PSYCHALIVE

Welcome to the Webinar, Understanding and Preventing Suicide

Lisa Firestone, Ph.D.

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THE GLENDON ASSOCIATION

Understanding and Preventing Suicide

with Lisa Firestone, Ph.D.

Lisa Firestone, Ph.D.

Director of Research and Education
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THE GLENDON ASSOCIATION

(For Professionals)
www.glendon.org

PSYCHALIVE

(For the Public)
www.psychalive.org

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Facts About Suicide

- According to the World Health Organization, every 40 seconds a life is lost to suicide, which means that each year we lose nearly 1 million people to suicide.

- For every one person who dies by suicide, 20 or more attempt to end their lives.

- Worldwide, more people die by suicide than from all homicides and wars combined.

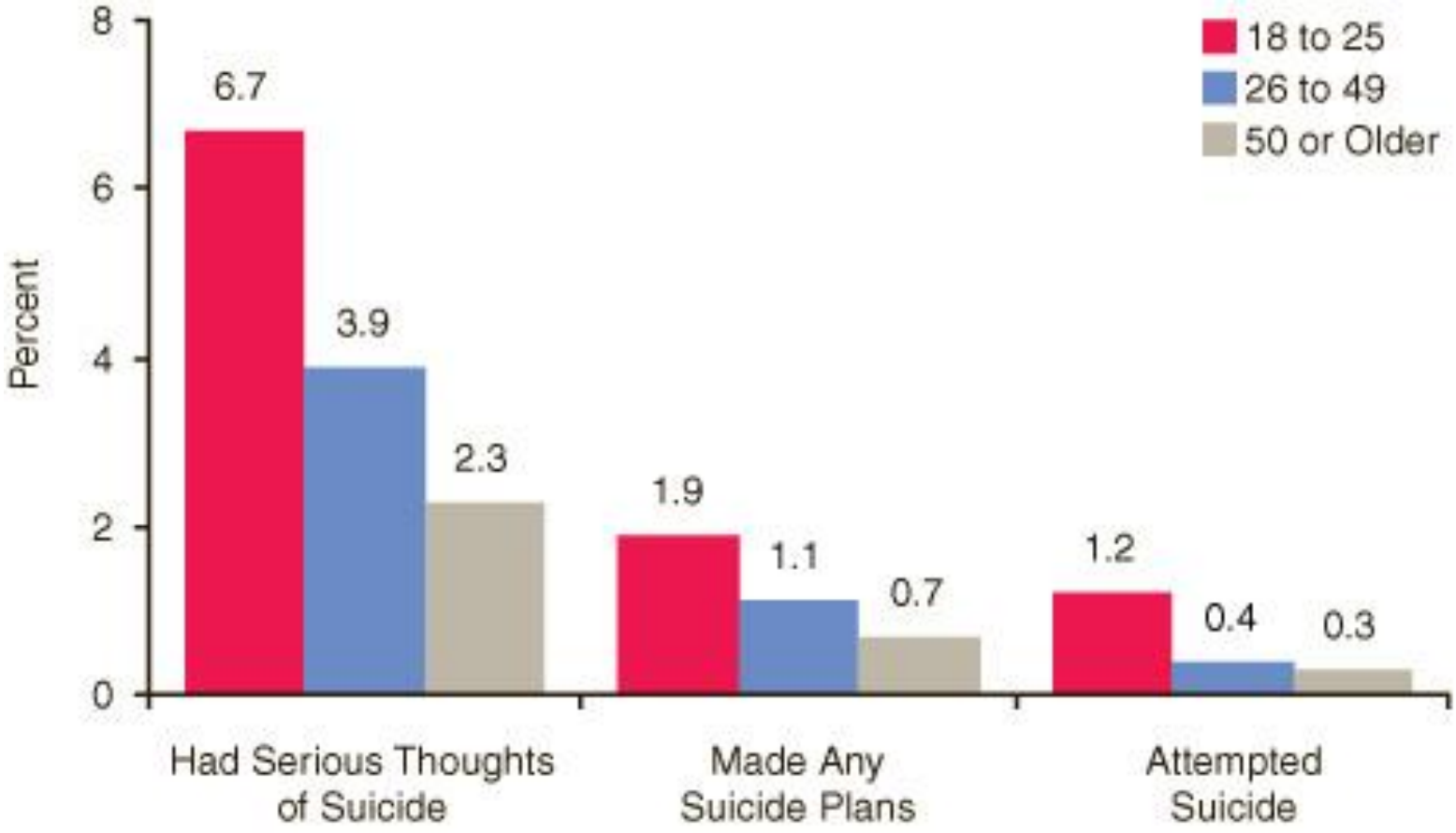
- Each person who dies by suicide leaves behind an average of five closely impacted survivors.

- According to a 2009 statistic from SAMHSA, 8.4 million adults in the U.S. had serious thoughts of committing suicide in the past year.

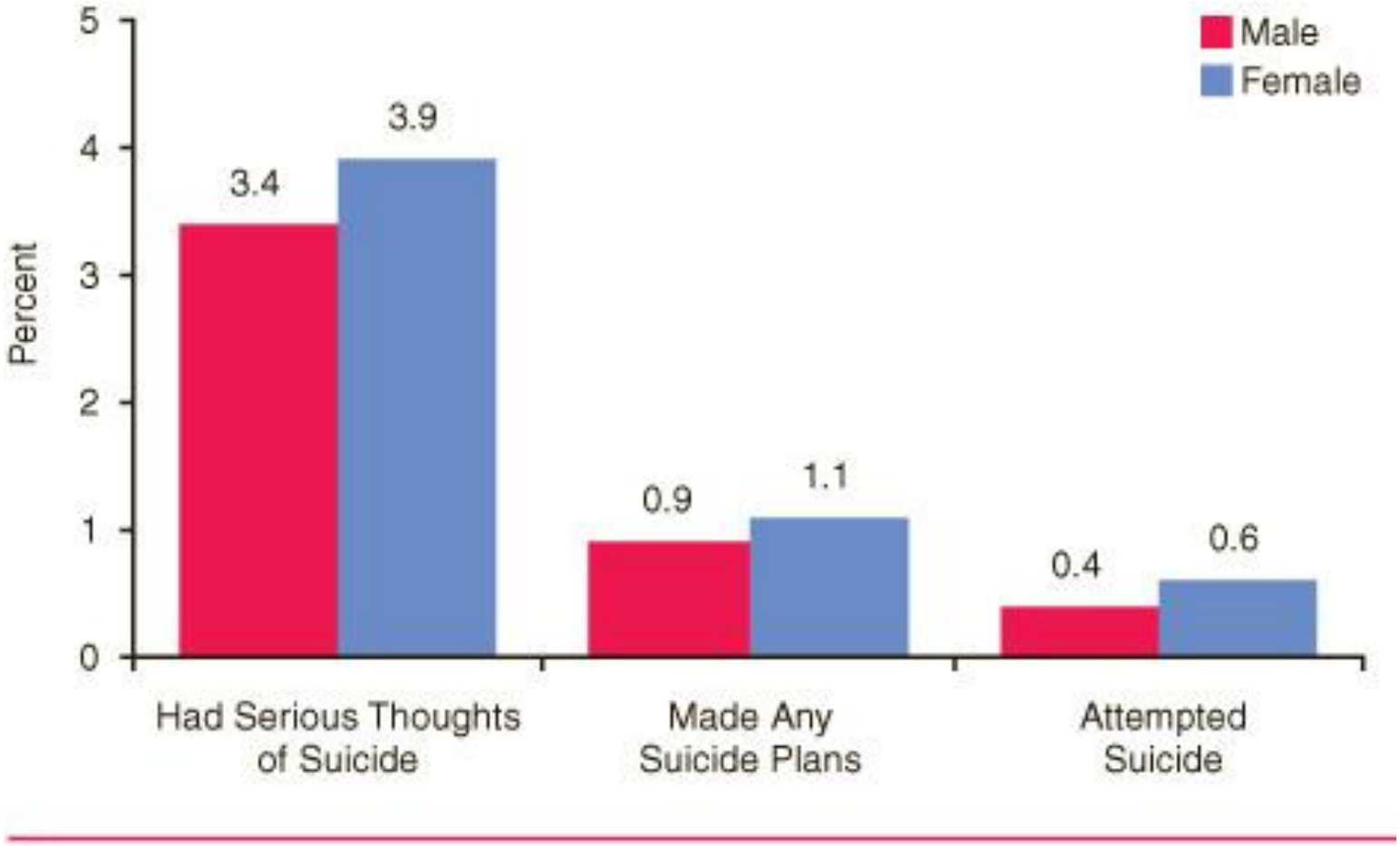
- In 2008, 13.4 percent of people who committed suicide had experienced job and financial problems

- In 2012, more members of the U.S. military committed suicide than were killed in combat in Afghanistan, with an average of one soldier dying by suicide each day.

Suicidal Thoughts and Behaviors in the Past Year among Adults, by Age Group: 2008

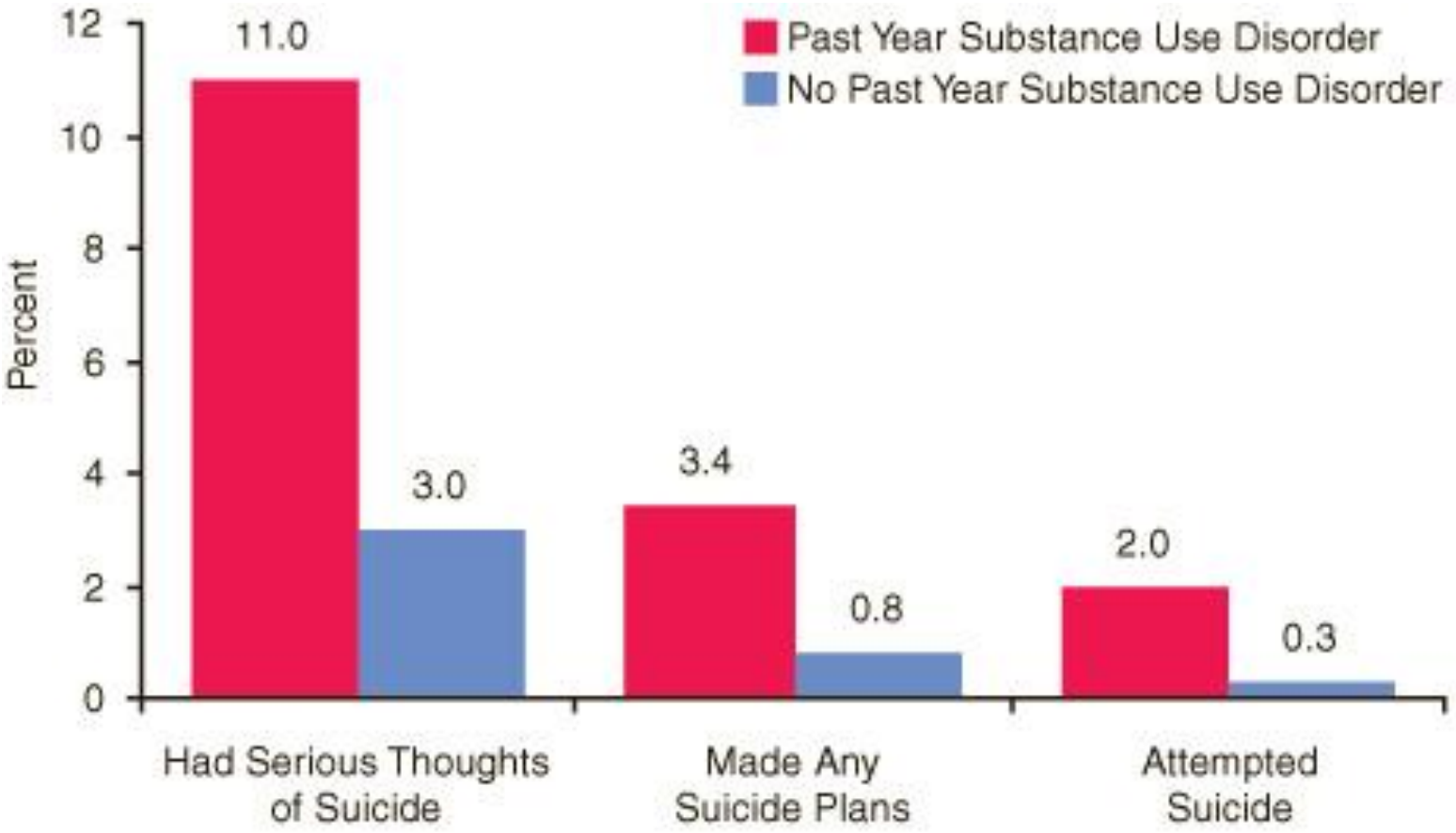


Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).



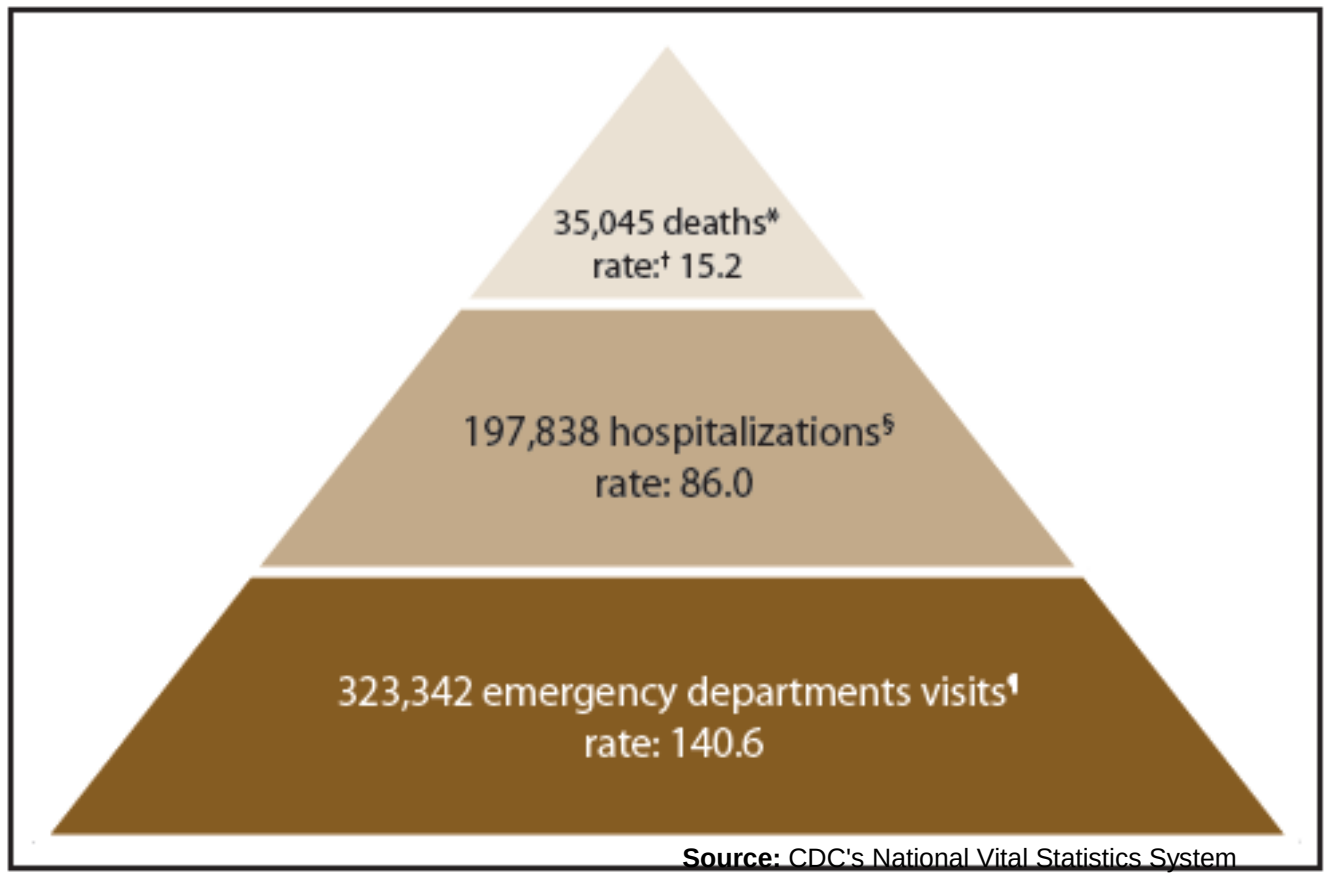
Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

Suicidal Thoughts and Behaviors in the Past Year among Adults, by Past Year Substance Use Disorder: 2008



Source: 2008 SAMHSA National Survey on Drug Use and Health (NSDUH).

Public health burden of suicidal behavior among adults>18 years-United States, 2008



Link: http://www.cdc.gov/mmwr/pdf/ss/ss6013.pdf

Poll #1

Have you been impacted by a suicide attempt or the loss of someone to suicide?

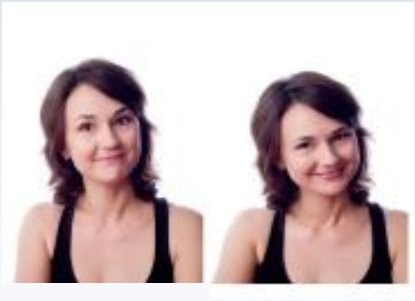
Our Approach to Suicide

Each person is divided:

- One part wants to live and is goal directed and life affirming.

- And one part is self-critical, self-hating and at its ultimate end, self-destructive. The nature and degree of this division varies for each individual.

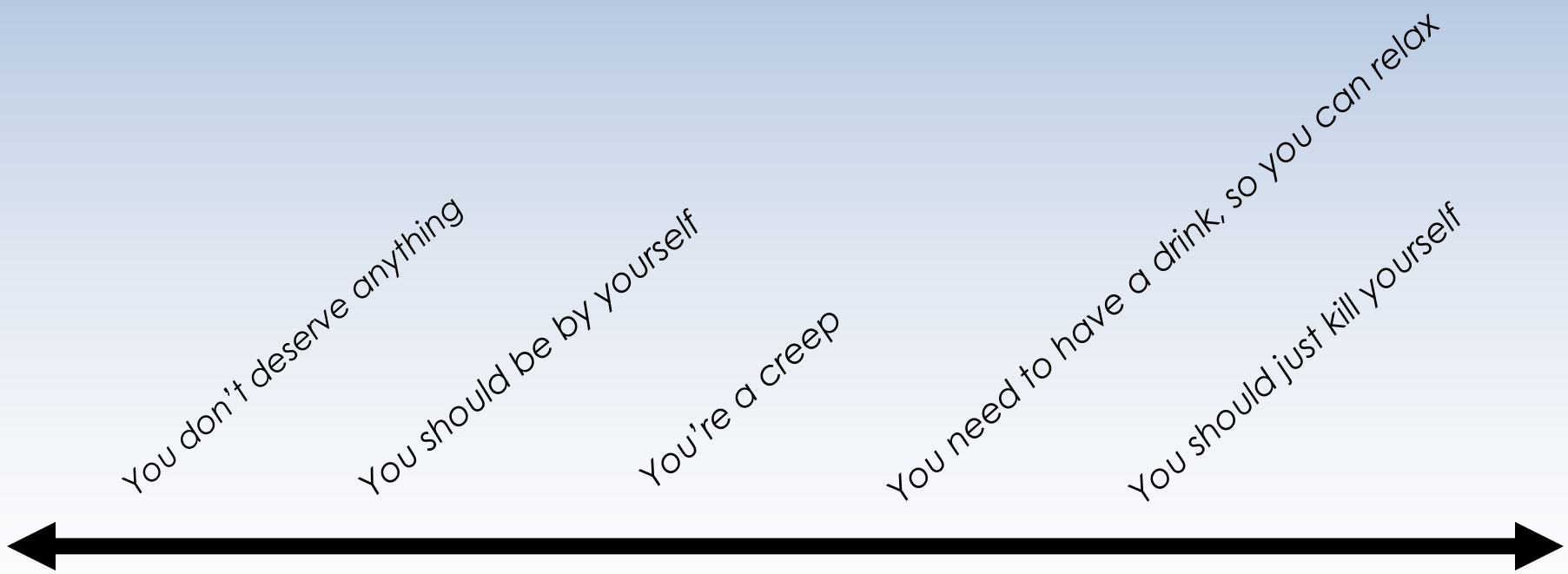
Real Self - Positive



Anti-Self - Critical

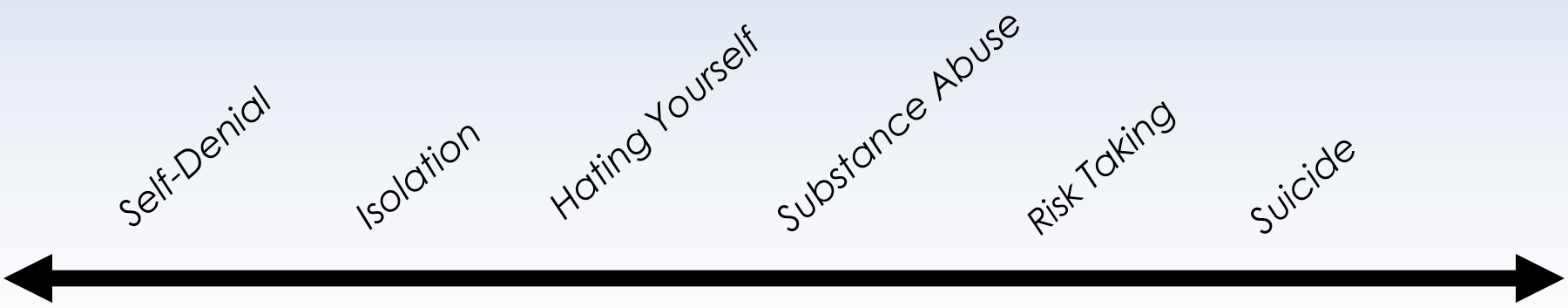
Our Approach to Suicide

Negative thoughts exist on a continuum, from mild self-critical thoughts to extreme self-hatred to thoughts about suicide



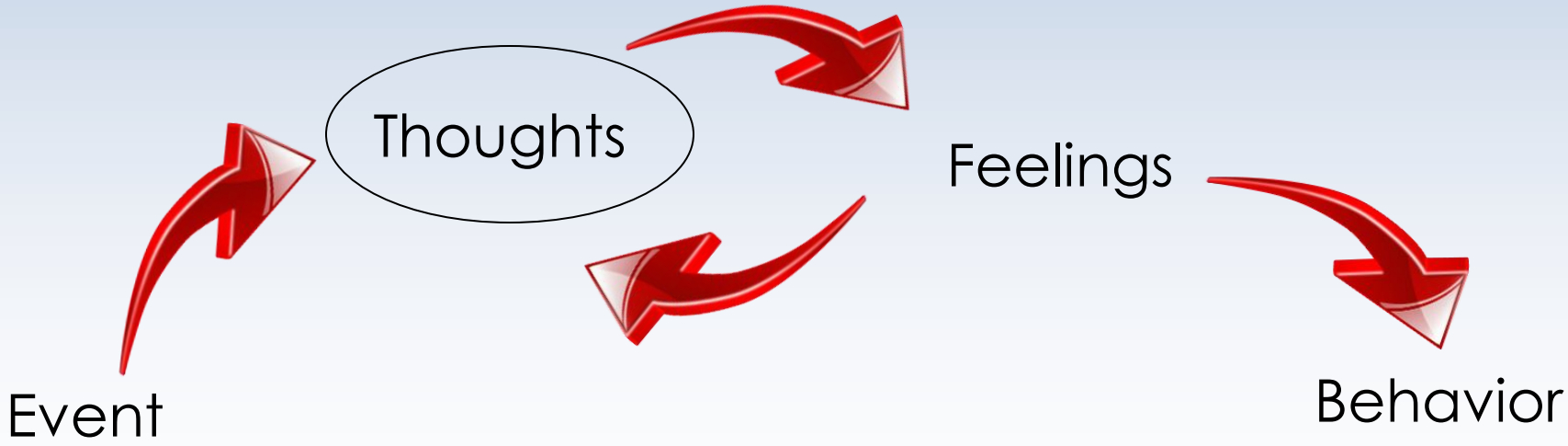
Our Approach to Suicide

Self-destructive behaviors exist on a continuum from self-denial to substance abuse to actual suicide.



Our Approach to Suicide

There is a relationship between these two continuums. How a person is thinking is predictive of how he or she is likely to behave.



Definition of the Voice

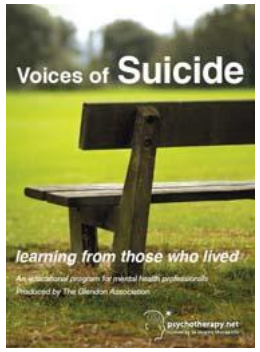
The critical inner voice refers to a well-integrated pattern of destructive thoughts toward our selves and others. The "voices" that make up this internalized dialogue are at the root of much of our maladaptive behavior. This internal enemy fosters inwardness, distrust, self-criticism, self-denial, addictions and a retreat from goal-directed activities. The critical inner voice effects every aspect of our lives: our self-esteem and confidence, our personal and intimate relationships, and our performance and accomplishments at school and work.

Poll #2
Do you ever have these common self-critical thoughts?

- *You are so stupid. You never get anything right.*
- *You are different from other people.*
- *You're so unattractive.*

Voices of Suicide

From "Voices of Suicide: Learning From Those Who Lived"



http://www.youtube.com/watch?v=Es7s_z-YVLE

Misconceptions About Suicide

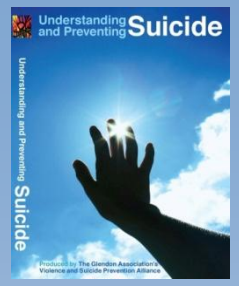
- Most suicides are caused by one particular trigger event.
- Most suicides occur with little or no warning.
- It is best to avoid the topic of suicide.
- People who talk about suicide don't do it.
- Nonfatal self-destructive acts (suicide attempts) are only attention-getting behaviors.

Misconceptions About Suicide

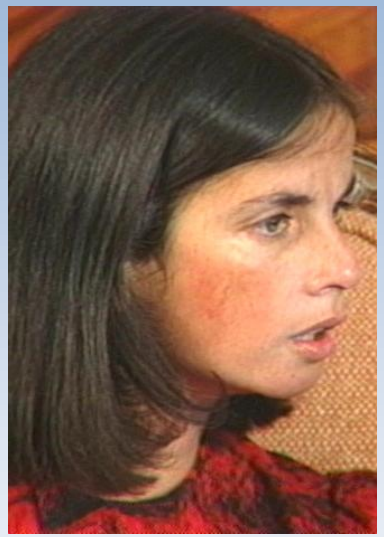
- A suicidal person clearly wants to die.
- Once a person attempts suicide, he or she won't try it again.
- Suicide is a complex problem.
- If a person who has been depressed is suddenly feeling better, the danger of suicide is gone.
- Poor people are the source of most suicides.
- Being religious protects against suicide.

Warning Signs for Suicide

From *Understanding and Preventing Suicide*

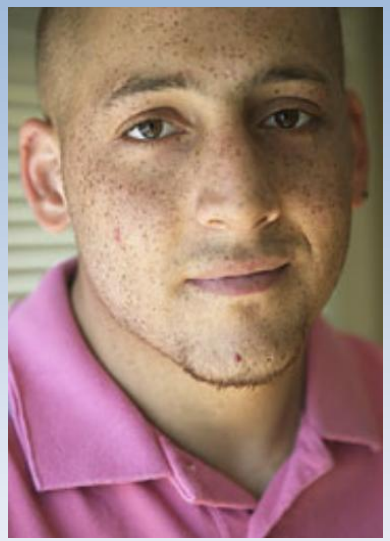


Susan



Trish

Kevin



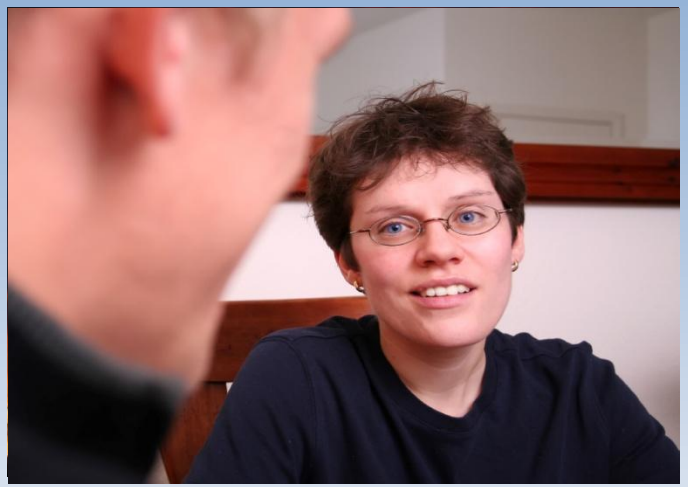
http://www.youtube.com/watch?v=0hY6dJkV8I8

Suicide Warning Signs

- Disturbed sleep patterns
- Anxiety, agitation
- Pulling away from friends and family
- Past attempts
- Extremely self-hating thoughts
- Feeling like they don't belong
- Hopelessness
- Rage

Suicide Warning Signs

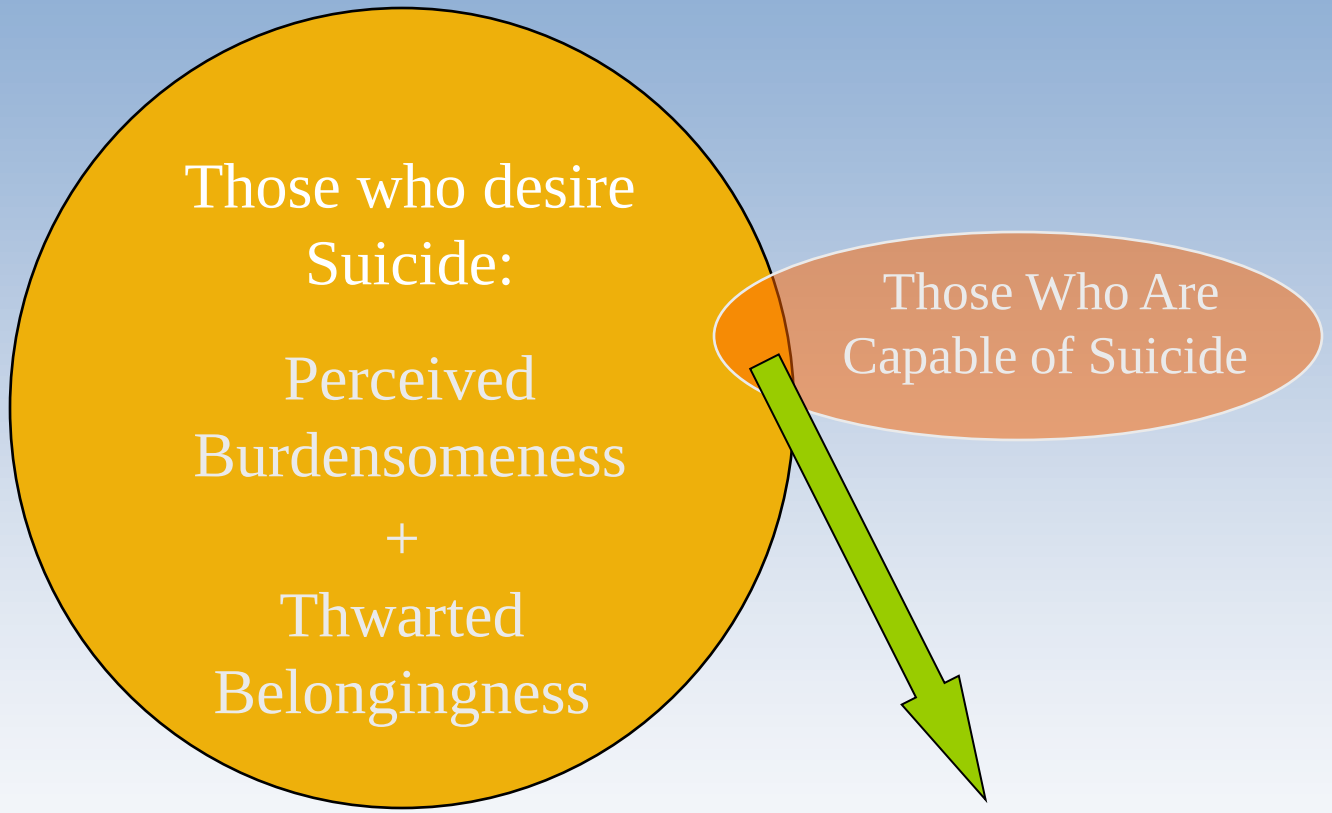
- Feeling trapped
- Increased use of alcohol or drugs
- Feeling that they are a burden to others
- Loss of interest in favorite activities -"nothing matters"
- Giving up on themselves
- Risk-taking behavior
- Suicidal thoughts, plans, actions
- Sudden mood changes for the better



Protective Factors

- Family and community connections/ support
- Clinical Care (availability and accessibility)
- Resilience
- Coping Skills
- Frustration tolerance and emotion regulation
- Cultural and religious beliefs; spirituality

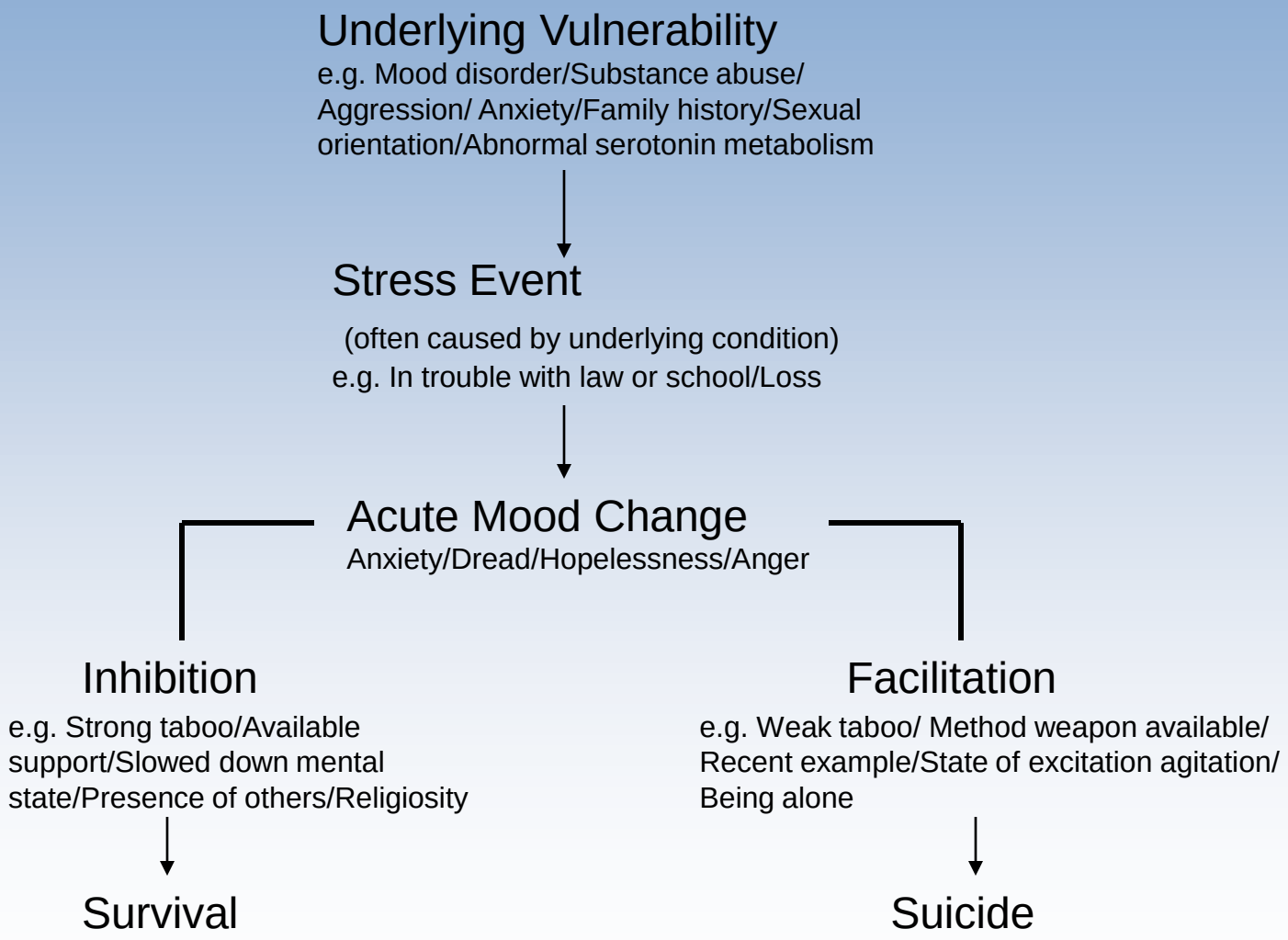
Those Who Desire Suicide



Serious Attempt or Death by Suicide

Joiner, Thomas. *Why People Die By Suicide.* "The Three Components of Completed Suicide." Harvard University Press, 2005.

How does a Suicide Occur?



Examples of the Narrative of Suicidal Individuals

" I can't stand being so depressed anymore." "I can stop this pain by killing myself." "I am damaged goods." (Scneidman, 2001 has characterized this intractable emotional pain as psychache)

"Suicide is the only choice I have." (The word "only" is considered one of the most dangerous words in suicidology)

"My family would be better off without me." "I was just a lifeless think-breathing, but worthless. I knew everyone would be better off if I were dead. It would end my misery and relieve their burden." "My death will be worth more than my life to my family." (Joiner, 2005, and Joiner and Van Orden, 2008, have highlighted the perception of being a burden on others as related to suicidal tendencies).

"I am useless and unwanted." (Joiner, 2005, highlights a sense of "thwarted belongingness," as contributing to suicidal ideation and actions.) Perceive others as uncaring and unsupportive; feel socially disconnected and lack emotional intimacy.

Examples of the Narrative of Suicidal Individuals cont'd

"No one cares whether I live or die." (Feel rejected, marginalized, worthless, unlovable, isolated, alone and a failure)

"I am worthless and don't deserve to live." (The presence of guilt and shame exacerbates suicidal ideation)

" I have an enemy within that I have to escape." (Baumeister, 2004, has viewed suicide as a form of escape from self. It also reflects the "drama of the mind" that suicidal individuals are prone to engage in).

I am a tailspin, like a freight train or tsunami hit me. There is no hope. I cant get caught up. What is the point?" (Riskind et al. 2000 and Rector et al. 2008 have noted that anxious and suicidal individuals are prone to produce elaborate mental scenarios anticipating rapidly rising risk with multiply increasing threats. They tend to exaggerate the time course of perceived catastrophic outcomes and have an increased sense of urgency for escape and avoidance).

" I hate myself." (Suicidal individuals have an over-generalized memory and tend to selectively recall negative events that contribute to invalidating themselves).

Examples of the Narrative of Suicidal Individuals cont'd

" I can't fix this problem and I should just die." (Tunnel vision, inflexibility in generating alternatives, feel trapped and perceived inescapability)

" I would rather die than feel this way." (Evidence poor distress tolerance)

" I have lost everything important to me." "My future looks empty." "Life is no longer worth living." "Nothing will change." " There is no hope for me." (Ghahramanlou- Holloway et al., 2008, highlight the impact of such loss-related cognitions and the role of feelings of helplessness and hopelessness that exacerbate suicidal tendencies).

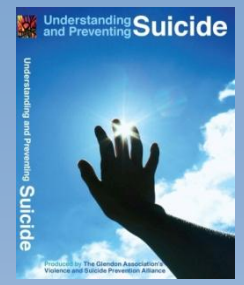
"I have screwed up, so I might as well screw up all the way." (Perception that he or she does not deserve to live which contributes to suicidal ideation)

"Those who hurt me will be sorry." (Perceived benefits of suicide, revenge)

"Suicide is a way of life for me and I can't stop it." (Kernberg, 2001)

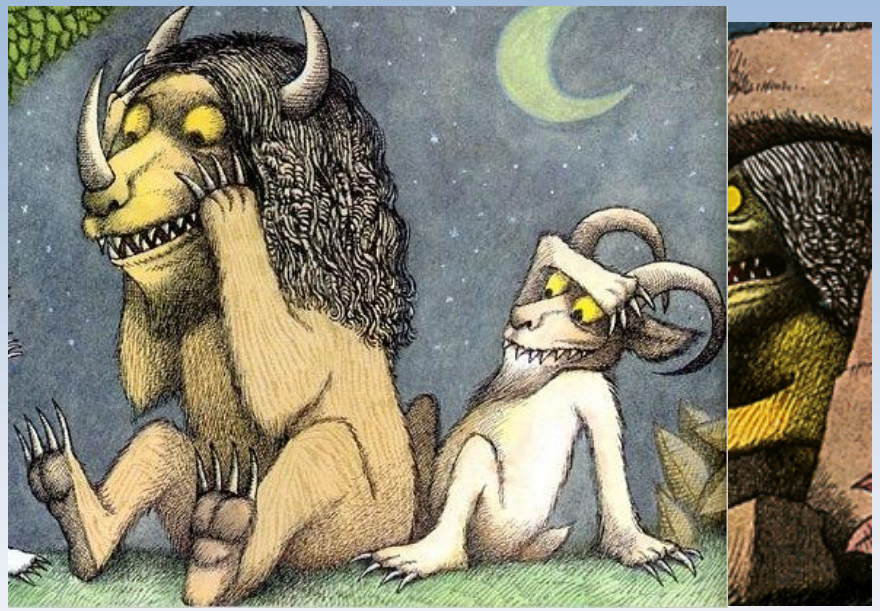
Ambivalence

From *Understanding and Preventing Suicide*



http://www.youtube.com/watch?v=pHK1T50JzEU

- Self
- Anti-Self



Suicide Risk Factors Checklist

- Psychiatric
  - Major Depression/ Bipolar Disorder
  - Alcohol dependence-rate 50x the general population, 25% of all suicides
  - Drug addiction- 10% die by suicide
  - Personality Disorders- especially borderline or compulsive
  - Schizophrenia

Suicide Risk Factors Checklist

- Psychiatric
  - Past history- especially if attempts were serious
  - Family History-increased risk in twin and adoption studies
  - Possible biologic markers: Decreased CSF 5-HIAA, increased CSF MHPG, nonsuppressing DST, low platelet MAO, low platelet serotonin, high platelet serotonin-2 receptor responsibility
  - Poor physical health- renal dialysis patients have a suicide rate 400X higher than the general population

Suicide Risk Factors Checklist

- Psychological
  - History of Recent Loss
  - History of parental Loss During Childhood
  - Important Days-anniversaries, holidays, etc.
  - Family instability
  - Social Isolation-loss of social supports

Suicide Risk Factors Checklist

- Social
  - Sex-

    Male 3X female
  - Race-

    Whites 2x nonwhites, except urban areas where rate is the same: Native Americans have higher rates
  - Age-

    in men rates rise with age above age 45; in women the peak risk is about age 55, then the rate declines
  - Religion-

    Protestants and atheists have higher rates than Jews and Catholics

Suicide Risk Factors Checklist

- Social
  - Geography-
    urban rates higher
  - Marital Status-
    divorced> single>widowed>married
  - Socioeconomic-
    high rates at both spectrums, retired and unemployed at higher risk

Poll #3

Have you had someone
come to you for help or confide in you
about thoughts of suicide?

Helper Tasks Film Clip

http://www.youtube.com/watch?v=MIWpWpwrFUY

Helper Tasks

- **Engage** - Engage the person at risk in a personable way, use eye contact, give your full attention, don't act distracted.

- **Explore** - Explore their situation from his or her point of view by encouraging the open expression of their personal concerns. Show that you want to understand their feelings.

- **Identify** - Identify whether or not the person is currently thinking about suicide. As you learn more about the persons thoughts and feelings, you may get more clues that he or she is considering suicide. Be direct, ask questions: "Are you thinking about suicide"? This can give the person at-risk permission to talk about his or her suicidal thoughts and possible plans.

Helper Tasks

- **Inquire** – If the person is indeed contemplating suicide, you need to inquire into the reasons why these events and feelings are leading to a consideration of suicide at this time. Why now? Having developed a deeper understanding of the persons at-risk reasons, you can then work together to find other ways out of the situation then suicide.

- **Assess** – Use closed questions that require a yes/no answer. Be specific. The questions you ask at this point address the persons plan for suicide and information about prior suicidal behavior. Your assessment is a combination of gut feelings and an assessment of risk factors you have learned about. In a situation where a person's life is at stake, it is better to do too much than not enough.

  Help identify the personal strengths and opportunities that might orient him or her toward life. How did he or she solve serious problems previously? Be ready to speak for the life side! The sensitive introduction of commitment to life allows both sides of ambivalence to be experienced by the person at-risk.

Develop an Action Plan

- **Be specific** – Details about what's to be done must be clearly understood. Being specific is very important. Leaving things vague and non-specific can be dangerous.

- **Limit objectives** – Remember that your job is to help until the immediate danger, or threat of suicide, has passed. The action plan is not meant to be a total solution for all the person's problems. Be realistic. Do not make false promises or resort to phony statements (For example: "It will be alright."

- **Work together** – Both you and the person at-risk are committing to fulfilling your responsibilities according to the plan. You are mutually agreeing to a commitment to life.

Develop an Action Plan

- **Confirm the commitment** – The person at-risk agrees not to engage in any self-harming behavior for an agreed upon time. Ask the person to repeat the agreement out loud; both of you will experience a feeling of relief.

- **Develop crisis control** – Build in some arrangement for emergency support if the steps of your plan for action cannot be carried out or if the commitment cannot be maintained until the set follow-up time. (For example, have the person call the local suicide hotline or national suicide hotline
  1-800-273-TALK.)

- **Spell out the follow-up** - Set the date and time for another meeting between you and the person at-risk, or between the person at risk and whatever follow-up resources you have agreed to (such as meeting with the school counselor.)

Poll #4

Do you think you could make an action plan with someone you're worried about?

Coping Suggestions for the Suicidal Person: A Safety Plan

- Recognize specific actions that you will take when you start to feel bad. These will help interfere with two behaviors that fuel a suicidal state: passivity and isolation.
- What activity are you going to do to make yourself feel better? (ie: take a walk, play with your dog, bake brownies, meditate, watch a funny movie)
- Where are you going to go to be with people and take your mind off your negative thoughts? (ie: to the mall, to the park, to an athletic event)
- Who are you going call to talk to? (ie: a specific friend, relative, minister) Make sure that you have that person's phone number
- Reduce the potential use of lethal means
- And finally, make sure that you have the Suicide Hotline Number – 1-800-273-TALK (8255) – in your phone

Construction of a Hope Kit*

Another activity that is undertaken in the middle phase of therapy is the construction of a hope kit. A hope kit consists of a container that holds mementos (photographs, letters, souvenirs) that serve as reminders of reasons to live. Patients are instructed to be as creative as possible when creating their hope kit, so that the end result is a powerful and personal reminder of their connection to live that can be used when feeling suicidal. We have found that patients report making their hope kits to be a highly rewarding experience that often leads them to discover reasons to live they had previously overlooked.

Suzanne was rather artistic and reported that she enjoyed this task. She found an old shoe box and decorated it using some of her favorite pictures. Inside she included pictures of her mother, her friends, and her cart. She also included the lyrics of her favorite song, a potpourri bag filled with her favorite scent, and a piece of her childhood blanket. Suzanne kept the hope box on her dresser, and it frequently reminded her of all the good things in her life.

**Excerpted from "Cognitive Therapy, Cognition, and Suicidal Behavior" by GK Brown, E Jeglic, GR Henriques, and AT Beck In *T.E. Ellis (Ed.), Cognition and Suicide (APA Books, 2006).*

ASK

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Promoting a public health approach to suicide prevention

1-800-273-TALK (8255)
suicidepreventionlifeline.org

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From the Field

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TX Suicide Prevention App for Smartphones

The ASK & Prevent Suicide mobile app, developed by the Texas Youth Suicide Prevention Project, helps users recognize warning signs, ask about suicidal thoughts, and find help for people at risk, including LGBTQ people and veterans.

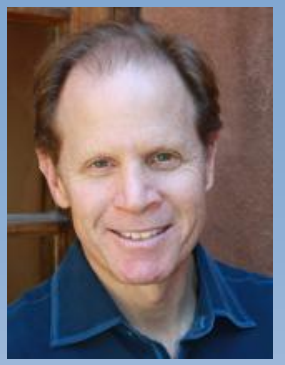
Read more

TX Suicide Prevention App for Smartphones

ASK About Suicide to Save a Life is an app that helps users recognize the warning signs for suicide, ask about suicidal thoughts, and find help for people at risk. It includes sections dedicated to LGBTQ people and veterans, as well as a list of crisis hotlines in Texas and links to national and state suicide prevention resources. The app was developed by the Texas Department of State Health Services and Mental Health America of Texas as part of the Texas Youth Suicide Prevention Project.

Versions are available, at no-cost, for both iPhones/iPads and Android phones and mobile web browsers.

Interpersonal Neurobiology



C urious

O pen

A ccepting

L oving

Suicide Prevention: Making a Difference

Be Aware of the Do's…

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support.
- Ask if she or he is thinking about suicide.
- Be direct. Talk openly and freely about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be 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.
- Offer hope that alternatives are available and Take Action.

Suicide Prevention: Making a Difference

…and the Don'ts…

- Don't dare him or her to do it.
- Don't ask why. This encourages defensiveness.
- Offer empathy, not sympathy.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.

Poll #5

Have you lost someone to suicide?

- Parent
- Child
- Other Relative
- Friend
- Other

Common Emotions Experienced in Grief:

- Shock
- Guilt
- Despair
- Stress
- Rejection
- Confusion
- Helplessness
- Denial
- Anger
- Disbelief
- Sadness
- Loneliness
- Self-Blame
- Depression
- Pain
- Shame
- Hopelessness
- Numbness
- Abandonment
- Anxiety

These feelings are normal reactions, and the expression of them is a natural part of grieving. Grief is different for everyone. There is no fixed schedule or one way to cope.

Self-Care & Help Seeking Behaviors

- Ask for help
- Talk to others
- Get plenty of rest
- Drink plenty of water, avoid caffeine
- Do not use alcohol and other drugs
- Exercise
- Use relaxation skills

PSYCHALIVE.ORG – Suicide Prevention Advice Page

http://www.psychalive.org/2011/09/suicide-prevention-advice-2/

National Action Alliance for Suicide Prevention

http://actionallianceforsuicideprevention.org/

American Association of Suicidology's Survivors' Support Group Directory
http://www.suicidology.org/web/guest/support-group-directory

IASP Suicide Survivor Organizations (listed by country) -

http://www.iasp.info/resources/Postvention/National_Suicide_Survivor_Organizations/

For Help in Immediate Crisis

IF:

- Someone is threatening to hurt or kill themselves
- Someone is looking for ways to kill themselves: seeking access to pills, weapons or other means

Call 911 or seek immediate help

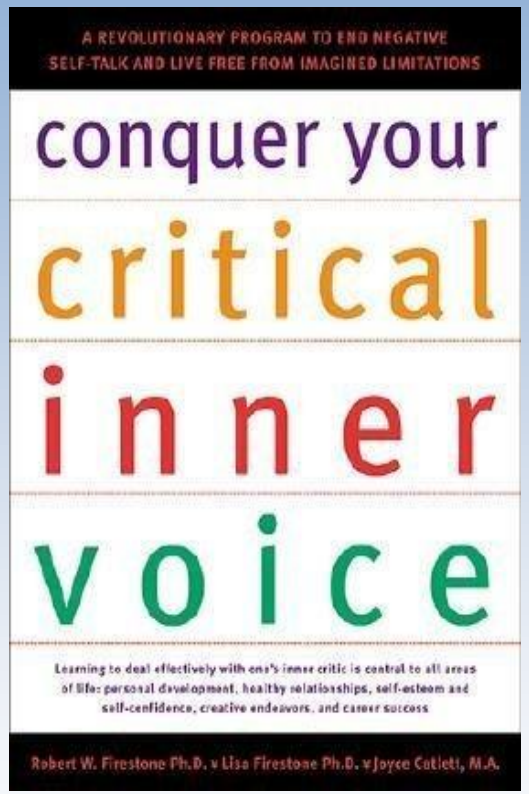
For Help
for Someone You Care About

If you see signs of:

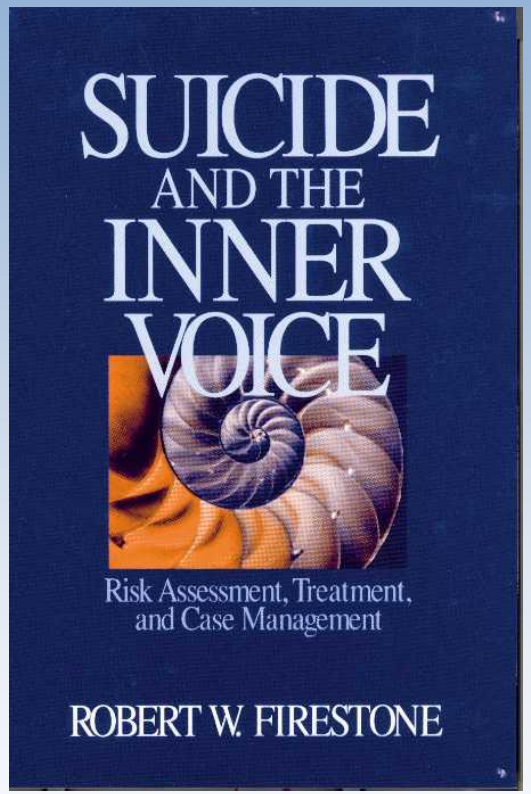
- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped-like there's no way out
- Someone talking or writing about death, dying or suicide
- Increasing alcohol or drug use
- Withdrawal from friends, family or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic mood changes
- No reason for living; no sense of purpose in life

Seek help by contacting a mental health professional or calling **1-800-273-TALK**

Resources: Books



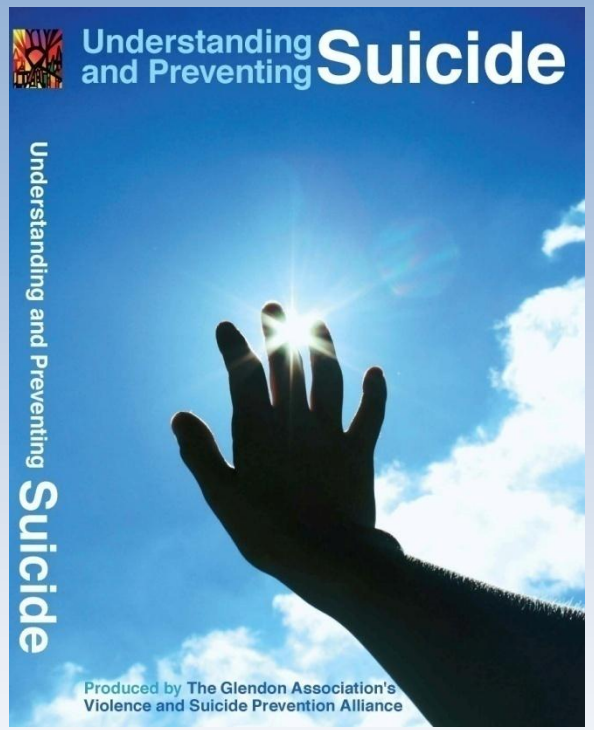
For Public and Professionals



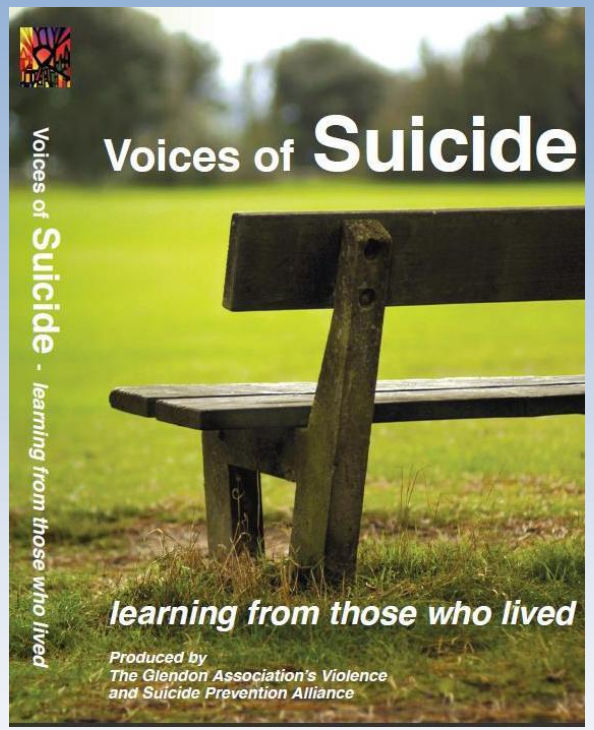
For Professionals

Visit www.psychalive.org for resource links

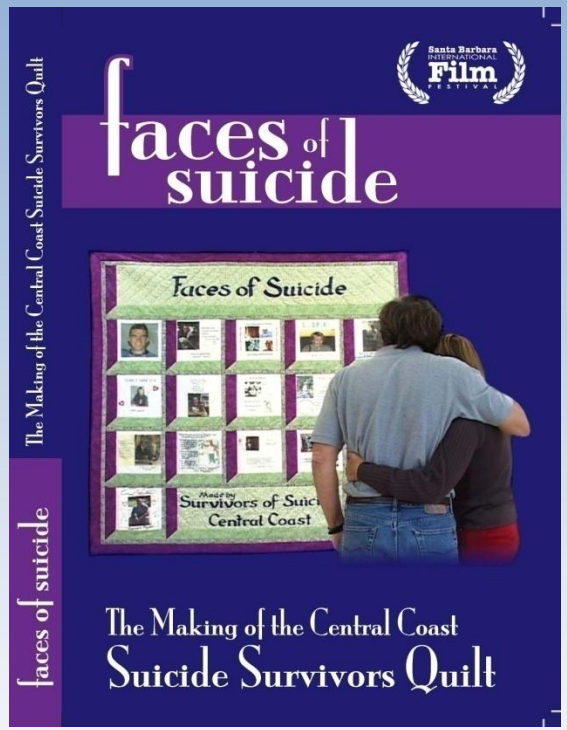
Resources: Films



For the Public



For Professionals



For Survivors

Visit www.psychalive.org for resource links

Assessment Tools

Upcoming Webinars from PsychAlive

Featuring Dr. Lisa Firestone, Dr. Christine Courtois, and Dr. James Gilligan

For Professionals:

Complex Forms of Posttraumatic Stress Disorder
Presenter: Christine Courtois
Sep. 24 - 4pm- 5:30pm PST

Suicide: What Every Mental Health Professional Needs to Know
Presenter: Lisa Firestone
Sep. 25 - 4pm – 5:30pm PDT

Understanding & Effectively Treating Violence
Presenter: James Gilligan
Oct. 16 - 4pm – 5:30pm PDT

For the Public:

Why Does Violence Occur & How Can We Prevent It?
Presenter: James Gilligan
Nov. 13 - 11am- 12pm PST

How to Raise an Emotionally Healthy Child
Presenter: Lisa Firestone
Dec. 4 - 12pm – 1pm PST

Learn more or register at
http://www.psychalive.org/2012/01/upcoming-webinars-2/

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Welcome to the Webinar, Suicide: What Every Therapist Needs to Know

Lisa Firestone, Ph.D.

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