
Helping People with Suicidal Intensity – Risk Formulation, Support & Healing with Confidence and Compassion
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SST
www.SallySpencerThomas.com

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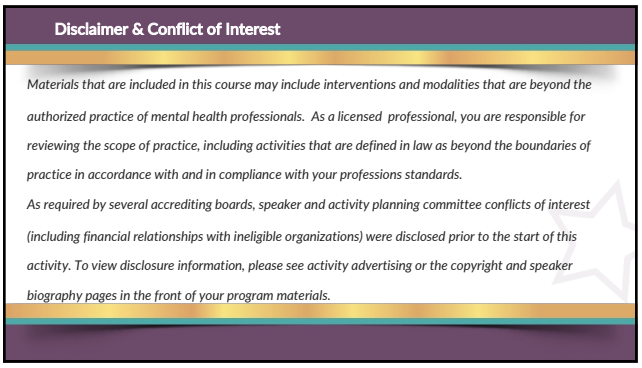
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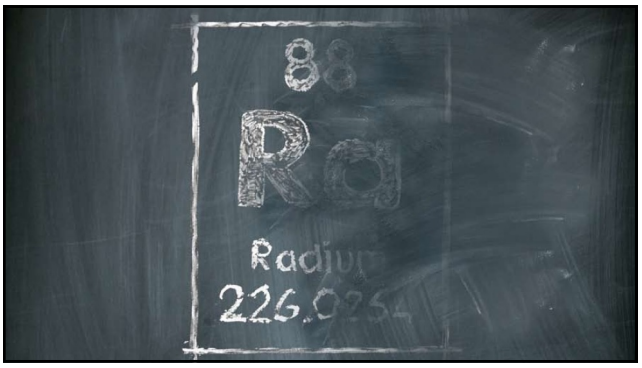
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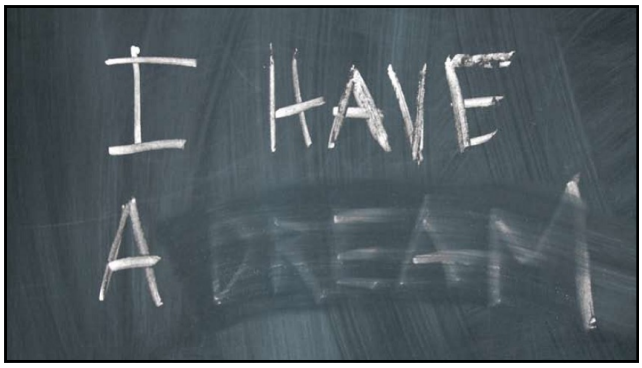
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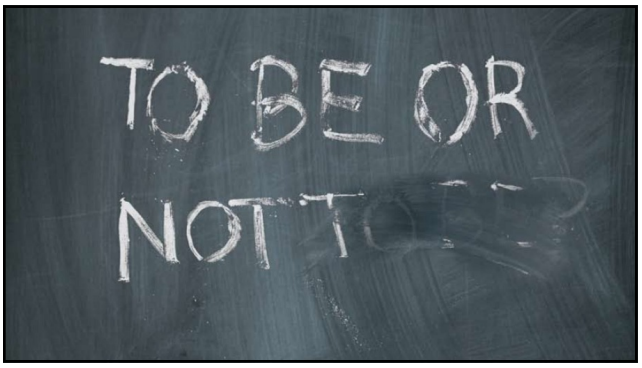
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- Acknowledgement of Country
- Lived Expertise
- Gratitude
- Self-care
- Social media: #ElevateTheConvo
- TEDx Talk "Stopping Suicide with Story"
- Podcast "Hope Illuminated"
- Homework assignments/30-day commitment

@sspencerthomas @DrSallySpeaks @sspencerthomas LinkedIn

7

8

National Action Alliance for Suicide Prevention
www.TheActionAlliance.org

United Suicide Survivors International
www.UniteSurvivors.org

988 Suicide & Crisis Lifeline
24/7 CALL,TEXT,CHAT

SPRC Suicide Prevention Resource Center
www.sprc.org

WORKPLACE SUICIDE PREVENTION
www.WorkplaceSuicidePrevention.com

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"Statistics are merely aggregate numbers with the tears wiped away."

~ Dr. Irving Selikoff

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Carson Spencer 1969-2004

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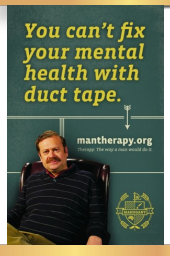


THE OFFICE OF MAHOGANY MAN THERAPIST

12

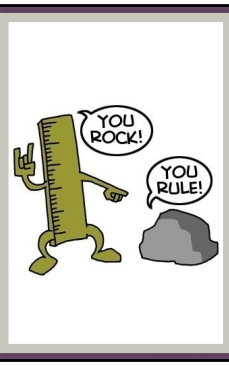
INTRODUCTIONS

Role
[OPTIONAL] How has the issue of suicide shown up in your life?
Burning question
Fun Fact

13

GROUND RULES

1. Personal sharing allowed – confidentiality important
2. Social media engagement allowed
3. Breaks – give me a "time out!" signal if you need more
4. Engagement! Ask lots of questions and participate fully. Have fun



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Goals

1. Reducing fear
2. Understanding the person experiencing suicidal intensity
3. Hot topics in Suicidology
4. Comprehensive framework
5. Risk formulation
6. Eliciting information
7. Managing safety and promoting well-being
8. Reducing access to lethal means
9. Treatment
10. Suicide grief & trauma support
11. Making meaning

15

Overcoming Fear and Bias

16

STARTING WITH OURSELVES

17

www.NowMattersNow.org

18

Words Make Worlds

Say this	Instead of this
Died of Suicide	~~Committed Suicide~~
Suicide Death	~~Successful Attempt~~
Suicide Attempt	~~Unsuccessful Attempt~~
Person Living with Suicidal Thoughts	~~Suicide Ideator or Attempter~~
Suicide	~~Completed Suicide~~
(Describe the Behavior)	~~Manipulative, Cry for Help, Gesture~~
Working with	~~Dealing with Suicidal Person~~
Prejudice and discrimination	~~Stigma~~

19

Starting with Ourselves

Self-reflection -- unpacking our own baggage (weakness, shame, sinful, taboo, illogical, manipulative) and fears

Countertransference "Us vs. them" (don't want to know, perfect moment)

Our own suicidal thoughts and history with suicide

Shawn Shea

20

- #1 fear = Suicide of client, 97% of clinicians
- One out of every five mental health service providers will experience a client suicide each year

McInosh, John (2010, April 22). Therapists as Survivors of Client Suicide: . AAS Conference 2010

www.cliniciansurvivor.org

21

Reflection Exercise

23

Reflection Exercise

- What frightens me most about suicide?
- What overwhelms me about suicide?
- What confuses me about suicide?
- What have I been taught to believe about suicide?

24

Our Own Personal Experiences with Suicide

- Clinicians as suicide loss survivors
- Clinicians as suicide attempt survivors
- Clinicians as people living with suicidal thoughts and feelings
- Clinicians as personal caregivers/supports for others

25

26

Understanding the Person Living with Suicidal Intensity

27

"Suicidal Intensity" Preferred Descriptor

Suicidal Intensity

- Less Pathologizing
- More Personal
- Dynamic Term Assists Clinical Conversations
- Dynamic Term Helps with Introspection

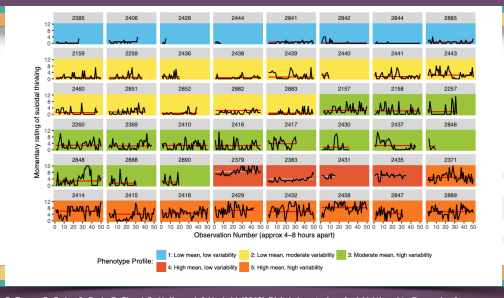
Suicidal Ideation/Suicidality

- Jargon
- More than just thoughts
- Undetermined
- Tied to legal implications

Blog with Eduardo Vega:
https://www.sallyspencerthomas.com/dr-sally-speaks-blog/suicideintensity

28

No Universal Narratives for Suicidal Intensity



Kleiman, E., Turner, B., Fedor, S., Beale, E., Picard, R., Huffman, J. & Nock, M. (2018). Digital phenotyping of suicidal thoughts. Depression & Anxiety. 2018; 35(7): 601– 608. https://doi.org/10.1002/da.22730

29

I am not always very attached to being alive

Chronic, passive suicidal ideation is like living in the ocean. Let's start talking about how to tread water.

https://theoutline.com/post/7267/living-with-passive-suicidal-ideation

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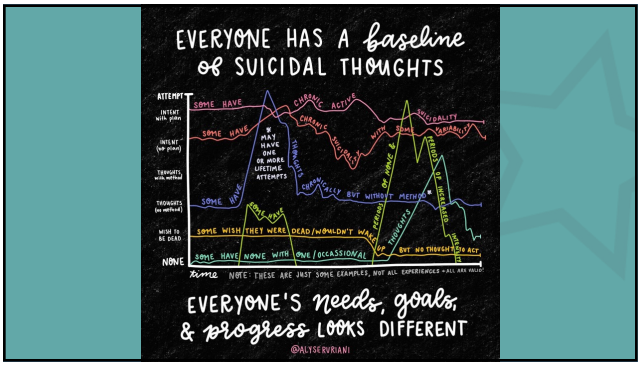

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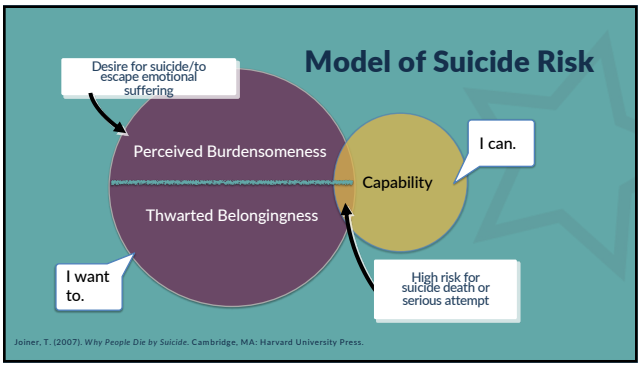

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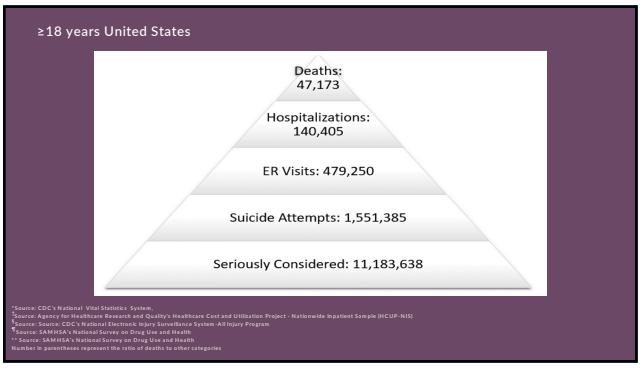

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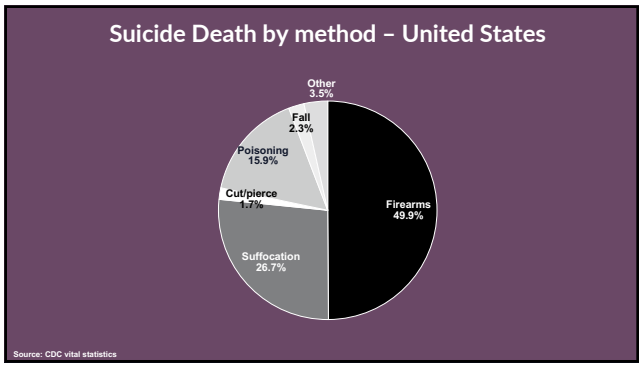

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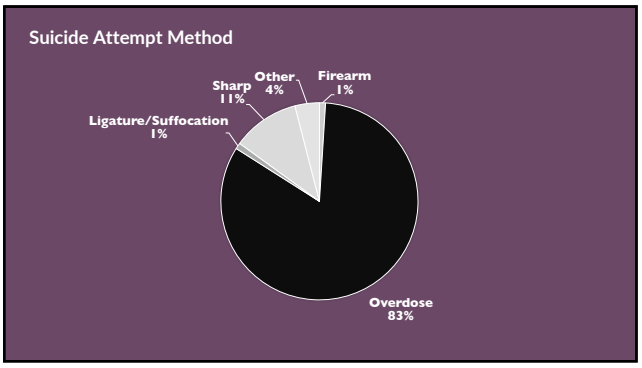

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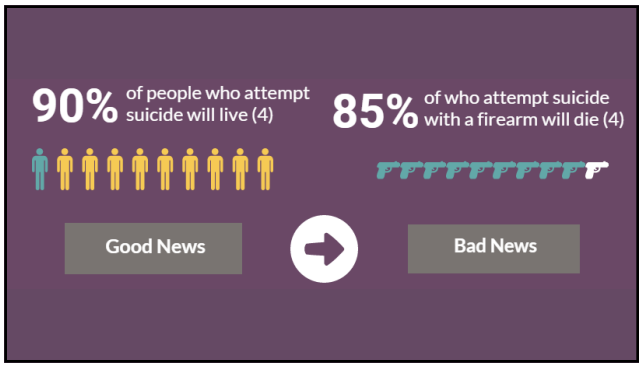

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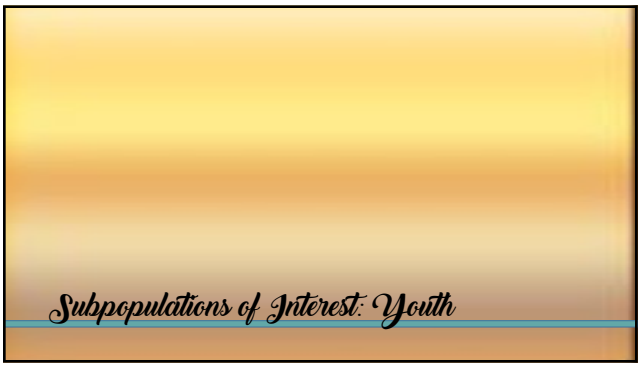

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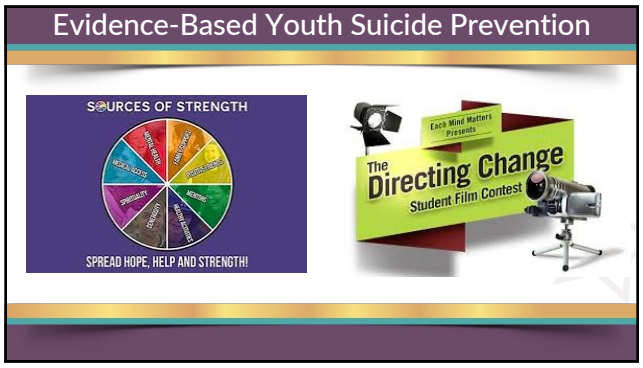

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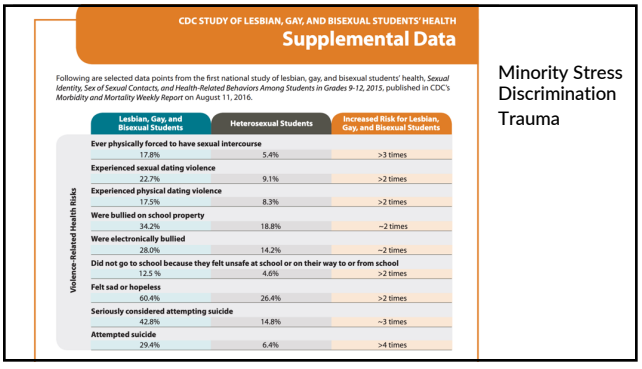

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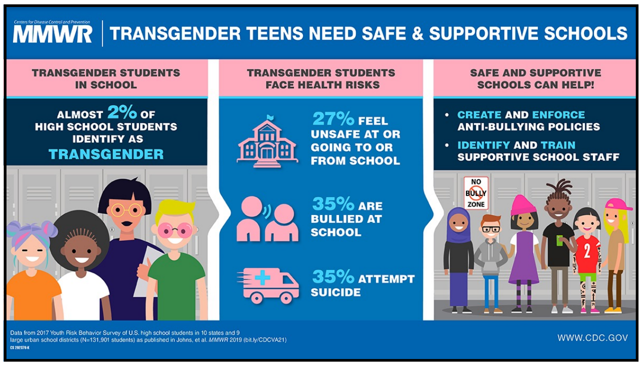

47

Subpopulations of Interest: People Living with Mental Health Conditions, Substance Use Disorders & Trauma

52

CONNECTION BETWEEN MENTAL HEALTH AND SUICIDE

Mood Disorders (esp. Major Depression and Bipolar Disorder)[1,2]
Substance Use Disorders[3]
PTSD (especially w/ Anger and Impulsivity)[4]
Schizophrenia[5]
Borderline Personality Disorder[6]
Eating Disorders[7]

(1) American Association of Suicidology (2010. June 29) *Some Facts About Suicide and Depression*
(2) Jamison , K (2000). Suicide and bipolar disorder, Journal of Clinical Psychiatry. Suppl 9:47-51.
(3) Center for Substance Abuse Treatment. *Substance Abuse and Suicide Prevention: Evidence and Implications—A White Paper. DHHS Pub. No. SMA-08-4352. Rockville, MD: Substance Abuse and* Mental Health Services Administration, 2008.
(4) U.S. Department of Veteran's Affairs, National Center for PTSD
(5) NIMH: http://www.nimh.nih.gov/health/publications/schizophrenia/complete-index.shtml)
(6) Black, D., Blum, N., Pfohl, B. & Hale, N. (2004) Suicidal behavior in borderline personality disorder: Prevalence, risk factors, prediction, and prevention. *Journal of Personality Disorders, 18(3)*, 226-239.
(7) Franko, D. & Keel, P. (2006). Suicidality in eating disorders: Occurrence correlates and clinical implications. *Clinical Psychology Review, 26*, 769-782.

53

Alcohol and Suicide

- Alcohol use in groups can facilitate connection
- Self-medication
- Disinhibiting: difference between thought and attempt [Alcohol in the blood of about 1/3 of suicide decedents in US]

Pompili, M. , et al (2010). Suicidal behavior and alcohol use. International Journal of Environmental Research and Public Health. 7(4), 1392-1431.

54

Alcohol and Suicide (con't)

- Passive suicide: Edgar Allen Poe – "Drinking oneself to death" or risky behavior while intoxicated
- About 40% of people treated for alcohol dependence report at least one suicide attempt
- Heavy alcohol consumers have a 5x higher risk for suicide than "social drinkers"
- Among people dependent on alcohol, lifetime risk of suicide 10-15%
- Findings vary by cultural attitudes

Pompili, M. , et al (2010). Suicidal behavior and alcohol use. *International Journal of Environmental Research and Public Health.* 7(4), 1392-1431.

55

Opioids & Suicide

- Non-cancer pain is linked to increased suicide risk
- Increased dose of opioids was found to be a marker of increased suicide risk (even when relevant demographic and clinical factors were statistically controlled)
- Many overdoses may be suicides
- Quality of life and management of pain poor for long-term opioid use

Ilgen, M., Bohnert, A., Ganoczy, D., Bair, M., McCarthy, J. & Blow, F. (2016). Opioid dose and risk of suicide. *Pain, 157(5), 1079-1084.*

56

Trauma-Informed Suicide Prevention

Childhood Trauma (physical, emotional, sexual abuse and physical neglect)

Veterans
- Combat trauma — frequent intensity
- Moral injury/guilt
- Military sexual trauma

Historical

Not: "what's wrong with you?"
Rather: "what happened to you?"

Zatti, C., Rose, V., Barros, A., Valdivia, L., Calegaro, V., Freitas, L., Cereser, K., Rocha, N., Bastos, A. & Schuch, F. (2017) Childhood trauma and suicide attempt: A meta-analysis of longitudinal studies from the last decade. *Psychiatry Research, 256:253–258*
Huang, W. Horsley, A. & Wortzel, H. (n.d.) National Center for PTSD. The Relationship Between PTSD and Suicide. Retrieved on May 7, 2018 from https://www.ptsd.va.gov/professional/treat/txessentials/ptsd-suicide.asp
Mohatt, N., Thompson, A., Thai, N. & Tebes, J. (2014) Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science and Medicine, 106: 128–136.*

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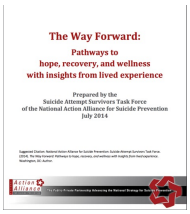
58

Subpopulations of Interest: Suicide Attempt Survivors

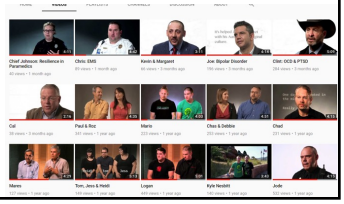
59

Lived Expertise



https://livethroughthis.org/

https://www.youtube.com/user/DrMahogany/videos



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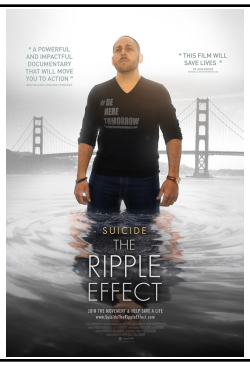

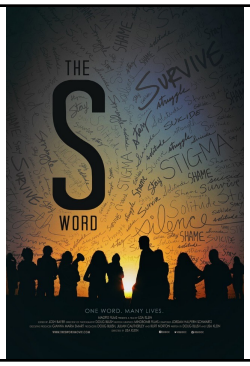

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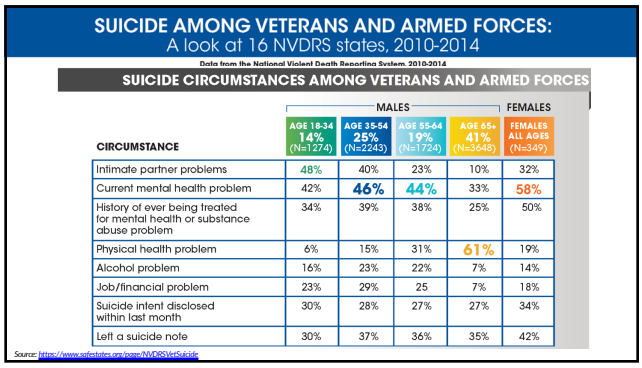
Subpopulations of Interest: Veterans / Military First Responders

62



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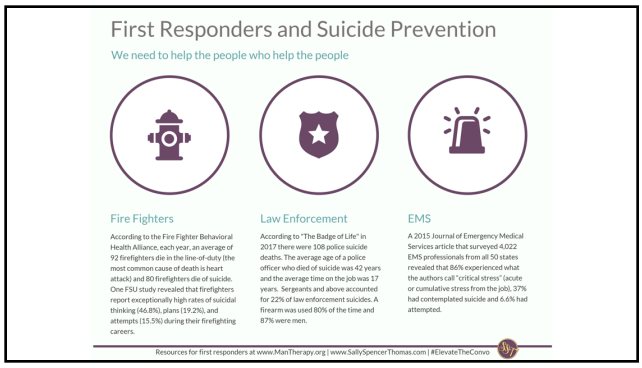

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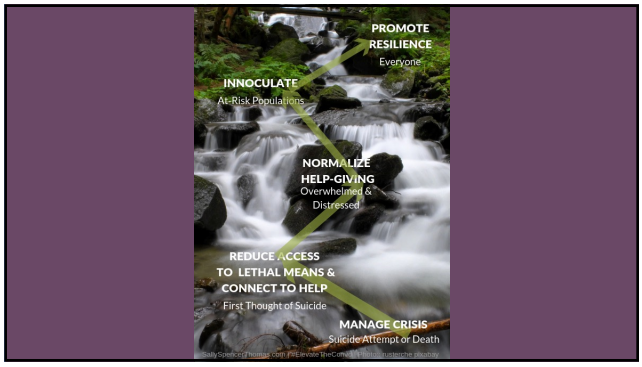

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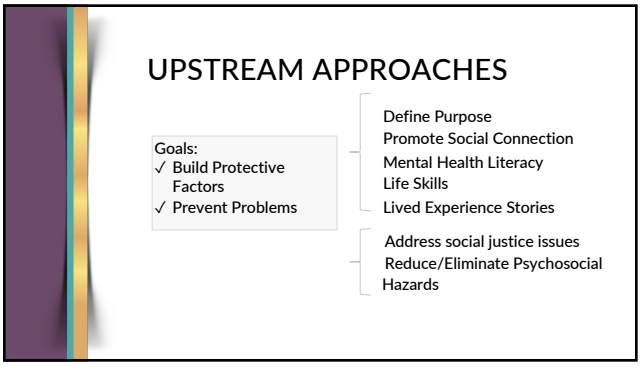

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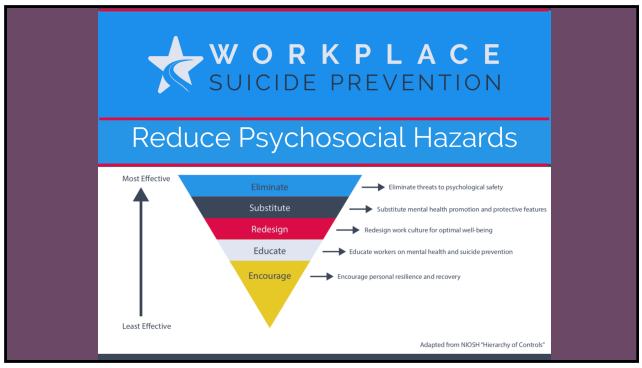

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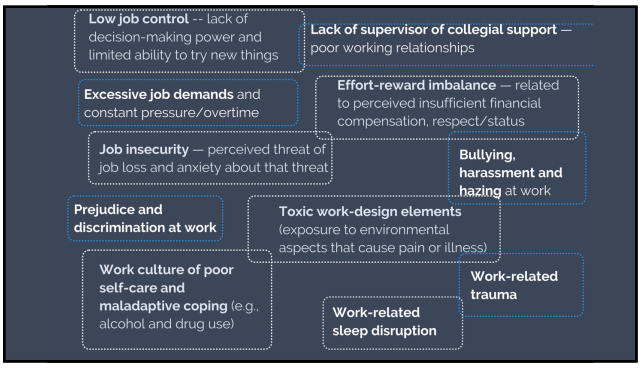

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MIDSTREAM

Goals:
✓ Early Identification
✓ Link to care

- Gatekeeper Training
- Screening
- Promote Spectrum Help-Seeking/Help Giving including Peer Support
- Accessible Quality Mental Health Services

71

DOWNSTREAM

Goals:
✓ Manage crises
✓ Restore functioning

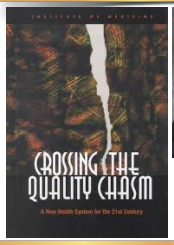
- Reduce Access to Lethal Means
- Dignity and Empowerment
- Grief and Trauma Support

72

ASPIRING TO ZERO SUICIDE

73

HISTORY 2001



Ed Coffey M.D., Vice President and CEO of Behavioral Health Services, Henry Ford Health System

Crossing the Quality Chasm

"Perfect Depression Care"

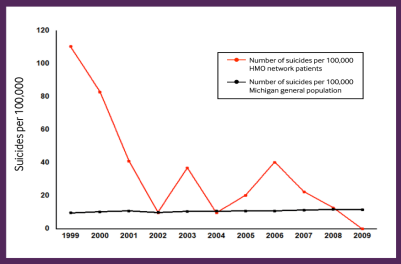
74

"IF ZERO IS NOT THE RIGHT GOAL, THEN WHAT NUMBER IS?"

~ED COFFEY

75

Improved Suicide Rates Among Henry Ford Medical Group HMO Members

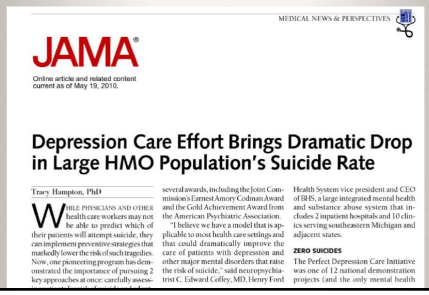


C. Edward Coffey MD / Henry Ford Health System; National Vital Statistics Reports.

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

76

How'd They Do That?



MEDICAL NEWS & PERSPECTIVES

JAMA

Online article and related content current as of May 19, 2010.

Depression Care Effort Brings Dramatic Drop in Large HMO Population's Suicide Rate

Tracy Hampton, PhD

WHILE PHYSICIANS AND OTHER health care workers may not be able to predict which of their patients will attempt suicide, they can implement preventive strategies that markedly lower the risk of such tragedies. Now, one pioneering program has demonstrated the importance of pursuing 2 key approaches at once: carefully assess-

several awards, including the Joint Commission's Earnest Amory Codman Award and the Gold Achievement Award from the American Psychiatric Association.

"I believe we have a model that is applicable to most health care settings and that could dramatically improve the care of patients with depression and other major mental disorders that raise the risk of suicide," said neuropsychiatrist C. Edward Coffey, MD, Henry Ford Health System vice president and CEO of BHS, a large integrated mental health and substance abuse system that includes 2 inpatient hospitals and 10 clinics serving southeastern Michigan and adjacent states.

ZERO SUICIDES

The Perfect Depression Care Initiative was one of 12 national demonstration projects (and the only mental health

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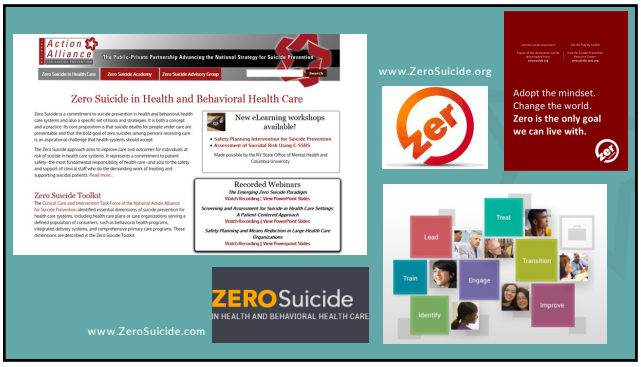


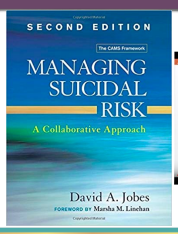
78

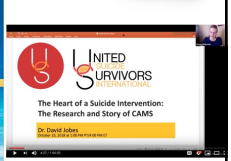
Risk Formulation

79

ASSESSMENT CONSTRUCTS (JOBES)

- Psychological pain (despair, misery)
- Stress (overwhelmed)
- Agitation (need to take action)
- Hopelessness
- Self-hate





Free Webinar at United Survivors https://unitesurvivors.org/

80

Psychache: Profound emotional pain is experienced as inescapable, interminable, and intolerable. Pain tolerance is exceeded.

~Ed Shneidman

81

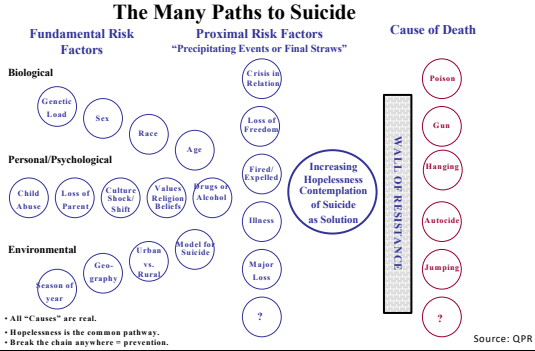
Client Self-Assess Jobes' Core Suicide Constructs

Rank	Rate each item according to how you feel right now
	1) Psychological pain: Hurt, anguish or misery, not stress, not physical pain LOW 1 2 3 4 5 HIGH What I find most painful is:
	2) Stress: Feeling pressured or overwhelmed LOW 1 2 3 4 5 HIGH What I find most stressful is:
	3) Agitation: Emotional urgency, not irritation, not annoyance LOW 1 2 3 4 5 HIGH I most need to take action when:
	4) Hopeless: Your expectation that things will get not get better no matter what you do. LOW 1 2 3 4 5 HIGH I am most hopeless about:
	5) Self Hate: feeling of disliking yourself, no self-esteem LOW 1 2 3 4 5 HIGH What I dislike about myself most is:

Adapted from Jobes, D. (2016). *Managing Suicidal Risk: A Collaborative Approach*

82

The Many Paths to Suicide



83

Wall of Resistance to Suicide

Counselor or therapist	Duty to others	Others?
Good health	Medication Compliance	Fear
Job Security or Job Skills	Responsibility for children	Support of significant other(s)
Difficult Access to means	A sense of HOPE	Positive Self-esteem
Pet(s)	Religious Prohibition	Calm Environment	AA or NA Sponsor
Best Friend(s)	Safety Agreement	Treatment Availability
-- Sobriety --		

Protective Factors

Source: QPR

84

IS PATH WARM

I	Ideation	Threatening to hurt or kill self; looking for ways to die
S	Substance Abuse	Increased or excessive substance use (alcohol or drugs)
P	Purposelessness	No reason for living; no sense of purpose in life
A	Anxiety	Anxiety, agitation; unable to sleep
T	Trapped	Feeling trapped - like there's no way out; resistance to help
H	Hopelessness	Hopelessness about the future
W	Withdrawal	Withdrawing from friends, family and society; sleeping all the time
A	Anger	Rage, uncontrolled anger; seeking revenge
R	Recklessness	Acting recklessly or engaging in risky activities, seemingly without thinking
M	Mood Changes	Dramatic mood changes

85

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

for Mental Health Professionals

1. IDENTIFY RISK FACTORS — Note those that can be modified to reduce risk
2. IDENTIFY PROTECTIVE FACTORS — Note those that can be enhanced
3. CONDUCT SUICIDE INQUIRY — Suicidal thoughts, plans behavior and intent
4. DETERMINE RISK LEVEL/INTERVENTION — Determine risk. Choose appropriate intervention to address and reduce risk
5. DOCUMENT — Assessment of risk, rationale, intervention and follow-up

Source: SAMHSA

- **Ideation**: frequency, intensity, duration--in last 48 hours, past month and worst ever
- **Plan**: timing, location, lethality, availability, preparatory acts
- **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), vs. non-suicidal self injurious actions
- **Intent**: extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; Explore ambivalence: reasons to die vs. reasons to live *

86

Additional Inquiry

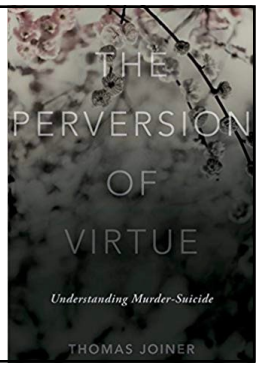
- For Youth: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors or disposition
- Homicide Inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation.

Source: SAMHSA

87

Homicide-Suicide

- Justice
- Mercy
- Duty
- Glory



88

Collateral Information

- Purpose of Collateral
  - Setting/Context
  - Informative when patient cannot participate
  - Patient disclosure hesitancy
- Challenges
  - Inconsistencies
  - Availability
  - Patient unwilling to consent
- Ethical and Legal Considerations
  - Patient autonomy vs duty to provide optimal care
  - "Minimum necessary"
- Cost-Benefit Analysis

Source: MIRECC

89

Risk Formulation and Intervention

RISK LEVEL	RISK / PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
High	Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

- Assessment of risk level is based on clinical judgment, after completing risk and protective factors analysis
- Reassess as patient or environmental circumstances change

90

STANDARDIZED ASSESSMENT TOOLS ASSISTING CLINICAL JUDGMENT

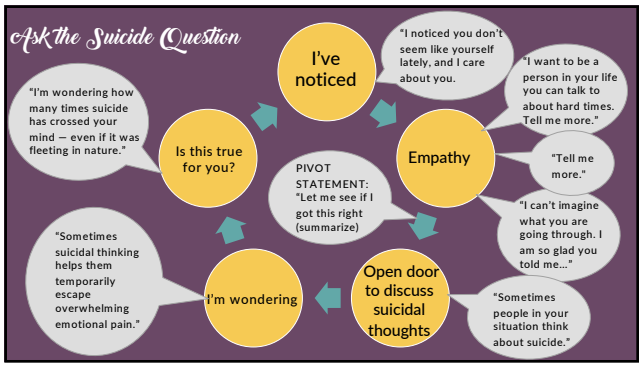
- Beck Hopelessness Scale (BHS)
- Beck Scale for Suicidal Ideation (BSS)
- Columbia Severity Rating Scale
- PHQ-9
- Reasons for Living Inventory (RFL)
- Suicidal Ideation Questionnaire – Junior
- Child Suicide Risk Assessment

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

92

Eliciting Information about Suicide

94



95

Potential Answers

- "No" – how do you know?
- Unclear "No"
- Offended/Upset
- Non-answer
- Not sure
- Yes

96

What if they Say "yes"?

Do:

Gratitude: Thank you

Collaborate: I am on your team, we will figure this out together

Provide Hope: I have some ideas

Don't:

Freak out

Hot potato

Whip out the "No Suicide Contract"

Try to convince them life is worth living

97

WHY "NO-SUICIDE CONTRACTS" ARE DEAD

- Typically entails a patient agreeing to not harm themselves
- Despite a lack of empirical support, commonly used (up to 79%) by mental health professionals
- Not recommended for multiple reasons
  - No medicolegal protection
  - Negatively influences provider behavior
  - Not patient-centered

Sources: MIRECC Drew, 1999; Range et al., 2002; Rudd et al., 2006; Simon, 1999

98

TYPES OF QUESTIONS TO UNCOVER SUICIDAL IDEATION

1) Normalization, self-normalization "if I was going through this I might consider…"
2) Behavioral incident (frame by frame)
3) Shame attenuation (learned behavior for survival) "Given your past, I wonder if you ever found it necessary…"

Source: Shawn Shea

99

QUESTIONS CONTINUED…

4) Gentle Assumption "What other ways have you thought of killing yourself?"

5) Symptom Amplification: setting upper limits of quantity in question at high level

6) Denial of the Specific: list specific means one by one

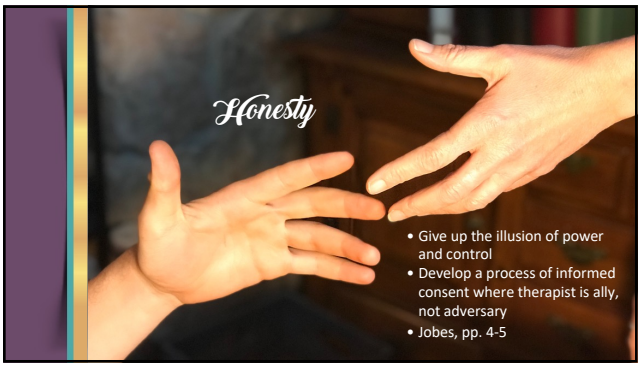
Source: Shawn Shea

100

Behavioral Chain Analysis: Frames in a Film

- "Worst Point": Post suicide attempt, near miss or other suicide crisis
- Freeze the frame precipitating event: thoughts, feelings and behaviors
- "What happened next?"
- Gives people the opportunity to feel understood and counteract a frequent feeling that the suicidal behavior "just happened."

101



102

Best Practices in Risk Assessment

1) Direct and matter of fact
2) Persistent – "No, not really", acknowledge nonverbal discrepancies
3) Consultation
4) Collateral interviews
5) Open-ended (info gathering) and closed questioning (clarity), active listening
6) Collaborative – side by side, filling out assessment forms and safety agreements together

104

Collaborative Safety Agreements and Wellness Planning

105

Crisis Response Planning

106

Crisis Response Plan: How to Evacuate a Burning Building

1) Warning signs
2) Hope Box – reasons for living
3) Self-soothing/Coping Strategies
4) Distracting, behavioral activation
5) Social connections/Peer support
6) Professional & Crisis support
7) Reducing Access to Lethal Means

"How likely would you be able to do this during a time of crisis?"

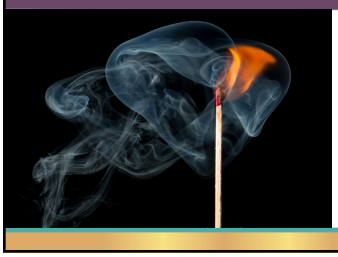
www.NowMattersNow.org

107

Smelling Smoke and Fire Alarms

108

Early Warning Signs, Red Flags and Triggers



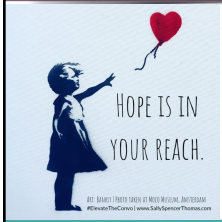
- Precipitating Events
- Changes
  - Behavior
  - Mood/Attitude/Emotions
  - Thoughts
  - Physical sensations (especially sleep)

109

Reasons for Living

110

Exercise: Hope Box



Physical Reminders of Your Reasons for Living

- Reasons for Living short form: http://depts.washington.edu/uwbrtc/wp-content/uploads/Reasons-for-Living-Scale-short-form-48-items.pdf
- Fight tunnel vision
- "What helps awaken hope in you?"
- Letter to self
- Anhedonia

Berk, M. (2019). *Evidence-Based Treatment Approaches for Suicidal Adolescents: Translating Science into Practice*. Washington, D.C.: American Psychiatric Association Publishing.

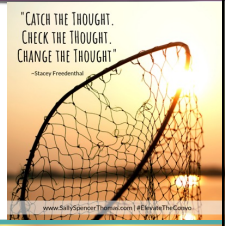
111

Coping and Self-Soothing

112

Coping Cards

- Touchstone back on prior distress
- Remind them of their resilience: "You've been through hard times before. What got you through?"
- Cognitive restructuring reminders
- DBT Skills (NowMattersNow.org)
- Distractions



Wenzel, A., & Jager-Hyman, S. (2012). Cognitive Therapy for Suicidal Patients: Current Status. *The Behavior therapist*, *35*(7), 121–130.

113

Marsha Linehan Mindfulness of Current Emotion

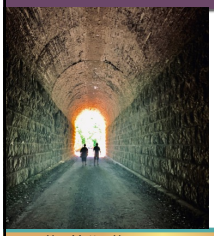
www.NowMattersNow.org

114

Building Out the Safety Net

115

Building Your A-Team



- 3-10 people — names and phone numbers
- Who do you trust?
- Who would want to know how much pain you are in?
- Who brings out the best in you?
- Who has your back?
- Who would travel all they way across town to support you, even if it highly inconvenienced them?

www.NowMattersNow.org

116

Prepping Your A-Team

- Notify them
- Code word
- What to do (show up and listen)
- Crisis resources
- Non-demand caring contacts

www.NowMattersNow.org

117

Caring Messages

Non-Demand Caring Contacts

- "I'm thinking of you."
- "I care about you."
- "I see how strong you are."
- "I have hope for you."
- "I am looking forward to seeing you."

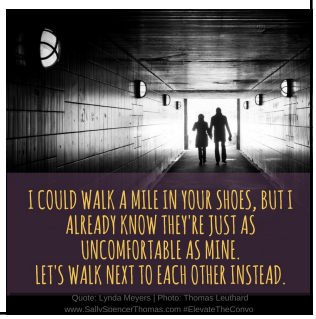
www.NowMattersNow.org

118

Peer Support Options

12 Steps

Peer Warm Lines



119

Stop, Drop and Roll

120

Impulsivity and Suicide: On Fire

Time between decision to act and action:
- 24% said less than 5 minutes
- 47% an hour or less

https://www.hsph.harvard.edu/means-matter/

121

Surges in Suicide Intensity

Sympathetic Nervous System: Fight or Flight

Parasympathetic Nervous System

122

Stop, Drop and Roll

- Mammalian Dive Reflex
- Eye Gaze
- Go Lie Down

www.NowMattersNow.org

Podcast: https://www.sallyspencerthomas.com/hope-illuminated-podcast/16

Photo: Craig Miller

123

Mental Health & Crisis Resources

124

Kick Tires of Mental Health Resources

Questions to ask:

1. How do you help people who experience suicidal thoughts and feelings rebuild a life worth living?
2. Are these services available 24/7?
3. What professional and educational preparation and certifications for helping people with suicide intensity?
4. When was the last time they received an evidence-based training in suicide risk formulation and treatment?
5. How do you follow up to make sure clients needs are adequately met?
6. What screening or assessment tools do you use?

125

988 SUICIDE AND CRISIS LIFELINE & CRISIS TEXT LINE

988 SUICIDE & CRISIS LIFELINE
24/7 CALL, TEXT, CHAT

- 988/Call/Text/Chat
- Certified crisis counselors
- 24/7, free
- Routes locally
- Veteran's option
- Spanish speaking
- They work!

CRISIS TEXT LINE

- TEXT: Hello to 741741

126

Tips for Developing a Crisis Response Plan Collaboratively

Ways to increase collaboration & self-efficacy

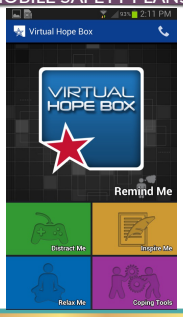
- Sit side-by-side
- Use a paper form
- Handwriting
- Own words = ownership
- Conversational approach
- Jointly address barriers and use problem-solving

Ellis, 2004; Rudd, 2006

Source: MIRECC

127

MOBILE SAFETY PLANS



Spencer-Thomas, S. (2017).15 Top Apps for Resilience, Mental Health Promotion & Suicide Prevention. www.SallySpencerThomas.com

128

Crisis Response Planning

129

Crisis Response Plan

1) Warning signs
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"How likely would you be able to do this during a time of crisis?"

www.NowMattersNow.org

Berk, M. (2019). *Evidence-Based Treatment Approaches for Suicidal Adolescents: Translating Science into Practice*. Washington, D.C.: American Psychiatric Association Publishing.

130

Next Steps

131

Documentation

1) Risk factors, ideation, planning, intent, buffers "as evidenced by…" (how and why of your decision)
2) Do not use the word "suicidal" (unless describing thoughts)
3) Write down pertinent negatives (e.g., "was unable to locate previous records")
4) Update safety agreement – support system, means restriction, coping; track changes in risk each session (like taking vitals)
5) Collaborative sources, consultation, referrals, follow-up
6) Peer review

132

Negotiating the Treatment Plan

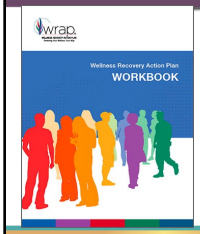
- Commitment to the Partnership: Driving metaphor (Jobes, pp.78-79)
- Making the purpose and value of suicide in their lives obsolete
- Self-identified reasons for living and reasons for dying drives treatment goals — working towards meaningful relief in a reasonable timeframe

Problem #1	Problem Description	Goals and Objectives	Intervention
1	Self-harm potential	Safety and stability	Review crisis response plan
2			
3			

Adapted from Jobes, D. (2016), p. 86

133

Wellness Recovery Action Plan



GOAL: Build a life worth living; reclaim a passion for living

- Self-determined — 5 key concepts (hope, personal responsibility, education, self-advocacy, & support)
- Developed by people with lived experience
- What are you like when you are well? (magic wand)
- Daily Maintenance Plan —What are your wellness tools?
- How hold self accountable? Good, better, best goals

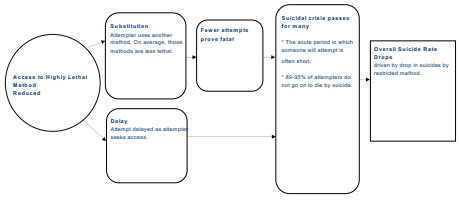
134

Reduce Access to Lethal Means

136

Means Restriction Theory

How means restriction saves lives at the population level



https://www.hsph.harvard.edu/means-matter/

137

Suicide Prevention Resource Center

About Suicide Effective Prevention Resources & Programs Training News & Highlights Organizations

988 SUICIDE & CRISIS LIFELINE 1 (800) 273 TALK

CALM: Counseling on Access to Lethal Means

Date: 2018

(For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Training

Author: Suicide Prevention Resource Center (SPRC)

Publisher: Education Development Center, Inc. (EDC)

See This Resource

CALM Course

138

C.A.L.M. (Counseling for Access to Lethal Means)

- Negotiation
  - Express concern, ask about plan, explore all means
- Reduce availability
  - On hand?
  - Familiar?
  - Temporary? Permanent?
- Advise others/Supervision
- Safety Planning

139

141

Treat with Dignity, Compassion & Empowerment

142

Review: Best Practices in Suicide Management

1) Suicide-specific
2) Time-limited (but often increased contact)
3) Goals:
   - Keep out of hospital
   - Plan for voluntary hospitalization
   - Increasing tolerance and improving coping to psychological pain
   - Make life worth living

143

Importance of Collaboration

Hope and Collaboration: "Do you think you would be suicidal if you were less miserable? Let's work together to make you less miserable"

~Ursula Whiteside

144

"Before you take your life to end your pain and suffering, let's try to give clinical treatment a reasonable chance to help you find other ways of coping – obviously, there are many options – like suicide – that you can reflect on later without my help…"

~ David Jobes

145

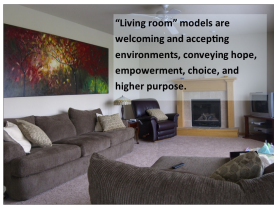
SHAWN SHEA: IMPORTANCE OF PRESERVING CHOICE AND DIGNITY

People experiencing suicidal thoughts feel they are at the "mercy of life," "but there remains one aspect of life over which they can maintain total control…They can decide whether they live or die. The choice for suicide thus provides a chance for dignity via the conduit of self-determination." p. 43

146

Restraint + Isolation + Loss of Civil Rights = Trauma not treatment

Inhumane waiting time = Loss of self-worth + increased hopelessness



"Living room" models are welcoming and accepting environments, conveying hope, empowerment, choice, and higher purpose.

"Guests" not "patients"
"Sanctuary" not "Psych Ward"

147

"DOGS: A Medication without Side Effects" presented by Matthew Decker

148

Crisis Services Task Force

Crisis Now

Transforming Services is Within Our Reach

www.CrisisNow.com

149

Follow Up & Consultation

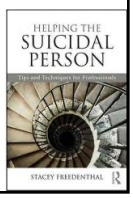
- Caring Letters Study
- Suicide Risk Management Consultation (MIRECC) – clinical support for intervention and postvention with Veterans srmconsult@VA.Gov

150

Provide State of the Art Intervention

CONTINUED PROFESSIONAL DEVELOPMENT

- Collaborative therapeutic stance (Jobes – CAMS)
- Crisis Response Planning (Bryan)
- Practical Art of Suicide Assessment (Shea)
- Assessing & Managing Suicide Risk (AMSR – SPRC)
- DBT (Linehan)
- Trauma-informed care
- Helping the Suicidal Person (Freedenthal)

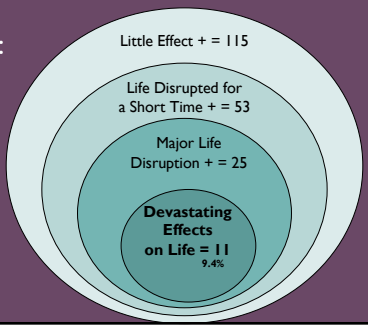


151

Safe and Effective Suicide Grief & Trauma Response

152

Exposure per Suicide: Degree of Impact



Cerel, J. (2016) AAS

153

How is Suicide Grief Different?

154

Surviving Suicide Loss

WHAT TO EXPECT

Denial	Paradox of traumatic grieving	Survivor guilt "what if"
Anger	Shame	Physical reactions
Suicidal thoughts, onset of mental health condition	Resiliency	Post-traumatic growth

155

Losing Faith

- Anger and confusion, questioning
- Shattered core beliefs
- Well-meaning faith-based statements add distress:

"God will never give you more than you can handle"
"It is God's wish"
"No cross, no crown"

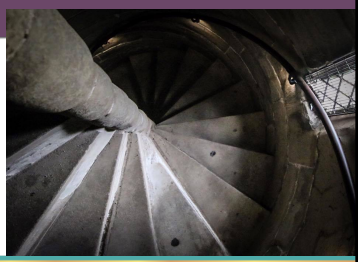


Photo Credit Craig Miller

156

Photo Credit Craig Miller

HONORING THE SPIRITUAL DIMENSION FOR SURVIVORS

"...when we closely look at the bereavement literature we find that it tells us time and time again, that the 'lived experience' of the bereaved has a range of dimensions, some of which may in fact be quite different from what some of the traditional theories (really coming from that 'objective' realm) have been prepared to recognize...."

IASP Congress Uruguay Tony Gee 2009
(amgee@optusnet.com.au)

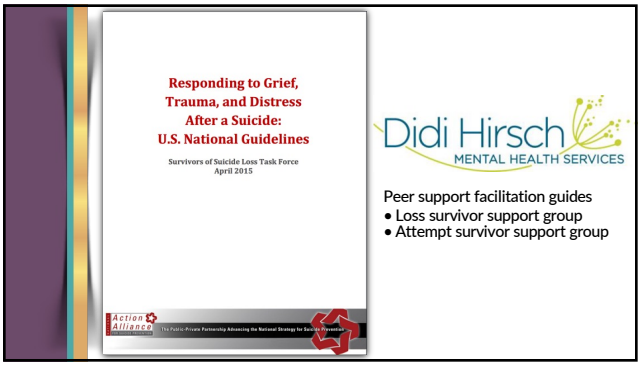
157

THE CONTINUING BOND: TWO LEVELS

1) Internal representation
2) An actual sense of presence
   - Powerful: deeply personal, moving
   - Long-term effect of communication
   - For many – healing, comforting, meaningful

IASP Congress Uruguay Tony Gee 2009
(amgee@optusnet.com.au)

158



159

160

161

162

163

Good for the Storyteller

Narrative Psychology

Impose structure on chaos
Self-empowerment
Build community

Coherent and redemptive = healing

164

165

Discernment Questions

- What is my motive?
- Am I ready?
- Once it's out, you can't reel it back
  - Possible benefits and consequences to me
    - Jobs, relationships, housing, parenting
    - Filter all behavior gets seen through
  - Consequences on others
- When I think about sharing my story, what do I feel?

166

Social Justice Movement of Our Times

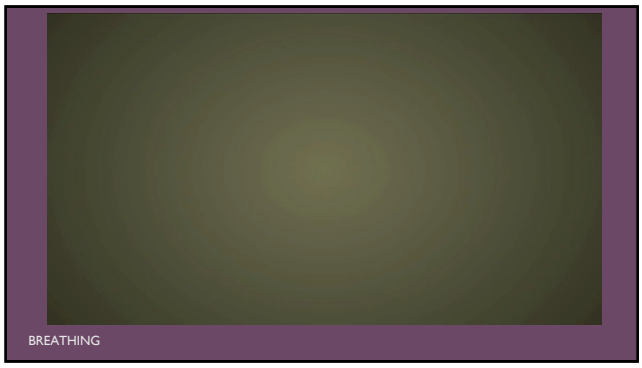
1. Engage the media
2. Educate legislators
3. Influence leaders

167

30-day commitment

168

169


BREATHING

170


THANK YOU
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171


Case Study

172