Outpatient Intervention Strategies for Suicidal Patients

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Overview

- Suicide Defined
- Clinical Vignette
- Understanding Risk Factors & The Basics in Identifying Suicidal Behavior
- Introduction to Intervention/Treatment
- Strategies:
  - Increase problem-solving abilities
  - Increase self-awareness
  - Increase tolerance of negative feelings
- Crisis Management & Working with Acutely Suicidal Patients
- Relapse Prevention
- Other Important Clinical Considerations

Suicide Defined

- Exists on a continuum
- Defined in many different ways
- "The conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the act is perceived as the best solution" (Schneidman as cited in Jianlin, 2000, p. 121)
- Other suicidal phenomenon:
  - Suicide pact
  - Suicide contagion, aka copy cat suicide
  - Murder suicide

Clinical Vignette

Charlie is a 57-year-old unemployed Caucasian male who just recently lost his wife of 27 years in a fatal car accident. Charlie and his wife have 3 children together, all of whom are living on the mainland. Upon his initial visit with psychologist, Dr. X, Charlie stated that he has been feeling sad, guilty, and helpless, and endorsed a decrease in sleep and appetite, crying spells, and lack of motivation to "get going in the morning." As the session progressed, Dr. X learned that Charlie also has a long history of drug abuse, and childhood sexual abuse by a close friend. Also, Charlie disclosed that he was intoxicated while driving the car in the accident that killed his wife. He stated, "I thought I saw something big coming at us so I swerved to get out of its way and hit a light pole. It was all my fault." Charlie was also observed repeating statements such as "I don't deserve to live," "I can't deal with this pain," and "There's nothing anyone can do to make this pain go away – not even myself." When asked about suicide, Charlie stated, "I can't help but think about it." He denied any suicide plan or previous attempts.

Understanding Risk Factors

Groups

Family history of mental illness, Age (50+), Gender (Male), Race (None-Hispanic White), Poor Social Support, Low Self-Esteem, History of Physical/Sexual Abuse, Psychiatric Diagnosis (Depression, Schizophrenia, Bipolar Disorder, Personality Disorders, Substance Abuse)

Traits

Hopelessness, Black & White Thinking, Depressogenic Attitudes, Pessimism, Neurotic Perfectionism, Problem Solving Deficiencies, Passive Problem Solving, Low Tolerance for Emotional Distress

Events

Change, Life Stress, Loss, Previous Suicide Attempts, Illness, Employment Status (Unemployed), Marital Status (1. Divorced/Widowed 2. Single)

The Basics

(P.L.A.I.D. P.A.L.S.)

Plan: Do they have a *detailed* plan?

Lethality: Is the plan lethal? Can they die?

Accessibility: Do they have the means to carry it out?

Illness: Do they have a mental/physical disability?

Depression: Chronic/specific incidents?

Previous Attempts: How many? How recent?

Alone: Alone? Support system? A partner?

Loss: Have they suffered a loss (i.e., job, rx)?

Substance Abuse: Drugs, alcohol, medication?

The Basics Cont…

- Basic formula – The three "I"s
  - **INTOLERABLE**: Emotional/physical pain exceeding one's threshold
  - **INESCAPABLE**: Believing no strategies exist for solving the problem that is producing the pain
  - **INTERMINABLE**: Expectation that the situation that produces intense pain will not change of its own accord (not going to stop)

CHARLIE

- **Risk Factors**
  - Unemployed
  - Caucasian
  - Childhood sexual abuse
  - Depression?
  - Substance Abuse
  - Change
  - Life Stress
  - Loss
  - Widowed
- **3 "I"s**
  - Intolerable
  - Inescapable

Introduction to Intervention

- Goal → Change one of more of the "I"s
- How? Facilitate patient's growth through experimental, experience-based learning
- Focus of intervention should be on teaching the client problem-solving and emotional-acceptance skills versus focusing only on keeping them alive

3 Skill Sets

- 3 skill sets to help patient develop:

1. Learn to become more efficient in the use of existing problem-solving abilities or learn new problem-solving techniques
2. Learn to increase self-awareness and the use of self-observation strategies with regard to fluctuations in emotional pain levels
3. Learn distancing and distraction skills as a way to increase tolerance of negative feelings

Increase Problem-Solving

- **GOAL:** Reframe client's SI as a problem-solving bx
- How?
  - Validate emotional pain & acknowledge that client views suicidal bx as a legitimate problem-solving option (i.e., "The problems you have just shared are very difficult. I'm sure many people would feel depressed and angry)
  - Isolate any spontaneous positive problem-solving, praise it and build on client's strengths (i.e., relaxation vs. SI to cope)
    - Avoid making judgments about whether patient has truly tried to solve problems

Increase Problem-Solving

- Explore with the client about the context of problem-solving
  - Reiterate that every solution has both positive & negative consequences (i.e., "All solutions have positive and negative consequences")
  - Utilize a *pros and cons* list (See handout)

- Why this skill set?
  - Emphasis on the problem being the patient's *view* of suicide as a way to problem solve than placing emphasis on the suicidal bx itself
  - Gives client permission to feel desperate and see suicide as a potential option

Increase Self-Awareness

- **GOAL:** Empower client to recognize which coping responses are/aren't working
- 3 different strategies:
  1. **Situational Specificity**
     - Teaching client that certain situations elicit specific & unique conditioned responses
     - Assumes that suicidality is NEVER experienced at a steady-state level
     - Increased suicidal behavior related to specific situations
     - Trivial events may be viewed as "everything is wrong in my life"

Increase Self-Awareness

2. **Self-Monitoring & Trigger Situations**
   - Collecting data about one's thoughts, feelings, behaviors
   - Ask client to keep a log of daily SI with intensity rating (See Handout)
   - Devise daily positive events diary at end of day listing all things that worked *well* (See Handout)
   - Help client learn how to identify situations that trigger emotional distress or decrease distress tolerance

Increase Self-Awareness

3. **The Personal Scientist**
   - Ask client to pretend to be a scientist searching his/her own behaviors
   - Helps client study the problem (suicidal bx), collect relevant & important data to test certain ideas & modify responses accordingly
   - Method meant to help client "experiment" with using different problem solving strategies with no emphasis on success/failure

Increase Tolerance of Negative Feelings

- **GOAL:** Teach that emotional pain can be tolerated and brought to a resolution
- Teach client that emotional distress is a direct result of accepting only one way of thinking
- 2 different strategies that assist in attaining this goal

Increase Tolerance of Negative Feelings

1. **Recontextualization**
   - Client spends most of his/her time trying to eliminate suffering (i.e., drug use, SI) rather than making adaptive changes in bx
   - **GOAL:** Teach client to make room for distressing thoughts & feelings instead of getting rid of it while continuing on with what needs to get on with life
   - When is goal achieved? When patient is able to identify that necessary bx change can occur despite the presence of SI and emotional distress
   - Encourage client to bring the distressing, ambivalent, and positive feelings into the problem-solving process

Increase Tolerance of Negative Feelings

2. **Comprehensive Distancing**
   - Occurs when client is willing to detach from active participation in SI or affective distress
   - *Dual thermometer exercise* (See Handout)
     - Daily diary w/ 2 dimensions of experience
     - 1st scale: **Willingness thermometer,** a nonjudgmental, openness to experience the day w/ whatever happens (*How willing are you to experience the day's events?)*
     - 2nd scale: **Suffering thermometer,** presence of how much distress the client feels in the presence of his/her experiences (*How much distress do your day's experiences bring you?)*

What Do I Do When Suicidal bx Increases?

- Entered into *crisis management*
- When crisis management is activated, drift away from problem-solving focus
- 5 principles in working through suicidal crises:
  1. Short- and intermediate-term problem solving strategies
  2. Direct, matter-of-fact approach; avoid appearing nervous or scared
  3. Help client learn from crisis
  4. Focus on getting through next 1-2 days anticipating episode will soon give way
  5. Help patient solve problems in nonsuicidal way

Working with Acutely Suicidal Patients

1. Be direct in questioning about suicidal bx
2. Be calm & methodical
3. Review mental status
4. Schedule extra sessions, if necessary, but be aware of reinforcing suicidal bx (emphasize problem-solving vs. “feeling better”)

Working with Acutely Suicidal Patients

5. Try to help individual generate short-term objectives
6. Make "random" support calls
7. Negotiate a positive action plan
    - Short term plan collaboratively generated by you and the client
    - Addresses actions that need to be taken in succeeding days to solve problems that triggered suicidal bx
8. Review the crisis protocol (*What are you, the clinician, going to do if I, the patient, become actively suicidal?)*
    - Devised by you and the client

Working with Acutely Suicidal Patients

- *The Two-Part Crisis Card*

  - *Part 1*: **GOAL**: Teach client to use existing social support & community resources and to depend less on you as time goes on
    1. Identify 1+ competent social supporter(s) who can be contacted in event of a crisis
    2. Identify & write down community resources and contact numbers that can be reached in the event of a crisis (i.e., crisis hotline, mental health center, emergency services)
    3. Write your name *last* on the card with appropriate contact numbers

Working with Acutely Suicidal Patients

- *Part 2*: Develop self-support strategies for client
  1. Provide between 2-4 instructions for client

EXAMPLES:

"Don't drink! If I am drinking, stop drinking!"

"Take 10 breaths and count to 50."

"This too shall pass like every other time."

"I need to step back and look at the problem I am having right now."

Relapse Prevention

- **GOAL:** Empower client to build better future over time by reinforcing strengths and areas of growth
  1. Identify early warning risk signs
     - Ask client to think about earliest signs of increased suicide potential (i.e., social withdrawal)
  2. Develop a clear response plan that incorporate skills and techniques that have already worked (see handout)
     - Revisit process of treatment and identify which skills and techniques most compatible with client's coping style
     - Rehearse response plan and encourage client to think of any obstacles that might get in the way

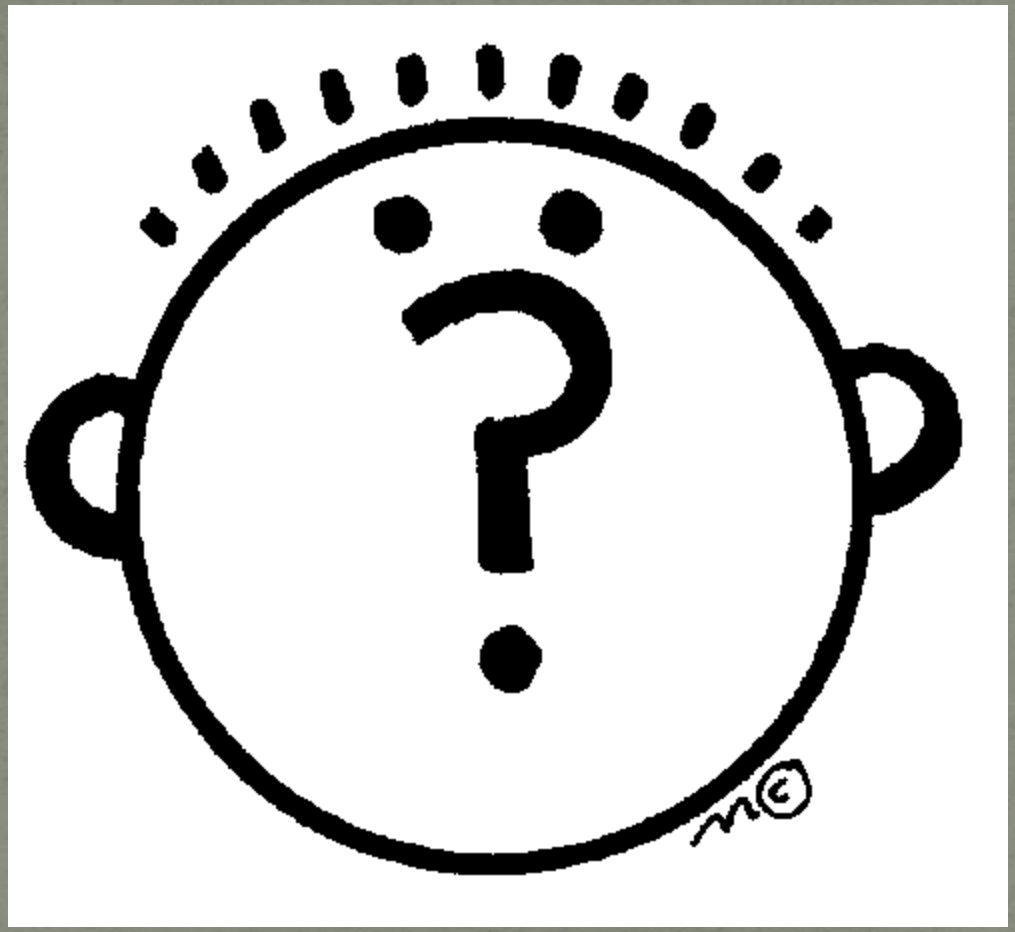
Other Considerations

- Working relationship and strong therapeutic alliance with client
- Provide sufficient informed consent about confidentiality and safety as early as possible in clinical relationship
- Reestablish client's sense of hope and decrease sense of helplessness
- Talk openly and honestly about suicide
- Offer support that is not contingent on suicide (i.e., other positive bx assignments vs. focusing on negative bx)

Other Considerations

- Help clients discover their ambivalence
- Demonstrate an empathic understanding of client's pain
- Use history to determine current suicidal crisis and level of risk
- Provide simple, clear-cut appropriate referrals
  - **Suicide Crisis Hotline**:
  - **Veteran's Suicide Hotline:** 1-800-273-TALK

Questions



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