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Advancing Wellness Across the Lifespan

Cultural Considerations in Suicide Assessment and Intervention

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Learning Objectives

1. Participants will understand the scope of the overall problem of suicide and be able to identify important risk/protective factors while considering culture, gender, and individual differences in Alaska Natives/American Indians.

2. Participants will be able to describe effective suicide assessment strategies supported by empirical research.

3. Participants will be able to demonstrate how to use and implement a suicide safety plan.

4. Participants will be able to discuss cultural, gender, and other individual differences in suicide risk and apply this knowledge to effective suicide assessment skills.

Workshop Covers

- Definitions and Rates
- Screening
- Assessing Risk/Protective Factors
- Risk Formulation: Case Examples
- Safety Planning

Workshop Covers

- **Definitions and Rates**
- Screening
- Assessing Risk/Protective Factors
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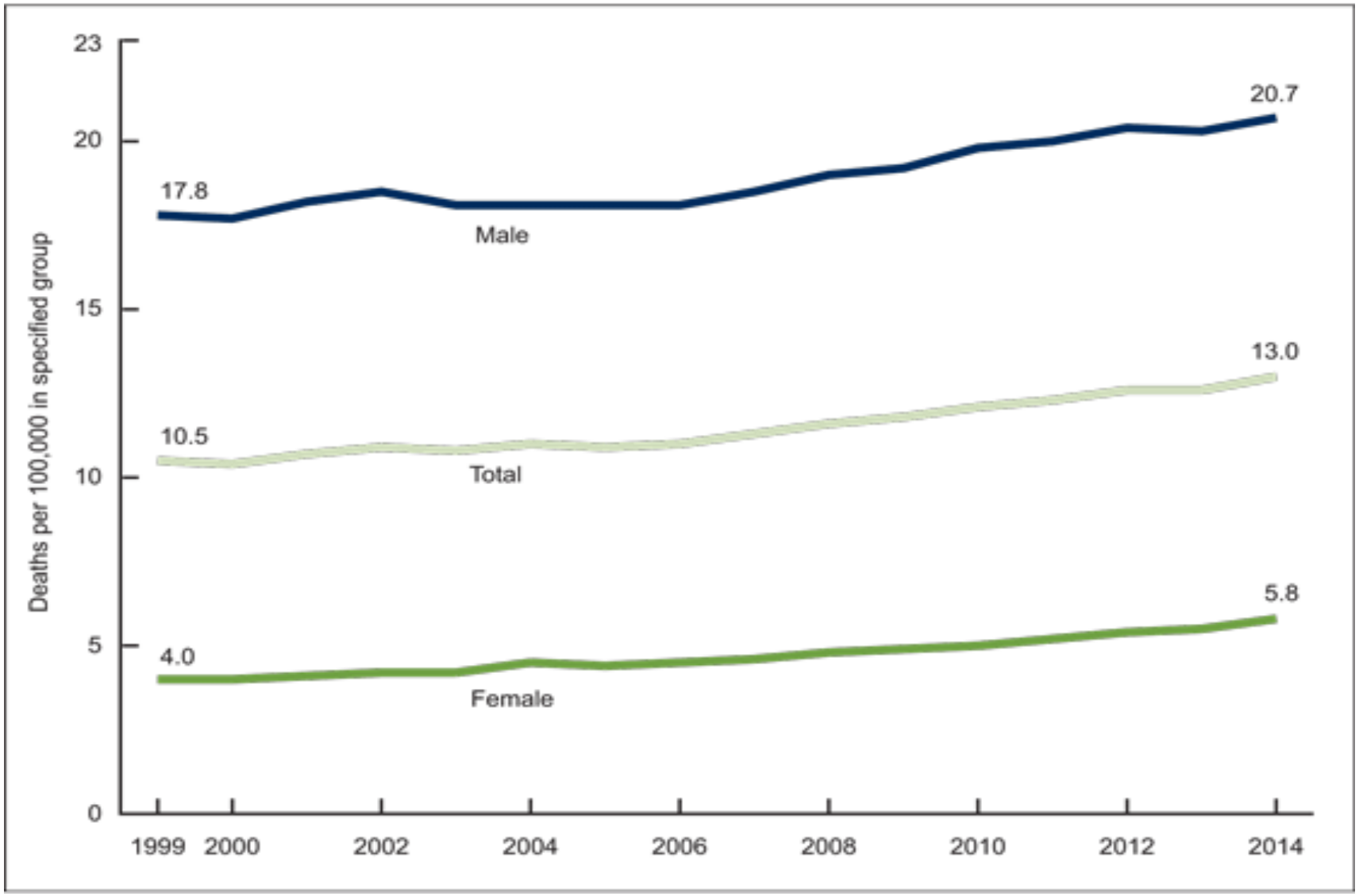
Definitions

- **Non-suicidal Self-Injury or Deliberate Self-Harm**:
  - Intentional self-harm with NO intent to die
  - E.g., skin-cutting, burning
- **Suicidal Ideation:**
  - Thoughts about killing yourself
- **Suicide Attempt:**
  - Intentional self-harm WITH intent to die
  - E.g., taking pills, hanging
- **Death by Suicide:**
  - *Fatal* intentional self-harm WITH intent to die

Scope of the Problem

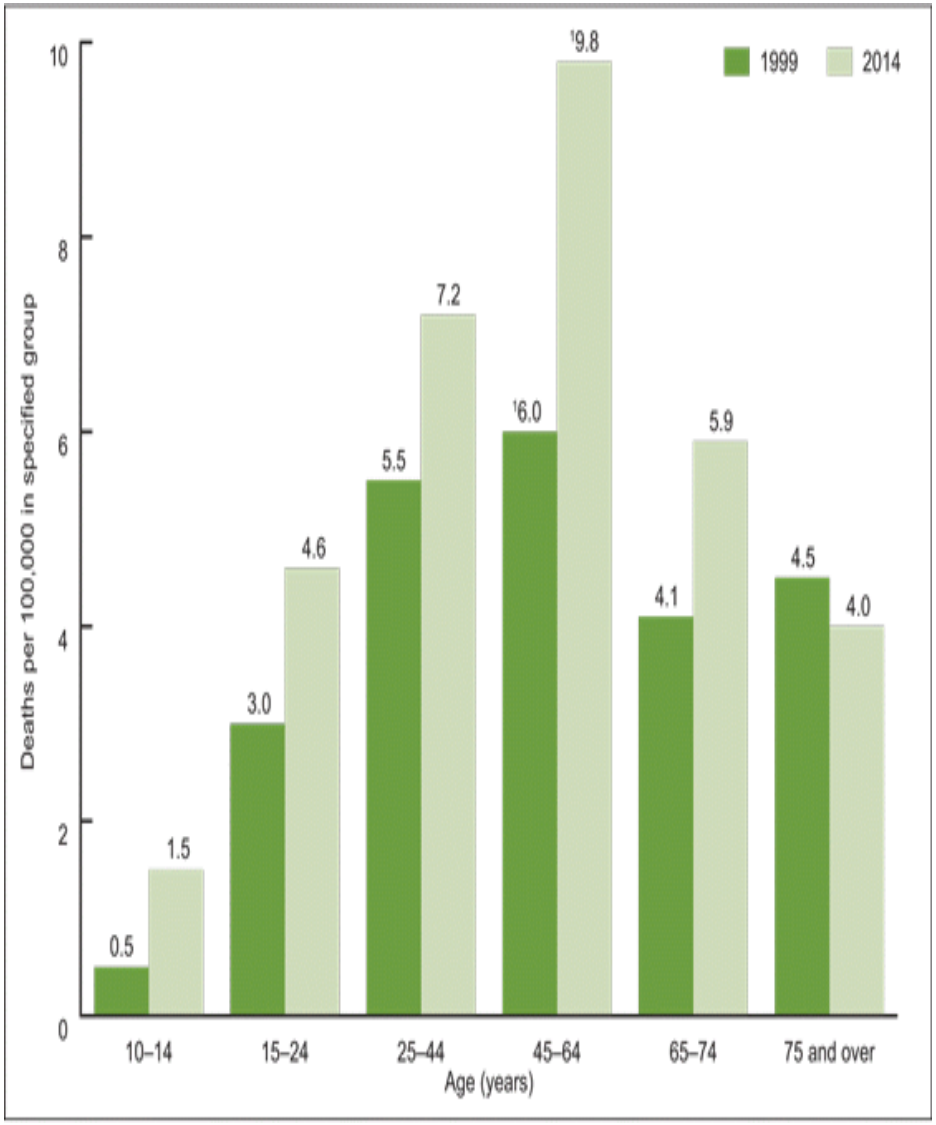
- 10th leading cause of death in US
- Each day ~ 123 people die by suicide
- 1,000,000 attempt suicide each year
- 25 attempts per suicide death

Age Adjusted Suicide Rates by Sex

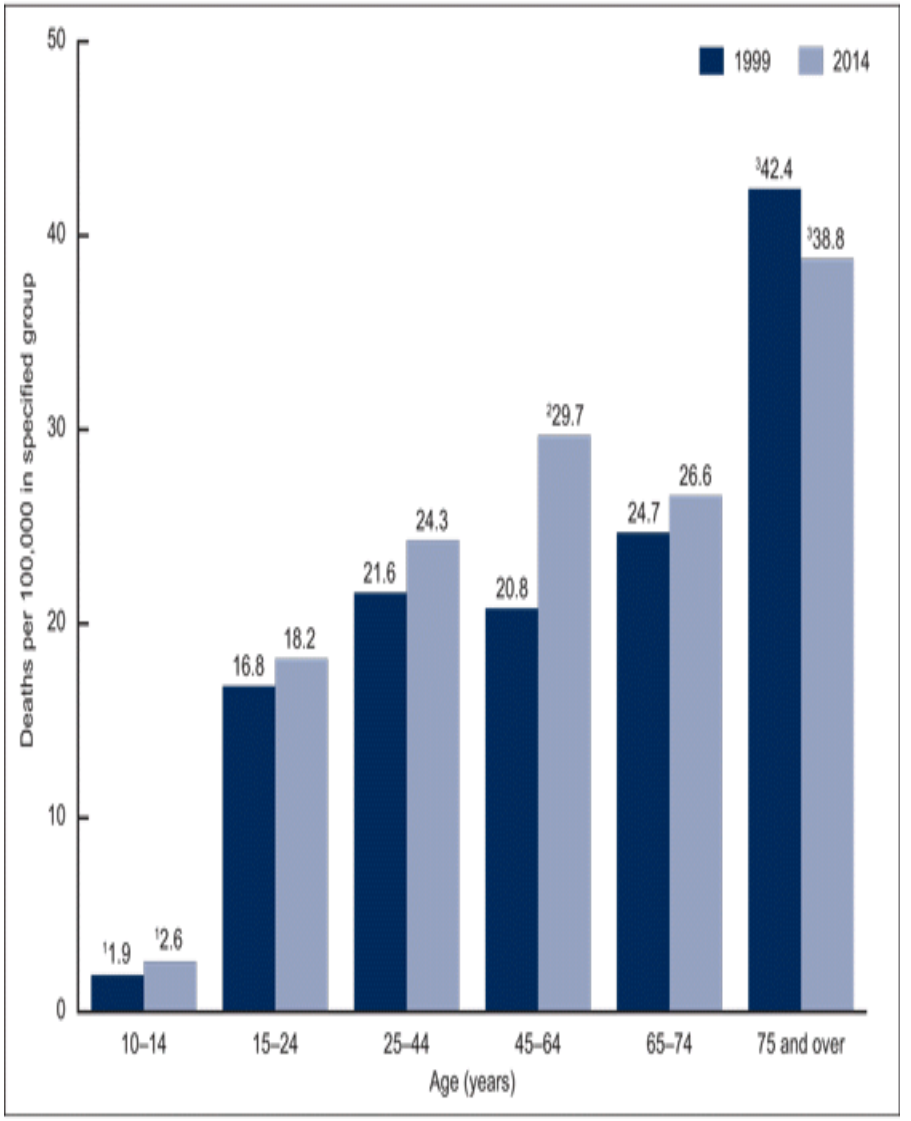


U.S. Suicide Rates

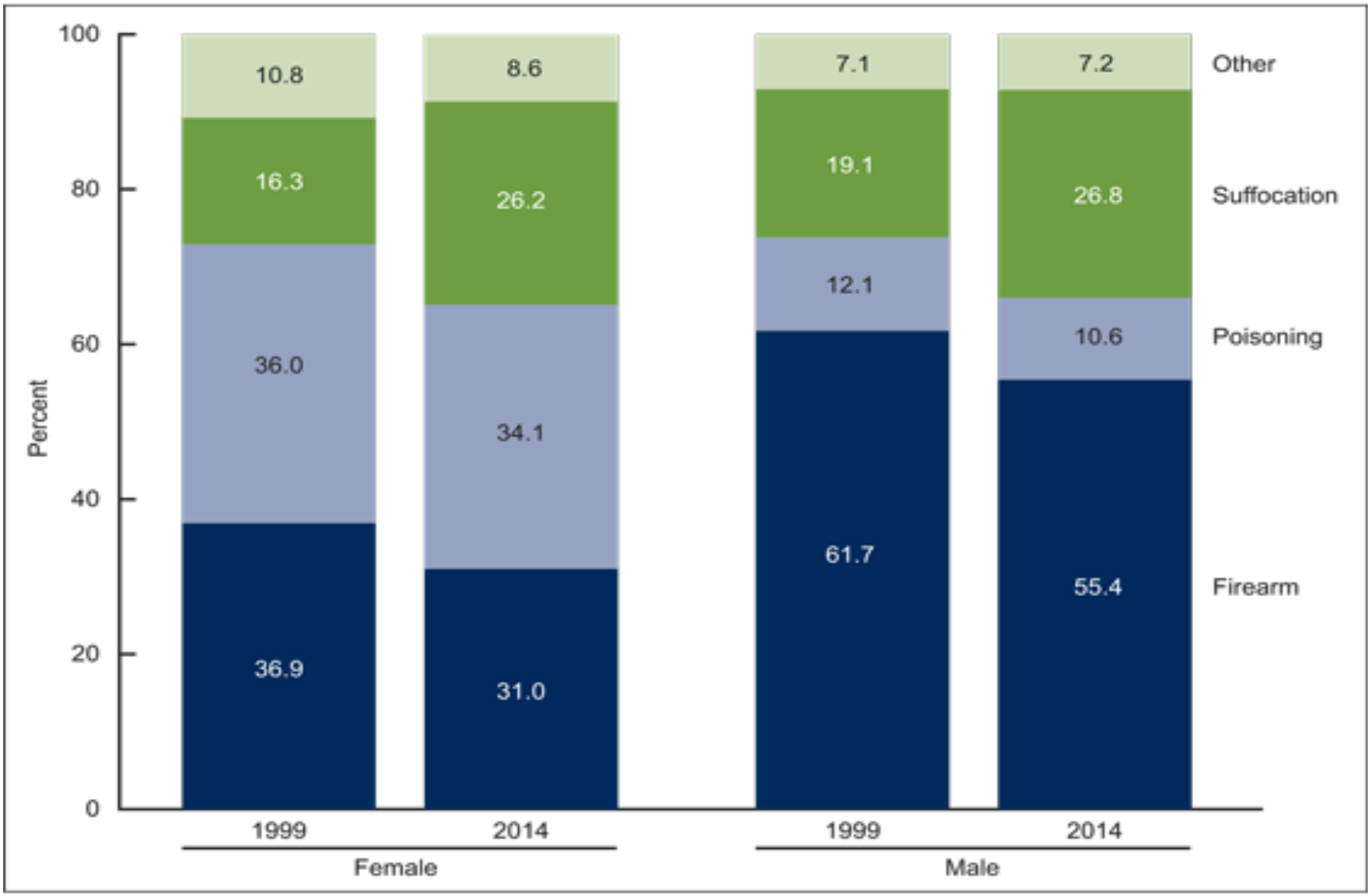
U.S. Suicide Rates for Females, by Age, 1999-2014



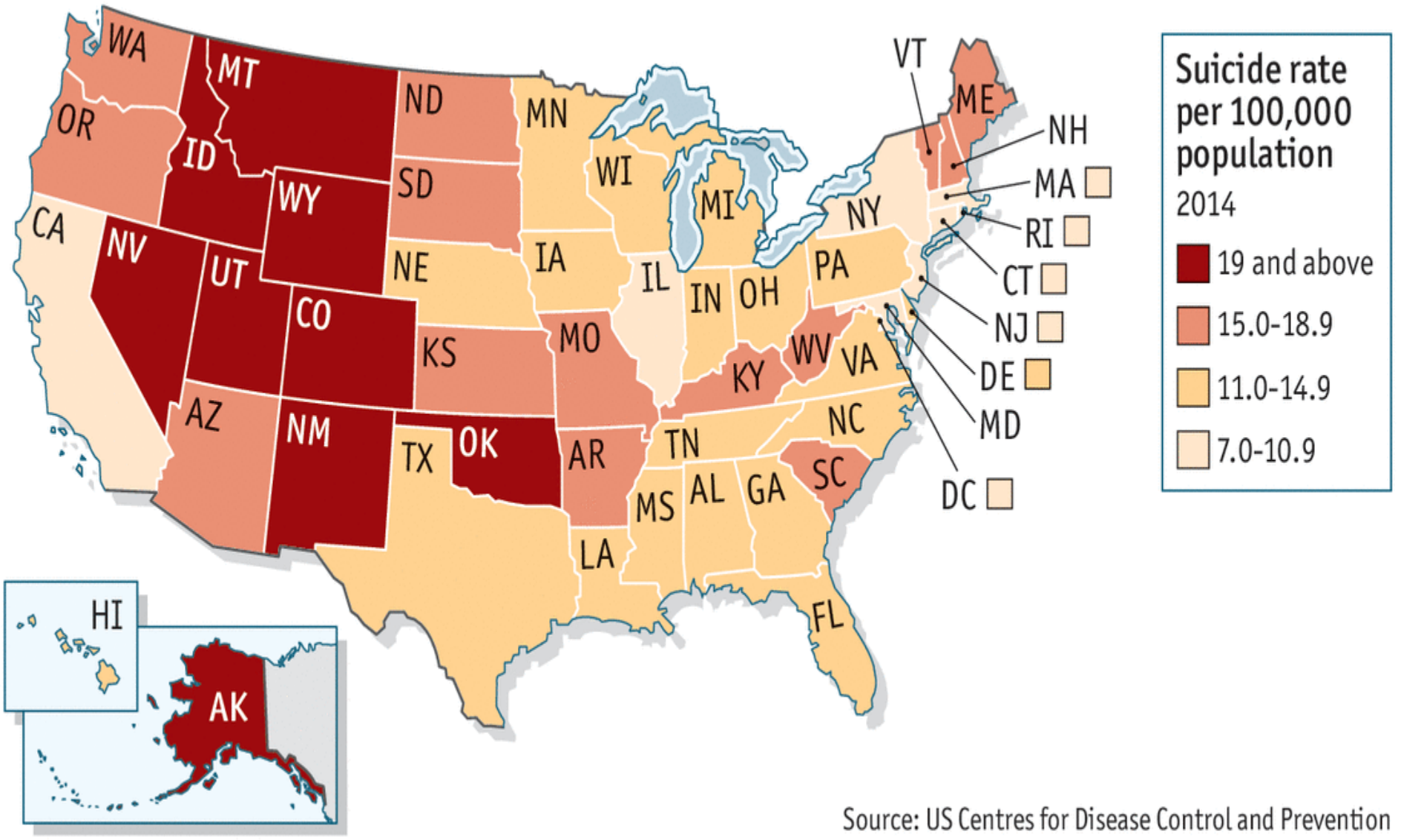
U.S. Suicide Rates for Males, by Age, 1999-2014



Suicide Rates by Method & Sex



States of Despair



Source: US Centres for Disease Control and Prevention

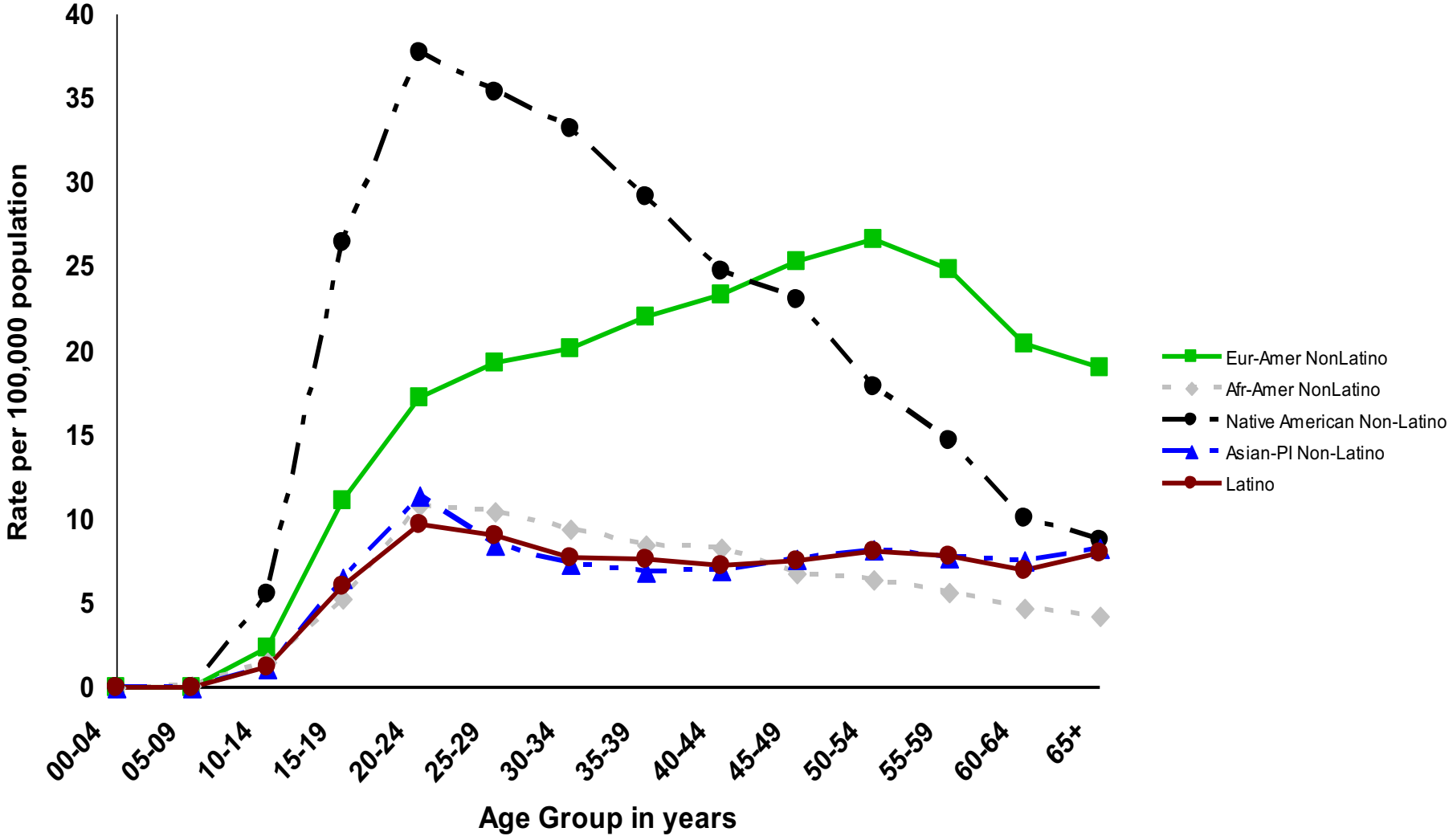
Scope of the Problem: Alaska

- Highest rate of all states
- Rate: 26.0/100,000 (double U.S.)
- 1999 to 2014: 24% increase overall
- 2nd leading cause of death: 10-24
- AI/AN persons (15-24): 27.22/100,000

Leading Causes of Death by Ethnicity: United States, 2016

Rank	White	Black	American Indian/AN	Asian	Latino
1	Heart Disease	Heart Disease	Heart Disease	Malignant Neoplasms	Malignant Neoplasms
2	Malignant Neoplasms	Malignant Neoplasms	Malignant Neoplasms	Heart Disease	Heart Disease
3	Chronic Low Respiratory	Cerebrovascular	Unintentional Injuries	Cerebrovascular	Unintentional Injuries
4	Unintentional Injuries	Unintentional Injuries	Diabetes Mellitus	Unintentional Injuries	Cerebrovascular
5	Cerebrovascular	Diabetes Mellitus	Liver Disease	Diabetes Mellitus	Diabetes Mellitus
6	Alzheimer's Disease	Chronic Low Respiratory	Chronic Low Respiratory	Alzheimer's Disease	Alzheimer's Disease
7	Diabetes Mellitus	Homicide	Cerebrovascular	Influenza and pneumonia	Liver Disease
8	Influenza and pneumonia	Nephritis	Suicide	Chronic Low Respiratory	Chronic Low Respiratory
9	Suicide	Alzheimer's Disease	Alzheimer's Disease	Suicide	Nephritis #10 Suicide

Suicide rates by ethnicity and age group: United States, 2012-2016



Workshop Covers

- Definitions and Rates
- **Screening**
- Assessing Risk/Protective Factors
- Risk Formulation: Case Examples
- Safety Planning

When to Screen?

- I**ntake-history** of suicidal ideation or behavior
- **New report** of ideation/behavior
- **Increase** in ideation/behavior
- **Threat** of suicide
- **Change** in behavior
- **Recent** suicide attempt

Screening Instruments

- Columbia Suicide Severity Rating Scale
- Beck Scale for Suicide Ideation
- Suicidal Behaviors Questionnaire - Revised
- Suicide Status Form
- Suicide Assessment Five-Step Evaluation & Triage

Asking Directly

Thoughts

- Do you ever had thoughts
  - That you would be better off dead?
  - Of killing yourself?
  - About how you would kill yourself?

Behaviors

- In your lifetime, have you ever
  - Attempted to kill yourself …

    (where you had some intent to die)?

Specific Suicide Inquiry

- **Thoughts of killing yourself/method**
  - Frequency, duration, and intensity
- **Planning**
  - Thoughts about specifics of the plan
    - Method details
    - Specifics of plan: location and time
- **Behaviors**
    - Past/aborted attempts
    - Rehearsals
    - Preparation for (affairs) after death
- **Intent**
    - Extent pt. will carry out plan; lethality

Workshop Covers

- Definitions and Rates
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- **Assessing Risk/Protective Factors**
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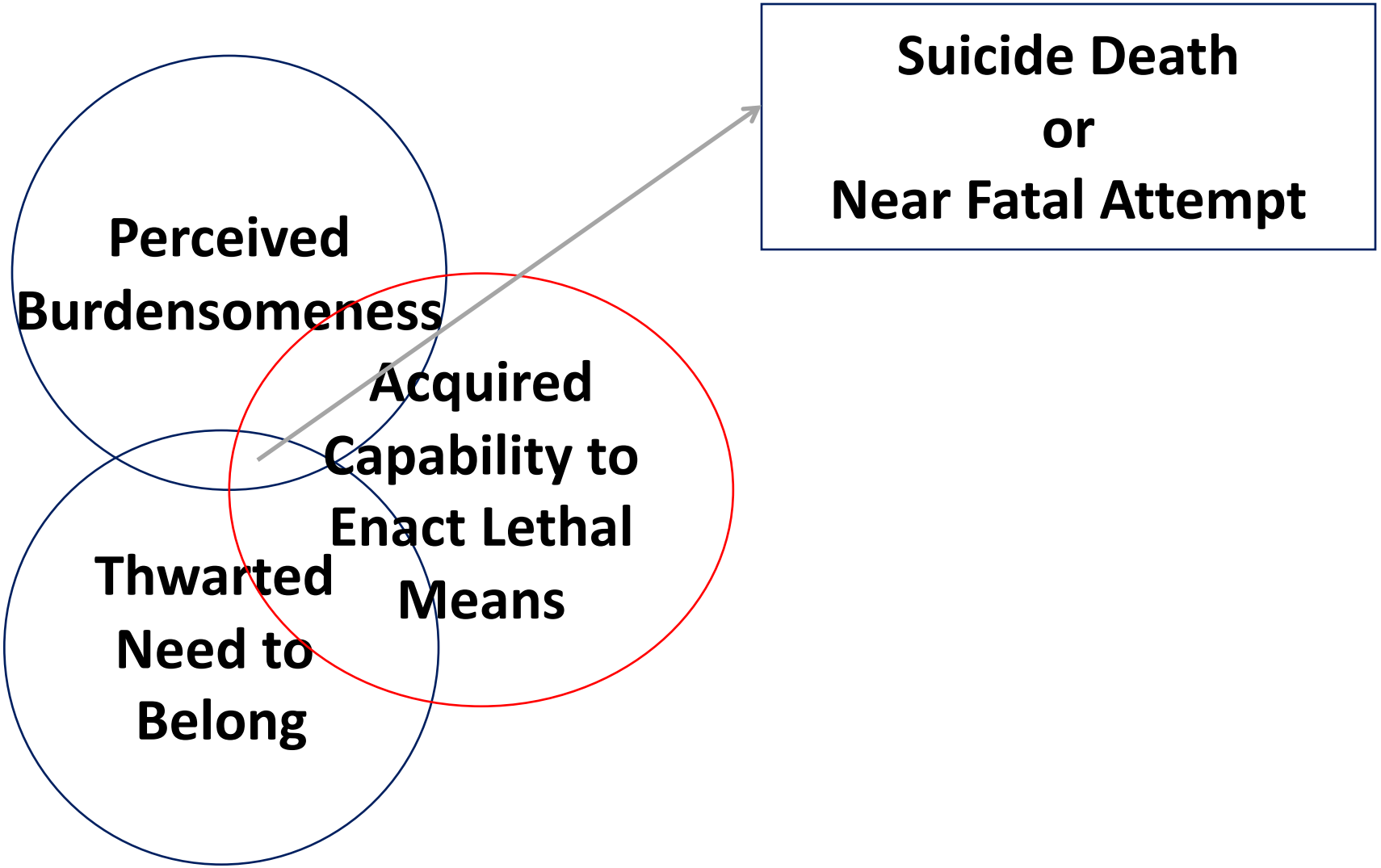
- Safety Planning

Assessing Risk/Protective Factors

- **IPTS, Cultural Theory: Distal Risk Factors**
- Acute Risk Factors/Warning Signs
- Protective Factors

The Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005)



Thwarted Belongingness

- Living alone, unmarried
- Few social supports
- Loneliness
- Social withdrawal
- Loss
- Family conflict

"I don't belong anywhere or with anyone"

Perceived Burdensomeness

- Physical illness
- Functional impairment
- Low self-esteem
- Unemployment
- Being cared for
- Incarceration

"I am a burden on others"

Assessing Belonging and Burden:

Interpersonal Needs Questionnaire

		Not at all true for me						Very true for me
1.	These days, the people in my life would be better off if I were gone	1	2	3	4	5	6	7
2.	These days, the people in my life would be happier without me	1	2	3	4	5	6	7
3.	These days, I think I am a burden on society	1	2	3	4	5	6	7
4.	These days, I think my death would be a relief to the people in my life	1	2	3	4	5	6	7
5.	These days, I think the people in my life wish they could be rid of me	1	2	3	4	5	6	7
6.	These days, I think I make things worse for the people in my life	1	2	3	4	5	6	7
7.	These days, other people care about me	1	2	3	4	5	6	7
8.	These days, I feel like I belong	1	2	3	4	5	6	7
9.	These days, I rarely interact with people who care about me	1	2	3	4	5	6	7
10.	These days, I am fortunate to have many caring and supportive friends	1	2	3	4	5	6	7
11.	These days, I feel disconnected from other people	1	2	3	4	5	6	7
12.	These days, I often feel like an outsider in social gatherings	1	2	3	4	5	6	7
13.	These days, I feel that there are people I can turn to in times of need	1	2	3	4	5	6	7
14.	These days, I am close to other people	1	2	3	4	5	6	7
15.	These days, I have at least one satisfying interaction every day	1	2	3	4	5	6	7

Acquired Capability: FEAR & PAIN

- To die by suicide, you must ***lose some of the fear*** associated with suicidal behaviors.
  - We aren't born with the capability to stare down death.

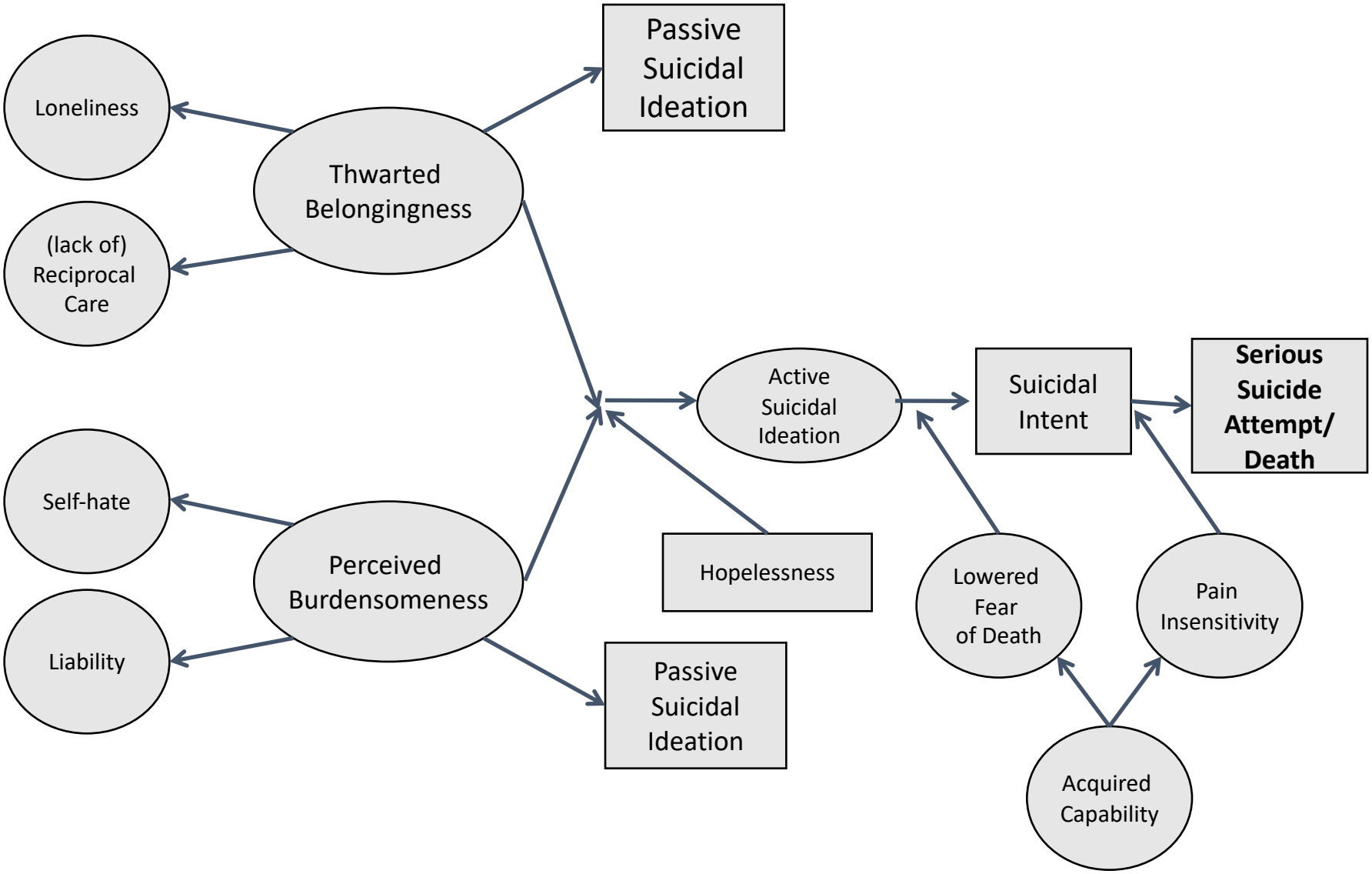
- To die by suicide, you must also be able to ***tolerate the pain*** involved in suicidal behavior.
  - Repeated ***practice*** and ***exposure***,
  - Get used to the physically painful aspects of self-harm

Assessing Acquired Capability:

Acquired Capability for Suicide Scale

		0 Not at all like me	1	2	3	4 Very much like me
1	The fact that I am going to die does not affect me.	0	1	2	3	4
2	The pain involved in dying frightens me.	0	1	2	3	4
3	I am very much afraid to die.	0	1	2	3	4
4	It does not make me nervous when people talk about death.	0	1	2	3	4
5	The prospect of my own death arouses anxiety in me.	0	1	2	3	4
6	I am not disturbed by death being the end of life as I know it.	0	1	2	3	4
7	I am not at all afraid to die.	0	1	2	3	4

IPTS



(Van Orden, Witte, et al., 2010, *Psychological Review*)

Cultural Theory of Suicide

- **Cultural Sanctions** - Cultural values re: acceptability of suicide as an option
- **Idioms of Distress** - Variations in expressions of symptoms and methods
- **Minority Stress** - Cultural minorities experience because of social identity
- **Social Discord** - Risk factors of alienation, conflict, or lack of integration

Cultural Assessment of Risk for Suicide (CARS)

- 39-item self report measure (14-item Short Form)
- **8 subscales:**
  - Acculturative Stress
  - Cultural Sanctions
  - Family Conflict
  - Idioms of Distress-Emotional/Somatic
  - Idioms of Distress-Suicidal Actions
  - Sexual Minority Stress
  - Nonspecific Minority Stress
  - Social Support

CARS – Short Form

14 Items across 8 Factors
Item
Family conflict
There is conflict between myself and members of my family
Social support
I am accepted and valued by others†
I feel connected to, like I am a part of, a community†
Sexual minority stress
The decision to hide or reveal my sexual or gender orientation to others causes me significant distress
Because of my sexual or gender orientation, no one understands my pain or distress
Acculturative stress
Adjusting to America has been difficult for me
Non-specific minority stress
People treat me unfairly because of my ethnicity, sexual, or gender identity
Idioms of distress (emotional/somatic)
When I get angry at something or someone, it takes me a long time to get over it
Sometimes I feel so tired I do not want to get up/wake up
There is something in my life I feel ashamed about
Idioms of distress (suicidal actions)
I have access to a method of suicide other than a gun that I have previously thought to use (like a weapon, a rope, poison, or medication overdose)
I have, without anyone's knowledge, thought of suicide in the past
Cultural sanctions
Suicide would bring shame to my family†
I consider suicide to be morally wrong†

Note. †Reverse-coded item.

Risk Factors

- **Mental disorders**
- Previous suicide attempts
- **Social isolation (individual & county level)**
- Physical illness (e.g., HIV, Cancer, MS)
- **Lack of employment**
- **Limited access to mental health care (rural)**
- Family conflict
- **Interpersonal violence**

Risk Factors

- Family history (e.g., suicide, violence)
- Impulsivity/Aggression
- **Sociocultural change**
- Hopelessness
- **Access to lethal means**
- Legal problems

Risk Factors

- Agitation or sleep disturbance
- Childhood abuse
- Exposure to suicide
- Drug abuse/dependence
- **Alcohol abuse/dependence**
- Self-esteem, shame
- Functional impairment
- Pain

Risk Factors Common in AI/AN

- **Historical Trauma** - Effects of trauma are passed on and persist inter-generationally
- **Acculturation** - Process of social, cultural, and/or psychological change that stems from blending between cultures
- **Discrimination** - Prejudice/racism
- **Community Violence** - Trauma/ victimization (domestic violence)

Assessing Risk/Protective Factors

- IPTS, Cultural Theory: Distal Risk Factors
- **Acute Risk Factors/Warning Signs**
- Protective Factors

Acute Risk Factors/Warning Signs

Insomnia
Substance ↑/use
Purposelessness
Anxiety/Agitation
Trapped
Hopelessness
Withdrawal
Anger
Reckless beh
Mood change

Assessing Risk/Protective Factors

- IPTS, Cultural Theory: Distal Risk Factors
- Acute Risk Factors/Warning Signs
- **Protective Factors**

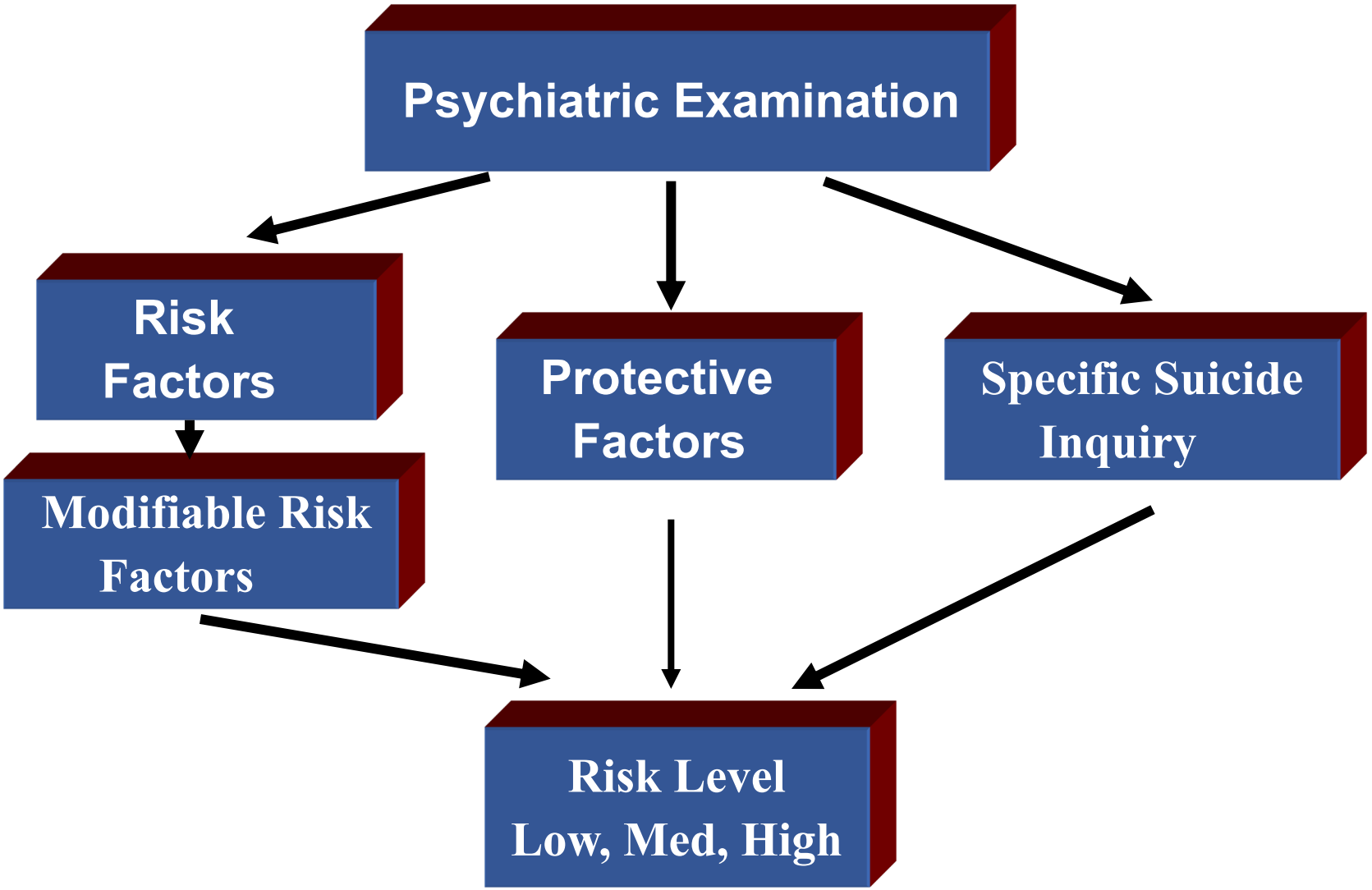
Protective Factors

- **Responsibility to family**
- **Religious beliefs**
- Meaning/Purpose
- Cultural beliefs opposed to suicide
- Life satisfaction
- Reasons for living
- Positive coping skills
- **Contacts with caregivers**
- Positive problem-solving skills
- **Social support: Connectedness**
- Positive therapeutic alliance
- **Quality/accessible clinical care**
- Adherence with psychiatric medications

Protective Factors Common in AI/AN

- **Community Control** - Having infrastructure
- **Cultural Identification/Pride/Engagement** - More traditional way of life
- **Spirituality** - Commitment to cultural spirituality
- **Family Connectedness** - Connected to family/friends/tribe
- **Supportive Tribal Leaders** - Relationships

Assessing Suicide Risk Level



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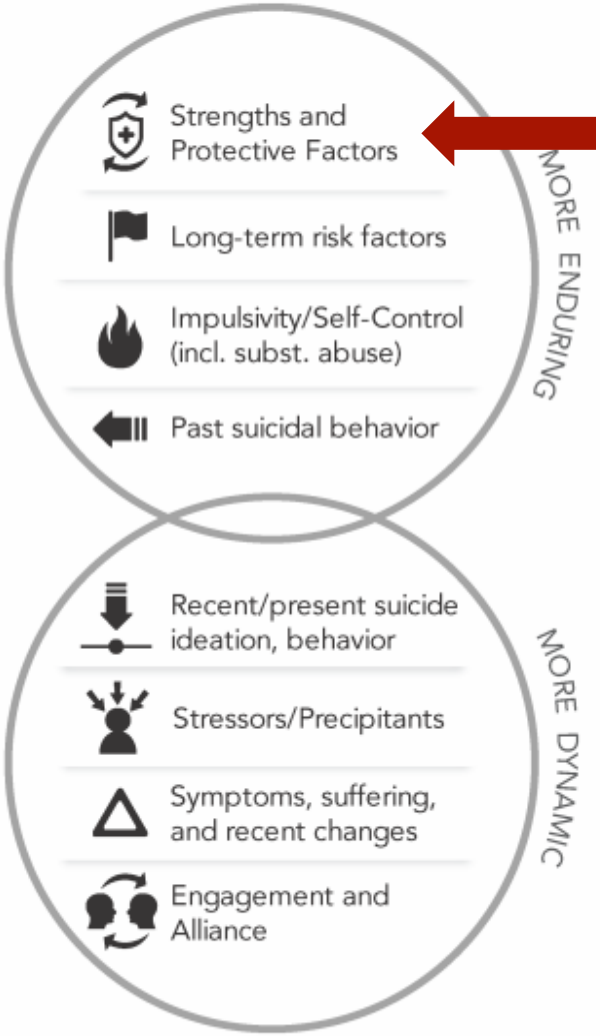
- **Risk Formulation: Case Examples**
- Safety Planning

Prevention-Oriented Suicide Risk Formulation

commitment to living

Clinical data



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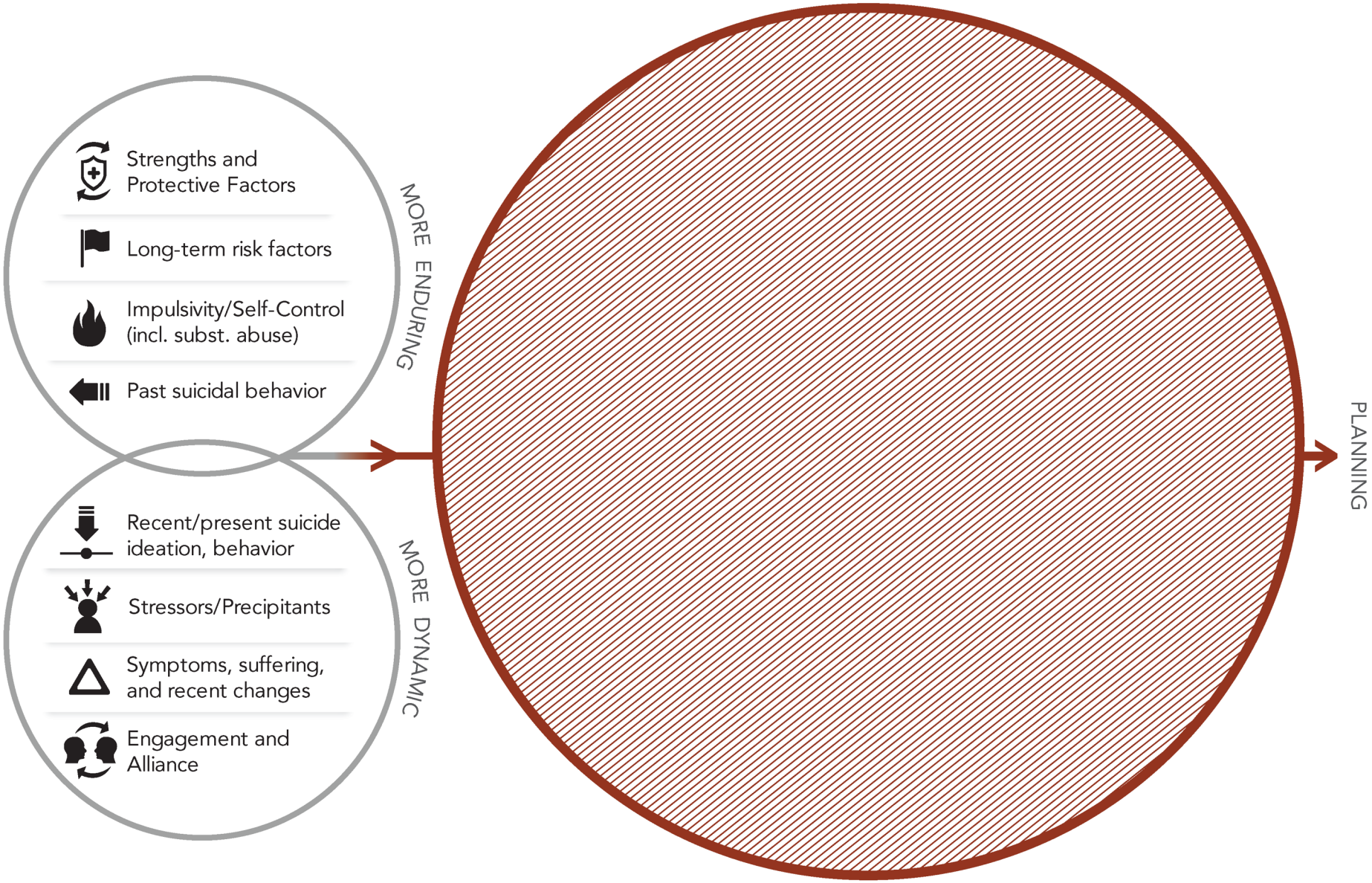

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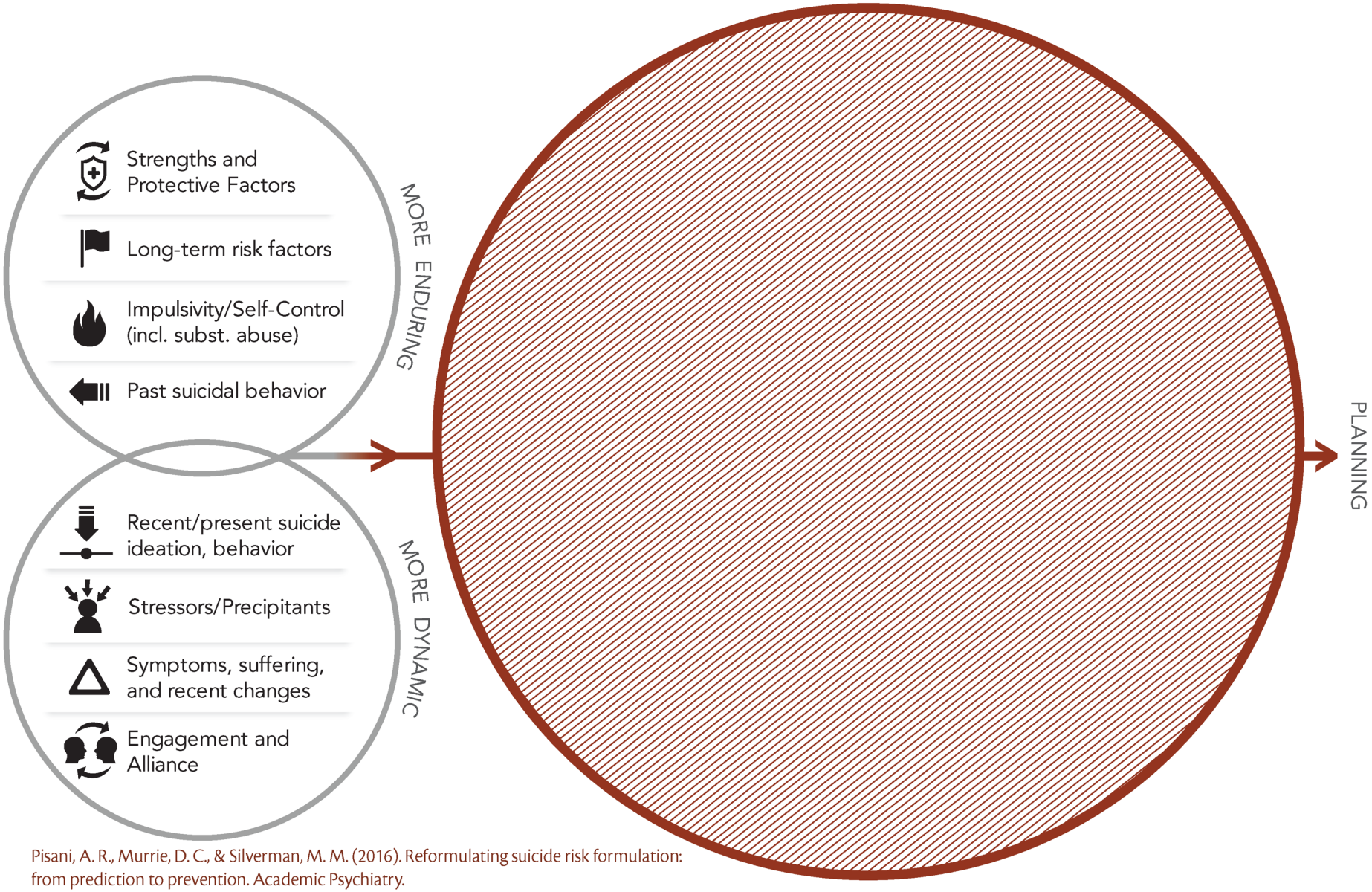
Risk Formulation

(Pisani, Murrie, & Silverman, 2016)



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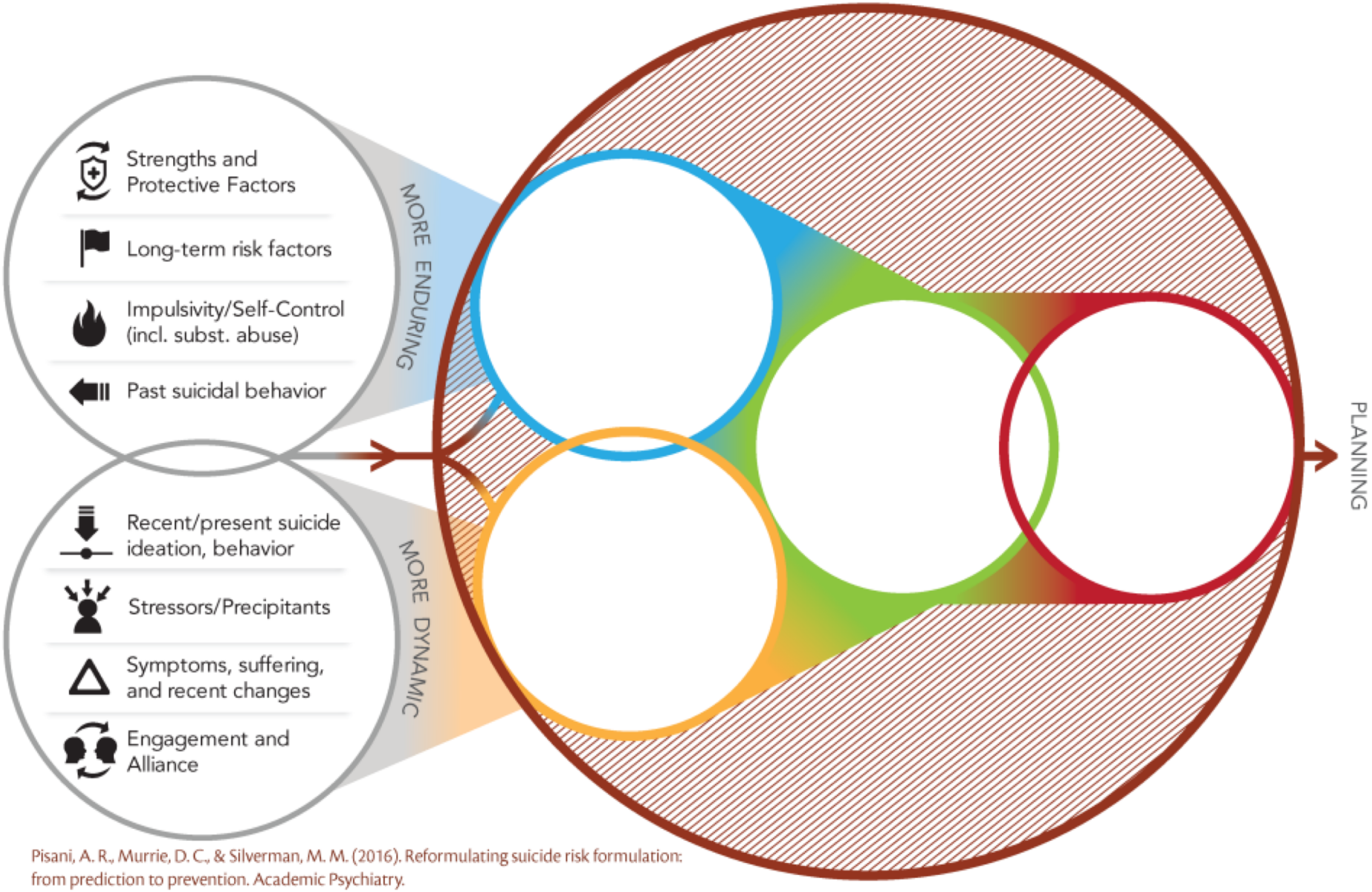

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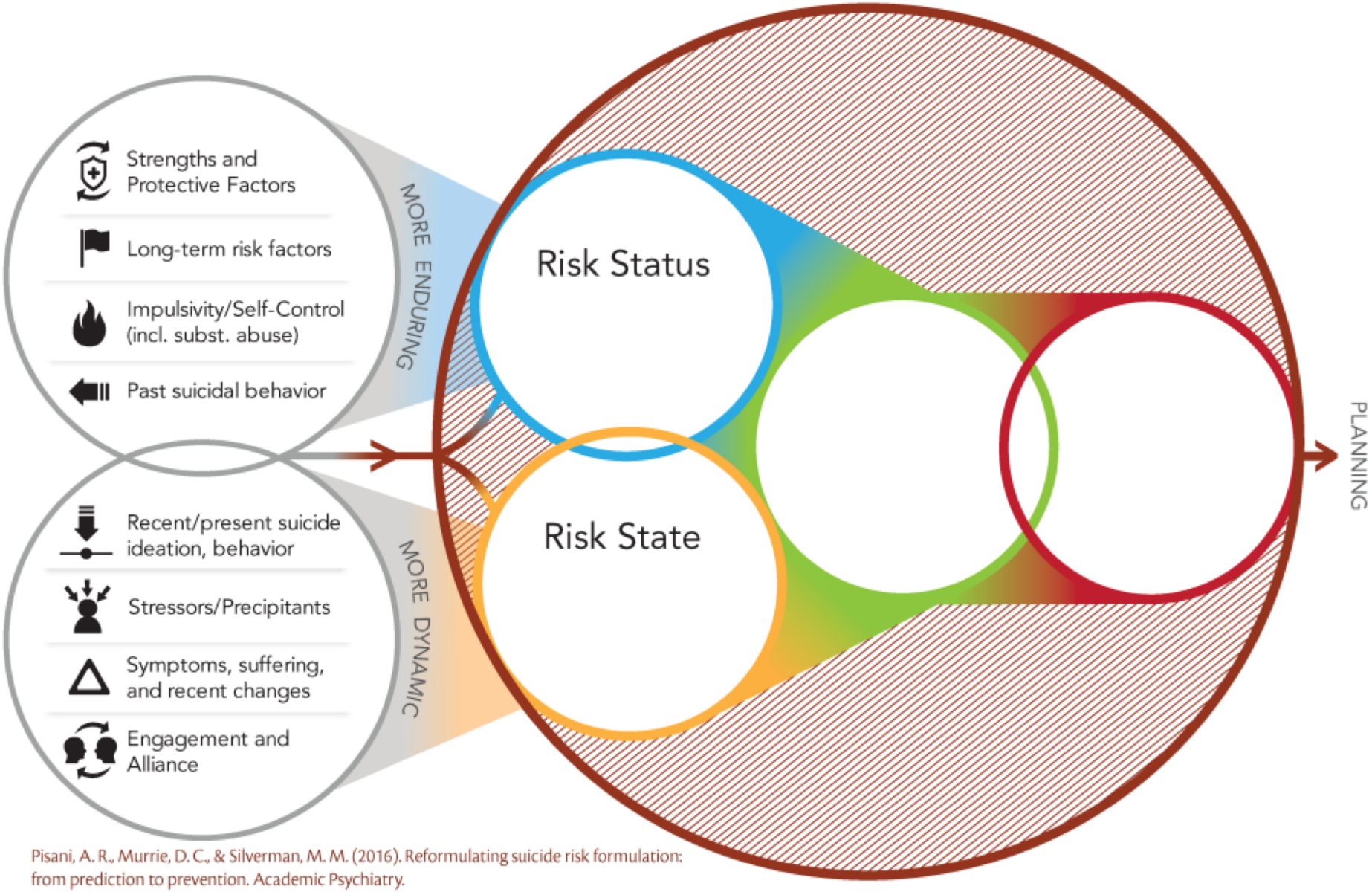

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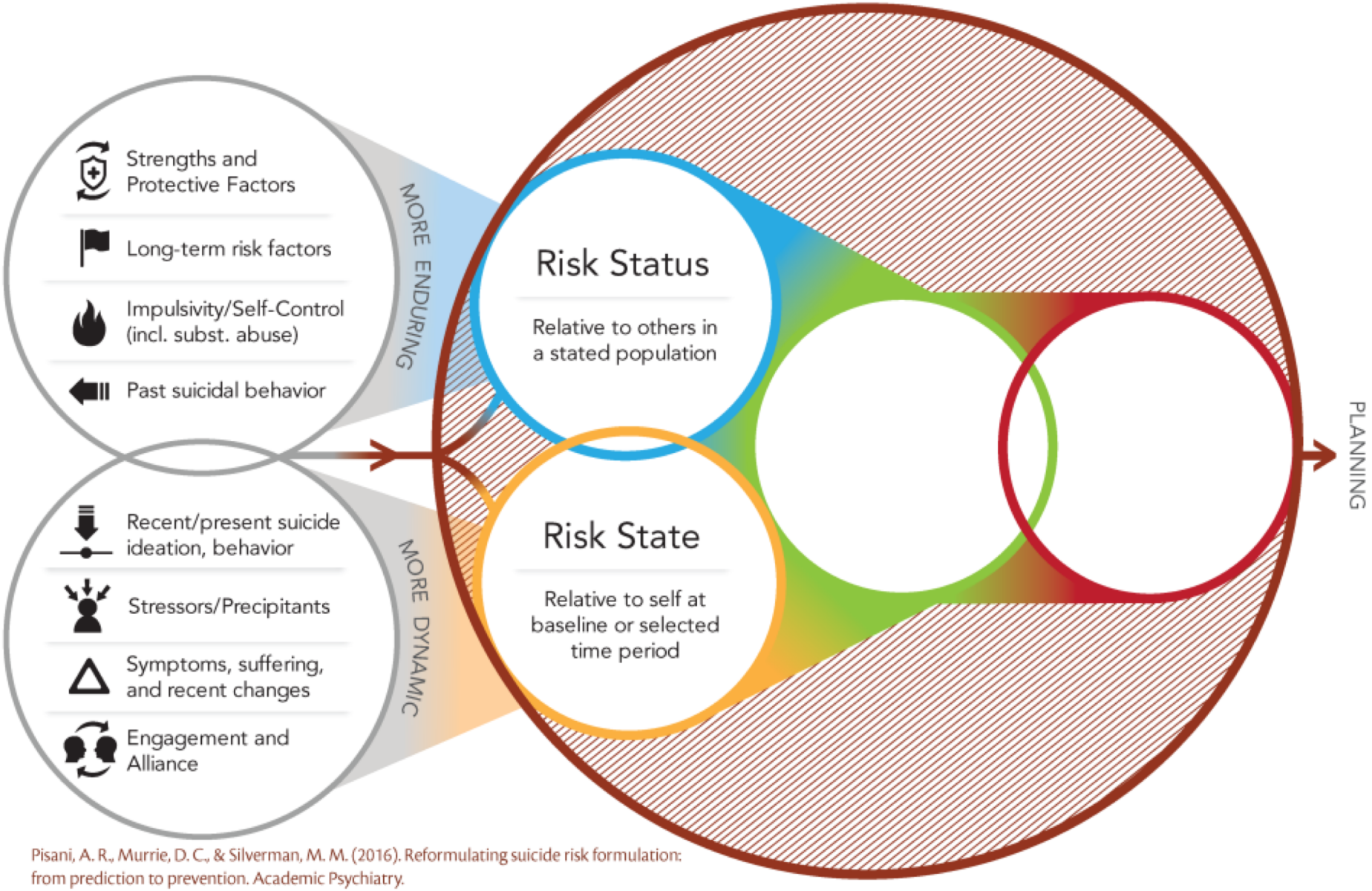

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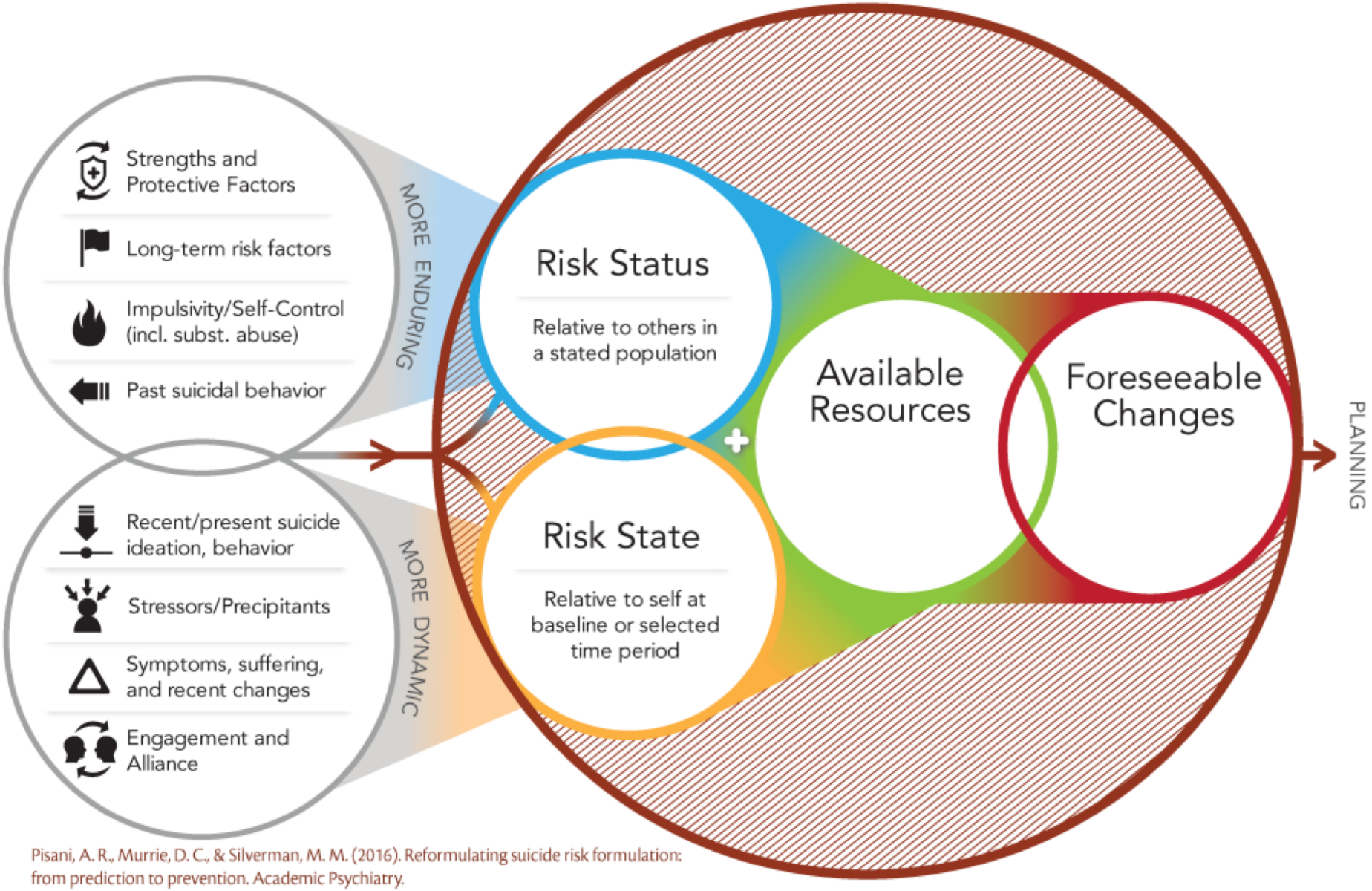

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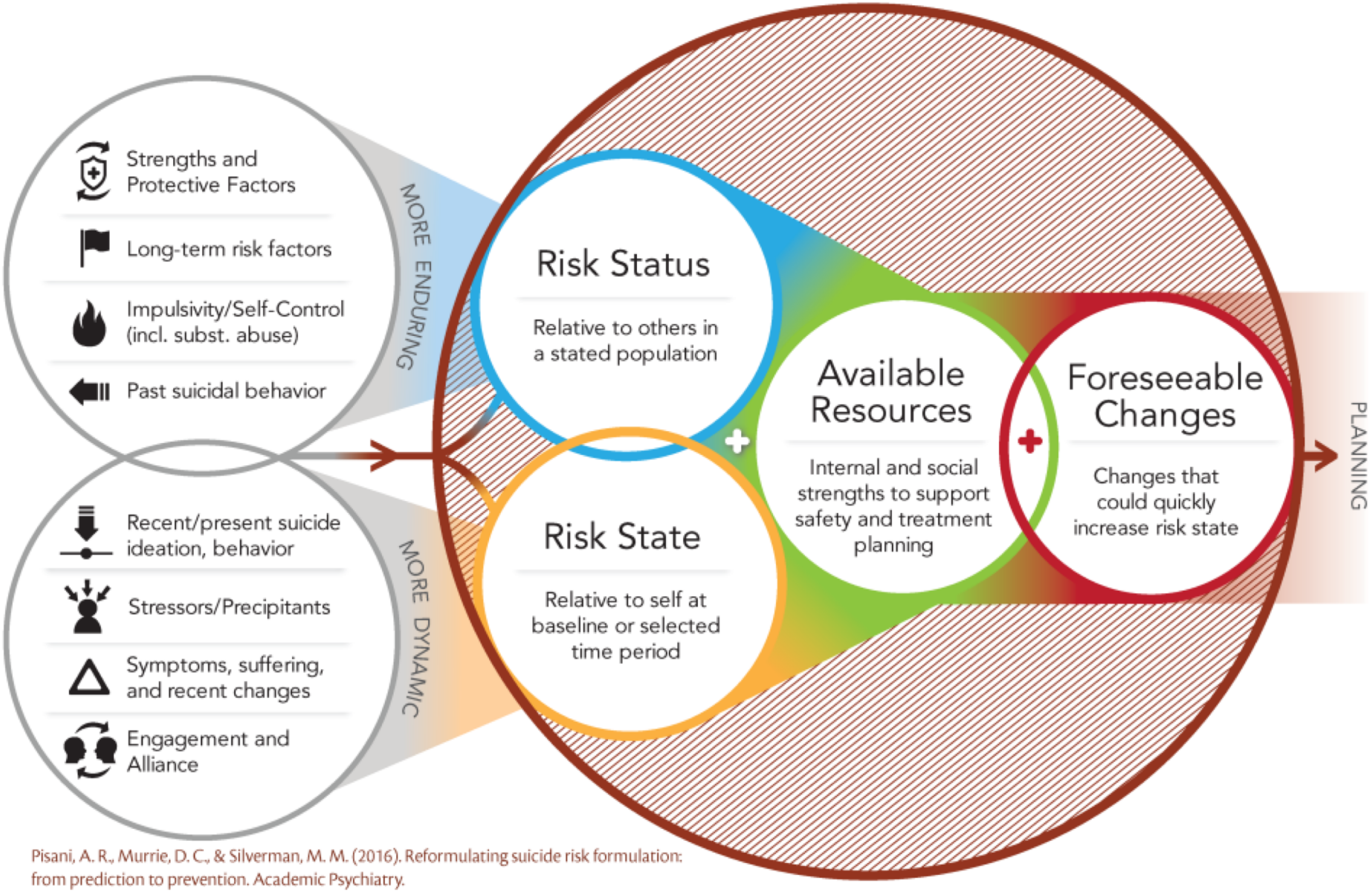

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Case Example #1

Shanique is a 22-year-old AA female who presented for therapy after the break-up of a long-term relationship. During intake, Shanique noted that she wanted help for her "serious abandonment issues" and stated that she often "jumped from one relationship to another." Shanique noted that she "can't be alone" and that she had suffered from these problems over the past 5 years. Shanique had no prior treatment history; however, she reported that she had been sexually abused as a child and grew up in a violent community. Shanique did not currently meet criteria for depression, though she exhibited some prodromal symptoms of Bipolar Disorder, including subthreshold manic (e.g., reckless behavior) and depressive symptoms (e.g., anhedonia). Shanique had no history of engaging in self-injurious behaviors and denied current and past suicidal ideation.

Risk Status

- No history of suicide ideation/behavior, NSSI: low capability?
- No current diagnosis of depression
- No treatment history
- Sexually abused as child: Capability?
- Violent upbringing
- Potential Bipolar Disorder: Impulsivity/reckless behavior & capability?

Risk State

- Recent relationship break-up: low belonging?
- No severe markers of risk, e.g., substance abuse, agitation, hopelessness

Available Resources

Supportive family

In college

Engaged in therapy, wants help

Foreseeable Changes

- Turmoil with ex-boyfriend
- Additional relationship stressors
- Increase in impulsive/reckless behaviors

1. Shanique's **risk status** is elevated compared to outpatients, as she does not have a history of SI/SB, but does present in a manner consistent with the early prodromal stages of Bipolar Disorder with impulsivity and has been a victim of sexually abuse with a violent childhood, placing her at risk for ↑ capability for suicide should she develop ideation.
2. Shanique's **risk state** is also elevated compared to her baseline due to a recent break-up of a long-term relationship, which places her at risk for low belonging (associated with risk for suicidal thinking).
3. Shanique has **resources** that may mitigate her risk somewhat, including strong family support & engagement in college & therapy.
4. **Foreseeable changes** that could increase Shanique's risk include increased the possibility for further reductions in belonging through contact/turmoil with the bf, stressors with friends.
5. The following **actions** were taken to address Shanique's risk and plan for possible changes: Safety plan including steps to take if bf contacts her and ways to increase social support; emergency numbers were reviewed; referred to therapy & risk monitored.

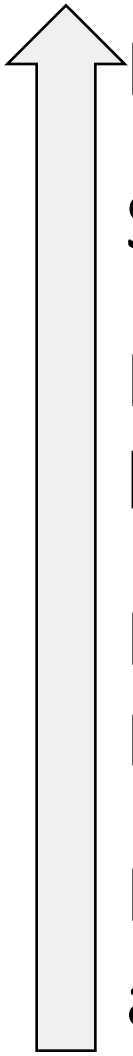
Case Example #2

Kirima is a 37-year-old Alaska native female who presented for treatment of depression after a psychiatric hospitalization for suicidal ideation. She reported that she had been depressed her entire life. As a teenager, Kirima abused alcohol and received inpatient alcohol use treatment at the age of 18 for the first time and has been in and out of alcohol use treatment since then. She attempted suicide twice, once by overdose and once by hanging, and has cut herself in several locations over the years. Kirima was diagnosed with major depressive disorder and Borderline Personality Disorder. She scored in the severe range on the BDI (31) and reported frequent suicidal ideation. Kirima also reported difficulties in her romantic relationship, including being the victim of recent intimate partner violence. She indicated that she did not have any friends and has little social support. In addition, she reported that she had been unable to maintain employment and indicated that she has experienced discrimination and racism in her previous jobs.

Risk Status

- ⇧ Two prior attempts, one with high lethality, NSSI
- ⇧ Severe, chronic depression
- ⇧ Borderline PD: Impulsivity & capability?
- ⇧ Unemployed: Perceived burden?
- ⇧ History/recent alcohol abuse

Risk State



Recent psychiatric hospitalization

Severe depression

Recent relationship difficulties & IPV: Low belonging

Recent attempts at employment unsuccessful; Discrimination/racism: perceived burden?

Recent active suicide ideation, no recent attempts, recent NSSI

Available Resources

Despite turmoil, long-term romantic relationship is largely supportive

Engaged in therapy, asks for help

Foreseeable Changes

- Turmoil/violence with partner increases
- Additional employment attempts unsuccessful
- Continues to experience discrimination/racism

1. Kirima's **risk status** is high, as she has a history of multiple suicide attempts, recent SI with intent, NSSI, and impulsivity associated with Borderline PD and prior alcohol abuse, which ↑ her capability for suicide.
2. Kirima's **risk state** is elevated compared to her baseline due to a recent psychiatric hospitalization and relationship difficulties (low belonging). The severity and frequency of her suicidal thoughts are currently at her baseline.
3. Kirima has **resources** that may mitigate her risk somewhat, including support from her partner and engagement in therapy.
4. **Foreseeable changes** that could ↑ Kirima's risk include the possibility for further reductions in belonging through relationship difficulties and possible feelings of low self-worth and perceived burden on her partner if she applies for additional jobs and is unsuccessful.
5. The following **actions** were taken to address Kirima's risk and plan for possible changes: Safety plan including steps to take to ↑ social support; emergency numbers were reviewed; information was provided on CBT, an evidence based tx for suicide risk; care will be coordinated with Kirima's psychiatrist; a mid-week phone check-in to promote belonging and assess any changes in risk state; risk will be regularly monitored.

Workshop Covers

- Definitions and Rates
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- Assessing Risk/Protective Factors
- Risk Formulation: Case Examples
- **Safety Planning**

What is a Safety Plan?

- **A prioritized written list of:**
  - Coping strategies
  - Sources of support
  - Can be used during or preceding a suicidal crises

- **Safety Plan found at: http://www.suicidesafetyplan.com/**
- **Suicide Safety Plan Apps: “BeyondNow”; “Suicide Safety Plan”; “My3”**

Developing a Safety Plan

- **Developed after suicide assessment**
  - Or a recent distressing event
- **Use their story about the current crisis**
  - Events transpired before, during, and after the crisis.
- **Collaborative process**
  - Sit side-by-side
- **Use a "Safety Plan" form**
  - Use patient's own words
  - Should be easy-to-read

Step 1: Recognizing Warning Signs

<u>Patient's Warning Signs:</u>

Thoughts: "I'm worthless"

Thinking Processes: Racing thoughts; catastrophizing

Mood: Irritable/anger

Body: Tense

Behavior: Pacing; time by yourself

Helpful Question:

How do you know when the safety plan should be used?

Step 2: Using Internal Coping Strategies

- **Help patients cope on their own**
  - **–Distraction**
    - Go on a walk (count your steps)
    - Pray
    - Listen to music
    - Take a shower
    - Play with a pet
    - Engage in a hobby

Helpful Question:

What can you do on your own if you start to become distressed?

Step 3: Utilizing Social Contacts

- **Help identify distractors: key social settings/people**
  - NOT for reaching out to others for help w/crisis

1. **Healthy Social Settings (list location)**
   - Coffee shops
   - Places of religion
2. **Individuals (list phone #)**
   - Family
   - Friends

Helpful Question:

Who or what social settings help you take your mind off your problems of a little while?

Step 4: Contacting Family or Friends

- **Help identify others to disclose/manage crisis**
  - Clergy, family, close friend (list phone #s)
- **Plan is intended to be helpful and supportive**
  - Weigh the pros and cons of disclosing
  - Not a source of stress

Helpful Questions:

1)Among your family or friends, who do you think you could contact for help during a crisis?

2)Who is supportive of you and who do you feel that you can talk with when you're under stress?

Step 5: Contacting Professionals or Agencies

- **Help identify a professional or agency**

- **Prioritize the list of professionals and agencies**
  - Clinician, PCP, Crisis Line, 911

- **Include names and contact information**
  - Esp. those reached during non-business hours

Helpful Question:

Who are the mental health professionals that we should identify to be on your safety plan?

Step 6: ↓ Potential for Use of Lethal Means

A KEY component of a safety plan

- **Routinely ask about access to:**
  - Guns, knives, drugs, or medications.

- **Restrict access to a lethal method**
  - Friend store gun, medications in trunk

- **NOTE on plan**:
  - Behaviors necessary to make environment safer

Safety Plan Example

SAFETY PLAN

Step 1: Warning signs:

1. Suicidal thoughts and feeling worthless and hopeless
2. Urges to drink
3. Intense arguing with girlfriend

Step 2: Internal coping strategies - Things I can do to distract myself without contacting anyone:

1. Play the guitar
2. Watch sports on television
3. Work out

Step 3: Social situations and people that can help to distract me:

1. AA Meeting
2. Joe Smith (cousin)
3. Local Coffee Shop

Step 4: People who I can ask for help:

1. Name Mother Phone 333-8666
2. Name AA Sponsor (Frank) Phone 333-7215

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name Dr John Jones Phone 333-7000
   Clinician Pager or Emergency Contact # 555 822-9999
2. Clinician Name _____ Phone _____
   Clinician Pager or Emergency Contact # _____
3. Local Hospital ED City Hospital Center
   Local Hospital ED Address 222 Main St
   Local Hospital ED Phone 333-9000
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK

Making the environment safe:

1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
3. _____

Implementation of the Safety Plan

- **Assess the likelihood that plan will be used**
  - Obstacles?
  - Solutions?

- **Periodically review Safety Plan in therapy**

Helpful Questions:

1) How likely is it that you will use the safety plan?

2) What might get in the way of using the plan?

Suicide Risk Documentation

- **Document:**
  - Risk category
  - Risk/Protective Factors
  - Decision-making rationale
  - Treatment response (with client collaboration)
- Note **WHY** you are making the assessment you chose.
- Clearly spell out major risk/protective factors considered
- Clearly link your intervention to risk level/decision
- Summarize your risk/protective factors, decision-making/treatment plan to address current risk, firearm instructions/safekeeping, and follow-up plan.

Summary

- **Suicide: Major public health concern**

- **In order to prevent suicide**
  - Know risk/protective factors
  - Consider culture and racial/ethnic differences
  - Need comprehensive assessment/formulation
  - Help patients know what to do in a crisis (e.g., Safety Plan)

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Questions or Comments?

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