

#### Suicide: Tools for Everyday Practice

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- Gain tools for working with suicidal clients, including screening, assessment, and intervention
- Gain an understanding of risk assessment, safety factors, and suicidal stabilization plans

#### Why is it important to understand how to work with suicidal clients, or at least understand the basics of interacting with this population?

## You *will* have suicidal clients in your office.

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Will you make them comfortable enough to talk about it or create an environment in which they will not?





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#### What is suicide?

• Suicide is a deliberate and intentional act to end one's life.



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- Suicide is a deliberate and intentional act to end one's life.
- Consider:
  - Thought
  - Plan
  - Means
  - Intent

\*Never discount unrealistic thoughts or plans!!!

#### Key factors that influence suicidal ideation:

- Psychache (emotional pain)
- Mood & co-occurring concerns
- Hopelessness
- Helplessness
- Impulsivity
- Escapism

#### Psychache (emotional pain)

A psychological pain in the psyche, or mind, a hurt, anguish, soreness, or aching beyond the typical.

#### Mood & co-occurring factors

This includes severe depression, bipolar disorder, prior suicide attempt, comorbid anxiety, substance use, personality disorders and so on.

#### Hopelessness

Patients have an unrealistically negative attitude toward the future and the seriousness of suicidal intent is more highly correlated with negative expectancies than with depression (Beck et al., 1974)

#### Helplessness

A perceived lack of autonomy, an inability to facilitate change, the existence of systemic or organizational prohibitions, and associated cognitive inferences (Rivers and Noret, 2013)

#### Impulsivity

Impulsivity was highest in subjects with the most medically severe suicide attempts (Swann et al, 2005)

#### Escapism

Suicide is a better alternative to what I am experiencing, anywhere is better than here...



#### Areas to focus on:

- Talking about it
- Suicide screenings
- Suicide assessments
- Suicide treatment/intervention



### Screening versus Assessment

#### What is a suicide screening?

Suicide screening is a brief process that identifies suicide risk or suicide risk factors in individuals based on research driven criteria

#### What is an assessment?

- An assessment is conducted by a trained, licensed mental health professional and focuses on:
  - Gathering information related to risk factors, protective factors, and warning signs of suicide
  - Collecting information related to the patient's suicidal ideation, planning, behaviors, desire, and intent
  - Making a clinical formulation of risk based on these 2 databases (Shea, 2009)



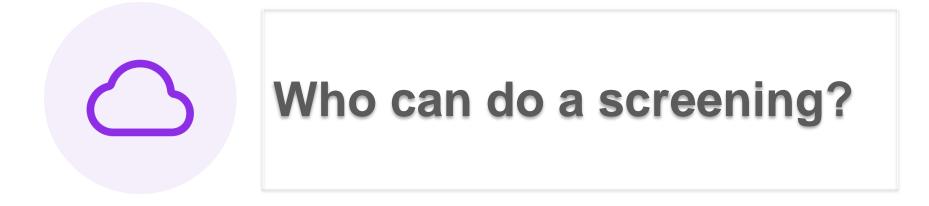
#### An assessment takes into account:

- Mental health history
- Self-harm
- Substance use/abuse
- Chronic illness
- Personality
- Genetics/family history
- Medical/physical
- Psychosocial factorys



#### Let's talk about the two for a minute





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#### Who can do an assessment?



#### Who can do an assessment?

- Only a trained, licensed, mental health professional
  - Psychiatrist
  - Counselor
  - Psychologist

#### How to address suicidal ideation

- Prioritize it!
  - It's often put aside because counselors don't know what to do
  - Tackle it head on and prioritize it before other diagnoses and mental health concerns
- Deal with it directly
  - If you don't know how, get trained or refer to someone that specializes

#### Interventions for suicidal clients

- Protective factors
- Safety planning
- Suicidal stabilization plans



#### Protective factors:

- Problem solving
- Control over behavior, thoughts, and emotions
- Hopefulness, optimism, and reasons for living
- Perceptions of health
- Family
- Marriage and partnership
- Connectedness and relationships
- Faith and spirituality
- Employment
- Access to treatment

#### Safety planning:

- Get trained!
- Training options:
  - Safety Planning Intervention (SPI)
  - Crisis Response Planning (CRP)
  - Motivational Interviewing Safety Planning (MI-SP)
  - Motivational Interviewing SafeCope (MI-SafeCope)



#### Safety planning:

- Key elements:
  - Emergency resources
  - Individual coping skills
  - Social coping skills/social distractions
  - PRACTICE!!!
- Avoid:
  - Do no harm contracts
  - Promises of safety

#### Safety Planning: 6 Steps (Stanley & Brown, 2010)

- 1. Recognizing warning signs
- 2. Employing internal coping strategies without needing to contact another person
- 3. Socializing with others who may offer support as well as distraction from the crisis
- 4. Contacting family members or friends who may help to resolve a crisis
- 5. Contacting mental health professionals or agencies
- 6. Reducing the potential for use of lethal means

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#### Suicide stabilization plans (Jobes, 2016)

- Treating the suicidality and drivers, not the underlying mental health issues
- Keeping individuals out of the hospital
- Negotiate around time considerations and explore possibilities for delaying suicidal behavior in lieu of trying new and better ways of coping (self-soothing).
- The value of delay, distract, and redirect...
- Continuously seek a good faith, time-specific, willingness to give treatment a chance.
- Focus on:
  - increasing pain tolerance
  - creating alternative and better ways of coping
  - ultimately making a life worth living

# Keys to addressing suicidal ideation for a counselor:

- Get comfortable talking about suicide
- Incorporate it into your everyday practice, you may be surprised at how many people are struggling!
- Start training in an evidence-based program
  - Collaborative Assessment and Management of Suicide (CAMS)
  - Brief Cognitive Behavior Therapy (BCBT)
  - CBT for Suicide Prevention (CBT-SP)
- Connect with trained clinicians in your area
- Seek supervision

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#### Keys to addressing suicidal ideation:

- Hope
- Connection
- Reasons for living
- The prevention of suicide is primarily a matter of addressing and partially alleviating those frustrated psychological needs that are driving that person to suicide (i.e., mollify the psychache).





#### Important points in creating connection:

- Remove stigma
- Normalize the concept
- Demonstrate your comfort with the topic
- Give permission for them to speak openly
- Work to create a safe space, but do not declare it a "safe space"



#### During your interaction:

- Validate
- Create Connection
- Validate
- Find a reason(s) for living
- Validate
- Work to instill hope, they only need a spark!
- Validate





#### Questions?

# For access to this PowerPoint, additional materials, and resources, please visit

www.thehopeinstitute.net



#### Thank you!