Suicide Prevention: Working with Collaborative Safety Plans

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Prepare Yourselves

- The content of this topic includes emotionally difficult material
- Engage in self-care as needed
- Self-care: How do you and will you cope with these large and emotionally challenging problems that you will face as counselors?

Basic Suicide Information

- Suicide is increasing in threat and occurrence
  - about 14.0/100,000 in US
  - highest in 30 years
  - 2nd leading cause of death 10-34 year olds
- Since 1990, per-capita annual rates are up 33%
- Total number of deaths by suicide up 61.9% (from 29,180 to 47,173)
- About 10% of human population will attempt suicide
- 20% will struggle with SI + SP

Basic Suicide Information

- From 10-50% of adolescents report being bothered by suicidal thoughts [Rates rose about 200-300% in the 1970s, early 80s]
- Completed suicides are unpredictable
- Suicide is tragic

CLINICIAN KNOWLEDGE: MYTH BUSTING

(JSF & MCHUGH, 2019

Old Myth or Medical Model	New Social Constructivist Approach
Suicide ideation is all about death	We focus on understanding and easing emotional and psychological pain.
We view suicide ideation as deviance	We normalize SI, viewing it as a communication of distress or psychache
When conducting assessments, we look for pathology	We acknowledge pain and pathology, but actively reflect and search for strengths
We emphasize risk factor assessment and diagnostic interviewing	We recognize risk factors and diagnosis are nearly irrelevant – except for in the unique context of our student or client
We eliminate suicide ideation and establish no-suicide contracts	We engage clients/students in an empathic-collaborative process

Strength-Based Model

- Compassionate and collaborative
- Accepting of suicidal thoughts, not pathologizing
- Intentionally focus on STRENGTHS, balancing out the assessment and questions
- Constructivist formulations

Suicide Interview Components

- Suicide risk factors
- Suicide ideation
- Suicide plan (SLAP)
- Self-control
- Suicide intent
- Safety planning and other suicide interventions
- S^6

Asking about Suicide Ideation

- Ask directly
- Use the word “suicide” when describing limits to confidentiality
- Use the word “suicide” when asking about suicide (not: “harm to self”)
- Frame the question appropriately
- Make the supposedly deviant response feel more normal

Asking Directly

- “I ask everyone I meet with about suicide and so I’m going to ask you: Have you had any thoughts about death or about suicide?”
- “I’ve read that between 10-50% of teenagers have thought about suicide . . . is that true for you?”
- “Sometimes when people are down or depressed or feeling miserable, they think about suicide and reject the idea or they think about suicide as a solution. Have you had either of these thoughts about suicide?”

Use Balance to Avoid Deepening Depression

- Typical diagnostic interviews
- Alternatives:
  - What's happening when you feel happy or joyful?
  - What helps you concentrate?
  - When do you feel good, as if you've made a positive contribution to someone's life, the world, or yourself?
  - Have you noticed any times recently when you were feeling very calm and peaceful?
  - What recreational activities do you enjoy?
  - What do you do for fun?
  - When do you sleep well?

(JSF & McHugh, 2019)	Problems	Strengths (Examples)	Assessment/Tx Tools
Emotional	Excruciating distress or Shneidman's "Psychache" [The Core]	Can identify situational mood triggers; reports mood responsiveness	Mood rating with suicide floor; strength/positive mood focus; separate pain from person
Mental/ Cognitive	Problem-solving impairment; hopelessness	Can brainstorm in session; hopefulness	Alternatives to suicide; problem-solving; build hope
Interpersonal-Social	Thwarted belongingness or perceived burden	Presence of social support; employment/recreation	Social universe mapping; behavioral activation
Physical	Arousal/agitation; health distress, insomnia	Exercise; nutrition; physical relaxation/calming skills	Irritability interpretation and observation; activity schedule
Cultural/ Spiritual	Absence of or negating meaningful life experience	Frequent religious service attendance; family accepts	Existential 6 months question; social interest activities
Behavioral	Desensitization (cutting, substance use); High intent; plan in place; lethal means available	Reasons for living; active participation in therapy	SLAP; Collaborative safety planning; lethal means restriction

Decision Making

- Specificity and lethality of a plan
- Other risk factors and self-control / developmental level
- Communication with parents
- Develop and USE safety plan
- Consultation and Documentation

Informed Consent

"assisting students in acquiring an understanding of the limits of confidentiality, the benefits, facts and risks of entering into a counseling relationship." (ASCA, 2016)

- When should informed consent happen?
- Essential for establishing and maintaining a counseling relationship
- Student competency
  - How do we make sure that each student understands?
- Not always possible
  - Counselor needs to make best decision for student's welfare

Confidentiality

"the ethical duty of school counselors to responsibly protect a student's private communications shared in counseling."

(ASCA, 2016)

- Developmentally appropriate terms
- Limits
- Where to post
- Balance
  - Ethical obligation & Legal rights

What does breaking confidentiality look like?

Working with parents/guardians

- What does this conversation with parents/guardians look like?
  - Be transparent
  - Let them know possible resources available to their child/them
  - Documenting the conversation happened
- What if you cannot reach the parents/guardians?
- Resistant parents/guardians

Re-Entry to School

- Most successful with plan - support from services, parents, school
- Many concerned about what people will think - facilitating how to re-integrate with friends
- How to manage academic pressures - many have missed weeks/months of school
- Those with more emotional progress at the hospital do better - how to help those that are still struggling
- Support from school and friends - important for re-integration

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