

# 3 Crucial Factors in Treating Suicide Risk



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Lessons Learned from the  
Interpersonal Theory of Suicide





# Suicide deaths increase

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- Despite:
  - Significant effort by the behavioral healthcare industry
  - Widespread use of the Columbia screening instrument



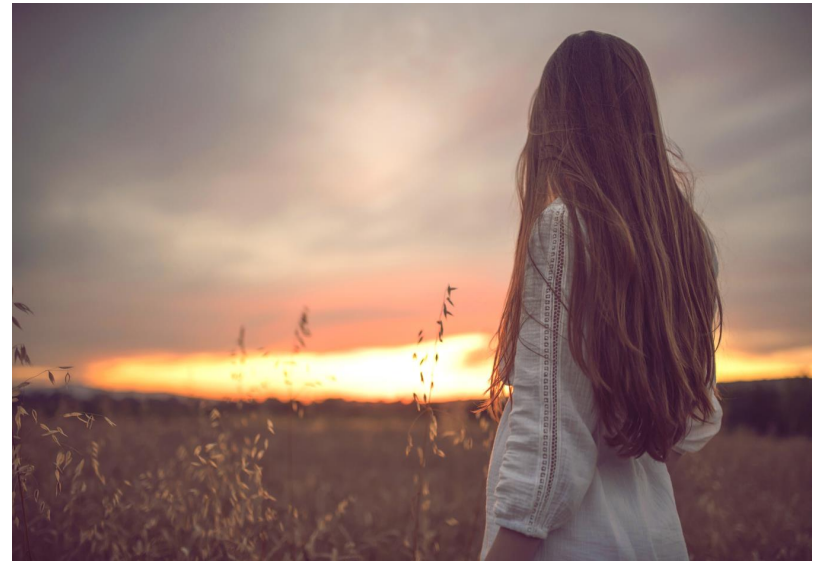
# Suicide rate increase in the United States

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- From 1999 to 2017
- 33% increase

# Suicide deaths in the United States

- 2018 – 48,344
- 2019 – 47,511
- 2020 – 45,979
- 2021 – 48,183
- 2022 - 49,449





# Each death is a tragedy

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- Which we strive to avoid



# A critical challenge for behavioral healthcare

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- Keep moving the needle to improve quality care



# Summary

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- The Interpersonal Theory of Suicide
- Where to focus treatment and why
- Commonalities of the suicidal mind
- Risk assessment
- Danger signs of imminent risk



# Summary

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- Clinical tools for assessment and treatment
- Practical and realistic strategies for reducing risk
- The latest suicide related research
- Risk management and liability protection



# How do we know & why do we care?

- 50+ year database of claims
  - Negley Associates
  - Mental Health Risk Retention Group
    - Provider CEOs



# How do we know & why do we care?

- 50+ year database of claims
  - Litigation analysis - thousands of cases
  - Risk management practice analysis
  - Experts





# The best risk management

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- Quality care
- Exercise the degree of skill and care of a reasonable and prudent clinician in similar circumstances



# SI

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- “Communicated SI is often seen as the gateway to the investigation of whether an individual might be suicidal.”  
(emphasis added)

- Silverman & Berman, *Suicide Risk Assessment and Risk Formulation Part 1: A Focus on Suicide Ideation in Assessing Suicide Risk, Suicide and Life-Threatening Behavior*, August, 2014



# SI documentation

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- No SI, no HI



# PHQ-9 & PHQ-A

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- 9. Thoughts that you would be better off dead or of hurting yourself in some way
  - Not at all – 0
  - Several days – 1
  - More than half the days – 2
  - Nearly every day - 3



# Columbia scale screener questions

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- Have you wished you were dead or wished you could go to sleep and not wake up?
- Have you actually had any thoughts of killing yourself?
  - If the client responds “no” to both questions



# Reliable information?

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- “Among those who die by suicide, SI is more likely to be denied than admitted to on clinical inquiry that is conducted reasonably proximate to the date of death.”

- Silverman & Berman, *Suicide Risk Assessment and Risk Formulation Part 1: A Focus on Suicide Ideation in Assessing Suicide Risk, Suicide and Life-Threatening Behavior*, August, 2014





# Reliable information?

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- “One study found that approximately 30% of adolescents who had an intentional self-harm event or died by suicide reported, ‘Not at all’ when asked about thoughts of death or self-harm using the PHQ within the prior 30 or 90 days.”
- Florres, et al., *Adolescents Who Do Not Endorse Risk via the Patient Health Questionnaire Before self-harm or Suicide*, JAMA Psychiatry, April 2024



# Reliable information?

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- "A recent study found that 78% of patients who died by suicide explicitly deny suicidal thoughts in their last verbal communications before killing themselves."
- Clinical Correlates of Inpatient Suicide. *Journal of Clinical Psychiatry*, 64, 14-19



# Reliable information?

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- Suicidal thoughts are not good predictors of attempts & death
  - 33,000,000 – 49,449



# Reliable information?

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- “Despite poor predictive utility for future suicidal behaviors, traditional suicide risk assessments, such as the Columbia Suicide Severity Rating Scale... rely on the assessment of the presence and severity...of suicidal ideation, sometimes to the extent that patients are deemed not at risk for suicide if they deny suicidal ideation.”
  - Rogers, et al. Examining the predictive utility of suicidal ideation characteristics in relation to real-time monitoring of suicidal ideation and suicide attempts at follow-up, Suicide and Life-Threatening Behavior, May 2024



# Reliable information?

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- Significant limitations with reliance on the patient's self-report
  - Patient's stigma against help seeking for suicidal thoughts
  - Past negative experiences with disclosure



# Reliable information?

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- Significant limitations with reliance on the patient's self-report
  - Lack of perceived need for services
  - Preference for self-management
  - Fear of hospitalization



# Reliable information?

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- Selective disclosure – withholding information from unknown individuals until they are trusted
  - Suicidal individuals are much more likely to report thoughts and behaviors to close family and friends over medical providers
    - Podlogar & Joiner, *Allowing for Nondisclosure in High Suicide Risk Groups*



# Reliable information?

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- “Suicidal ideation is transient and fluctuates substantially over time... in many cases, suicide ideation may not be present when assessed or may be misremembered due to retrospective recall biases...”
  - Rogers, et al. Examining the predictive utility of suicidal ideation characteristics in relation to real-time monitoring of suicidal ideation and suicide attempts at follow-up, Suicide and Life-Threatening Behavior, May 2024





# Reliable information?

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- “Overall, we found that most of the suicidal ideation characteristics we examined (frequency, duration, intensity) were not stable over the subsequent months...underscoring the highly dynamic nature of suicidal ideation.”
  - Rogers, et al. Examining the predictive utility of suicidal ideation characteristics in relation to real-time monitoring of suicidal ideation and suicide attempts at follow-up, *Suicide and Life-Threatening Behavior*, May 2024



# Reliable information?

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- “A recent investigation of 20,255 observations found that states of suicidal ideation last, on average, 1-3 [hours].”
  - Ernst, et al., *Ambulatory assessment of suicidal ambivalence: The temporal variability of the wish to live and the wish to die and their relevance in the concurrent and prospective prediction of suicidal desire*, *Suicide and Life-Threatening Behavior*, July 2024



# Reliable information?

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- Is it a good idea to rely solely on communicated SI at any point in a patient's care?



# SI alone?

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- Unwise to rely on one risk parameter



# SI alone?

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- “Tragically, too often the SRA consists of only asking the patient, ‘Are you thinking about suicide today?’ with chart documentation merely reflecting, ‘No SI’ if no ideation is expressed or its presence is denied.”
  - Silverman & Berman, *Suicide Risk Assessment and Risk Formulation Part 1: A Focus on Suicide Ideation in Assessing Suicide Risk, Suicide and Life-Threatening Behavior*, August, 2014



# SI alone?

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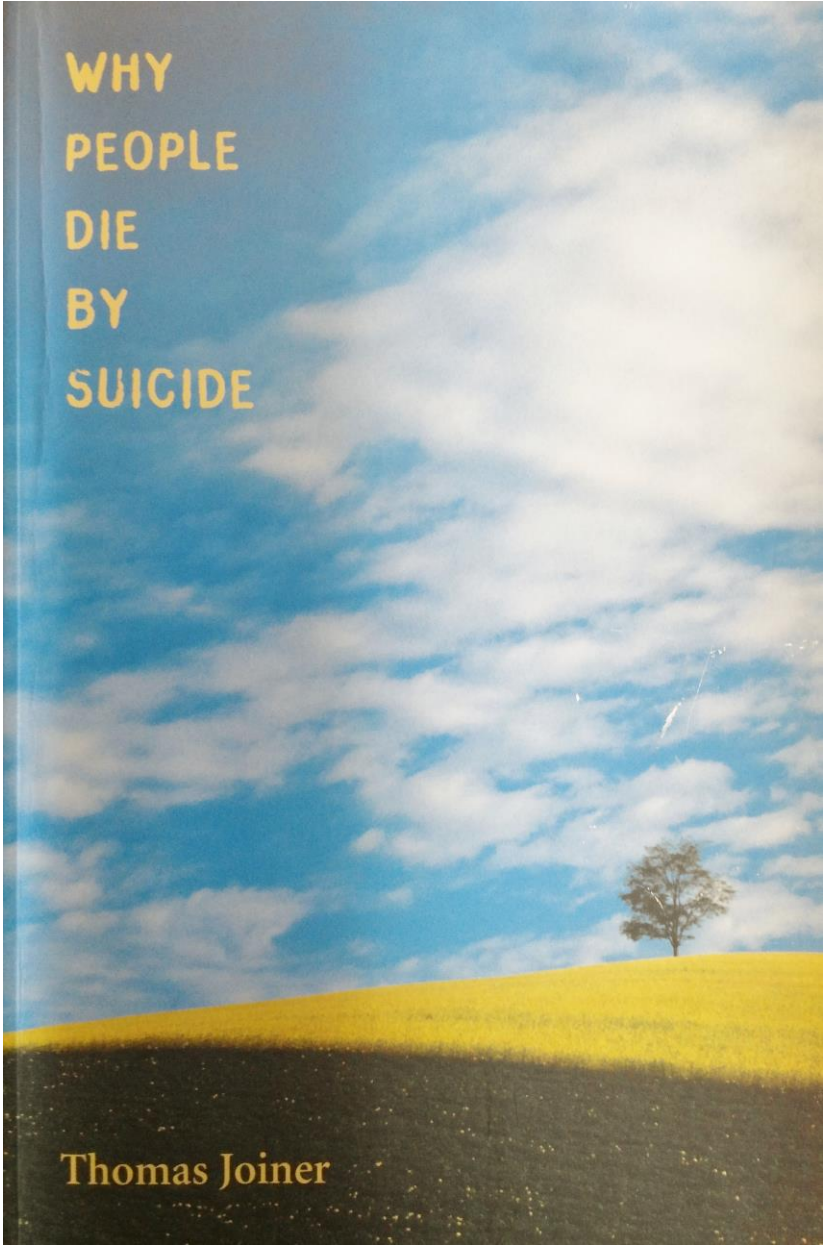
- “Clinicians must recognize that the denial of SI is insufficient to constitute a complete SRA [suicide risk assessment].”
  - Silverman & Berman, *Suicide Risk Assessment and Risk Formulation Part 1: A Focus on Suicide Ideation in Assessing Suicide Risk, Suicide and Life-Threatening Behavior*, August, 2014



# The Interpersonal Theory of Suicide (ITS)

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- 3 crucial factors
- The foundation for the 988 Lifeline protocol



**WHY  
PEOPLE  
DIE  
BY  
SUICIDE**

**Thomas Joiner**

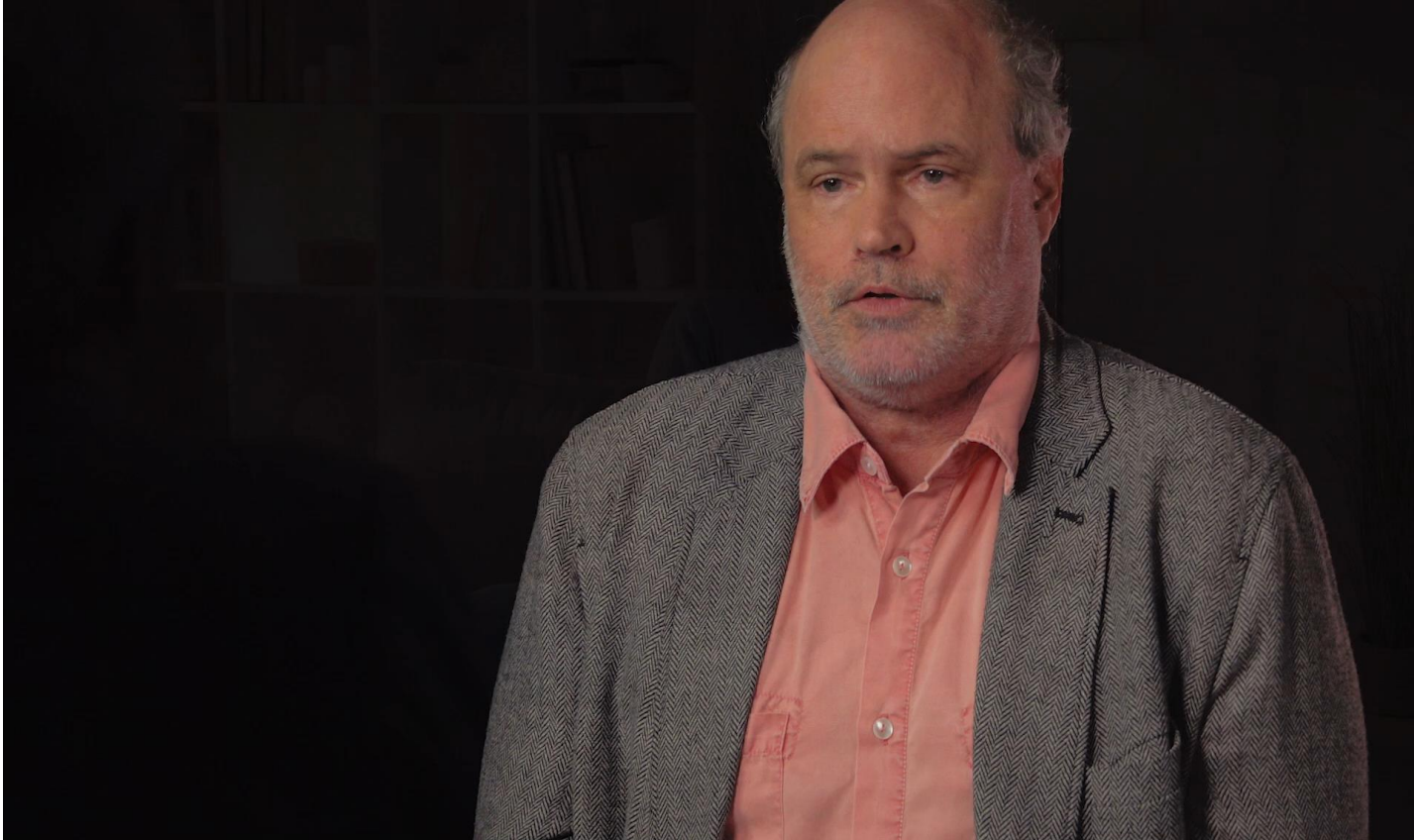




# Let's listen in to Dr. Joiner

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- 3 crucial factors identified by ITS
  - Commonalities of the lethally suicidal mind
  - None of which should be missed on a risk assessment





# Combining factors

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- “...I am prepared to defend the view that 100% of suicides are characterized by the combination of learned fearlessness, perceived burdensomeness, and profound alienation from others...”
  - Joiner, *Myths about Suicide*, Harvard University Press, 2010, p.193



# Suicidal capacity

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- “...acquired capability for suicide, or fearlessness about death, is a key mechanism for the transition from ideation to action.”
  - Stumps, et al., *Emotional reactivity and past self-injurious behavior moderate the association between trauma exposure and fearlessness about death*, *Suicide and Life-Threatening Behavior*, June 2024



# Suicidal capacity

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- Fearlessness about death &
- Increased tolerance for physical pain is acquired from repeated exposure to painful and provocative events over time
- Stumps, et al., *Emotional reactivity and past self-injurious behavior moderate the association between trauma exposure and fearlessness about death*, Suicide and Life-Threatening Behavior, June 2024



# Suicidal capacity

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- Contributing factors include:
  - Environmental (e.g. childhood trauma, physical abuse, violence exposure),
  - Past behavior (e.g. suicide attempts, NSSI)
  
- Stumps, et al., *Emotional reactivity and past self-injurious behavior moderate the association between trauma exposure and fearlessness about death*, Suicide and Life-Threatening Behavior, June 2024



# Suicidal capacity

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- Genetic component
- Dispositional component (Personality traits)



# Suicidal capacity

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- Practical capability
  - Accessibility and knowledge of lethal means
    - E.g. knowing how to operate a firearm





# Suicidal capacity

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- The interplay of these facets comprise overall capability.
- There is “emerging literature that suicide capability is not static...” but fluctuates over time.
  - Bayliss et.al. *Fluidity in capability: Longitudinal assessments of suicide capability using ecological momentary assessments, Suicide Life Threat Behav. 2023; 00:1-16*



Risk = Acquired capability +

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- Acquired capability alone does not equal risk
- Acquired capability + desire creates risk



# Desire

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- Sustained
  - Perceived burdensomeness +
  - Failed belongingness +
  - Feeling that it's permanent



# Perceived burdensomeness

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- “...in which both perceived liability (burden on others, drain on resources) and perceived contribution are independent elements of an overall perception of burdensomeness.”
  - Hill, et al., Back to the roots of perceived burdensomeness: The potential role of perceived contribution, Suicide and Life-Threatening Behavior, June 2024



# Perceived burdensomeness

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- “...this approach proposes that individuals weigh their overall contribution and liability to others in determining the value of their life or death.”
  - Hill, et al., Back to the roots of perceived burdensomeness: The potential role of perceived contribution, Suicide and Life-Threatening Behavior, June 2024



# Suicide decision-making study

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- Ambivalence as part of the suicidal mind
  - “When wanting to die during a suicide crisis, individuals often simultaneously experiences wishes to live.”
  - Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Suicide decision-making study

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- In the critical time just before a suicide attempt, individuals consider the consequences
  - “...primarily driven by their interpretations of the interpersonal consequences [family & friends] and the capability for suicide.”
  - Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Suicide decision-making study

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- “...suggesting that perceived interpersonal factors [consideration of family & friends] play a critical role in suicidal ideation and behavior.”
- Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024





# Suicide decision-making study

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- “...interpersonal factors also emerged to be the most prominent reasons individuals choose not to attempt suicide.”

- Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Suicide decision-making study

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- “In a clinical setting, understanding how each individual views interpersonal factors is vital for effective intervention and support.”
  - Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Suicide decision-making study

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- “This underscores the common occurrence of prior aborted attempts as precursors to both current aborted attempts **and** suicide attempts...”
- Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Suicide decision-making study

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- “It is crucial not to assume that individuals who have aborted an attempt in the past will do so again in the future.”
- Xu, et al., *Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide*, *Suicide and Life-Threatening Behavior*, August 2024



# Perceived burdensomeness – adolescents & anxiety

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- “Our results suggest that, among high-risk adolescents GAD symptoms are positively predictive of perceptions of perceived burdensomeness, which in turn predict more severe SI, even when controlling for depressive symptoms.”
  - Seibel, et al., *Perceived burdensomeness and thwarted belongingness as mediators of the relation between anxiety and suicidal ideation among adolescents*, *Suicide and Life-Threatening Behavior*, May 2024



# Perceived burdensomeness – adolescents & anxiety

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- “These results suggest that screening for and addressing PB [perceived burdensomeness] among youth with GAD may help reduce risk for suicidal behavior.”
  - Seibel, et al., *Perceived burdensomeness and thwarted belongingness as mediators of the relation between anxiety and suicidal ideation among adolescents*, *Suicide and Life-Threatening Behavior*, May 2024



# Structural ACEs - youth

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- “We found that SI, SA, and repetitive NSSI were strongly associated with having experienced structural ACEs (parental incarceration, housing instability, food insecurity, and recent foster care involvement).”
  - Jewett, et al., *Structural adverse childhood experiences associated with suicidal ideation, suicide attempts and repetitive nonsuicidal self-injury among racially and ethnically minoritized youth*, Suicide and Life-Threatening Behavior, April 2024



# Structural ACEs - youth

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- “...structural ACEs in particular may compound perceptions of thwarted belongingness and burdensomeness among minoritized youth.”
  - Jewett, et al., *Structural adverse childhood experiences associated with suicidal ideation, suicide attempts and repetitive nonsuicidal self-injury among racially and ethnically minoritized youth*, *Suicide and Life-Threatening Behavior*, April 2024





# 3 crucial factors

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- Include in risk assessment & treatment efforts

SUICIDE RISK ASSESSMENT			
**DANGER SIGNS**			
Talking about Suicide Social withdrawal	Agitation Weight loss	Insomnia Marked Irritability	Nightmares Extreme emotional states (e.g. rage)
Assess Suicidal DESIRE and IDEATION	Assess RESOLVED PLANS and PREPARATIONS	Assess OTHER SIGNIFICANT FINDINGS	
<ul style="list-style-type: none"> <li>Have you been having thoughts or images of suicide (thoughts of images of killing yourself)? Tell me about that.</li> <li>Do you think about wanting to be dead?</li> <li><b>THWARTED BELONGINGNESS:</b> Do you feel connected to other people? Do you live alone? Do you have someone you can call when you are feeling bad? (Are supporting relationships completely absent?)</li> <li><b>PERCEIVED BURDENSOMENESS:</b> Sometimes people think, "The people in my life would be better off if I were gone." Do you think that?</li> </ul>	<ul style="list-style-type: none"> <li><b>Duration</b> (look for pre-occupation): When you have these thoughts, how long do they last?</li> <li><b>Intensity:</b> How strong is your intent to kill yourself? 0 = not intense at all, 10 = very intense.</li> <li><b>Past suicidal behavior:</b> Have you attempted suicide in the past? How many times? Methods used? What happened (e.g., admitted to hospital?), Non-suicidal self-injury? Family history?</li> <li><b>Specified plan</b> (look for vividness, detail): Do you have a plan for how you would kill yourself?</li> <li><b>Means and opportunity:</b> Do you have the pills (or a gun, etc.)? Do you think you'll have an opportunity to do this?</li> <li>Have you made preparations for a suicide attempt (e.g., buying pills)</li> <li>Do you know when you expect to use your plan?</li> <li><b>Fearlessness:</b> <b>Thinking about suicide, do you feel afraid?</b> 0 = very afraid; 10 = not afraid at all</li> </ul>	<ul style="list-style-type: none"> <li><b>Precipitant Stressors:</b> Has anything especially stressful happened to you recently? (e.g., death of a loved one, divorce, major break-up, job loss)?</li> <li><b>Hopelessness:</b> Do you feel hopeless?</li> <li><b>Impulsivity:</b> When you are feeling badly, how do you cope? Sometimes when people feel badly, they do impulsive things to feel better. Has this ever happened to you? (e.g., cutting your skin, drinking alcohol, running away, binge eating, promiscuous sex, physical aggression, or shoplifting)?</li> <li><b>Presence of psychopathology:</b> (rated by interviewer)</li> </ul>	
Depressive Symptom Index – Suicidality Subscale Acquired Capability Scale (ACSS)                      Interpersonal Needs Questionnaire (INQ)			
**RISK CATEGORY**			
LOW	MODERATE	SEVERE	EXTREME
<b>ACTIONS TAKEN:</b> <ul style="list-style-type: none"> <li>Continue to monitor regularly</li> <li>Given Emergency numbers</li> <li>Scheduled mid-week phone check-in</li> </ul>		<ul style="list-style-type: none"> <li>Provided info about adjunctive treatment</li> <li>Coping Card/Safety Plan</li> <li>Consulted Supervisor</li> <li>Other</li> </ul>	

Form Provided by Dr. Thomas Joiner, Florida State University, Dept. of Psychology



# If using the Columbia screener

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- Contractual & regulatory requirements to use the scale
- All the questions in the screening version of the Columbia scale are in the ITS risk assessment form



# If using the Columbia screener

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- Also ask about the 3 crucial factors



# Willing to disclose?

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- Clients may be more likely to disclose feelings of perceived burdensomeness, thwarted belongingness and other factors such as insomnia
  - Less stigmatized than SI



# Self-report measures

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- “Many patients report that they are more honest on self-administered self-report scales than in a clinical interview...”
  - Silverman & Berman, *Suicide Risk Assessment and Risk Formulation Part 1: A Focus on Suicide Ideation in Assessing Suicide Risk, Suicide and Life-Threatening Behavior*, August, 2014



# Desire

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- Interpersonal Needs Questionnaire (INQ)
  - Self-report measure

## INQ

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what you think and feel.

	Not at all true for me	Somewhat true for me	Very true for me
1. These days, the people in my life would be better off if I were gone	1	2 3	4 5 6 7
2. These days, the people in my life would be happier without me	1	2 3	4 5 6 7
3. These days, I think I am a burden on society	1	2 3	4 5 6 7
4. These days, I think my death would be a relief to the people in my life	1	2 3	4 5 6 7
5. These days, I think the people in my life wish they could be rid of me	1	2 3	4 5 6 7
6. These days, I think I make things worse for the people in my life	1	2 3	4 5 6 7
7. These days, other people care about me	1	2 3	4 5 6 7
8. These days, I feel like I belong	1	2 3	4 5 6 7
9. These days, I rarely interact with people who care about me	1	2 3	4 5 6 7
10. These days, I am fortunate to have many caring and supportive friends	1	2 3	4 5 6 7
11. These days, I feel disconnected from other people	1	2 3	4 5 6 7
12. These days, I often feel like an outsider in social gatherings	1	2 3	4 5 6 7
13. These days, I feel that there are people I can turn to in times of need	1	2 3	4 5 6 7
14. These days, I am close to other people	1	2 3	4 5 6 7
15. These days, I have at least one satisfying interaction every day	1	2 3	4 5 6 7

Note: Items 7, 8, 10, 13, 14, and 15 are reverse coded.





# Suicidal capacity

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- Acquired Capability for Suicide Scale – Fearlessness about Death (ACSS-FAD)
  - Self-report measure

## ACSS-FAD

Please read each item below and indicate to what extent you feel the statement describes you. Rate each statement using the scale below and indicate your responses on your answer sheet.

		0				4
		Not at all like me	1	2	3	Very much like me
1	The fact that I am going to die does not affect me.	0	1	2	3	4
2	The pain involved in dying frightens me.	0	1	2	3	4
3	I am very much afraid to die.	0	1	2	3	4
4	It does not make me nervous when people talk about death.	0	1	2	3	4
5	The prospect of my own death arouses anxiety in me.	0	1	2	3	4
6	I am not disturbed by death being the end of life as I know it.	0	1	2	3	4
7	I am not at all afraid to die.	0	1	2	3	4



# Include treatment elements

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- 1. Emphasize a sense of belonging in the therapeutic relationship



# Include treatment elements

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- 2. Behavior activation to increase social support
- 3. Address thoughts about acquired capability & behaviors



# Include treatment elements

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- 4. Address erroneous thinking about burdensomeness
- 5. Address underlying psychopathology
- 6. Address identified risk factors
  - Match risk factors & treatment



# Recognizing imminent risk

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# Recognizing imminent risk

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- Short times between last contact with a provider and a suicide death



# Recognizing imminent risk

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- “In this study, patients hospitalized for depression had extremely high risk of suicide during the first days after discharge. Thereafter, incidence declined steeply but remained high.”
- Aaltonen et al., *Variations in Suicide Risk and Risk Factors after Hospitalization for Depression in Finland, 1996-2017*, JAMA Psychiatry, March 2024





# Recognizing imminent risk

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- “This study demonstrates that there are 2 sharp peaks of risk for suicide around psychiatric hospitalization, one in the first week before admission and another in the first week after discharge...”
  - Quin & Nordentoft, Suicide Risk in Relation to Psychiatric Hospitalization, Arch Gen Psychiatry, 62: 427- 432, 2005



# Recognizing imminent risk

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- “Although the assessment of desire, plans, preparations, and intent is essential, evidence suggests that a significant percentage of suicide decedents deny suicidal ideation at their final mental health encounter.”
  - Chu, Joiner et al. *Routinized Assessment of Suicide Risk in Clinical Practice: An Empirically Informed Update*, Journal of clinical psychology 1-15 (2015)



# Recognizing imminent risk

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- “Additionally, reliance on chronic risk factors (e.g. psychopathology, past suicidal behavior, family history of suicide) limits our ability to determine whether an individual is at imminent risk.”
  - Chu, Joiner et al. *Routinized Assessment of Suicide Risk in Clinical Practice: An Empirically Informed Update*, Journal of clinical psychology 1-15 (2015)



# Recognizing imminent risk

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- “Therefore, it is imperative to assess acute and objective risk factors, which are time-limited and associated with an increased risk for suicide over a period of hours to days, not months or years.”
  - Chu, Joiner et al. *Routinized Assessment of Suicide Risk in Clinical Practice: An Empirically Informed Update*, Journal of clinical psychology 1-15 (2015)



# Recognizing imminent risk

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- Paradoxically a suicidal person can exhibit both
  - Arousal &
  - Shut down parameters at the same time



# Danger signs of imminent risk

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- Don't miss any of these 8 danger signs of imminent risk when your client's life is at stake



# Danger signs of imminent risk

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- Agitation
- Social withdrawal
- Unhealthy weight loss
- Marked irritability



# Danger signs of imminent risk

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- Nightmares
- Insomnia
- Severe affective states
- Talking about suicide



# Practical tools for prevention





# Means safety

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- One of the very few things we know works for sure



# Means safety

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- The common-sense idea to put distance and obstacles, both physical and/or psychological between the at risk person and the dangerous means or methods
  - Psychological distance – e.g. move a firearm from a bed table on one side of the bed to the other side



# Means safety

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- While failed belongingness and perceived burdensomeness can be influenced by clinical intervention, suicidal capacity resists change.
  - Therefore, means safety is especially important



# Means safety

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- Is it possible to address all means & methods?
  - Dangerously suicidal people do not think in the abstract and will have a specific object in mind



# Means safety – firearms

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- Approximately one half of all US suicide deaths & two thirds of military suicide deaths result from self-inflicted gunshot wounds
  - Anestis et al., *Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices*, Suicide and Life-Threatening Behavior, July, 2024



# Means safety - firearms

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- Firearm storage

- Within home

- Unloaded
    - Separate from ammunition
    - In a locked location
    - With a locking device installed

- Out of home storage

- Anestis et al., *Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices*, *Suicide and Life-Threatening Behavior*, July, 2024



# Means safety - firearms

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- Because of sensitivity to threat, a substantial number of at-risk individuals are skeptical that storage reduces the risk of suicide.
  - Anestis et al., *Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices*, *Suicide and Life-Threatening Behavior*, July, 2024





# Means safety - firearms

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- Helping individuals resolve elevated levels of threat sensitivity with regard to firearm storage “...may prove vital in increasing the uptake of this potentially life-saving behavior.”
  - Anestis et al., *Threat perceptions, defensive behaviors, and the perceived suicide prevention value of specific firearm storage practices*, *Suicide and Life-Threatening Behavior*, July, 2024



# Psychological closeness - familiarity

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- “Multiple studies have uncovered significant associations between suicide method familiarity and the risk of suicidal behavior.”
  - Clary, et al., *A step forward in conceptualizing psychological closeness/distance to suicide methods: A qualitative approach*, Suicide and Life-Threatening Behavior, March 2024



# Psychological closeness - familiarity

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- “...a significant relationship between the frequency of an individual’s firearm usage and various risk factors, including a diminished fear of death, increased pain tolerance [**capacity**], and history of lifetime suicide attempts.”
  - Clary, et al., *A step forward in conceptualizing psychological closeness/distance to suicide methods: A qualitative approach*, Suicide and Life-Threatening Behavior, March 2024



# Means safety

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- Follow-up at every contact



# Caring contacts & means safety

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- Evidence-based element of effective suicide risk treatment
- Systematic caring contacts



# Caring contacts

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- Fill an important human need to feel cared about
- Remind people about access to mental health care



# Caring contacts

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- Text message based caring contacts
  - Reduce the odds of having suicidal ideation and making a suicide attempt
    - Comtois et.al., *Effect of Augmenting Standard Care for Military Personnel with Brief Caring Text Messages for Suicide Prevention*, JAMA Psychiatry, 2019, 474-483
- Automated text message system of caring contacts



# Caring contacts & means safety texts combined

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- “Please remember you are not alone on this journey. We care about you and your mental health. We want you to be safe. One approach to help you stay safe is by creating physical space between you and any potential hazards. The greater the distance, the higher the level of protection. Please take steps to do so over the next few minutes.”





# Caring contacts & means safety texts combined

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- “We care deeply about your mental health and are here to help. It’s important to us that you stay safe, too. One way to help achieve this is to put physical distance between you and any means of self-harm. Any distance is a step, the more distance the better. Please do so in the next moments.”



# Behavioral activation

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- Build into one's life activities that help to address suicidal feelings.
  - Walking outside in the sunlight for 30 minutes every other day is one of the most effective treatments for mental health conditions



# Behavioral activation

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- People may be skeptical
- At least try it out



# Nightmares

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- Independent risk for suicidality
- Normal: 1 to 2 nightmares per year
- At risk for suicide: once a week or once a month



# Nightmares

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- Imagery rehearsal therapy is an effective treatment
  - Most nightmares involve the person being victimized
  - Write out the image of being victimized
  - Revise without the victimization
  - Dwell on the new imagery



# Insomnia

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- A hyperarousal symptom



# Insomnia

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- “A recent meta-analysis of 10 studies found that insomnia was associated with a significant increased odds of suicidal ideation...and suicide attempt or death.”
- Vayalapalli, et al., *Improved insomnia is one pathway underlying the anti-suicidal properties of clozapine*, Suicide and Life-Threatening Behavior, May 2024



# Insomnia

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- “Given associations with suicide, the present findings also suggest more broadly that insomnia may represent an important treatment target in schizophrenia, just as early evidence suggests that treatment of insomnia may help resolve SI in patients with major depressive disorder.”
- Vayalapalli, et al., *Improved insomnia is one pathway underlying the anti-suicidal properties of clozapine*, Suicide and Life-Threatening Behavior, May 2024





# Insomnia

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- “...the present study provides evidence that improved insomnia is one pathway underlying the anti-suicidal properties of clozapine.”
- Vayalapalli, et al., *Improved insomnia is one pathway underlying the anti-suicidal properties of clozapine*, Suicide and Life-Threatening Behavior, May 2024



# Insomnia - CBTI

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- Simple concepts
  - Reduce caffeine & other stimulants
  - Restrict activities that stimulate in the evening
  - Uniform wake up time
  - No naps
  - Train the mind that bed means sleep
  - Decatastrophization



# Why ITS?

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- Interpersonal Theory of Suicide
- “In science, including psychology, a **theory** is a principle or idea that explains or solves a problem”
  - Like the Theory of Relativity
  - Not used in the sense of “conjecture” or “speculation”



# Why ITS?

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- Significant empirical support
  - Chu, et al. meta-analysis, Psychological Bulletin, 2017
- Widely accepted as clinically useful
  - 988 protocol



# Why ITS?

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- The Theory explains things that could not be explained before articulated
  - Suicide rate reduction after 9-11



# Why ITS?

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- Considers the diversity of individuals while also pointing to regularities of the suicidal mind
- It points to danger signs of imminent risk
- It points to critical areas of focus during treatment



# Why ITS?

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- People reluctant to disclose suicidal thoughts, may be less reluctant to disclose:
  - Feelings of burdensomeness
  - Failed belongingness
  - Experiences leading to acquired capacity



# Why ITS?

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- Suicide deaths keep increasing





# Resources available

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- Free



[suicideprevention.mhrrg.com](http://suicideprevention.mhrrg.com)

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**Mental Health  
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# Questions & Comments

