Suicide Prevention for Behavioral Health Professionals

Dr. Chaniece Winfield ACS LPC MAC CSAC ICADC HS-BCP
Ms. Alexandra Noel LPC MAC CSAC CADC

Elements of a Crisis

In order for a crisis to occur there must be 4 distinct elements

- A precipitating event
- A perception of the event
- Emotional Distress
- Diminished functioning as a result

How Does a Crisis Develop?

Stress

- Poor Coping & Rumination
- Reduced daily functioning

Crisis

Healthy Coping

- Ongoing Daily Functioning
Suicide and The Helping Profession

- On average 32,000 people kill themselves in any given year (Granello & Granello, 2007).
- For every successful suicide there are 10-20 unsuccessful attempts.
- With each successful suicide there is one life story, potential and future that is lost. Each successful suicide leaves behind a family left to grieve with unanswered questions.
- The relationship between crisis intervention and suicide is very apparent.
- Approximately one in four mental health professionals will experience a client suicide.

An Overview of Suicide

- The number of completed suicides only represents those that have been accurately classified as so.
- While some individuals do not notify someone of their intent, many individuals DO experience ambivalence.
- Females are more likely to attempt suicide while males are more likely to complete them.
- Suicide does not discriminate and it occurs in every class of person.

The Relationship Between Crisis and Suicide

- Individuals who successfully attempt or complete suicide are generally experiencing extreme psychological pain or a emotional distress.
- This can be comprised of overwhelming negative feelings that are met with inadequate coping.
- It is vital that all clinical professionals facilitate suicide assessment and screening during all crisis interviews even if suicidal ideations are not a presenting symptom.
The Role of the Behavioral Health Professional in Suicidality

- The role of the professional when working with suicidal students is to remain **COMPETENT** and **PROACTIVE**
- Early recognition and treatment of MH and SA disorders is vital
- School based behavioral health professionals should have training in how to diagnose, treat and appropriately refer in the early stages of a MH or SA disorder

Adolescent Risk for Suicide

- Suicidal thoughts and behaviors represent the most common mental health emergency among teenagers
- Suicide ranks third (12%) behind homicide (15%) and vehicle accidents (31%) as one of the leading causes of death in adolescents.
- For youths between the ages of 10 and 24, currently suicide is the third leading cause of death. It results in approximately 4,600 lives lost each year (Centers for Disease Control and Prevention, 2015a).

Addiction and Child/Adolescent Suicide

- Many adolescents engage in substance use through a variety of factors
  - Social learning and modeling
  - Peer pressure
  - Intense psychological pain
- Those that generally resort to suicide would fall into the later category and often use substances as a coping mechanism.
Adolescents who have experienced any of the following risk factors are candidates for suicidal ideation, threats, and acting:

- Questions about their sexual identity
- Recently experienced a loss
- Social isolation at school or home
- Been bullied or cyberbullied
- Interpersonal conflict with a romantic partner or a parent
- Made a major change in their personal life
- Engaged in risky behaviors (parasuicidal)
- Angry and impulsively act out
- Coming from a home where suicide has been attempted
- A close friend who has attempted suicide
- Heavily into alcohol or drug use
- Been traumatized by sexual or physical assault
- Experience depression
- Experience physical illness
- Made a major geographic move to a new school
- Engage in risky behaviors
- Anger and impulsively act out
- Coming from a home where suicide has been attempted

Suicide Clues

- **Verbal clues**
  - Spoken or written statements, which may be either direct (“I’m going to do it this time—kill myself”) or indirect (“I’m of no use to anyone anymore”).

- **Behavioral clues**
  - May range from prowling the Internet suicide sites to slashing one’s wrist as a “practice run” or suicidal gesture.

- **Syndromatic clues**
  - Include such constellations of suicidal symptoms as severe depression, loneliness, hopelessness, dependence, and dissatisfaction with life.

- **Children/Adolescents**
  - Sudden change in friends, or dress habits, cutting hair or changing hairstyles, difficulty concentrating, persistent boredom, sudden or increased promiscuity, use of drugs or alcohol, decline in school achievement.

Suicide Clues: Adolescents and Children

- **Copycat suicides**
  - Problematic for adolescents, particularly if the adolescents believe there will be notoriety for them.
  - This phenomenon occurs after a suicide when peers, who may have had similar thoughts, also attempt suicide.

- **Clues are not Guaranteed**
  - Although most adolescents give cues to their attempts, not all do.
  - Adolescents may verbally indicate their decision to kill themselves in clear terms, or they may be far less direct with such statements as “I wonder what death is like” or “I’m tired of all of this.”
Pre-adolescent Suicide

It is a myth that young children do not commit suicide.

While not true for every young child,

- Most young children who commit suicide have some kind of mental disorder
- And are likely to have been victims of physical or sexual abuse. However, that is certainly not true of every child.

Children are not miniature adults

- Interventions and prevention must be made according to their developmental level.
- Cognitive and developmental stages must be assessed

Suicide and Substance Abuse

- Individuals with substance use disorders are at a greater risk of suicide than those without an addiction disorder.

- Individuals who are under the influence of drugs or alcohol are more impulsive as their decision making is impaired.

- Alcoholics are 60-120x at greater risk of suicide than non-psychiatrically diagnosed populations.

Adolescent Substance Use and Suicide

It is imperative that helping professionals not only address the suicidal behavior or attempt but also the addiction needs of the student.

Collaborate with knowledgeable addiction specialists, provide students with referrals and resources and support to address the underlying issue that led to addiction progression is imperative.

Helping professionals in the school setting, are encouraged to stay within their scope of practice as it relates to co-morbid students.

Issues with confidentiality and treatment access are complicated when a student presents with addiction and mental health needs.
### School Based: Child and Adolescent Interventions

- Trust your suspicions that the young person may be self-destructive.
- Listen to the person in a nonjudgmental, supportive way.
- Be directive in your questioning. Ask about intent and plan.
- Stay within your scope of practice. Do not make promises to keep secrets.
- Be calm and supportive and reinforce the person for talking about it.
- Don’t leave the student alone if you think the risk of suicide is immediate.
- Ensure that the student’s immediate safety and notify the appropriate parent or legal guardian.
- Once the immediate crisis alleviates, monitor progress very closely.
- Actively acknowledge the reality of suicide as a choice, but do not “normalize” suicide as a good choice.
- Construct a short-term safety plan.
- Consider hospitalization under certain circumstances.
- Refuse to allow the youth to return to school without an assessment and release by a qualified mental health professional.

### School-Based Suicide: Postvention

#### Clustering of suicides and Contagion

- Occur when more than one suicide attempt or completion happens within a proximate geographic area, giving the appearance that these events are related.
- Kirk (1993) likens this to an infectious disease concept.
- The more sensational the reporting of the suicide, the greater the increase in suicides within the reporting area (Kirk, 1993).

#### Imperatives for SCRTs in suicides

- School crisis response teams (SCRTs) must be knowledgeable about suicide postvention so that clustering does not occur.
- If SCRT members do not know about the dynamics of suicidal behavior, they need to get outside consultation that does, and they need to have it available immediately.
Session Objectives

• Understand factors that could lead to a crisis and/or suicide in addiction clients in the school setting

• 2. Have gained knowledge of effective procedures for suicide intervention and prevention

References


