PROSPER: Module VI

Proactive
Reduction
Of
Suicide in
Populations via
Evidence-based
Research

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PRINCIPAL, NATIONAL CAPITAL REGION BEHAVIORAL HEALTH

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Learning Objectives

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

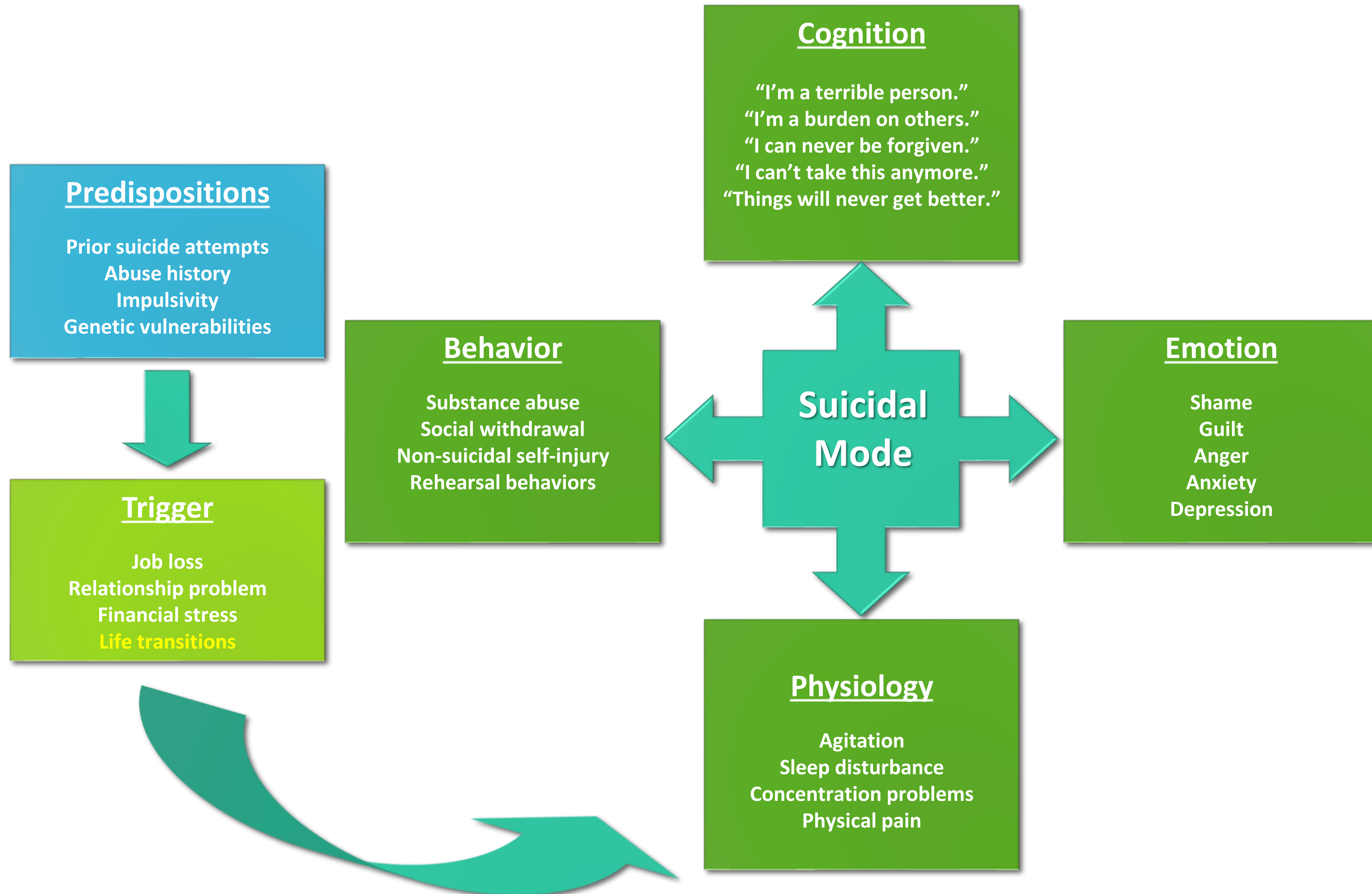
2) Assist patients with suicidal symptoms in a collaborative, empowering way, anchored in their values and priorities.

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%.

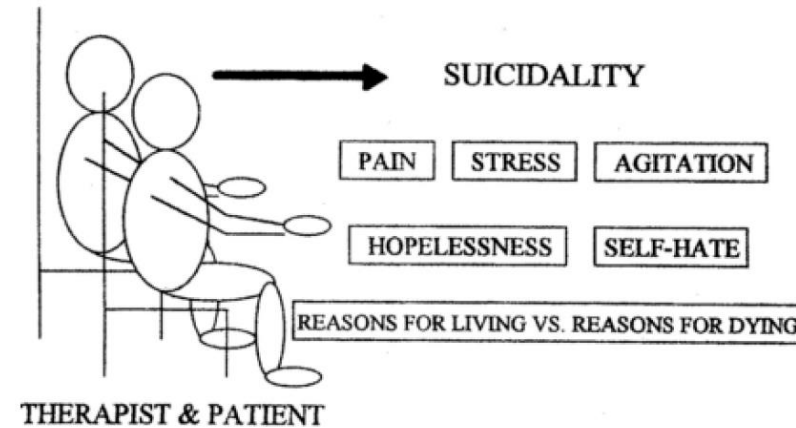
6) Provide brief interventions to de-activate the suicide mode.


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."
Predispositions
Prior suicide attempts
Abuse history
Impulsivity
Genetic vulnerabilities
Behavior
Substance abuse
Social withdrawal
Non-suicidal self-injury
Rehearsal behaviors
Suicidal Mode
Emotion
Shame
Guilt
Anger
Anxiety
Depression
Trigger
Job loss
Relationship problem
Financial stress
Life transitions
Physiology
Agitation
Sleep disturbance
Concentration problems
Physical pain

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)

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

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

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)

Suicide Risk Assessment Plan

- ❑ 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!

RISK ASSESSMENT

SKILL 5

Crisis Response Plan (CRP) vs Safety Plan

- Do we want to passively keep people safe?
- Do we want people to proactively work on coping differently?
- Do we want to change the sequence of events that reliably precede the patient's suicidal thoughts?
- Prompting them to think about and focus on their reasons for living is a critical differentiator.

Crisis Response Plan (CRP)

Decision-making aid

Specific instructions to follow during crisis

Developed collaboratively

Purposes:

1. **Facilitate honest communication**
2. Establish **collaborative** relationship
3. Facilitate **active involvement of patient**
4. Enhance patient's commitment to **treatment**
5. **Develop healthier coping skills**

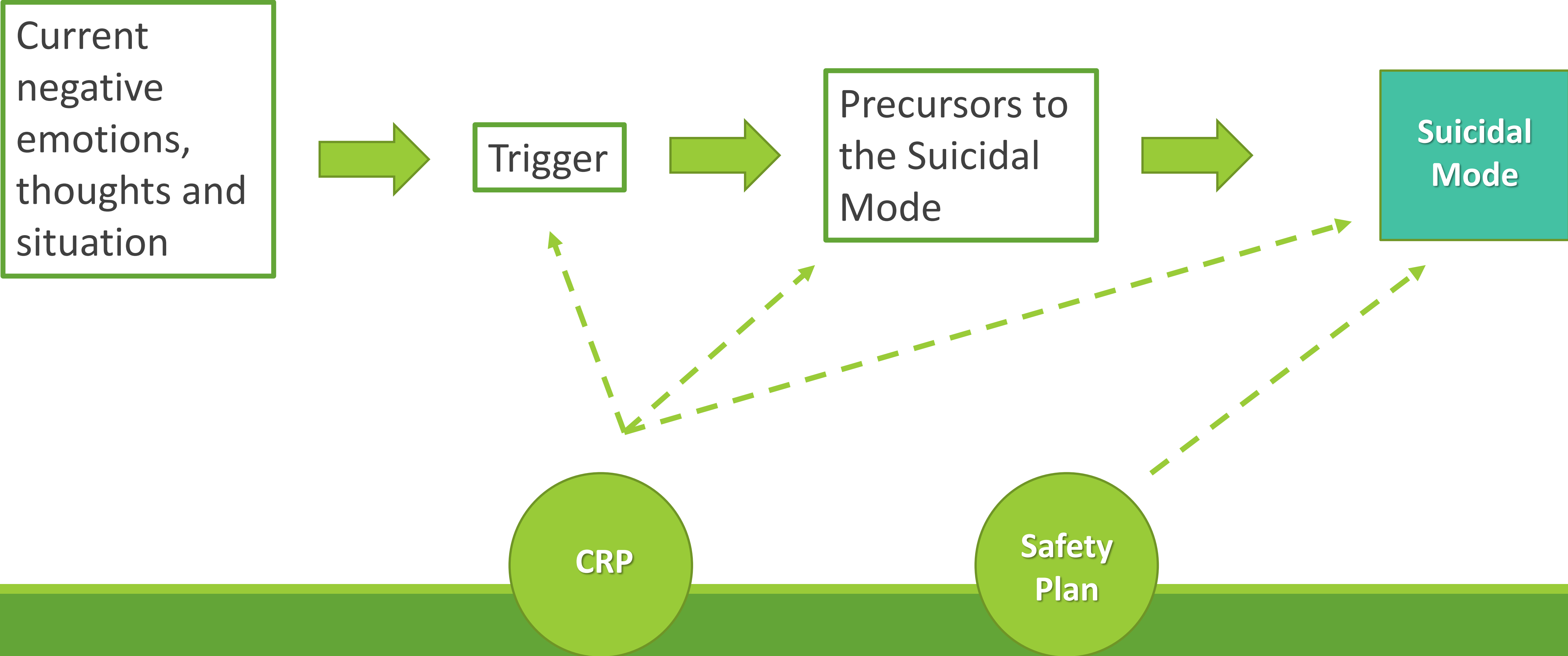
(Rudd, Mandrusiak, & Joiner, 2006)

Crisis Response Plan (CRP)

The CRP immediately reduces negative emotional distress and suicidal intent among suicidal individual (Bryan et al., 2017a).

Discussing an individual's **reasons for living** during the CRP increases hope, leads to larger reductions in suicidal intent, and decreases the likelihood of psychiatric hospitalization (Bryan et al., 2017b).

Crisis Response Plan (CRP)



Sample Crisis Response Plans

Warning Signs: pacing
feeling irritable
thinking "it'll never get better"

- go for a walk 10 mins
- watch Friends episodes
- play with my dog
- think about my kids
  - vacation to beach in Florida
  - Christmas Day 2012
- call/text my Mom or Jennifer
- call Dr. Brown: 555-555-5555
  - leave msg w/ name, time, phone #
- 1-800-273-TALK
- go to hospital
- call 911

① crying
② getting angry
③ wanting to hit things
④ argument w/ wife

~~① videogames~~
② woodwork in garage
③ go for walk
④ breathing 10 mins
⑤ photography
⑥ writing
⑦ games on phone
⑧ listen to music (uplifting)

⑤ talk to Bill
⑥ Dr. Smith: 555-555-5555 (voicemail)
⑦ Hotline: 1-800-273-8255
⑧ Hospital or 911

Crisis Response Plan (CRP)

Helping patients create AND USE a CRP is one of the most effective tools you can provide.

Warning Signs

Pacing
Feeling angry
"I can't take this anymore"

Self-Management

Go for a walk
Listen to some music
Play games on my phone

Reasons For Living

My kids (Tim and Lisa)
My wife (Susan)

Social Support

Call Susan (wife): 555.555.5555
Call John (friend): 555.555.5555

Crisis & Professional Services

Call my doctor & leave a message: 555.555.5555
Call hotline: 1.800.273.TALK
Crisis text line: 838255
Go to hospital
Call 911

Crisis Response Plan

Live Demonstration

Practice Crisis Response Plans

CRP (in 10 minutes)

Suicide Documentation Plan

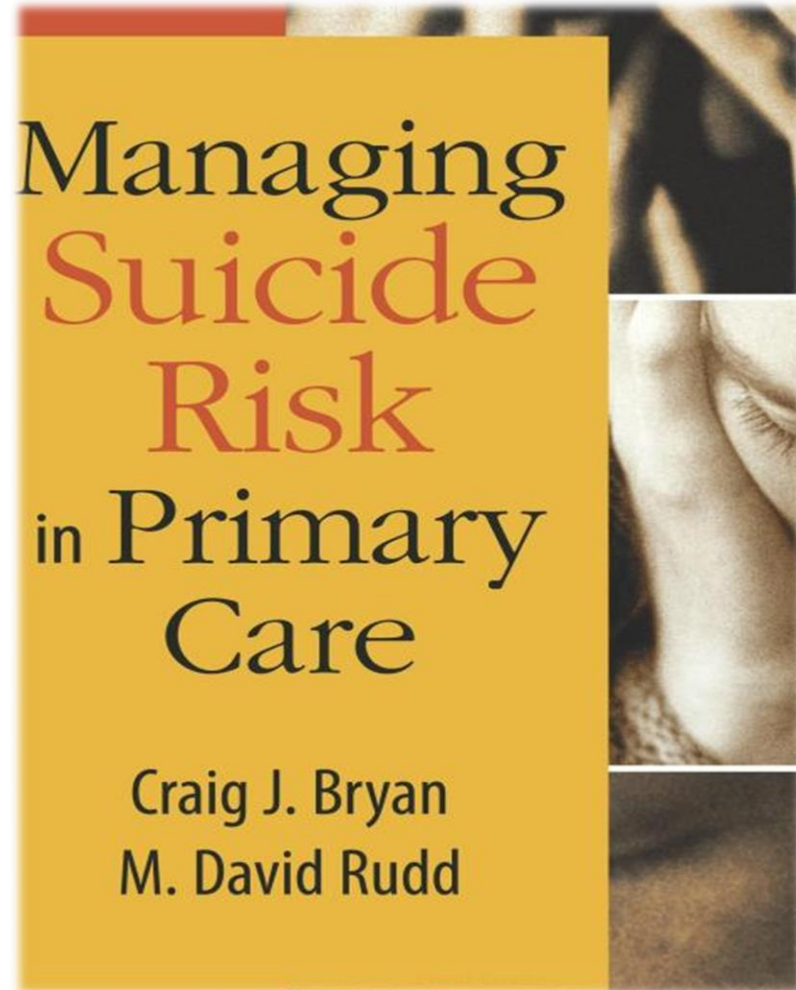
- ❑ Document presence/absence of suicidal thoughts vs. death ideation
- ❑ Document number of prior suicide attempts
- ❑ Document presence/absence any plans and access to means
- ❑ Document static and dynamic risk factors; **protective factors;** frequency duration and intensity of current suicidal thoughts, plans and intent
- ❑ Document your explicit discussion of ambivalence and the patient’s response
- ❑ Document your discussion of reasons for living
- ❑ Document that patient agreed to outpatient treatment (insert type) with use of a crisis response plan

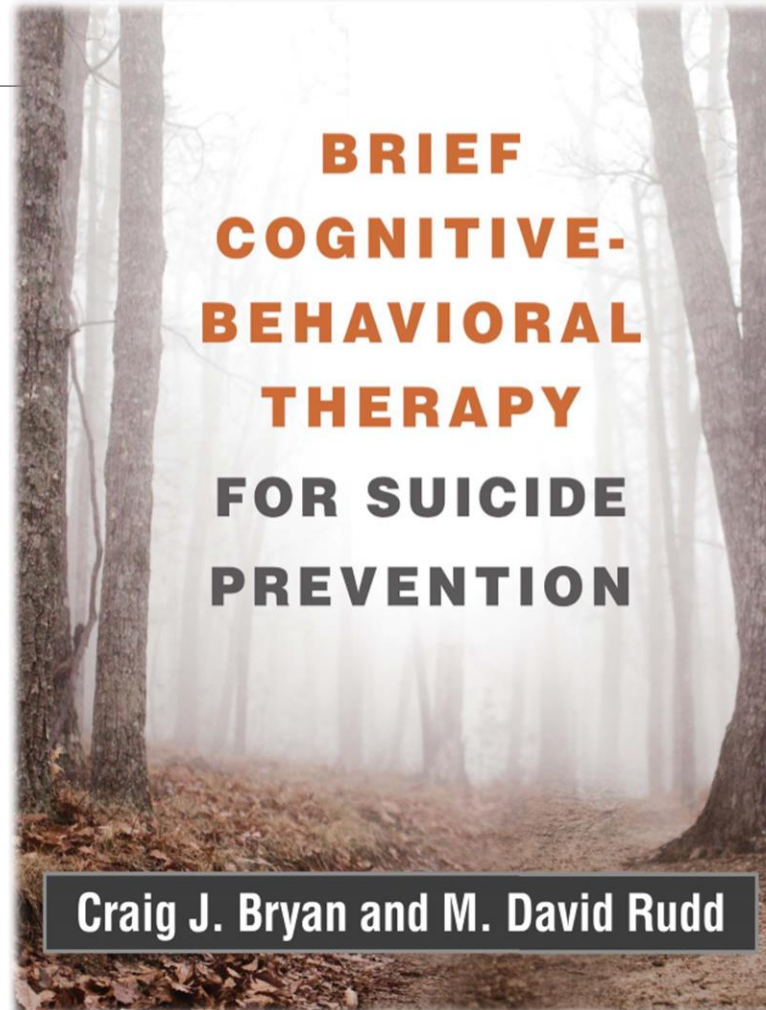
Postvention

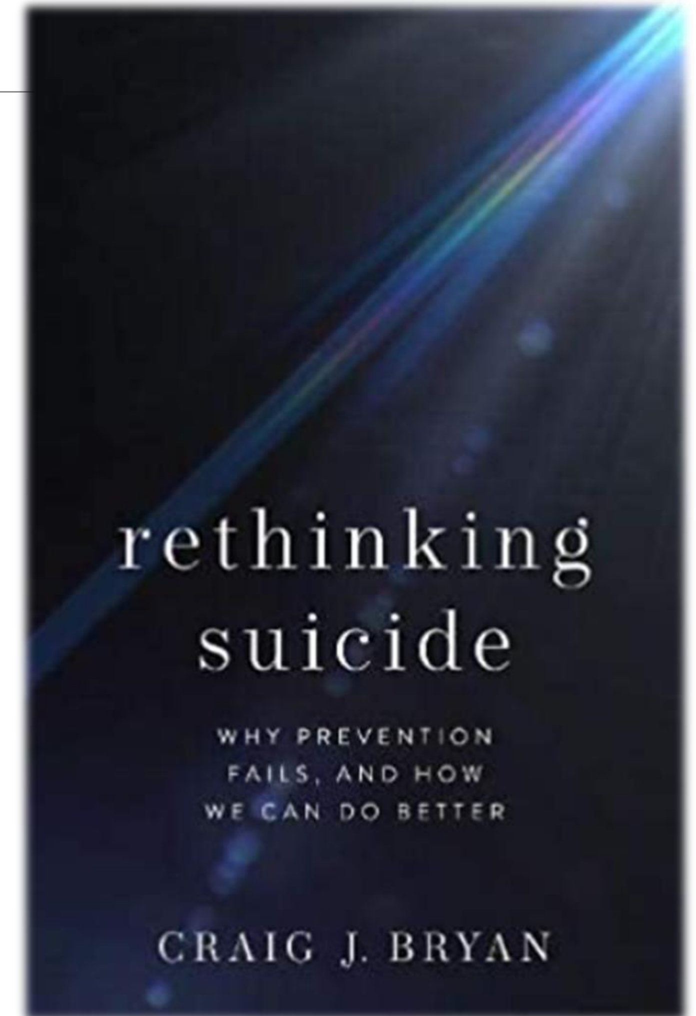
Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals, a community or organization as a whole to alleviate possible negative effects of the event.

(Smith, Rivero, & Cimini. (2010, June 8). Postvention as a Prevention Tool: Developing a Comprehensive Postvention Response for Your Campus. A webinar of the Suicide Prevention Resource Center. http://www.sprc.org/news-events/events/postvention-prevention-tool-developing-comprehensive-postventionresponse-your-ca)

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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