



THE GLENDON
ASSOCIATION

& PSYCHALIVE

What We Need to Know to Prevent Suicide



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**THE GLENDON
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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 (800,000) than from all homicides (475,000) and wars combined.
- The suicide rate in the United States increased by 24 percent between 1999 and 2014.



National Suicide Prevention Month

How can we all help
save a life?



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.



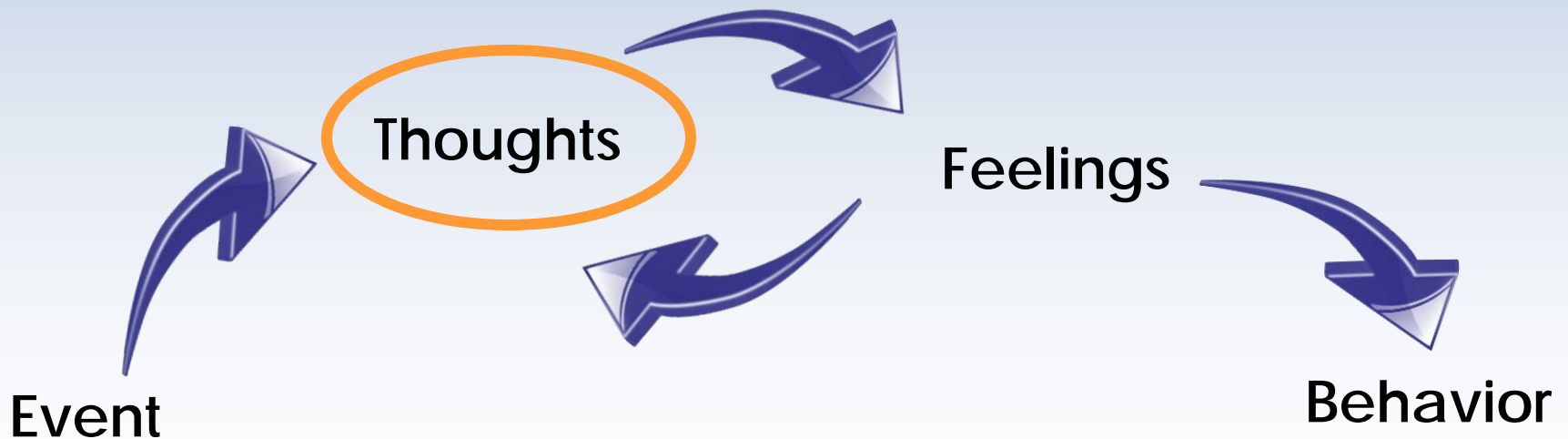
Our Approach to Suicide

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 affects every aspect of our lives: our self-esteem and confidence, our personal and intimate relationships, and our performance and accomplishments at school and work, ESPECIALLY self-destructive behavior.



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

Warning Signs for Suicide

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

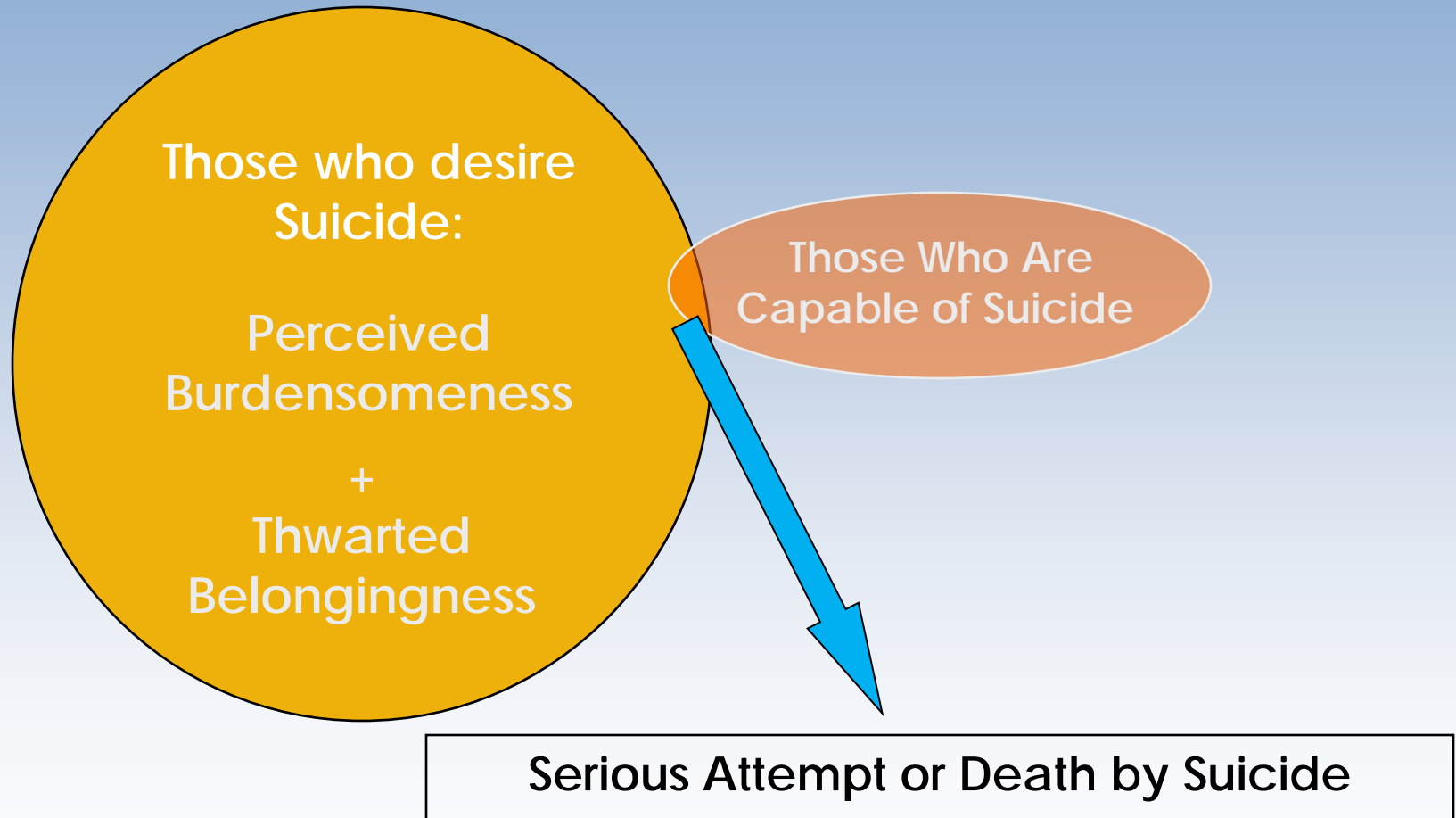
Seek help by contacting a mental health professional or calling **1-800-273-TALK**

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



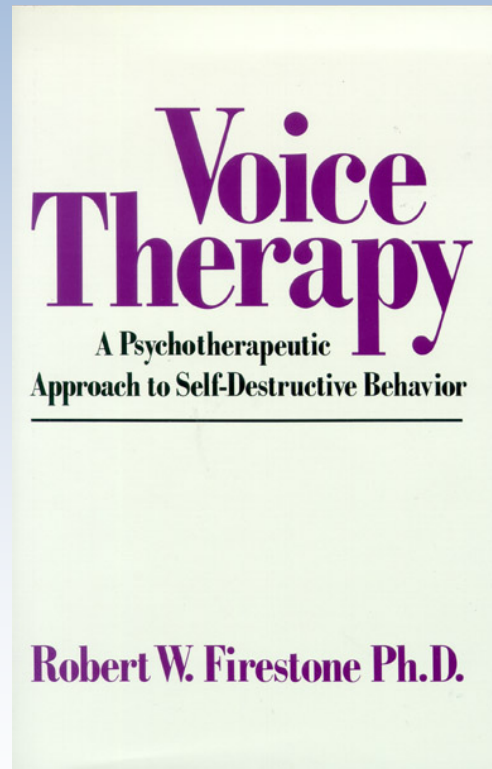
Those Who Desire Suicide



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

Voice Therapy

Cognitive/ Affective/ Behavioral Approach



The Therapeutic Process in Voice Therapy

Step I

Identify the content of the person's negative thought process. The person is taught to articulate his or her self-attacks in the second person. The person is encouraged to say the attack as he or she hears it or experiences it. If the person is holding back feelings, he or she is encouraged to express them.

Step II

The person discusses insights and reactions to verbalizing the voice. The person attempts to understand the relationship between voice attacks and early life experience.



The Therapeutic Process in Voice Therapy

Step III

The person answers back to the voice attacks, which is often a cathartic experience. Afterwards, it is important for the person to make a rational statement about how he or she really is, how other people really are, what is true about his or her social world.



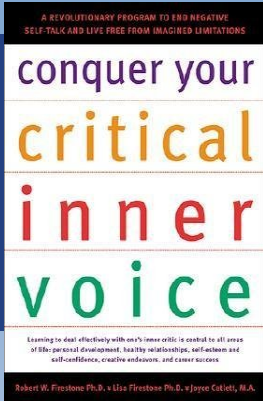
Step IV

The person develops insight about how the voice attacks are influencing his or her present-day behaviors.



Step V

The person then collaborates with the therapist to plan changes in these behaviors. The person is encouraged to not engage in self-destructive behavior dictated by his or her negative thoughts and to also increase the positive behaviors these negative thoughts discourage.



Exercise 1.2: Your Critical Inner Voice Attacks

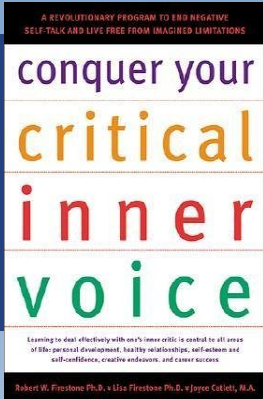
Self-critical attacks as
“I” statements

Example: “I don’t
think I’m an attractive
person.”

Self-critical attacks
as “you” statements

Example: “You’re
not attractive.”





Exercise 1.3: Keeping a Journal: Your Critical Inner Voice/ The Real You

My critical inner voice as “you” statements

Examples:

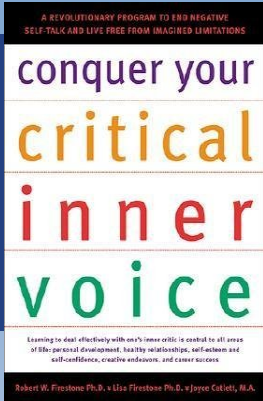
- “Don’t bother trying. Just curl up on the couch.”
- “You should just be on your own.”
- “You can’t trust anyone, so don’t get too close.”

The real me as “I” statements

Examples:

- “I want to be active and pursue my goals.”
- “I don’t want to be isolated and will seek out friends”
- “I want to stay vulnerable in my close relationships.”





Exercise 1.4: A Plan for Action

Actions dictated by my
critical inner voice

Example: "I don't
think I'm an attractive
person."

Actions to take that
reflect the real me

Example: "You're
not attractive."



• Self

• Anti-Self



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

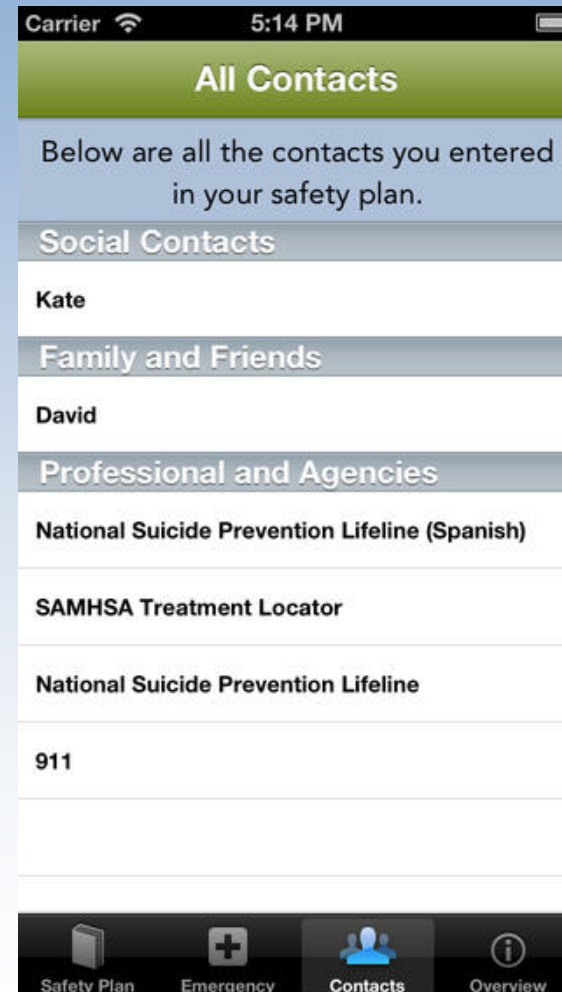
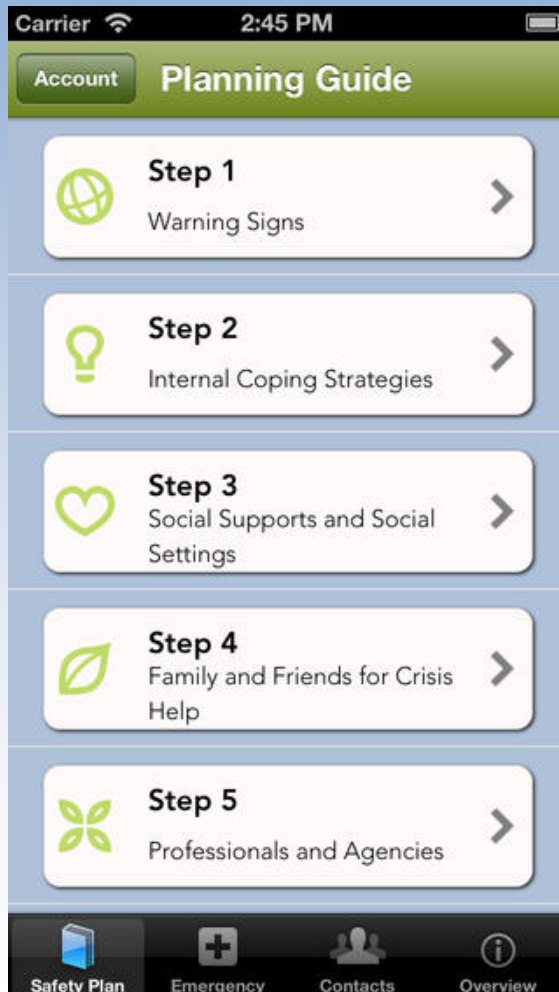
- Confirm the commitment – The person at risk agrees not to engage in any self-harming behavior for an agreed upon time. Ask the person to repeat the agreement out loud; both of you will experience a feeling of relief.
- Develop crisis control – Build in some arrangement for emergency support if the 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.)



Coping Suggestions for the Suicidal Person

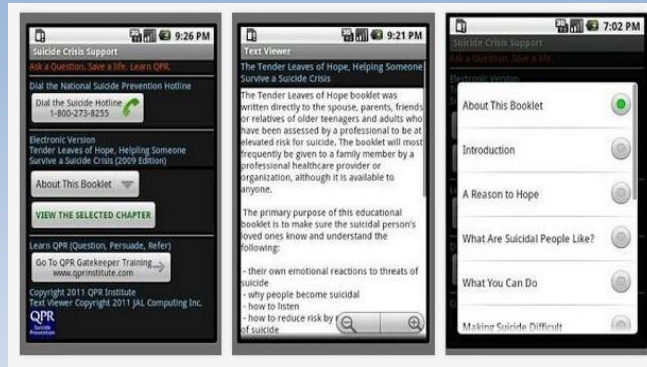
- Recognize specific actions that you will take when you start to feel bad. These will help interfere with two behaviors that fuel a suicidal state: passivity and isolation.
- What activity are you going to do to make yourself feel better? (ie: take a walk, play with your dog, bake brownies, meditate, 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

Safety Plan App

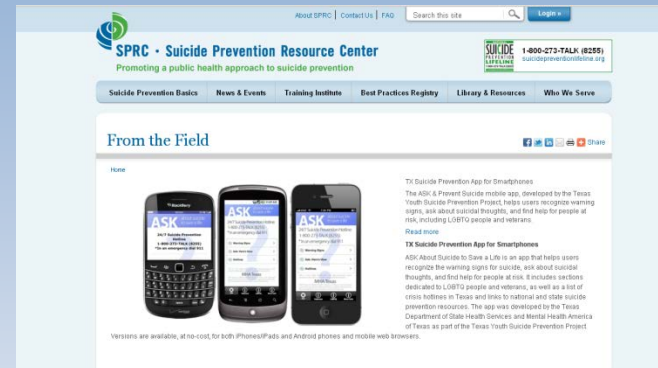


Apps

QPR Suicide Prevention App



ASK



SAMHSA's Suicide Safe for Health Care Providers



Therapies That Work

(short-term, suicide-specific)

- ❑ **Dialectical Behavior Therapy (DBT) – Marsha M. Linehan**
- <http://behavioraltech.org/resources/whatisdbt.cfm>
- ❑ **Collaborative Assessment & Management of Suicidality (CAMS) – David Jobes**
- <http://www.dcoe.mil/content/Navigation/Documents/SPC2012/2012SPC-Jobes-CAMS.pdf>
- ❑ **Brief Cognitive Behavioral Therapy (BCBT) – Craig Bryan & David Rudd**
- http://www.texassuicideprevention.org/wp-content/uploads/2013/06/BCBT_workshop_slides.pdf
- ❑ **Cognitive Behavior Therapy (CBT) -Aaron Beck & Gregory Brown**
- <http://www.apa.org/pubs/books/4317169.aspx>
- ❑ **AESCHI Approach – Konrad Michel**
- <http://www.apa.org/pubs/books/4317248.aspx>

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.

National Suicide Prevention Lifeline

1(800)273-8255

National Suicide Prevention Lifeline

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No matter what problems you are dealing with, we want to help you find a reason to keep living. By calling **1-800-273-TALK** (8255) you'll be connected to a

Call 24/7
1-800-273-8255



Are you in crisis?

[Click to Chat](#)

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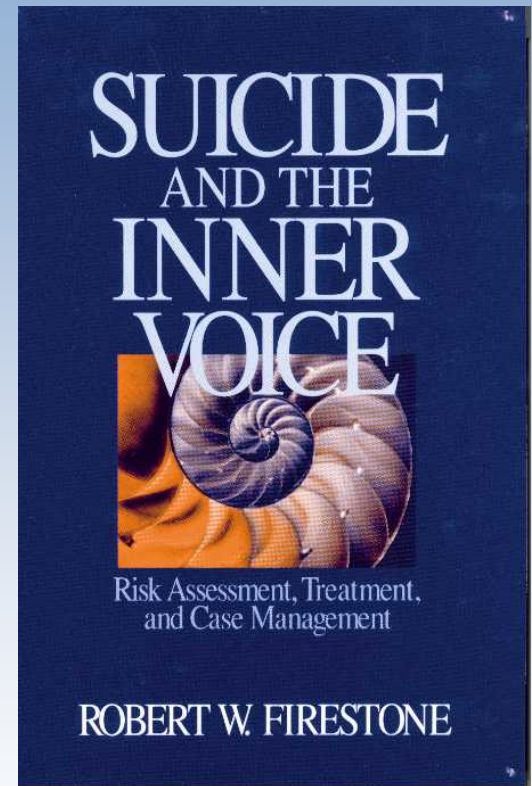
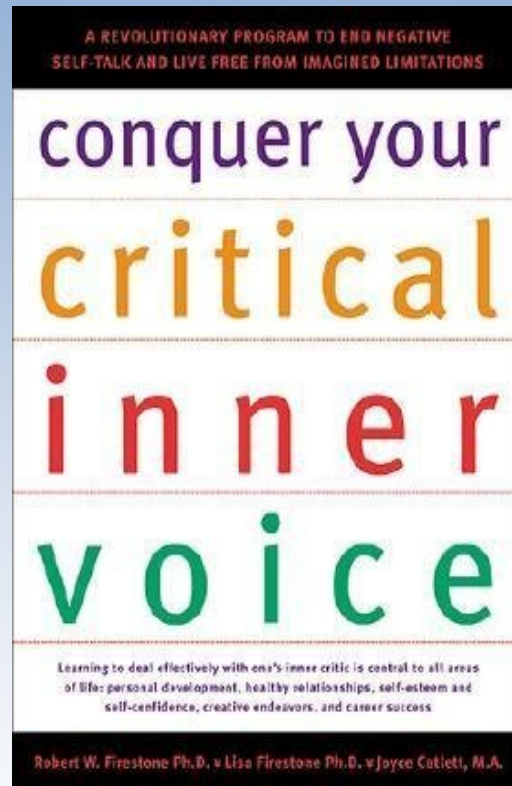
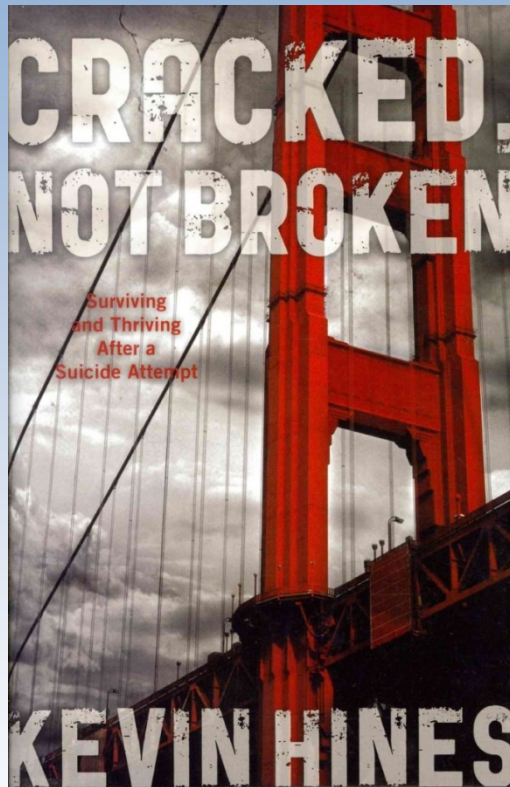
For Help in Immediate Crisis

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

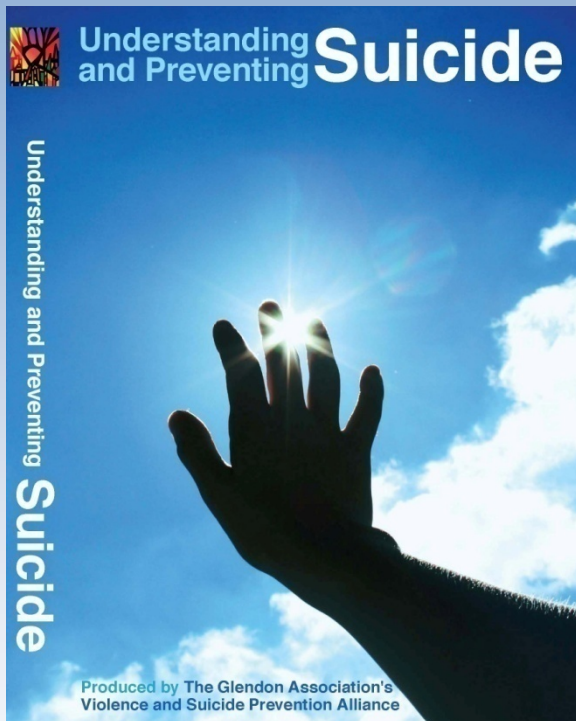
Call 911 or seek immediate help

BOOKS

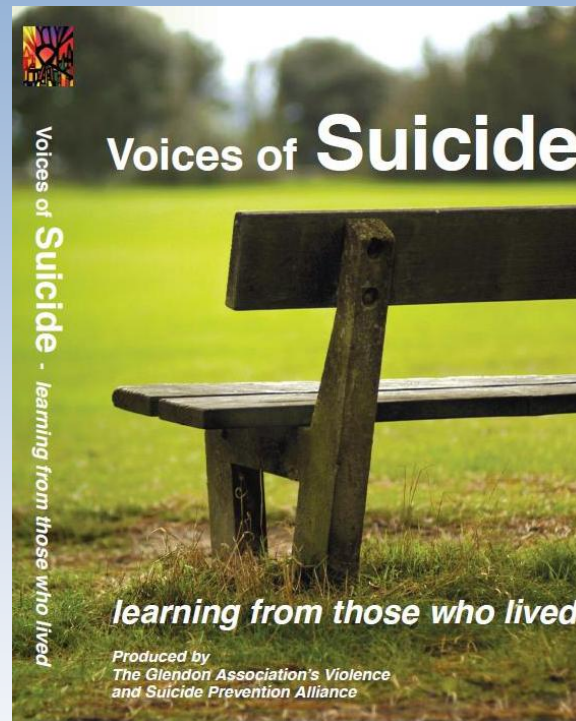


Visit www.psychalive.org for resource links

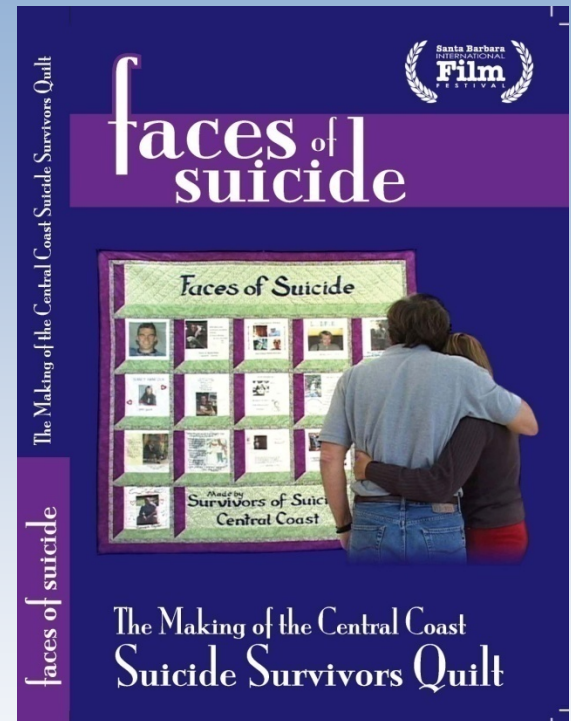
FILMS



For the Public



For Professionals

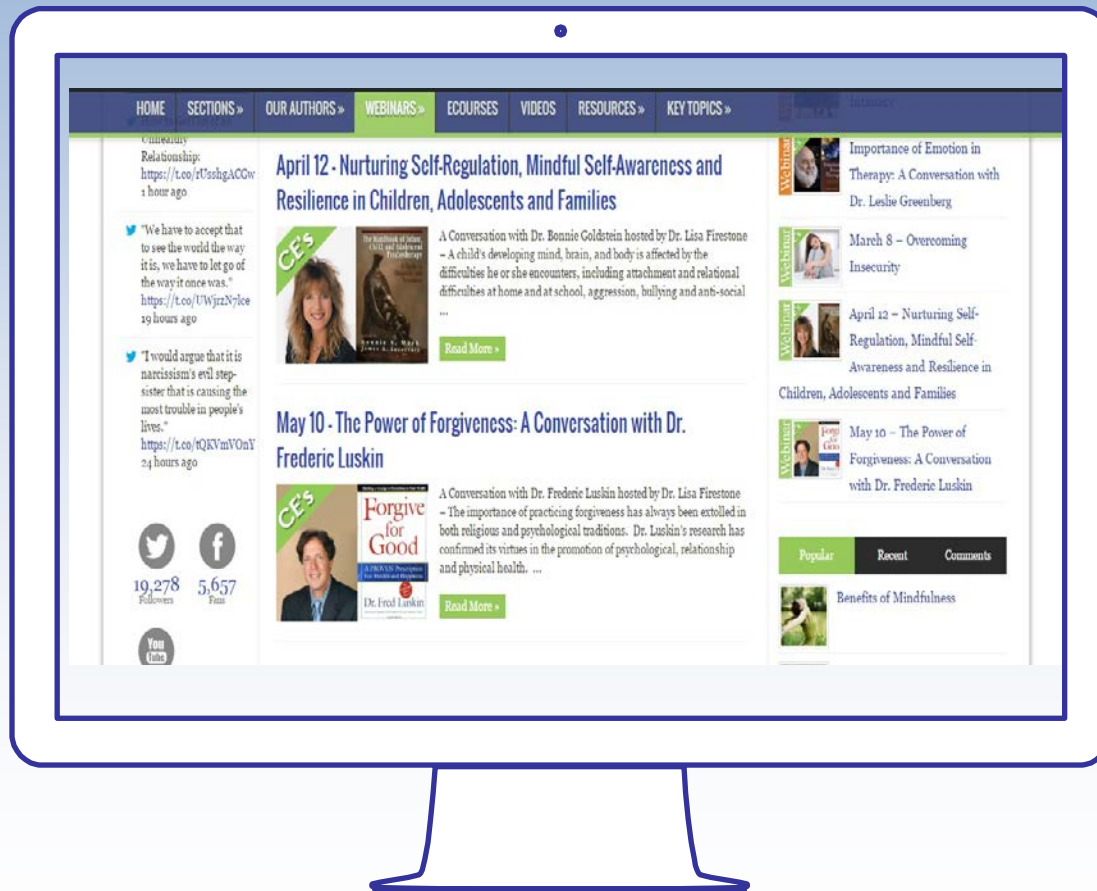


For Survivors

Visit www.psychalive.org for resource links

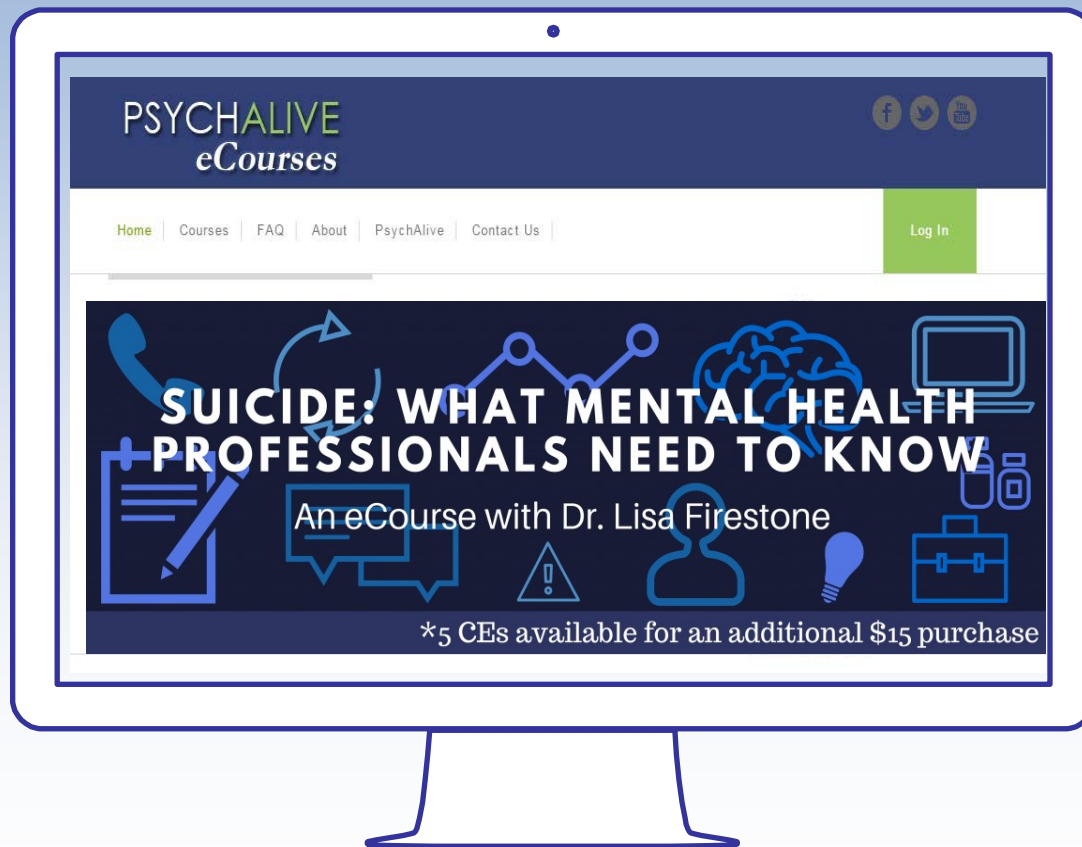
WEBINARS

See a full list of upcoming and archived Webinars at psychalive.org



eCOURSES

See a full list of online courses at
ecourse.psychalive.org



WEBSITES

- **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/



Contact:

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Toll Free - 800-663-5281



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