



Saving Lives From Suicide:

Two-Part CE Webinar

Presented
by Dr. Lisa Firestone

In This Webinar:

- ✓ Describe the latest findings on warning signs and risk factors for suicide
- ✓ Offer a conceptual model and a developmental perspective on the dynamics underlying suicide
- ✓ Explore the internal struggle and the ambivalence surrounding suicide
- ✓ Address both objective assessment and the formation of clinical judgment
- ✓ Inform participants about recent research on empirically validated treatment approaches
- ✓ Provide participants with state-of-the art crisis management strategies

Part 1

- Introduction
- Theory
- How Suicide Occurs
- Risk Factors and Warning Signs
- Assessment

Part 2 will take place on Sep.22

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Introduction

Clinical Practice & Suicide

- A practicing psychologist will average **5** suicidal patients a month.
- **25%** of psychologists lose a patient to suicide.
- **25% to 50%** of psychiatrists will experience a patient's suicide.
- **1 in 6** psychiatric patients who die by suicide die in active treatment with a healthcare provider.

Clinical Practice & Suicide

- Approximately **57%** of those who die by suicide in America will have seen a mental health provider at some time in their life.
- **21%** had seen a mental health professional in the prior month
- **10%** of people who died by suicide saw a mental health professional within the prior week.
- **25%** of family members of suicidal patients take legal actions against the patient's mental health treatment team.

Clinical Practice & Suicide

Of patients admitted for attempt (Owens et al., 2002 :

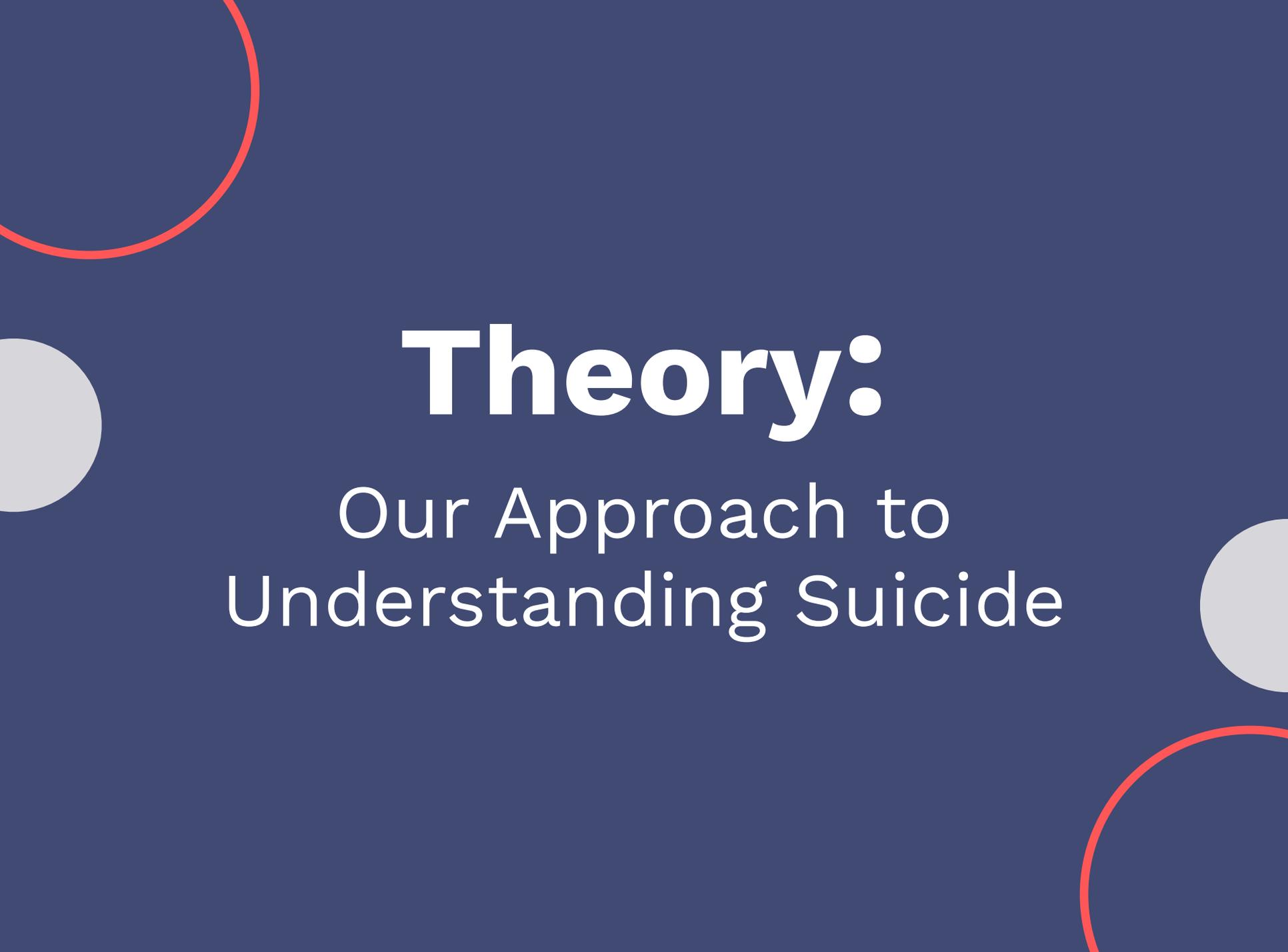
- **16%** repeat attempts within one year.
- **7%** die by suicide within 10 years.
- Risk of suicide “hundreds of times higher” than general population.

Implications of Epidemiological Data

There is a need to **intervene early** in the development trajectory of the depression and suicidal behavior.



SOURCE: The Melissa Institute



Theory:

Our Approach to
Understanding 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.

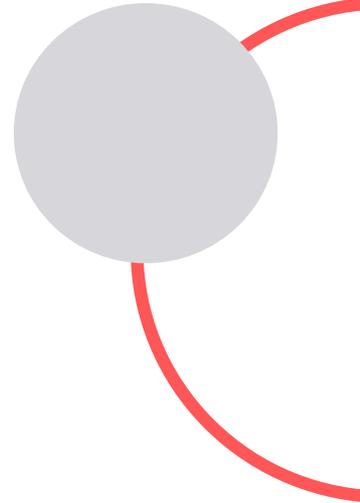
You don't deserve anything

You should be by yourself

You're a creep

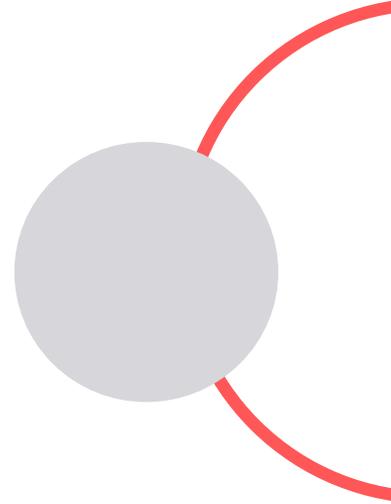
You need to have a drink,
so you can relax

**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.



Self-denial

Isolation

Hating Yourself

Substance Abuse

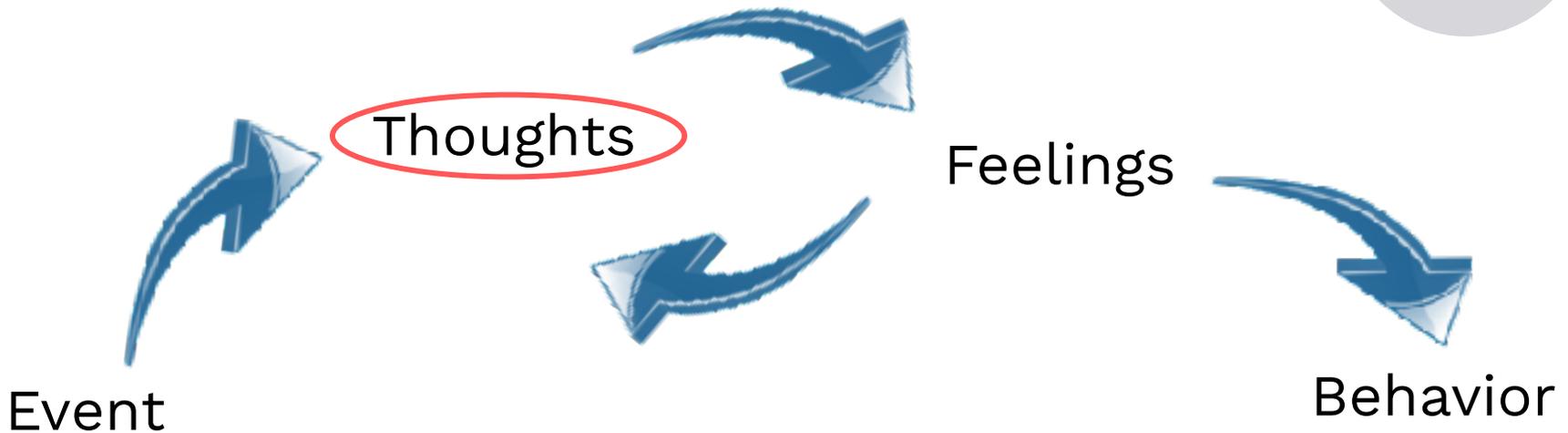
Risk-taking

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

- Well-integrated pattern of destructive thoughts toward ourselves and others
- The “voices” that make up this internalized dialogue are at the root of much of our maladaptive behavior
- Fosters inwardness, distrust, self-criticism, self-denial, addictions and a retreat from goal-directed activities

Definition of the VOICE

The Critical Inner Voice

- Affects every aspect of our lives:
 - Self-esteem and confidence
 - Personal and intimate relationships
 - Performance and accomplishments at school or work
 - ESPECIALLY self-destructive behavior



Separation Theory

Robert W. Firestone, Ph.D.

Integrates psychoanalytic and existential systems of thought

Core Conflict:

Two kinds of emotional pain:

UNDEFENDED

DEFENDED



INTERPERSONAL

EXISTENTIAL

FANTASY BOND

CRITICAL INNER VOICE

Division of the Mind

Parental Ambivalence

Parents both love and hate themselves and extend both reactions to their productions, i.e., their children.

Parental Nurturance

Parental Rejection, Neglect, Hostility



Prenatal Influences

Disease / Trauma



Substance Abuse /
Domestic Violence



Birth Trauma

Baby

Genetic

Structure

Temperament

Physicality

Sex



Self-System

Parental Nurturance

- Unique make-up of the individual (genetic predisposition and temperament)
- Harmonious identification and incorporation of parent's positive attitudes and traits and parents' positive behaviors:
 - Attunement
 - Affection
 - Control
 - Nurturance
 - Effect of other nurturing experience and education on the maturing self-system resulting in a sense of self and a greater degree of differentiation from parents and early caretakers

Personal Attitudes/Goals/Conscience

Realistic, Positive Attitudes Toward Self

Realistic evaluation of talents, abilities, etc. with generally positive/compassionate attitude towards self and others

Goals: Needs, wants, search for meaning in life

Moral principles

Behavior

Ethical behavior toward self and others

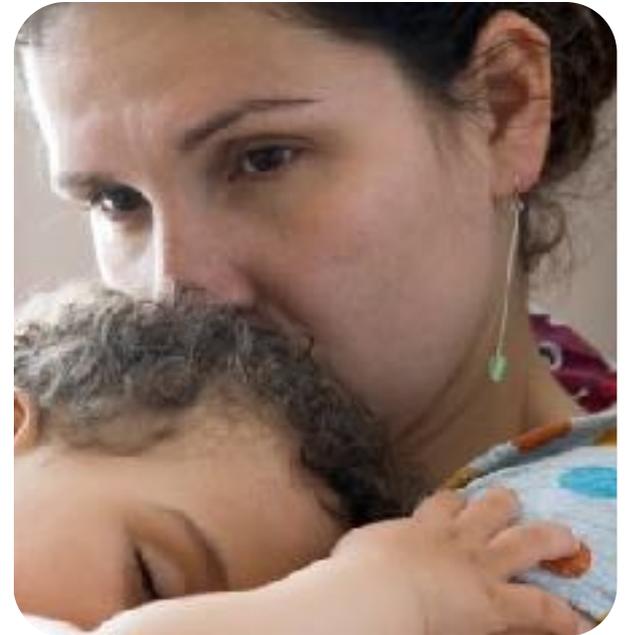
Goal-directed behavior

Acting with integrity



Anti-Self System

- Unique vulnerability: genetic predisposition and temperament
- Destructive parental behavior: mis-attunement, lack of affection, rejection, neglect, hostility, over-permissiveness
- Other Factors: accidents, illnesses, traumatic separation, death anxiety



Anti-Self System



THE FANTASY BOND

(core defense is a self-parenting process made up of two elements: the helpless, needy child, and the self-punishing, self-nurturing parent. Either aspect may be extended to relationships. The degree of defense is proportional to the amount of damage sustained while growing up.

Anti-Self System

Self-Punishing Voice Process

Voice Process

Behaviors



Critical thoughts toward self

Verbal self-attacks – a generally negative attitude toward self and others predisposing alienation.



Micro-suicidal injunctions

Addictive patterns. Self-punitive thoughts after indulging.



Suicidal injunctions - suicidal ideation

Actions that jeopardize, such as carelessness with one's body, physical attacks on the self, and actual suicide

Anti-Self System

Self-Soothing Voice Process

Voice Process

Behaviors



Self-soothing attitudes

Self-limiting or self-protective lifestyles, Inwardness



Aggrandizing thoughts toward self

Verbal build up toward self



Suspicious paranoid thoughts toward others

Alienation from others, destructive behavior towards others



Micro-suicidal injunctions

Addictive patterns - Thoughts luring the person into indulging



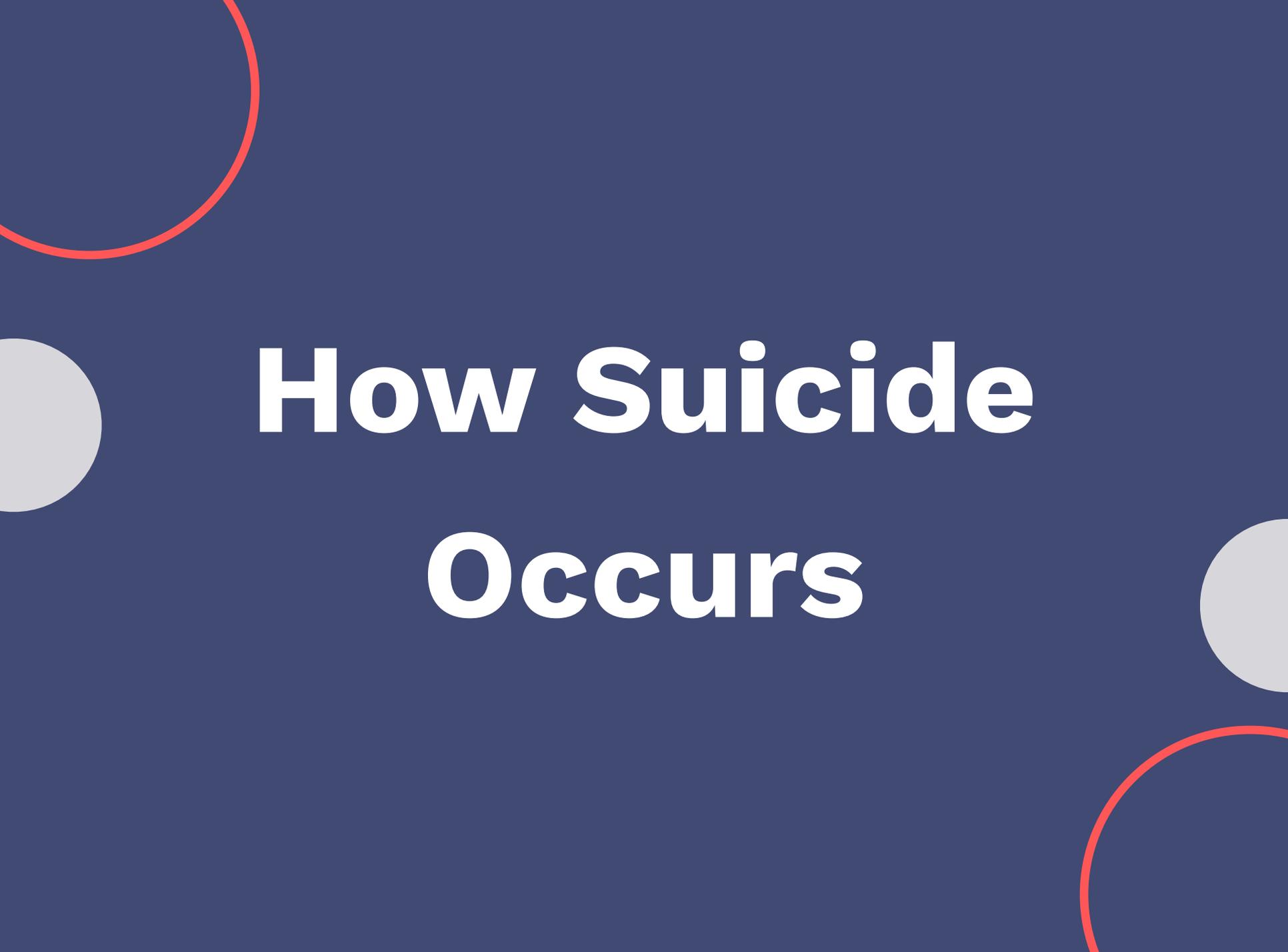
Overtly violent thoughts

Aggressive actions, actual violence

VIDEO

Voices of Suicide - Thoughts to Actions





How Suicide Occurs

How does a suicide occur?

Underlying Vulnerability

e.g. Mood disorder/Substance abuse/ Aggression/
Anxiety/Family history/Sexual orientation/
Abnormal serotonin metabolism/Adverse
childhood events

Stress Event

(often caused by underlying condition
e.g. In trouble with law or school/Loss

Acute Mood Change

Anxiety/Dread/Hopelessness/Anger

Inhibition

e.g. Strong taboo/Available
support/Slowed down
mental state/Presence of
others/Religiosity

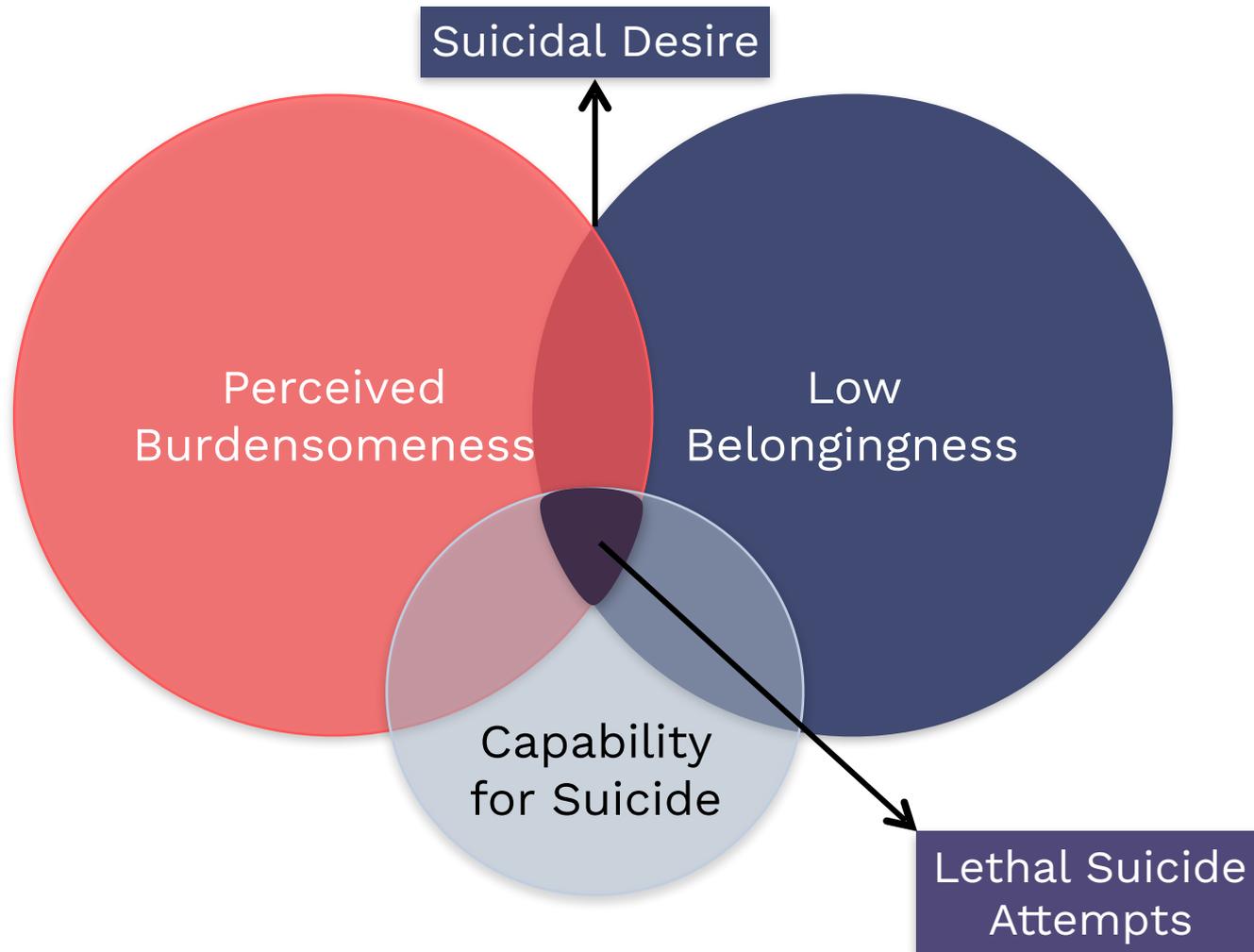
Survival

Facilitation

e.g. Weak taboo/ Method weapon
available/ Recent example/State
of excitation agitation/ Being
alone

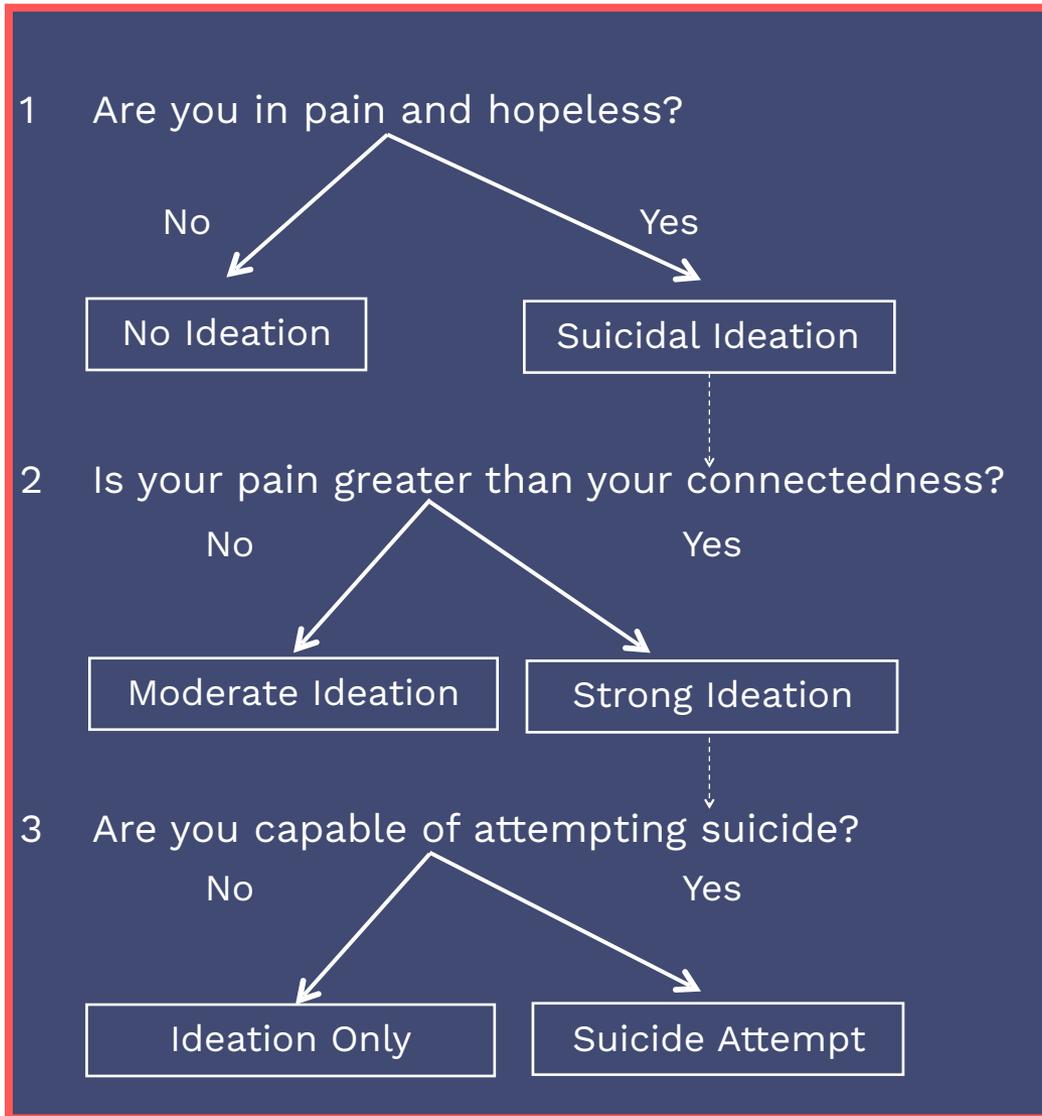
Suicide

Those Who Desire Suicide

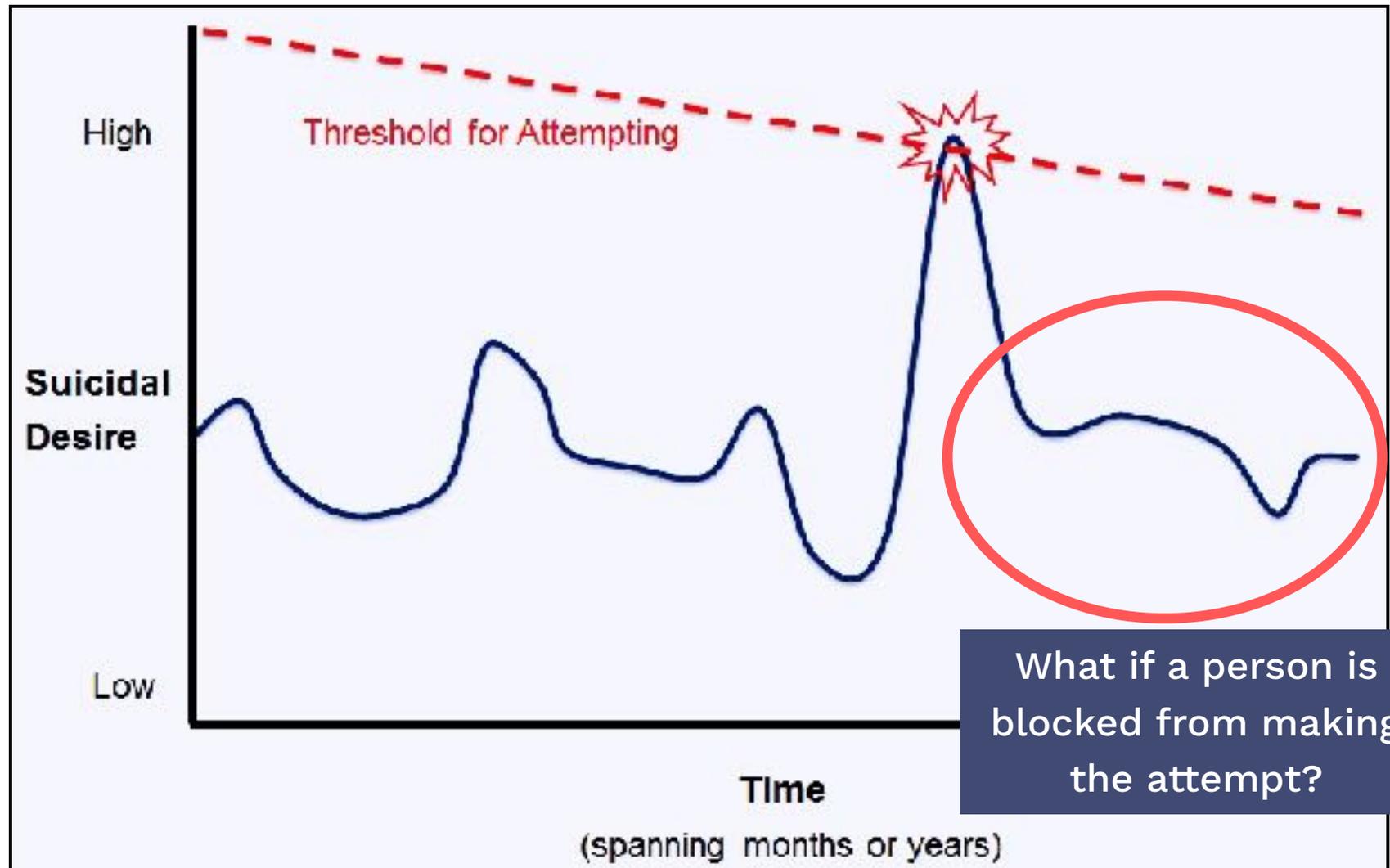


SOURCE: Joiner, Thomas. The Interpersonal Theory of Suicide. 2009.

Three-Step Theory of Suicide



Plot Desire & Capability Together Over



The Suicidal Mode

- Acute mental states whose function is to prepare the organism to deal with exceptional and threatening situations
- **Modes encompass:**
 - Cognitions
 - Emotions
 - Physiological symptoms
 - Behavior patterns

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”

What Patients Tell Us

I heard a negative voice telling me, You're worthless. Because of your inadequacies you'll never make it – I've always told you so – and you won't make it again this time. You have no right to live. The feeling of bitterness, hopelessness, and desperation at that moment was so strong that I could not bear it any more, and couldn't see the point in carrying on.

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Risk Factors and Warning Signs

SUICIDE RISK FACTORS

Risk factors are characteristics that make it more likely that someone will consider, attempt, or die by suicide. They can't cause or predict a suicide attempt, but they're important to be aware of.

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 factor – Historical

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

Suicide Risk Factors

- Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma.
- Key symptoms: **anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations, intoxication.**
For children and adolescents:
oppositonality and conduct problems.

Warning 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



Warning Signs - Behavior

- 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



Warning Signs - Mood

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement



Increasing Suicide Rates among those without known mental health conditions

(54% of decedants did not have known mental health condition)

- **relationship problems/loss**

45.1%

life stressors

50.5%

- **recent/impending crises**

32.9%

Drugs most associated with suicide

Substance	Total	%
Alcohol	4,442	40.6
Antidepressants	2,214	40.8
Benzodiazepines	2,464	30.3
Opioids	2,279	26.6

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)

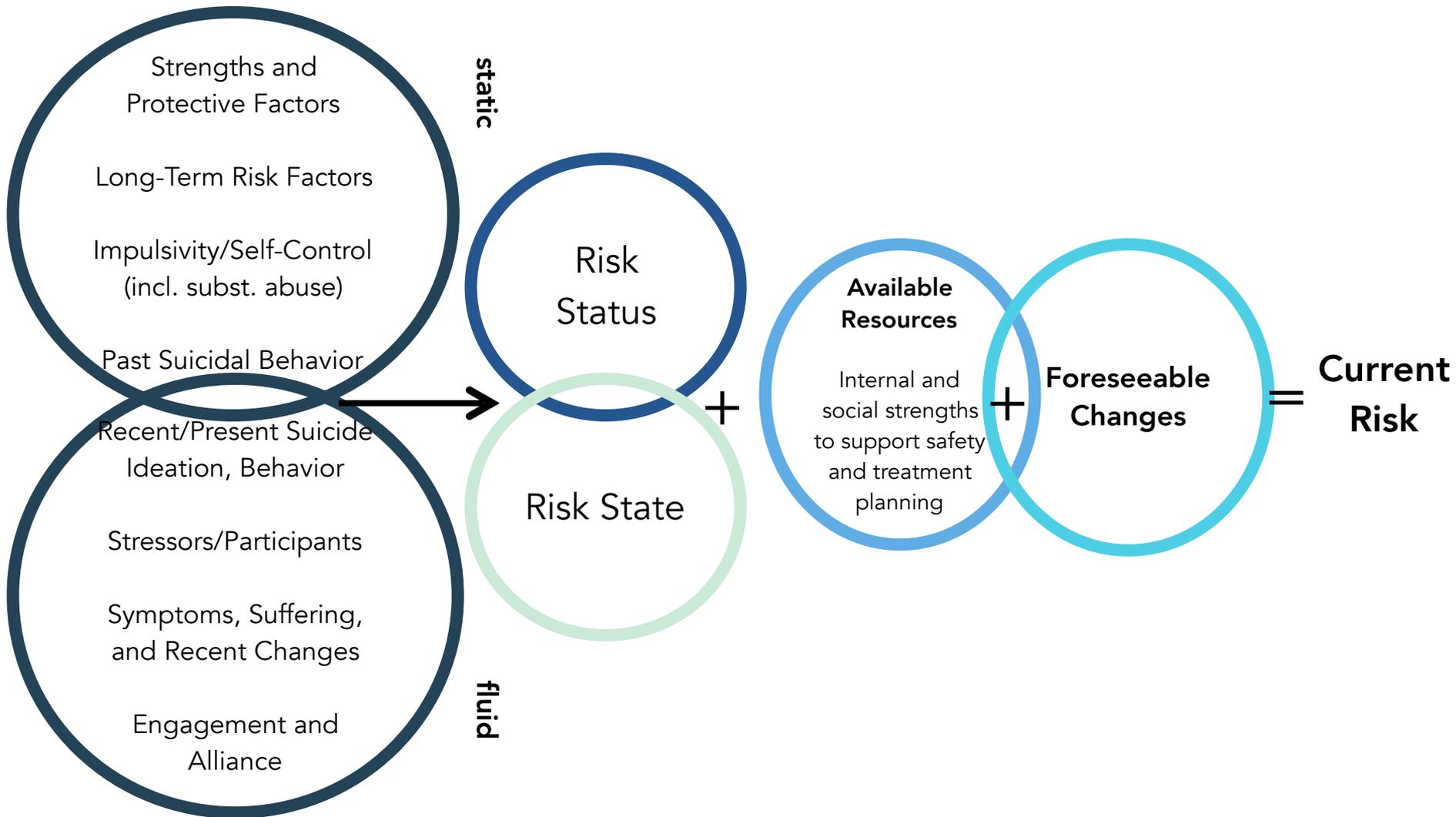


Protective Factors

- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide



Risk Formulation



Clinical Example

...if I know that this person feels like a horrible human being because of multiple interpersonal relationship failures, the only thing keeping them going at the moment is their relationship with their significant other, and said significant other is threatening to kick them out of the house then I sure as heck am going to do everything I can to address that relationship issue. Furthermore, I'm going to ask about the stability of the relationship every time I speak with them and I'm going to want them to tell me right away if the relationship status changes.

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Assessment

VIDEO

Teen Suicide Prevention



Assessment Interview

Ask:

- Do you think about killing yourself?”
- Normalize, contextualize, exaggerate
- About each specific method
- About prior attempts

Assessment Interview

Assess:

- Pain tolerance & lack of fear of death
- Family history of adverse events & suicidal behavior
- Self-control & agitation
- Ability to safety plan
- Reasons for living

Why use objective measures?

What interferes with clinical judgment?

- Anxiety
- Counter Transference
- Psych Ache
- Research Minimizing
- Diverse Menu of Risk Factors



The Suicidal Child

Spectrum of Suicidal Behavior

1. Nonsuicidal - No evidence of any self-destructive or suicidal thoughts or actions.

2. Suicidal Ideation - Thoughts or verbalization of suicidal intention.

Examples:

- a I want to kill myself.”
- b Auditory hallucination to commit suicide

The Suicidal Child

Spectrum of Suicidal Behavior

3. Suicidal Threat - Verbalization of impending suicidal action and/ or a precursor action which, if fully carried out, could have led to harm.

Examples:

- a I am going to run in front of a car.”
- b Child puts a knife under his or her pillow.
- c Child stands near an open window and threatens to jump.

Columbia - Suicide Severity Scale C-SSS

- Suicidal Behavior
- Suicidal Ideation



Columbia - Suicide Severity Rating Scale C-SSRS

- Intensity of Ideation
- Frequency
- Duration
- Controllability
- Deterrents
- Reason for Ideation



Columbia - Suicide Severity Rating Scale C-SSRS

- Interrupted Attempt:
- Aborted Attempt:
- Preparatory Acts or Behaviors:



Interpersonal Model of Suicide

a. Acquired Ability to Enact Lethal Self-Injury

Things that scare most people do not scare me.
I can tolerate a lot more pain than most people.
I avoid certain situations (e.g., certain sports
because of the possibility of injury (Reversed scored

b. Burdensomeness

The people I care about would be better off if I
were gone.
I have failed the people in my life.

Columbia - Suicide Severity Rating Scale C-SSRS

c. Belongingness

These days I am connected to other people.

These days I feel like an outsider in social situations. (Reversed scored

These days I often interact with people who care about me.

Our Measures

Based on **Separation Theory** developed by Robert W. Firestone, PhD. and represents a broadly based coherent system of concepts and hypothesis that integrates psychoanalytic and existential systems of thought. The theoretical approach focuses on **internal negative thought processes**. These thoughts (i.e. “voices” actually direct behavior and, thus, are likely to predict how an individual will behave.



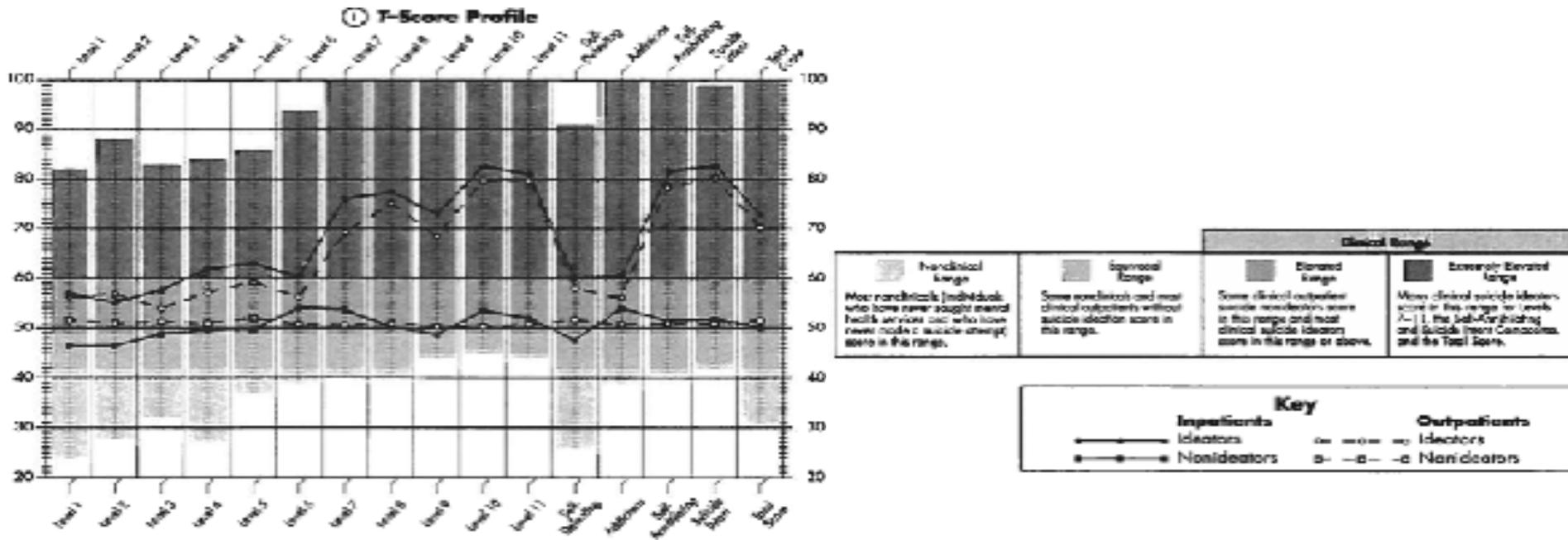
Firestone Assessment of Self-Destructive Thoughts

	Never	Rarely	Once in a While	Frequently	Most Of The Time
1. Just stay in the background.	0	1	2	3	4
2. Get them to leave you alone. You don't need them.	0	1	2	3	4
3. You'll save money by staying home. Why do you need to go out anyway?	0	1	2	3	4
4. You better take something so you can relax with those people tonight.	0	1	2	3	4
5. Don't buy that new outfit. Look at all the money you are saving.	0	1	2	3	4

Figure 4.3

Mean T Scores for the Depression

Sample: Inpatients and Outpatients – Ideators VS Nonideators (N=296)



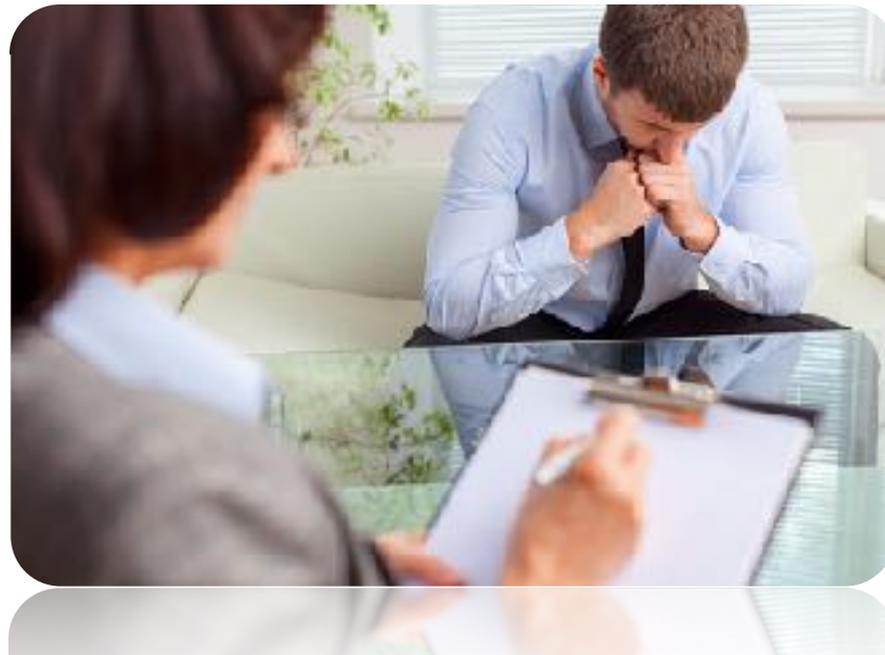
Uses for Our Measures

- Risk Assessment
- Treatment Planning
- Targeting Intervention
- Outcome Evaluation



Assessment of Suicidal Ideation and Suicidal Behavior

1. Comprehensive evaluations
2. Cannot rely on a single indicator
3. Risk assessment on an ongoing basis
4. Capture the ambivalence and internal debate



Multiple Attempters as a Special High-Risk Group

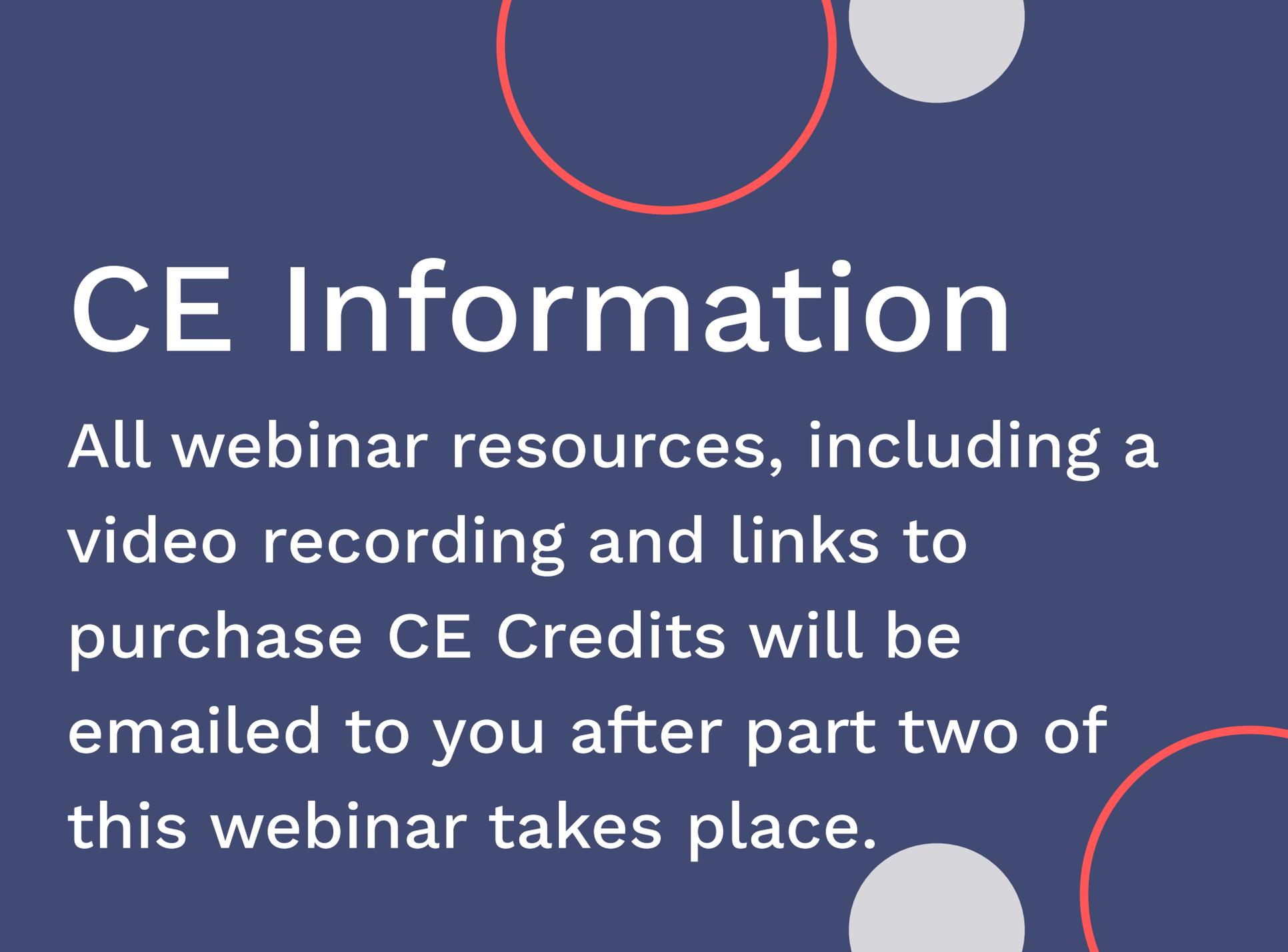
(in comparison to single attempters/ideators)

- Distinctive in every way
 - Greater likelihood to have diagnosis, co-morbidity, personality disorder
 - Younger at time of first attempt (greater chronicity)
 - Lower lethality first attempt (raises question about intent, function of behavior)
 - More impulsive
 - More likely to be associated with substance abuse

Multiple Attempters as a Special High-Risk Group

(in comparison to single attempters/ideators)

- Greater symptom severity
 - Anxiety, depression, hopelessness, anger, suicidal ideation (frequency, intensity, specificity, duration, intent)
- More frequent histories of trauma, abuse
- Distinctive characteristics of crises



CE Information

All webinar resources, including a video recording and links to purchase CE Credits will be emailed to you after part two of this webinar takes place.



End of Part 1

Thank you!

Part 2 will take place on Sep.22