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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
The Glendon Association

Senior Editor
PsychAlive.org



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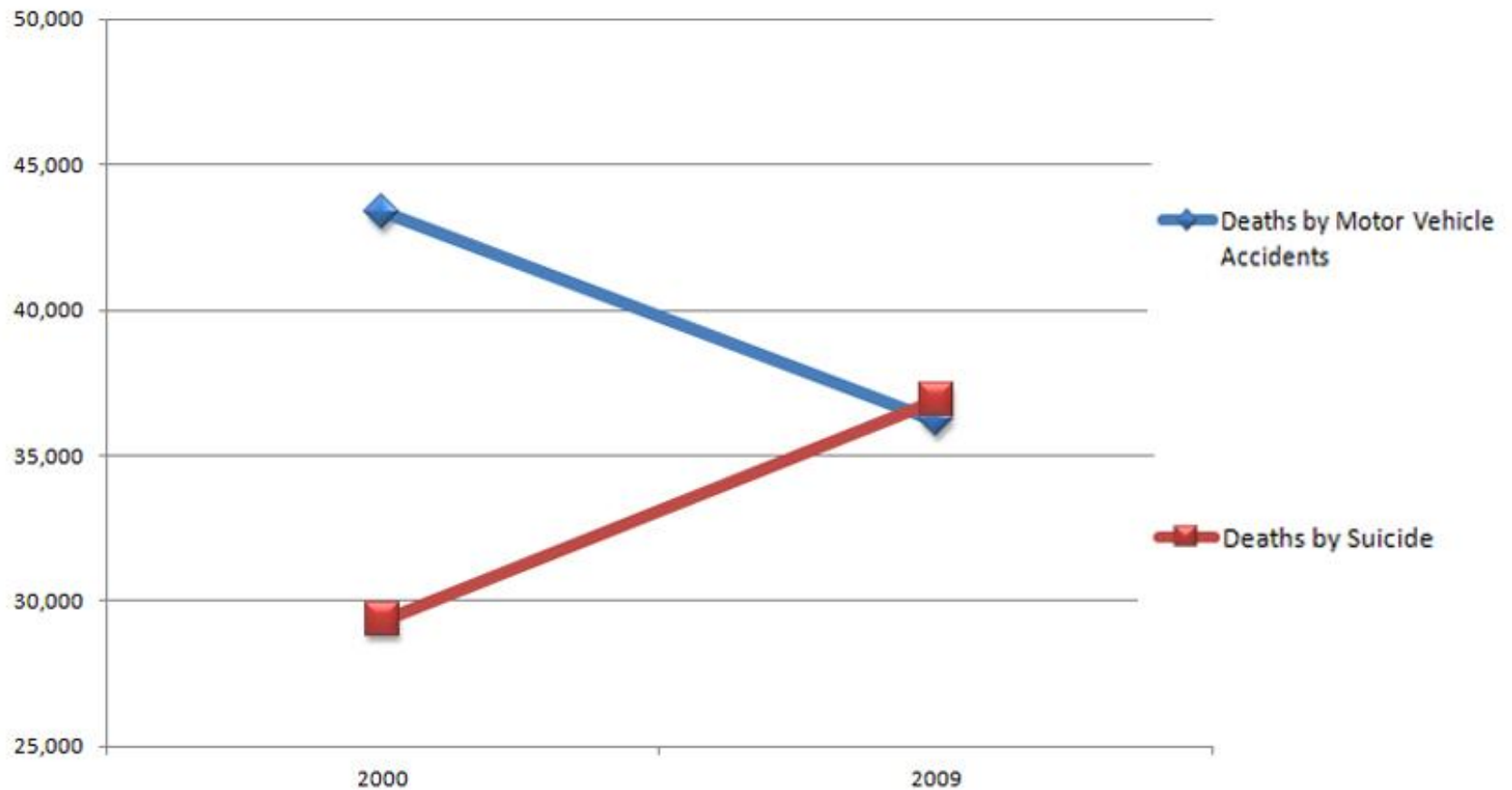
Glendon@glendon.org



Facts About Suicide

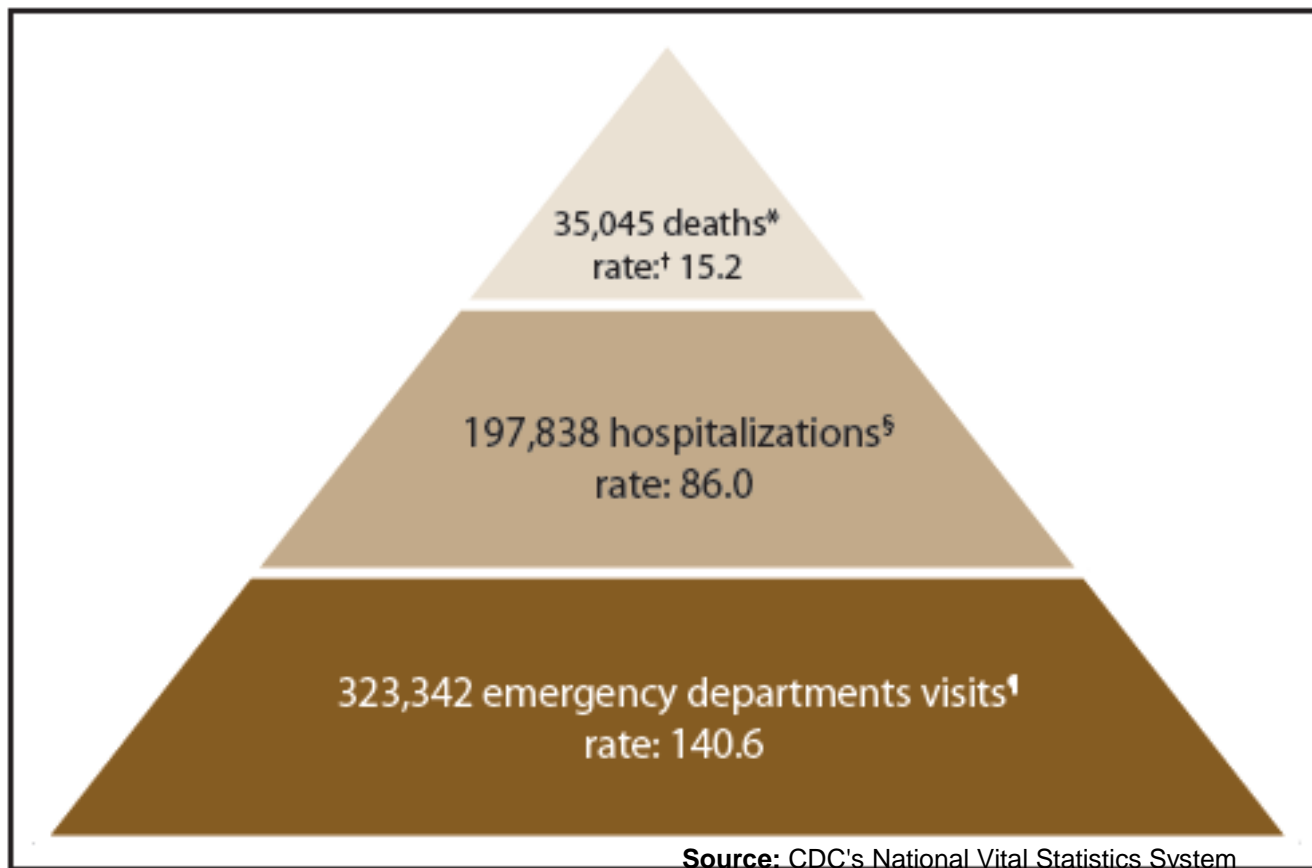
- According to the World Health Organization, every 40 seconds a life is lost to suicide, which means that each year we lose nearly 1 million people to suicide.
- For every one person who dies by suicide, 20 or more attempt to end their lives.
- Worldwide, more people die by suicide than from all homicides 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.

Suicide Surpasses Car Accidents as a Leading Cause of Death





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?



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.

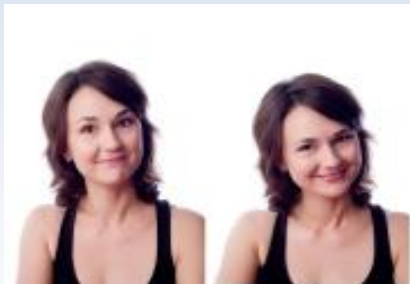


Our Approach to Suicide

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

You don't deserve anything

You should be by yourself

You're a creep

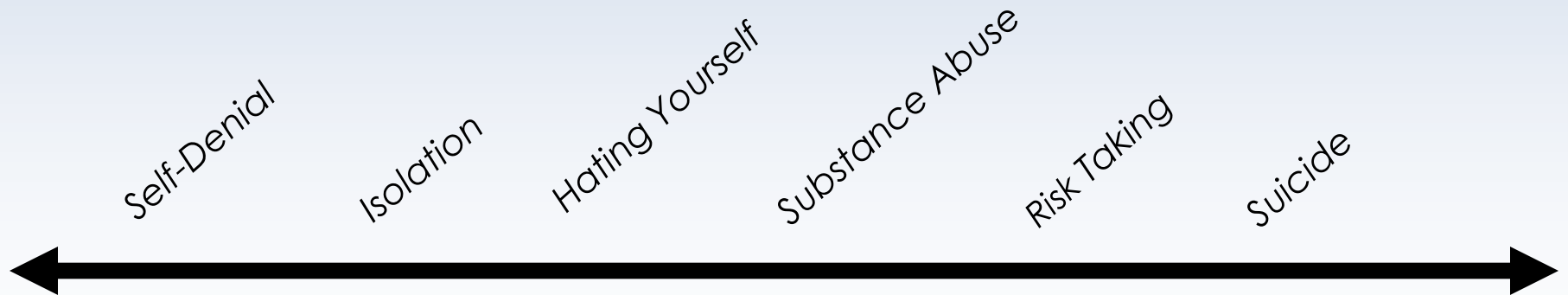
You need to have a drink, so you can relax

You should just kill yourself



Our Approach to Suicide

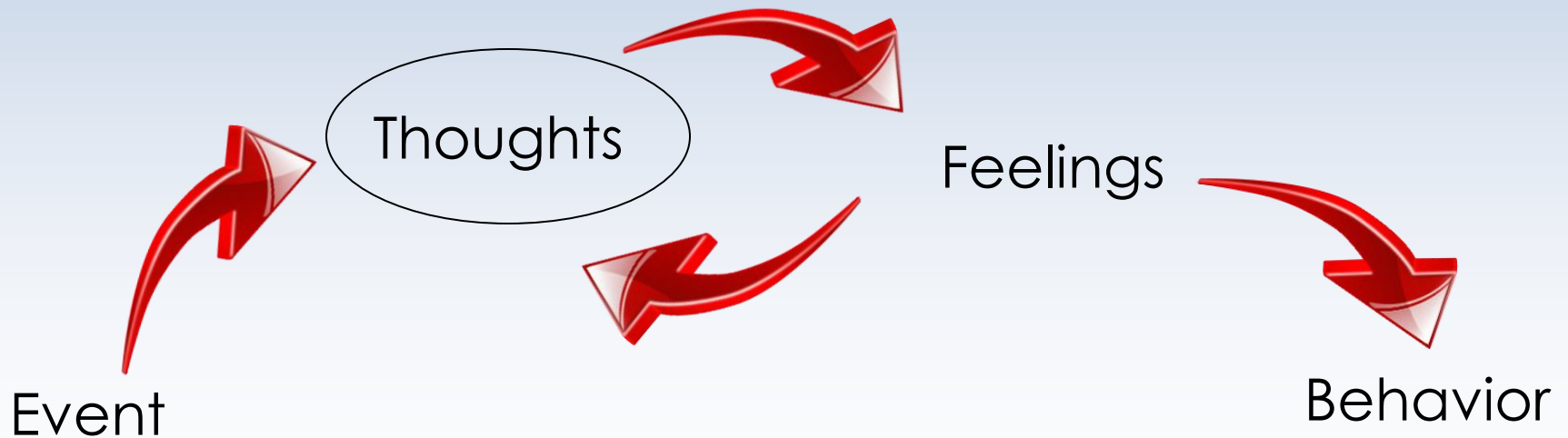
Self-destructive behaviors exist on a continuum from self-denial to substance abuse to actual suicide.





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.





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)

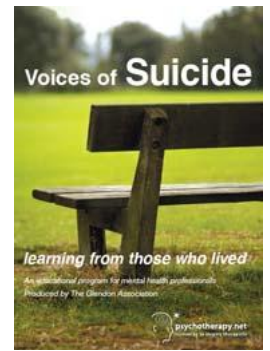
"Those who hurt me will be sorry." (Perceived benefits of suicide, revenge)

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



Voices of Suicide

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



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



Poll #2

Do you ever have these common self-critical thoughts?

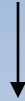
- *You are so stupid. You never get anything right.*
- *You are different from other people.*
- *You're so unattractive.*



How does a Suicide Occur?

Underlying Vulnerability

e.g.: Mood Disorder / Substance Abuse / Aggression / Anxiety / Impulsivity / Sexual Orientation / Abnormal Serotonin Metabolism / Family Characteristics, including history of suicidality / Sexual Abuse / Physical Abuse / Social adversity



Stress Event

(often caused by underlying condition)
*e.g.: In Trouble With Law or School / Loss / **Bullied***



Acute Mood Change

Anxiety/Dread/Hopelessness/Anger

Inhibition

*e.g.: Family cohesion / Religiosity / Available Support / **Internet/ Help-seeking attitudes***



Survival

Facilitation

*e.g.: Method/Weapon available / Recent example / Media displays / **Internet***



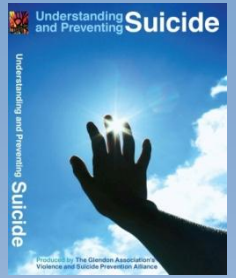
Suicide

Gould, 2012



Warning Signs for Suicide

From *Understanding and Preventing Suicide*



Susan



Trish



Kevin



<http://www.youtube.com/watch?v=0hY6dJkV8l8>



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





Suicide Risk Factors

- A psychiatric disorder, especially major depressive disorder, bipolar disorder, conduct disorder, and substance (alcohol and drug) use disorders
- Psychiatric comorbidity, especially the combination of mood, disruptive, and substance abuse disorders
- Personality disorders (especially cluster B disorders: antisocial, borderline, histrionic, narcissistic)
- Availability of lethal means
- A family history of depression or suicide
- Loss of a parent to death or divorce
- Family discord
- Physical and/or sexual abuse
- Lack of a support network, poor relationships with parents or peers and feelings of social isolation
- Dealing with homosexuality in an unsupportive family or community or hostile school environment
- Previous Attempts
- Poor Physical Health

Data Source: State of California Department of Public Health, Epidemiology and Prevention for Injury Control Branch, California Office of Statewide Health Planning and Development, Patient Discharge Data. Accessed online at <http://epicenter.cdph.ca.gov/>; State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2050. Accessed online at <http://www.dof.ca.gov> (May 2011).



Psychological Risk Factors

- History of Recent Loss
- 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

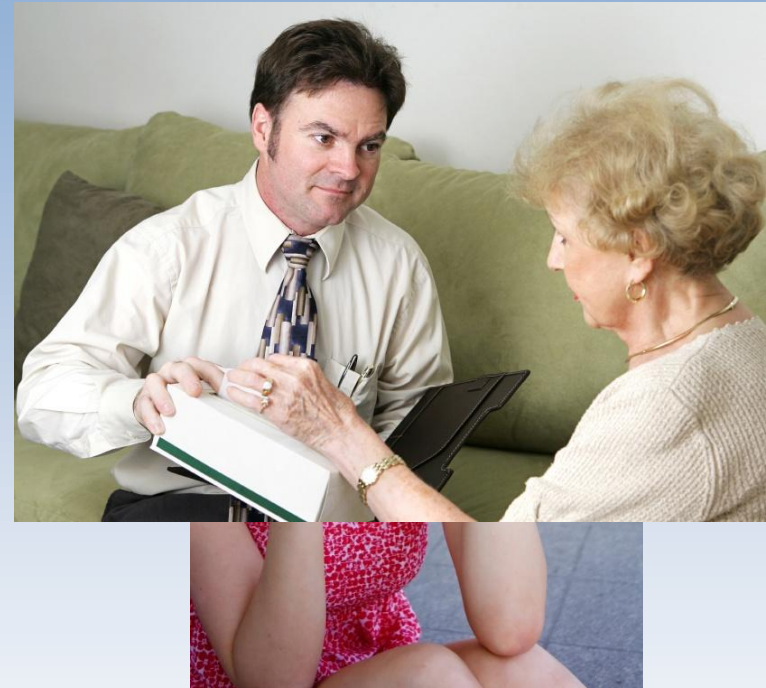
- Religion-

- Protestants and atheists have higher rates than Jews and Catholics

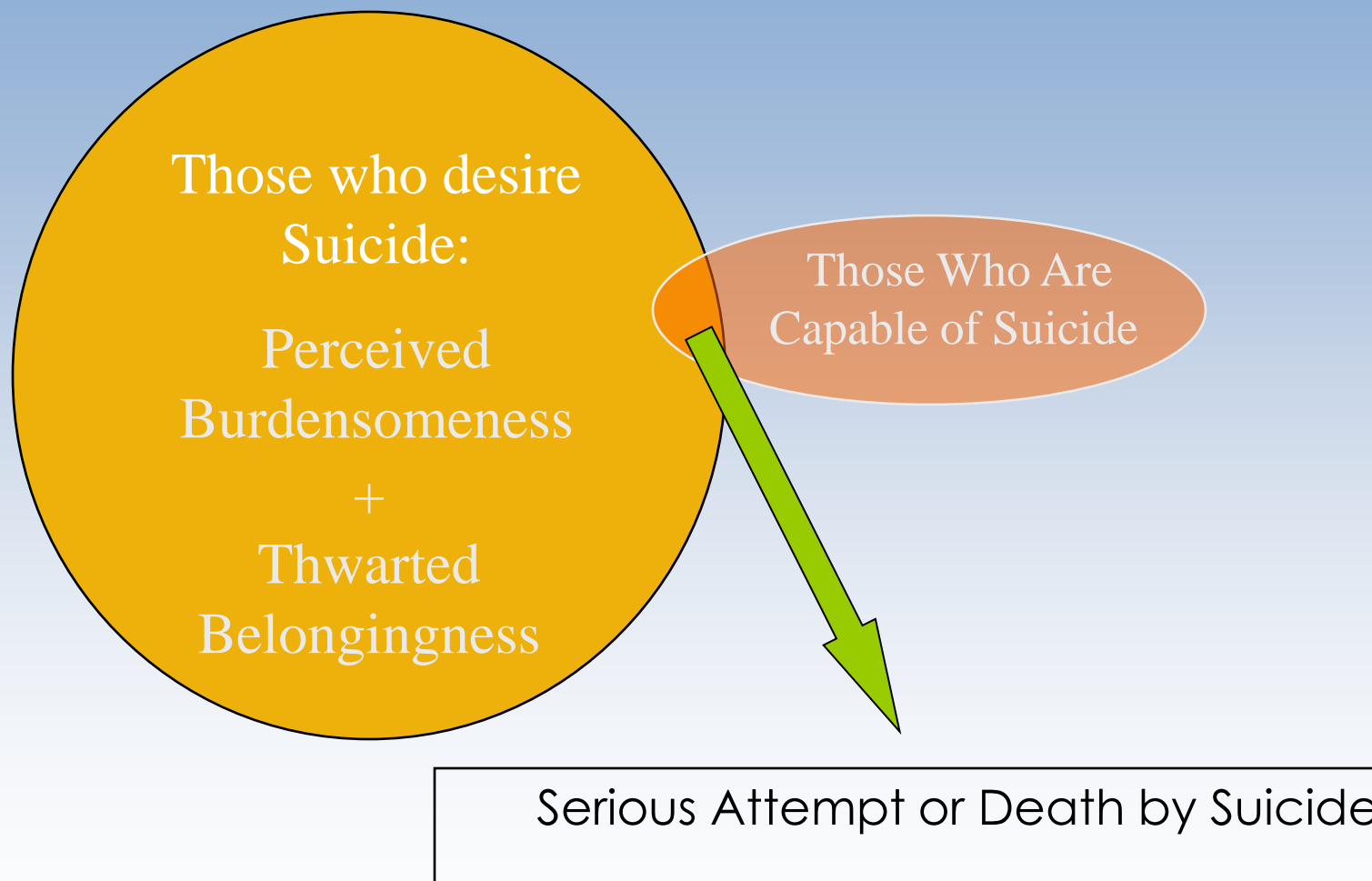


Protective Factors

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



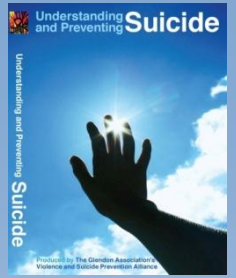
Those Who Desire Suicide





Ambivalence

From *Understanding and Preventing Suicide*



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

- Self

- Anti-Self





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 than 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



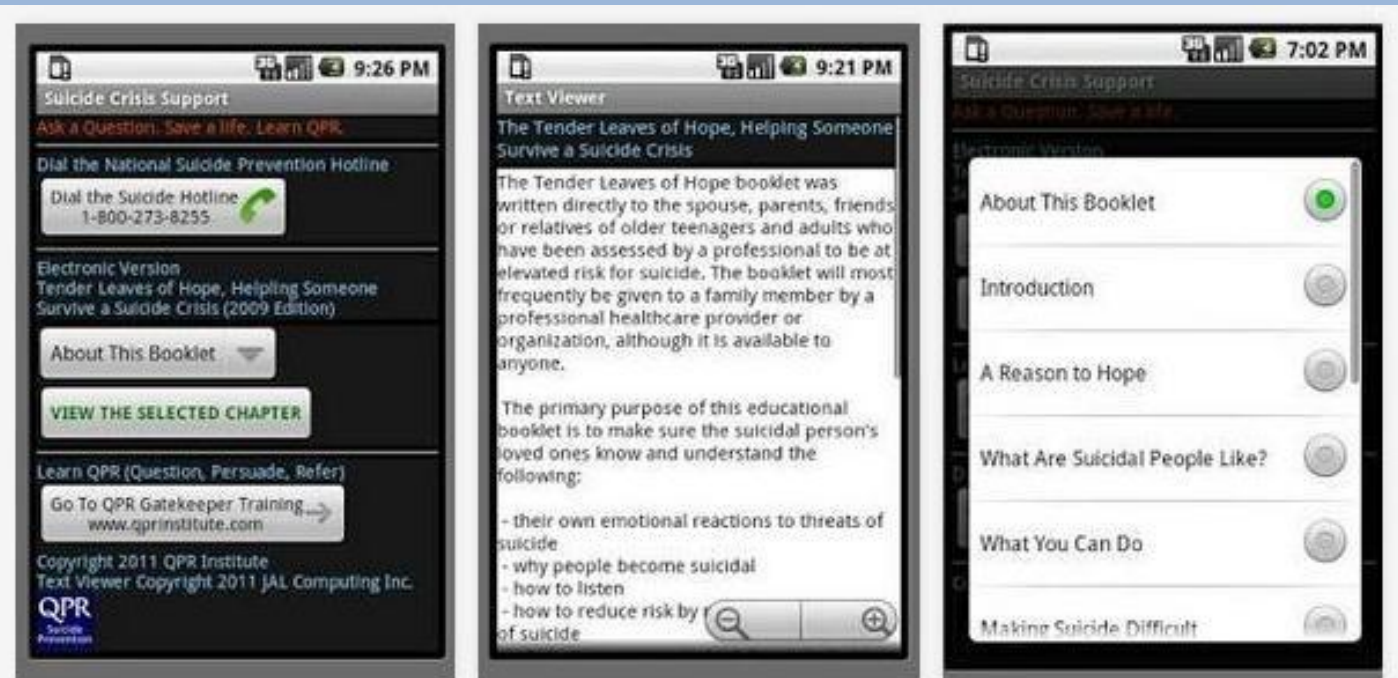
Construction of a Hope Kit*

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 life 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 cat. 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).

QPR Suicide Prevention APP



ASK



SPRC • Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

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

Suicide Prevention Basics

News & Events

Training Institute

Best Practices Registry

Library & Resources

Who We Serve

From the Field

[Home](#)

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

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.

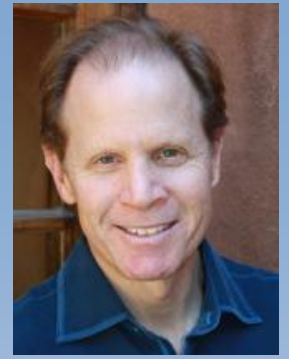
[Read more](#)

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.



Interpersonal Neurobiology



C urious

O pen

A ccepting

L oving



The Healthy Mind Platter



The Healthy Mind Platter, for Optimal Brain Matter



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

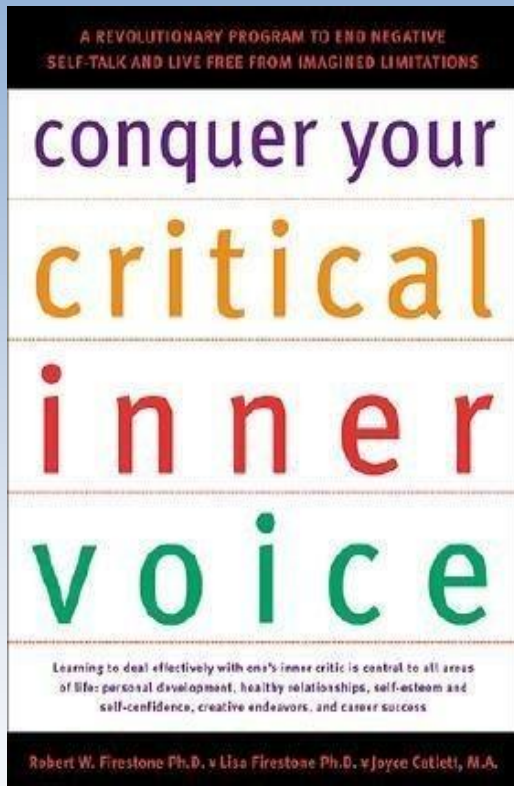
If you see signs of:

- Not sleeping
- 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

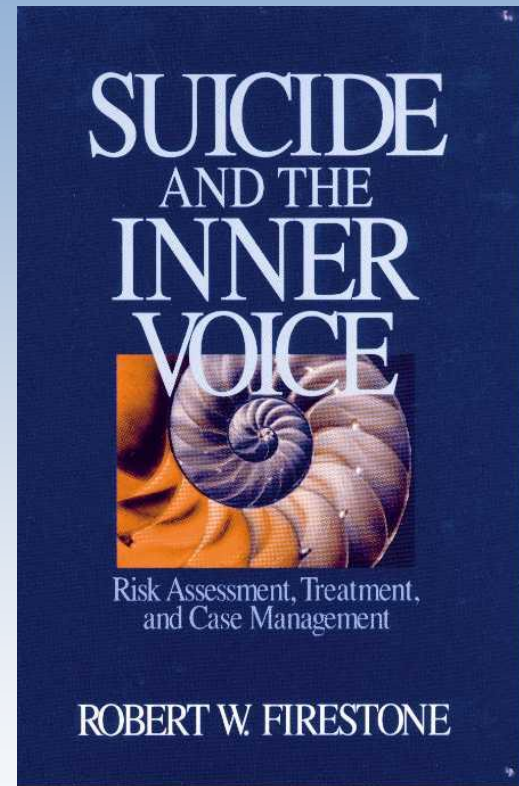
Seek help by contacting a mental health professional or calling **1-800-273-TALK**



Resources: Books



For Public and Professionals

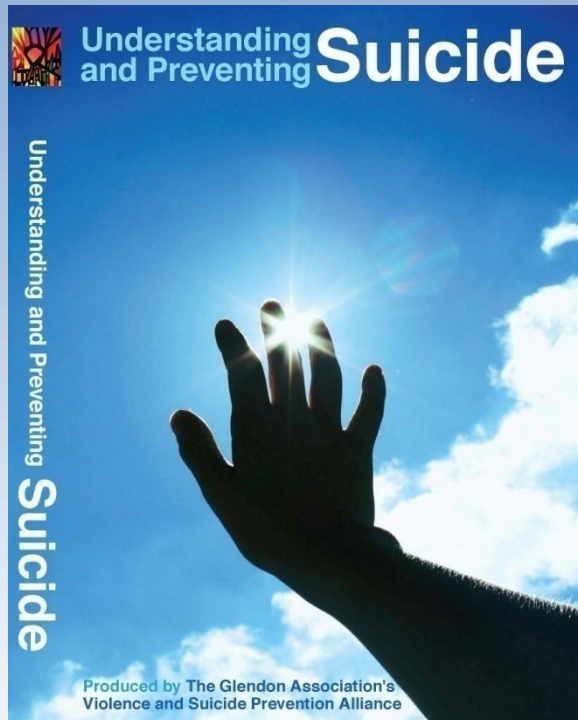


For Professionals

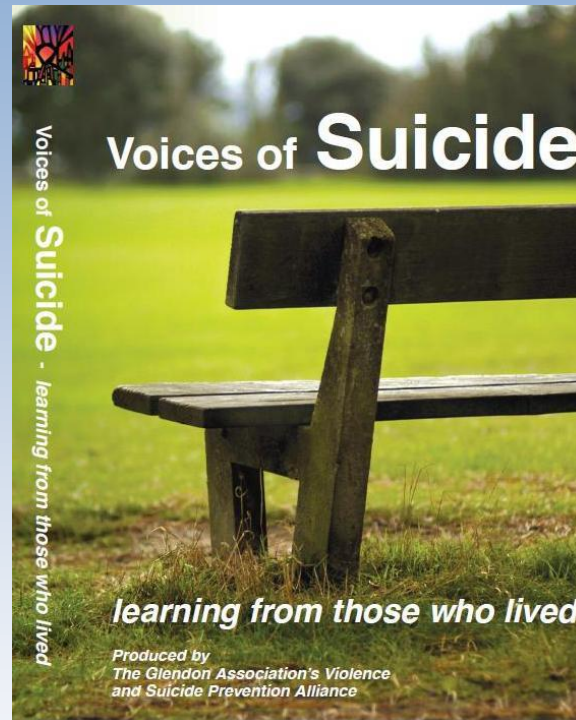
Visit www.psychalive.org for resource links



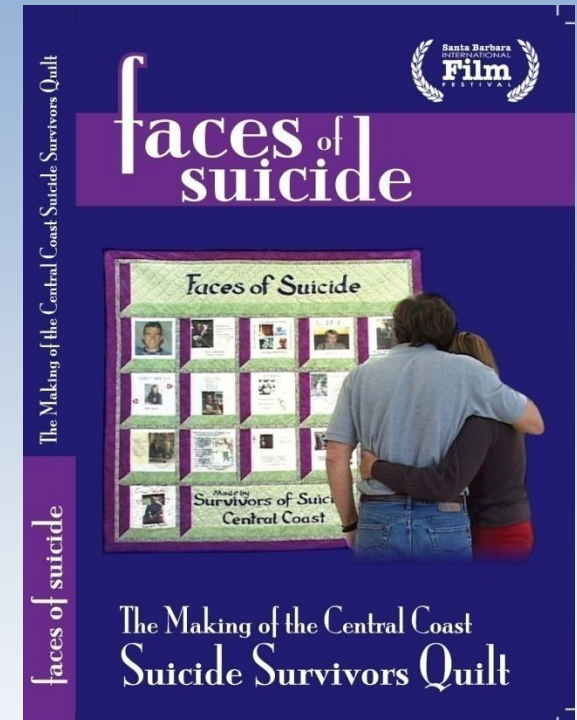
Resources: Films



For the Public



For Professionals



For Survivors

Visit www.psychalive.org for resource links



Assessment Tools



Upcoming Webinars from PsychAlive

For Professionals:



Suicide: What Every Professional Should Know

CE Webinar - 3 CE's

Sep. 17, 2013 - 4pm – 5:30pm PST

Presenter: Lisa Firestone, Ph.D.



Helping Clients Overcome Depression

CE Webinar - 3 CE's

Oct. 22, 2013 - 4pm – 5:30pm PST

Presenter: Lisa Firestone, Ph.D.

For the Public:



Overcoming the Inner Enemy that Causes Depression

Free Webinar

Oct. 8, 2013 - 11am – 12pm PST

Presenter: Lisa Firestone, Ph.D.

Learn more or register at

<http://www.psychalive.org/2012/01/upcoming-webinars-2/>



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Glendon@glendon.org

Toll Free - 800-663-5281



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

Lisa Firestone, Ph.D.

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