



UTAH CENTER
FOR EVIDENCE BASED
TREATMENT



Understanding self-harm and suicide: Practical approaches to risk reduction

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Overview

Part 1:
About me

Part 2:
The latest about the basics

Part 3:
Risk assessment and management



About me

- ▶ Associate professor of psychology at the University of Utah
 - ▶ Research interests in preventing suicide and severe psychopathology
- ▶ Co-founded the Utah Center for Evidence Based Treatment (www.ucebt.com)
 - ▶ Comprehensive treatment for complex clients
 - ▶ Full DBT program offered
 - ▶ Children, adolescents, and adults



About my perspective

- ▶ Trained in Dialectical Behavior Therapy (DBT)
 - ▶ Non-judgmental stance
 - ▶ Dialectical thinking (AND/BOTH rather than BUT/OR)
 - ▶ Balancing change with acceptance
 - ▶ Unique communication strategies (warmth AND irreverence)
 - ▶ Genuine, two-way relationship
 - ▶ Consultation is essential
 - ▶ Case formulation around skills deficits and lack of supports
 - ▶ Out-of-session contact is expected
 - ▶ Small case loads are the norm



About this presentation

- ▶ **Interactive approach**
 - ▶ Please ask questions
 - ▶ Practicing skills – we will also interact with one another
 - ▶ If you are shy or socially anxious, I still want to hear from you
- ▶ **If I don't have the answer, I will try to point you in the right direction**

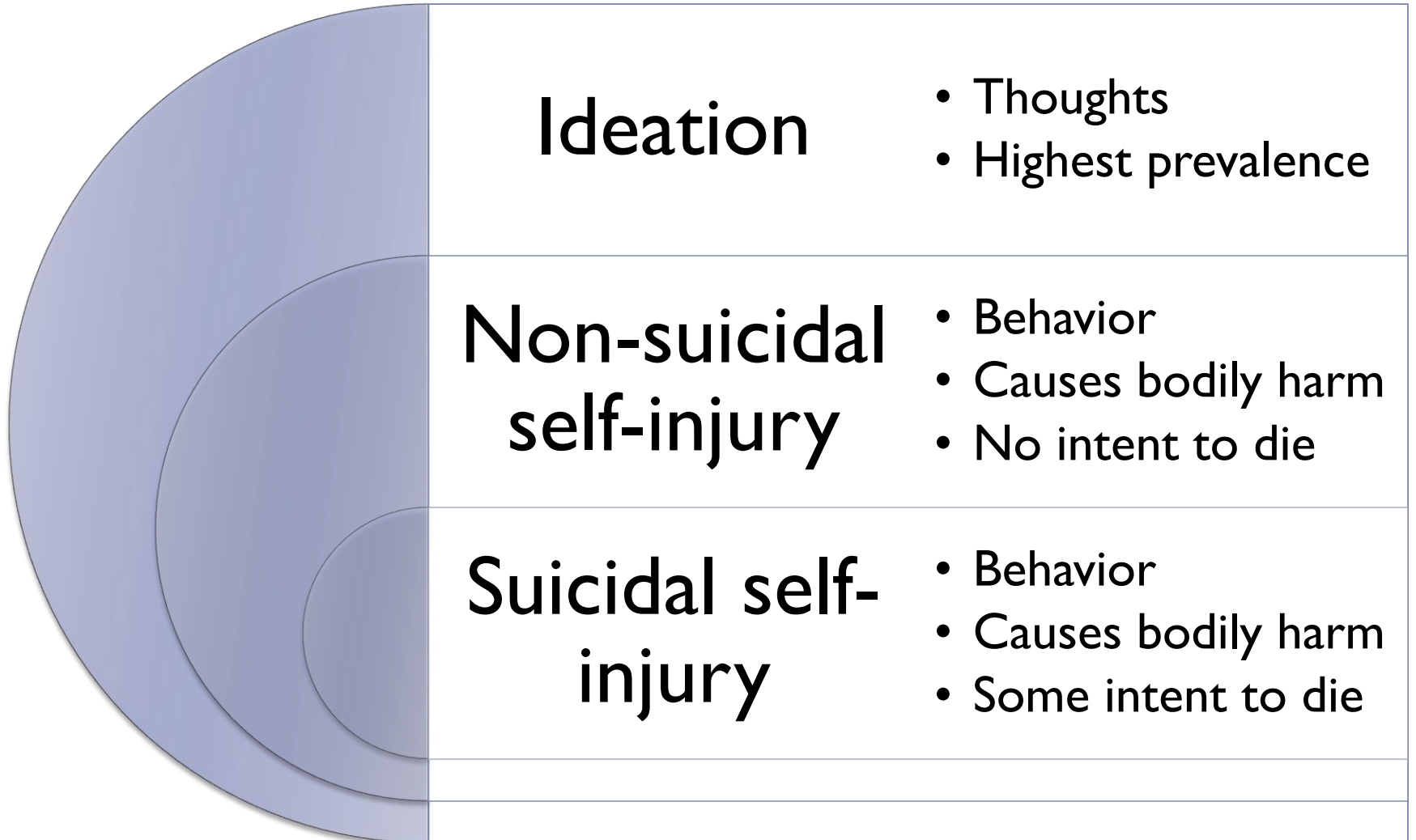




Part 2: The latest on the basics

Defining and understanding self-injury and suicide

Definitions



Suicide

- ▶ Death resulting from injury that appears to be self-inflicted
 - ▶ Intent – assumed but not always known
 - ▶ Desired outcome – also assumed but not known
- ▶ This is a complex outcome resulting from many different predisposing, perpetuating, and precipitating factors AND not enough protective factors in the moment
- ▶ Often people report feeling like there was no other form of escape/relief
- ▶ Perfect prediction is not possible



Leading Causes of Death in the United States (2016)

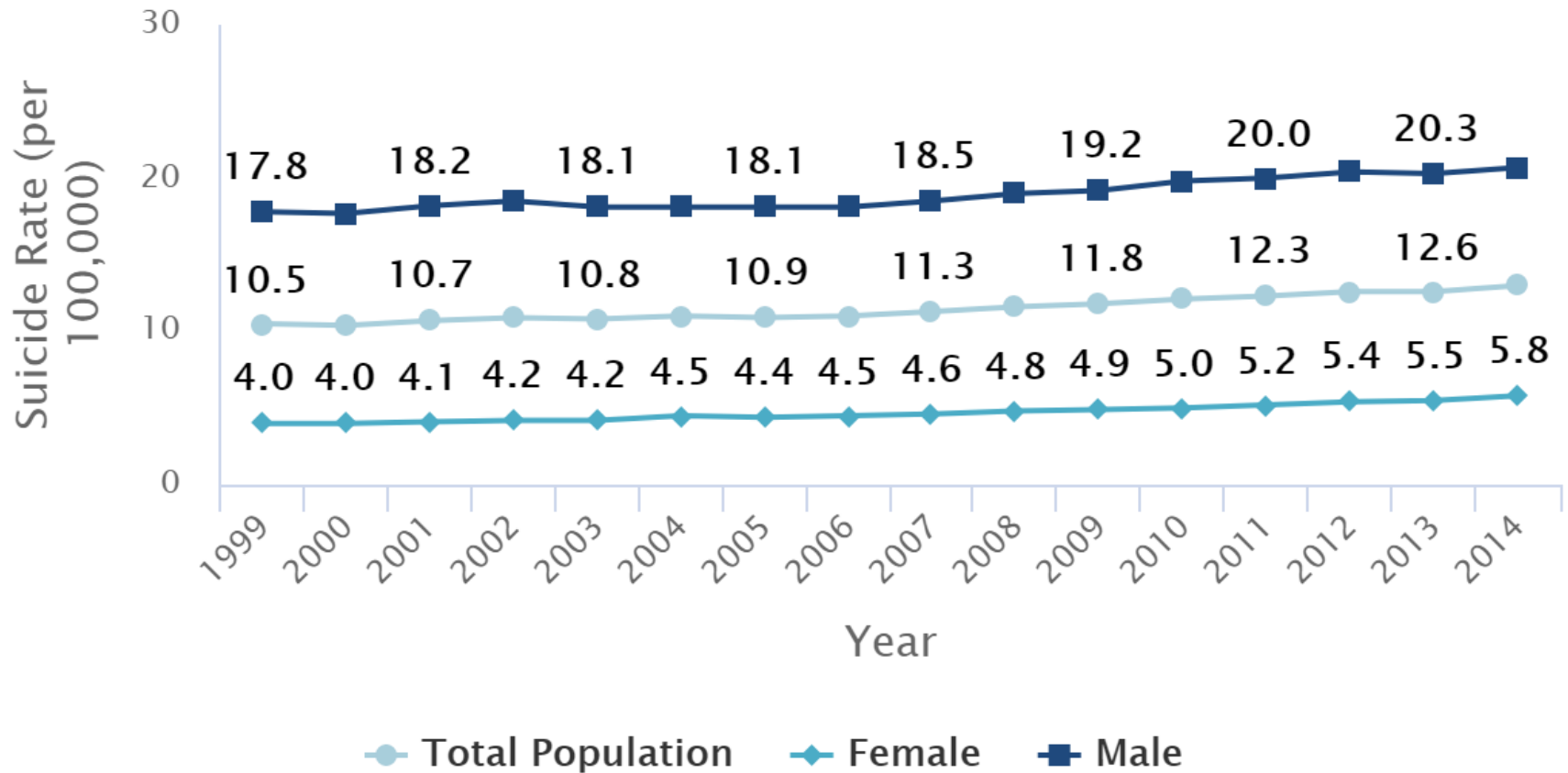
Data Courtesy of CDC

Rank	Select Age Groups							
	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Unintentional Injury 847	Unintentional Injury 13,895	Unintentional Injury 23,984	Unintentional Injury 20,975	Malignant Neoplasms 41,291	Malignant Neoplasms 116,364	Heart Disease 507,118	Heart Disease 635,260
2	Suicide 436	Suicide 5,723	Suicide 7,366	Malignant Neoplasms 10,903	Heart Disease 34,027	Heart Disease 78,610	Malignant Neoplasms 422,927	Malignant Neoplasms 598,038
3	Malignant Neoplasms 431	Homicide 5,172	Homicide 5,376	Heart Disease 10,477	Unintentional Injury 23,377	Unintentional Injury 21,860	CLRD 131,002	Unintentional Injury 161,374
4	Homicide 147	Malignant Neoplasms 1,431	Malignant Neoplasms 3,791	Suicide 7,030	Suicide 8,437	CLRD 17,810	Cerebro-vascular 121,630	CLRD 154,596
5	Congenital Anomalies 146	Heart Disease 949	Heart Disease 3,445	Homicide 3,369	Liver Disease 8,364	Diabetes Mellitus 14,251	Alzheimer's Disease 114,883	Cerebro-vascular 142,142
6	Heart Disease 111	Congenital Anomalies 388	Liver Disease 925	Liver Disease 2,851	Diabetes Mellitus 6,267	Liver Disease 13,448	Diabetes Mellitus 56,452	Alzheimer's Disease 116,103
7	CLRD 75	Diabetes Mellitus 211	Diabetes Mellitus 792	Diabetes Mellitus 2,049	Cerebro-vascular 5,353	Cerebro-vascular 12,310	Unintentional Injury 53,141	Diabetes Mellitus 80,058
8	Cerebro-vascular 50	CLRD 206	Cerebro-vascular 575	Cerebro-vascular 1,851	CLRD 4,307	Suicide 7,759	Influenza & Pneumonia 42,479	Influenza & Pneumonia 51,537
9	Influenza & Pneumonia 39	Influenza & Pneumonia 189	HIV 546	HIV 971	Septicemia 2,472	Septicemia 5,941	Nephritis 41,095	Nephritis 50,046
10	Septicemia 31	Complicated Pregnancy 184	Complicated Pregnancy 472	Septicemia 897	Homicide 2,152	Nephritis 5,650	Septicemia 30,405	Suicide 44,965



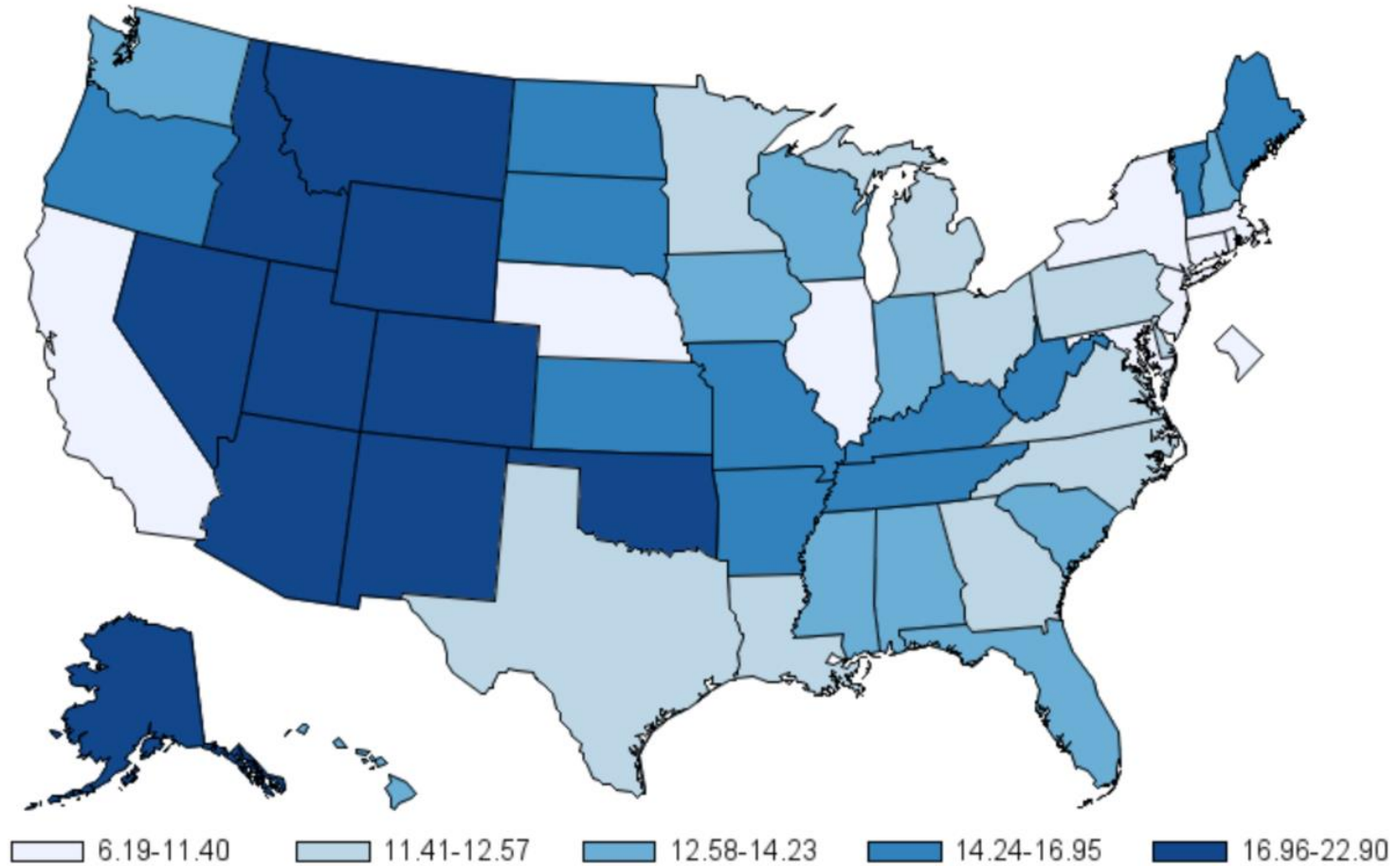
Age-Adjusted Suicide Rates in the United States (1999–2014)

Data Courtesy of CDC



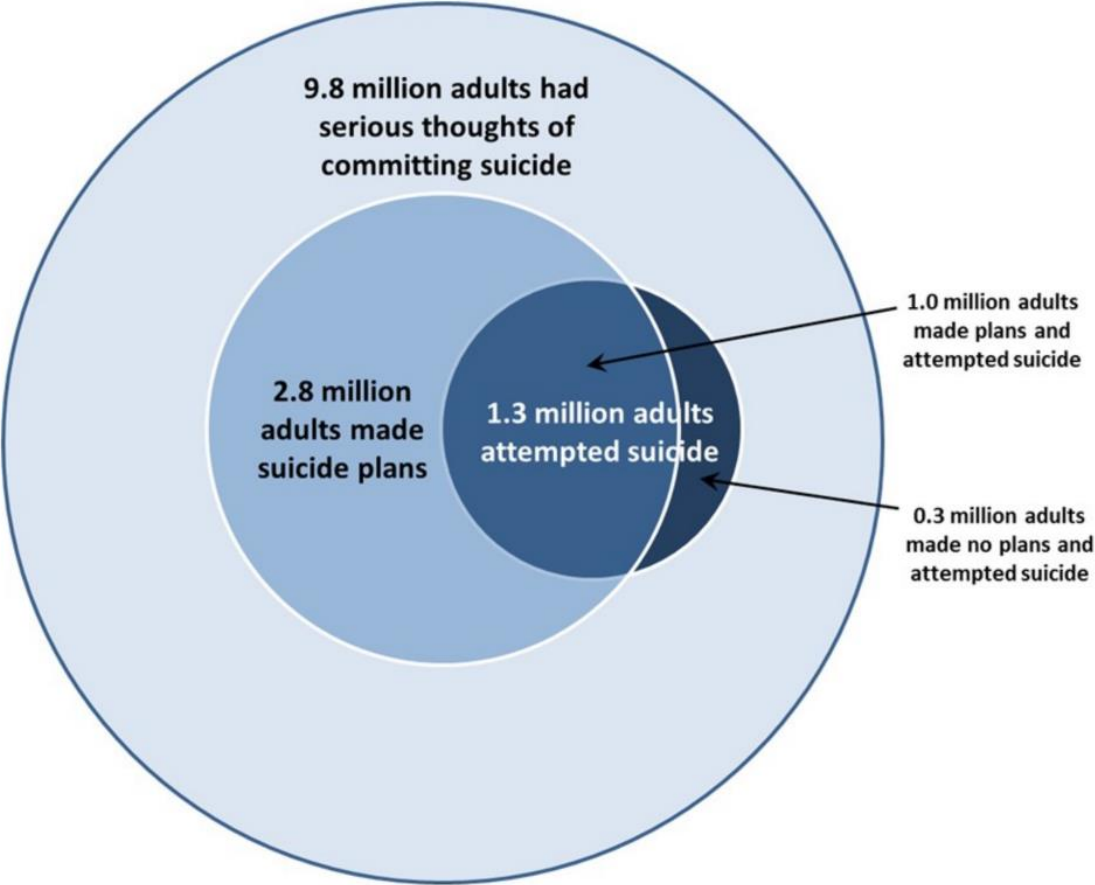
Suicide Rates in the United States (by state; per 100,000; average 2008–2014)

Data Courtesy of CDC



Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2016)

Data Courtesy of SAMHSA



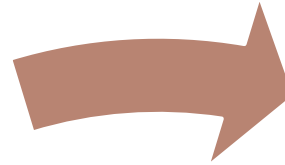
Associations between self-injury and suicidal thoughts, intent, and behavior

- ▶ Many ideators never engage in any behavior
 - ▶ Most who engage in behavior have some ideation
- ▶ Not all who make a suicide attempt have engaged in non-suicidal self-injury (NSSI)
 - ▶ BUT
- ▶ Many who engage in NSSI will engage in suicidal self-injury or make a suicide attempt
- ▶ NSSI is a better predictor of later suicide attempts than past suicide attempts
- ▶ Thus, NSSI is not about attention or drama:
understanding NSSI is important for suicide prevention

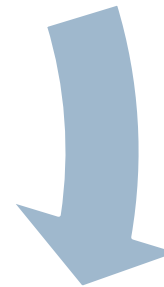


Functions of self-injury

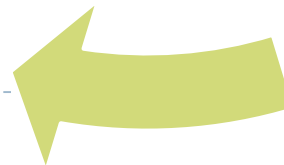
Long-Term
Issues Not
Resolved



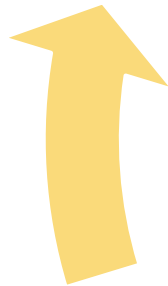
Intense
Emotional
Suffering



Self-Injury
as Solution



Solution
Becomes
Problem



Diagnostic issues

- ▶ There is no single diagnosis associated with suicide risk
 - ▶ ALL diagnoses come with elevated risk. Yes, ALL.
- ▶ Multiple diagnoses can increase risk
- ▶ Cross-diagnostic factors
 - ▶ Anger, impulsivity, aggression, attention problems
 - ▶ Hopelessness, helplessness, difficulty controlling strong emotions
 - ▶ Lack of coping skills and strategies, lack of social supports or difficulty asking for help



Ask, ask, ask

- ▶ Many people are afraid to ask questions about depression, anger, stress, self-harm, and suicide
 - ▶ What if I give them the idea?
 - ▶ What if I don't know what to say?
 - ▶ What if I seem awkward?
 - ▶ What if I don't know what to do?
 - ▶ What if I have to tell somebody?
- ▶ Ask anyway



Summary

- ▶ Know the difference between ideation, NSSI, and suicide attempts
- ▶ Understand that causation is not simple, therefore perfect prediction is not possible
- ▶ Know about links between self-harm behaviors and later suicide
- ▶ Be prepared to ask; be prepared to act





Part 3: Risk Assessment and Management

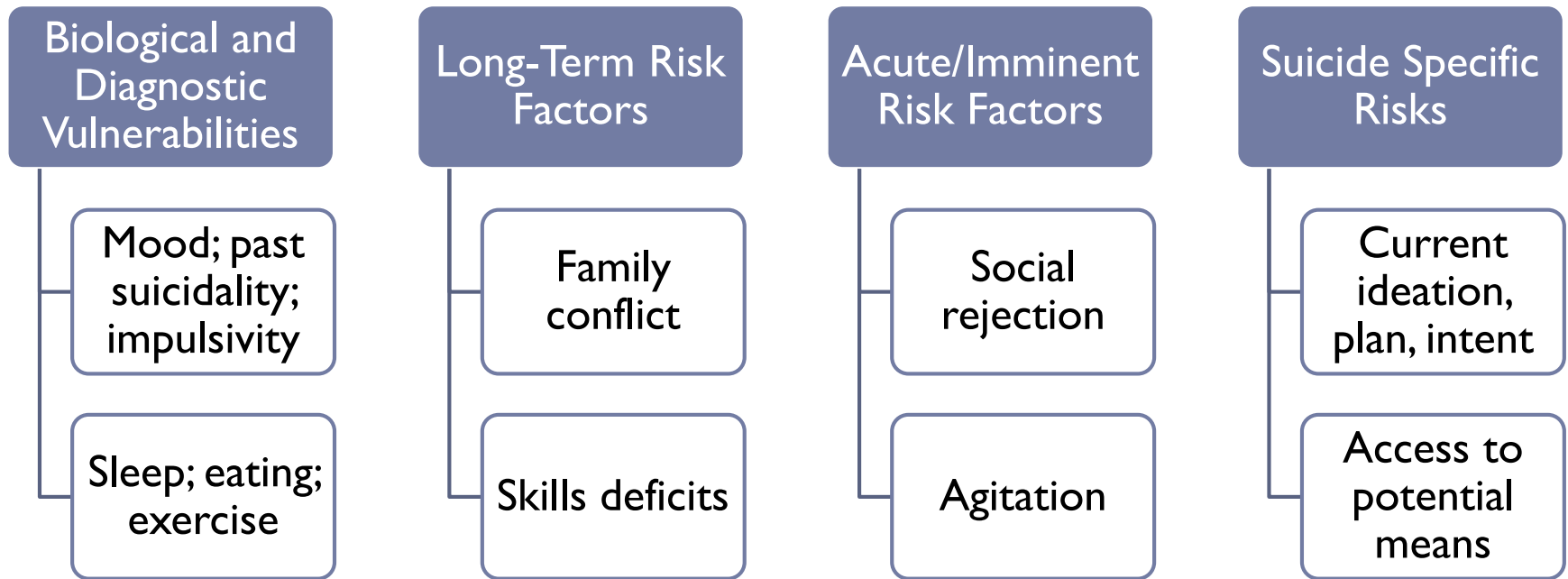
What to ask and what to do

What to ask

- ▶ Small group break-out (2-3 people)
- ▶ Generate at least 20 questions you might ask of an adolescent who might be at risk



Your questions



6. IMMEDIATE suicide risk factors

Not Reported/ Not Observed	NO	SOMEWHAT	YES	IMMEDIATE SUICIDE RISK FACTORS	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current suicide intent, including client belief that he/she is going to commit suicide or hurt self	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current suicide plan and/or preparation (including specific method and time)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferred method currently or easily available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethal means (of any sort) currently or easily available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current severe hopelessness or pessimism	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with anticipated future loss or major life stressor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current global insomnia with suicide ideation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Escalating agitation and motor restlessness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inability to concentrate or make decisions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute alcohol intoxication	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe loss of interest or pleasure (anhedonia) and hypersomnia	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent (past 4 weeks) discharge from psychiatric hospital	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Currently or will be isolated or alone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low or no social support	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent stressful life events (e.g. recent interpersonal losses and conflicts), disciplinary and legal crises)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent diagnosis of a mental disorder (e.g. schizophrenia, depression, anxiety disorder)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent diagnosis of chronic and/or life threatening physical illness with functional limitations (e.g. cancer, HIV/AIDS, lung disease, multiple sclerosis)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prompting events for previous self-injury/suicide attempt	



Continued...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client motivated to under-report/lie about risk	
Not Reported/ Not Observed	NO	SOMEWHAT	YES	Population/Setting Specific IMMEDIATE SUICIDAL RISK FACTORS	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Inpatient Suicide attempt at time of admission	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Inpatient Involuntary admission	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail/Prison First night of incarceration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Exposure to recent suicide (in media, community, etc.)	



7. Suicide protective factors

Not Reported Not Observed	NO	SOMEWHAT	YES	PROTECTIVE FACTORS	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hope for the future	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-efficacy in problem area	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attachment to life	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responsibility to children, family, or others, including pets, who client would not abandon	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Embedded in protective social network or family	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fear of suicide, death and dying or no acceptable method available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fear of social disapproval of suicide	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belief that suicide is immoral or that it will be punished	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High spirituality and/or religious	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Commitment to live and history of taking commitments seriously or reason to trust this commitment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client motivated to over-report risk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	



Summary of what to ask

- ▶ **NEVER** be afraid to ask:
 - ▶ “Some kids, when they feel this way, will also have thoughts of death or dying. Have you had any thoughts like that?”
- ▶ **Assess ideation**
 - ▶ “Tell me more about your thoughts.”
- ▶ **Assess plans**
 - ▶ “Do you think you would ever act on those thoughts? What would you do?”



Summary of what to ask

- ▶ **Assess access to means**
 - ▶ “How would you go about acting on this plan?”
 - ▶ “Do you have access to [a gun, pills, rope]?”
- ▶ **Assess likeliness of success versus interruption**
 - ▶ “What time were you thinking of doing this?”
 - ▶ “Would anybody be around to help you?”
- ▶ **Help the teen begin to conceptualize this as an attempt to find relief from a problem**
 - ▶ “We have the same goal, to help you feel relief from this difficult problem. Our solutions are different...”



How to conduct risk assessments

- ▶ **Respect autonomy**
 - ▶ “We will figure this out together.”
- ▶ **Do not make promises to keep secrets**
 - ▶ “I will respect your privacy but my most important job is to keep you safe.”
- ▶ **Don’t freak out**
 - ▶ “I’ve heard these things before. I’m here to help.”
- ▶ **Validate emotion AND emphasize a different pathway to relief**
 - ▶ “It sounds like you are in so much pain. Let’s find another solution”



How to conduct risk assessments

- ▶ Identify events that prompted crisis
 - ▶ “Help me understand what happened.”
- ▶ Listen carefully and summarize problem situation
 - ▶ “It sounds like X happened and then Y?”
- ▶ Generate a more skillful plan of action
 - ▶ “What’s worked in the past? What if we tried...?”
- ▶ Emphatically tell them not to commit suicide or self-harm
 - ▶ “I care about you and you must not die.”
- ▶ Generate hope
 - ▶ “Right now you feel stuck, but we will absolutely figure this out.”



Practice

- ▶ Practice conducting a risk assessment in your group



Next steps

- ▶ Reinforce and clarify plan of action
- ▶ Elicit agreement that they will not engage in action for some specific time period
- ▶ Elicit agreement to remove lethal implements
- ▶ Troubleshoot factors that might interfere with plan
- ▶ Increased social support
- ▶ Supported adolescent in talking with parents
- ▶ Help adolescent and parents to anticipate recurrence of crisis
- ▶ Exude calm demeanor with parent and teen



Next steps

- ▶ IF commitment and crisis plan are credible, provide adolescent with resources
 - ▶ Warm line
 - ▶ Crisis line
 - ▶ Safe UT app
- ▶ Practice using resources together!!
- ▶ Consult with colleagues in the moment
- ▶ Plan next contact
- ▶ Take care of yourself



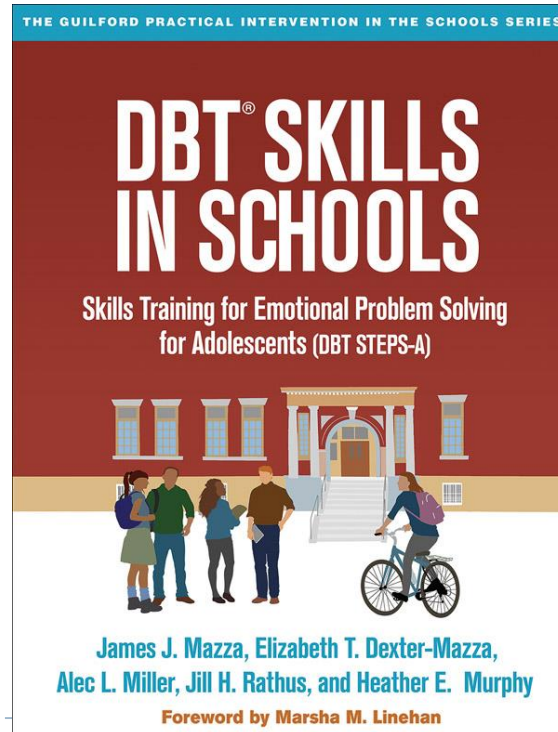
Next steps

- ▶ IF commitment and crisis plan are not credible or no commitment or plan are generated
- ▶ Utilize crisis resources!
 - ▶ Exude calm “I’m here for you. We are going to do this together. I’ve seen lots of kids go through this and it’s actually helpful.”
 - ▶ Bring out mobile crisis team, call crisis line together, ask parents to transport to emergency department
- ▶ Answer questions about inpatient as honestly as possible but with positive affect
- ▶ If police are called, request one with mental health training
- ▶ Never worry alone



Students with chronic high risk

- ▶ Establish lines of communication with parent/caregiver, if possible
- ▶ Emphasize the need for more intensive therapy
- ▶ Teach skills



Full DBT

- ▶ Once or twice weekly individual sessions
- ▶ 2-hour skills group every week (6-12 months)
- ▶ Phone coaching outside of session
- ▶ Weekly consultation team for providers

- ▶ Without all of these elements, it is not a full DBT program
- ▶ Partial DBT, especially if called DBT may have iatrogenic effects



There are some advantages to hospitalization...

- ▶ Safety
- ▶ Respite for teen/family
- ▶ Thorough medication evaluation
- ▶ Diagnostic clarification
- ▶ Referrals to day treatment, intensive outpatient, or outpatient
- ▶ Will help parents with home safety (locking weapons, removing Tylenol, etc.)



Self-care

- ▶ The work we do is hard
- ▶ We hold more on our shoulders than is possible to hold
- ▶ People make assumptions about our ability to predict the future
- ▶ Even experts can't predict suicide
- ▶ Develop your support network
- ▶ Increase strategies for leaving work at work



Resources and References

- ▶ <https://www.nimh.nih.gov/health/statistics/suicide.shtml>
- ▶ https://blogs.uw.edu/brtc/files/2014/01/SSN-LRAMP-updated-9-19_2013.pdf
- ▶ <https://healthcare.utah.edu/uni/programs/crisis-diversion.php>
- ▶ <https://utpsych.org/page-18075>
- ▶ <https://intermountainhealthcare.org/ext/Dcmnt?ncid=526742474>
- ▶ <https://www.sprc.org/states/utah>
- ▶ <https://afsp.org/chapter/afsp-utah/>
- ▶ <https://www.uen.org/suicideprevention/contact.shtml>
- ▶ <https://www.npr.org/sections/ed/2015/02/25/385418961/preventing-suicide-with-a-contagion-of-strength>
- ▶ <http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>



THANK YOU!!!!

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▶ www.ucebt.com

