

UNDERSTANDING SUICIDE TO PREVENT SUICIDE

E. David Klonsky, PhD
University of British Columbia
@KlonskyLab





Today's Outline

Part 1: Understanding Suicide

Part 2: Application of Knowledge to Cases and Crises

Part 3: Case Discussion/General Discussion/Questions



Part 1: Understanding Suicide

- I. Why we must get the science right
- II. The Ideation-to-Action Framework
- III. The Three-Step Theory of Suicide



Part 1: Understanding Suicide

- I. **Why we must get the science right**
- II. The Ideation-to-Action Framework
- III. The Three-Step Theory of Suicide



Suicide is Common

Top 10 leading cause of death worldwide

#9 in North America

#2 in teens and young adults

- ahead of heart attacks, cancer, car accidents, and homicide



Survivors of Early-Life Attempts

Martin Luther King Jr.





Survivors of Early-Life Attempts

Billy Joel





Survivors of Early-Life Attempts

Santa Ono PhD





Survivors of Early-Life Attempts

- Nobel Prize Winners
- Top Scholars
- Renowned Artists and Musicians
- Olympic Gold Medalists, Celebrities, Philanthropists, our Friends, our Colleagues



Beyond Suicide Mortality

For every death, 20 attempts

For every attempter, 2.5 individuals with ideation

A large minority of people have felt suicidal



Why Scientific Research is Necessary

Suicide rates not decreasing



Why Scientific Research is Necessary

We have made mistakes:

1. All prediction methods perform poorly
(Carter et al., 2017; Chan et al., 2016; Franklin et al., 2017; Large et al., 2016; Wang et al., 2016)
2. Early group treatments for self-harm
3. High school yearbook
4. Myths
 - Cowardly
 - For Attention
 - Impulsivity



Part 1: Understanding Suicide

- I. Why we must get the science right
- II. **The Ideation-to-Action Framework**
- III. The Three-Step Theory of Suicide



A critical and specific knowledge gap



Oft-Cited Risk Factors for Suicide

- Psychiatric Disorders
 - Major Depression
 - Anxiety Disorders
 - Substance Disorders
 - Multiple Diagnoses
- Hopelessness
- Impulsivity/Aggression



What Do These Predictors Predict?

<u>Clinical Disorder</u>	<u>Non-Suicidal vs. Suicide Attempter</u>
Major Depression	11.0
Any Mood Disorder	12.9
Any Anxiety Disorder	3.2
Any Substance Disorder	5.8
Any Clinical Disorder	6.7
3+ Clinical Disorders	19.7

Kessler et al. (1999) – Data from the National Comorbidity Survey (n=5,877, 795 ideators, 272 attempters)



What Do These Predictors Predict?

<u>Clinical Disorder</u>	<u>Non-Suicidal vs. Suicide Ideator</u>
Major Depression	9.6
Any Mood Disorder	10.7
Any Anxiety Disorder	2.9
Any Substance Disorder	3.9
Any Clinical Disorder	5.7
3+ Clinical Disorders	14.3

Kessler et al. (1999) – Data from the National Comorbidity Survey (n=5,877, 795 ideators, 272 attempters)



What Do These Predictors Predict?

Clinical Disorder

Suicide Ideator vs. Attempter

Major Depression	2.0
Any Mood Disorder	1.8
Any Anxiety Disorder	1.2
Any Substance Disorder	1.6
Any Clinical Disorder	1.0
3+ Clinical Disorders	1.1

Kessler et al. (1999) – Data from the National Comorbidity Survey (n=5,877, 795 ideators, 272 attempters)



What Do These Predictors Predict?

Kessler et al. (1999)

“all significant risk factors ... were more strongly related to ideation than to progression from ideation to a plan or an attempt” [p. 617].”

Replicated in WHO data (Nock et al., 2012; 2013)



Meta-Analytic Data

(May & Klonsky, 2016)

Variable

Ideator vs. Nonsuicidal


Depression Severity

Depressive Disorders

Hopelessness

Meta-Analytic Data

(May & Klonsky, 2016)



<u>Variable</u>	<u>Ideator vs. Nonsuicidal</u>
Depression Severity	.90
Depressive Disorders	.85
Hopelessness	.55



Meta-Analytic Data

(May & Klonsky, 2016)

Variable

Ideator vs. Attempter

Depression Severity

Depressive Disorders

Hopelessness



Meta-Analytic Data

(May & Klonsky, 2016)

<u>Variable</u>	<u>Ideator vs. Attempter</u>
Depression Severity	.23
Depressive Disorders	.24
Hopelessness	-.05



Impulsivity

(Klonsky & May, 2010)

Comparison

Cohen's d

Never Suicidal vs. Suicidal Ideator

0.58

Suicidal Ideator vs. Suicide Attempter

0.11

Klonsky & May (2010; *Suicide and Life-Threatening Behavior*)



What do our predictors tell us?

✓ Who develops suicidal ideation

✗ Who acts on suicidal thoughts

Klonsky & May (2014), *Suicide & Life-Threatening Behavior*

Klonsky et al. (2016), *Annual Review of Clinical Psychology*

May & Klonsky (2016), *Clinical Psychology: Science & Practice*



Take Home Message

There are separate explanations for:

a) Who develops suicidal ideation

vs.

b) Who transitions from ideation to attempts

“Ideation-to-Action” Framework

(Klonsky & May, 2014)



Historically, just a single explanation...

- Social Isolation (Durkheim)
- Psychache (Shneidman)
- Escape (Baumeister)
- Hopelessness (Beck; Abramson)



The Pioneering Exception

Thomas Joiner's Interpersonal Theory (2005)

Desire + Capability → Suicide Attempt

Desire = Burdensomeness + Low Belongingness

Capability = Acquired Capability



Not Just a Specific Theory

A Framework for all
Suicide Knowledge and Prevention

“Ideation-to-Action” Framework



Field-Wide Implications

Research Design

Intervention/Prevention

Risk Assessment and Conceptualization



Old Way

Risk Factors for Suicide

Mental Disorders

Depression

Hopelessness

Impulsivity

Access to Lethal Means

Expertise in Lethal Means

Social Contagion

...

...



Ideation-to-Action Framework

Suicidal Ideation	Suicidal Actions



Ideation-to-Action Framework

Suicidal Ideation	Suicidal Actions
Mental Disorders	
Depression	
Hopelessness	
Impulsivity	
...	
...	
...	
...	



Ideation-to-Action Framework

Suicidal Ideation	Suicidal Actions
Mental Disorders	Acquired Capability
Depression	Access to Lethal Means
Hopelessness	Expertise in Lethal Means
Impulsivity	Social Contagion
...	...
...	...
...	...
...	...



Ideation-to-Action Framework

Suicidal Ideation	Suicidal Actions
Mental Disorders	Acquired Capability
Depression	Access to Lethal Means
Hopelessness	Expertise in Lethal Means
Impulsivity	Social Contagion
Non-Suicidal Self-Injury	Non-Suicidal Self-Injury
...	...
...	...
...	...



Ideation-to-Action Framework

Suicidal Ideation	Suicidal Actions
Mental Disorders	Acquired Capability
Depression	Access to Lethal Means
Hopelessness	Expertise in Lethal Means
Impulsivity	Social Contagion
Non-Suicidal Self-Injury	Non-Suicidal Self-Injury
...	...
...	...
...	...



“Ideation to Action” Theories of Suicide

- Joiner's Interpersonal Theory (2005)
- O'Connor's Integrated Motivational-Volitional Model (2011)
- Three Step Theory (2015)



Part 1: Understanding Suicide

- I. Why we must get the science right
- II. The Ideation-to-Action Framework
- III. The Three-Step Theory of Suicide**



Criteria for a Good Theory

- Positioned within the Ideation-to-Action Framework
- Consistent with basic behavioral and cognitive principles
- Consistent with known predictors
- Use predictors as clues to a cohesive explanation
- Testable and accurate



A Good Theory


Must achieve a balance:

- Broad enough to account for tremendous individual variation
- Specific enough to be useful



A Good Theory

Must explain in practical terms why people choose death



Three-Step Theory of Suicide (3ST)

Klonsky and May (2015; International Journal of Cognitive Therapy)

Klonsky, May, & Saffer (2016; Annual Review of Clinical Psychology)

Klonsky et al. (in press; Preventive Medicine)



Step 1: When is suicidal desire present?

When two necessary conditions combine:

1. **Pain** (Shneidman's psychache, Linehan's emotional misery)
2. **Hopelessness** (that things will get better) (Beck)

Not additive, the combination is what matters



Step 2: When is suicidal desire strong?

Desire intensifies if **pain** > **connectedness**

(Durkheim; Joiner)

Connection can be to:

- people, role, interest, job, project, purpose, or sense of meaning

Is your connection to life greater than your pain?

OR

Does your pain overwhelm your connectedness?



Audrie

- 15 year-old girl
- Died by suicide September 2012

Final Facebook Post:

"I am in hell." (Pain)

"I can't do anything to fix it." (Hopelessness)

"The whole school knows ... I have a reputation I can never get rid of." (Disconnection)



Step 3: When does strong desire lead to action?

Strong desire progresses to action when there is the **capability** to make an attempt:

1. Acquired (Joiner's IPT)
2. Dispositional
3. Practical
 1. Access to lethal means
 2. Knowledge and comfort with lethal means

Does total capability make an attempt possible?

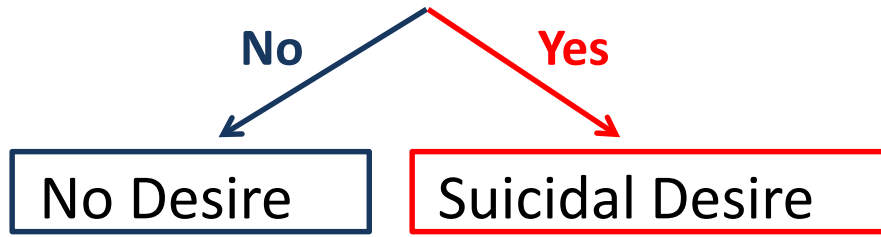
1) Are you in pain and hopeless?

No

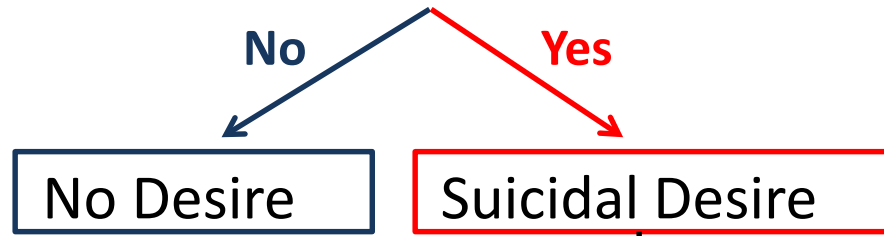
Yes

No Desire

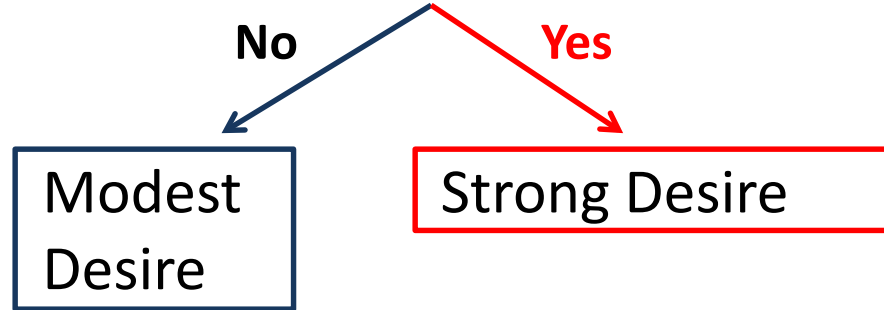
Suicidal Desire



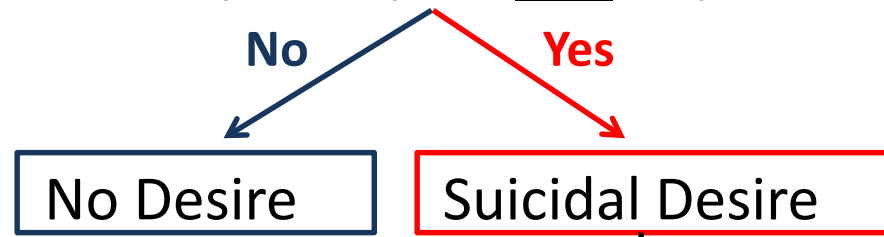
1) Are you in pain and hopeless?



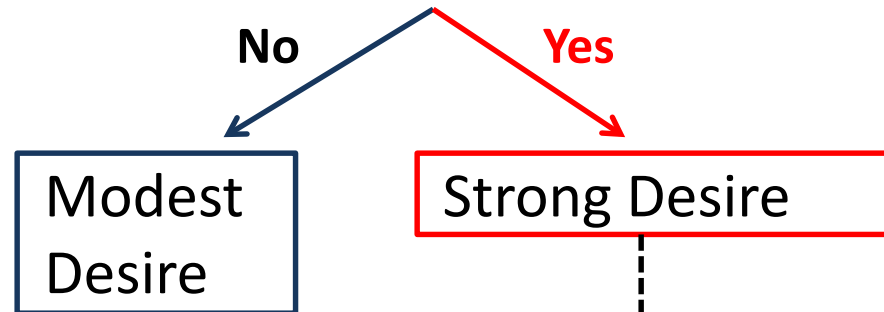
2) Does your pain exceed your connectedness?



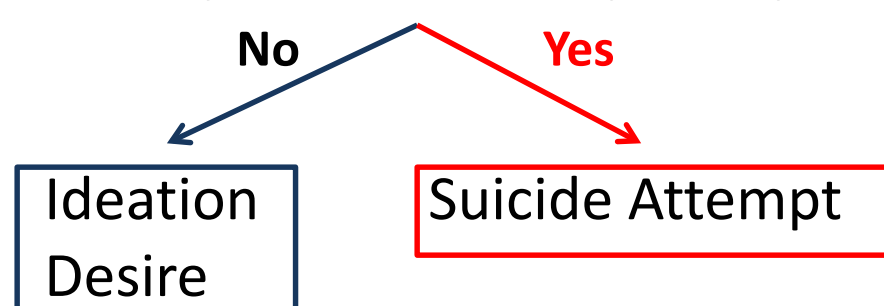
1) Are you in pain and hopeless?



2) Does your pain exceed your connectedness?



3) Do you have the capability to attempt suicide?





Evidence?

- Correlates
- Risk Factors
- Warning Signs
- Motivations



Step 1

The combination of pain and hopelessness
leads to suicidal ideation



Predictors of Suicide

- Mood disorders
- Schizophrenia
- Anxiety disorders
- Some personality disorders
- Alcohol and substance use
- Impulsivity
- Aggressive tendencies
- History of trauma
- Physical and sexual abuse
- Major physical illness
- Chronic pain
- Family history of suicide
- Suicidal friend
- Job/financial loss
- Relationship loss
- Other stressful life event
- Lack of social support
- Barriers to health care
- Cultural/religious beliefs
- Gender
- Poor problem solving skills
- History of non-suicidal self-injury
- Past attempt



Evidence?

Do pain and hopelessness stand out among hundreds of suicide correlates and risk factors?



Adult Community Outpatients

May & Klonsky (2013; *Suicide & Life-Threatening Behavior*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Hopelessness		
Overwhelming Pain		
Escape		
Low Belongingness		
Problem Solving		
Burdensomeness		
Fearlessness		
Impulsivity		
Help Seeking		
Interpersonal Influence		



Adult Community Outpatients

May & Klonsky (2013; *Suicide & Life-Threatening Behavior*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Hopelessness	15.4	4.0
Overwhelming Pain	15.2	4.6
Escape	13.0	5.1
Low Belongingness	9.0	5.3
Problem Solving	8.5	4.0
Burdensomeness	8.3	6.2
Fearlessness	8.3	5.3
Impulsivity	6.3	4.5
Help Seeking	5.5	4.8
Interpersonal Influence	3.6	4.3



Adult Community Outpatients

May & Klonsky (2013; *Suicide & Life-Threatening Behavior*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Hopelessness	15.4	4.0
Overwhelming Pain	15.2	4.6
Escape	13.0	5.1
Low Belongingness	9.0	5.3
Problem Solving	8.5	4.0
Burdensomeness	8.3	6.2
Fearlessness	8.3	5.3
Impulsivity	6.3	4.5
Help Seeking	5.5	4.8
Interpersonal Influence	3.6	4.3



Undergraduates

May & Klonsky (2013; *Suicide & Life-Threatening Behavior*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Overwhelming Pain	15.9	4.4
Hopelessness	14.7	4.4
Escape	13.0	5.2
Low Belongingness	9.0	5.4
Problem Solving	8.5	4.0
Fearlessness	7.6	5.1
Burdensomeness	7.5	6.1
Help Seeking	6.1	5.7
Impulsivity	6.0	4.8
Interpersonal Influence	4.8	5.9



Adolescent Psychiatric Inpatients

May, O'Brien, Liu & Klonsky (2016; *Archives of Suicide Research*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Overwhelming Pain	15.6	4.5
Hopelessness	15.1	4.0
Escape	14.6	4.6
Burdensomeness	10.1	6.0
Low Belongingness	9.2	5.4
Fearlessness	8.0	6.0
Problem Solving	7.6	5.4
Impulsivity	5.9	4.6
Help Seeking	4.1	4.0
Interpersonal Influence	1.5	2.8



Online US Sample

May et al. (2020; *Journal of Psychiatric Research*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Overwhelming Pain	15.3	4.9
Hopelessness	15.6	4.0
Escape	12.8	5.1
Low Belongingness	9.5	5.3
Problem Solving	9.0	4.9
Fearlessness	7.8	5.4
Burdensomeness	8.0	6.3
Help Seeking	5.2	5.4
Impulsivity	5.2	5.4
Interpersonal Influence	3.6	4.8



Adult Psychiatric Inpatients

May et al. (2020; *Journal of Psychiatric Research*)

<u>Motivation</u>	<u>Mean</u>	<u>SD</u>
Overwhelming Pain	16.1	4.2
Hopelessness	16.2	3.6
Escape	13.4	5.2
Low Belongingness	7.8	5.1
Problem Solving	10.4	4.7
Fearlessness	10.2	5.2
Burdensomeness	9.8	6.8
Help Seeking	6.8	5.6
Impulsivity	6.8	5.3
Interpersonal Influence	2.6	3.3



More Evidence for Step 1

- Wintersteen (2014)
- Examined:
 - Adolescents hospitalized for an attempt
 - Loved ones who lost adolescents to suicide



More Evidence for Step 1

- *What was different in the minutes/hours/days leading up to the suicide death or attempt?*
- Assessed 42 variables
 - Social withdrawal
 - Agitation
 - Sleep problems
 - Family conflict
 - Anger/hostility
 - Guilt/shame



More Evidence for Step 1

- Across the groups, the two most commonly endorsed answers were:
 1. “emotional misery or pain”
 2. “feelings of hopelessness about the future”

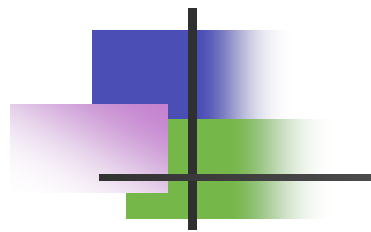
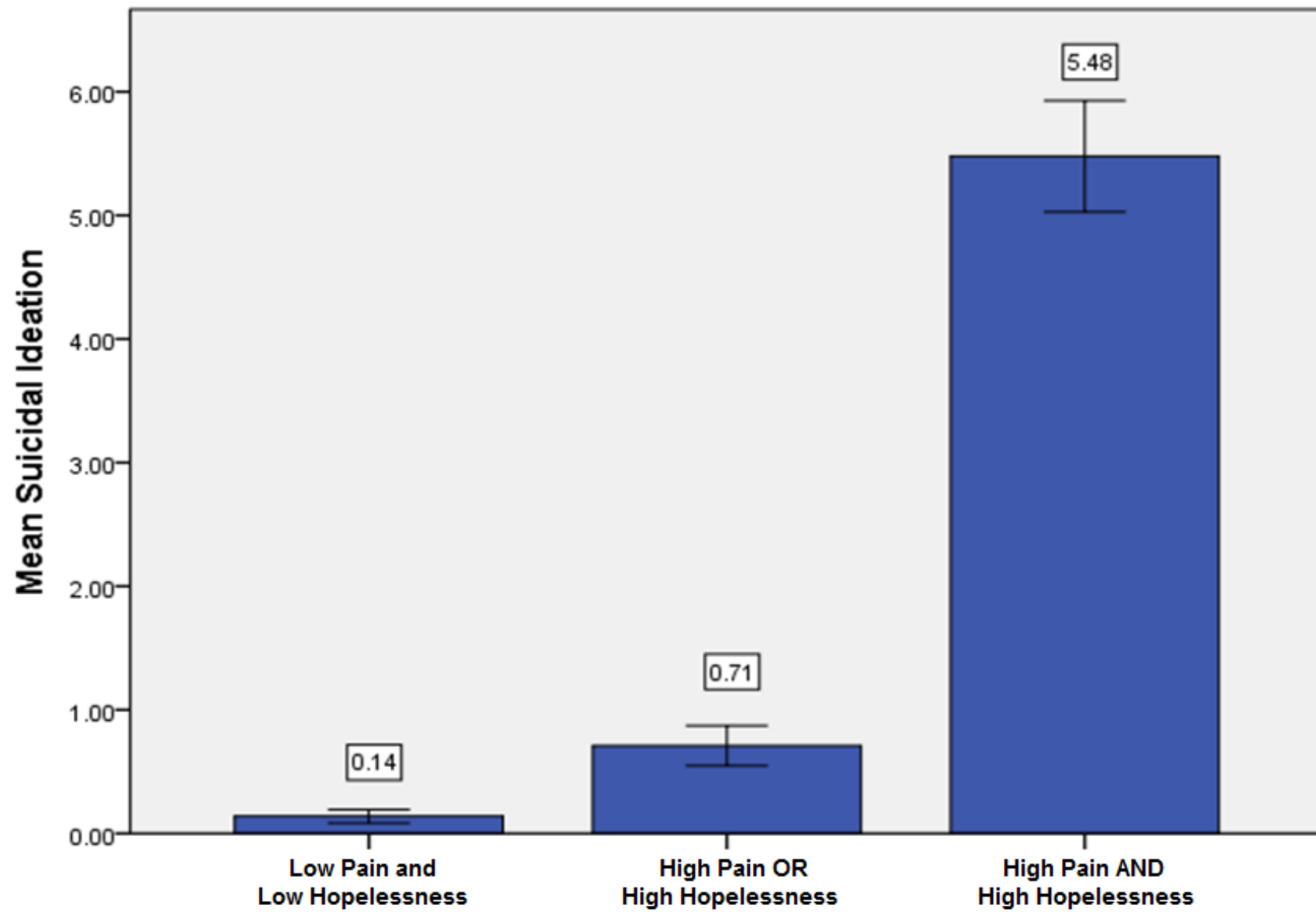


But ...

it's the combination that matter, right?

Right!

Data from: Klonsky and May (2015)





Step 2

Ideation escalates if **pain > connectedness**



Klonsky & May (2015; *International Journal of Cognitive Therapy*)

Connectedness-Pain difference score → Suicidal Ideation

Pain + Hopelessness ($n=283$)

$r=-.47$

Everyone Else ($n=627$)

$r=-.22$



Step 3

Progression from ideation to action is facilitated by the capacity to attempt suicide

1. Dispositional
2. Acquired
3. Pratical

Klonsky and May (2015)

Dispositional, acquired, and practical contributors each predicted suicide attempts above and beyond ideation



Replications of Klonsky and May (2015)

UK university students: Dhingra et al. (2018)

Chinese university students: Yang et al. (2018)

Canadian psychiatric patients: Tsai et al. (2020)

Canadian community sample: Pachkowski et al. (2021)



Why Is The Theory Promising?

- Conceptually sensible explanation
- Fully consistent with existing research
 - Emotional pain, Hopelessness, Disconnection, Capacity
- Fully consistent with basic behavioral and cognitive principles
- Testable and (so far) Accurate



Three-Step Theory (3ST)

Clear implications for
research and prevention



Organizing Model for Suicide Risk



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability
Psychache			
Depression			
Anxiety			
Emotion Dysregulation			
Mental Disorders			
General Distress			



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability
Psychache	Hopelessness		
Depression	Pessimistic Outlooks		
Anxiety	External Locus		
Emotion Dysregulation	Learned Helplessness		
Mental Disorders	Self-Efficacy		
General Distress	Future Orientation		



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability
Psychache	Hopelessness	Social Isolation	
Depression	Pessimistic Outlooks	Loneliness	
Anxiety	External Locus	Poor Social Support	
Emotion Dysregulation	Learned Helplessness	Low Belongingness	
Mental Disorders	Self-Efficacy	Burdensomeness	
General Distress	Future Orientation	Valued Job/Role	



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability
Psychache	Hopelessness	Social Isolation	Acquired Capability
Depression	Pessimistic Outlooks	Loneliness	Access to Means
Anxiety	External Locus	Poor Social Support	Knowledge of Means
Emotion Dysregulation	Learned Helplessness	Low Belongingness	Dispositional Capability
Mental Disorders	Self-Efficacy	Burdensomeness	
General Distress	Future Orientation	Valued Job/Role	



4 Clear Targets for Intervention

- 1) Reduce Current Pain
- 2) Increase Hope for Future
- 3) Improve Connection
- 4) Reduce Capability



Integrate Into Every Level of Intervention

- 1) Individual (psychotherapy, medication, safety plans)
- 2) Emergency (crisis lines, hospitals, 911)
- 3) Communities (schools, Indigenous)
- 4) Population/Government (discrimination, healthcare, poverty, guns)



End of Part 1: Understanding Suicide

Questions??



Today's Outline

Part 1: Understanding Suicide

Part 2: Application of Knowledge to Cases and Crises

Part 3: Case Discussion and General Discussion



Today's Outline

Part 1: Understanding Suicide

Part 2: Application of Knowledge to Cases and Crises

Part 3: Case Discussion and General Discussion




Part 2: Application of Knowledge

- I. Key Details About the Three-Step Theory
- II. When Do Suicidal Crises Occur?
- III. Application to Practice and Prevention



Part 2: Application of Knowledge

- I. **Key Details About the Three-Step Theory**
- II. When Do Suicidal Crises Occur?
- III. Application to Practice and Prevention



Three-Step Theory of Suicide (3ST)

1) Is there pain and hopelessness?

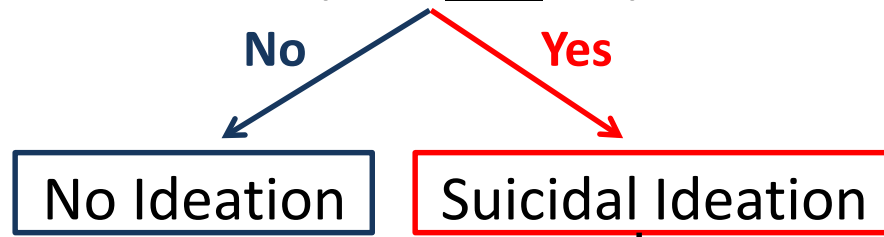
No

Yes

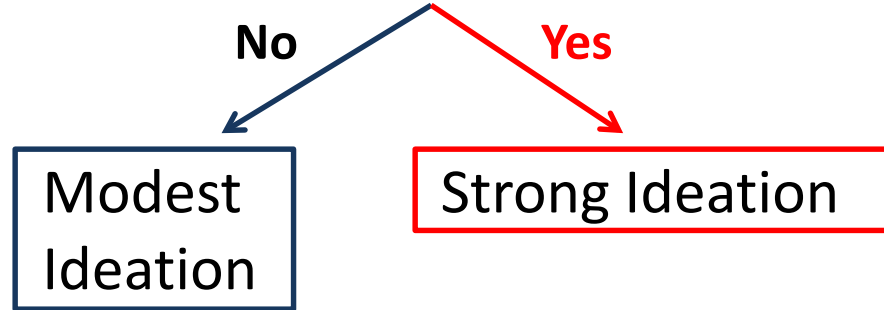
No Ideation

Suicidal Ideation

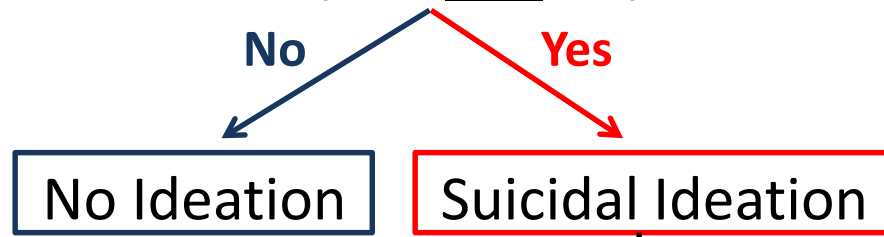
1) Is there pain and hopelessness?



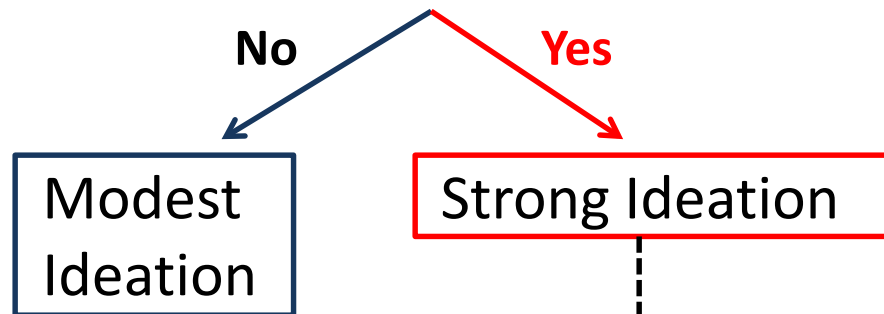
2) Does pain exceed/overwhelm connectedness?



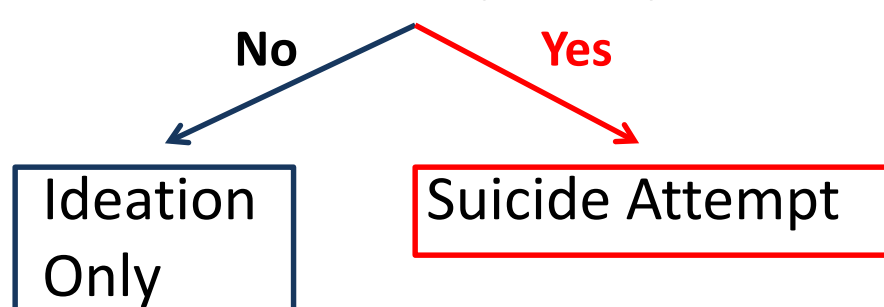
1) Is there pain and hopelessness?



2) Does pain exceed/overwhelm connectedness?



3) Is there the capability to attempt suicide?





Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capability
Psychache	Hopelessness	Social Isolation	Acquired Capability
Depression	Pessimistic Outlooks	Loneliness	Access to Means
Anxiety	External Locus	Poor Social Support	Knowledge of Means
Emotion Dysregulation	Learned Helplessness	Low Belongingness	Dispositional Capability
Mental Disorders	Self-Efficacy	Burdensomeness	
General Distress	Future Orientation	Valued Job/Role	



Organizing Model for Suicide Risk

Can be applied to understand suicide risk in specific:

- Populations
- Cases
- Communities
- Individuals



Application to Community Case



Case Example: Palo Alto High School

- Suicide clusters 2008-2009, 2014-2015
- 10 suicides (6 then 4)
- Most by railroad near school
- Community mobilized resources after second suicide



Case Example: Palo Alto High School

How should we intervene??



Excerpts from Media Coverage

Gunn's ratio of high-risk students ... is not dramatically different from national figures. What is unusual is the rate—four to five times the national average—at which Palo Alto kids are acting on their morbid thoughts.

"After Cam, [suicide] suddenly became an option ... It was, like, '*Wow, this is really easy.*'"



Application to Diagnostic Populations



Suicide Risk in Borderline Personality Disorder

Pain	Hopelessness	Connectedness	Capability



Suicide Risk in Borderline Personality Disorder

Pain	Hopelessness	Connectedness	Capability
Emotional Instability			
Negative Emotions			
Intense Anger			
Stress-Related Paranoia/Dissociation			
Shame			



Suicide Risk in Borderline Personality Disorder

Pain	Hopelessness	Connectedness	Capability
Emotional Instability	Chronic Emptiness		
Negative Emotions	Identity Instability		
Intense Anger			
Stress-Related Paranoia/Dissociation			
Shame			



Suicide Risk in Borderline Personality Disorder

Pain	Hopelessness	Connectedness	Capability
Emotional Instability	Chronic Emptiness	Interpersonal Instability	
Negative Emotions	Identity Instability	Chronic Emptiness	
Intense Anger		Abandonment	
Stress-Related Paranoia/Dissociation			
Shame			



Suicide Risk in Borderline Personality Disorder

Pain	Hopelessness	Connectedness	Capability
Emotional Instability	Chronic Emptiness	Interpersonal Instability	Painful/Provocative Events
Negative Emotions	Identity Instability	Chronic Emptiness	Self-Injury
Intense Anger	Long-term Course	Abandonment	
Stress-Related Paranoia/Dissociation			
Shame			



Suicide Risk in Post-Traumatic Stress Disorder

Pain	Hopelessness	Connectedness	Capability



Suicide Risk in Post-Traumatic Stress Disorder

Pain	Hopelessness	Connectedness	Capability
Re-experiencing			
Self-anger/blame			
Arousal/agitation			



Suicide Risk in Post-Traumatic Stress Disorder

Pain	Hopelessness	Connectedness	Capability
Re-experiencing	Persistence of Symptoms		
Self-anger/blame	Self-anger/blame		
Arousal/agitation			




Suicide Risk in Post-Traumatic Stress Disorder

Pain	Hopelessness	Connectedness	Capability
Re-experiencing	Persistence of Symptoms	Feeling Detached	
Self-anger/blame	Self-anger/blame	Difficulty experiencing positive emotions	
Arousal/agitation		Avoidance	



Suicide Risk in Post-Traumatic Stress Disorder

Pain	Hopelessness	Connectedness	Capability
Re-experiencing	Persistence of Symptoms	Feeling Detached	Experience with Pain
Self-anger/blame	Self-anger/blame	Difficulty experiencing positive emotions	Experience with Injury
Arousal/agitation		Avoidance	Experience with Death



Application to
Sociocultural and Demographic Groups



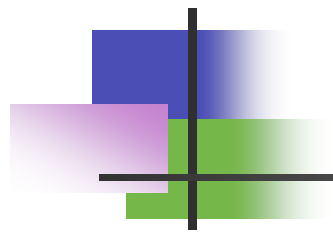
Suicide Risk in Transgendered Populations

Pain	Hopelessness	Connectedness	Capability



Suicide Risk in Transgendered Populations

Pain	Hopelessness	Connectedness	Capability
Systematic discrimination is painful	Systematic discrimination harms hope in the future	Systematic discrimination blocks and harms connections	Exposure to many in community who die by suicide



Application to the Pandemic



Pandemic Protective Factors

“Pulling Together” Effect

Decreased social demands/responsibilities

So far no increases in suicide



Pandemic Risk Factors

Social Isolation From Friends and Family

Isolation from Community/Religious Participation

Hopelessness as Months Drag On

Mental Health Treatment Less Accessible

Pain Due to Medical Problems To Self/Family

Pain Due to Financial Distress



Part 2: Application of Knowledge

- I. Key Details About the Three-Step Theory
- II. **When Do Suicidal Crises Occur?**
- III. Application to Practice and Prevention



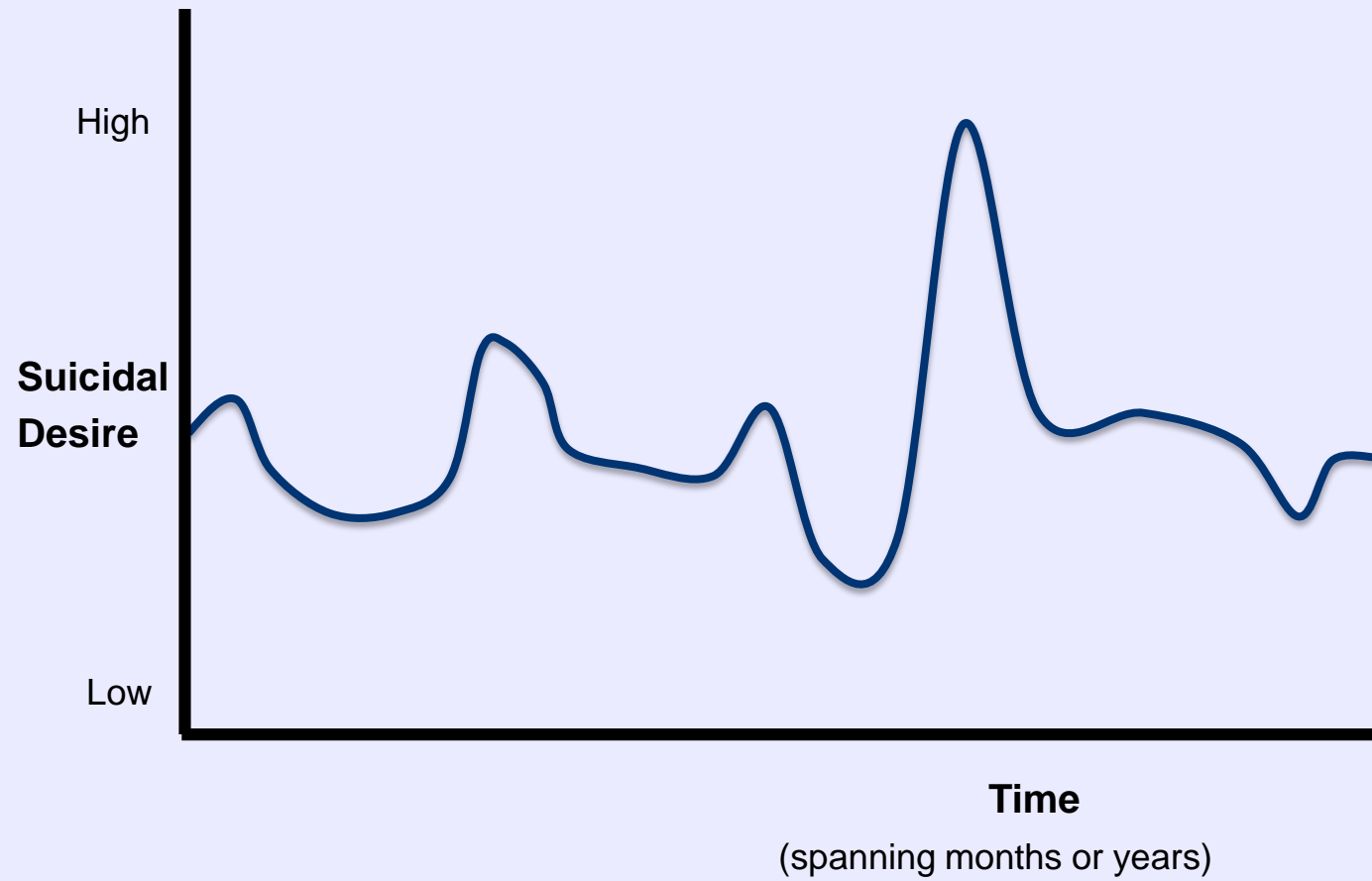
Understanding Trajectories of Suicidal Desire and Suicide Capability

- Helps Explain ... When suicidal crises occur
- Helps Explain... Why means safety/restriction saves lives
- Helps Explain... Why some who attempt re-attempt, but others never again



What Is the Trajectory of Suicidal Desire Over Time?

- Ebb and flow
- Peaks and valleys



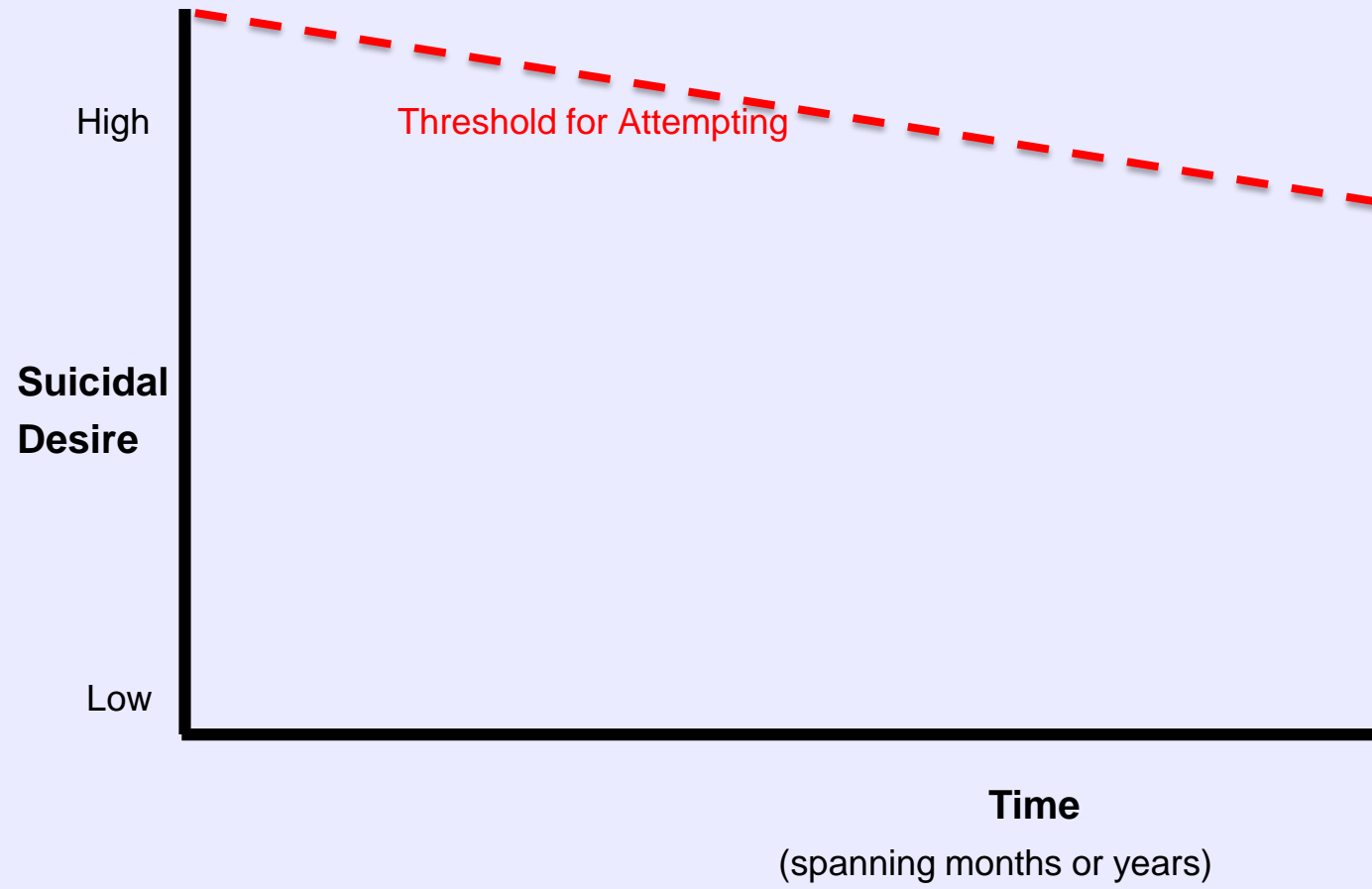


What Is the Trajectory of Suicidal Capability Over Time?

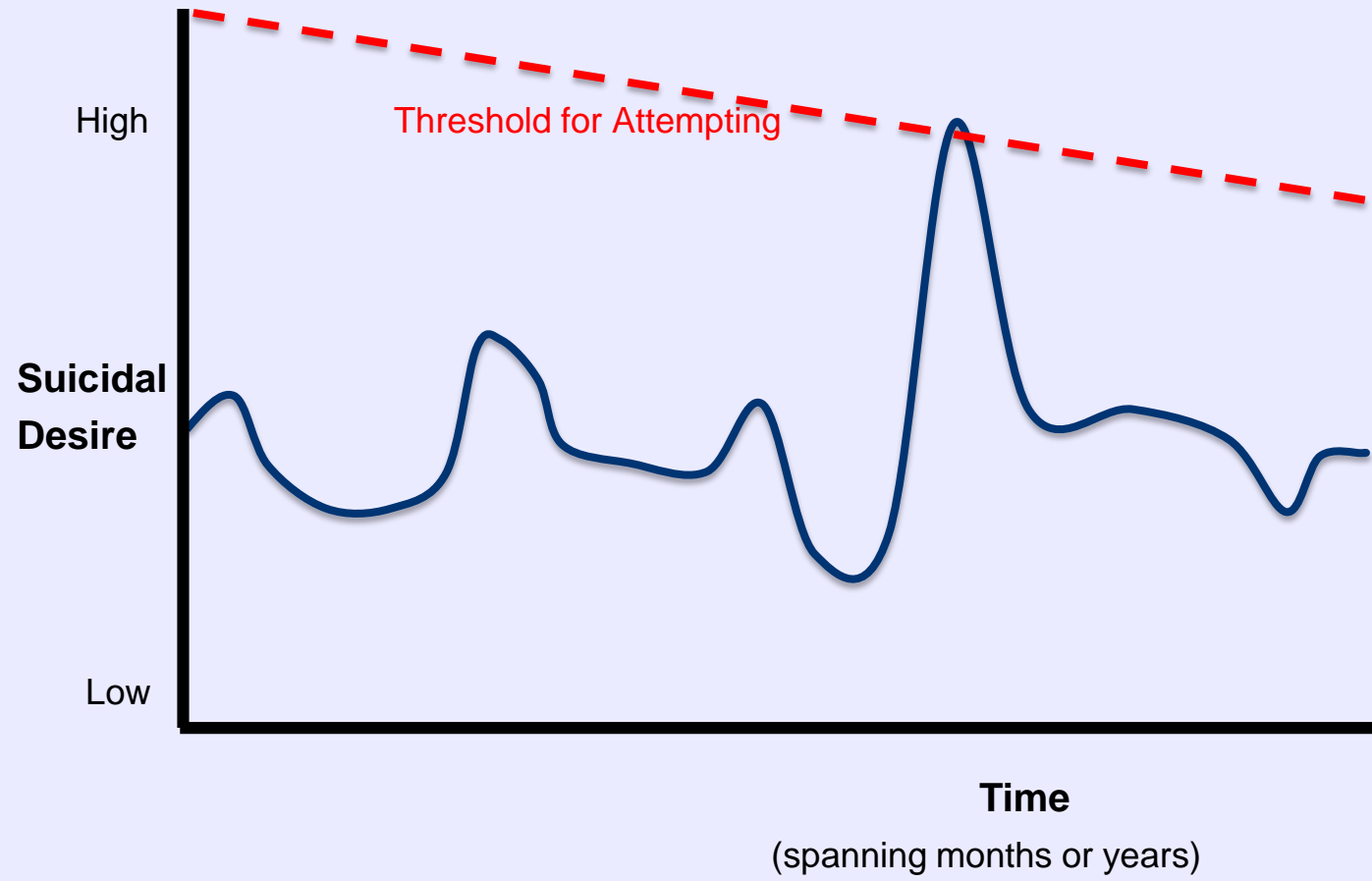
If life is 'painful and provocative' ...

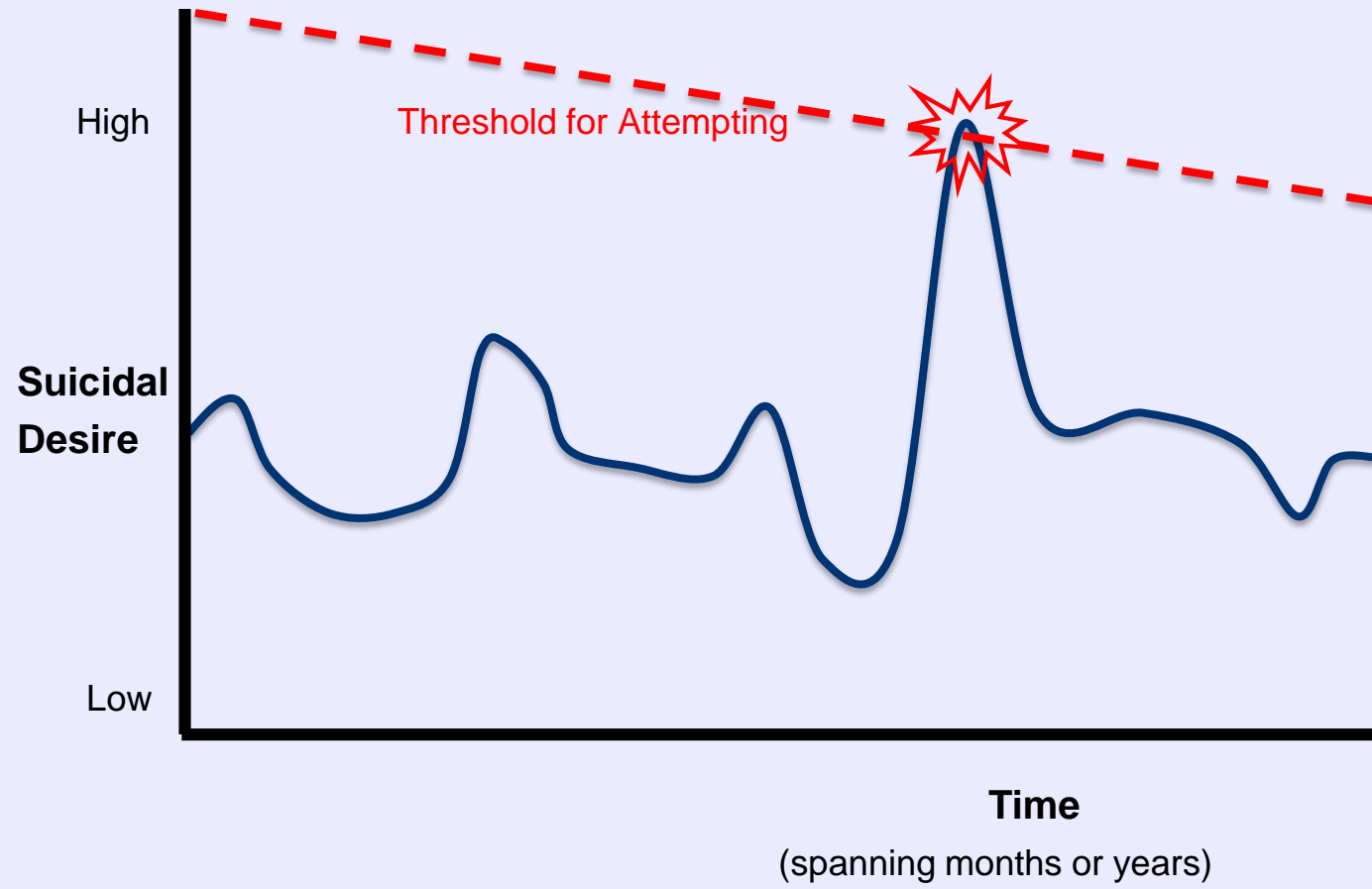
... capability will steadily increase over time, and thus

... the threshold for acting on suicidal desire will decrease

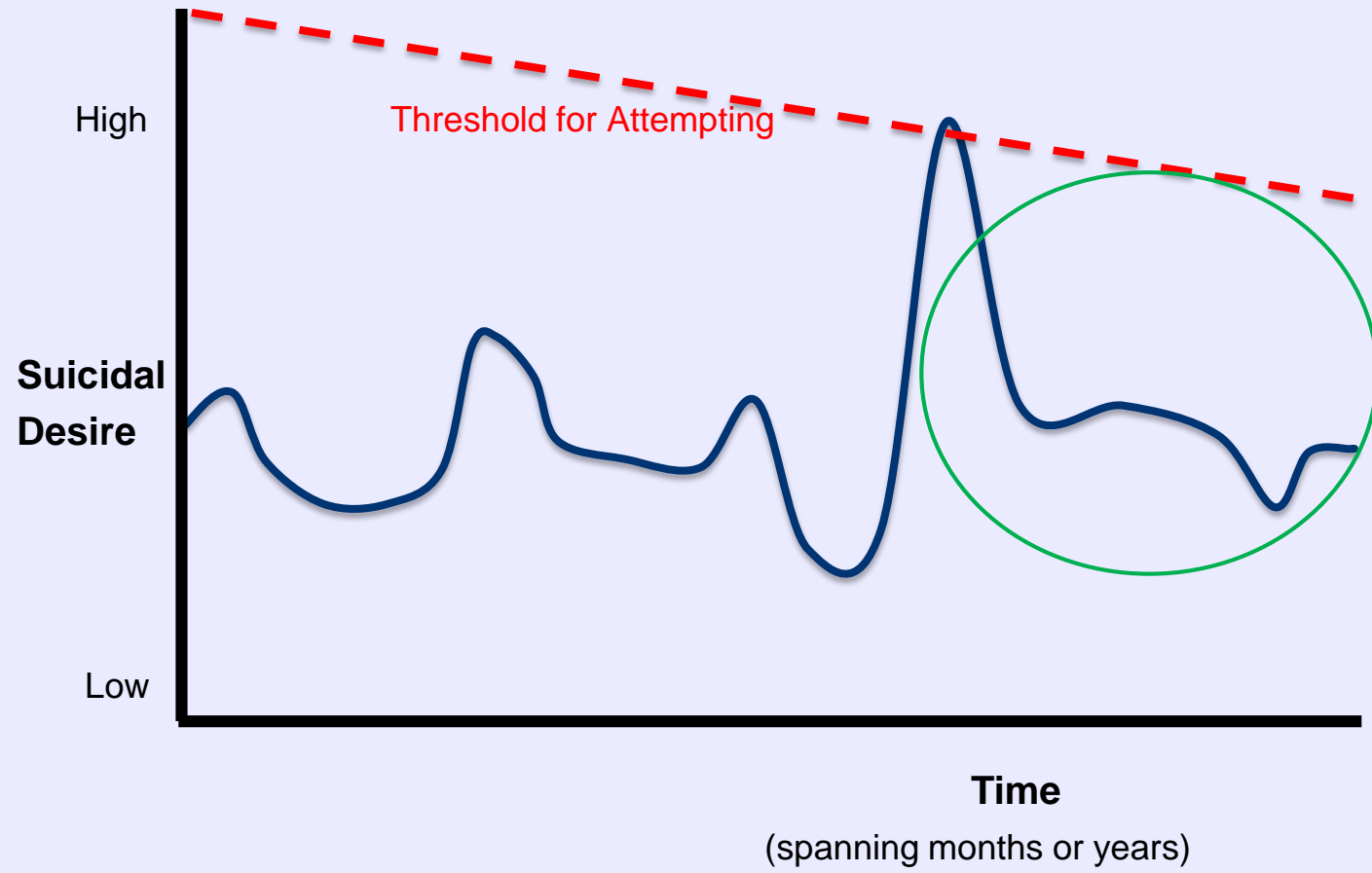


Plot Desire and Capability Together Over Time...

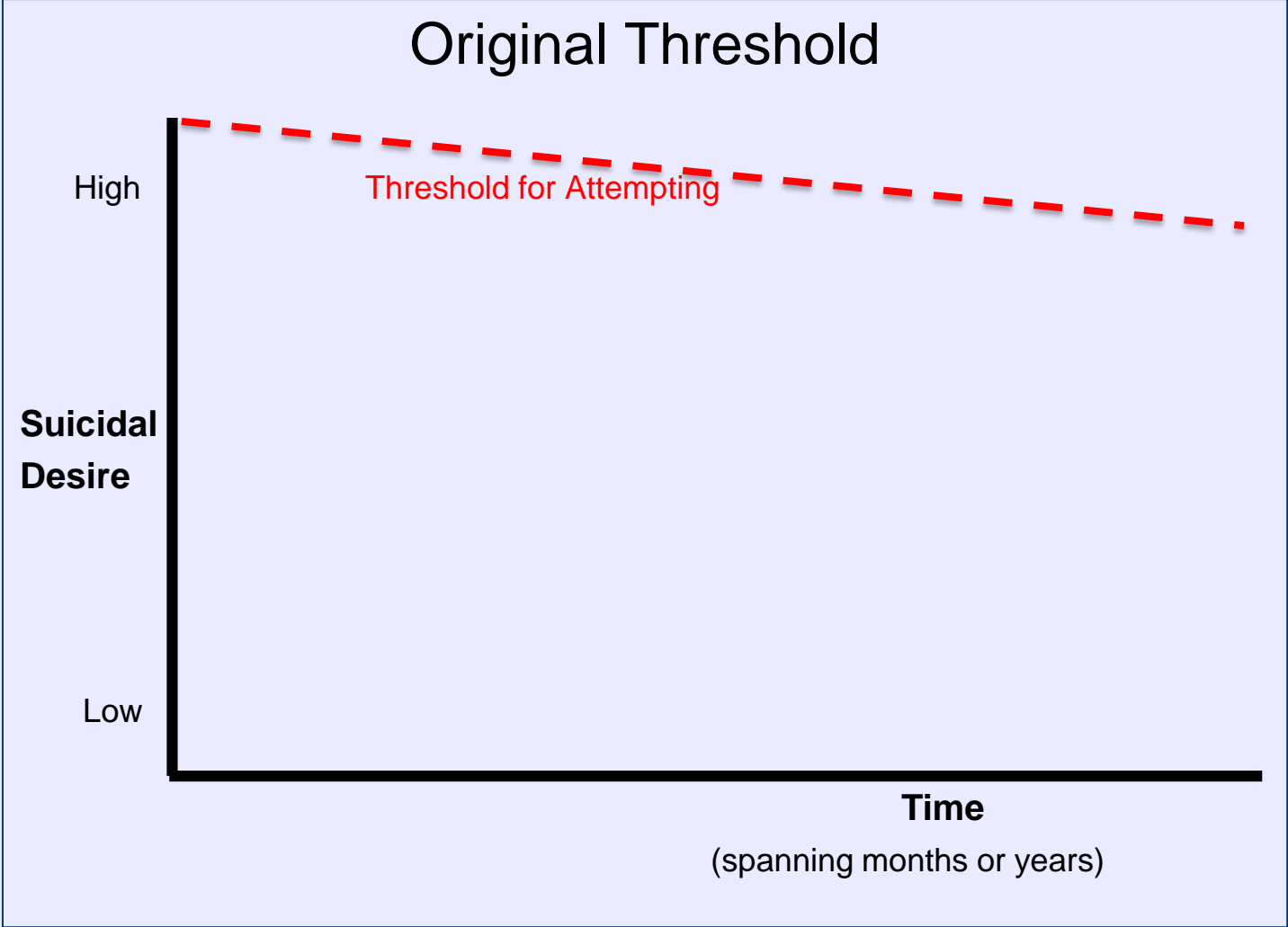




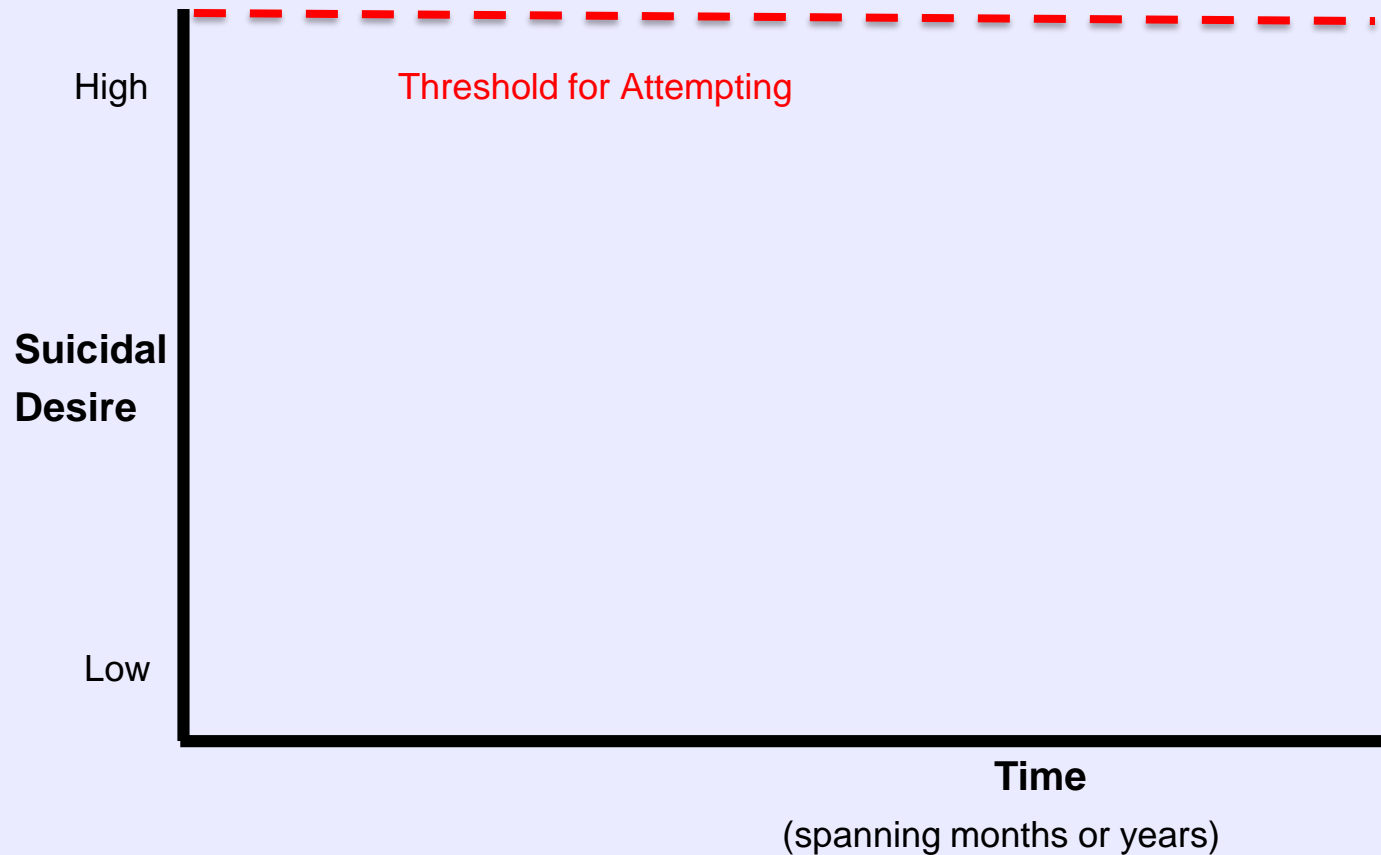
What if person is blocked from making the attempt?



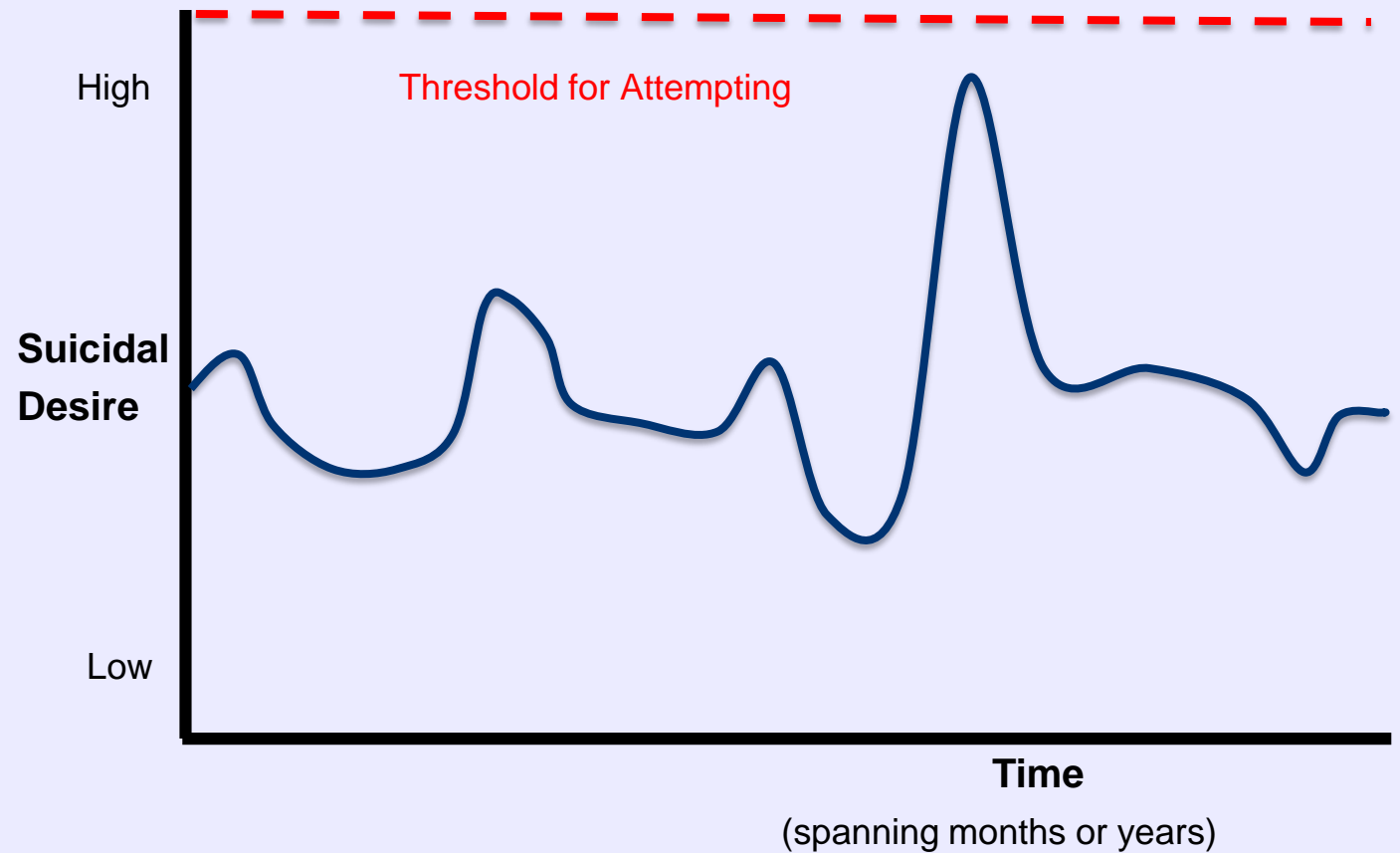
What if person experiences 3 healthy years?



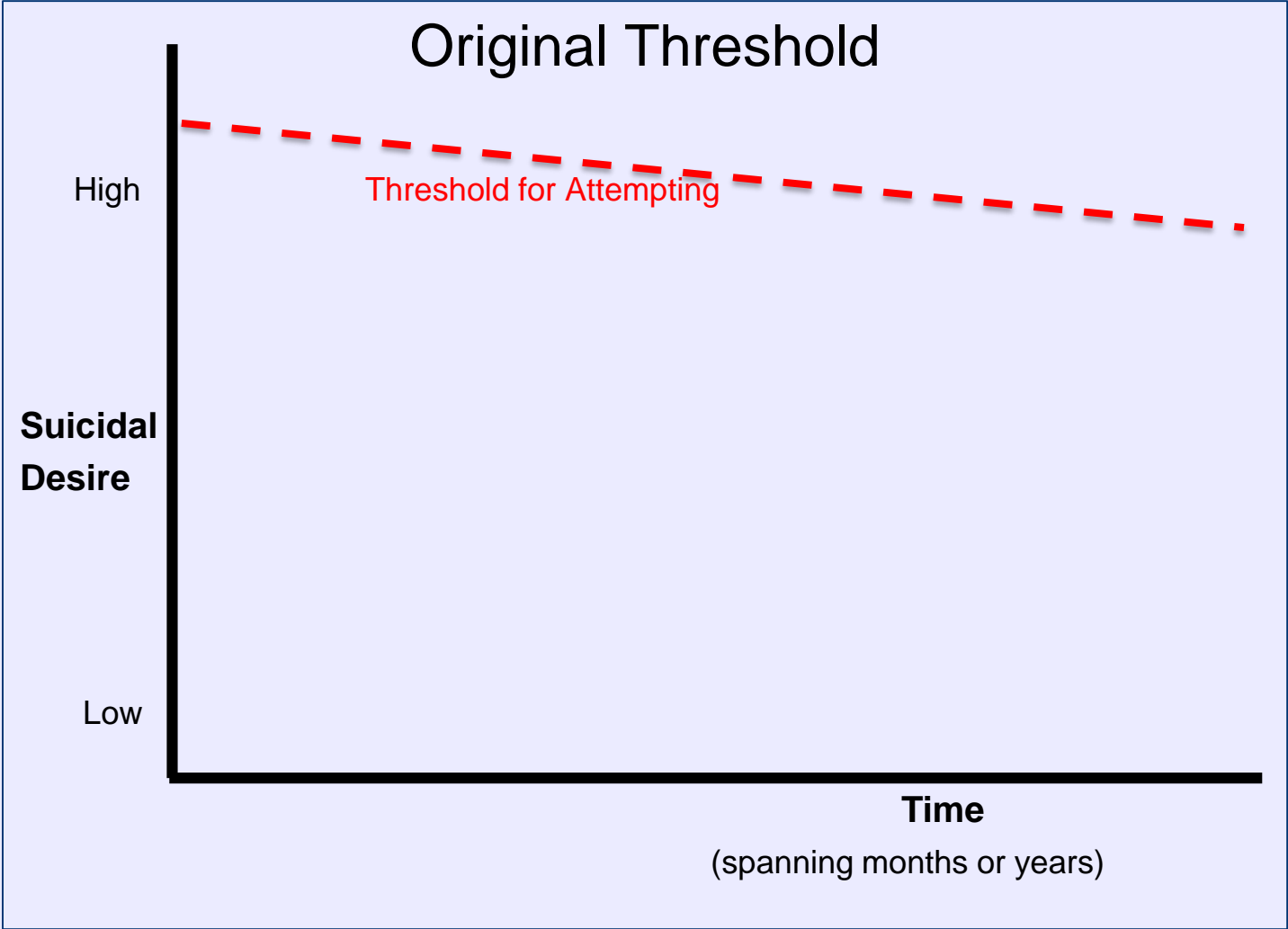
3 Healthy Years Later

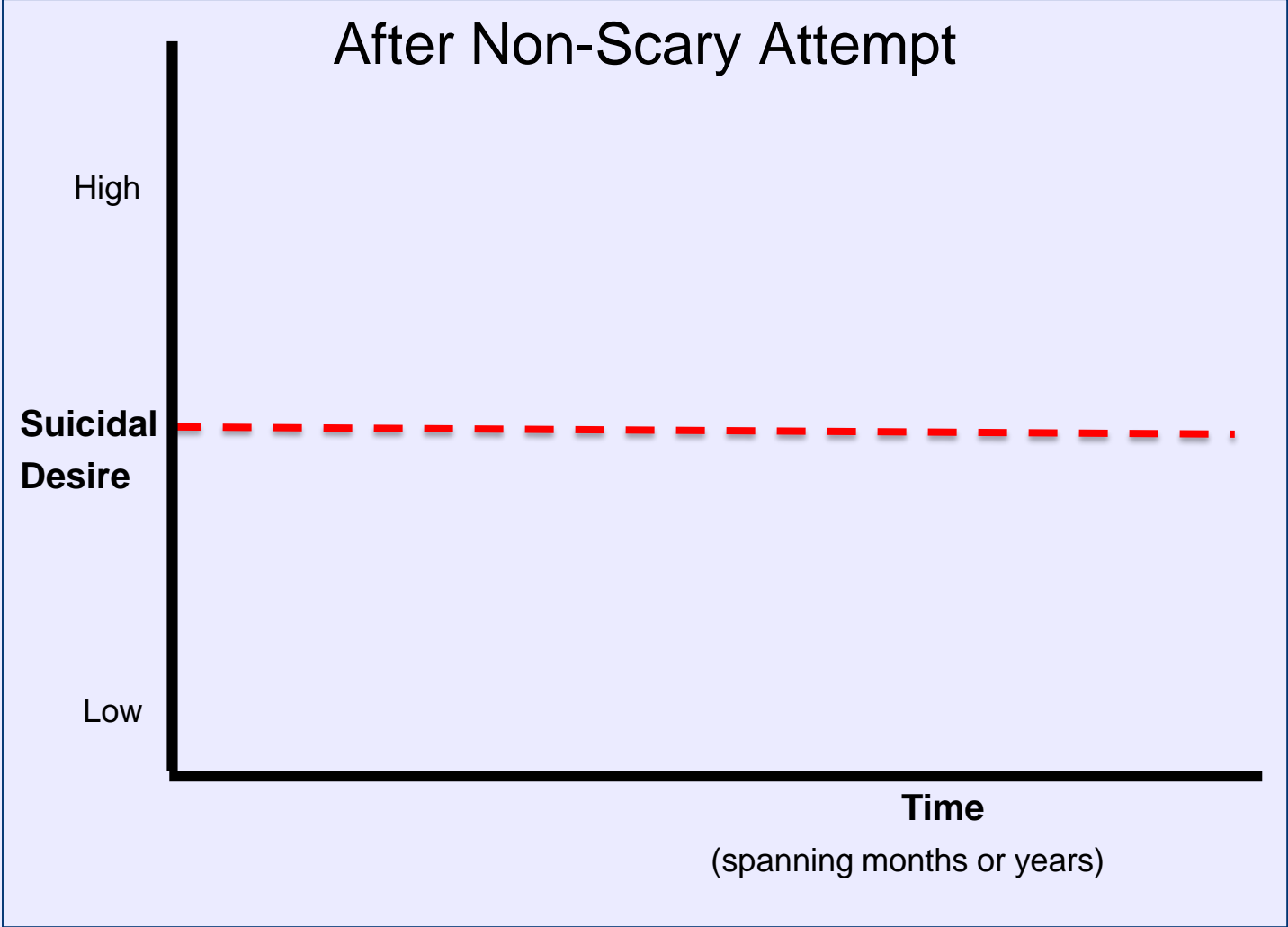


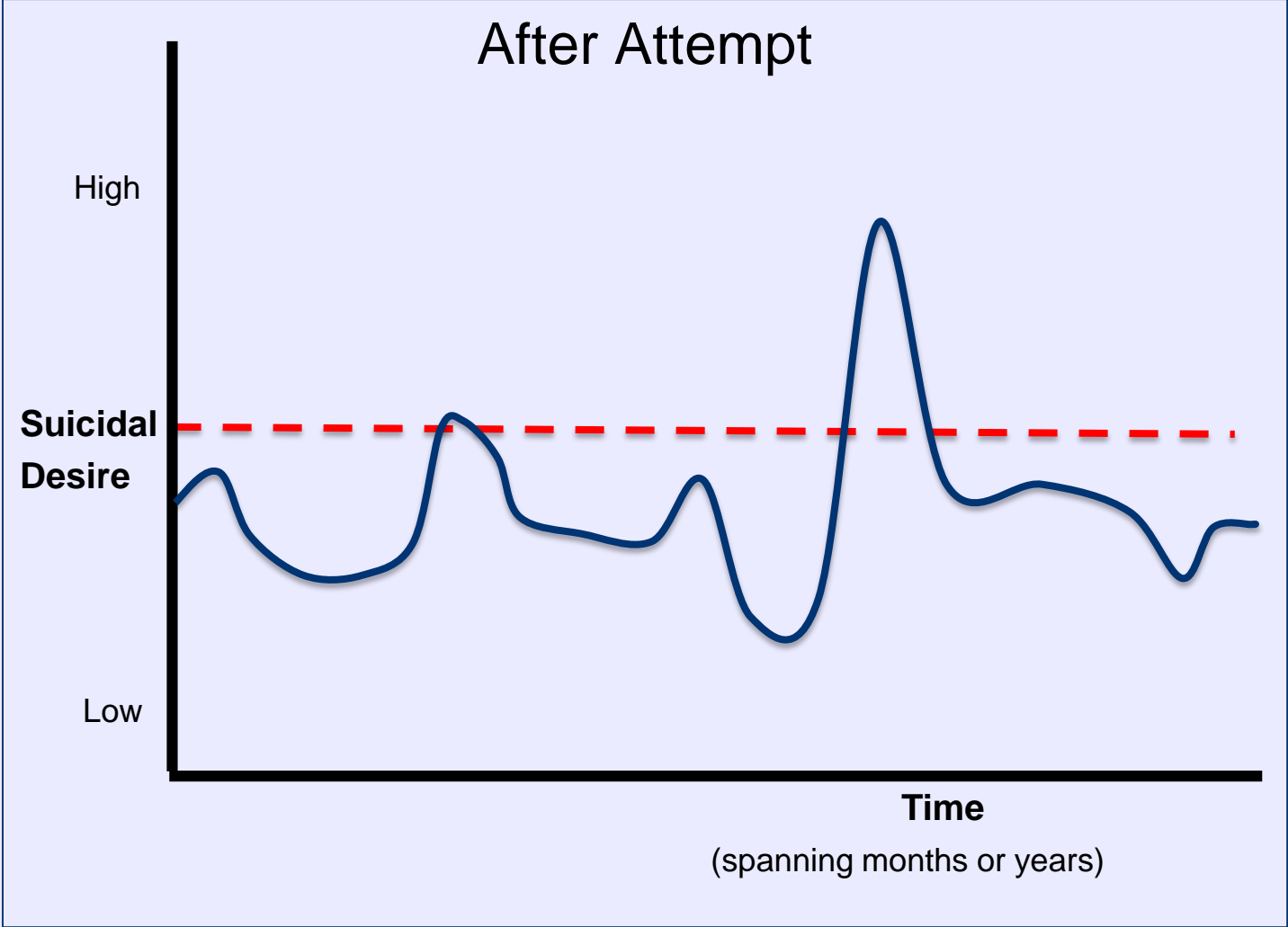
3 Healthy Years Later

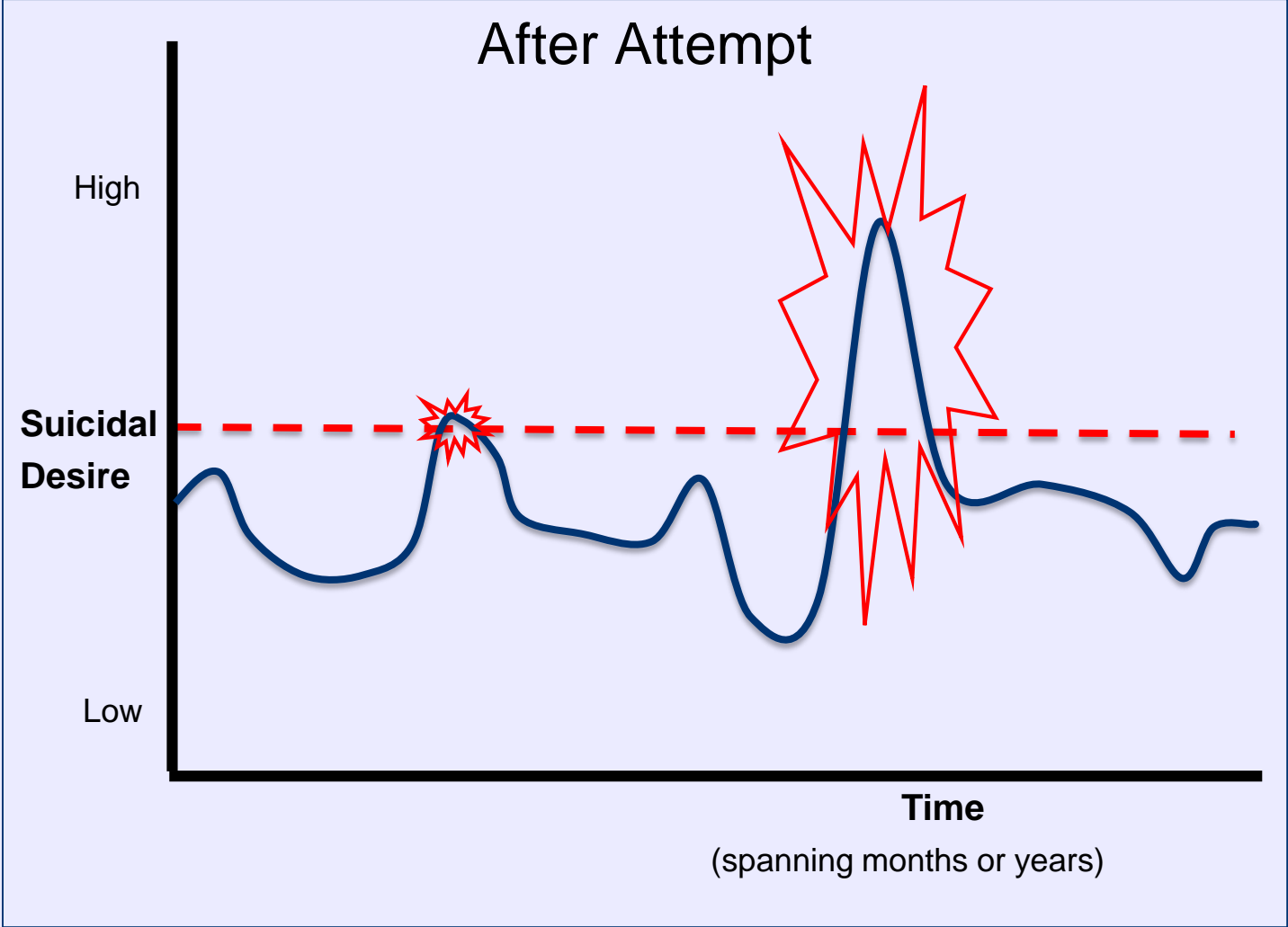


If the suicide attempt was not scary...

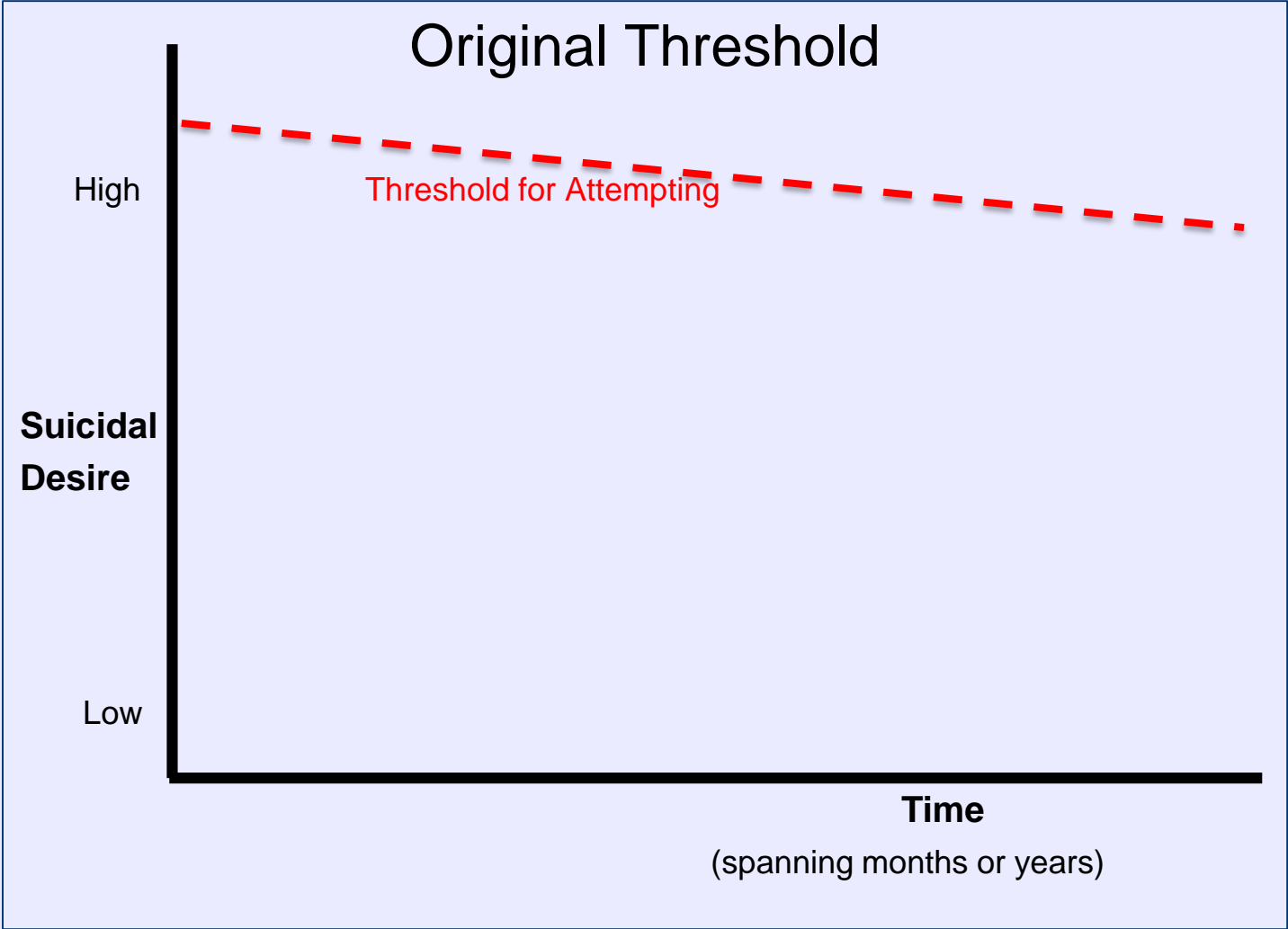


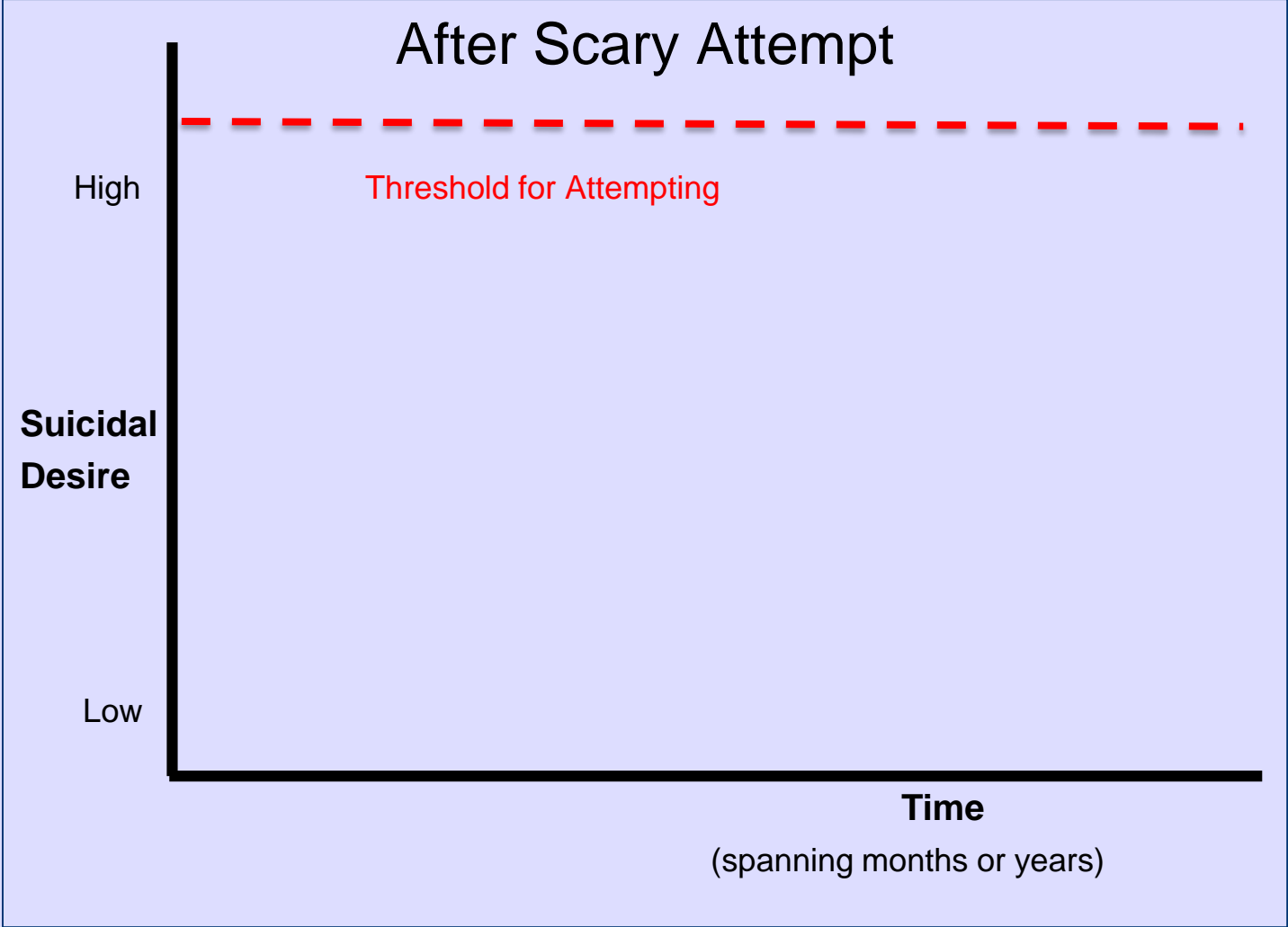


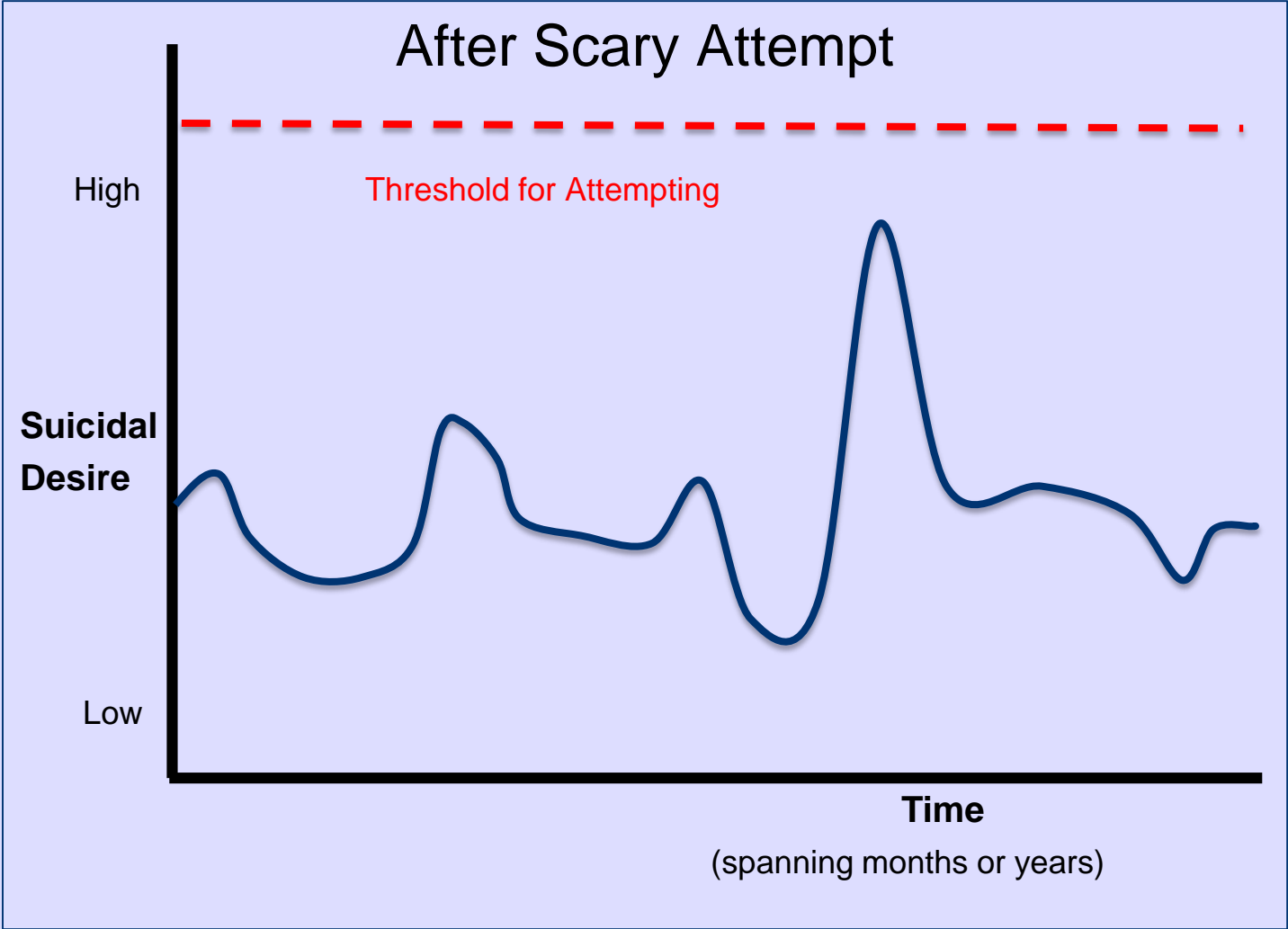




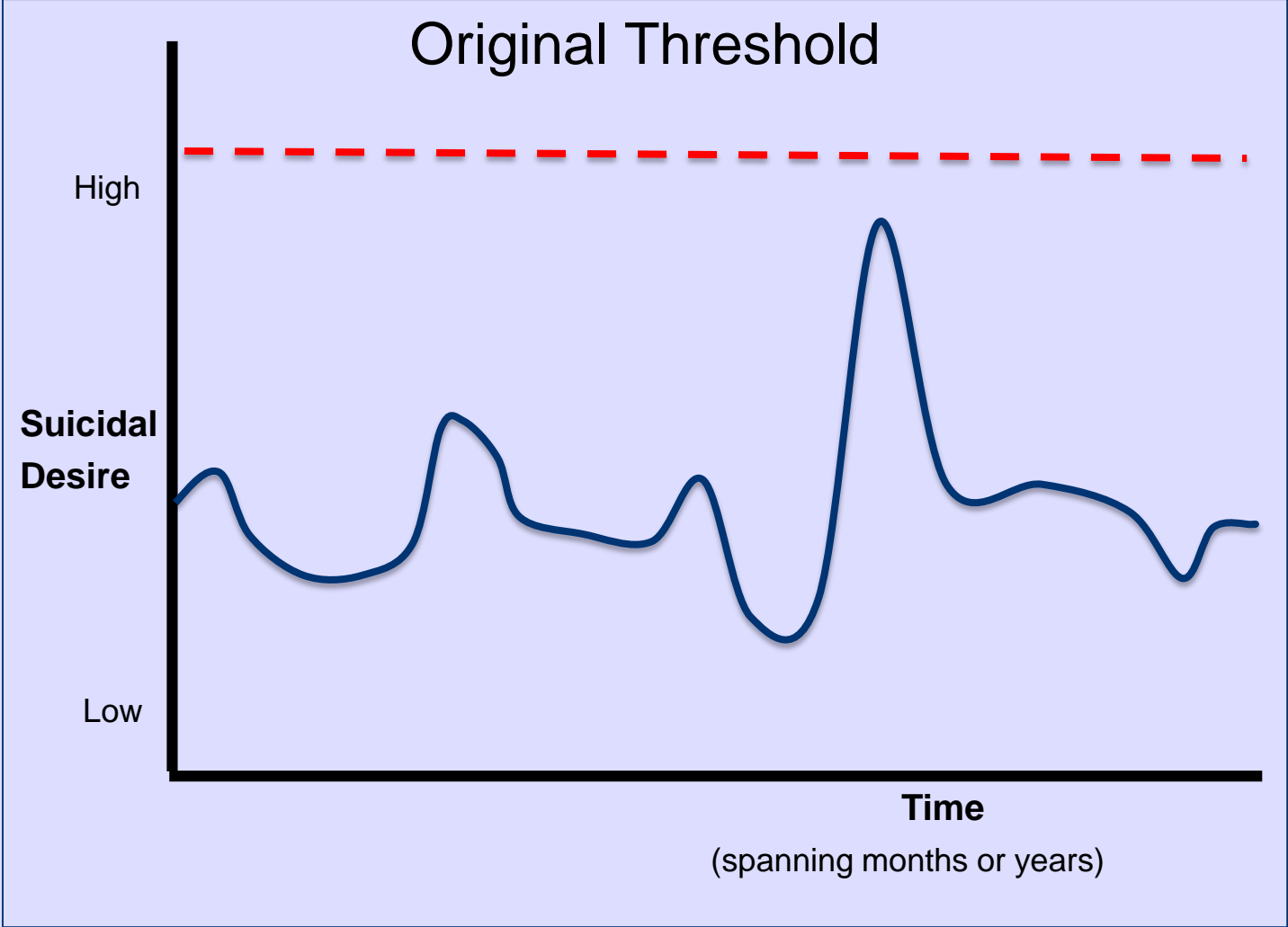
If the suicide attempt was very scary...

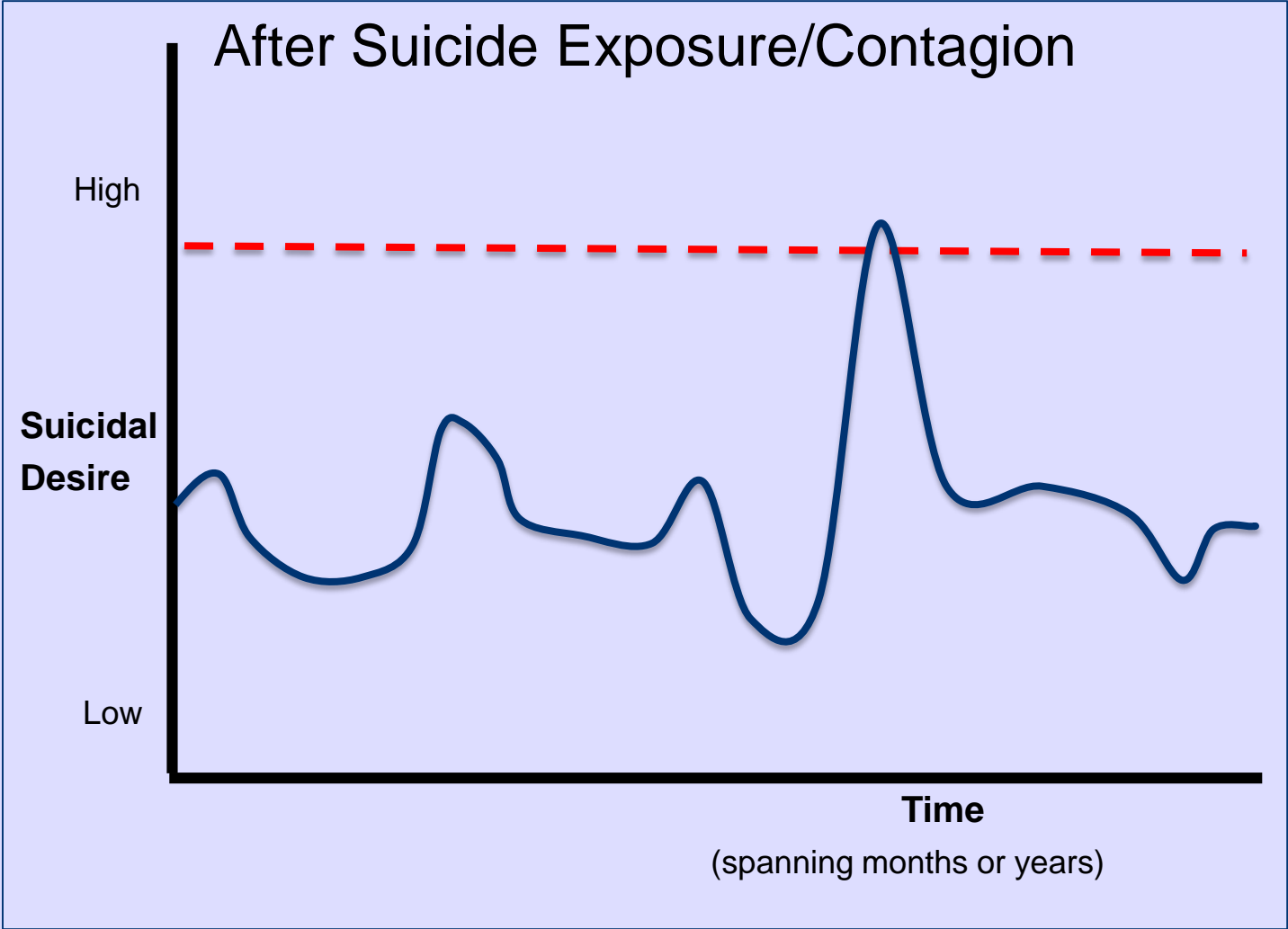


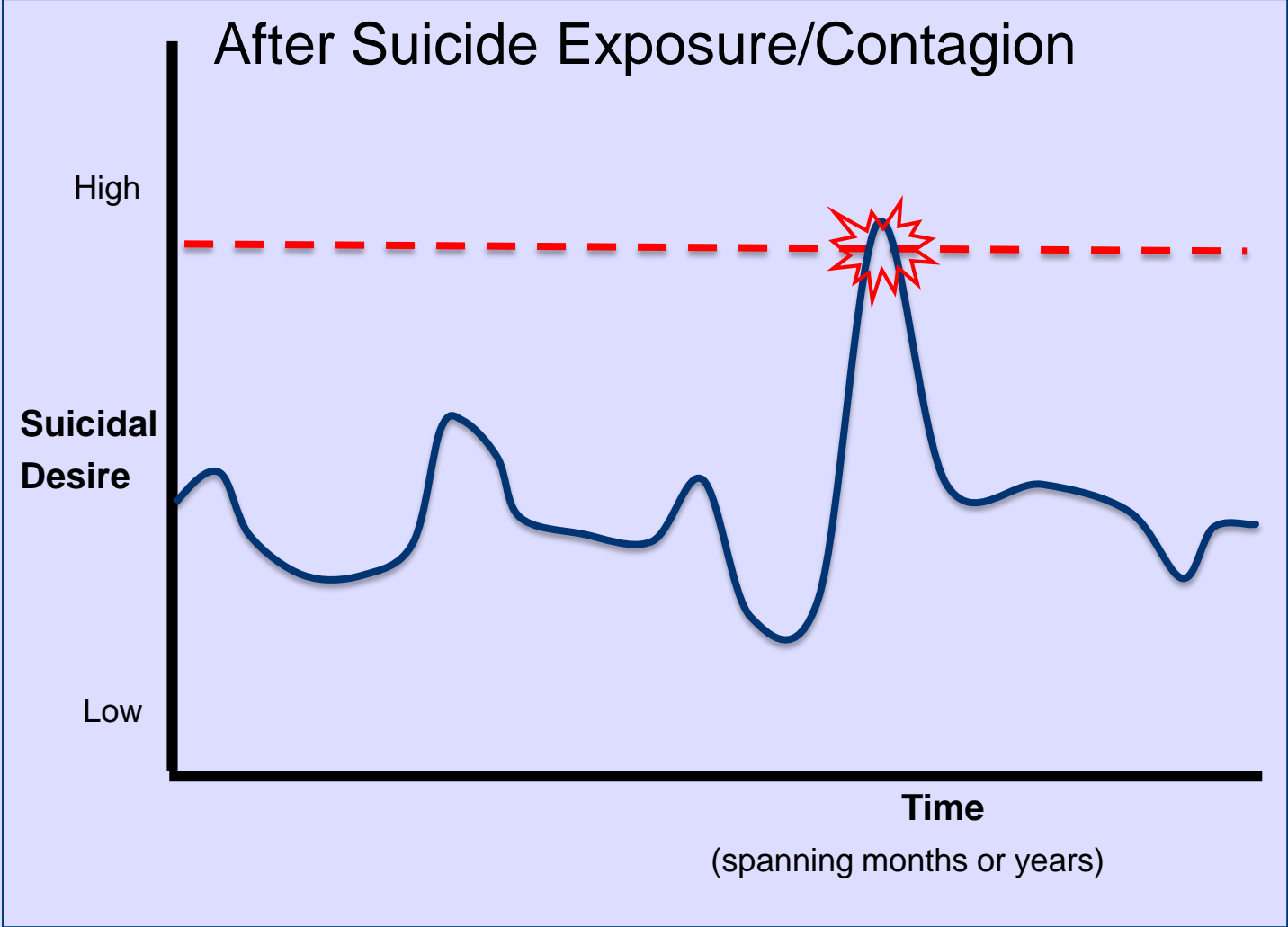




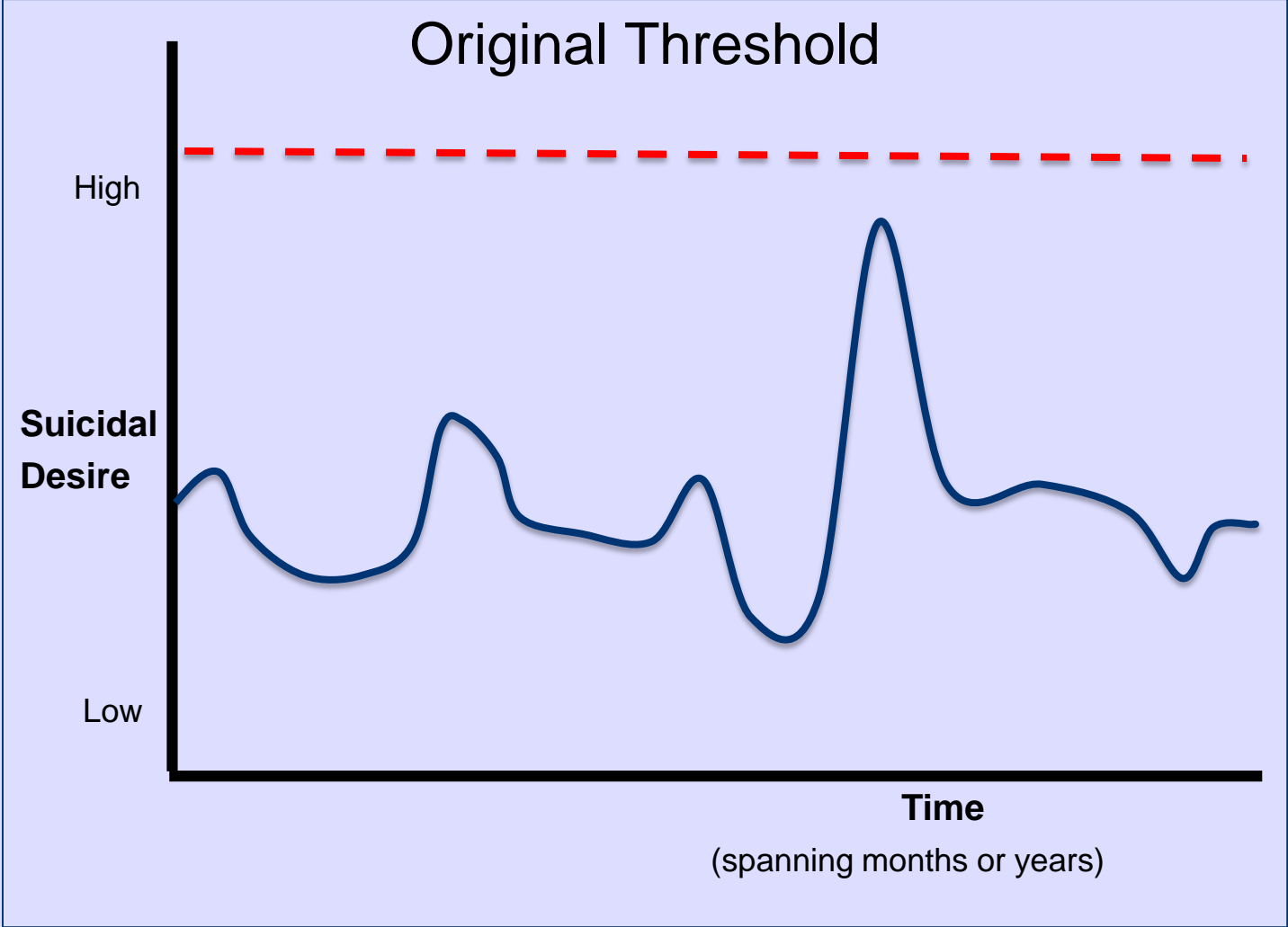
What if an adolescent learns of a peer's suicide ...



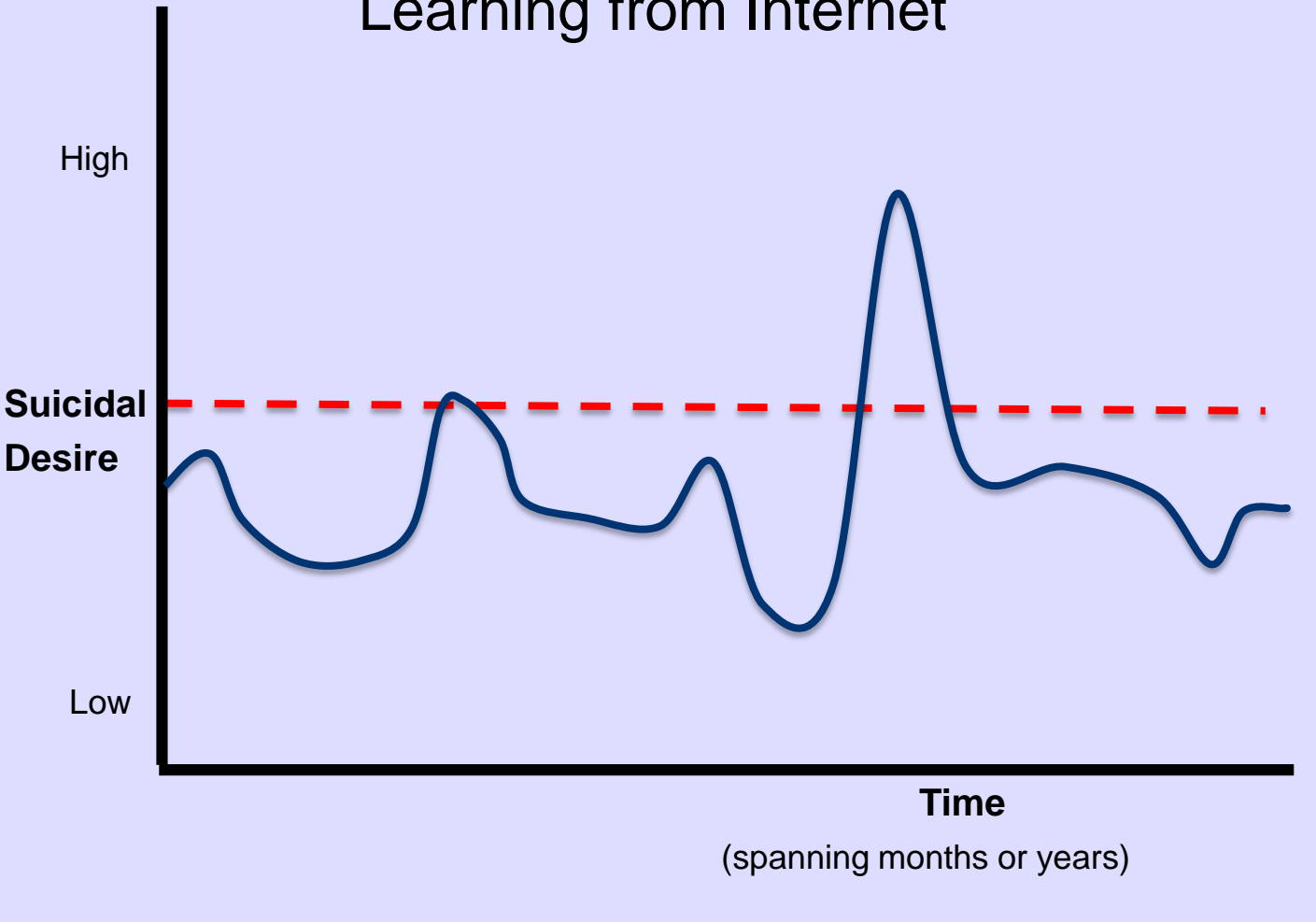




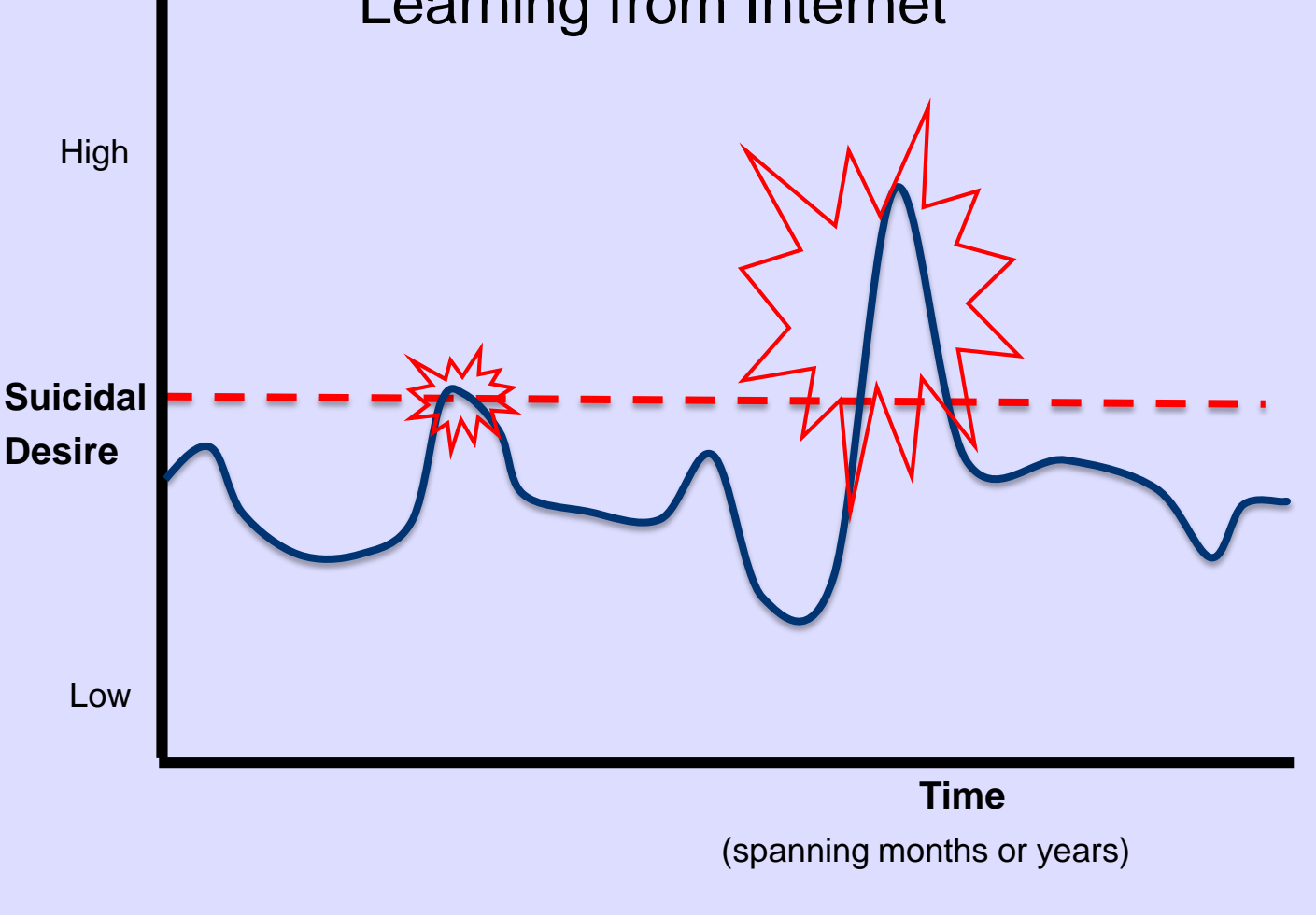
What if an individual googles
that Tylenol can be lethal ...



Learning from Internet



Learning from Internet





Some Conclusions About When Suicidal Crises Occur

1. Blocking attempts saves lives
 - Teach people to recognize and intervene (warning signs)
 - Make crisis resource information readily accessible
 - Means safety/restriction in all forms
2. Applications for Outpatient Treatment:
 - Client education
 - Safety plans that anticipate spikes in desire
 - Pay attention to changes in client capability for suicide



Some Conclusions About When Suicidal Crises Occur

3. Prediction will never be highly accurate
 - Pain and hopelessness ebb and flow
 - Cannot predict when peaks will occur or recede!
 - Improved prevention is eminently possible!



Part 2: Application of Knowledge

- I. Key Details About the Three-Step Theory
- II. When Do Suicidal Crises Occur?
- III. **Application to Practice and Prevention**



Questions for You to Consider

Prevention Targets:

1. ↓ **Pain**
2. ↑ **Hope**
3. ↑ **Connection**
4. ↓ **Capability**

Question 1 (~10 minutes)

How does your current practice address these targets?

Question 2 (~10 minutes)

Within the scope of your current practice, how could you better address these targets?



Part 3: Case Discussion/ General Discussion/Questions

Questions??

Discussion??

THANK YOU!!

