Dispelling Suicide Myths using the latest in Evidence Based Research: Learning your Ethical Treatment Responsibilities

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Auburn University

Dedicated to Mr. Penny:
Auburn City Schools Crossing Guard

“Mr. Penny always gave the impression that he was one of the happiest people you could meet,” Jenkins said.

“Everyone was telling me I looked good on the outside, but on the inside I was messed up. . .”

Suicide Outline

- Therapists will learn the differences between suicide attempters and suicide thinkers
- Therapists will learn the different combinations of life experiences which are related to more severe suicide attempts
- Therapists will learn about Treatment Techniques and Approaches for Suicide Prevention
- Therapists will learn Ethical Considerations when evaluating for suicide

Suicide as an Epidemic

- 873,000 suicide deaths annually
  - 30,000 come from the USA
  - 50 to 70% tell someone before suicide
  - 6 in 10 suicides do not result in death
Location Matters

- Vegas is the Suicide City of America
- New Yorkers have lowest suicide risk
  - Heart Attack risk is 12% greater than average
- Hungary, Russia have highest World Suicide

Age Matters

- Teen Suicide the Highest
- Suicide among 85 and up is 50% higher than national average
  - Ailing Health
  - Isolation and Loneliness
  - Loss within the Relationship

Suicide as an Epidemic

- The majority take their life with firearms
- 594,000 ER visits for attempted suicide
- 3 Billion annually for medical care
- 5 Billion annually for indirect costs
  - Lost wages
  - Lost productivity
Suicide as an Epidemic
• 50 to 70% Tell someone of Suicide Intent
• CBT Effective Reducing Self-Inflicted Injury (Comtois & Linehan, 2006).
• Mental Health Client Attempts Suicide
  ◦ 74% of the Families knew of Treatment
  ◦ Only 11% of Families Were ever contacted by the therapist before the attempt (Peterson, Luoma, & Dunne, 2002).

Suicide Education & Awareness

Suicide Literacy
• Related to Help Seeking by Those in Need
• Decreases Stigma
• Increases Mental Health Literacy
• The Population of Suicide Attempters needs to Be Identified
  ◦ Adolescents and Young Adults Suicide Ranks 2nd in deaths (CDC, 2012)
Suicide Literacy In Schools

- Lower Suicide Literacy is Related to higher levels of Suicide Glorification
- Higher Suicide Literacy Knowledgeable about Suicide and Isolation

Suicide and Violence Mutually Influenced

- The Link Between Suicide Attempts and Violence is Well Documented (Dulmen, et al., 2013)
- Suicide rates increase and homicide rates decrease across adolescents
- Self Directed and Interpersonal Violence are suicide Pre-Cursors

Suicide and Bullying

- Suicide Attempters 5 times More likely to be Involved in a Fight in Last 12 Months (Dulmen, et al., 2013)
- Delinquent Youth More Suicide Attempts
- Exposure to Violence in Home or School Increased Suicide Attempts
Suicide and Bullying

- 100 Incarcerated Violent Females
- 50% had Suicide Attempt in past year Before Incarceration
- Middle School Girls who Fight more likely to be involved in Suicide Attempt

Suicide and Bullying

- Those Bullied Have the Highest Rates for Suicide
- Suicide and Violence Mutually Influence Across Time
  - Those who are suicidal more violent later
  - Those who are violent have suicide attempts later.

Suicide and Bullying

- Suicide and Violence Closely Linked for Males
  - Interaction between the two more strongly solidified for Males
### Differentiate: Non Suicidal, Suicide Thinker, and Suicide Attempters

<table>
<thead>
<tr>
<th>Factors Related</th>
<th>Think About Suicide</th>
<th>Suicide Attempters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hopelessness</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psychiatric Symptoms</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Premeditation</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Perceived Burden</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Low Belonging</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
</tbody>
</table>

* All BOLD Items Differentiate Attempters from Thinkers

### Differentiate: Non Suicidal, Suicide Thinker, and Suicide Attempters

<table>
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<tr>
<th>Not Suicidal</th>
<th>Think About Suicide</th>
<th>Suicide Attempters</th>
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<tbody>
<tr>
<td>Exposure to Pain</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Provocating Events</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Pain Sensitivity</td>
<td>No</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Fearlessness</td>
<td>No</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Access to Lethal Means</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Non-suicidal Self Injury</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
</tbody>
</table>

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### Differentiate: Non Suicidal, Suicide Thinker, and Suicide Attempters

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<th>Think About Suicide</th>
<th>Suicide Attempters</th>
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<tbody>
<tr>
<td>Depression</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Experience Violence</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Low Social Support</td>
<td>Yes</td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td>Sexual Orientation Concern</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* All BOLD Items Differentiate Attempters from Thinkers
### Combination of Experiences Differentiate Thinkers and Attempters

- Mental Pain and Interpersonal factors Related to More Severe Attempts
- Anxious and Avoidant Attachment Associated with Lethality of Suicide Attempts
- Anxious Attachment: Fear Rejection and Abandonment. Feel Worthless and Useless
- Avoidant Attachment: Fear Intimacy and Dependence. Reluctant to Seek out Relationships

- Is the Experience Agonizing?

### Self Disclosure and Loneliness are Variables related to Insecure Attachment and Suicide

- Low Self Disclosure and High Loneliness COMBINE with Attachment to Increase Likelihood of Suicide

- Look for Detachment, Loneliness, and Alienation Together (Not as Single Variables)

- When People Don’t Feel Connected they Act in Dangerous Ways to end their Life

### Anxious Attachment Factors Related to Suicide

- Feelings of Impotence and Undeserving Love and Support
- High Levels of Loneliness and Poor Social Support
- Self hate and Low Self Esteem

- Overcoming Communication Difficulties can Allow Students to Process Self Loathing Feelings
Parental Suicide
The legacy of suicide bequeaths to the survivors many negative feelings and thoughts regarding their own actual or possible role in having precipitated the suicidal act or having failed to abort it (Shneidman, 1975)

Three Pronounced Features in Families of Suicidal Members
1. Guilt
2. Identification
3. Information/Communication Distortion

Guilt
1. Guilt feelings are normal following any type of death, but they are exacerbated following a suicide

2. Children, because of their magical thinking, may ascribe exaggerated influence to the power of their thoughts
Identification
1. Children's identification with the deceased parent may take the form of assuming the parent's former role within the family
2. Children could begin to exhibit similar behavior or symptoms as the suicidal parent

Information/Communication Distortion
1. Conspiracy of silence about the facts surrounding the death
2. A myth is created about what really happened to the suicidal parent
3. Lack of open discussion, denial, and distortions can result in serious psychological problems for the child, in addition to hindering the mourning process
4. Shame and disapproval socially keeps the child from expressing to others the facts about death

Abstract Stories Become Concrete
Children must have clear and concise information regarding the death of the loved one, or they may construct stories to fill in the holes.
Important Goals for These Families

1. Share the reality of death
2. Share the grieving experience as a family system
3. Define the past roles of the deceased within the family
4. Restructure existing roles to incorporate the loss
5. Construct meaningful rituals of remembrance
6. Find closure and move forward with living

Why do people commit suicide?

1. Change - suicide is a way to change how the person feels or what is happening in their life or at the moment

2. Choice - to assert or make a choice during circumstances in which there are no choices or important choices are being taken away

3. Control - the suicidal act is meant to stop the person's behavior, to control events or to effect some change in others

4. Self-punishment - suicidal behavior is a means to relieve guilt or punish the person for their actions
Why do people commit suicide?

5. Punish Others - the suicidal act is intended to inflict harm or punishment on others

6. Psychotic Illness - the suicidal act is the result of strange and bizarre beliefs that are caused by a mental illness or a severe medical problem

Overview

- What does the clinical trial research tell us about treatment with suicidal patients?
  - What doesn't work?
  - What does work?
- What can we learn clinically from the research data?

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Cognitive Therapy + CM

Since this review, DBT benefits have been replicated in 8 randomized clinical trials. Two trials non-significant: compared to APA guidelines for BPD and to Transference Focused Therapy.

Dear ________, It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.

Sending Caring Letters Azzi
Effective Psychotherapies

Treating Suicide Directly (not just by treating the diagnosis)

Using an Overtly Collaborative Stance Rather than Psychiatric Interview

Psych Interviews Non Collaborative

- Client feels interrogated (shamed if regretful)
- Client feels that you are Completing a checklist, rather Attempting to Understand
- Clients are Aware of Potential Loss of Freedom Due to their suicide risk
- Creating Imposing Questions
- Focus on Checklist and Get to Items

Jobes, 2007
Collaborative Interviews

- Being Able to Float on OWN Anxiety
- Truly Hear that they are Desperate
  - Made Worse with Softening Reply (Cut to Core)
  - Not a PEP Talk
- Making a Sociological Statement (Other People Sometimes do This)

Jobes, 2007

If You're Not Treating Diagnosis

Pain and Medical problems
Interpersonal conflict or loss
Homelessness
Financial Stress

Collaborative Assessment and Management of Suicidality (CAMS)

The CAMS Approach
Suicidality--Mood
Pain
Stress
Agitation
Hopelessness
Self—Hate
Reasons for Living VS.
Reasons for Dying
Empathy and Personal Limits

• Demonstrate Empathy Concerning Suicidal wish
  ◦ “You have everything to gain and nothing to lose from this Life-Saving Treatment
  ◦ Your Decision Ultimately
• Clarify that Action will be taken: They May Not Chose - Establish Personal Limits
  ◦ If they won’t participate in Treatment
  OR
  ◦ If they can’t control their impulses

Results for Suicidal Ideation

Results of Symptom Distress
Summary of Findings

- There is a Difference Between Ideator and Attempter
- Link Between Suicide and Bullying
- Interpersonal with Symptoms
- Pain Sensitivity and Fearlessness
- People who Don’t Feel Connected use Dangerous Means to Commit Suicide

Summary of Findings

- Few Clinical Trials for Treatments
- Inpatient and anti-depressants do not have strong support
- CBT and DBT have Support
- Caring Letters Alone have Support
- Emphasizing Collaboration and Directly Treat Suicidality

Additional Ideas

- Dr. Judith Harrington
  - Suicide Prevention Resource Directory for Alabama.
  - www.legacy.montevallo.edu/asp
- or www.asparc.org then click on Resource Directory in upper right corner
“No-Suicide Contract”

- No-suicide contracts ask you to promise to stay alive without telling them how to stay alive
- No-suicide contracts may provide a false sense of assurance to the clinician
Safety Plans

- Prioritized coping strategies and resources for use during a suicidal crisis
- Provides a sense of control/framework
- Brief process
- Easy-to-read format using the patient’s own words
- Commitment to the treatment process (and staying alive)

Suicide Safety Plans

- Warning Signs – Thoughts, Mood, Behaviors
- Coping Strategies – Averting Suicide
- Social Support – Friends and social sphere
- Family Support – Relatives who support
- Providers – Physicians, therapist, crisis lines
- Means Restriction – Block access to self-harm
Patient Safety Plan Template

Step 1: Make emergency contact information for any patient without online access available. (Note: after 15 min without contact another person should intervene and call the police)

Step 2: Include personality information (e.g. from personality test, etc.

Step 3: Create a contact for patient's family members.

Step 4: Create a list of emergency contacts

Step 5: Make a list of other important contacts

Step 6: Make a list of evacuation plans

Tool 2.8.4: Parent Contact Acknowledgement Form

(TO BE USED WITH TOOL 2.8.5)

This form is an example that can be used to verify that the parents have been advised of a student's suicide risk.

Parent Contact Acknowledgement Form

School:

This is to verify that I have spoken with school staff member

I understand that the name of staff will follow up with me, my child, and the agency to whom my child has been referred to within two weeks.

Parent Signature:

Facility Manager Signature:

[Note: If you are unable to complete the form on time, please e-mail the SPPC to request a new form.

Suicide Prevention Resource Center

Webinar on Suicide Prevention and Older Adults

Learn about factors, screening tools, and other prevention strategies and participate in a webinar on Suicide Prevention for Older Adults. This webinar reviews recent suicide prevention strategies and takes place on December 29th, from 1-2 pm CT.

Professional Toolbox

Insurance

Healthcare Providers

Teens Help

Dietitian's Corner

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### Assessment Resources

#### Assessments
- ASRS-SRRC Core Competencies for Assessing and Managing Suicide Risk
- ASRS Suicide Risk Assessment Guidelines
- Risk assessment tools
- Platform for Preventing Suicide Assessment Resource Center
- Clinical Interview Assessment Acronyms: DIY, MARS, EMA, SMS, LIES, STEPS
- Crisis Indicators and Standardized Brief versus
- CPCS Symptoms Sheet
- Ten Warning Signs of Intentional Risk
- Chronic and Acute Risk Factors
- Common Core of Suicide Intervention
- Columbia Suicide Screen With Stages (CSSRS) Score List (Note: site training test)

#### Safety Planning and Treatment Considerations

- Rights of Suicide Interventions
- Best practices: SRRC, Safety, etc.
- ALCA (Author) - Special Edition on Suicide 2017 suicide intervention guidelines
- Center for Suicide Safety (CSS) article in American Journal
- ASRS ASRS RISK ASSESSMENT (GRIEF AND 3)
- SAMHSA UP TO REACHING SUICIDALITY IN SUICIDE ATTEMPT
- Sheehan, CG, et al. (2019)