning Signs that a crisis might be developing.
  -
  -
- Ways to make the environment safer (anything needing removed)
  -
  -
- Internal coping strategies that can provide distraction.
  -
  -
- People or places that provide distraction
  -
  -
- Adults whom I can ask for help
  -
  -
- What is keeping you here?
  -
  -
- Professionals or agencies I can contact during a crisis:
  Local Emergency Department
  Call 911
  Suicide and Crisis Lifeline 988 (text or call)

If you are having an emergency call 911, not Garrett Counseling. If you are not in an immediate crisis and need to set up another appointment (sooner than your next), then call your scheduler and we can get you in with your counselor or another counselor ASAP.

Components of Effective Safety Plans

Warning Signs - sleep disruption, increased sadness or irritability, difficulty focusing, isolating from others, decrease in motivation, etc.

Environmental Safety - putting away harmful objects such as knives, guns, lighters, and medication.

Components of Effective Safety Plans (cont'd)

- **Internal Coping Strategies (only use 2-5)**
  - ➔ deep breathing
  - ➔ positive self-talk
  - ➔ meditation
  - ➔ grounding techniques
  - ➔ mindfulness
  - ➔ cognitive reframing

➔ **Note on Mindfulness:** Mindfulness strategies such as sitting with painful feelings, trying to gain perspective, or calming yourself can be helpful, but they usually take practice. If someone is not used to these skills, they may feel that they are too difficult or overwhelming to use during a crisis and less effective.

- **People/places that provide distraction:**

➔ **People:** trusted friends, supportive coworkers, neighbors, a mentor, family members, church leader.

➔ **Places:** coffee shops, bookstores, local mall, church services, city park, movie theaters.

Components of Effective Safety Plans (cont'd)

Adults to ask for help- parents, grandparents, teacher, school counselor, church leader, coach.

Reasons to live:

Relationships- family (children, parents, younger siblings), friends, support group (teachers, coaches, coworkers)

Goals- graduating, traveling, creating a family, getting a dream job

Resources- Local Emergency Department, call 911, Suicide and Crisis Lifeline 988 (text or call)

TA Tech Recovery & Client Safety Plan Suicidal Document

Client Name

Client Address

Name of Emergency Contact

Emergency Contact Phone Number and Relationship to Client

I give my therapist permission to contact my emergency contact in the case of an emergency when I am on a telehealth session. Type your full name in the box to "sign".

Technological Emergencies: If we experience a technical failure during a session or other interaction, I will always attempt to reconnect with you, even if it seemed we were about to finish our interaction. Our policy is for counselors to use the Therapy Appointment Client Portal for any out of session or in session communication unless there is an emergency.

Method:

Your therapist will first try to reconnect on Doxy.me.

If that fails, your therapist will send you a Google Meet link through your Therapy Appointment Client portal and the scheduler will text you the link for us to continue our session on video.

Identification Plan: If we need to connect by a medium that doesn't provide a satisfactory way to identify each other, we will use the following secret authentication method to identify each other. We may use this method if our video or audio connection becomes very poor. Do not inform any other people of our plan. WHAT phrase would you like to use as your verification phrase?

To help your therapist know when your space is unsafe, we will do the following scene safety check at the beginning of each session. This will involve you showing me around the space you are in so that your therapist can confirm you are alone.

If you are in a mental health crisis, you will call this number for help: 988 AND If you have a medical or safety emergency, you will call this number for help: 911

Which hospital will you go to if a medical issue arises during a telehealth session?

Phone number to your preferred hospital

Address to your preferred hospital

If you are experiencing an emergency, please go to the nearest emergency room.

If you are not having an emergency but would like to be seen sooner than your next scheduled appointment, including telehealth options, please contact your scheduler directly. This number will be provided once your paperwork is completed.

You may also call our main office at 256-239-5662 to check on availability.

Please verify the CLIENT'S NAME by typing it in the box below:

CLIENT'S NAME

Signature of Person Completing This Form:

Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.

New Signature Field

Use your mouse (or, on a touch device, your finger) to draw your signature in the box above.

Tech Recovery and Client Safety Plan

- This document is sent to clients as part of the intake paperwork.
- For telehealth clients, review this document with them at the start of treatment.
- Document in the intake note that this document was reviewed with the client since they won't be able to sign it if they are telehealth only.

Safety Rating Scale

This is a tool for safety that should be used ahead of time.

Safety Rating Scale

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Client's and/or Guardian's Name:

Counselor's Name:

Emotion:

Date:

Intensity of Emotion	Body Sensations	Thoughts	What Others See	How I Can Cope	How Others Can Help
0 None					
1 Noticeable but in the background					
2 Uncomfortable but manageable					
3 Extreme, Cannot Function					

Safety Rating Scale

1. Intensity of emotion
Evaluate the emotional strength at each level.

4. External behaviors
Recognize actions observable by others.

2. Physical sensations
Notice bodily changes in each stage.

5. Calming strategies
Select specific coping skills for the moment.

3. Cognitive thoughts
Identify negative or disturbing thoughts.

6. Support systems
Identify ways others can provide assistance.

A powerful tool to help increase client's awareness and manage the intensity of suicidal ideation.

Safety Rating Scale

- **Helps counselor identify:**

➔ How client rates the intensity of their emotions.

➔ What internal symptoms are occurring in the client's body.

➔ Client's negative thoughts/cognitive distortions.

➔ Coping skills that are important and helpful for the client.

➔ Supportive people in the client's life.

★ **All of this information can be helpful for the counselor to refer back to during the course of treatment.**

Brave Play Experiential (25 minutes)

Exercise: Build a Safety Plan That Works

- Create a simplified, realistic safety plan.
- Use only 2-5 coping strategies that align with protocol principles.

Question to Reflect

Imagine a client experiencing intense emotional distress at 11 p.m. Looking at your safety plan, would the client realistically be able to use it in that moment?

Why or why not?

Discussion (5 mins)

- **What makes safety plans usable vs overwhelming?**

Consider this question and discuss with another counselor if they are available.

Discussion

- What makes safety plans usable vs overwhelming?

  - A usable safety plan is simple, personalized to the client, realistic, and easy to understand.

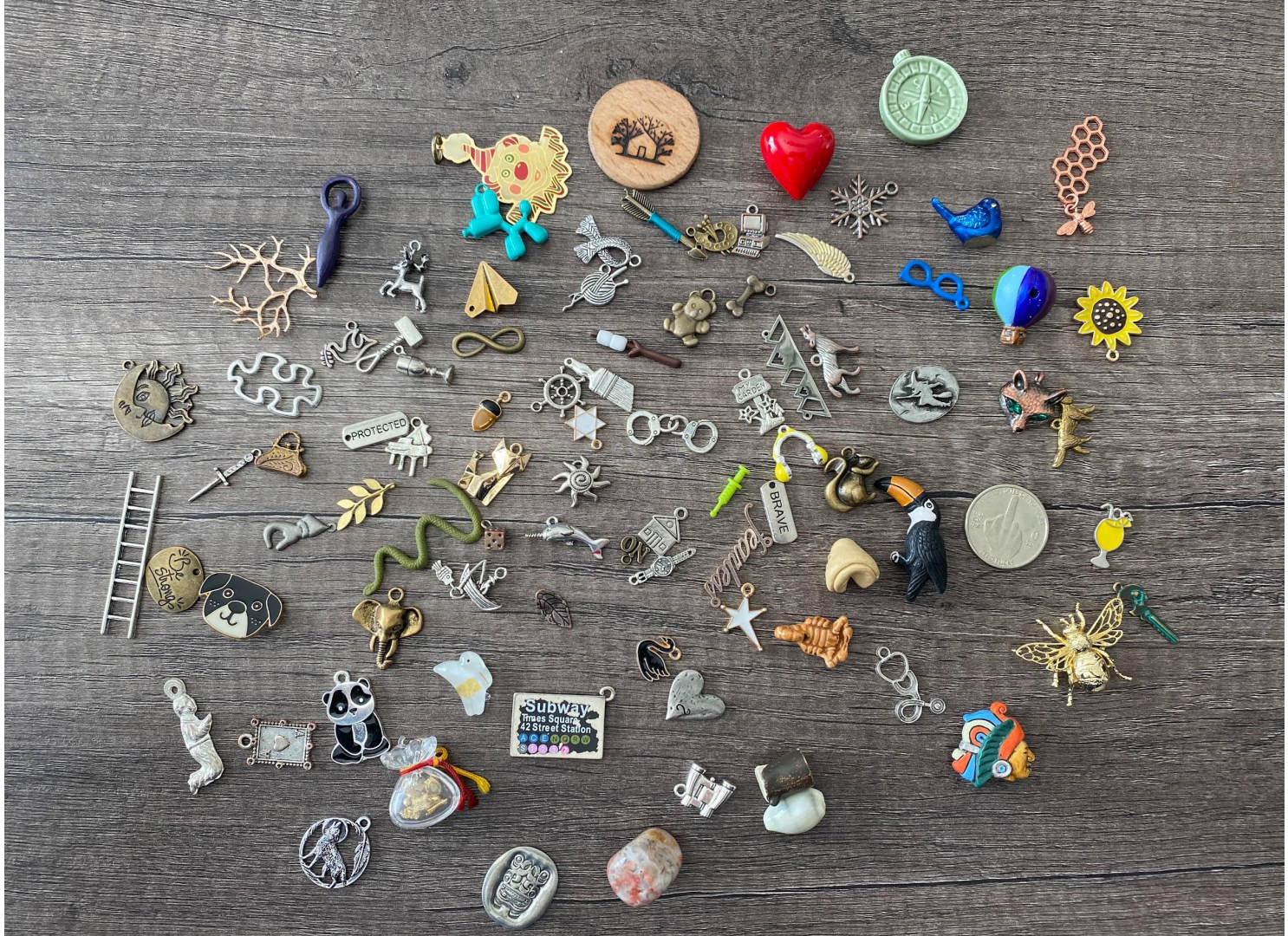
  - An overwhelming safety plan is lengthy, not personalized to the client, unrealistic, and difficult to understand.

Crisis Intervention and Regulation Skills

Let’s Get Started

Brave Play Activity:

Choose 2-3 atoms to express what emotions initially come up for you during crisis intervention and how you regulate yourself during the session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Coping Strategies When Clients Are In Crisis

Distraction Skills for SI:

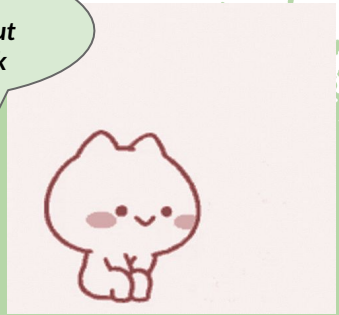
Simple distraction strategies are often more helpful in the moment for suicidal thoughts, especially if the person lacks mindfulness training. Activities like staying busy, socializing, focusing on positives, or performing acts of kindness can shift attention and lessen thought intensity. The goal is creating distance from the suicidal thoughts, not problem-solving.

Note: Mindfulness strategies are helpful but require practice; in a crisis, they can be too difficult or overwhelming if the person is unfamiliar with them.

Self-Soothing Techniques for SI:

Self soothing helps someone tolerate and move through the emotional intensity of a situation.

Being near someone without the need to talk

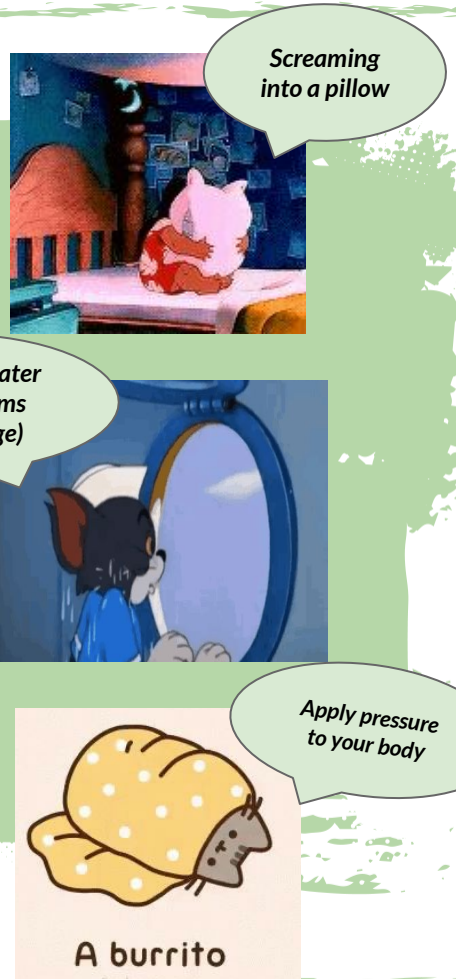


Soothing environment

Coloring or Drawing

Crisis Survival Skills for SI:

Crisis survival skills reduce physiological arousal are designed to rapidly downshift the nervous system when someone is in acute distress such as SI. This is pulled from DBT and is for short-term stabilization. These are activities that work directly by targeting the body's stress response when emotional intensity is too high for cognitive strategies. These must be practiced ahead of time in therapy to be most effective.



Step 3: Decide Level of Care

High Risk: Current thoughts plus plan, intent, preparatory behavior, recent attempt, or concern that safety cannot be maintained. **Action:** • Send to the local hospital for evaluation. Give the parent or caregiver the hospital information sheet. • Do not leave the child unsupervised.

Moderate Risk: Thoughts of self-harm or wanting to die without clear current intent or plan, but concerns are still present. **Action:** Complete a safety plan with the child and parent. Review supervision needs with the parent or caregiver. • Increase monitoring, schedule a follow-up session, between sessions if needed. • Send the parent or caregiver home with a copy of the safety plan and upload a picture of it to the chart.

Low Risk: Passive statements only, no plan, no intent, no behavior, and the child can be safely monitored by a parent. **Action:** Use therapy interventions and monitor during the next 6 sessions using Step 1 and Step 2 as needed.• Work with the parent to ensure they have tools to keep the child safe and supported.

Follow-up Appt ☐ Screen again
☐ Review Safety Plan
☐ Create/Review Safety Rating Scale

Note for Hospital
STATED PLAN: ☐ Yes ☐ No
STATED INTENT: ☐ Yes ☐ No

Brave Play Activity (30 Minutes)

Work in pairs and rotate through each station before answering.

Station 1: Simulated Cold Water / Temp. Shift (TIPP Skill)
Objective: Disrupt intense emotional response by rapidly lowering body temperature.
The Experience: Splash cold water on face and arms, or hold an ice pack on neck/face. Notice the physical 're-setting' sensation.
Clinical Goal: Triggers the 'dive reflex,' activates parasympathetic nervous system, and provides immediate down-regulation.

Station 2: Movement / Tension-Release (Progressive Muscle Relaxation - PMR)
Objective: Release built-up physical tension linked to stress or crisis.
The Experience: Tense specific muscle groups, hold, and then consciously release. Notice the contrast between tension and relaxation.
Clinical Goal: Promotes somatic awareness, teaches body relaxation, and physically discharges adrenaline and stress.

Station 3: Grounding / Sensory Orientation (54321 Technique)
Objective: Pull awareness from internal distress to the immediate external environment.
The Experience: Actively use the five senses (e.g., name 5 things you see, 4 things you can touch...). Notice the shift in attention.
Clinical Goal: Provides an immediate anchor, creates distance from acute suicidal ideation (SI), and prevents dissociation.

Processing Questions

(One person writes the answers)

Question 1: Describe a new insight gained and how you will integrate it into your work.

Question 2: What was the most challenging part, and what skill or mindset was strengthened?

Question 3: Which strategies are most accessible under stress?

KEY TAKEAWAY STATEMENT:

Effective crisis intervention for clients experiencing suicidal ideation (SI) requires a tiered approach that prioritizes immediate, practical techniques—distraction, self-soothing, and short-term, physiologically focused crisis survival skills (often from DBT)—to rapidly reduce acute distress, create distance from SI thoughts, and achieve short-term stabilization.

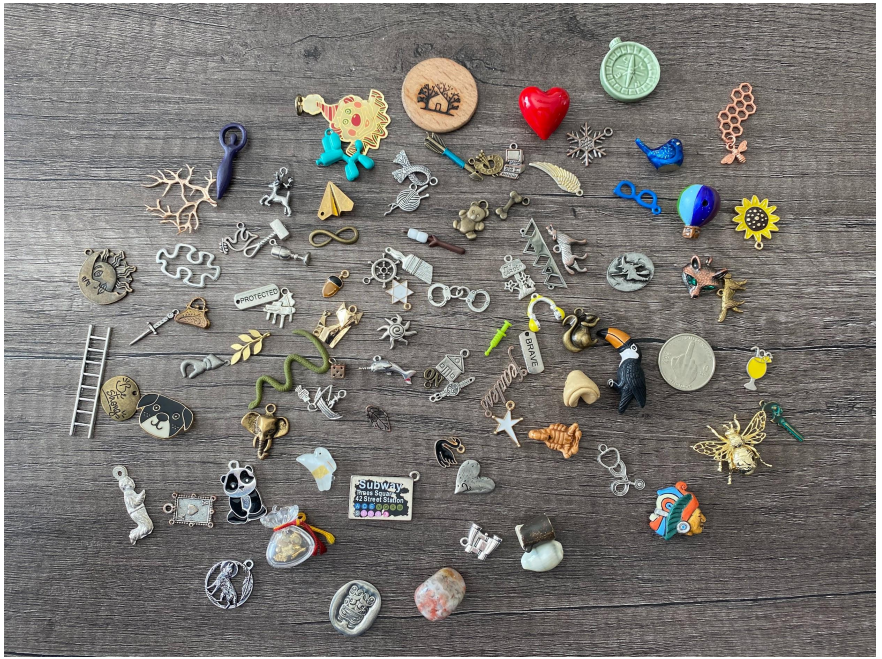
Therapists need these strategies for critical reasons:

- Facilitate Acute Stabilization
- Choose Appropriate Interventions
- Ensure Skill Effectiveness
- Provide a Comprehensive Toolkit

Real-World Application and Crisis Response

Brave Play Activity (3 min)

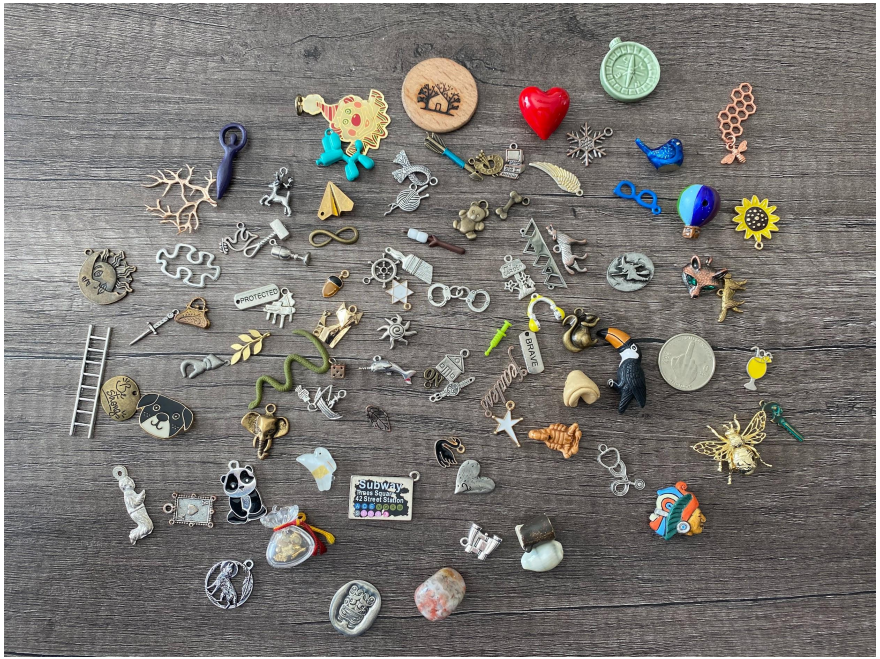
- ➔ **Pick an atom to represent your reaction to a client or their parent/guardian appearing hesitant to seek outside resources during a crisis.**



Reflection (5 min)

- What object did you choose and why?
- What does this reveal about your confidence level as a clinician in managing clients reactions in a crisis situation?

- <u>Write down your reflections and give them to your lead counselor.</u>



Responding to Crisis Calls (Admin)

- If caller is in **immediate danger**:

  Tell them to **call 911.**

  If they **cannot** call 911, call 911 for them.

- If caller is **after 3:00 p.m.** → Refer to **ER or 988.**
- If caller requests **emergency counseling session** → Explain Garrett Counseling does not offer emergency sessions.

Responding to Crisis Calls (Admin) (cont'd)

- If caller requests **urgent but non-life-threatening support ("immediate care")**, offer:

1. Next available with their own therapist
2. Next available with another therapist
3. Telehealth session (with reminder that ER may still be needed)

- Complete sheriff/police wellness check if:

1. The caller sounds unsafe but refuses ER.
2. If client makes appointment but does not show.

Always notify **Practice Manager** and complete full documentation same day.

“Easy To Read” - Reference Guide for Admin

Immediate Danger

Tell them to call **911**. If they cannot, call for them. Use office group chat to alert admin while keeping the caller on the line. Obtain physical address and relay via admin chat.

Emergency Requests / After 3:00 p.m.

Garrett Counseling does **not** offer emergency sessions. Refer all late/emergency requests to **ER or 988**. No same-day sessions offered.

Urgent Support ("Immediate Care")

Offer one of the following:

- Next available with own therapist
- Next available with another ($150 fee)
- Telehealth (remind ER may be needed)

Unsafe Situations & No-Shows

Unsafe but refuses ER: Complete sheriff/police wellness check.

Appointment No-Show: Complete sheriff/police wellness check if client is at risk.

Always notify Practice Manager and complete full documentation same day.

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Crisis Response by Counselors

Counselor at the point of intake:

- ★ **Use suicidal screener (13 and younger or 13 and older document) if there is a safety risk.**
- ★ **Finish the intake during the second session if needed due to client's safety being top priority.**
- ★ **<u>If you begin the intake process, use the intake billing code even if it is not completed.</u>**

Crisis Response by Counselors (cont'd)

Counselor at the next weekly session:

- ★ **Complete suicidal screener for at least 6 weeks (calender-not 6 sessions).**
- ★ **Develop a safety plan and, when possible, reviewed with a parent or support person.**
- ★ **This work should be documented in the session note and included in the treatment plan, typically as the first goal.**

ER Information (Albertville, Huntsville, and Jacksonville)

List of Emergency Rooms / Hospitals
(Updated March 2026)
Albertville Area

ER / Hospital Name	Address	Phone	Fax	Website
Marshall Medical Center South Emergency Room	*Across parking lot 2505 US-431, Boaz, AL 35957	(256) 593-8310	256-840-3676	https://www.mmcenters.com/services/emergency-services
Marshall Medical Center North Emergency Room Guntersville	8000 AL-69, Guntersville, AL 35976	(256) 571-8000	None	https://mmcenters.com/facilities/marshall-medical-north
Gadsden Regional Emergency Room	1007 Goodyear Ave, Gadsden, AL 35903	(256) 494-4000	(256) 494-4497	https://www.gadsdenregional.com/emergency-department
DeKalb Regional Medical Center Emergency Room	200 Medical Center Dr. SW, Fort Payne, AL 35968	(256) 845-3150 * Press 0 to get the operator	256-997-2512	https://dekalbregional.org/services/emergency-services/
Children's of Alabama Emergency Room	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/
UAB - Birmingham (adults) Emergency Room	1802 6th Ave S, Birmingham, AL 35233	(205) 934-3411	(205) 975-3688	https://www.uabmedicine.org/locations/uab-hospital-emergency-department/
Mountain View Hospital Psych Only Kids / Teens only No Adults	3001 Scenic Hwy, Gadsden, AL 35904	(800) 245-3645	(256) 546-3669	http://www.mtnviewhospital.com/
HillCrest Behavioral Health - Psych Only (**No Er**-does not admit emergency psychiatric patients)	6869 5th Ave S, Birmingham, AL 35212	(205) 833-9000	(205) 838-2030	https://hillcrestbhs.com/

List of Emergency Rooms / Hospitals
(Updated March 2026)
Huntsville Area

Hospital Name	Address	Phone	Fax	Website
Huntsville Hospital for Women & Children Pediatric ER	245 Governors Drive Huntsville, AL 35801	(256) 265-1000	256-265-7677	https://www.hhwomenandchildren.org/services/pediatric-er/
Huntsville Hospital Emergency Room	101 Sivley Rd SW, Huntsville, AL 35801	(256) 265-1000	256-265-3358	https://www.huntsvillehospital.org/
Crestwood Medical Center - Emergency Room	1 Hospital Drive Southwest, Huntsville, AL 35801	(256) 429-4000	256-429-4647	https://www.crestwoodmedcenter.com/emergency-department

List of Emergency Rooms / Hospitals
(Updated March 2026)
Jacksonville Area

Hospital Name	Address	Phone	Fax	Website
Mountain View Hospital Psych Only Kids/ Teens only No Adults	3001 Scenic Hwy, Gadsden, AL 35904	(800) 245-3645	(256) 546-3669	http://www.mtnviewhospital.com/
Children's of Alabama - Emergency Room	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/
Gadsden Regional Emergency Room	1007 Goodyear Ave, Gadsden, AL 35903	(256) 494-4000	(256) 494-4497	https://www.gadsdenregional.com/emergency-department
Northeast Alabama RMC Emergency Room	400 E 10th St, Anniston, AL 36207	(256) 235-5121	(256) 235-5694	https://rmccares.org/
UAB - Birmingham Emergency Room	1802 6th Ave S, Birmingham, AL 35233	(205) 934-3411	(205) 975-3688	https://www.uabmedicine.org/locations/uab-hospital-emergency-department/
HillCrest Behavioral Health Psych Only	6869 5th Ave S, Birmingham, AL 35212	(205) 833-9000	(205) 838-2030	https://hillcrestbhs.com/

ER Information (Cullman, Leeds, and Jasper)

List of Emergency Rooms / Hospitals
(Updated March 2026)
Cullman Area

Hospital Name	Address	Phone	Fax	Website
Huntsville Hospital for Women & Children Pediatric ER	245 Governors Drive Huntsville, AL 35801	(256) 265-1000	256-265-7677	https://www.hhwomenandchildren.org/services/pediatric-er/
Huntsville Hospital Emergency Room	101 Sivley Rd SW, Huntsville, AL 35801	(256) 265-1000	256-265-3358	https://www.huntsvillehospital.org/
Crestwood Medical Center - Emergency Room	1 Hospital Drive Southwest, Huntsville, AL 35801	(256) 429-4000	256-429-4647	https://www.crestwoodmedcenter.com/emergency-department
Cullman Regional (No Psych)	Main hospital, rear entrance 1912 AL Highway 157 Cullman, AL 35058	(256)737-2100	256-737-2110	https://cullmanregional.com/services/emergency-department/

List of Emergency Rooms / Hospitals
(Updated March 2026)
Leeds Area

Hospital Name	Address	Phone	Fax	Website
Children's of Alabama - Emergency Room	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/ed
UAB - Birmingham Emergency Room	1802 6th Ave S, Birmingham, AL 35233	(205) 934-3411	(205) 975-3688	https://www.uabmedicine.org/locations/uab-hospital/emergency
HillCrest Behavioral Health Psych Only	6869 5th Ave S, Birmingham, AL 35212	(205) 833-9000	(205) 838-2030	https://hillcrestbhs.com/

List of Emergency Rooms / Hospitals
(Updated March 2026)
Jasper Area

Hospital Name	Address	Phone	Fax	Website
Walker Baptist Medical Center	3400 Hwy 78 E, Jasper, AL 35501	(205) 387-4000	(205) 387-4727	https://www.brookwoodbaptisthealth.com/facilities/walker-hospital
Northwest Medical Center-Winfield	1530 US-43, Winfield, AL 35594	(205) 487-7000	(205) 487-7172	No website
Children's of Alabama - Emergency Room	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/ed
UAB - Birmingham Emergency Room	1802 6th Ave S, Birmingham, AL 35233	(205) 934-3411	(205) 975-3688	https://www.uabmedicine.org/locations/uab-hospital/emergency
HillCrest Behavioral Health Psych Only	6869 5th Ave S, Birmingham, AL 35212	(205) 833-9000	(205) 838-2030	https://hillcrestbhs.com/

Emergency Psychiatric Care Information

Emergency Psychiatric Care Under 13

Hospital Name	Address	Phone	Fax	Website
Marshall Medical Center South Emergency Room **(ALL** ages)	*Across parking lot 2505 US-431, Boaz, AL 35957	(256) 593-8310	256-840-3676	https://www.mmcenters.com/services/emergency-services
DeKalb Regional Medical Center Emergency Room *(Does **NOT** admit psychiatric patients; transfers to Gadsden or facilities with available beds)*	200 Medical Center Dr. SW, Fort Payne, AL 35968	(256) 845-3150 * Press 0 to get the operator	256-997-2512	https://dekalbregional.org/services/emergency-services/
Children's of Alabama Emergency Room (Ages 3 & Up)	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/
Mountain View Hospital Psych Only Kids / Teens only No Adults	3001 Scenic Hwy, Gadsden, AL 35904	(800) 245-3645	(256) 546-3669	http://www.mtnviewhospital.com/
Crestwood Medical Center - Emergency Room (**ALL** Ages)	1 Hospital Drive Southwest, Huntsville, AL 35801	(256) 429-4000	256-429-4647	https://www.crestwoodmedcenter.com/emergency-department

Emergency Psychiatric Care Under 14 to 18 years

Hospital Name	Address	Phone	Fax	Website
Marshall Medical Center South Emergency Room	*Across parking lot 2505 US-431, Boaz, AL 35957	(256) 593-8310	256-840-3676	https://www.mmcenters.com/services/emergency-services
Children's of Alabama Emergency Room (Ages 3 & Up)	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/
Mountain View Hospital Psych Only Kids / Teens only No Adults	3001 Scenic Hwy, Gadsden, AL 35904	(800) 245-3645	(256) 546-3669	http://www.mtnviewhospital.com/
Crestwood Medical Center - Emergency Room (**ALL** Ages)	1 Hospital Drive Southwest, Huntsville, AL 35801	(256) 429-4000	256-429-4647	https://www.crestwoodmedcenter.com/emergency-department

Emergency Psychiatric Care Adults

Hospital Name	Address	Phone	Fax	Website
Marshall Medical Center South Emergency Room	*Across parking lot 2505 US-431, Boaz, AL 35957	(256) 593-8310	256-840-3676	https://www.mmcenters.com/services/emergency-services
Marshall Medical Center North Emergency Room Guntersville	8000 AL-69, Guntersville, AL 35976	(256) 571-8000	None	https://mmcenters.com/facilities/marshall-medical-north
Gadsden Regional Emergency Room	1007 Goodyear Ave, Gadsden, AL 35903	(256) 494-4000	(256) 494-4497	https://www.gadsdenregional.com/emergency-department
Children's of Alabama Emergency Room (Ages 3 & Up)	Benjamin Russell Building, 1601 5th Ave S, Birmingham, AL 35233	(205) 638-9174	(205) 638-6065	https://www.childrensal.org/
UAB - Birmingham (adults) Emergency Room	1802 6th Ave S, Birmingham, AL 35233	(205) 934-3411	(205) 975-3688	https://www.uabmedicine.org/locations/uab-hospital-emergency-department/
Huntsville Hospital for Women & Children Pediatric ER	245 Governors Drive Huntsville, AL 35801	(256) 265-1000	256-265-7677	https://www.hhwomenandchildren.org/services/pediatric-er/

Hill Crest Behavioral Health Services

- Offers acute care without going to the ER.
- Confidential assessments are available over the phone and no ER visit is necessary. They admit directly to their free-standing campus in Birmingham.
- There is a child/adolescent program (ages 11-18) that includes physical, social, and medical treatment interventions for those who are experiencing emotional struggles and/or psychiatric illnesses. Family members are encouraged to participate in the treatment team and family sessions.
- There is also an adult program (ages 18+) for those who are experiencing mental, emotional, or behavioral health issues. The length of stay is determined for each patient based on individual needs.

Admissions office phone number: 205-838-4090

Brave Play Experiential- Role Play Activity (25 min)

- **Role play each of these situations with a partner:**

➔ **A caller in distress**
➔ **A parent call about their child**
➔ **A resistant client**

- **Practice calm, clear language and quick decision making.**
- **Pay attention to tone, clarity, and your own emotional regulation.**
- **After your partner plays the role of a counselor/administrator, provide feedback.**

Self Reflection and Processing

Which situation would you anticipate requiring the most careful management of your own emotional regulation and why?

LINKS

Resources/Handouts:

Suicide Forms and Training Materials

Brave Play Kit :

https://garrettcounseling.com/brave-play-kit/