Suicide Prevention-Overcoming Suicidal Thinking: Teenagers and Adults

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Myth or Fact?

- Talking about suicide will lead to and encourage suicide.

Myth

- Talking about suicide not only reduces the stigma, but also allows individuals to seek help, rethink their opinions and share their story with others. We all need to talk more about suicide as most individuals are relieved to have the opportunity to share their thoughts and feels.

Myth or Fact?

- Most suicides happen suddenly without warning.

Myth

- Warning signs—verbally or behaviorally—precede most suicides.
- Many individuals who are suicidal may only show warning signs to those closest to them.
- These loved ones may not recognize what's going on, which is how it may seem like the suicide was sudden or without warning.

Myth or Fact?

- Most suicides happen around the winter holiday season.

Myth

- Contrary to popular belief, suicides don't peak during the winter holidays. Rather, they're at their highest in the spring/summer. While there's no scientific consensus as to why this happens, it’s best to check in our family and friends all year round.

Myth or Fact?

- When someone recovers after hitting “rock bottom”, their risk of suicide declines?

Myth

- It's one of the cruelest ironies of suicide: Someone hits “rock bottom”. But then, perhaps with the help of treatment, their mood lifts enough that loved ones think they're out of the woods. Unfortunately, that’s oftentimes not true. It takes a lot of energy to attempt suicide, and when a person who is struggling with symptoms of depression is in the early stages of recovery, he or she might gain just enough energy to end their life.

Demographics and Facts on Suicide

- 49,449 suicides 2022 (provisional data).
- 2.6% increase from 2021-2022.
- 1 death every 11 minutes (roughly).

- according to the CDC and www.nimh.nih.gov

Suicide is a leading cause of death in the United States

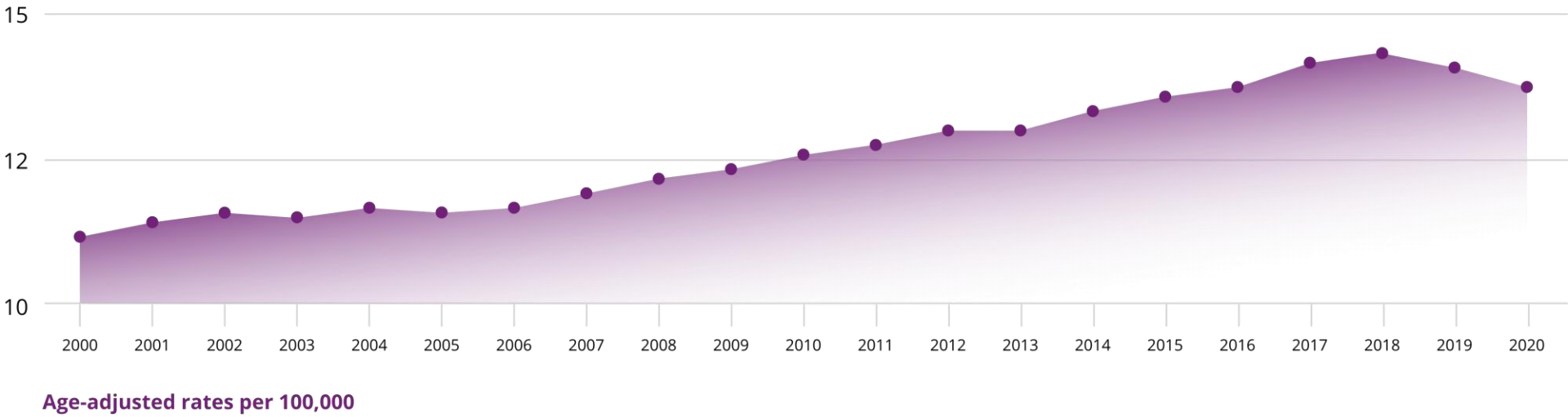
- According to the Centers for Disease Control and Prevention (CDC) WISQARS Leading Causes of Death Reports , in 2021:
  - Suicide was the 11th leading cause of death overall in the United States.
  - Suicide was the second leading cause of death among individuals between the ages of 10-14 and 25-34 , the third leading cause of death among individuals between the ages of 15-24, and the fourth leading cause of death among individuals between the ages of 35 and 44.
  - There were nearly two times as many suicides (48.1) in the United States as there were homicides (24,576).

Demographics and facts 2022

- Males are four times higher than females.
- Adults 85 an older have the highest suicide rate.
- Caucasians most likely race to commit suicide (total number).
- Firearms are most common method.
- Among males, most common method was firearms (59.8%) and suffocation (25.1%).
- Among females, most common method was firearm (34.5%), suffocation (28.4%), and poisoning (27.8%).

-www.nimh.nih.gov

Suicide rates increased 37% between 2000-2018 and decreased 5% between 2018-2020. However, rates nearly returned to their peak in 2021.



- cdc.gov

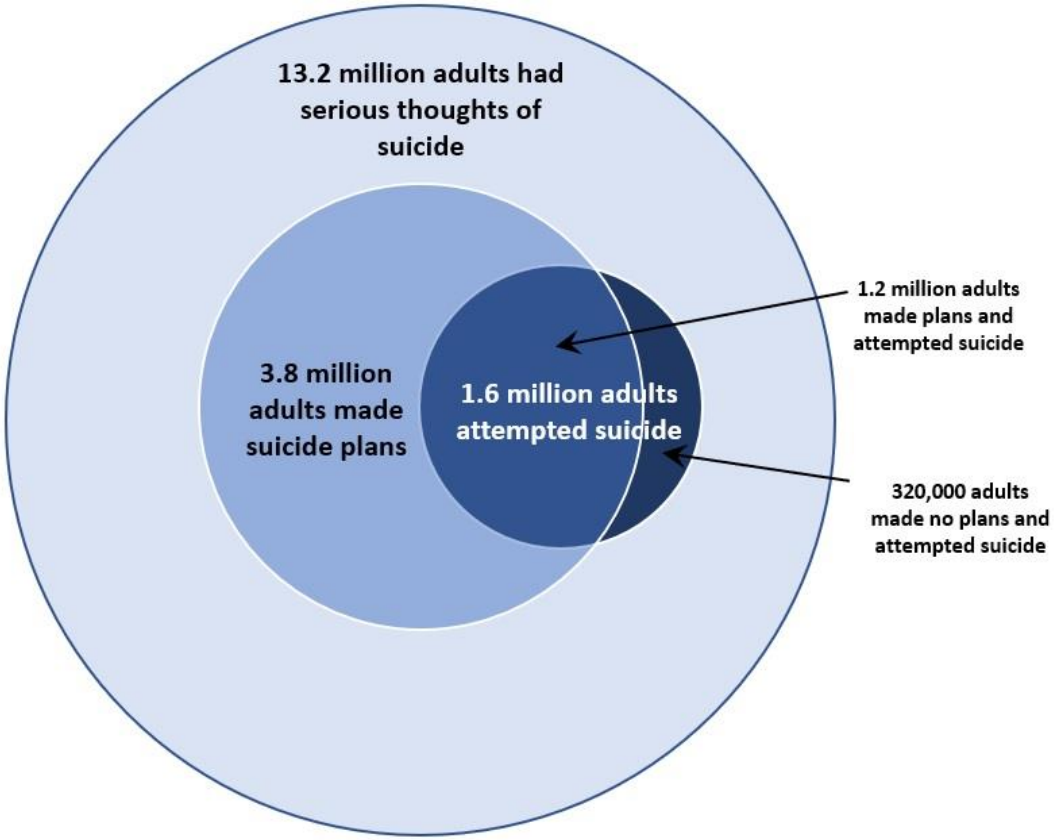
Suicidal ideation

- 4.8% of adults aged 18 and older in the United States had serious thoughts about suicide in 2022.
  - Among adults across all age groups, the prevalence of serious suicidal thoughts was highest among young adults aged 18-25 (13.0%).
  - Among adults age 18 and older, the prevalence of serious suicidal thoughts was highest among American Indian / Alaskan Native adults (8.5%).

www.nimh.nih.gov

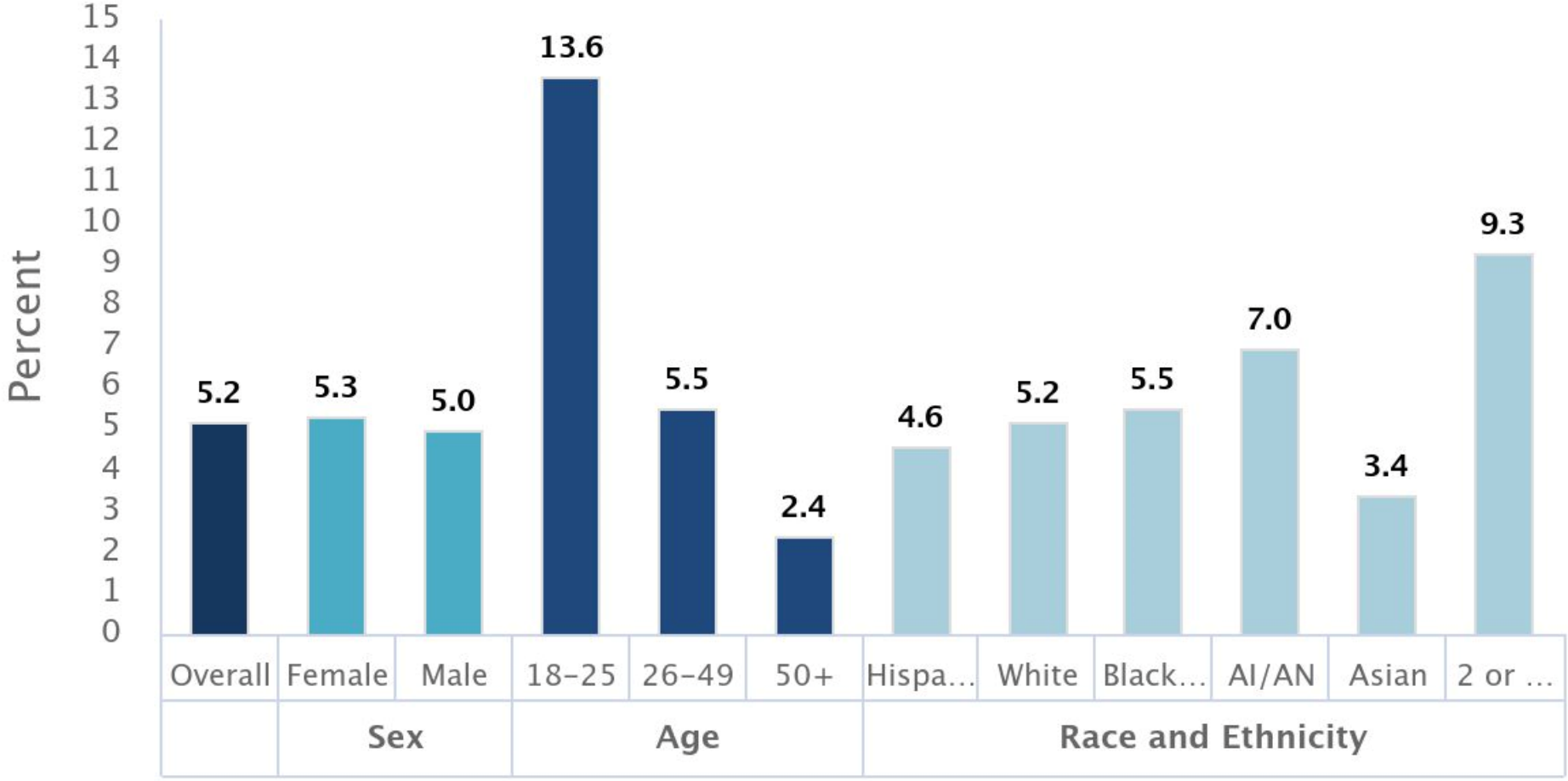
Suicidal Thoughts Among U.S. Adults 2022

-SAMHSA



Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2022)

Data Courtesy of SAMHSA



Suicide and COVID-19

- https://www.cdc.gov/injury/wisqars/fatal/trends.html

Suicide During COVID-19 Pandemic

- One study sourced data from 33 countries (24 high-income, six upper-middle-income, three lower-middle-income).
- based on the observed versus expected numbers of suicides showed no evidence of a significant increase in risk of suicide since the pandemic began in any country or area.
- Study between the first 9-15 months of the pandemic.

  - According to the thelancet.com

Suicide During COVID-19 Pandemic

- Study suggest rates of suicide have declined or remained the same during the first 16 months of the COVID-19 pandemic.
- To date, systematic reviews of scientific articles about suicide rates during major international respiratory outbreaks have noted the absence of any good data supporting an association between such pandemics and suicide outcomes.
- Data does suggest, an increased risk of suicide in the immediate aftermath of a such pandemics.

  -ncbi.nlm.nih.gov

Cost of Suicides and attempts

- Economic loss as the burden of suicide falls heavily on adults of working age.
- Suicide and nonfatal self-harm accounted for nearly $500 billion in medical costs, work loss costs, value of statistical life, and quality of life costs.
- Data is from 2022.
  - according to the CDC

Suicide Rate in Pennsylvania

Throughout the state of Pennsylvania, suicide is the:

- **3rd** leading cause of death for ages 10-24
- **3rd** leading cause of death for ages 25-34
- **4th** leading cause of death for ages 35-44
- **5th** leading cause of death for ages 45-54
- **9th** leading cause of death for ages 55-64
- **18th** leading cause of death for ages 65+
- Overall, suicide is the **13th** leading cause of death in the state, and Pennsylvania is ranked 36th in the nation for its suicide rate.
- **More than 6 times** as many people died by suicide in 2022 than in alcohol related motor vehicle accidents.

-*American Foundation for Suicide Prevention (AFSP) & Suicide Awareness Voices of Education (SAVE)*

The Good News Stat

More than 90% of people who attempt suicide and survive never go on to die by suicide.

-cdc.gov

Leading Principles

- Discovering the locus of pain.
- Men are disturbed not by things, but by the view which they take of them.
  - Epictetus
- Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.
  - Victor Frankl

Leading Principles

- Treating the person and NOT behavior.
- All behaviors are purposeful
- Nobody changes behaviors without a reason or a motivation.

Definitions

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.

Risk Factors/Warning Signs

- Risk factors increase the probability a suicide crisis could occur.
- Warning signs indicate a suicide crisis has already begun.

Risk factors-Health Factors

- Mental health disorders and substance misuse
- Depression.
- Command hallucination.
- Serious or chronic health conditions (Lewy body dementia)
- Chronic pain.
- Limited access to health care.
- Sleeping difficulties.

Environmental Factors

- Past history of attempted suicide.
- Access to firearms, lethal medication or access to other means.
- Exposure to suicide in the media or community.
- Financial difficulties or school difficulties.
- Stressful life events – “Life Crisis Units” (LCUs)
  - Death of a spouse, divorce, jail term, job loss, etc.
  - LCUs by Holmes and Ruch

More Risk Factors

- Loss of a loved one (spouse, child, parent).
- Loss of a loved object.
- Grieving.
- Abuse and hopeless/helpless.

Historical Risk Factors

- Survivor of suicide.
- Family history of suicide.
- Previous suicide attempts.
- Cultural beliefs that support suicide.

Warning Signs

- Talking or writing about death and ways to die.
- Talking about killing someone else.
- Looking for ways to kill oneself.
- Giving away possessions.
- Withdrawing from friends and family.
- Increase in drug or alcohol use.
- Engaging in violent, self-destructive behaviors.

Warning Signs

- Insomnia or sleeping too much
- Extreme anger
- Hopelessness
- Being a burden to others
- Discussing no reason to live
- A sense of calmness
- Six-week warning signs are observed

Six-Day Warning Signs

- The “Amazing Reversal.”
  - A rapid onset of peace and calm; a dramatic change from the six week warning signs.
  - Design is to avoid detection.
  - Negate need for help.

Protective Factors

- Resilience
- Hope
- Stress tolerance
- Emotional regulation
- Social context (support system, children, etc.)
- A reason for living
- Recreational activities
- None dependent on others
- Daily routine
- Exercising
- Beloved animal
- Religious beliefs

Maladaptive Protectors

- Self-mutilation
- Drug or alcohol use
- Self-reporting of benefit to maladaptive coping
- Bipolar related behaviors

Common Motivators

- Uncover the Locus of Pain-What's the belief?
- Why did I jump?
  - "I believed without a shadow of a doubt, that I had to die. I believed I had no other option. I felt as though I was a burden to my family and friends. I had no origins that I could accurately identify. I was not an athletic hero. I was not an actor. I believed I had nothing remarkable in my life."
  - Kevin Hines, "Cracked not Broken"

Common Motivators

- RELIEF!!!
- The suicide ideator is hoping for relief!
- A person who is thinking about suicide is hoping for a *consequence* of the act.
- Belief they cannot stand it.
- This must end now.
- Symptom Stress

Secondary Gain

- Revenge
- Notoriety
- Manipulation
- “I need a break”
- Other

Medication Side Effects

- Suicidal ideation-side effect of antidepressants.
- Typically within the first few months of medication treatment.
- Contact health care provider immediately.
- Encouraged consumer to follow doctor recommendations and follow-up appointments.
  - fda.gov

Suicide Risk Assessments

1. Seek clarification of the goal of the act.
   - Identify the "locus of pain" or beliefs

2. Seek details on any planning toward the goal.
   - Aware of access to lethal means

3. Seek clarification on the emotional reaction to goal.
   - Aware of "peace and calm"

4. Anything in your life that would keep you from suicide?

- Jack Klott, LCSW, Suicidologist

Suicide Risk Assessment

- SAFE-T
- Columbia-Suicide Severity Rating Scale (C-SSRS) - Screen Version
  - *For further training contact Kelly Posner, Ph.D. posnerk@nyspi.columbia.edu*
  - Online C-SSRS training
  - C-SSRS Full Version

Was it a Suicide Attempt?

Have you ever tried to commit suicide?

– Help me understand how you're still alive.

1. Reversible-accidentally interrupted.

2. Reversible-self-interrupts during a panic.

3. Activity fails to achieve suicide and they are upset.

- If I don't hear one of the three then no suicide attempt.

- Jack Klott, LCSW, Suicidologist

Overcoming Suicidal Thinking

- Identify “locus of pain” or the belief.
- Show accurate empathy and utilize active listening.
- Openly discuss suicidal thoughts and normalize.

Formula for Suicidal Thinking

- Believing that you absolutely need something, believe that you cannot live without it, and that you will just die if you do not have it.
- Then swear that you will never get it.

How to Identify Locus of Pain

- What do you think ending your life will do for you?
- Where do you hurt?
- How can I help?

One important note

- “Hopelessness” and “hopeless thinking” are incorrect terms.
- Hoping does not require fact. The purpose of hope is deal with the absence of facts.
- *Irrational Pessimism!!*

Overcoming Suicidal Thinking

- Look for common mental mistakes
  - Can’t stand-itis
  - Jumping to Conclusions
  - Confusing wants with needs
  - Irrational hopelessness/helplessness
  - Irrational “should” statements
  - Irrational “must” statements
  - Mental filter
  - Emotional reasoning

Symptom Stress

- Depressed about being depressed
- Being afraid to be hospitalized
- Putting self down for not having resolved an issue
- Being depressed about being anxious
- Being anxious about being anxious
- Being afraid that you are going “insane”
- Being afraid that you are going to have a “nervous breakdown”

Does One Have the Right?

- Does one have the right to commit suicide?
- Is the therapist responsible for prevention or does client have the freedom of choice?
- This line of thinking misses the point!
- Real question: Are the suicidal thoughts realistic and rational?
  - No, there's always hope and a solution (besides suicide).
  - David Burns, MD

Ethical Principles Screen (EPS)

1. Principle: Protection of Life
2. Principle: Equality and Inequality
3. Principle: Autonomy and Freedom
4. Principle: Least Harm
5. Principle: Quality of Life
6. Principle: Privacy and Confidentiality
7. Principle: Truthfulness and Full Disclosure

-Loewenberg and Dolgoff

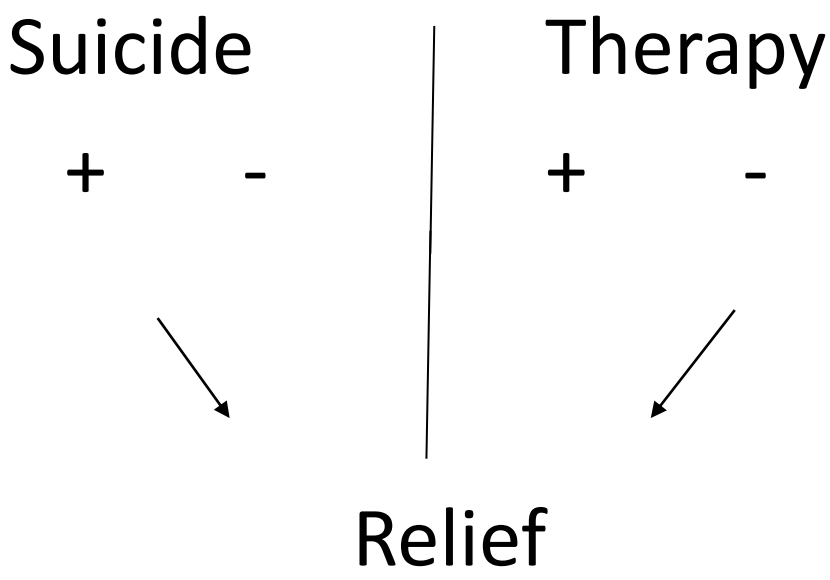
“I want to kill myself!”

- Ultimate example of the CONFUSION OF A GOAL WITH THE MEANS BY WHICH TO ACHIEVE A GOAL.

- Remember suicide attempt definition?

Overcoming Suicidal Thinking

- Referenting Technique: is looking at advantages and disadvantages of two or more approaches to the same goal.
- Referenting is when you change your thinking so you're able to look at a situation from a different perspective.



-Dr. Aldo R. Pucci

Is the client really hopeless?

- A person who is thinking suicidally is HOPING for a *consequence* of committing the act.
- Therefore, people do no want to kill themselves or to be dead. They want to find *relief.*
- Hoping for the relief.

What to say to someone who is suicidal

Overcoming Suicidal Thinking

- Encourage support system
- Base thinking on facts
- Refuse to give up
- Write a list of potential benefits from thinking that there could be a solution
- Activity scheduling
- If appropriate, discuss their religious beliefs

Reasons to live

- Discuss reasons to live!
- This discussion is often missed
- Most individuals are able to identify a reason to live

Coping Questions/Searching for Success

- When shifting to coping questions it is important to have three components:
  1. Start small.
  2. Questions should be undeniably real.
  3. Asked in a sincere, respectful and curious manner.

Coping Questions/Searching for Success

- "How did you get out of bed this morning?"

1. Ask more details regarding what was different about this morning?

2. Ask about past worse days and how they coped with those days?

3. Ask about the "something" inside that helped the person decide suicide was not the right thing to do at this time?

- Peter De John and Insoo Kim Berg

Coping Questions/Searching for Success

- "How did you survive long enough to get here?"
  - Variation on previous question.
- "How often do you have these thoughts?"

- Often clients are surprised to learn that they are not preoccupied with these thoughts 100% of the time.

- 95% of the time having suicidal thoughts. Explore what they are doing the other 5% of the time.

- Peter De John and Insoo Kim Berg

Coping Questions/Searching for Success

- “How have you managed to cope for so long?”
- “How come things are not worse?”

Scaling Current Coping Abilities

- On a scale of 0-10, where 10 means you are coping well with your situation and 0 means are not coping at all.

Double Standard Technique

- “Would you say such harsh things to a friend with a similar problem? If not, why not?”
- “What would you say to him or her?”

- “Would you be willing to talk to yourself in the same compassionate way you might talk to a dear friend?”

- Dr. David Burns

Positive Reframing

- What are some advantages, or benefits of this negative thought or feeling?
- What does this negative thought or feeling show that good and awesome about me?

-Dr. David Burns

Positive Reframing

Negative Thought or Feeling	Advantages/benefits-What do these thoughts or feelings show about me that are good and awesome?
Depression	Lets me know something is wrong in my life.
Hopeless	I care deeply about the topic/situation.
“I’m a failure.”	Shows that I have high standards.
“My life is over.”	Reflects my passion for life and for the thing or person I have lost.

Crisis Plan/Safety Plan

- Never use a suicide contract
- Suicide contracts are not effective
- Suicide contracts often developed out of therapists fears
- Establishes in writing that therapist believed the client posed some level of risk to themselves.
- If client dies by suicide, it could open therapist up to legal liability.
- Develop and encourage clients to use a crisis plan or safety plan.
  - Jack Klott, LCSW Suicidologist

Stanley-Brown Safety Plan

- Home - Stanley-Brown Safety Planning Intervention (suicidesafetyplan.com)
- Suicidesafetyplan.com

Documention

- DOCUMENT, DOCUMENT AND DOCUMENT!
- Document your risk assessment!
- Document your interventions!
- Document clearly and comprehensive!
- Document clients intent!
- Document crisis plan or safety plan!

National Crisis Lines

- National Suicide & Crisis Lifeline
  - 988
- Girls & Boys Town National Hotline
  - 1-800-448-3000
- National Text Suicide Line
  - Text HOME (or anything) to 741741

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