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SUICIDE SAYING

SUICIDE
IS A
PERMANENT SOLUTION
TO A
TEMPORARY PROBLEM

SECTION

- Therapist
- Prevention
- Intervention
- Postvention

THERAPIST

- How many have lost a client or clients to suicide?

TAKING CARE OF YOURSELF

- As we talk about Suicide, please take care of yourself
- We will stop now and then to regroup and breathe
- At anytime you need to stop do so

SUICIDE

- What emotions or thoughts come to your mind when you see or hear the word “suicide” or died by suicide”
- Stop and turn to another person and share your thoughts and emotions when you hear or see the word “SUICIDE”.
- Those on line write down your thoughts and feelings

COME BACK AND SHARE

- What thoughts and feelings came up?
- Did you notice anything happening to your body?

SUICIDE

- How comfortable are you talking about Suicide?
- Activity

SUICIDE-ACTIVITY

- Turn to the same person or different person
- Individuals on line please picture a person in your mind or talk to a chair or the monitor, please say these questions out loud whether in person or on line
- Take turns asking these questions:
 - Are you thinking about killing yourself?
 - Are you having thoughts of suicide?
 - Are you thinking about hurting yourself?

PHYSICAL HEALTH ACTIVITY

- Turn to the same person as before and ask these questions
- Do you have diabetes?
- Do you have a heart condition?
- What is your favorite food?
- What is your favorite color?

COME BACK AND SHARE

- Was there a difference asking different questions (Suicide vs Physical)?
- Which questions were you least comfortable asking?
- Which questions were you most comfortable asking?
- What emotions did you experience?
- Did you notice how your body responded (breathing, space, language, etc to the different questions?)

MINDFULNESS-GROUNDING ACTIVITY

- Stop and take a few deep breaths
- Look around the room where you are sitting and in your mind say/name 5 colors in the room?
- Demonstrate example



THERAPIST

-
- Know your reactions
 - Who is your support system
 - Emotional attachment to the word
 - Helpless feeling
 - How do I react
 - What do I do
 - Stigma
 - Shame
 - Who do I talk to

CAUTION ABOUT WARNING SIGNS

- Warning signs maybe missed
- Don't shame yourself or others for missing warning signs
- Forrest for the Trees

WARNING SIGNS

- The recent suicide, or death by other means, of a friend or relative.
- Previous suicide attempts.
- Preoccupation with themes of death or expressing suicidal thoughts.
- Depression, conduct disorder or problems with adjustment such as substance abuse (particularly when two or more of these are present).
- Giving away of prized possessions, making a will or other final arrangements.
- Major changes in sleep patterns- too much or too little.

WARNING SIGNS

- Frequent irritability or unexplained crying.
- Lingering expressions of unworthiness or failure.
- Lack of interest in the future.
- A sudden lifting of spirits, when there have been other indicators, may point to a decision to end the pain of life through suicide.
- Feeling like s/he is a burden to others

PROTECTIVE FACTORS

- Decision making, anger management, conflict resolution, problem solving and other coping skills
- A sense of personal control over actions
- A healthy fear of risky behavior and pain
- Hope for the future

PROTECTIVE FACTORS

- Religious/spiritual beliefs about the meaning and value of life
- Positive relationships with family, friends, school, or other caring adults
- Responsibilities at home or in the community
- A safe and stable environment
- Not using drugs and alcohol
- Access to health care
- Taking care of self

WHAT CAN THE THERAPIST DO?

- If in doubt ask.
- Don't act shocked. This will put distance between you.
- Be direct. Talk openly and matter-of-fact about suicide.
- Be honest. Don't make promises you can't keep
- Listen-Listen-Listen. Allow expressions of feelings. Accept the feelings.
- Non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.
- Don't dare him or her to do it.
- Get involved. Become available. Show interest and support.

WHAT CAN THE THERAPIST DO?

- Don't be sworn to secrecy. Seek support. (Ethical Responsibility)
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills or etc.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention
- RELATIONSHIP-CONNECTION-RELATIONSHIP-CONNECTION
- Training
 - Means Restriction-CALM-C-SSRS-

MINDFULNESS-GROUNDING ACTIVITY

- Stop and take a few deep breaths
- Look around the room where you are sitting and in your mind say/name 5 colors in the room?
- Demonstrate example



PREVENTION



ASSESSMENT

- Ask about suicide history-attempts-be very specific
- C-SSRS
- Safety Plan
- Be direct.Talk openly and matter-of-fact about suicide.
- Be honest. Don't make promises you can't keep
- Listen-Listen-Listen.Allow expressions of feelings.Accept the feelings.
- Non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.

SAFETY PLANNING

- Stanley Brown
- Paper vs electronic
- APPS-what apps do you use?
- DOCUMENTAION-DOCUMENTATION-DOCUMENTION

STANLEY BROWN SAFETY PLAN

- Warning Signs (thoughts, images, mood, situation, behavior) that a crisis may be developing
- Internal Coping Strategies-Things I can do to take my mind off of my problems without contacting another person (i.e relaxation technique or physical activity)
- People and social setting that provide distractions
- People whom I can ask for help
- Professionals or agencies I can contact curing a crisis

STANLEY BROWN SAFETY PLAN CONTINUED

- Urgent Care Services
- Making the environment safe (plan for lethal means safety)
- My reason for living

CREATE A SAFETY PLAN PART I

- Divide in pairs
- Therapist
- Client

COME BACK AND SHARE

- Most clients don't want to be a burden on others?
- What did you put to help the client not be a burden on others?

SAFETY PLAN

PART 2

- Divide into pairs-create a safety plan
- What do you do when the client doesn't want to bother anyone else?
- What kind of safety plan do you create?
- What can they do or go?

COME BACK AND SHARE

- Please share with others what you put down or places a person could go?
- Is it open at midnight? 2 am? Etc
- DOCUMENTAION-DOCUMENTATION-DOCUMENTION

MINDFULNESS-GROUNDING ACTIVITY

- Stop and take a few deep breaths
- Look around the room where you are sitting and in your mind say/name 5 colors in the room?



INTERVENTION

- Client threatens suicide

WHAT CAN THE THERAPIST DO?

- Don't act shocked. This will put distance between you.
- Be direct. Talk openly and matter-of-fact about suicide.
- Be honest. Don't make promises you can't keep
- Listen-Listen-Listen. Allow expressions of feelings. Accept the feelings.
- Non-judgmental. Don't debate whether suicide is right or wrong, or feelings are good or bad. Don't lecture on the value of life.

WHAT IS A GOOD ASSESSMENT

- Talk with everyone who knows anything about the suicide/attempt.WHY?
- What about HIPAA?
- C-SSRS
- Be specific and details on the plan
- Be direct and forthright in questions
- Review and adjust Safety Plan as needed
- Support system

WHAT IS A GOOD ASSESSMENT CONTINUED

- Resources (Agency-Community-Family-Friends)

SUICIDE RISK ASSESSMENT -for prepubertal children **DANGER SIGNS**			
Talking about suicide Social withdrawal <u>Preoccupation with death</u>	Agitation <u>Change in sleep or appetite</u> <u>Anhedonia-lack of pleasure</u>	<u>Impulsivity</u> Marked irritability	<u>Acute psychosocial stressor/rejection or disappointment</u> Extreme emotional states (e.g., rage)
Assess Suicidal DESIRE and IDEATION <ul style="list-style-type: none"> Have you been having thoughts of suicide or <u>wishing you were never born</u> (thoughts of images of killing yourself)? Tell me about that. Do you think about wanting to be dead or <u>wonder what it would be like to be dead?</u> THWARTED BELONGINGNESS: Do you <u>feel you have friends who like you?</u> <u>Do you have family members who care about you?</u> Do you have someone you can go to when you are feeling bad? (Are supporting relationships completely absent?) PERCEIVED BURDENSOMENESS: Sometimes people think, "My family and friends would be better off if I were gone." Do you think that? 	Assess RESOLVED PLANS and PREPARATIONS <ul style="list-style-type: none"> Frequency /Duration (look for pre-occupation): How often do you have these thoughts and how long do they last? Intensity: How strong is your <u>feeling that you want to kill yourself?</u> 0 = not intense at all, 10 = very intense. Past suicidal behavior: Have you attempted <u>to hurt yourself or do something you thought might kill you</u> in the past? How many times? What did you do? What happened (e.g., admitted to hospital?). Non-suicidal self-injury? Family history? Specified plan (look for vividness, detail): Do you have a plan for how you would kill yourself? <u>Tell me about your plan.</u> Means and opportunity: Do you have access to <u>things you could use to hurt or kill yourself?</u> Do you think you'll have an opportunity to do this? Have you made preparations for a suicide attempt (e.g., <u>hiding a knife, collecting pills</u>) Do you know when you expect to use your plan? Fearlessness: Thinking about suicide, do you feel afraid? 0 = very afraid; 10 = not afraid at all 	Assess OTHER SIGNIFICANT FINDINGS <ul style="list-style-type: none"> Precipitant Stressors: Has anything especially stressful or <u>disappointing</u> happened to you recently? (e.g., major break-up, <u>loss of friend, parent lost job or having problems or not available, death of someone close to you?</u> Hopelessness: Do you feel hopeless? Impulsivity: When you are feeling badly, <u>how do you try to help yourself feel better?</u> Sometimes when people feel badly, they do impulsive things to feel better. Has this ever happened to you? (e.g., cutting your skin, drinking alcohol, running away, binge eating, promiscuous sex, physical aggression, or shoplifting)? Presence of psychopathology: (rated by interviewer) 	
Depressive Symptom Index – Suicidality Subscale Acquired Capability Scale (ACSS) Interpersonal Needs Questionnaire (INQ) **RISK CATEGORY**			
LOW	MODERATE	SEVERE	EXTREME
ACTIONS TAKEN: <ul style="list-style-type: none"> Continue to monitor regularly/have parent or caregiver closely monitor Given Emergency numbers Scheduled mid-week phone check-in 		<ul style="list-style-type: none"> Provided info about adjunctive treatment Coping Card/Safety Plan Consulted Supervisor Other 	

Suicide Risk Assessment
RISK CATEGORIES

LOW:

- A person with no identifiable suicidal symptoms
 - A multiple attempter with NO other risk factors OR
 - A non-multiple attempter with suicide ideation of limited intensity and duration, no or mild symptoms of the Resolved Plans and Preparation factor AND no or few other risk factors
- What to do if no current suicidal ideation:**
- *Tell the client a variant on the following: "In the event that you begin to develop suicidal feelings, here's what I want you to do: First, use the strategies for self-control that we will discuss, including seeking social support. Then, if suicidal feelings remain, call [the emergency call person]. If, for whatever reason, you are unable to access help, or, if you feel that things just won't wait, call 9-1-1 or go to the ER."*
 - *Give emergency numbers: including 1-800-273-TALK*
 - *Continue to monitor risk in subsequent sessions (in case severity changes).*
 - *Document activities in progress notes*
- What to do if there is current suicidal ideation:**
- Give emergency numbers
 - Create a coping card (a crisis response plan)
 - Symptom-matching hierarchy
 - Document activities in progress notes

MODERATE:

- A multiple attempter with any other notable finding OR
 - A non-multiple attempter with moderate to severe symptoms of the Resolved Plans and Preparation factor OR
 - A non-multiple attempter with moderate to severe symptoms of the Suicidal Desire and Ideation factor (but mild or no Resolved Plans and Preparation) AND at least two other notable risk factors
- What to do:**
- *Give emergency numbers*
 - *Create a coping card (a crisis response plan)*
 - *Symptom-matching hierarchy*
 - *Consider mid-week phone check-in's*
 - *Inform about existence of adjunctive treatments (e.g., medication)*
 - *Increase social support:*
 - *Encourage client to seek support from friends/family;*
 - *Plan with client for someone to check-in on him/her regularly;*
 - *Get client's permission for you to contact the person who will be checking-in*
 - *Document activities in progress notes*

[Severe]

HIGH

[Extreme]

- | | |
|--|---|
| <ul style="list-style-type: none"> • A multiple attempter with <u>any</u> two or more other notable findings, OR • A non-multiple attempter with moderate to severe symptoms of the Resolved Plans and Preparation factor and at least one other risk factor | <ul style="list-style-type: none"> • A multiple attempter with severe symptoms of the Resolved Plans and Preparation factor, OR • A non-multiple attempter with severe symptoms of the Resolved Plans and Preparation factor and two or more other risk factors |
|--|---|

What to do:

- **CONSULT a supervisor**
- *Consider emergency mental health options with supervisor*
- *Client should be accompanied and monitored at all times*
- *If hospitalization is not warranted, use steps from "moderate" category*
- *Document activities in progress notes*

THERAPIST

- Who do you consult with?
- Document-Document-Document

FURTHER NEEDS POLICE

- Call police?
 - What happens then?
 - Transportation?
 - Hospital process?

988

-
- Call 988
 - What happens then?
 - MCOT?

MINDFULNESS-GROUNDING ACTIVITY

- Stop and take a few deep breaths
- Look around the room where you are sitting and in your mind say/name 5 colors in the room?



POSTVENTION



POSTVENTION CLIENT DIDN'T DIE

- After hospitalization?
 - Client expectations
 - Therapist expectations
- What do you do?
- Fears-client/therapist/family?

POSTVENTION AFTER THE DEATH OF A CLIENT

- Whom do you talk to? Family? Others?
- Situation?
- Don't tell the family "they are in a better place"

THERAPIST

- What do you do after a client dies by any means?
- Who is your support system?
- Who do you debrief with?
- How do you take care of yourself?
- Therapist Safety Plan
- Documentation-Documentation

MINDFULNESS-GROUNDING ACTIVITY

- Stop and take a few deep breaths
- Look around the room where you are sitting and in your mind say/name 5 colors in the room?



THANK YOU

