

# PROSPER: Module V

Proactive  
Reduction  
Of  
Suicide in  
Populations via  
Evidence-based  
Research

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HEALTH



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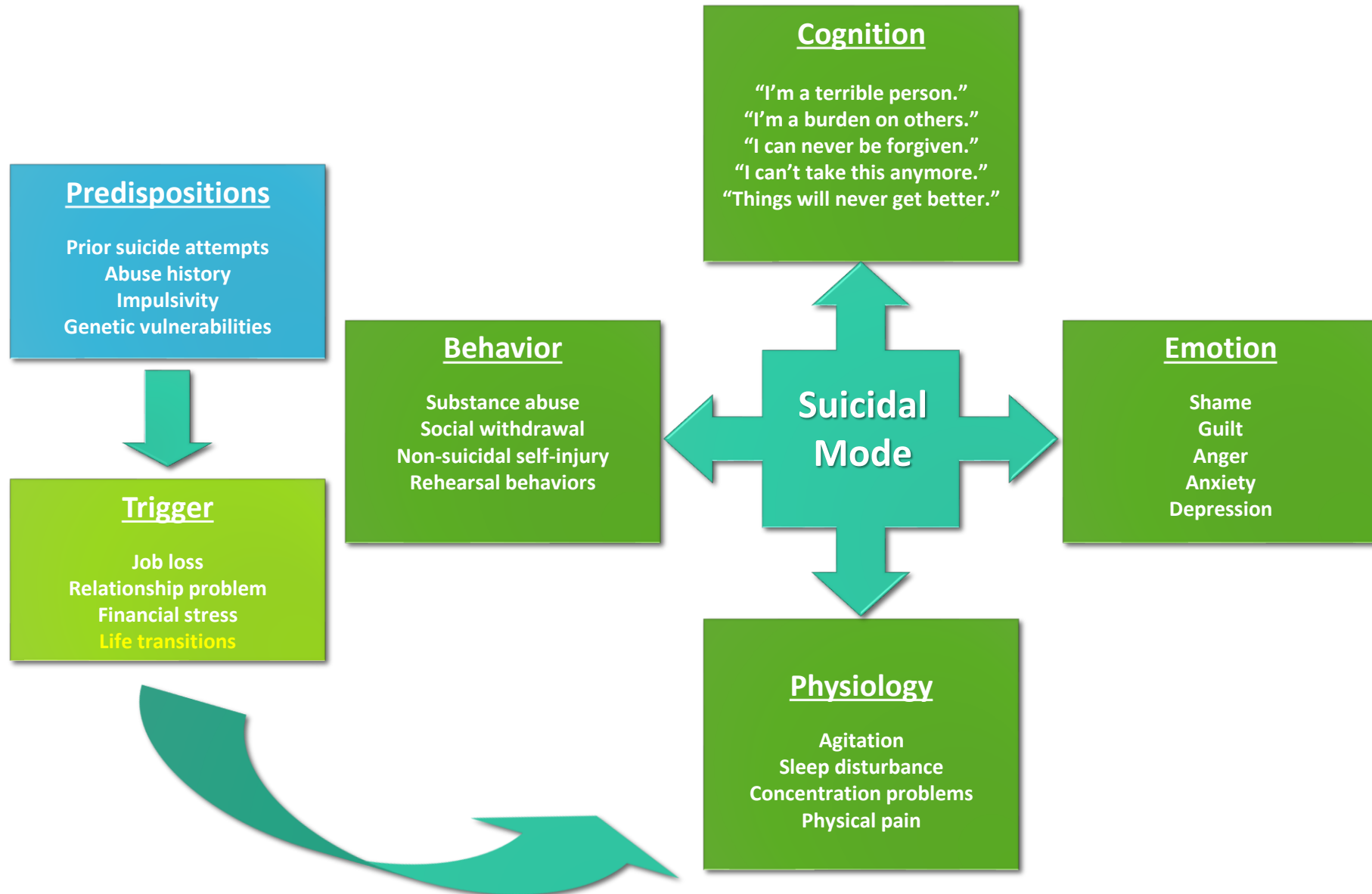
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# Learning Objectives

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- 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.**



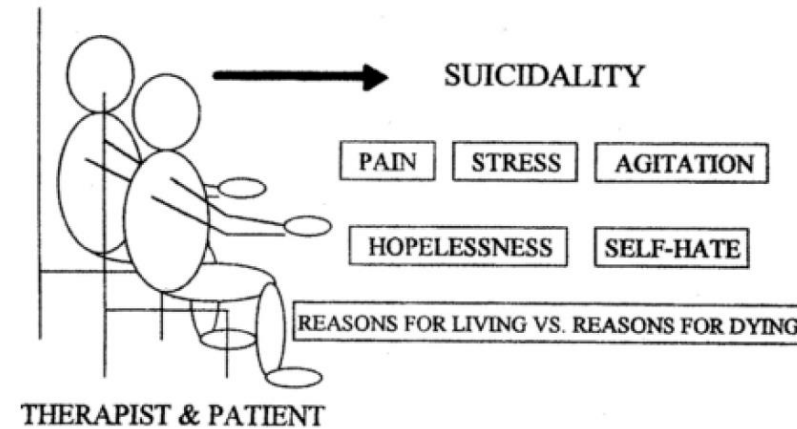
# A Collaborative Approach

## 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



*(Jobs, 2006)*

# Empowering Patients

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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

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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





# Effective Coping Skills

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- 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

**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*



**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**

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# **Differentiate suicidal ideation from nonsuicidal ideation\***

\*also called non lethal morbid ideation or death  
ideation



RISK  
ASSESSMENT

**SKILL 2**

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**Assess for past suicidal behaviors  
and multiple attempt history**

RISK  
ASSESSMENT

**SKILL 3**

# The Current Suicidal Episode

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1. Thoughts and desires
2. Plans, preparation and rehearsal
3. Ambivalence and Intent
4. Access to lethal means



RISK  
ASSESSMENT

**SKILL 4**

# Explain that Suicide is a State of Ambivalence

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**Most people, when they think about killing themselves, don't truly want to die, they just don't want to live if they have to keep feeling all the bad things they feel. Is that how you feel?**

# Examine the Patient in the Context of the Patient's Values

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- **What's the most important thing to you in life right now?**
- **What are these things a barrier to you doing/being?**
- **If these were not plaguing you, what would you be focusing on in life?**

**Why should the patient continue talking to you if he/she only wants to die?**

**Why should the patient engage in treatment with you?**

# Discuss Reasons for Living and Ambivalence

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- Addresses ambivalence...hopefully it tips the scale in the right direction and it keeps the person focused on living (i.e., de-activates the suicidal mode)

“Before, we discussed how you have ambivalence about living and dying – that you don’t really want to die, but you just can’t stand living this way. If we could help you relieve your pain, what would that allow you to enjoy in life?”

“What is keeping you alive right now?”

“Take all the pain and put it aside in your mind for a moment; what is the most important thing to you in your life?”

RISK  
ASSESSMENT

**Live  
Demonstration**

# Practice Assessing Risk

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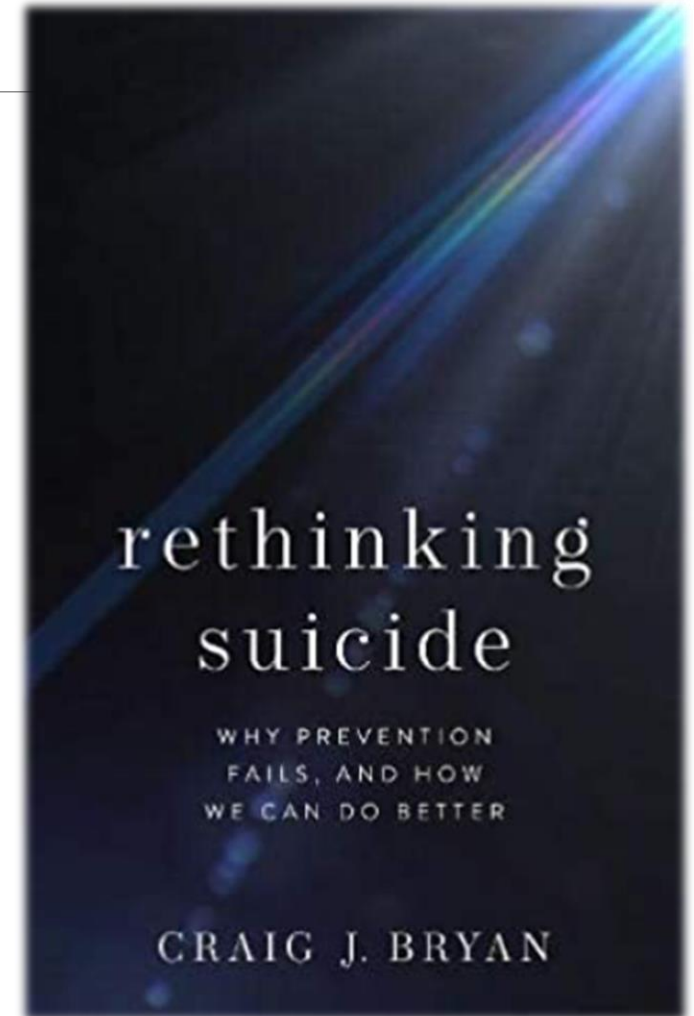
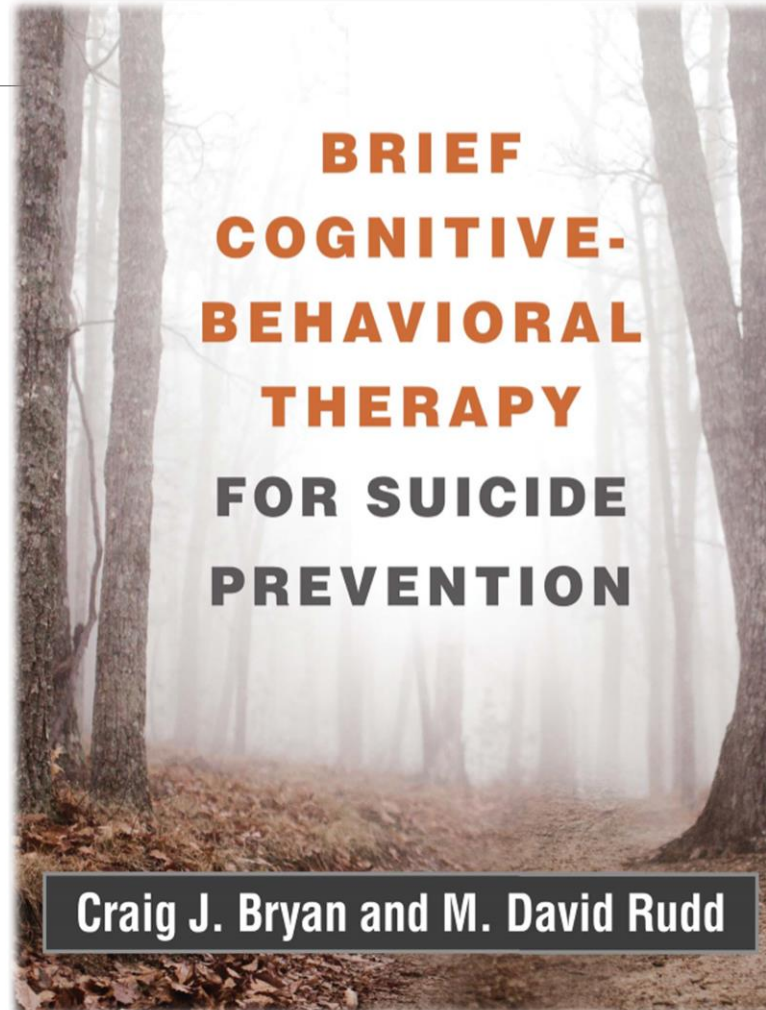
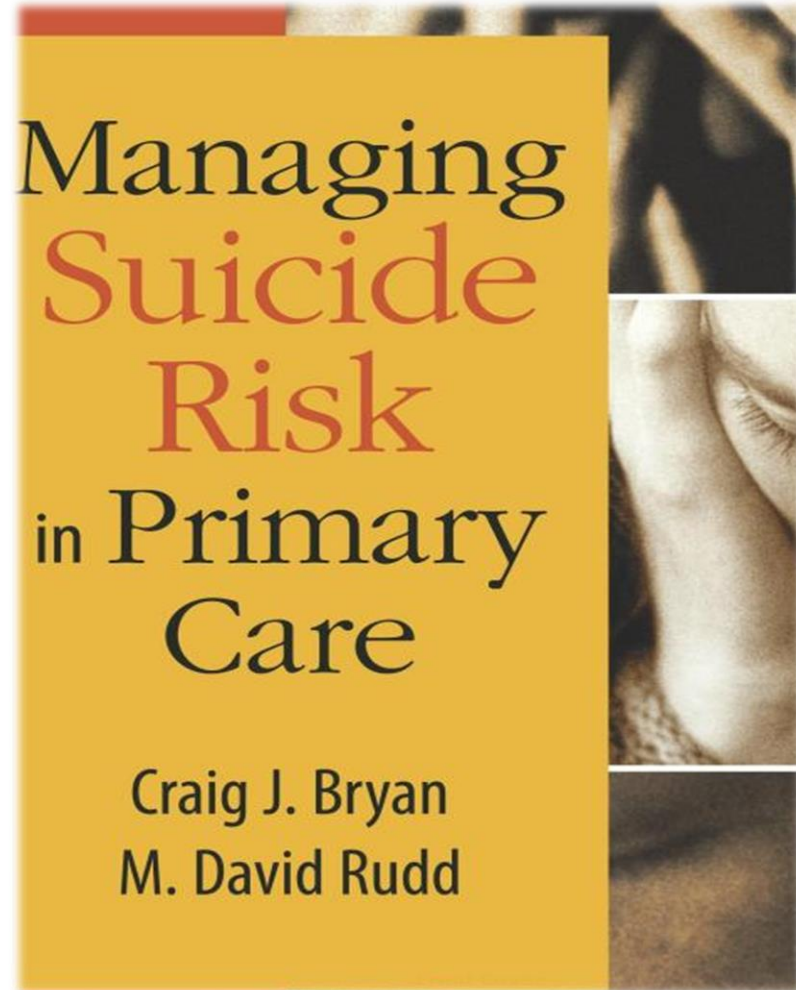
**Assess risk (in 15 minutes)**

# Suicide Risk Assessment Plan

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- ❑ Ask about suicidal thoughts differentiate these from nonsuicidal thoughts
- ❑ Ask about any history of suicide attempts
- ❑ Ask about current suicidal thoughts (frequency, duration, intensity)
- ❑ Ask about any plans (preparation, rehearsal) and access to means
- ❑ Explain ambivalence – ask if the person feels ambivalent and assess intent in the context of ambivalence
- ❑ Transition discussion to reasons for living (in light of ambivalence)
- ❑ Develop a crisis response plan -> not simply a safety plan → NEVER a safety contract!

# Book Recommendations





# Resources

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- ❖ National Suicide Hotline: 1-800-273-TALK
- ❖ [www.suicidology.org](http://www.suicidology.org)
- ❖ [www.sprc.org/library/SafeMessagingfinal.pdf](http://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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