CIBHS
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS
LEADERS IN POLICY, TRAINING, EVALUATION AND RESEARCH

Effective Suicide and Crisis Intervention Using Telehealth

Kristin Dempsey, MFT, LPCC, EDD

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10:00 – 11:30 am PST

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About California Institute for Behavioral Health Solutions (CIBHS) and Our Presenter

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Effective Suicide and Crisis Intervention Using Telehealth

CREATING OPPORTUNITIES FOR EFFECTIVE INTERVENTION

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You receive a call or message from a person…

"I am done. I am so tired of living this way. Nothing is worth it…."

What are you feeling?

What do you say?

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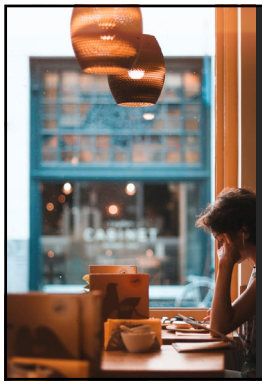

Engagement is Essential for Suicide Safety

Callers are feeling alone, isolated, hopeless and in pain

Even a despondent message is a call for help

The most important thing we do is make the connection, slow it down and listen

Your listening is the "medicine" it is what suicidal individual needs

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First Things First

Where is the person you are seeing located?

- For all clients, ask where they are when you call or when they call you.
- We should always have an address as crisis can occur at anytime and we want to know where someone is.

What is their phone number?

- Internet can be sketchy.
- Have a phone number so you can contact them in case of disconnection

If on video, can you see the person's face?

- If possible, try to make sure you can see their face to determine expressions and distress.

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Most Basic Suicide Intervention Needs

- Look for WARNING SIGNS and make an attempt to understand them
- Focus specifically and directly on suicide.
  - Ask directly if someone is going to kill themselves or if they plan to die by suicide
- Once suicidal ideation has been established, *slow it down.*
  - Remember – you are the medicine. If they are not imminently going to harm themselves, stop and use active listening (reflection skills) to hear them. You are the medicine
  - Work with ambivalence to find a reason to stay alive at least for the time being
- Establish a plan for safety
  - Deactivate the suicide plan
  - Promote protective factors
  - Link to resources

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Why Motivational Interviewing as a suicide intervention model?

Motivational interviewing is a conversation about change

What is the status quo and what is change in suicide?

We work with the ambivalence that bridges the status quo and change to gradually shift toward change

For the Question Box: How is this statement "Today I just want to die", in the context of your teletherapy session, an example of ambivalence?

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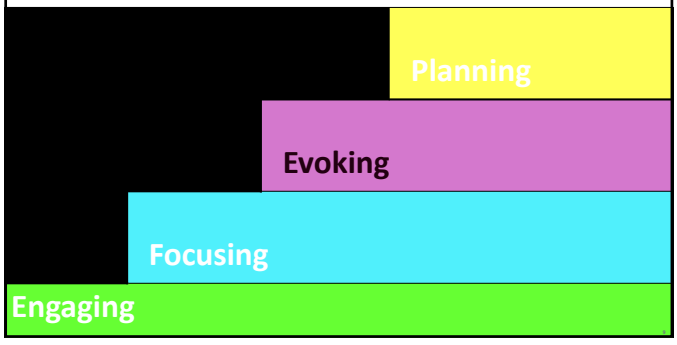
Four Foundational Processes (Miller & Rollnick,2013)



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Motivational Interviewing Techniques

Consider cultivation AROSE to build empathy

And promote engagement, exploration, and movement toward change:

- **Affirmations**
- **Reflections**
- **Open ended questions**
- **Summaries**
- **Elicit – Provide – Elicit (Ask – Offer – Ask)**

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Suicide Risk Factors (CDC, 2019)

Family history of suicide	Family history of child maltreatment	Previous suicide attempt(s)	History of mental disorders, particularly clinical depression	History of alcohol and substance abuse
Feelings of hopelessness	Impulsive or aggressive tendencies	Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)	Local epidemics of suicide	Isolation, a feeling of being cut off from other people
Barriers to accessing mental health treatment	Loss (relational, social, work, or financial)	Physical illness	Easy access to lethal methods	Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

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Risk Factors are Not Warning Signs

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Suicide Warning Signs (AAS, 2020)

The following are not always communicated directly or outwardly:

Threatening to hurt or kill themselves, or talking of wanting to hurt or kill themselves; and or,	Looking for ways to kill themselves by seeking access to firearms, available pills, or other means; and/or,	Talking or writing about death, dying or suicide, when these actions are out of the ordinary.

Use the Question Box: If these warning signs are not always communicated directly or outwardly, how might they be directed in a video or telephone session?

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Additional Warning Signs (AAS, 2020)

- Increased **substance** (alcohol or drug) **use**
- No reason for living; no sense of **purpose** in life
- **Anxiety**, agitation, unable to sleep or sleeping all of the time
- Feeling **trapped** – like there's no way out
- **Hopelessness**
- **Withdrawal** from friends, family and society
- Rage, uncontrolled **anger**, seeking revenge
- Acting **reckless** or engaging in risky activities, seemingly without thinking
- Dramatic **mood changes**
- Giving away prized possessions or seeking long-term care for pets

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Warning Sign – IS PATH WARM

Explore IS PATH WARM in to promote ENGAGEMENT

Add to Question box: *What might occur if you asked about suicide without exploring IS PATH WARM?*

Graphic from navstress.wordpress.com

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Moving into Focus

Asking directly and clearly about suicide

"Are you thinking of killing your self"

"Are you considering taking your life"

"Are you planning to die by suicide"

Once you have an answer to this question, you can then move into the evocation stage where you will work with the ambivalence.

For the Question Box: Why might it be problematic for us to say something not as direct, such as "Are you planning to hurt yourself?"

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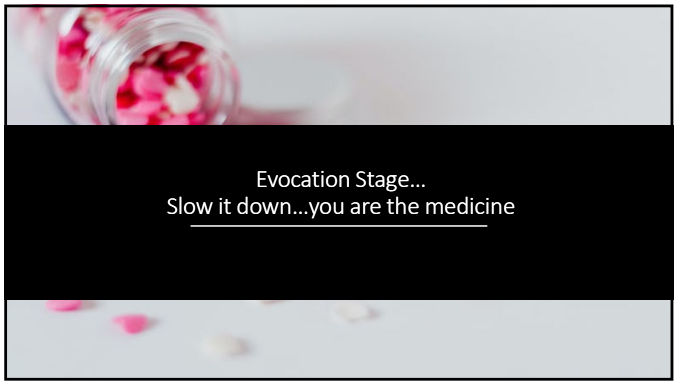

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Evocation

Stop and listen

Witness and reflect on pain

Listen for the ambivalence – it can be obvious, or it can be subtle. Remember they are talking with you now – that act alone indicates some ambivalence.

Consider the use of double-sided reflections

- You are feeling such loss and fear having been laid off, AND you are wanting to be a good model for your son.

Consider that the pain associated with suicide is often around something important that was lost. Affirm their connection to what was important.

- You worked hard and put a lot into the organization. You have been a leader for the work community.

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Listening for Change Talk and Moving into Planning

For a suicidal individual, the status quo is wanting to kill themselves.

When we are listening in the evocation stage, we are responding to and reflecting on any talk that indicates a **DESIRE, ABILTY, REASON, NEED to change (Preparatory Change Talk)**

The more we reflect on change talk, the more likely we are to move into more committed change talk that reflects **COMMITMENT, ACTIVATION, or TAKING STEPS to change (Commitment Change Talk)**

The strategy here is to summarize the change talk and finish with a key question that will create a bridge to the planning stage.

- "We have been talking about your grief around losing your job and I also hear you saying how you want to be present for your kids and you are willing to talk more about your options with me, given that what would you want to do next?

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Planning (Safety Planning)

1. Warning Signs
2. Internal Coping Strategies
3. Social Contacts Who Might Distract from Crisis
4. Family or Friends Who Can Offer Help
5. Professional Agencies to Contact for Help
6. **Making the Environment Safe**

http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf

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Protective Factors (CDC, 2019)

Effective clinical care for mental, physical, and substance abuse disorders

Easy access to a variety of clinical interventions and support for help seeking

Family and community support (connectedness)

Support from ongoing medical and mental health care relationships

Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes

Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

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Some things about safety planning…

The top priority is safety.

- Have a plan in place for yourself or check with your agency about protocol for involuntary hospitalization
- Know before you start a session how to contact the first responders *for your client's community*
- Have a consultation option available to review challenging situations
- Have a plan for follow up.
  - Who is going to follow up when? How will follow up occur?
  - Release of information

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References

American Association of Suicidality (2020). Warning signs. https://suicidology.org/resources/warning-signs/

Centers for Disease Control (2019, September 3). *Risk and protective factors.* https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html

Miller, W.R. and Rollnick, S. (2013). *Motivational interviewing: Preparing People for Change* (3rd ed.). New York: Guilford Press.

Stanley, B. & Brown, G.K. (2008). *Safety Planning Guide.* *http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf*

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Questions

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Contact information for Our Presenter

I am Kristin Dempsey and I can be reached at Kristin@kristindempseycounseling.com

I do psychotherapy, consultation, and training. Please feel free to contact me with additional questions or concerns.

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Information

1. What to expect after the webinar
2. The next webinar in our series:
   Wednesday, June 17, 2020, 10:00 am – 11:30 am

   Self-Management Supports
   - **Kellie Spencer**, EBP Implementation Specialist, University of Kansas, School of Social Welfare

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- ❑It will include your name, the name of the webinar, and the date of the webinar.
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