WORKING WITH SUICIDAL IDEATION AND NON-SUICIDAL SELF-HARM

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OBJECTIVES FOR THE DAY

1. Non-Suicidal Self Harm
2. Suicidal Ideation
3. Building the Wall of Resistance
4. Looping in Caregivers

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NON-SUICIDAL SELF HARM AND SUICIDE

Characteristic	Non-Suicidal Self Harm	Suicide Attempt
Function of Behavior	Temporary escape from physiological distress or create change in self/environment	Permanently terminate consciousness/life or escape unbearable psychological pain
Severity/Lethality of Method	Low	High
Behavior Frequency	High, sometimes 100+ in an episode	Low, typically 1-3 episodes
Number of Methods Used	Multiple methods used across episodes	Single methods used across episodes
Cognitive Status During Episode	Difficulty implementing adaptive problem-solving	Inability to problem solve
Consequences and Aftermath Intrapersonally	Sense of relief, calm or temporarily reduced stress	Frustration, disappointment, increased distress
Consequences and Aftermath Interpersonally	Rejection, criticism from others	Others express care and concern

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NON-SUICIDAL SELF HARM

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NON-SUICIDAL SELF HARM

Broad class of behaviors defined by direct, deliberate, socially unacceptable destruction of one's own body tissue without the intent to die.

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RISK FACTORS FOR NON-SUICIDAL SELF-HARM

- Mental Illness
- Trauma
- Friends that self-injure
- Substance Use
- Neglect/ Parental Indifference
- Family Violence
- Presence of Abuse
- Relational Factors
- Emotional Reactivity
- Reckless or Risk -Taking Behavior
- Social/Problem solving deficits

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WHAT ARE FORMS OF SELF-HARM?

- Cutting
- Carving
- Burning
- Picking
- Pulling out Hair
- Inserting Objects in Skin
- Punching self
- Head Banging
- Self-tattooing
- SUD

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The Self-Harm Cycle

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FUNCTIONS OF NON-SUICIDAL SELF HARM

Self-Regulation

- To punish self
- To feel relaxed
- Seeking a release from internal emotions
- Stop bad feelings
- Stop feeling numb or empty
- Feel something, even if it's pain
- Cope with depressions, anxiety, sadness, frustration, anger

Social Regulation

- Avoiding school, work, other activities
- avoiding being with people
- Avoiding punishment or consequence
- Get attention
- Get a reaction from someone
- Get control of a situation
- Get help

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WHAT'S THE RESPONSE

- When an adult engages with someone engaging non-suicidal self harm, what is a typical response?
  - Invalidation
  - Minimization
  - Criticism
  - Punishment
  - Distress

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SUICIDE

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MYTH VS TRUTH?

Those contemplating suicide keep their plans to themself

Only therapists can prevent suicide

If a youth contemplating suicide tells a friend, the friend will access help

Talking to a person about suicide will only make them angry and increase their risk of acting.

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The suicide journey begins with the idea that killing oneself will end suffering.

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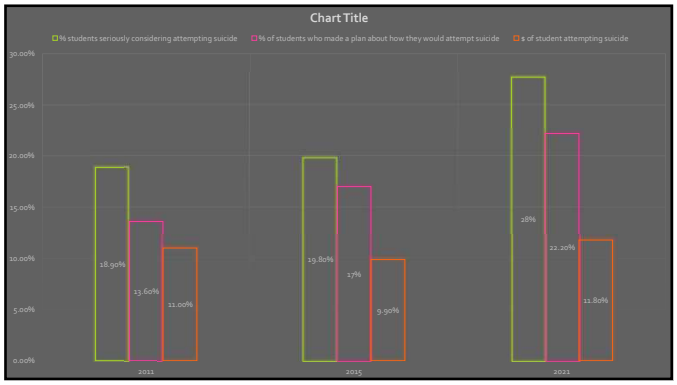

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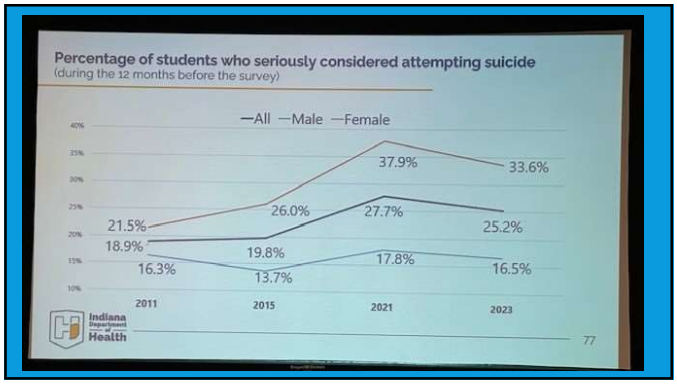

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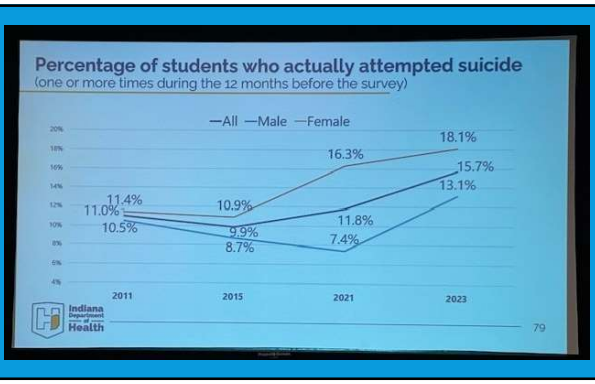

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SUICIDE DEFINED

Suicide – death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt – a non-fatal self-directed and potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury.

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COMMON FORMULA FOR SUICIDAL IDEATION

Burdensomeness + Hopelessness + Alone

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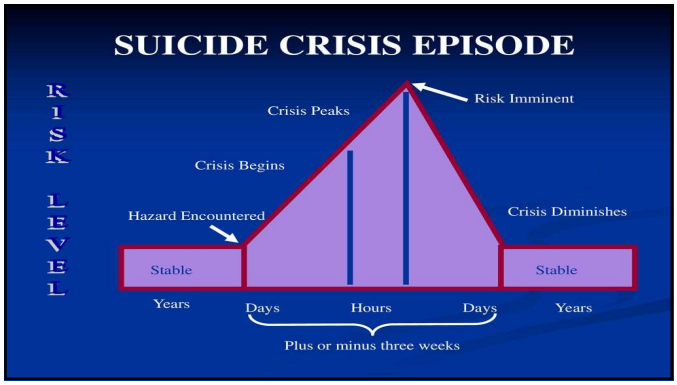
SUICIDE CRISIS EPISODE
RISK LEVEL
Crisis Peaks
Risk Imminent
Crisis Begins
Hazard Encountered
Crisis Diminishes
Stable
Stable
Years
Days
Hours
Days
Years
Plus or minus three weeks

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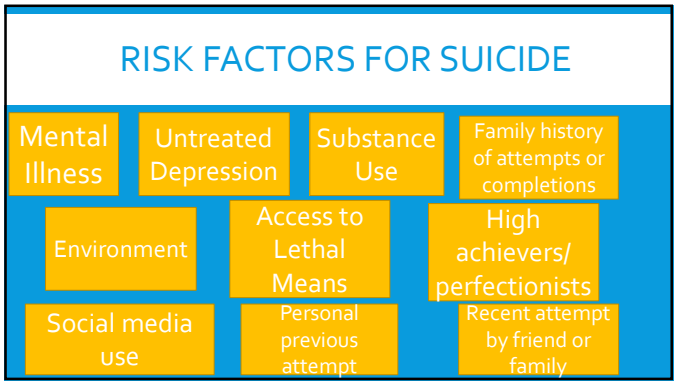
RISK FACTORS FOR SUICIDE
Mental Illness
Untreated Depression
Substance Use
Family history of attempts or completions
Environment
Access to Lethal Means
High achievers/ perfectionists
Social media use
Personal previous attempt
Recent attempt by friend or family

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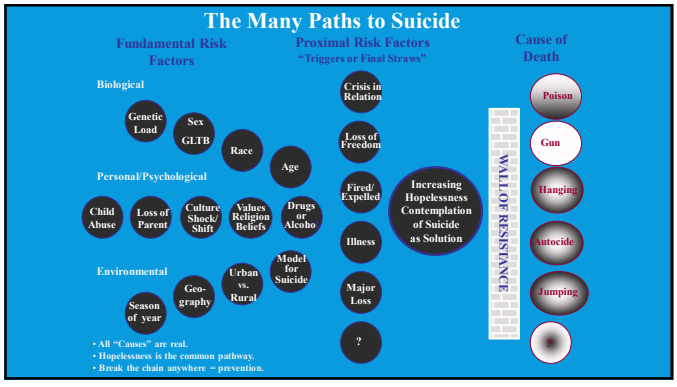
The Many Paths to Suicide
Fundamental Risk Factors
Proximal Risk Factors
"Triggers or Final Straws"
Cause of Death
Biological
Genetic Load
Sex GLTB
Race
Age
Personal/Psychological
Child Abuse
Loss of Parent
Culture Shock/ Shift
Values Religion Beliefs
Drugs or Alcoho
Environmental
Season of year
Geo-graphy
Urban vs. Rural
Model for Suicide
Crisis in Relation
Loss of Freedom
Fired/ Expelled
Illness
Major Loss
?
Increasing Hopelessness Contemplation of Suicide as Solution
WALL OF RESISTANCE
Poison
Gun
Hanging
Autocide
Jumping
• All "Causes" are real.
• Hopelessness is the common pathway.
• Break the chain anywhere = prevention.

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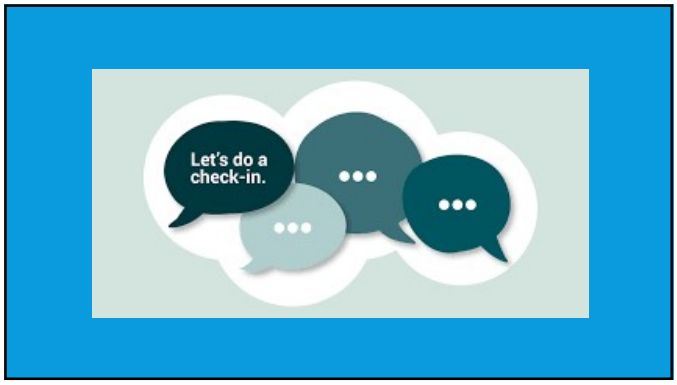

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HOW DO WE HELP

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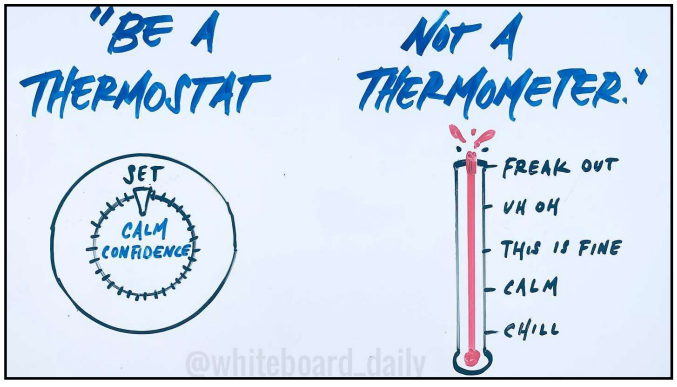

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BODY SCAN

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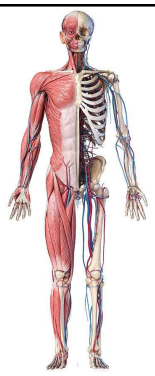
Muscular to Skeletal



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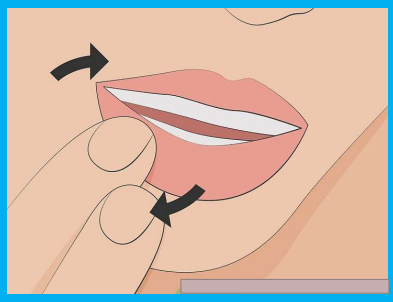
Tactile



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Peripheral Vision

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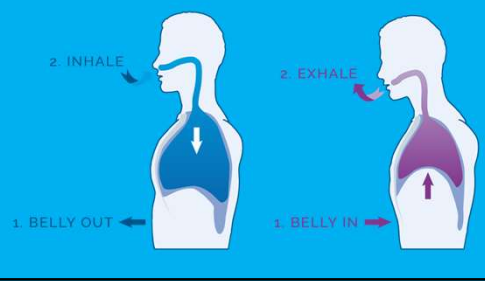
DIAPHRAGMATIC BREATHING



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Wall of Resistance to Suicide

Counselor or therapist	Duty to others	Others?
Good health	Medication Compliance	Fear
Job Security or Job Skills	Responsibility for children	Support of significant other(s)
Difficult Access to means	A sense of HOPE	Positive Self-esteem
Pet(s)	Religious Prohibition	Calm Environment	AA or NA Sponsor
Best Friend(s)	Safety Agreement	Treatment Availability

-- Sobriety --

Protective Factors

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Connection

—

I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

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NONVERBAL COMMUNICATION

Tone of Voice	Volume of Voice	Body Posture	Eye Contact
Facial Expressions	Mannerisms	Proximity	Breath

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MOVING INTO INQUIRY

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WHAT TO AND NOT TO SAY

Direct and Less Direct Approach

- Have you been unhappy lately?
- Have you been so unhappy you've been thinking of ending your life?
- Do you ever wish you could go to sleep and never wake up?
- When people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way too?
- Are you thinking about killing yourself?

What not to say

- You aren't thinking of suicide are you?
- You're not going to do anything crazy are you?
- That's nonsense, don't do that
- Just settle down
- It's not that bad

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IMPLEMENTING THE Q OF QPR

- Be persistent in asking more questions to gather more information.
- Talk in a private setting
- Allow them to talk freely, we are not trying to fix it
- Give time

Ask about means, planning, intent

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CREATING SAFETY

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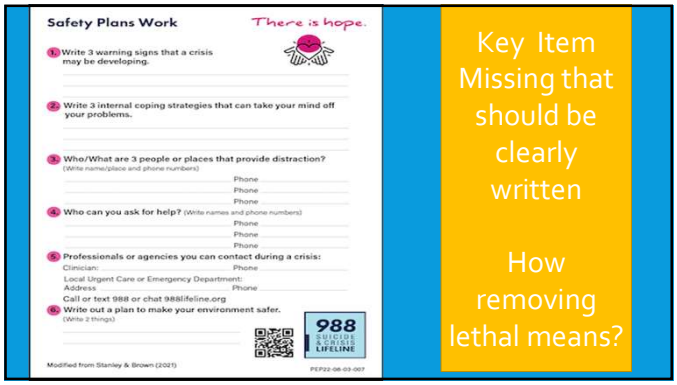

Key Item Missing that should be clearly written

How removing lethal means?

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BUILDING PROTECTIVE FACTORS

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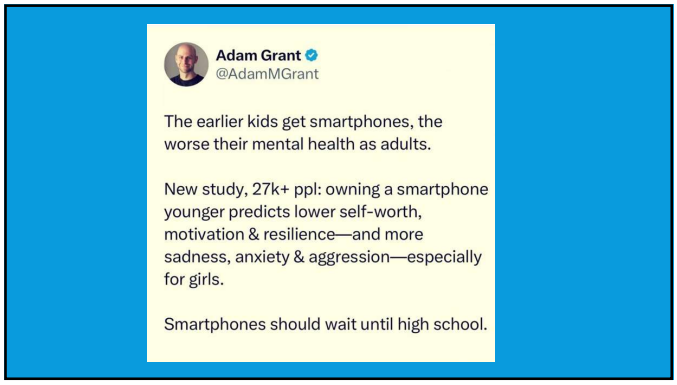

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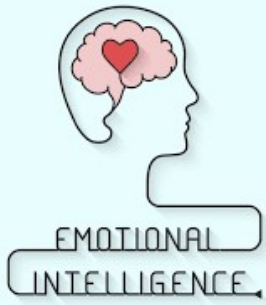
MIXED MODEL

1. SELF-AWARENESS
2. SELF-MANAGEMENT
3. MOTIVATION
4. EMPATHY
5. COMMUNICATION



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BUILDING COPING SKILLS

- Positive focus
- Stress Management
- Self-Regulation Skills
- Meditation

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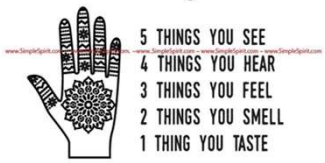
Meditation



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ENGAGING CAREGIVERS

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BETWEEN STIMULUS AND RESPONSE THERE IS A SPACE. IN THAT SPACE IS OUR POWER TO CHOOSE OUR RESPONSE. IN OUR RESPONSE LIES OUR GROWTH AND OUR FREEDOM.
– VICTOR FRANKL

Behavior Influences Behavior

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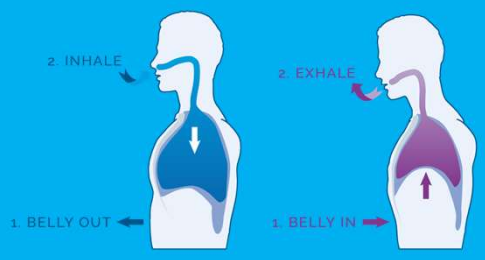
DIAPHRAGMATIC BREATHING



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CURIOUS NEURON

3 factors that have a HUGE influence on a child's emotional development

1. How a parent models their own emotional coping skills
2. If a parent balances warmth/sensitivity with limits/boundaries
3. How parents manage their emotions with each other (i.e. arguing)

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REMINDER, OUR FIRST RESPONSE MATTERS

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VULNERABILITY

- UNCERTAINTY
- RISK
- EMOTIONAL EXPOSURE

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REMINDER

Those contemplating suicide likely feel utterly hopeless, out of control, and unable to cope.

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3 Ways To Make a Learning Conversation

1. Learn their story
2. Express your views and feelings
3. Problem Solve Together

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WHAT TO SAY TO YOUR YOUTH

- Be specific and direct.
- Explain that you understand your teen feels miserable.
- Gently point out that suicide is not a solution.
- Let your teen know you are worried.
- Promise to be there for your teen.
- Remind your teen of your unconditional love.

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Suicide Hotline

Call /text 988

Chat services on Suicidepreventionlifeline.org

Crisis Text Support Text NAMI to 741741

Indiana Suicide Prevention in.gov/issp

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