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
<table>
<thead>
<tr>
<th>Old Myth or Medical Model</th>
<th>New Social Constructivist Approach</th>
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<tbody>
<tr>
<td>Suicide ideation is all about death</td>
<td>We focus on understanding and easing emotional and psychological pain.</td>
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<td>We view suicide ideation as deviance</td>
<td>We normalize SI, viewing it as a communication of distress or psychache.</td>
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<td>When conducting assessments, we look for pathology</td>
<td>We acknowledge pain and pathology, but actively reflect and search for strengths</td>
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<td>We emphasize risk factor assessment and diagnostic interviewing</td>
<td>We recognize risk factors and diagnosis are nearly irrelevant – except for in the unique context of our student or client</td>
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<td>We eliminate suicide ideation and establish no-suicide contracts</td>
<td>We engage clients/students in an empathic-collaborative process</td>
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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
- S⁶
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?
<table>
<thead>
<tr>
<th>(JSF &amp; McHugh, 2019)</th>
<th>Problems</th>
<th>Strengths (Examples)</th>
<th>Assessment/Tx Tools</th>
</tr>
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<tbody>
<tr>
<td><strong>Emotional</strong></td>
<td>Excruciating distress or Shneidman’s “Psychache” [The Core]</td>
<td>Can identify situational mood triggers; reports mood responsiveness</td>
<td>Mood rating with suicide floor; strength/positive mood focus; separate pain from person</td>
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<tr>
<td><strong>Mental/Cognitive</strong></td>
<td>Problem-solving impairment; hopelessness</td>
<td>Can brainstorm in session; hopefulness</td>
<td>Alternatives to suicide; problem-solving; build hope</td>
</tr>
<tr>
<td><strong>Interpersonal-Social</strong></td>
<td>Thwarted belongingness or perceived burden</td>
<td>Presence of social support; employment/recreation</td>
<td>Social universe mapping; behavioral activation</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Arousal/agitation; health distress, insomnia</td>
<td>Exercise; nutrition; physical relaxation/calming skills</td>
<td>Irritability interpretation and observation; activity schedule</td>
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<tr>
<td><strong>Cultural/Spiritual</strong></td>
<td>Absence of or negating meaningful life experience</td>
<td>Frequent religious service attendance; family accepts</td>
<td>Existential 6 months question; social interest activities</td>
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<td><strong>Behavioral</strong></td>
<td>Desensitization (cutting, substance use); High intent; plan in place; lethal means available</td>
<td>Reasons for living; active participation in therapy</td>
<td>SLAP; Collaborative safety planning; lethal means restriction</td>
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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
References