

Suicide Prevention Training

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Objectives for Learning Outcomes:

Upon completion of this training, participants will be better able to:

1. Describe risk and protective factors influencing suicide risk.
2. Discuss facilitators and barriers to implementing suicide prevention measures.
3. Demonstrate suicide risk assessment, treatment and management skills.
4. Apply suicide risk assessment, treatment and management strategies to case scenarios.

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Introduction

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Perspectives

Video & Discussion

The 2%

Produced by Rag Tag Films in collaboration with National Council for Behavioral Health and Relias Learning.

Shot, Directed and Edited by Andrew Harrison Brown
Music by Sleeping at Last
Additional Aerials by Dane Christensen
Interviewee: Kevin Hines

<https://vimeo.com/173263342>



Perspectives

Attitudes & Approach

Our goal is always to be non-adversarial and collaborative.

What gets in our way?

Activity: Case Scenarios

Case Scenarios

- Mary Elizabeth
- Eloise
- Henry
- Norman
- Gia

Context

Statistics

Vocabulary

Key Terms for Today's Training

Additional Considerations



Context

Statistics

- 10th leading cause of death in the US in 2016
 - Rate: 13.4/100,000
 - 123 suicides/day; Over 44,000 deaths annually
 - 50% by firearms
 - White males – 7 of 10 suicides
 - 29% of LGB youth attempted suicide in the year prior to survey (compared to 6% of heterosexual youth)

(Centers for Disease Control [CDC], 2018; Substance Abuse and Mental Health Services Administration, 2018; World Health Organization, 2018)



Context

Statistics

- 9.8 million US adults seriously thought about attempting suicide
- 2.8 million made suicide plans
- 1.3 million made non-fatal attempts
- Washington State rate 15.78/100,000
- US rate is 13/100,000

(Centers for Disease Control [CDC], 2018; Substance Abuse and Mental Health Services Administration, 2018; World Health Organization, 2018)

Context

Statistics

- 2nd leading cause of death worldwide for ages 15-29 years in 2016
- 18th leading cause of death for all ages worldwide
 - ~ 800,000 suicides/day
 - 1 person dies by suicide every 40 seconds
 - 79% of suicides are in low- and middle-income countries
 - For each death by suicide, 20+ people attempt suicide

(Centers for Disease Control [CDC], 2018; Substance Abuse and Mental Health Services Administration, 2018; World Health Organization, 2018)

Context: Vocabulary

Self-Directed Violence

- Non-suicidal self-directed violence*
 - Self-directed, deliberate, results in injury (or potential), ***no explicit or implicit evidence of suicide intent***
- Suicidal self-directed violence*
 - Self-directed, deliberate, results in injury (or potential), ***explicit or implicit evidence of suicide intent***
- Undetermined self-directed violence*
 - Self-directed, deliberate, results in injury (or potential), ***suicidal intent is unclear***

*Classified as fatal or non-fatal

(Crosby, Ortega & Melanson [CDC], 2011)

Context: Vocabulary

Suicide

- Suicide
 - Death caused by self-directed injurious behavior with any attempt to die as a result of the behavior
- Suicide attempt
 - Non-fatal, self-directed potentially injurious behavior with any intent to die; may or may not result in injury

(Crosby, Ortega & Melanson [CDC], 2011)

Context: Vocabulary

Other Suicidal Behavior

- Interrupted self-directed violence – by self or other
 - Person takes steps to injure self, stops or is stopped by other(s) prior to fatal injury
- Other suicidal behavior including preparatory acts
 - Acts or preparation before potential harm is done

(Crosby, Ortega & Melanson [CDC], 2011)

Context: Vocabulary

Unacceptable Terms

- **Committed suicide, Completed suicide, Successful suicide**
 - Alternate term: **Suicide**
- **Failed attempt, Non-fatal suicide**
 - Alternate terms: **suicide attempt** or **suicidal self-directed violence**
- **Parasuicide**
 - Alternate terms: **non-suicidal/suicidal self-directed violence**
- **Suicide gesture, Manipulative act, Suicide threat**
 - Alternate terms: **non-suicidal/suicidal self-directed violence**

***Unclear or pejorative**

(Crosby, Ortega & Melanson [CDC], 2011)

Context: Key Terms for This Training

Suicide Assessment

- Identifying warning signs and risk factors
- Determining level of concern

Suicide Management

- Activities focusing on short-term management of suicidal behavior
- May involve hospitalization or other emergency measures

Suicide Treatment

- Activities focusing on longer-term management of suicidal behavior
- May involve Dialectical Behavior Therapy (DBT) or Cognitive Behavioral Therapy (CBT)

Context: Key Terms for This Training

Risk factors

- Characteristics that increase the likelihood that a particular behavior will occur

Protective factors

- Characteristics that decrease the likelihood that a particular behavior will occur

Warning signs

- Verbal or non-verbal behavior(s) that are associated with a particular behavior

Context: Additional Considerations

Legal and Ethical Issues

- Privacy
- Confidentiality
 - Know Health Insurance Portability and Accountability Act (HIPAA) and Family Education Rights and Privacy Act (FERPA) guidelines
- Limits to confidentiality
- Duty to warn
- Age of consent

Context: Additional Considerations

Charting

- Document steps taken
 - When assessed/reassessed
 - Response related to status/observation level
- Document responses to assessment questions
 - Address thoughts, plans, intent, prior attempts
 - Use person's words when possible
- In the summary, avoid stating there is "no risk"
 - Alternatives: *"no apparent current risk"* or *"patient states s/he has no current thoughts of suicide, no plan and has never made a prior attempt"*

Context: Additional Considerations

Charting

- State clearly what your response/plan is
- Safety plan (we will discuss this later today)
 - State that safety plan was completed
 - Identify key resources and next steps
 - Include any follow-up plan
 - **be sure that the follow-up happens**

Charting

Context: Additional Considerations

Example assessment

Patient states she has had no thoughts of suicide today. Most recent thoughts were [date]. States she has thought of taking pills but has not done anything to prepare for this and does not intend to act on the thoughts. States she has never made a suicide attempt.

Assessment

Risk & Protective Factors

Sample Assessment Questions

Asking the Question

Video: Risk Assessment



Risk and Protective Factors

Risk Factors

- Current/past psychiatric disorders, especially mood disorders & alcohol/substance abuse
- History of prior suicidal behavior
- Family history of suicide or psychiatric disorders, especially those requiring hospitalization
- Depression
- Key symptoms: impulsivity, anxiety, hopelessness, insomnia



Risk and Protective Factors

Risk Factors

- Key symptoms for children: oppositional & conduct problems
- Precipitants/stressors & triggering events leading to humiliation, shame, or despair i.e., loss of relationship, finances or health
- Chronic medical illness, especially central nervous system disorders & pain
- History of or current abuse or neglect
- Access to firearms
- Groups at higher risk: LGBTQ, Native American, Alaska Native, middle aged and older males

Risk and Protective Factors

Warning Signs: **IS PATH WARM**

- I** - Suicidal Ideation
- S** - Substance Use
- P** - Purposelessness
- A** - Anxiety and/or Agitation
- T** - Feeling Trapped
- H** - Hopelessness
- W** - Social Withdrawal
- A** - Anger, Seeking Revenge
- R** - Restlessness
- M** - Mood Changes

Risk and Protective Factors

Protective Factors

- Internal
 - Ability to cope with stress
 - Religious beliefs
 - Frustration tolerance
- External
 - Social supports
 - Responsibility to children, partner or pets
 - Positive therapeutic relationship

Risk and Protective Factors

Screening

- Patient Health Questionnaire (PhQ) 9
http://www.cqaimh.org/pdf/tool_phq9.pdf
- SAFE-T Pocket Card
<https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432>
- Columbia Suicide Severity Rating Scale (C-SSRS)
<http://www.cssrs.columbia.edu>

Risk and Protective Factors

Special Considerations with Veterans & Active Duty Military

- For most people their job is what they do; in the military it more deeply defines who they are
- Military emphasizes discipline and hierarchy, prioritizes the group over the individual and uses specific rituals and symbols to convey important meaning and transitions
- Important aspects of military culture: uniformity, anonymity, depersonalization, expendability, hard work, boredom, stoicism, team work, camaraderie, trust & orderliness

www.militaryonesource.mil

Activity: Identifying Risk and Protective Factors

Gordy

35 year old male who has come reluctantly to your Community Health Clinic. "You know, coming here was not my idea. I don't know how seeing a doc is going to help, but my wife says she will leave me if I don't get it together."

He is experiencing flashbacks and nightmares; he is easily agitated and believes that his children are afraid of him. Admits to drinking a lot and spending several hours a day playing video games. He tells you that he owns a gun..."I know how to pull the trigger; maybe I should just use it."

He served one enlistment in the Army totaling 4 year active duty and was deployed to serve as part of Operation Iraqi Freedom. He was denied re-enlistment because the military was downsizing and because he was showing symptoms of PTSD. He had planned to make the military his career. "I am a soldier; I don't fit in anywhere else."

Activity: Identifying Risk and Protective Factors

RISK FACTORS

- Male
- Drinking
- PTSD
- Owns a gun
- Unemployed

PROTECTIVE FACTORS

- Wife?
- Children?
- He's trying

Suicide Assessment Questions

Basic Principles

- Anyone might be at risk
- Screening for suicide risk is critical
- Healthcare providers are in an ideal position to help prevent suicide and suicidal behavior
- Be prepared to hear “yes” in response to screening questions
- “Keep the door open” for conversations about suicide risk

Suicide Assessment Questions

Sample Assessment Questions

Suicide Thoughts

- Sometimes when people feel sad, they think about suicide. Have you ever thought about killing yourself?
- Have you ever felt that you would be better off dead?
- Are you thinking about suicide now? When did you last think about suicide?

Suicide Assessment Questions

Sample Assessment Questions

Suicide Plans

- Have you thought about how you would try to end your life?
- Do you have a plan to end your life?
- If yes...
 - What would you do? (Anything else?)

Suicide Assessment Questions

Sample Assessment Questions

Intent

- When would you do this?
- Where would you do this?
- Where is the _____ ?
- How easy would it be for you to get _____ ?
- What have you done toward carrying out your plan?

Suicide Assessment Questions

Sample Assessment Questions

Prior Suicide Attempts

- Have you ever tried to kill yourself?
- Have you ever made a suicide attempt?
- Have you ever tried to end your life?

Activity: Asking the Question



Risk Assessment for Safety Planning

Risk Assessment

What is Gordy telling you?

- Has current thoughts of suicide
- Drinks daily
- Has thought he would “eat” his gun, but would feel guilty about leaving his kids
- Angry with the Army
- Not sure if his situation will ever get better
- Willing to work on a safety plan

Risk Assessment for Safety Planning

Risk Assessment & Safety Planning

What else do I need to know about Gordy's risk for suicide in order to make an intervention plan?

Do you agree with Sue that Gordy is ready to make a safety plan?



The Safety Plan
www.suicidesafetyplan.com

SAFETY PLAN	
Step 1: Warning signs:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Suicide Prevention Lifeline: 1-800-273-TALK (8255)
4.	Local Emergency Service _____ Emergency Services Address _____ Emergency Services Phone _____
Making the environment safe:	
1.	_____
2.	_____
From Stanley, B. & Brown, G.K. (2011). Safety planning intervention: A brief intervention to mitigate suicide risk. <i>Cognitive and Behavioral Practice</i> , 19, 256-264	

The Safety Plan

SAFETY PLAN	
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Safety Planning

The Safety Plan

- Work collaboratively with the patient
 - **Listen**
 - **Empathize**
- Discuss how the safety plan will be used
- Tailor the process to the individual patient's needs and level of functioning

The Safety Plan

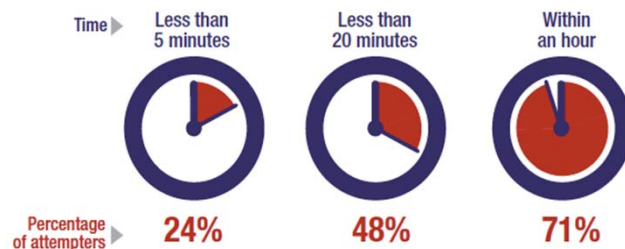
Safety Plan Elements

- Step 1:** Warning signs
- Step 2:** Internal coping strategies
- Step 3:** People and social settings that provide distraction
- Step 4:** People to ask for help
- Step 5:** Professionals or agencies to contact in a crisis
- Step 6:** Making the environment safe

From: SPRC Suicide Prevention Toolkit for Primary Care Practices

The Safety Plan

Not everyone is impulsive, but...
we can't wait to remove the danger



Elapsed Time Between Decision to Attempt
and Actual Attempt (all ages)

The Safety Plan

Making the Environment Safer

- Firearms
- Alcohol and drugs
- Prescription medications
- Over the counter medications
- Belts, rope, cords, plastic bags
- Knives
- Chemicals
- Cars / car keys
- Pesticides and poisons



The Safety Plan

Removing the danger

...is similar to what you would do with a friend who was too intoxicated to drive a car.

You would ask them to give you the keys or you would call to get them a ride.

The Safety Plan



Step 6: Making the Environment Safer

The Safety Plan



Deception Pass Bridge near Anacortes, WA



The Safety Plan

Step 5: Professionals or Agencies to Contact in a Crisis

- What resources would you consider referring Gordy to?
- In your area of practice, what specific resources are available?
- How can you follow up to make sure he is able to access those resources?



The Safety Plan

Documentation (examples)

- Note assessment findings
 - *Patient has current thoughts of suicide, would use his gun to shoot self, states no previous attempts and no current intent to act on plans.*
- Document assessment of risk
 - *States that he would not want to kill himself because his wife and children need him, willing to work on safety plan, appears relieved to have discussed thoughts he is having.*

The Safety Plan

Documentation (examples)

- Describe safety planning
 - *Warning signs include feeling anxious, loud noises. Can distract self by listening to music. Friend (Tom) is supportive. Patient can also talk to his wife (Monica). Worked with patient to contact friend (Tom) to remove gun from the home and notify Tom and wife (Monica) about thoughts/plans he is having. Provided resources [name them] to Tom and wife.*

Short and Long Term Interventions

Consider Risks & Benefits of Hospitalization

- **Benefits**
 - Monitoring
 - Medication adjustments
 - Safety
 - Respite for family
 - Temporary case management
 - Break from difficult circumstances



Short and Long Term Interventions

Consider Risks & Benefits of Hospitalization

- **Risks**

- Isolation
- Stigma
- Demoralization
- Anxiety
- Contact with other suicidal peers
- Stress at discharge



Short and Long Term Interventions

Consider Risks & Benefits of Hospitalization

Hospitals do not treat suicidal behavior; they treat the **underlying symptoms**



Short and Long Term Interventions

Outpatient Counseling

- Outpatient Counseling to address the underlying behavioral health concerns or symptoms:
 - Depression
 - Anxiety
 - Substance abuse
 - Hopelessness



Short and Long Term Interventions

Medical Care

- Medical care to address physical health concerns
 - Sleep problems

Short and Long Term Interventions

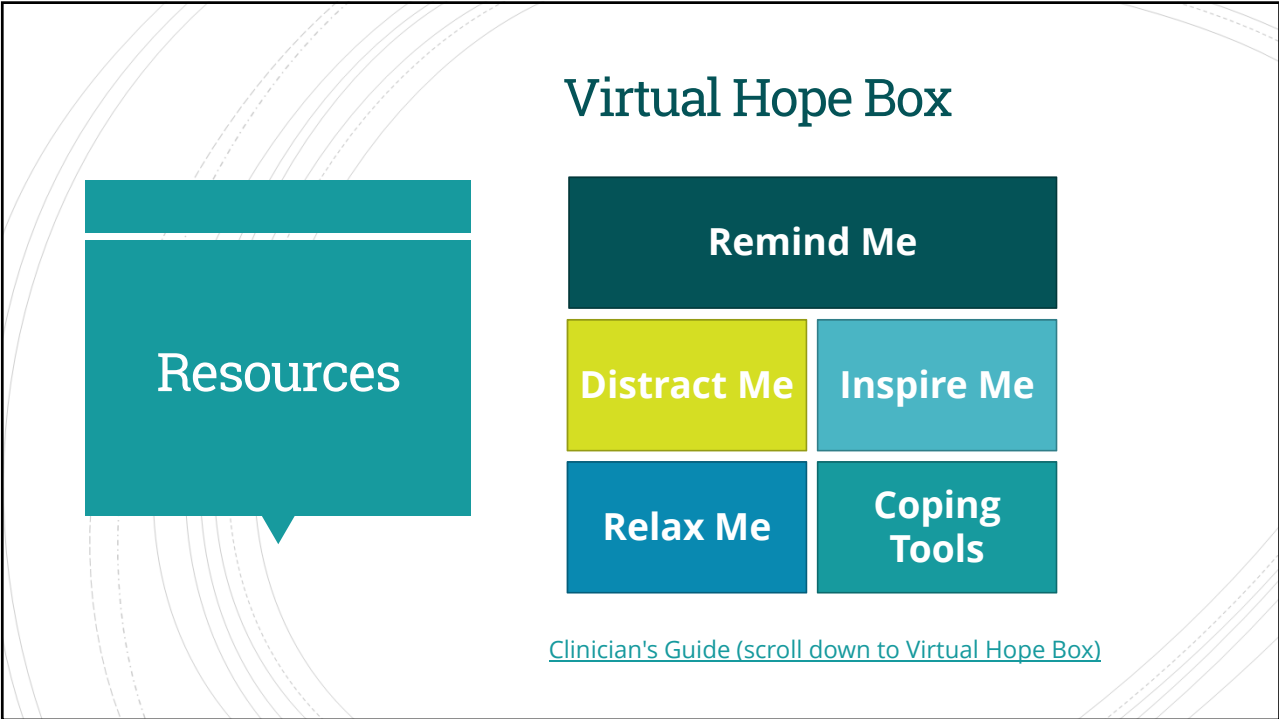
Medication Considerations

- Underlying condition or issue being addressed
- Target symptoms and side effects
- Teaching needs
- Dosing and refills
- Safety planning
 - Storage and disposal
 - Drug takeback programs
 - Role of significant others

Short and Long Term Interventions

Longer Term Intervention: Caring Letters

- Many times people at high risk for suicide refuse medical treatment; study revealed that receiving caring letters help people at risk for suicide to feel connected and stay alive
- Nothing in return was asked of the patient. Letters helped people survive the 2 year period following a psychiatric crisis – a time of high vulnerability





Resources

Resources – Phone & Online

- **National Suicide Prevention Lifeline**
 - 1-800-273-8255
 - www.suicidepreventionlifeline.org
- **Crisis Chat**
 - <https://www.contact-usa.org/chat.html>
- **Crisis Text Line**
 - Text HOME to 741741
 - www.crisistextline.org
- **Trevor Lifeline**
 - 1-866-488-7386
 - www.thetrevorproject.org
- **Trans Lifeline**
 - 1-877-565-8860
 - www.translifeline.org



Resources

Resources – Medication Disposal

- Medication Disposal
 - 1-855-239-9317
- National Drug Takeback Day Information
 - https://www.deadiversion.usdoj.gov/drug_disposal/takeback/

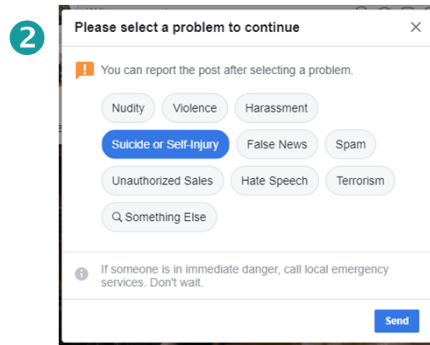
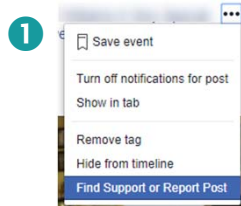
Resources – Mental & Behavioral Health

Resources

- **SAMHSA Behavioral Health Treatment Locator**
 - 1-800-662-4357
 - <https://findtreatment.samhsa.gov>
- **211**
 - www.211.org

Resources – Social Media

Resources





Resources

National Suicide Prevention Lifeline

1-800-273-8255

1-800-273-TALK



Resources

King County 24-Hour Crisis Line

206-461-3222

1-866-4CRISIS

www.crisisconnections.org

Resources

Additional Resources

- **American Association of Suicidology**
 - www.suicidology.org
- **American Foundation for Suicide Prevention**
 - www.afsp.org
- **Centers for Disease Control and Prevention**
 - <http://www.cdc.gov/ViolencePrevention/suicide/index.html>
- **Suicide Prevention Resource Center**
 - Suicide Prevention Toolkit for Primary Care Practices
 - <https://www.sprc.org/settings/primary-care/toolkit>
- **National Strategy for Suicide Prevention**
 - <http://actionallianceforsuicideprevention.org/national-strategy-suicide-prevention>
- **Washington State Suicide Prevention Plan**
 - <http://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf>

Additional Topics

Variable Role of Nurses
Self-Injury
Cultural Considerations
Postvention



Role of Nurses

Role of Nurses

- Varies depending on setting and job description
 - May provide care, coordinate care, connect with care, support others in caring for family/friend
- Need to know basics of suicide assessment, treatment and management
- This training has focused on practice at the RN level— advanced practice nurses have additional roles depending on training and responsibilities
- Know scope of practice, laws (e.g., Washington Administrative Code-WAC), agency procedures, and resources



Role of Nurses

Role of Nurses – Screening

- If we ask a question about suicide risk, we need to be prepared to follow up.

Discussion

Activity: Making Connections

- How and when do we involve family and other health providers?

Discussion

Activity: Making Connections

- From your own practice, how do you get a patient connected with other resources?



Self Injury

The Facts

- Can be hard to understand, difficult to monitor and even harder to treat
- Generally separate and distinct from suicide but often co-occurs
- Girls & women are significantly more likely to self-injure
- Behavior often begins in middle school
- Intense, negative self-directed emotions
- Can be associated with abuse history, but often not associated
- Self-focused and other-focused motivation



Self Injury

The Signs

- Frequent unexplained bruises, cuts or burns
- Consistent, inappropriate use of clothing designed to conceal wounds
- Secretive behaviors
- Heightened signs of depression and anxiety, as well as social-emotional isolation and disconnectedness
- Feel overwhelmed, then feel relief after self-injury



Self Injury

How to Help

- Connect with calm, compassion and caring
- Don't act shocked, overreact, say or do anything to cause guilt or shame
- Understand that this is the person's way of coping with emotional pain
- Ask, "What problem were you trying to solve?"
- Do not contract for safety
- Don't agree to keep self-injury confidential
- Involve parent(s) or guardians
- Assess separately and distinctly from suicidal behaviors



Self Injury

Resources

- Self-injury and Recovery Research and Resources (Cornell University)
 - <http://www.selfinjury.bctr.cornell.edu/about-self-injury.html>
- SAMHSA YouTube Video
 - <https://www.youtube.com/watch?v=nOlv83yfOY8>

Cultural Considerations

Cultural Considerations

- Prevention strategies must include beliefs and practices of different groups (SAMHSA, 2016)
- Cultural humility
- Consider the different cultural contexts of those you work with

Sample Resources

Cultural Considerations

- SAMHSA Tribal Training and Technical Assistance Center
 - <http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>
- Suicide Prevention Resource Center Guidance for Culturally Adapting Gatekeeper Trainings
 - <http://www.sprc.org/resources-programs/guidance-culturally-adapting-gatekeeper-trainings>



Cultural Considerations

Cultural Considerations

- Think of a work situation that required you to adjust your approach to patient care based on cultural considerations
 1. Describe the situation.
 2. What were the challenges?
 3. What went well? What could have been improved?
 4. What did you learn?



Cultural Considerations

Working with an Interpreter

- Considerations
 - Who should interpret?
 - Should family member/friend ever interpret?
 - Professional interpreters might know patient/family
- Communication
 - Speak first to the client, then introduce self to interpreter
 - Speak directly to the client
 - Use short sentences, even pace
 - Avoid jargon and technical terms
 - Pay close attention to body language-yours and client's

Social Media and Screen Time

Social Media

- Social media vs. social connection
- [Glow Kids: How Screen Addiction is Hijacking Our Kids](#) – and How to Break the Trance by Nicholas Kardaras

Impact of Suicide on Others

Postvention

- Recent research (Cerel, 2015) estimates that for each death by suicide:
 - 115 people are exposed
 - **25 experience a major life disruption**
- In 2016, there were **44,965 deaths by suicide** in US

$$25 \times 44,965 = 1,124,125$$

- That means there were more than 1 million loss survivors in 2016 who experienced a major life disruption as a result of a suicide death

Postvention

Feelings Associated with Death by Suicide

- Disbelief
- Shame
- Guilt
- Abandonment
- Relief
- Asking why
- Blame
- Anger
- Fear
- Increased risk for suicide

Postvention

What Loss Survivors Need

- Professional mental health care & grief support
- Peer support in individual or group formats
- **Information about suicide & coping resources**
- **Practical assistance**
- Compassionate assistance from first responders
- **Acceptance from social networks to counter stigma**
- Coordinated community response

Recommendations from the Survivors of Suicide Loss Task Force
National Alliance for Suicide Prevention

Postvention

Resources in Washington State

- **Crisis Connections Cares**
 - <https://www.crisisconnections.org/survivors-of-suicide-support-groups/cc-cares/>
 - Care Packages
 - Telephone Peer Support
- **Agency Practices for Responding to a Client Suicide**
 - <https://www.sprc.org/resources-programs/sample-agency-practices-responding-client-suicide>

Activity: Revisiting Attitudes

- Please review your response to the question we asked at the beginning of this training.

“What are my attitudes toward suicide?”
- Has anything changed as a result of the training?