

TALKING ABOUT SUICIDE

WHAT YOU NEED
TO KNOW TO
HELP SAVE A LIFE



PRESENTED BY PSYCHALIVE

LISA FIRESTONE, PH.D.

Lisa Firestone, Ph.D.

Director of Research & Education
The Glendon Association
Senior Editor
PsychAlive



Glendon.org



PsychAlive.org

FACTS ABOUT SUICIDE

Every **40** seconds a life is lost to suicide, which means that each year we lose nearly **1 million** people to suicide.
(WHO)

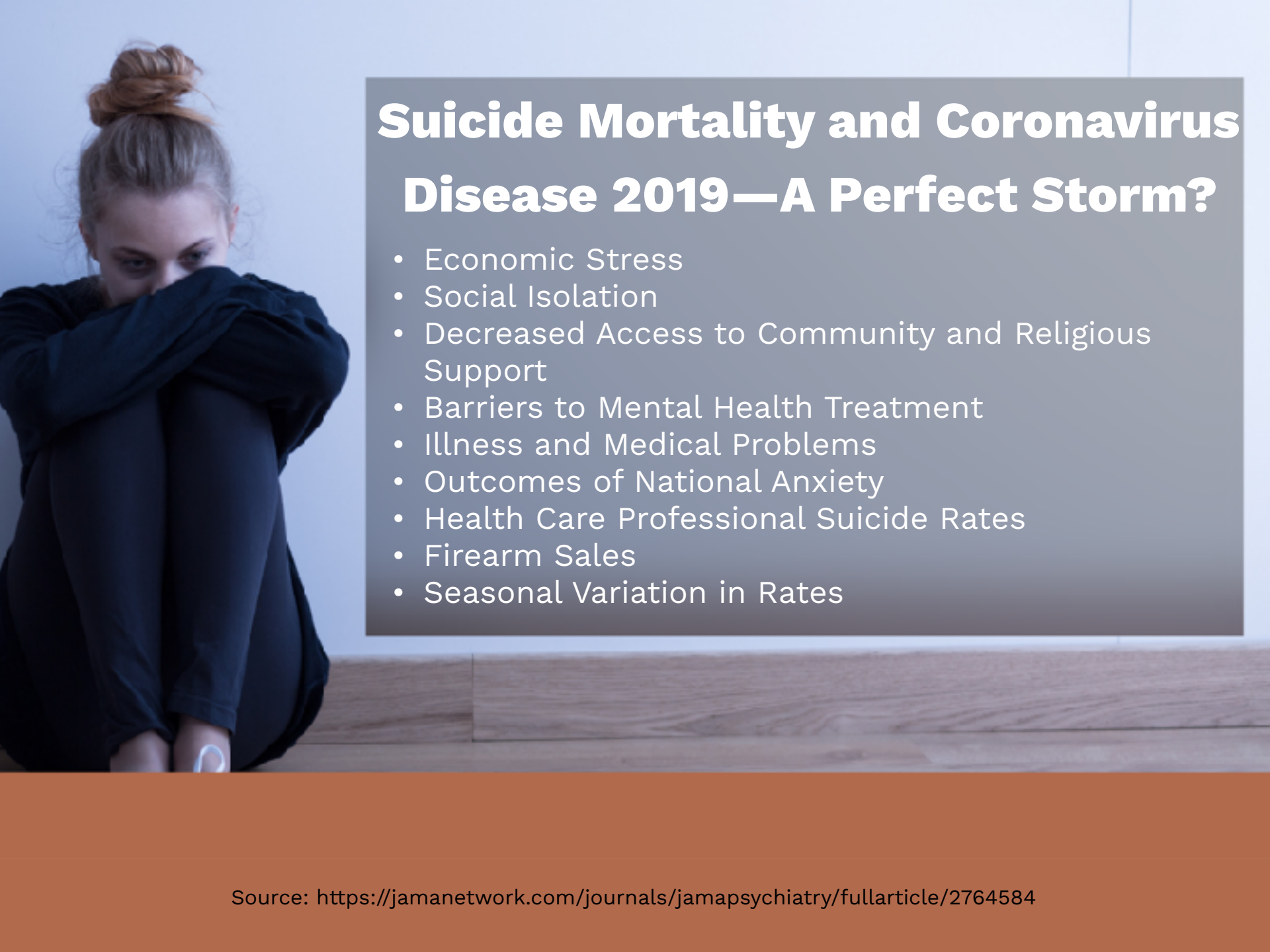
Worldwide, more people die by suicide (**800,000**) than from all homicides (**475,000**) and wars combined.

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

The suicide rate in the United States increased by **24** percent between 1999 and 2014.

Suicidal Ideation and Mental Health During Covid-19

- **40.9% of 5,470 respondents** who completed surveys during June reported an adverse mental or behavioral health condition, including those who reported symptoms of anxiety disorder or depressive disorder (**30.9%** , those with TSRD symptoms related to COVID-19 (**26.3%** , those who reported having started or increased substance use to cope with stress or emotions related to COVID-19 (**13.3%** , and those who reported having seriously considered suicide in the preceding 30 days (**10.7%**
- Most commonly reported by young adults aged **18–24 years**.
One in four say they've considered suicide in the past month.
- Almost **31%** of self-reported unpaid caregivers and **22%** of essential workers also said they harbored such thoughts. Hispanic and Black respondents similarly were well above the average.



Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?

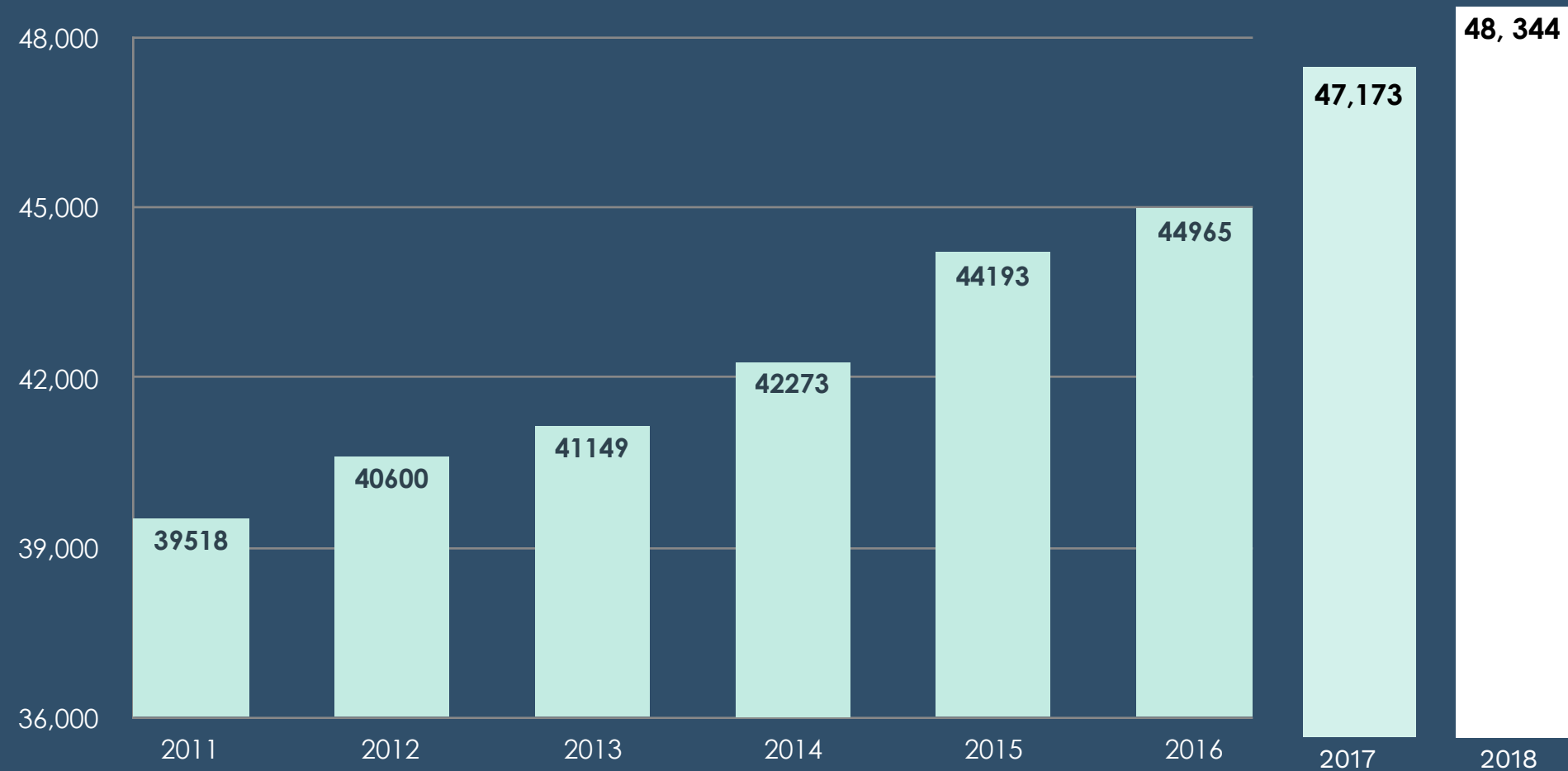
- Economic Stress
- Social Isolation
- Decreased Access to Community and Religious Support
- Barriers to Mental Health Treatment
- Illness and Medical Problems
- Outcomes of National Anxiety
- Health Care Professional Suicide Rates
- Firearm Sales
- Seasonal Variation in Rates

Suicide Prevention Opportunities

- Physical Distance, Not Social Distance
- Tele–Mental Health
- Increase Access to Mental Health Care
- Distance-Based Suicide Prevention
- Media Reporting



Annual Number of USA Suicides



SOURCE: American Association of Suicidology

POLL

Have you:



Known
someone who's
lost their life to
suicide?



Worked with
someone who's
suicidal?



Known
someone who's
struggled with
feeling
suicidal?



Struggled with
suicidal
thoughts
yourself?



The Suicidal Mode

Experienced as:

- Mental pain
- Strong feelings of anger, anxiety, embarrassment, humiliation and shame
- Dissociative symptoms such as emotional numbing, detachment from body, and indifference to physical pain (Orbach, 1994)



The Suicidal Mode

In suicidal mode, the cognitive system is characterized by the suicidal belief system, with core beliefs such as:

- Feeling helpless (I can't do anything about my problems”
- Being unlovable (I don't deserve to live, I am worthless”

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

Those Who Desire Suicide



Three-Step Theory of Suicide

1. Are you in pain and hopeless?



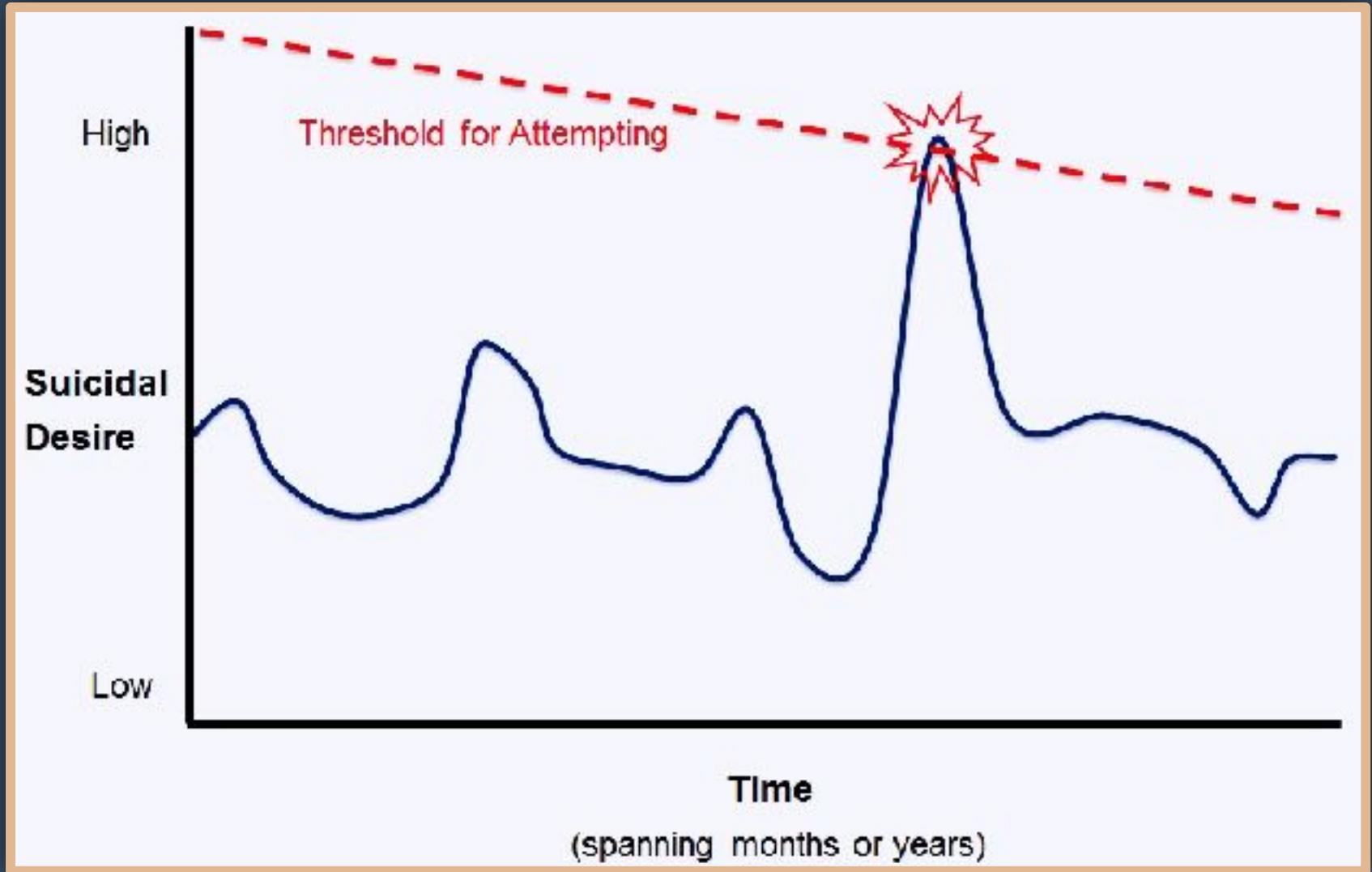
2. Is your pain greater than your connectedness?



3. Are you capable of attempting suicide?



Plot Desire & Capability Together Over



Risk Factors



Health

- Mental health conditions
- Depression
- Substance use problems
- Bipolar disorder
- Schizophrenia
- Personality traits of aggression, mood changes and poor relationships
- Conduct disorder
- Anxiety disorders
- Serious physical health conditions including pain
- Traumatic brain injury

Risk Factors



Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Risk Factors

Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

TALK: If a person talks about:

Killing themselves

Feeling hopeless

Having no reason to live

Being a burden to others

Feeling trapped

Unbearable pain

SOURCE: <https://afsp.org/risk-factors-and-warning-signs>

Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

BEHAVIOR:

Behaviors that may signal risk, especially if related to a painful event, loss or change:

Increased use of alcohol or drugs

Looking for a way to end their lives, such as searching online for methods

Withdrawing from activities

Isolating from family and friends

Sleeping too much or too little

Visiting or calling people to say goodbye

Giving away prized possessions

Aggression

Fatigue

SOURCE: <https://afsp.org/risk-factors-and-warning-signs>

Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

MOOD:

People who are considering suicide often display one or more of the following moods:

Depression

Anxiety

Loss of interest

Irritability

Humiliation/Shame

Agitation/Anger

Relief/Sudden Improvement

Protective Factors

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide



TALK to friends.

Be the one who will listen and help.



BeThe1To.com (2016)

You can do something to prevent suicide. #BeThe1To save a life.

JOIN US NOW



Be the One to Help

For 2016's National Suicide Prevention Awareness Month, join the National Suicide Prevention Lifeline and partners to spread the message that we can all take action to prevent suicide, and that healing, hope and help can happen.



Spread the Message

Download our toolkit and get the 5 steps to help someone in crisis. Then share the #BeThe1To message throughout September.



Connect with Stories

Read and watch stories of individuals who have made an impact in others' lives. Then submit your own.



Watch the Live Stream

Help change the conversation. Watch our Facebook Live event and add your questions and thoughts in the comments.

#BeThe1To Action Steps



Find out why this can save a life at:
www.BeThe1To.com

If you're struggling, call the Lifeline at:
1-800-273-TALK (8255)



Find out why this can save a life at:
www.BeThe1To.com

If you're struggling, call the Lifeline at:
1-800-273-TALK (8255)



Find out why this can save a life at:
www.BeThe1To.com

If you're struggling, call the Lifeline at:
1-800-273-TALK (8255)



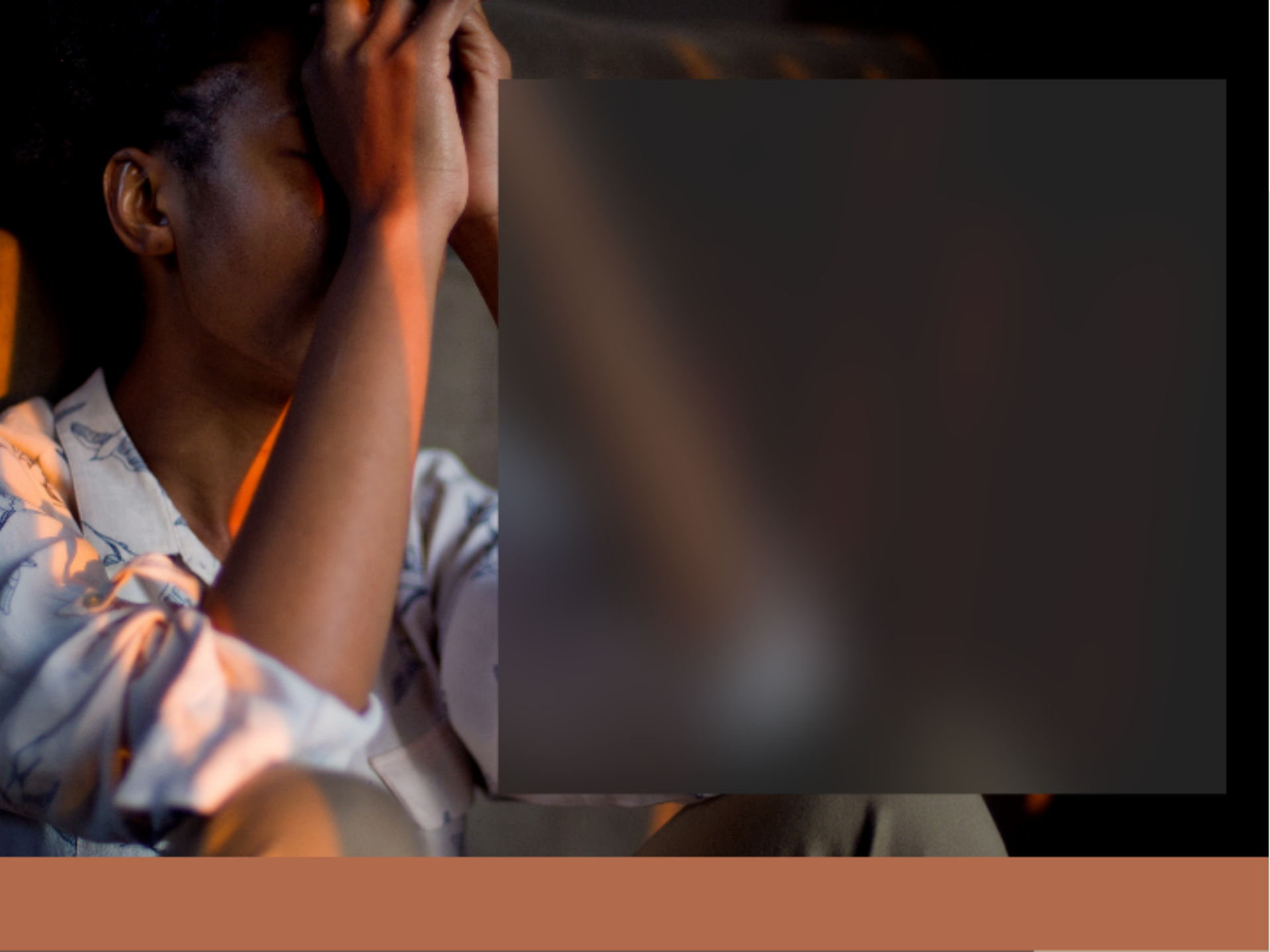
Find out why this can save a life at:
www.BeThe1To.com

If you're struggling, call the Lifeline at:
1-800-273-TALK (8255)



Find out why this can save a life at:
www.BeThe1To.com

If you're struggling, call the Lifeline at:
1-800-273-TALK (8255)





Preparing for future crises:

What a Crisis Response (Safety) Plan Is

A memory aid to
facilitate early
identification of
emotional crises

A checklist of
personalized strategies
to follow during
emotional crises

A problem solving tool

A collaboratively-
developed strategy for
managing acute
periods of risk



What a Crisis Response (Safety) Plan Is NOT

- 1 a no-suicide contract
- 2 a no-harm contract
- 3 a contract for safety

6 Steps of Crises Response/ Safety Planning



Step 1: Recognizing warning signs

Step 2: Using internal coping strategies

Step 3: Utilizing social contacts that can serve means as a distraction from suicidal thoughts and who may offer support

Step 4: Contacting family members or friends who may offer help to resolve the crisis

Step 5: Contacting professionals and agencies

Step 6: Reducing the potential for use of lethal

Safety Plan App



MY3 App



Create your support system.

Add the contact information of the 3 people you feel you would like to talk to when you are having thoughts of suicide.



Build your safety plan.

Customize your safety plan by identifying your personal warning signs, coping strategies, distractions and personal networks. This safety plan will be with you at all times and can help you stay safe when you start thinking about suicide. Learn more about [safety planning](#).



Access Important Resources.

Hold all your resources in the palm of your hand. Whether you're a veteran, want support from your local community, or want to learn more about suicide prevention, pick the resources that best support you.



Get support at times of greatest risk.

When you're having thoughts of suicide and it feels like there's no hope in sight, find support at your fingertips at any time of the day.



THERAPIES THAT WORK



What do treatments that work have in common?

- Suicide- specific
- Don't treat suicide as a symptom
- Empathetic, collaborative approach
- Caring contact
- Follow up
- Help person form strategies for themselves
- Know their personalized warning signs
- Use safety plan or crisis response plan

THERAPIES THAT WORK

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>

ASSIP

Konrad Michel

<https://www.amazon.com/Attempted-Suicide-Intervention-Program-Clinicians/dp/0889374767>



TREATING SUICIDAL PATIENTS DURING COVID-19

Initiating and Maintaining Remote Contact

Hear recommendations for initiating and maintaining remote contact with clients who may be at risk for suicide, with an emphasis on gathering specific information to access the client and their supports in the event of an emergency, preparing for technology interruptions, and best practices to include at every visit.

Assessing Suicide Risk

Learn tips for assessing the suicide risk of clients remotely.

Developing a Safety Plan Remotely

Listen to guidance on developing a safety plan remotely, highlighting how the process is the same—and different—from safety planning in person.

Our Approach to Suicide

Real Self – Positive

Anti Self – Critical

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.

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.

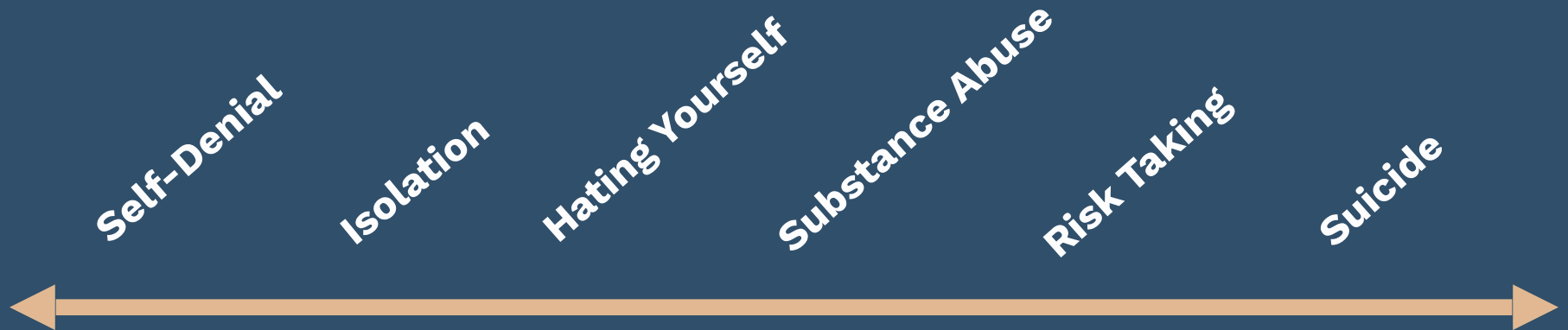
You need to have a drink, so you can relax.

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.



Definition of the **Voice**

This internal enemy fosters:

- Inwardness
- Distrust
- Self-criticism
- Self-denial
- Addictions
- A retreat from goal-directed activities



Definition of the **Voice**

This “voice” affects every aspect of our lives:

- Self-esteem/ confidence
- Personal relationships
- Performance (school/ work
- ESPECIALLY self-destructive behavior

Self

Anti-Self



Exercise: Your Critical Inner Voice Attacks

Self-critical attacks as “I” statements

Examples:

I’m so ugly.
I’m look stupid.
I’m worthless.

Self-critical attacks as “you” statements

Examples:

You’re so ugly.
You look stupid.
You’re worthless.



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

My critical inner voice
as “you” statements

Examples:

No one likes you. They
don't want you around.

The real me as “I”
statements

Examples:

A lot of people like me,
and I add to the
situation.



Exercise: A Plan for Action

Actions dictated by my inner critic:

Examples:

Don't bother trying. Just curl up on the couch.

You should just be alone.

You can't trust anyone, so don't get too close.

Actions to take that reflect the real me:

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 relationships.



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.

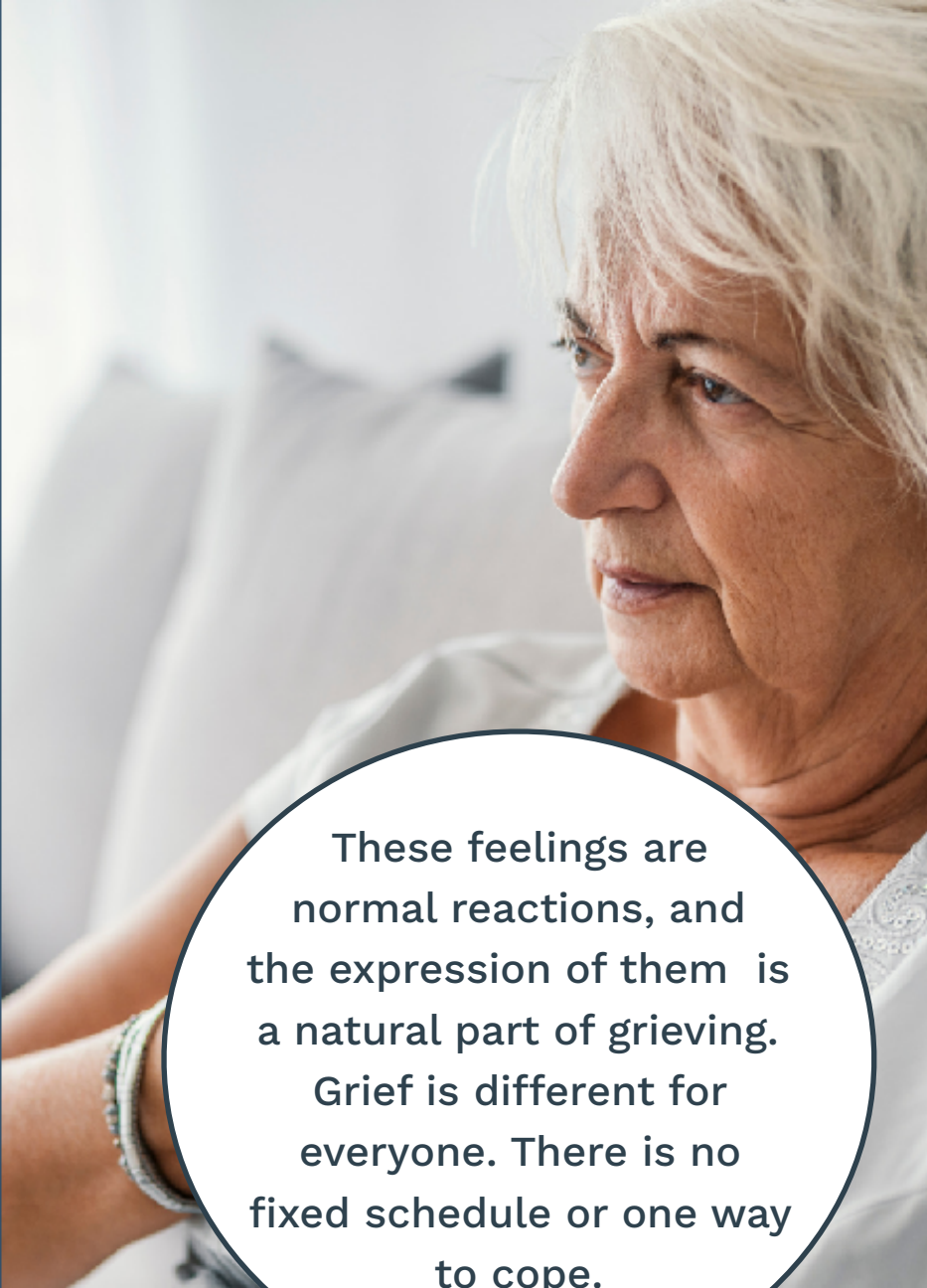
Suicide Prevention: Making a Difference

... 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.

Common Emotions Experienced in Suicide 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



Self-Compassion

A Healthier Way of Relating to Yourself

“Being touched by and not avoiding your suffering”

From Kristin Neff:

Self-compassion is not based on self-evaluation. It is not a way of judging ourselves positively; it is a way of relating to ourselves kindly.

Three Elements:

1. **Self-kindness** vs. Self-judgment
2. **Mindfulness** vs. Over-identification with thoughts
3. **Common humanity** vs. Isolation

National Suicide Prevention Lifeline - 1(800)273-8255

National Suicide Prevention Lifeline

[Home](#) [Get Help](#) [Get Involved](#) [Learn More](#) [Crisis Centers](#) [About](#)



Get Help For Someone Online

It can be scary when someone in your social media network mentions suicide. Bookmark these links so you can help a friend find hope.

[Why call?](#)

[Who should call?](#)

[What happens when I call?](#)

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](#)

Follow us

[f](#) [t](#) [v](#) [t](#)

More help for

[Veterans](#)

[Young Adults](#)

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

SIGN UP AT <http://psychalive.org.pages.ontraport.net/suicide-ecourse>



SUICIDE:
Effective Risk Assessment
and Intervention

COMPREHENSIVE ONLINE SUICIDE
PREVENTION TRAINING

Starting in 2020, all California Psychologists are required to attend training
in suicide therapies.

**Complete this requirement now at your convenience with this state-
of-the-art online course!**

Register Now →

Course available September 1st, 2019
Register NOW for 20% discount!

In this Workshop you will learn to:

- Identify the most important techniques/tools for assessing suicidal risk
- Implement effective state-of-the-art crisis interventions for suicidal patients that will allow clinicians to practice to the standard of care
- Recognize innovative and effective suicide therapies that will allow clinicians to be more effective with suicidal clients
- Find effective coping strategies for the emotional impact of working with clients who attempt suicide or actually die by suicide

eCourses

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

Webinars

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



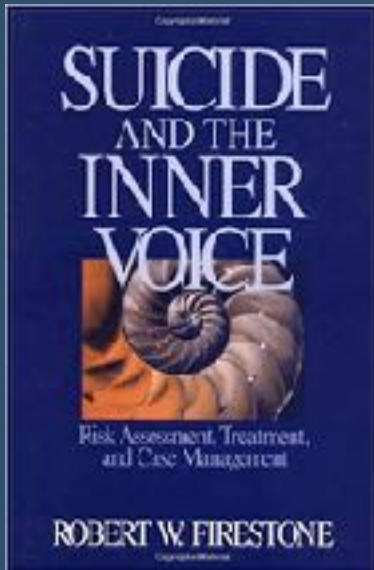
FEATURING:

- Dr. David Jobes
- Dr. John Draper
- Dese'Rae L. Stage

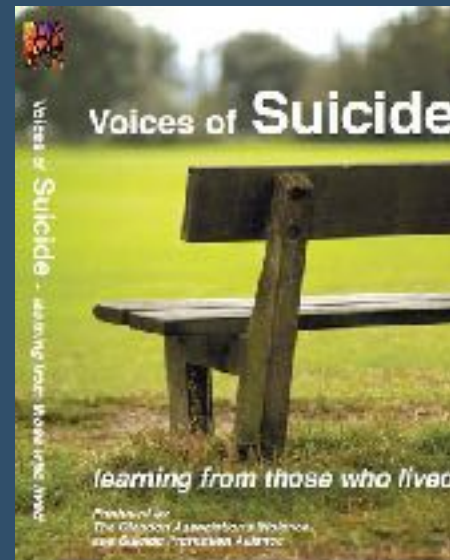
Websites

- **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/

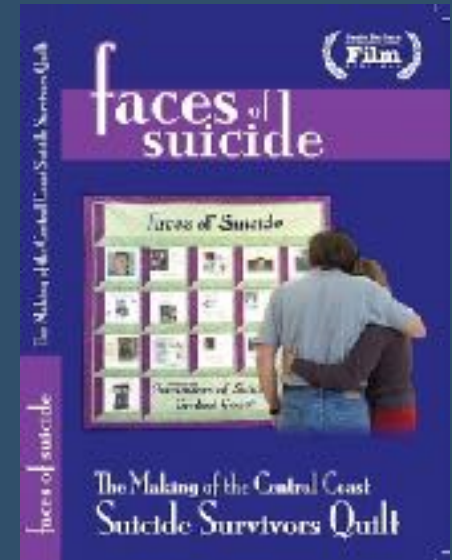
Books & Films



Public



Professionals



Survivors

Visit www.psychalive.org

CONTACT

Email: Glendon@glendon.org

Phone: 800-663-5281



twitter.com/PsychAlive
twitter.com/drlisafirestone



facebook.com/PsychAlive
facebook.com/drlisafirestone



instagram.com/psychalive



www.glendon.org



www.psychalive.org