

"I not only use all the brains that I have, but all that I can borrow"

WOODROW WILSON

Understanding Suicide

THE FUNDAMENTALS OF THEORY, INTERVENTION, AND TREATMENT OF SUICIDAL CLIENTS

OBJECTIVES

- ▶ DISCUSS SUICIDE STATISTICS AND UTILIZE THEM IN BEST PRACTICE SETTINGS WITH CLIENTS
- ▶ DESCRIBE CURRENT WORKING THEORIES OF THE SUICIDAL CLIENT
- ▶ IDENTIFY THE RISK AND WARNING SIGNS IN THE SUICIDAL CLIENT
- ▶ LIST AND UTILIZE CURRENT ASSESSMENTS AND TREATMENTS USED FOR THE CLIENT IN A SUICIDAL CRISIS.

Why People Die by Suicide
by Dr. Thomas Joiner

Pg. 25 of Dr. Joiner's book

Something to think about :

Outdoor soccer game...Five full fields of play going on....spectators present for each game....approx. 150 people.

In the distance, lightingfield officials decided to cancel the games going on...grumbling about the decision but of course everyone understood the rationale.....lightning can be lethal. How lethal is it? **Eighty deaths per year from lightning strikes!**

In one DAY, there were more than EIGHTY DEATHS from SUICIDE

(Joiner, 2005)

STATISTICS

HOW DOES IT EFFECT BEST PRACTICES

STATISTICS

- ▶ More than 43,000 people died by suicide in the U.S. yearly
- ▶ An average of 108.3 individuals per day will die by suicide

(CDC, 2014; AAS, 2015)

STATISTICS

- ▶ 1 in 65,000 children ages **10 to 14** will complete suicide each year (CDC, 2014)
- ▶ One Youth (ages 15-24) completes suicide every 1 hour and 43 min. which is about 13 each day (CDC, 2014; AAS 2015)
- ▶ **SUICIDE IS THE 2ND LEADING CAUSE OF DEATH FOR YOUTH (AGES 15-24)** (AAS, 2015)

(CDC, 2014; AAS 2015)

KENTUCKY VS NATIONAL 2015

- ▶ **KENTUCKY SUICIDE DEATHS PER 100,000 / 16.4**
- ▶ **NATIONAL SUICIDE DEATHS PER 100,000 / 12.6**

(America's Health Rankings, 2016)

KENTUCKY YOUTH SUICIDES

According to the [Kentucky Youth Risk Behavior Survey](#), 15 percent of Kentucky high school students (1 in 7) reported having seriously considered suicide within a 12-month period. In addition, 17.4 percent of Kentucky middle school students (nearly 1 in 5) reported that they had seriously considered killing themselves at some point in their lives.

(Kentucky Dept. of Education, 2017)

RESEARCH

WIDENING RURAL-URBAN DISPARITIES IN YOUTH SUICIDES, UNITED STATES, 1996-2010 CONDUCTED BY CYNTHIA A. FONTANELLA, PH.D., DANIELLE L. HANCOCK STEELE SMITH, MSW, GARY S. PHILLIPS, MAS, JEFFREY A. BRIDGE, PH.D., NATALIE LESTER, MD, MPH, HELEN ANNE SWEENEY, MS, JOHN V. CAMPO, MD (FONTANELLA, ET AL., 2015)

Dr. Cynthia Fontenella, and associates
Ohio State University
Longitudinal Study 14 yr. study
Youth and Young Adults, Ages 10-24
Suicide Deaths 66, 595
Rural suicides double Urban Suicides

(FONTANELLA, ET AL., 2015)

KEY CONCLUSIONS OF THE RESEARCH

- ▶ The first involves the limited availability and accessibility of mental health services in rural areas (transportation and lack of insurance, medical coverage, and stigma)
- ▶ Geographical and Social Isolation (lacking social support/unable to participate)
- ▶ Access to Lethal Means
- ▶ Social demographic and Economic factors

(Fontenella, 2015)

POSITIVES Among the NEGATIVES

Three of the most promising approaches

- Integrated care services
- The use of telemedicine
- School-based interventions

(Fontenella, et al, 2015)

THEORIES OF SUICIDE

DR. THOMAS JOINER'S INTERPERSONAL THEORY OF SUICIDE "WHY PEOPLE DIE BY SUICIDE"
(JOINER, 2005)

INTERPERSONAL THEORY OF SUICIDE

FAILED BELONGINGNESS
PERCEIVED BURDENSOMENESS
AQUIRED ABILITY

(Joiner, 2005)

SUICIDE RISK FACTORS

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

- ▶ **HEALTH FACTORS**
- ▶ **ENVIRONMENTAL FACTORS**
- ▶ **HISTORICAL FACTORS**

(AFSP, 2017)

MENTAL & PHYSICAL HEALTH RISK FACTORS

- ▶ **MENTAL HEALTH ISSUES**
PTSD, DEPRESSION, ANXIETY, BIPOLAR, BORDERLINE PERSONALITY DISORDER
- ▶ **SUBSTANCE MISUSE DISORDER**
- ▶ **CHRONIC PAIN OR HEALTH CONDITION**

(AFSP, 2017)

ENVIRONMENTAL RISK FACTORS

STRESSFUL EVENTS (Loss of Job, Loss of Health, Loss of Loved One, Loss of Relationships, Legal system problems)

PROLONGED STRESSFUL FACTORS (Bullying, Harassment, Physical & Emotional Abuse, Long-term Unemployment)

ACCESS TO LETHAL MEANS (Firearms & Drugs)

EXPOSURE TO A SUICIDE (Family, Friend, Co-Worker)

GRAPHIC EXPOSURE TO SUICIDE ACCOUNTS

(AFSP, 2017)

HISTORICAL RISK FACTORS

- ▶ PREVIOUS SUICIDE ATTEMPTS
- ▶ LONGTERM SUICIDAL IDEATION
- ▶ FAMILY HISTORY OF MENTAL ILLNESS
- ▶ FAMILY HISTORY OF SUICIDE/S

(AFSP, 2017)

WARNING SIGNS

- ▶ BEHAVIORS TO LOOK OUT FOR WHEN SOMEONE MAY BE SUICIDAL
- ▶ Changes in behavior : loss of interest, breaking off relationships, withdrawing from family and friends
- ▶ The presence of entirely new behaviors: Substance Use, Insomnia , Impulsive, Moody, Withdrawn

(AFSP, 2017)

TALK

- ▶ If a person talks about:
- ▶ Being a burden to others
- ▶ Feeling trapped
- ▶ Experiencing unbearable pain
- ▶ Having no reason to live
- ▶ Killing themselves

(AFSP, 2017)

BEHAVIORS

- ▶ Specific things to look out for include:
- ▶ Increased use of alcohol or drugs
- ▶ Looking for a way to kill themselves, such as searching online for materials or means
- ▶ Acting recklessly
- ▶ Withdrawing from activities

(AFSP, 2017)

BEHAVIORS

- ▶ Isolating from family and friends
- ▶ Sleeping too much or too little
- ▶ Visiting or calling people to say goodbye
- ▶ Giving away prized possessions
- ▶ Aggression

(AFSP, 2017)

MOOD

Suicidal individuals often display one or more of the following moods:

- Depression**
- Loss of interest**
- Rage**
- Irritability**
- Humiliation**
- Anxiety**

(AFSP, 2017)

**CURRENT ASSESSMENTS
AND TREATMENTS**

**COLUMBIA SUICIDE SEVERITY
RATING SCALE**

- ▶ The Columbia-Suicide Severity Rating Scale (C-SSRS) supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask.
- ▶ Users of the C-SSRS tool ask people:
 - ▶ Whether and/or when they have thought about suicide (ideation)
 - ▶ What actions they have taken — and when — to prepare for suicide
 - ▶ Whether and when they attempted suicide or began a suicide attempt that was either interrupted by another person or stopped of their own volition

(<http://cssrs.columbia.edu>)

Columbia Suicide Severity Rating Scale

- ▶ The C-SSRS was the first scale to address the full range of suicidal thoughts and behaviors that point to heightened risk.
- ▶ Identifies risk not only if someone has previously attempted suicide, but also if he or she has considered suicide, prepared for an attempt (for example, buying a gun, collecting pills, or writing a suicide note), or aborted plans for suicide because of a last-minute change of heart or a friend's intervention.

(<http://cssrs.columbia.edu>)

INTERVENTIONS

- ▶ ZERO SUICIDE David Rudd
 - ▶ TF-CBT Judith Cohen, Anthony Mannarino, & Eshter Deblinger
 - ▶ CAMS APPROACH – David Jobes & Ed Schnideman
- ▶ (Rudd,2006; Jobes, 2006; Cohen, Mannarino, & Deblinger, 2004)

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