

Responding to Suicide Ideation & Intent

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Topics We'll Cover Today

1. How to communicate and ask directed questions about intent
2. How to talk with someone who is currently suicidal
3. Who is safe to discharge from the ED

What do we mean by suicidal ideation?

Morbid Rumination (AKA Passive Ideation)

- Thoughts about death, dying, or not being alive

Not considered
suicidal ideation



Wish to Die (AKA Suicidal Desire)

- Thoughts about a desire to be dead or not alive anymore, or a wish to fall asleep and not wake up

Active Ideation (AKA Suicidal Intent)

- Thoughts of wanting to end one's life, with various levels of intent and planning

Intent

Subjective (Expressed)

Objective (Observed)

Plan

Method

Time & Place

What do we mean by suicidal behavior?

Preparatory Acts or Behavior

- Acts or preparations towards making a suicide attempt (anything beyond verbalization or thought)

Aborted Attempt

- When individuals begin to take steps toward making an attempt, but stop themselves before they actually engage in an attempt

Interrupted Attempt


- When an attempt is interrupted by an outside circumstance from starting the potentially self-injurious act

Suicide Attempt

- A nonfatal, self-injurious act with at least some intent to die

Death from Suicide

- Death from injury where there is evidence it was self-inflicted and that there was at least some intent to die

Avoid using “committed” or “successful” 

Acute vs. Chronic Risk

Acute Risk

Acute Factors = all things that fluctuate in severity and will alleviate to some degree as the suicidal crisis resolves

Warrant immediate clinical attention

Nature of Suicidal Thinking

Current Symptoms

Situational Factors

Chronic Risk

Chronic Factors = static factors related to the person's susceptibility to becoming suicidal in the first place

Warrant long-term outpatient care

Cognitive Susceptibility

Biological susceptibility

Behavioral susceptibility

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Primary Care Screen with Triage Points

SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past month	
	YES	NO
Ask questions that are in bold and underlined.		
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up? <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan." <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as oppose to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Response Protocol to C-SSRS Screening (Linked to last item marked "YES")

- Item 1 Behavioral Health Referral
- Item 2 Behavioral Health Referral
- Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 4 Behavioral Health Consultation and Patient Safety Precautions
- Item 5 Behavioral Health Consultation and Patient Safety Precautions
- Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
- Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

- Disposition:
- Behavioral Health Referral
 - Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
 - Behavioral Health Consultation and Patient Safety Precautions

Common Barriers to Responding Appropriately

- ⦿ Time constraints
- ⦿ Feeling their reasons are not valid
- ⦿ Belief in attention seeking
- ⦿ Frustration when someone seems illogical

Keep in mind...

Patients considering suicide are likely at their worst and are likely to have difficulty in interpersonal situations.




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It's not just the talking you do. It's the listening. Listen to understand.

-Kevin Briggs



Tips for Responding to Suicide

- ◎ Avoid arguing, blaming, or saying that you know how they feel.
 - ◎ Ask directly about suicide:
 - “Others in similar circumstances have thought about ending their life; have you had these thoughts?”
 - “When you say ‘It won’t be a problem much longer,’ that makes me wonder – are you thinking about suicide?”
- 



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***Suicide is not a problem.
It's a solution to a problem.***

-Jess Stohlmann-Rainey

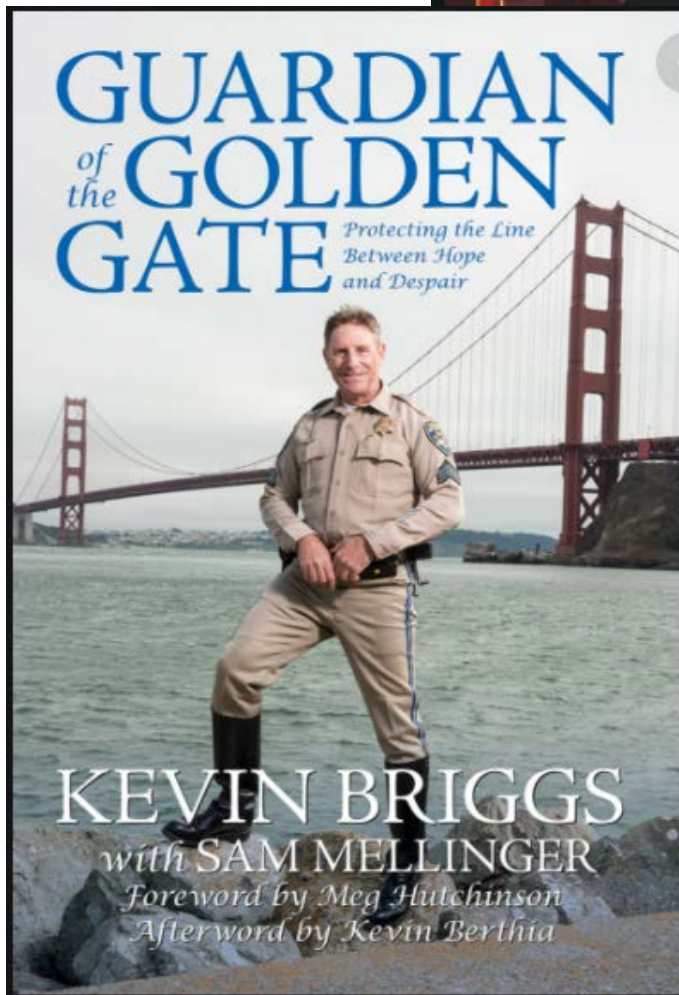
Additional Tips for Responding

- © Once you have understood the situation, then make statements to build hope

Many individuals who are in these types of circumstances find it helpful to talk with someone. Would you be willing to try it?

You mentioned that your prescription has ran out, you are worried about losing your home, and you've struggled to find reliable transportation. If you would come to the hospital with us, we could connect you with a case manager there who could help you consider solutions to these problems.

I hear that you're worried what will happen if you go to the hospital. At the same time, I'm worried that you'll hurt yourself if you stay here alone. Many people find the hospital can be a helpful option until they can keep themselves safe again.

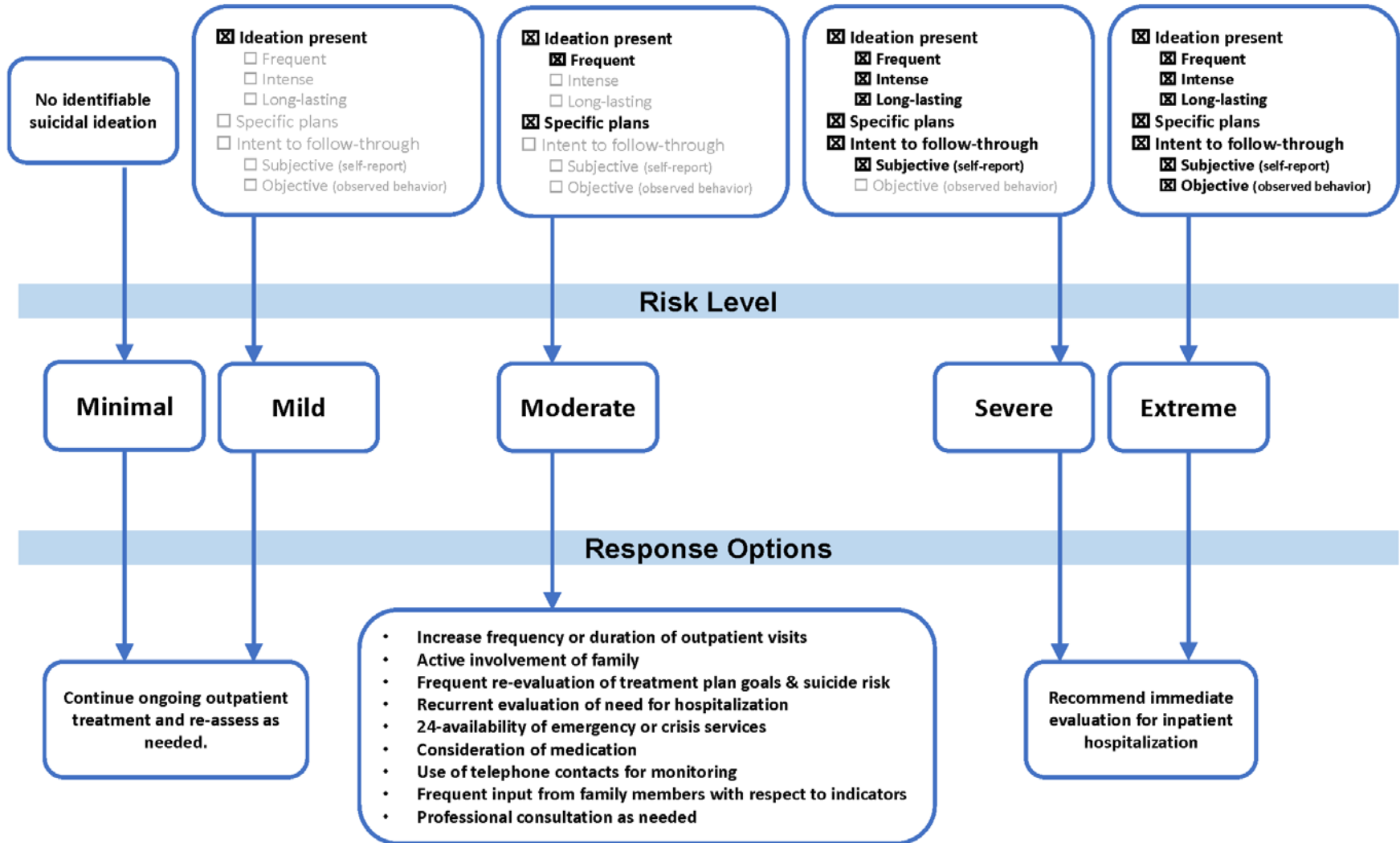


***Guardian of the Golden Gate:
Protecting the Line Between Hope & Despair***

By Kevin Briggs



What description best fits your client?



Recommendations based on Rudd (2006). Always use clinical judgement when making decisions.

No-Suicide Contracts: Not Helpful

What is a
No-Suicide Contract?

An agreement between the person struggling and a clinician in which the person agrees not to harm themselves and/or to seek help when in a suicidal state and the person believes they are unable to honor the commitment

Not helpful because...

- ⦿ The term contract implies more care for liability and legal aspects of practice than for person struggling
- ⦿ No standard definition or agreement for what they should contain
- ⦿ Research does not suggest that they work consistently



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If there's any morbid ruminations or ideation, it is important to complete a safety plan.

Use Crisis Response Plan or Safety Plan

Guidelines for Constructing a Safety Plan

1. Identify resourceful others who could assist in carrying out details of safety plan. Include them in the creation of it.
2. Work out how they can both prevent or restrict access to lethal means.
3. Identify troubling behaviors that client uses to cope with distress
4. Identify safe havens the client could use for a limited time
5. Consider enlisting client's work or school to temporarily alter schedule.
6. Determine what should happen with treatment
7. Generate list of personal resources client could use if needed.
8. Identify emergency resources client could use if needed.

Examples of Safety Plans

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

- _____
- _____
- _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

- _____
- _____
- _____

Step 3: People and social settings that provide distraction:

- Name _____ Phone _____
- Name _____ Phone _____
- Place _____ 4. Place _____

Step 4: People whom I can ask for help:

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

- _____
- _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown. Is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bks2@columbia.edu or gkbrown@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

Date: _____

Individual Safety Plan Guide

Individual We're Here to Support: _____

Others Involved: _____
Invite support persons into room, or Phone them

Other Resourceful People Who Can Assist?
Specify: _____
Examples: family members, friends, members of spiritual community, peers, mentors

Response Plan

Efforts to Cope I Want to Avoid

Common ones: _____ **Others, or Explain Those Checked:** _____

- Substance use
- Withdrawing from activities
- Withdrawing from people
- Disordered eating
- Impulsive or compulsive actions
- Harming self or others

Alternative Options I Want to Try

Common ones: _____ **Others, or Describe Those Checked:** _____

- Walking
- Music
- Prayer
- Writing
- Exercise
- Meditation
- Reading
- Reaching out

Safe Havens I Could Access

(Could be at home, at family/friend's home, at hospital, include contact information, if relevant)

If thoughts are too much, _____


If I need more safety, _____

If I still need more safety, _____

If I still need more safety, _____

Other People to Contact to Lessen Stress	Relevant Professional Supports												
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">What to do?</td> <td style="width: 50%;">With what?</td> </tr> <tr> <td><input type="checkbox"/> Begin</td> <td><input type="checkbox"/> Therapy</td> </tr> <tr> <td><input type="checkbox"/> Resume</td> <td><input type="checkbox"/> Medication</td> </tr> <tr> <td><input type="checkbox"/> Continue</td> <td><input type="checkbox"/> Detox/Rehab</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Outpatient program</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Inpatient program</td> </tr> </table>	What to do?	With what?	<input type="checkbox"/> Begin	<input type="checkbox"/> Therapy	<input type="checkbox"/> Resume	<input type="checkbox"/> Medication	<input type="checkbox"/> Continue	<input type="checkbox"/> Detox/Rehab		<input type="checkbox"/> Outpatient program		<input type="checkbox"/> Inpatient program
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Support Persons to Contact & Number 1. _____ 2. _____ 3. _____	Emergency Resources Doctor: _____ Therapist: _____ Crisis Line: _____ Hospital: _____ Emergency Room: _____												

Examples: work supervisor or school administrator, temporarily alter scheduler, reduce workload, grant leave of absence, etc.





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**If there are any markers of intent—
either subjective or objective—an
evaluation for hospitalization is
recommended.**

A decorative network diagram consisting of interconnected nodes and lines, rendered in a light gray color. The nodes are represented by small circles, some of which are solid and others are hollow. The lines connecting them form a complex, web-like structure that is more dense on the left side and tapers off towards the right. The overall style is clean and modern, typical of a technical or scientific presentation.

Questions?

National Resources

- **National Suicide Prevention Lifeline** 1-800-273-TALK (8255)
Free and available 24 hours/day, 7 days/week
Para Español oprima el 2
For deaf and hard of hearing – TTY 1-800-799-4889 or chat at site below
www.suicidepreventionlifeline.org
- **Crisis Text Line** Text HOME to 741-741 in the U.S.
- **Veterans Crisis Line** 1-800-273-TALK, Press 1
Text 83-8255, or chat online at www.veteranscrisisline.net
- **IM Alive Chat** Online suicide crisis chat at www.imalive.org
- **The Trevor Project** 1-866-488-7386
Hotline for LGBT Youth
TrevorText – Available Fridays 4pm-8pm; Text TREVOR 1-202-304-1200
TrevorChat – Available 7 days a week 3pm-9pm at the site below
www.thetrevorproject.org
- **TransLifeline** 1-877-565-8860
Peer hotline for transgender people experiencing a crisis