



THE OHIO STATE UNIVERSITY

Suicide: Tools for Everyday Practice

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OBJECTIVES



- 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.



You will have suicidal clients in your office.



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

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**How comfortable are you
talking to clients about
suicide?**

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**Do you have training for
working with suicidal
clients?**

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What is suicide?

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



What is suicide?

- 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 factors



Let's talk about the two for a minute

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Who can do a screening?

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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



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



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!