Suicide and Prevention Training
A CHANGE OF FOCUS

- Up to now all services have focused on a symptom based approach to identifying the suicidal service member
- Research and current suicidology theory indicates that understanding and developing a working profile might yield better results
- This profile includes developmental, familial and significant life experiences
DEVELOPMENTAL RISK FACTORS

- Early childhood physical or sexual abuse
- Childhood-adolescent diagnosis of ADHD, ODD or impulse control disorder
- Family history of psychiatric or legal problems
- Risk taking behaviors
SUICIDAL PROFILE

- Family Hx of suicide attempts-completion
- Chaotic childhood/adolescence
- Prior trauma(s) (Physical – Sexual- Natural)
- Cutting, burning, piercing, tattoos
- Prior/Present substance abuse problems
- Hx of ideation/attempts
- Assertiveness
Myths of Suicide

- An easy escape—One that cowards use
- An act of anger, aggression or revenge
- Selfish act, a way to show excessive self-love
- A form of self-mastery
- People who die by suicide don’t make future plans
- People often die by suicide “on a whim”.
- You can tell who’s suicidal by their appearance
- You have to be out of your mind to commit suicide
SUICIDE AS A VEHICLE

- Most of our thinking revolves around this model
- Begins with ideation/gesture which leads to positive reinforcement
  - 1. someone is listening
  - 2. more latitude in life
  - 3. uniqueness - my identity
  - 4. social/family contacts (walking on eggshells)
SUICIDE AS A VEHICLE

- Positive reinforcement leads to repetition of behavior
- Gray area
  - 1. Was this person predisposed?
  - Is this pure manipulation with no intent?
  - Is this the beginning of the true suicidal mind?
  - Does lethality occur because the suicide gesture went wrong?
The Suicidal Mind

- Perceived burdensomeness
  - Through psychiatric/physical disabilities
- The sense that one does not belong
  - Unfit for duty, homecoming disillusion
- Acclimation to pain
  - Physical, emotional; mental rehearsal
  - Chronic injury, pain
Interpersonal-Psychological Theory of Suicide Risk

Those who desire death

Perceived Burdensomeness + Failed Belongingness
- Cognitive Dysfunction, Inability to Drive, Inability to Work, Loss of Sense of Self

Those capable of suicide

Acquired Ability (Habituation)
- Injury History, TBI Sequelae (e.g., chronic pain), Depression

Suicidal Ideation

Serious Attempt or Death By Suicide
### Suicide Ideation Definitions and Prompts

#### Past month

<table>
<thead>
<tr>
<th><strong>Ask questions that are bolded and underlined.</strong></th>
<th><strong>Past month</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask Questions 1 and 2</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1) Wish to be Dead:</strong></td>
<td></td>
</tr>
<tr>
<td>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</td>
<td></td>
</tr>
<tr>
<td><em>Have you wished you were dead or wished you could go to sleep and not wake up?</em></td>
<td></td>
</tr>
<tr>
<td><strong>2) Suicidal Thoughts:</strong></td>
<td></td>
</tr>
<tr>
<td>General non-specific thoughts of wanting to end one's life/commit suicide, &quot;I've thought about killing myself&quot; without general thoughts of ways to kill oneself/associated methods, intent, or plan.</td>
<td></td>
</tr>
<tr>
<td><em>Have you actually had any thoughts of killing yourself?</em></td>
<td></td>
</tr>
<tr>
<td><strong>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</strong></td>
<td></td>
</tr>
<tr>
<td>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. &quot;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.&quot;</td>
<td></td>
</tr>
<tr>
<td><em>Have you been thinking about how you might kill yourself?</em></td>
<td></td>
</tr>
<tr>
<td><strong>4) Suicidal Intent (without Specific Plan):</strong></td>
<td></td>
</tr>
<tr>
<td>Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to &quot;I have the thoughts but I definitely will not do anything about them.&quot;</td>
<td></td>
</tr>
<tr>
<td><em>Have you had these thoughts and had some intention of acting on them?</em></td>
<td></td>
</tr>
<tr>
<td><strong>5) Suicide Intent with Specific Plan:</strong></td>
<td></td>
</tr>
<tr>
<td>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</td>
<td></td>
</tr>
<tr>
<td><em>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</em></td>
<td></td>
</tr>
<tr>
<td><strong>6) Suicide Behavior Question:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</em></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td><strong>If YES, ask: How long ago did you do any of these?</strong></td>
<td></td>
</tr>
<tr>
<td><em>Over a year ago?</em></td>
<td><em>Between three months and a year ago?</em></td>
</tr>
</tbody>
</table>
SAFETY PLANS

A STAND ALONE INTERVENTION
WHAT IS SAFETY PLANNING

- A brief intervention
- Follows risk assessment
- A prioritized list of coping strategies and sources of support
- To be used during or preceding a suicidal crisis
- Involves collaboration between service member and the support team
“NO-SUICIDE CONTRACTS”

NO-SUICIDE CONTRACTS ASKS SERVICE MEMBERS TO PROMISE TO STAY ALIVE WITHOUT TELLING THEM HOW TO STAY ALIVE NO-SUICIDE CONTRACTS MAY PROVIDE A FALSE SENSE OF ASSURANCE TO THE SUPPORT TEAM DON’T USE THEM
SAFETY PLAN: VA VERSION

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:
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. Local Urgent Care Services
   Urgent Care Services Address_______________________________________
   Urgent Care Services Phone ________________________________________
4. VA Suicide Prevention Resource Coordinator Name_______________________
   VA Suicide Prevention Resource Coordinator Phone_______________________
5. VA Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a VA mental health clinician

Step 6: Making the environment safe:
1. ______________________________________________________________
2. ______________________________________________________________

TIPS FOR DEVELOPING A SAFETY PLAN

WAYS TO INCREASE COLLABORATION

☐ SIT SIDE BY SIDE
☐ USE A PAPER FORM BRIEF INSTRUCTIONS USING THE PATIENT’S OWN WORDS EASY TO READ ADDRESS BARRIERS AND USE PROBLEM-SOLVING APPROACH
6 STEP SAFETY PLAN

1. recognize warning signs
2. Use internal coping strategies
3. Utilize social contacts that can serve as a distraction from suicidal thoughts and who may offer support
4. Contact family members/friends who may offer help to resolve crisis
5. Contact professionals and agencies
6. Reduce the potential for use of lethal means
PURPOSE: to help the SM identify and pay attention to his or her warning signs. Recognize the signs that immediately precede a suicidal crisis. **Personal situations, thoughts, images, thinking styles, mood or behavior**. “How will you know when the safety plan should be used?” Specific and personalized examples.
STEP 1: RECOGNIZING WARNING SIGNS (EXAMPLES)

- Automatic thoughts – “I am nobody”
- Images – “flashbacks”
- Mood – “feeling hopeless”
- Behavior
- “crying”
- “not answering the phone/communicating”
- “using alcohol or drugs”
STEP 2: USING INTERNAL COPING STRATEGIES

PURPOSE: To take the SM’s mind off of problems/prevent escalation of suicidal thoughts – NOT to solve the SM’s problems
*List activities SM can do without contacting another person
* helps SM see that they can cope with SI on their own, even if briefly
EXAMPLES: work out, walk, listen to inspirational music, hot bath, play with pet
STEP 2: USING INTERNAL COPING STRATEGIES

☐ ASK “how likely do you think you would be able to do this step during a crisis?”
☐ ASK “What might stand in the way of you thinking of these activities or doing them if you think of them?”
☐ Use a collaborative, problem solving approach to address roadblocks
PURPOSE: To engage with people and social settings that will provide distraction
*Also increases social connection
*The SM is not telling someone they are in distress during this time
*Importance of including phone #’s and multiple options
*Avoid listing any controversial relationships
STEP 3: SOCIALIZING WITH FAMILY MEMBERS/OTHERS

*ASK “who helps you take your mind off your problems at least for a little while? You don’t have to tell them about your suicidal feelings”
*ASK “who do you enjoy socializing with”
*ASK “where can you go where you’ll be able to be around people in a safe environment”
*ASK SM to list several people, in case they can’t reach the first person on the list
STEP 4: CONTACTING FAMILY MEMBERS/FRIENDS WHO MAY OFFER

PURPOSE: to explicitly tell a family member/Friend that he/she is in crisis and needs support *Can be the same people as step 3, but there is a different purpose *If possible, include family member/friend in the process by sharing safety plan with them once safety plan is made
*Coach patients to use step 4 if step 3 does not resolve the crisis or lower risk *ASK “Among your family and friends, who do you think you could contact for help during a crisis?” OR “Who is supportive of you and who do you feel that you can talk with when you are under stress”
PURPOSE: The client should contact a professional if the previous steps do not work to resolve crisis

*Include name, phone # and location
- primary mental health provider
- other providers
- urgent care or emergency psych services
- National Crisis Hotline 800-273-TALK
STEP 6: REDUCING THE POTENTIAL FOR USE OF LETHAL MEANS

*complete this step even if the client has not identified a suicide plan
*eliminate or limit access to any potential lethal means
*always ask about access to firearms
*discuss medications and how they are stored and managed
*consider alcohol and drugs as a potential lethal means
*ASK “what means do you have access to and are likely to use to make a suicide attempt or kill yourself?”

*ASK “how can we go about developing a plan to limit your access to these means?”

*The support team member should always ask whether the SM has access to a firearm
*For methods of low lethality, support team may ask clients to remove or restrict their access to these methods themselves - for example, if clients are considering overdosing, discuss throwing out any unnecessary medications.
STEP 6: REDUCING THE POTENTIAL FOR USE OF LETHAL MEANS

*For methods of high lethality, collaboratively identify ways for a responsible person to secure or limit access. -for example, if clients are considering shooting themselves, suggest that they ask a trusted family member to store the gun in a safe place
*Assess how likely it is that the patient will use the safety plan
*Problem-solve around any barriers
*Examples of barriers - difficult to reach out to others - don’t like the name
*Discuss where the patient will keep the safety plan – multiple copies; wallet size versions
*Review and update the safety plan frequently
*Decide with whom and how to share the safety plan
*Discuss the location of the safety plan
*Discuss how it should be used in a crisis
Be familiar enough with the safety planning steps so that the SM feels you’re invested
Have a conversation with the SM as you develop the plan
Recognize SM strength and skills and help apply those to safety plan
Draw on SM’s history, as he or she is telling it.