Assessment & Management of Suicidal Clients

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Agenda

• Review Suicide Risk Literature
• Learn Chain Analysis to Assist in Idiographic Assessment
• Managing Risk (Planning for Safety)
• Formulation (Treating Risk)

DBT Case Conceptualization

• Begins with ASSESSMENT
• History of past and current suicidal, self-harm and harm to others
• Reason for seeking treatment now (placement)
• Therapist must then determine stage of treatment and primary targets using DBT hierarchy and targets (almost always stage 1 in residential)
• Must know client’s life worth living (and link any relevant mental health goals to that)
Tasks With Suicidal Clients

1. Identify Those at High Risk for Suicide
2. Stop Suicidal Behavior When Risk High (keep client safe)
3. Refrain from Reinforcing Suicidal Behavior
4. Treat Suicidal Behaviors (do not simply manage safety)
5. Manage Risk for Suicide While Treating

Challenges

• Differentiating elevated long-term risk for suicide vs. imminent risk for suicide
• Assessing risk in individuals with chronic suicidal ideation or non-suicidal self-injurious behaviors
• Avoiding reinforcement of suicidal thinking and behaviors
• Developing effective risk management strategies (safety planning)

Screening & Identification of Risk

• Know the Literature
• Understand Challenges in this Data (samples, base rate issues, individual differences, few high quality longitudinal studies, contextual issues)
• Assessment is Key (must inquire)
• Nomothetic vs. Idiographic
Excellent Resources:

- American Foundation for Suicide Prevention (www.afsp.org)
- Paul Links, Zero Suicide (Canada) http://zerosuicide.src.org/toolkit/identify
- David Jobes, Collaborative Assessment & Management of Suicide (www.cams-care.com)

Iatrogenic Effects of Screening Myth

- Myth that you will “give children the idea”
- RCT indicated no significant differences between high school students asked about suicide and those who were not (Gould et al., 2005)

Risk Factors for Suicide (Long Term)

- Psychiatric Disorders
- Past History of Attempted Suicide
- Genetic Predisposition
- Neurotransmitters-Low Serotonin
- Impulsivity
- Demographics
Factors Associated with Imminent Risk (Direct)

• Current Suicidal Ideation
• Suicide Threats
• Plans/Preparation
• NSSI in the Past Year

Factors Associated with Imminent Risk (Indirect)

• High Risk Demographic
• References to their Death
• Recent Disruptions/Losses
• Recent Medical Care
• Recent Psychiatric Discharge
• Hopelessness/Anger
• Unhappy with Therapy Relationship
• Abrupt Clinical Change

Factors Associated with Imminent Risk in Next Few Hours/Days

• Occurrence of prior suicide attempt trigger
• Note
• Isolation
• Methods available
• Precautions Taken
• ETOH
• Major Depression with agitation
• Insomnia
• Severe anhedonia
• Impaired concentration, indecision
• Current cycling affective disorder
• First 24 hrs. Incarceration
• Recent media of publicity re: suicide
Protective Factors

- Contextual Factors (living arrangement, commitments)
- Reasons for Living (RFL) Inventory (Brief and Adolescent Versions Also)
- Assesses common reasons for staying alive or not killing yourself
  - Commitments
  - Religious Beliefs
  - Fear
  - Possibility that things could improve

Once You Identify Someone as High Risk

- Must incorporate into treatment plan
- Proactive strategies include detailed information gathering of relevant details
- Planning for crises
- If past behaviors present, examine function
- Target solutions in treatment
- Frequent Monitoring for Acute/Imminent Risk
- Use Protocols when Risk is imminent

Management of Acute Crises in DBT

- DBT therapists use standardized risk protocols
- DBT therapists do not automatically hospitalize in response to suicide statement or increase in risk
- DBT therapists assess present risk, employ risk management strategies, and keep client in least restrictive environment possible, given risk and available resources to mitigate risk
- DBT therapists hospitalize patients when unable to safely manage risk
Common Dialectical Tension Around Safety

Crisis Protocol for Managing Acute Risk

1. Assess imminent risk
2. Name trigger and problem
3. Assess environment
   - Remove means
   - Increase social support
   - Involve social network
4. Assess client thought/behavior
5. Modify (validate, problem solve)
6. Be direct, active advice, suggestions
7. Get commitment to plan
8. Reassess safety (anticipate crises)
9. Determine Intervention (consider state of client and available means to increase safety)
10. Hospitalize when necessary

Behavioral Chain Analysis (BCA)

• Detailed analysis of events and contextual factors before and after an instance of a targeted behavior
• Used extensively in Dialectical Behavior Therapy (Linehan, 1993)
Choosing the Behavior to Analyze

- Describe behavior clearly in nonjudgmental terms. Include the frequency, severity, and any other known facts about behaviors (no inferences or assumptions)
- Must be inquiry into a specific instance of the behavior (not questions about “in general” or “most of the time”)
- If multiple instances of the targeted behavior in the prior week, consider the following:
  - Recency of behavior
  - Severity of behavior

Elements of Chain Analysis

- Vulnerability Factors
- Precipitating Events
- Prompting Event(s)

Links in Chain—remember FACES
- F - Feeling/Emotion
- A - Action
- C - Cognition/Thought
- E - Event
- S - Sensation

- Consequences

Vulnerability Factors

- Create a context in which precipitating events have more power and are more likely to lead to the problem behavior
- These are contextual factors that are present sometimes and not others
- Do not include things such as having cognitive impairment, having a trauma history
- Vulnerability factors include being tired, hungry, sick, the presence of an individual that makes the person anxious, a significant anniversary date that is generating strong emotions, having missed regular medication
Precipitating Events

- Immediate events that come before the problem behavior
- External to the person

Prompting Event

- Not necessarily the link right before problem behavior
- Prompting event is the “straw that broke the camel’s back” or the thing that caused an urge to engage in the behavior
- Cue or trigger for problem behavior

Links in the Chain

- Feelings/Emotions
- Actions-something the person said or did
- Cognitions-a thought the person had
- Events-Something another person said or did
- Sensations-Body Sensations a person experiences
Links in the Chain

- Identify all the things that happened between the prompting event and the problem behavior
- Can be functional or dysfunctional links in the chain resulting in the problem behavior
- The order in which these things happened IS IMPORTANT!

Consequences

- All the things that occurred immediately and shortly after the behavior
- These can be pleasant consequences for the person or unpleasant consequences
- They can produce short term and longer term effects

Stylistic Aspects of BCAs

- Maintain a curious, inquisitive approach
- If the behavior you are analyzing has provoked strong emotions in you, notice those feelings, and attempt to adopt a nonjudgmental stance
- Do not forget to validate
  - What to validate?
    - Difficulty doing chain
    - Emotions in chain
Things to Avoid when doing BCAs

- Getting lost in the story or getting off track
- Withdrawing demand (allowing client to escape) in the face of emotion that re-occurs when telling the incident
- Avoid blanket validation of everything
- Avoid punitive or punishing stance

Helpful and Unhelpful Phrases

- **Helpful**
  - What happened next? Then what happened? What is the next thing you recall?
- **Unhelpful**
  - Why did you do that? What do you think made you do that?
  - Leading questions
  - Do feel badly about doing that?

DBT Approach to Discussing Suicide

- Discuss matter-of-factly
- Discuss regularly
- Validate pain that prompts suicidal thinking or behavior but NOT action
  - Firm stance AGAINST
  - Don’t assume they are with you
  - Protective factors/RFL
  - Relative...for client; note changes in chronically suicidal
Putting the Pieces Together: Examine Chain Moment by Moment

Practice......
- Find a partner
- Observe instructions
- Practice
- Feedback about Style
- Feedback about Content Together

DBT Case Formulation
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- See DBT Formulation Handout