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Suicide Awareness, Assessment and Intervention for Allied Health Professionals

Module 4: Suicide Treatment

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Disclosures

- **Presenter Disclosure:** Financial: Angela Moss received an honorarium for presenting this course. Nika Ball is an employee of continued.com. Non-financial: Nika Ball and Angela Moss have no relevant non-financial relationships to disclose.
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Learning Objectives

At the completion of this 90 minute module, participants will be able to:

1. Identify treatment options for suicidal individuals
2. Differentiate between inpatient and outpatient treatments
3. Identify age and population specific treatment considerations
4. Identify appropriate societal strategies for suicide prevention and management

Introduction

Many people needing treatment for suicide never receive help – BUT –

There is hope in the fact there are several good, effective treatments available to help suicidal people learn the skills to stay alive

Introduction

- Suicide treatment is often focused on teaching life skills to manage impulsivity and emotions
- Suicide treatment also involves mitigating the immediate threat of self-harm and treating the underlying pathologies

Suicidal Ideation

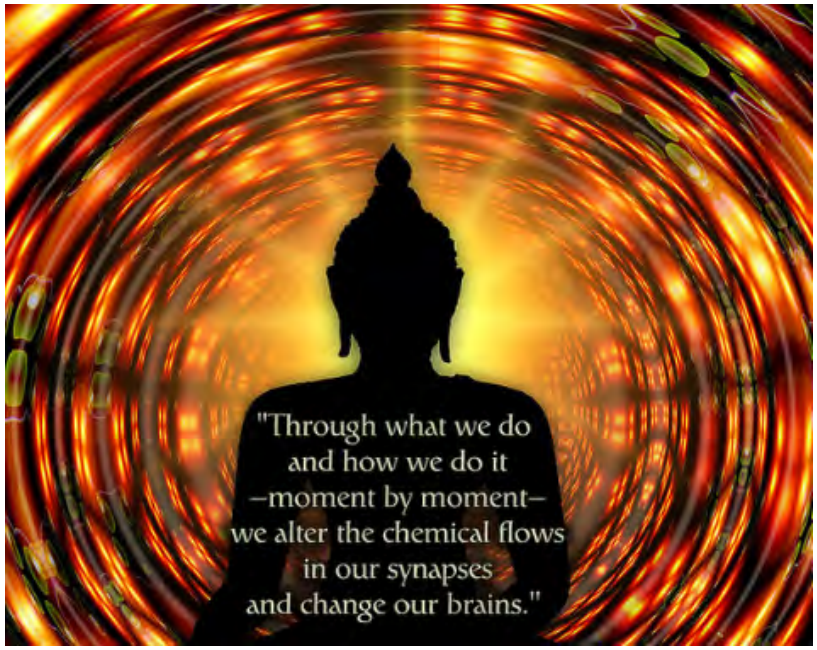
- Thinking about or planning suicide ranging from a detail plan to a fleeting consideration
- Does not include the final act of suicide
- Often occurs when a person feels they are no longer able to cope with an overwhelming situation

The Brain

- The human brain is estimated to have 100 billion neurons with a total of 100 trillion neural connections
- Neurons that fire together wire together = neuroplasticity
- Neuroplasticity regulates learning processes and helps us adapt to our surroundings

The Brain

- Chronic stress can damage brain structure and connectivity
- Over time, neural pathways and thought processes can be created impacting impulsivity and the frame of mind causing suicidal ideation



Treatment Options

Treatment Options

- Many options for suicidal ideation are available, including:
  - -Psychotherapies
  - -Medication
  - -Inpatient hospitalization
  - -Electroconvulsive therapy
- Treatment often involves a combination of multiple methods used concurrently or consecutively

Treatment Options

- Treating the underlying cause of suicidal ideation is important, however:

ALL TREATMENTS MUST INCLUDE TEACHING SKILLS THAT HELP THE PERSON REGULATE AND TOLERATE THEIR EMOTIONS

Treatment Options

Psychotherapies:

1. Dialectical Behavioral Therapy (DBT)
2. Cognitive Behavioral Therapy (CBT)
3. Interpersonal Therapy
4. Behavioral Activation
5. Cognitive Behavioral Analysis System of Psychotherapy (CBASP)

Treatment Options

Psychotherapies:

- Professionals match the optimal psychotherapy with individual needs
- Therapy choice can change based upon individual situations

Treatment Options

Psychotherapies:

1. Dialectical Behavior Therapy (DBT) – teaching skills that help the person to regulate and tolerate their emotions

- Addressing the "underlying disorders" alone won't necessarily work to prevent people from taking their lives
- The core principle is if we see suicide risk as a skills deficit problem, we can focus treatment on helping people develop the skills they need to stay alive
- Between 5-20 sessions once/week, each session 30-60 minutes

Treatment Options

Psychotherapies:

2. **Cognitive Behavioral Therapy (CBT)** – Similar to DBT, CBT explicitly focuses therapy on suicide prevention rather than a primary psychiatric disorder

- Three phases of therapy:
  - 1st phase – Begins with a narrative interview, creation of cognitive conceptualization, development of treatment goals and early interventions – including establishment of the Safety Plan and the Hope Kit
  - 2nd phase – May include problem-solving, cognitive restructuring, distress tolerance, and behavioral activation
  - 3rd phase – consolidation of skills and a relapse prevention task
- Between 5-20 sessions once/week, each session 30-60 minutes

Treatment Options

Psychotherapies:

3. **Interpersonal Therapy (IPT)** – Informed by the Interpersonal Theory of Suicide which proposes that thwarted belongingness and perceived burdensomeness are causes of suicidal ideation

- IPT therapists look for one of four interpersonal stressors that may be present in person's life: (1) Grief, (2) Role transitions, (3) Interpersonal disputes, (4) Interpersonal sensitivity (skills deficits)
- The therapist and patient choose one problem focus over another to target and ameliorate thwarted belongingness and/or perceived burdensomeness
- Recently has been a heavily studied and favored psychotherapy for older adults

Treatment Options

Psychotherapies:

4. **Behavioral Activation (BH)** – primary goal is to reduce depressive symptoms by helping persons reconnect with their personal values across several life areas

- Begins with behavioral monitoring of daily activities
- Therapist and patient use a structured approach identifying activities that fit within values
- Contracts to recruit social support may be used
- an be conducted individually or in groups
- Designed to be a 10-12 session treatment, but can be shortened
- Often used concurrently with substance abuse treatment

Treatment Options

Psychotherapies:

5. **Cognitive Behavioral Analysis System of Psychotherapy (CBASP)**– a talking therapy, a synthesis model of interpersonal, cognitive and behavioral therapies

- Therapeutic relationship is used to help patients generate empathic behavior, identify and change interpersonal patterns related to depression, and heal interpersonal trauma
- Incorporates situational analysis, interpersonal discrimination exercise, and behavioral skill training/rehearsal
- Often used with chronically depressed individuals

Treatment Options

Medications:

- Antidepressants are the most common medication available to treat depression
  - ~22 are approved by the FDA
- Some patients, especially children/adolescents/young adults, may experience increased anxiety, agitation, restlessness, irritability or anger which may lead to suicidal thoughts or attempts when antidepressants are started or when doses are increased

Treatment Options

Inpatient Hospitalization:

- Recommended for acute suicidal ideation situations
- An element of subjectivity exists when determining the acuity of a situation - when in doubt err on the side of safety!
- Elements of inpatient treatment may include:
  - -Medically monitored detoxification
  - -Medication management
  - -Individual psychotherapy
  - -Group therapy
  - -Family therapy
  - -Experiential therapy - art therapy, guided imagery, music therapy, role playing
  - -Education
  - -Electric therapies
  - -Other

Treatment Options

Electric Therapies in General:

- Delivery of small electrical currents to the brain, typically done inpatient by a neurosurgeon or specialist
- The electrical current causes a brief seizure in the brain - for reasons not fully understood the seizure relieves symptoms of severe depression and suicidal ideation
- Has been portrayed as harsh or cruel, but in reality these are painless medical procedures performed under general anesthesia

Treatment Options

Electric Therapies in General:

- Considered the most effective treatment for severe depression
- Can be lifesaving
- Does not cause any permanent damage to the brain
- Works quickly so often that it is the treatment of choice for severe cases when waiting for medications to work is not an option

Treatment Options

Electroconvulsive Therapy (ECT):

- Delivery of small electric current to the brain via external electrodes placed on the patient's scalp
- Requires anesthesia and can be given as inpatient or outpatient procedure
- Typical treatment course is 6-12 sessions administered 2-3 times per week over several weeks - the procedure itself takes 2-5 minutes
- Very effective for short-term suicidal risk
- Sometimes causes short-term confusion and memory loss - less frequently may cause long-term memory loss
- Effects are not permanent and may require further ECT treatments in addition to other treatment

Treatment Options

Transmagnetic Stimulation (TMS):

- TMS is when a magnetic field is created by a device held above the head, causing a weak electrical signal to be applied to the prefrontal cortex
- Typical course is 5 times/week for 3-6 weeks
- Sessions last 30-40 minutes and patient's are alert and typically sitting upright throughout
- Similar to electroconvulsive therapy in theory but may not be as effective

Treatment Options

Vagus Nerve Stimulation (VNS):

- A surgically implanted device sends timed electrical pulses stimulating the vagus nerve
- Implantation can be done inpatient or outpatient but requires implantation by a neurosurgeon with general anesthesia
- A semi-permanent option for those requiring multiple electrical therapy sessions
- Used for treatment resistant depression and severe suicidal ideation

Treatment Options

Phototherapy (Light Therapy):

- Exposure to daylight or specific wavelengths of light for a prescribed amount of time and sometimes a specific time of day
- Used for patients who suffer from seasonal affective disorder and other depressive disorders
- Devices such as light box or dawn simulator
- Caution: light therapy may trigger mania in some people with bipolar disorder

Special Population Considerations

Youth and Adolescents

- Second leading cause of death for ages 10-24

IT IS CRUCIAL KIDS UNDERSTAND MENTAL ILLNESS SO THEY CAN TAKE GOOD CARE OF THEMSELVES THROUGHOUT THEIR OWN LIVES

- BE PROACTIVE and talk with the child:
  - -Explain that depression is an illness just like heart disease and that people who don't get the right treatment can die from it
  - -Include hope as part of your talk, explain that with treatment the horrible feelings of hopelessness will pass
  - -With older kids start the conversation with a question - "Do you know anything about suicide?"

Youth and Adolescents

- 4 of 5 completed youth/teen suicides gave clear warning signs of their intentions
- Signs of concern often mimic “typical teenage behaviors” so it is difficult to know if it’s just “being a teenager”
- Often the best way to find out if a child is suicidal is to ask them directly

  -Research repeatedly shows that asking a person about suicide does not make them suicidal

  -In most cases bringing up the subject lets the child know they are not alone and gives them hope that treatment can help them feel better

Youth and Adolescents

- Close attention is warranted if signs persist over a period of time, several signs appear at the same time, and/or behavior is “out of character”
  - -Direct or indirect statements about suicide - may be verbal, text, email, social networks
  - -Previous suicide attempts - 1 in 3 suicide deaths is not the individual’s 1st attempt
  - -Preoccupation or obsession with death or suicide - may appear in school essays, art
  - -Making final arrangements - giving away prized possessions
- More likely to text rather than call hotline if in crisis situation

Older Adults

- Rates are particularly high among older men
- 85+ has highest rates
- Suicide attempts by older adults are more likely to result in death because older adults:

  -Plan more carefully and use more deadly methods

  -Are less likely to be discovered and rescued

  -The physical frailty of older adults means they are less likely to recover from an attempt

Older Adults

- Older adults are at higher risk for suicide due to feelings of thwarted belongingness and perceived burdensomeness because of:
  - -Increased incidence of chronic illness
  - -Decreased ability to complete activities of daily living
  - -Life events such as death of partner and/or friends
- Treatment focuses on:
  - -Care for physical and mental health problems
  - -Social connectedness
  - -Skills in coping and adapting to change

Veterans

- Veteran suicide rate is approximately two times higher than non-veteran adults
- Studies suggest veterans with suicidal ideation or in suicide crisis connect better with other veterans for help
- National Veterans Crisis Line, online chat, and text message option available 24/7, 365 days/year

LGBTQ

- Contemplate suicide almost 3 times the rate of heterosexual youth
- Almost 5 times more likely to have attempted suicide
- Suicide attempts by LGBTQ youth is 4-6 times more likely to result in injury, poisoning or overdose that requires treatment from a healthcare professional

LGBTQ

- Each episode of LGBTQ victimization increases the likelihood of self-harming behavior by 2.5 times on average
- LGBTQ youth who come from highly rejecting families are 8.4 times likely to have attempted suicide as LGBTQ peers who reported no or low levels of family rejection
- The Trevor Project = LGBTQ Specific Hotline/Text/Chat and online resources

Addiction

- Relative to the general population, individuals with addiction disorders are 10-14 times more likely to die by suicide
- Addiction alters the brain's communication pathways and neuroplasticity causing both acute and chronic effects:

  -Acutely = distorts judgement, weakens impulse control, interrupts neurotransmitter pathways

  -Chronically = impairs cognitive and behavioral control leading to increased impulsive and aggressive behaviors; physiological and metabolic stress leading to neurotoxic damage and severe medical consequences; and negative emotional states from financial strain, social stigma, isolation, and difficulties at school
- Assessment must include a comprehensive management plan for the addiction and possible dual diagnosis

Incarcerated

- Suicide is the leading cause of death in the prison system because jail environments are conducive to suicidal behavior and the inmate is facing a crisis situation
- Certain features of the jail environment enhance suicidal behavior including:

  -Fear of the unknown

  -Distrust of an authoritarian environment

  -Perceived lack of control over the future

  -Isolation from family and significant others

  -Perceived dehumanizing aspects of incarceration

Incarcerated

- Other factors predisposing inmates to suicidal behavior include:

  -Recent excessive drinking and/or drug use

  -Recent loss of stabilizing resources

  -Severe guilt/shame over the alleged offense

  -Current mental illness

  -Prior history of suicidal behavior

  -Approaching court date

- Suicide incidence is approximately 3 times higher incidence than the general population
- Highest at risk are white males, average age of 35

Incarcerated

- Typically occurs between 3-9 pm, and 2-14 days following arrest (27%) or between 1-4 months following arrest (20%)
- Previously thought to most commonly occur within 24 hours of confinement
- Most common method is hanging (98%)
- Majority of detention facilities have written suicide watch/prevention policies in place including an intake screening process, but the “comprehensiveness of programming remains questionable”
- WHO prevention program on preventing suicide in jails and prisons

Healthcare Professionals

- Medical doctors, dentists, nurses, and veterinarians all have higher than average rates of suicide than the general population
- Nurses are 23% more likely to die by suicide than women in general
- High stress in healthcare vocations lead to burnout
- Drivers of burnout include workload, work inefficiency, lack of autonomy and meaning in work, and work-home conflict
- Burnout which goes unaddressed leads to feelings of despair and hopelessness, thereby increasing the risk of suicide

Societal Strategies

It Takes A Village

Everyone is involved in a successful suicide treatment and management plan:

- Family
- Friends
- Neighbors
- Coworkers
- Educators
- Politicians
- Healthcare providers
- Clergy
- Media

Impact of Societal Change

- There are two bridges located in Washington, D.C. that are within a couple hundred yards of each other and both are ~125 feet tall
- In 1985, the Duke Ellington Bridge averaged 4 suicides per year while the Taft Bridge averaged 1.7 suicides per year
- Three suicides in a 10-day period in 1985 at the Duke Ellington Bridge resulted in the construction of an anti-suicide barrier in January, 1986
- This completely eliminated suicides at the Duke Ellington Bridge and the Taft Bridge had only a slight increase to an average of 2 suicides per year

WHY?

Prior to 1986, the Duke Ellington Bridge had a knee-high barrier while the Taft Bridge had a chest-high barrier. The low height provided potentially suicidal people the opportunity in an impulsive moment.

Taft Bridge

Duke Ellington Bridge

The Media

- Research shows that certain types of news coverage can increase the likelihood of suicide in individuals who are vulnerable
- Extensive media coverage increases the risk of contagion

THEREFORE…

- Covering suicide carefully can change public misperceptions and correct myths

The Media

- Changing perceptions can encourage those who are vulnerable or at risk to seek help
- It is ALL our responsibility to talk about suicide in a way that is not sensationalized, shows empathy, and fosters hope

The Media

Recommendations:

- Report on suicide as a public health issue, not as if investigating or reporting on a crime
- Include links to resources to inform readers/listeners
- Do not describe recent suicides as “epidemic,” “skyrocketing” or other strong terms – instead use words like “rise” or “higher”
- Do not describe suicide as “inexplicable” or “without warning” – most people who die by suicide exhibit warning signs – include “warning signs” and “what to do” information
- Describe as “died by suicide” or “completed suicide” – do not refer to suicide as “successful,” “unsuccessful” or a “failed attempt”

Practical Tips

Reducing Risk

General actions to help reduce suicide risk for individuals includes:

- Enlist family support
- Avoid alcohol and illegal drugs
- Get at least 7-8 hours continuous sleep in every 24-hr period
- Remove any guns, knives, and dangerous drugs
- Avoid isolation and stay connected to the outside world
- Exercise
- Eat a well-balanced, healthful diet
- Seek out things that give pleasure
- Attend a self-help or support group
- See and follow treatment

Neuroplasticity

- Rewire your brain for improved happiness!
- Top four conditions for supporting neuroplasticity and rewiring the brain:

    1. Positive Emotion
    2. Repetition and Practice
    3. Visualization
    4. Meditation

Neuroplasticity

Positive Emotion:

- Feeling genuinely and emotionally connected to your intention with feelings of hope, trust, and positivity
- Intensity of emotion and feelings is required to take an experience and make it a habit
- The more emotions are engaged, the more neurons are activated to form well-worn pathways

Activity: Do at least one thing everyday that you enjoy and focus on the good feelings of achieving your daily goal and intentions.

Neuroplasticity

Repetition and Practice:

- Neural pathways are strengthened into habits through repetition Intensity of emotion and feelings is required to take an experience and make it a habit
- Practice requires thinking, feeling, acting in a certain way every day
- Begins as an intentional exercise and eventually becomes a habit

Activity: State your daily goals aloud each morning. By making a declaration, it triggers your subconscious mind to find solutions to fulfill your goals.

Neuroplasticity

Visualization:

- Engages neural pathways and strengthens the neural network associated with whatever you are thinking about
- Engaging emotions as part of visualization to strengthen healthy habits created a power powerful neural network

Activity: *Complete 10-15 minutes each day visualizing yourself achieving your goals; engage positive emotion in this visualization activity to create a more powerful neural network.*

Neuroplasticity

Meditation:

- The process of relaxing the body and quieting the mind
- When stressed, the brain defers to the strongest neural pathways for survival and the path of least resistance – also – the brain does not access newly formed neural pathways because they are not fully established
- Meditation increased gray matter in the prefrontal cortex in the brain promoting cortical plasticity in cognitive and emotional processing and well-being areas of the brain – thereby creating new pathways!

Activity: Spend 10 minutes per day sitting and focusing on your breathing; refocus anytime you find your mind wandering

Talking With Others About Suicide

- Talking about suicide with others DOES NOT increase suicide risk
- LISTEN with empathy to the other person's problems, but refrain from trying to solve their problems
  - Tell the person that you care and you want to help
  - Express empathy
  - Clearly state that thoughts of suicide are often associated with a treatable mental disorder – this may instill a sense of hope
  - Tell the person that thoughts of suicide are common and do not have to be acted on
- Encourage the person to do most of the talking

Case Studies

Case Study #1

Mr. R is a 60-year-old successful businessman who states “my wife thinks I suffer from undiagnosed depression and anxiety.” He has been unwilling to seek professional medical assistance for mental health issues because he believes he “gets the blues” sometimes from stress due to his high-demand job.

Points To Consider

- Does he have suicidal ideation?
- Support system?
- Work-life balance?

New Initiatives

- Sip of Hope: The world's first coffee bar that will donate 100% of its proceeds to mental health awareness and suicide prevention
- Project 2025: AFSP goal to reduce suicide rate 25% by 2025 through strategic partnerships with other organizations including accrediting bodies, professional associations and leaders in other industry sectors

Summary

- There are multiple treatment options available for persons at risk for suicide
- Health professionals must be aware of treatment options when talking with patients
- The most important thing we can do is help instill a sense of hope in person's experiencing suicidal thoughts, and help connect them with resources and treatment options

Resources

- National Suicide Prevention Lifeline

  1-800-273-TALK (8255)

  A national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week

- Text **741-741** if in crisis to talk to a trained counselor 24 hours a day, 7 days a week

- Online Resources

  www.Suicide.org

  www.CDC.gov

- Local Resources

Resources

- American Foundation for Suicide Prevention (AFSP)
- American Association of Suicidology
- Substance Abuse and Mental Health Services Administration Suicide Prevention Program (SAMHSA)

Resources

- Indian Health Service Suicide Prevention Program
- National Alliance for Suicide Prevention
- National Child Traumatic Stress Network
- National Institute of Mental Health
- U.S Department of Defense Suicide Prevention Office
- U.S. Department of Veterans Affairs (VA) Suicide Prevention

Cultural Competence

- For additional information regarding standards and indicators for cultural competence, please review the NASW resource: ***Standards and Indicators for Cultural Competence in Social Work Practice***
  https://www.socialworkers.org/LinkClick.aspx?fileticket=7dVckZAYUmk=&portalid=0

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