PROSPER: Module III

Proactive
Reduction
Of
Suicide in
Populations via
Evidence-based
Research

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PRINCIPAL, NATIONAL CAPITAL REGION BEHAVIORAL HEALTH

NCR BEHAVIORAL HEALTH

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Learning Objectives

1) Adopt language for suicidal patients that is respectful and non-judgmental.

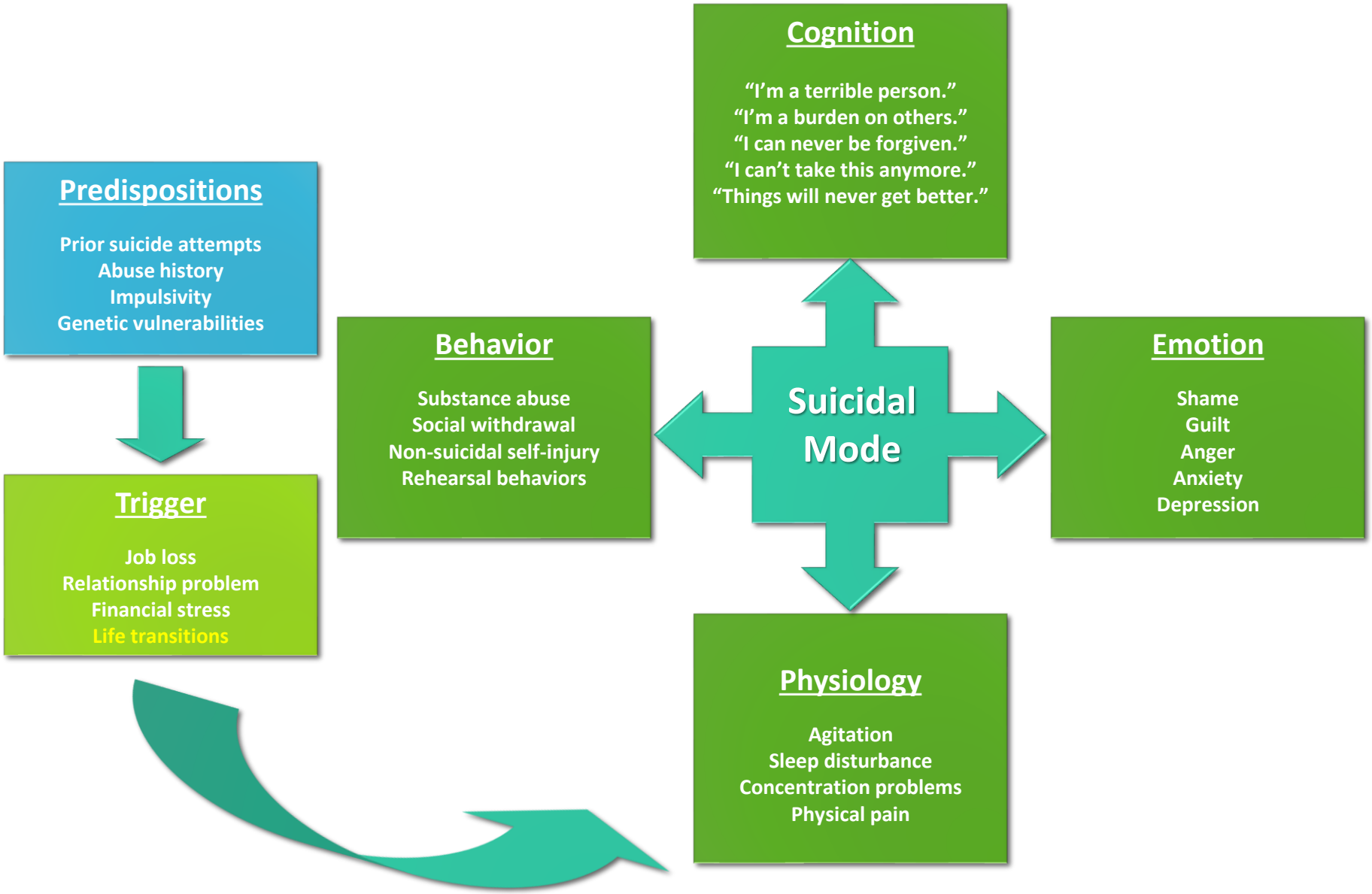
2) Assist patients with suicidal symptoms in a collaborative, empowering way, anchored in their values and priorities.

3) Assess suicide risk in 10-15 minutes.

4) Discuss with patients ambivalence and reasons for living.

5) Collaboratively devise a crisis response plan that may reduce suicide attempts by 76%.

6) Provide brief interventions to de-activate the suicide mode.


Predispositions
Prior suicide attempts
Abuse history
Impulsivity
Genetic vulnerabilities
Trigger
Job loss
Relationship problem
Financial stress
Life transitions
Cognition
"I'm a terrible person."
"I'm a burden on others."
"I can never be forgiven."
"I can't take this anymore."
"Things will never get better."
Behavior
Substance abuse
Social withdrawal
Non-suicidal self-injury
Rehearsal behaviors
Suicidal Mode
Emotion
Shame
Guilt
Anger
Anxiety
Depression
Physiology
Agitation
Sleep disturbance
Concentration problems
Physical pain

Standardizing Suicide Language

Consider eliminating the following terms:

Suicide gesture

Parasuicide

Suicide threat

Self-mutilation

“Commit” suicide

“Cry for Help”

Suicide-Related Terms

Suicide attempt

Intentional, self-enacted, potentially injurious behavior with any (nonzero) amount of intent to die, with or without injury

Suicidal ideation

Thoughts of ending one's life or enacting one's death

Nonsuicidal self-injury

Intentional, self-enacted, potentially injurious behavior with no (zero) intent to die, with or without injury

Nonsuicidal morbid ideation

Thoughts about one's death without suicidal or self-enacted injurious content

"I got very angry when they kept asking me if I would do it again. They were not interested in my feelings. Life is not such a matter-of-fact thing and, if I was honest, I could not say if I would do it again or not. What was clear to me was that I could not trust any of these doctors enough to really talk openly about myself."

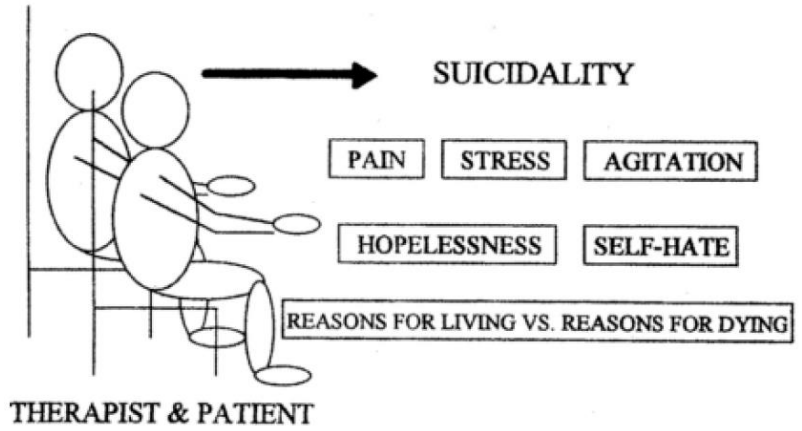
A Collaborative Approach

Collaborative approach to mental illness & suicide

Suicide is a problem distinct from mental illness

Patient is the expert of their own suicidal experience

Clinician works alongside the patient to view suicide through the eyes of the patient



(Jobes, 2006)

A Collaborative Approach

Critical communications:

- “You are the expert about what you are thinking and feeling”
- “This is a problem like any other medical or psychosocial problem”
- “I am not afraid to address it”
- Reinforce help-seeking behaviors
- Decreasing patient's distress is most important goal (de-activate the suicidal mode)
- Protecting safety is essential
- “Help is available, and it works””

Instead, Help Patients Learn to Cope

- A stronger sense of meaning in life is significantly associated with lower emotional distress, less severe suicidal ideation, and better functioning across multiple domains of life (Bryan et al., 2013).

- "Effective" Crisis Response Planning reduces suicide attempts up to 76% (Bryan et al., 2017 a, b)

- BCBT reduces suicidal behavior by 60% compared to treatment as usual (Rudd et al., 2015)

Effective Coping Skills

- Emotional regulation skills
  - Distress tolerance skills
  - Relaxation/mindfulness
    - ➢ These prevent the person from impulsively acting to stop the overwhelming emotions, thoughts and physical arousal
    - ➢ They must learn to prevent or interrupt the “suicidal mode”
- Adopting more helpful ways of thinking

Empowering Patients

Respect the patient's autonomy and ability to kill himself/herself

Don’t moralize

Avoid power struggles about options that limit the patient's autonomy

Recognize that suicidality is marked by ambivalence…address this head-on

Don’t try to talk the person out of killing himself/herself

…this means don’t “talk him/her off the ledge” either

…it’s like putting a band-aid on a gushing wound

Suicide screening:

- Do things ever get so bad you think about ending your life or suicide?
- Tell me a little bit about what, specifically, you have been thinking. What is it exactly that goes through your mind?

[Differentiate suicidal ideation from nonsuicidal morbid ideation]

If negative suicide screening: Discontinue risk assessment
If positive suicide screening: Screen for multiple attempt status

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Multiple attempter screening

- Have you ever had thoughts like this before?
- Have you ever tried to kill yourself before?
- So you've never cut yourself, burned yourself, held a gun to your head, taken more pills than you should, or tried to kill yourself in any other way?

If no evidence of prior attempt(s): Assess current suicidal episode
If positive evidence of prior attempt(s): Assess multiple attempt status

↓

Assess multiple attempt status

- How many times have you tried to kill yourself?
- Let's talk about the first time…
  a. When did this occur?
  b. What did you do?
  c. Where were you when you did this?
  d. Did you hope you would die, or did you hope something else would happen?
  e. Afterwards, were you glad to be alive or disappointed you weren't dead?
- I'd like to talk a bit about the worst time… [Repeat *a* through *e*]

↓

Assess current suicidal episode

- Let's talk about what's going on right now. You said you've been thinking about [content].
- Have you thought about how you might kill yourself?
- When you think about suicide, do the thoughts come and go, or are they so intense you can't think about anything else?
- Have you practiced [method] in any way, or have you done anything to prepare for your death?
- Do you have access to [method]?

↓

Screen for protective factors

- What is keeping you alive right now?

(Bryan, Corso, Neal-Walden, & Rudd, 2009)

RISK ASSESSMENT

SKILL 1

Differentiate suicidal ideation from nonsuicidal ideation*

*also called non lethal morbid ideation or death ideation

Suicidal ideation has stronger relationship with suicidal behaviors than nonsuicidal morbid ideation

(Joiner, Rudd, & Rajab, 1997)

Suicidal ideation associated with significantly higher levels of psychological distress than nonsuicidal morbid ideation

(Edwards et al., 2006; Fountaoulakis et al., 2004; Liu et al., 2006; Scocco & DeLeo, 2002)

Sample Questions

Have you thought about ending your life or killing yourself?

Have you had thoughts of death or dying? If so, have you thought you might play a role in making your death happen?

Some people think about not being here or falling asleep and not waking up, while others think about actually doing something to enact their death. Are your thoughts more like the first ones or the second ones?

Potential Survey Screening/Assessment Methods

Patient Health Questionnaire-9 (PHQ-9)

Behavioral Health Measure-20 (BHM-20)

Outcomes Questionnaire-30 (OQ-30)

Beck Depression Inventory-Primary Care (BDI-PC)

Columbia Suicide Severity Rating Scale

What are “Those Thoughts”?

Planning my death	SI - Thinking of suicide
Thoughts of death/dying	DI - Thinking of death
Wishing to be dead	DI - Thinking of death
Thinking about how I might kill myself	SI - Thinking of suicide
Thinking of killing myself	SI - Thinking of suicide
Wishing I could fall asleep and not wake up	DI -Thinking of death
Imagining I will play a part in causing my death	SI - Thinking of suicide

What are “Those Thoughts”?

- “I want to sleep and not wake up.” DI - Thinking of death
- “I just want to end it all.” SI - Thinking of suicide
- “I just need to end it.” SI - Thinking of suicide
- “What if I stop taking my meds for my chronic condition?” SI - Thinking of suicide
- “Killing myself would unburden my family.” SI - Thinking of suicide
- “What would people say if I died?” DI - Thinking of death

RISK ASSESSMENT

SKILL 2

Assess for past suicidal behaviors and multiple attempt history

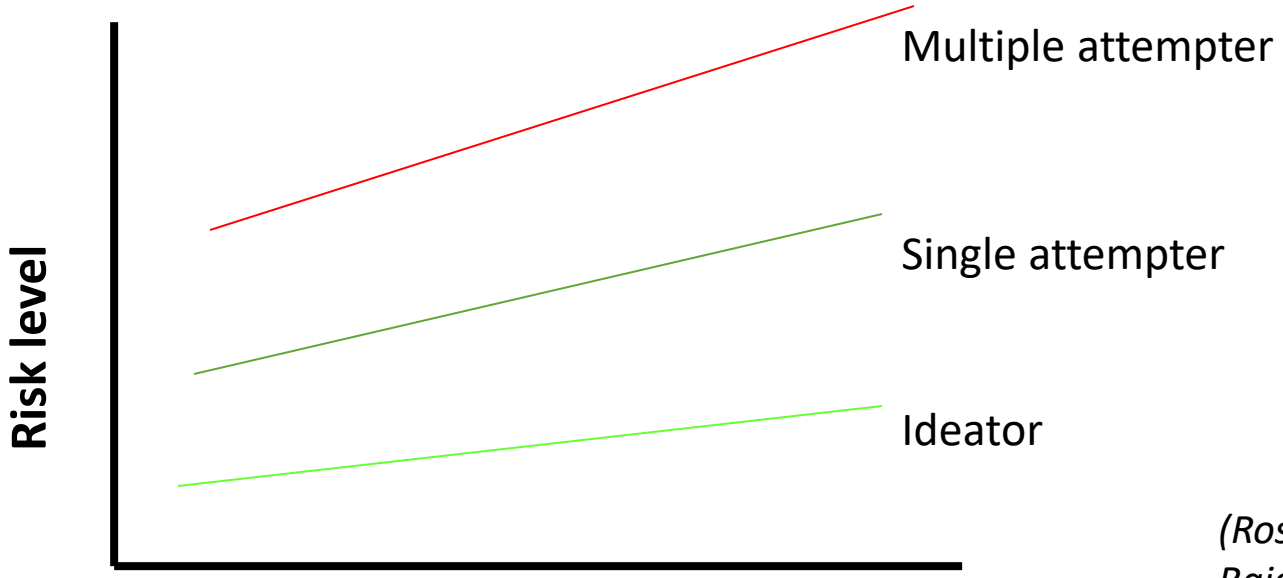
Past suicide attempts are the most robust predictor of future suicidal behaviors, even in the presence of other risk factors

(Clark et al., 1989; Forman et al., 2004; Joiner et al., 2005; Ostamo & Lonnqvist, 2001)

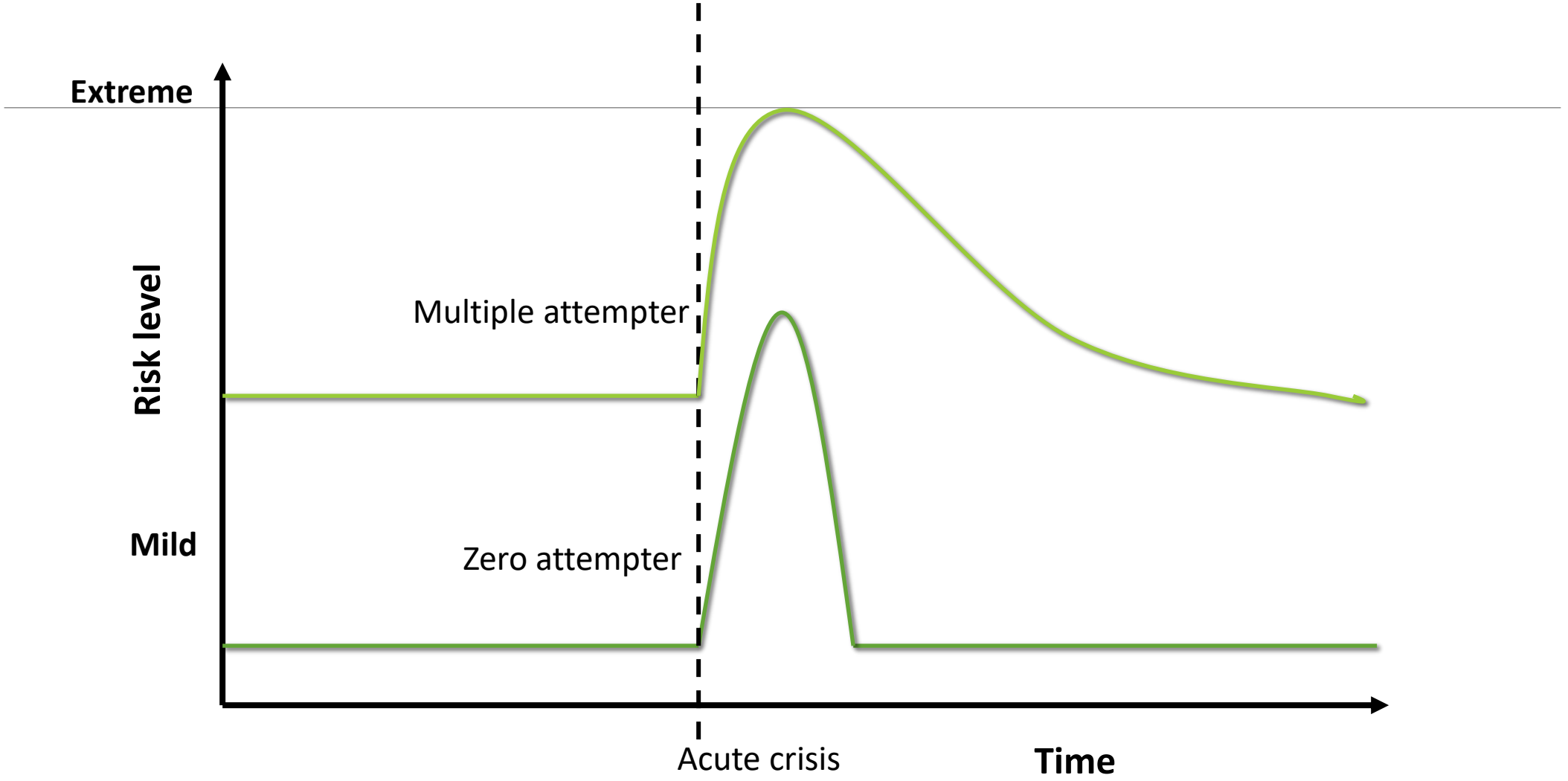
Why Bother?

Three distinct groups:

- Suicide ideator: Zero previous attempts
- Single attempter: One previous attempt
- Multiple attempter: 2 or more previous attempts



(Rosenberg et al, 2005; Rudd, Joiner, & Rajab, 1996; Wingate et al, 2004)


Extreme
Risk level
Mild
Multiple attempter
Zero attempter
Acute crisis
Time

Multiple Attempters

Objective indicators are better predictors than subjective indicators (Beck et al., 1974; Beck & Steer, 1989; Harriss et al., 2005; Hawton & Harriss, 2006)

Survival reaction can serve as indirect indicator of intent (Henriques et al., 2005)

“Worst point” suicidal episode better predictor than other episodes (Joiner et al., 2003)

Sample Questions

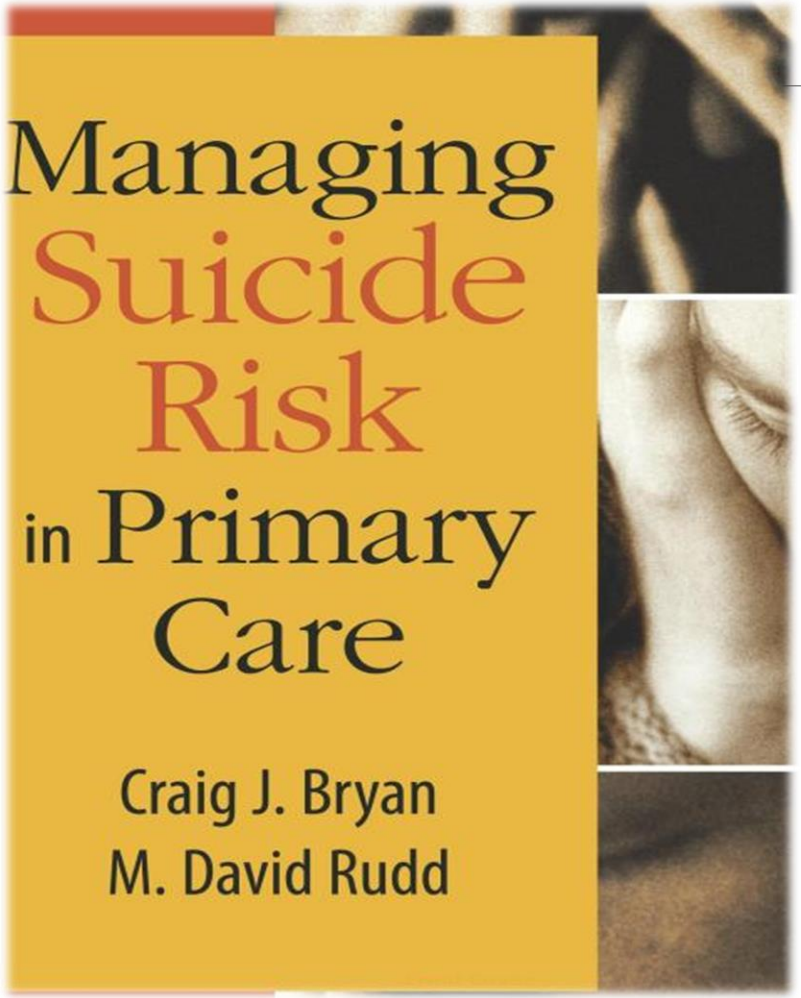
Have you ever tried to do anything, prepared to do anything or started to do anything to end your life?

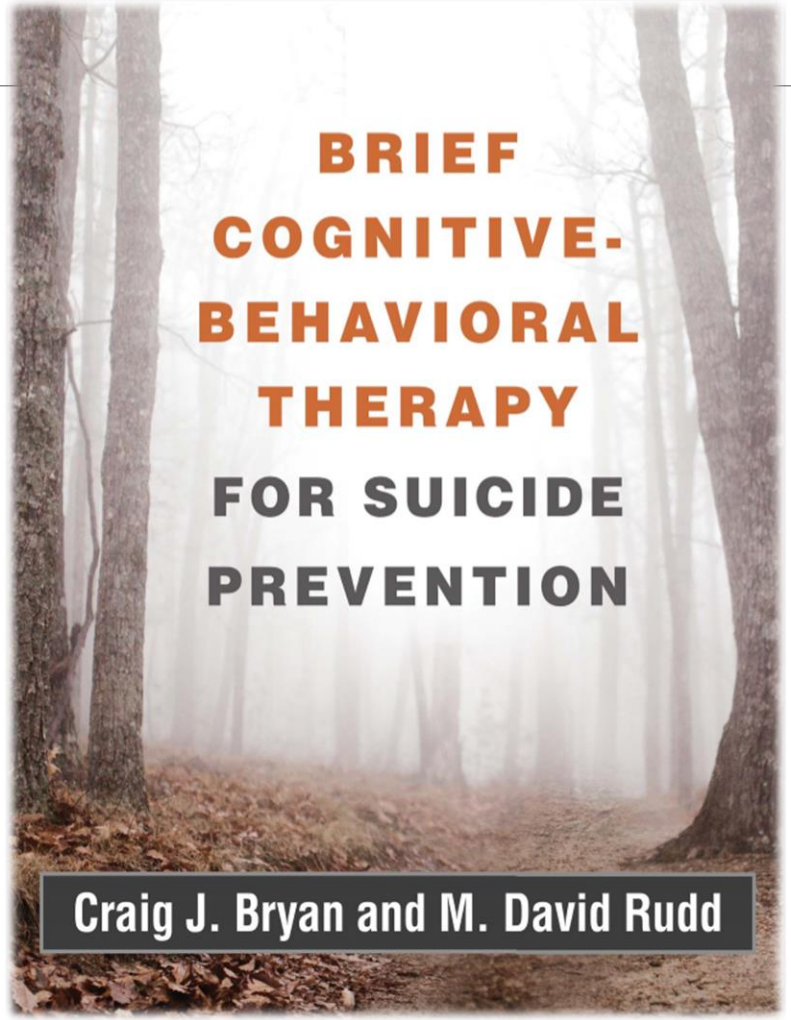
Have you ever mentally or physically rehearsed how you might end your life?

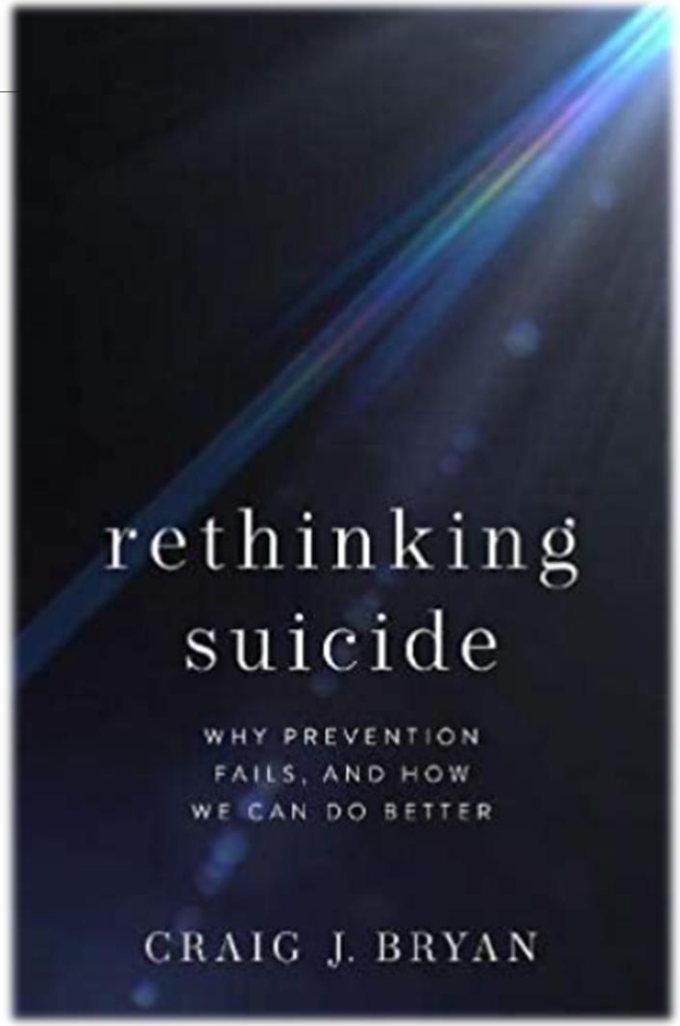
Have you ever had a prior suicide attempt?

(if yes) Have you had two or more?

Book Recommendations







Resources

- National Suicide Hotline: 1-800-273-TALK
- www.suicidology.org
- www.sprc.org/library/SafeMessagingfinal.pdf
- https://afsp.org/ (local chapters exist in almost every state)
- https://www.crisisconnections.org/get-training/schools/
- https://www.sprc.org/resources-programs/youth-suicide-prevention-program-yspp
- https://www.crisisconnections.org/teen-link/

Questions

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