About The Presenter

• Michael D’Amico, LCSW

• Holds Masters in Social Work from Rutgers University
• Practicing Licensed Clinical Social Worker
• Post-graduate training in Trauma-Informed Care, Domestic Violence, and is a trained Structural Family Therapist
• 10 year career serving adults and at-risk children and families in outpatient, in-community, in-home, and school-based settings
• Currently serves as Director Children and Families Services at Oaks Integrated Care and as Field Educator through Rutgers School of Social Work
If you ever wanna know what a social worker's mind feels like...imagine a browser with 2,857 tabs open. All. The. Time.

Being present
Introduction

Section 1
Training Objectives

• 1. Describe factors and circumstances that place individuals at risk of suicide

• 2. Identify current best practices in prevention and detection of suicidality

• 3. Explain how to effectively safety plan with individuals who are at risk
Why Suicide Prevention is Important

- 10th leading cause of death in the U.S. (3rd leading for teens)
- Up to 90% of suicide victims suffer from a mental or emotional disorder at time of death
- For every completion, there are between 25 and 30 attempts
- 44,000 people die each year by suicide; 12.6 for every 100,000 people
- Risk of suicide increases by 200% the first week after hospital discharge and continues to be high within following 1-4 years
On a 1 to 10 scale, rank how comfortable you are talking about suicide.
1. It is inaccurate and sexist to suggest that there is a difference in suicidal behavior between males and females.
Suicide Myths & Facts

2. People who talk about suicide don’t complete suicide - they are just seeking attention.

True

False
3. Talking about suicide can plant the idea in the minds of at-risk individuals.
4. The only one who can really help a suicidal individual is a mental health professional.

True False
Understanding Suicide

Section 2
Defining the Problem

**ATTEMPTED SUICIDE**

is a potentially self-injurious act
committed with at least some intent
to die as a result of the act

**SUICIDE**

is an attempt to solve a problem of intense emotional pain with impaired problem-solving skills
Why Do People Die By Suicide?

• Dr. Joiner explains that people die by suicide based on the following two key assumptions:
  • Because they can. That is, they become desensitized toward pain and habituated toward violence
  • Because they want to. They typically have no sense of belonging to a valued group or relationship and they feel that they have become a burden to loved ones
Characteristics of Suicide

1. Alternative to problem perceived as unsolvable by any other means

2. Crisis thinking colors problem solving

3. Person is often ambivalent

4. Suicidal solution has an irrational component

5. Suicide is a form of communication
Detection of Suicidality

Section 3
Risk Factors / Warning Signs

**Red** - Warning Signs

**Yellow** - Risk Factors

**Green** - Protective Factors
Risk Factors for Suicide

- Personality Factors
- Access to Means
- ‘Stressors’
- Demographic
- Clinical
- Family
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‘Stressors’
LGBTQI (Lesbian, Gay, Bi-Sexual, Transgendered, Question, Intersex): According to the Suicide Prevention Resource Center (SPRC), LGBTQI individuals are 1.5 to 7x more likely to commit suicide than their heterosexual peers.

- Disclosing sexual orientation can cause a great deal of anxiety and these youth may need additional support as they begin to decide whether or not to “come out”
Substance Use and Risk

• Substance abuse, including alcohol and other drugs, places an individual at an elevated risk of suicidal ideation and completion of suicide

• Substance use impairs judgment and lowers inhibitions placing them at an increased risk of engaging in risky behaviors including suicide
Warning Signs

Feelings
Actions
Changes
Threats
Situations
Self-Injurious Behaviors

• Suicidal vs. Non-Suicidal Self-Injury

• Self-injury does not always indicate a suicide attempt or ideation

• Self-Injury Includes
  • Head banging
  • Cutting
  • Self-mutilation (cutting)
  • Pinching or Scratching
  • Carving (words or symbols)
  • Burning
  • Hair pulling (possibly Trichotillomania)
Why Do People Self-Harm?

• An attempt to escape a negative feeling or mental state
• An attempt to escape relationship difficulties with family or peers
• An attempt to feel something positive
• How do we respond?
Self-Harm Do’s and Don’ts

• Deal with your own feelings

• Learn about the problem.

• Don’t judge.

• Offer support, not ultimatums.

• Encourage communication.

• Don’t Minimize
Risk Factors vs. Protective Factors
Protective Factors

- Contact with a caring support
- Sense of connection or participation with family or community
- Positive self-esteem and coping skills
- Access to and care for mental / physical / substance disorders
Taking Action

Section 4
Action Steps: JCAHO Recommendations

• 1st: Screen ALL individuals upon admission

• 2nd: Review risk factors

• 3rd: If there is risk take immediate action; Safety planning or further screening at crisis center

• 4th: Establish a collaborative, ongoing, systematic assessment and treatment process with the individual, other providers, and positive supports

• 5th: Develop treatment and discharge plans that directly target suicide

• 6th: Follow-Up with the individual throughout treatment about ideation and the topic of suicide
SAFETY PLANNING

• What is a Safety Plan?

• Safety Plan Vs. No-Harm Contract

• How to ask?

• Practice using Sample!
Treatment for Suicide

• Cognitive Behavioral Therapy (CBT)

• Cognitive Therapy for Suicide (CT-SP)

• Dialectical Behavioral Therapy (DBT)

• Others
  • Problem Solving Therapy (PST)
  • Mentalization Based Treatment (MBT)
  • Psychodynamic Interpersonal Therapy (PIT)
Revisit This Question:

On a 1 to 10 scale, rank how comfortable you are talking about suicide, now?

1 Very Uncomfortable

5

10 Very Comfortable
Web Resources

• www.sptsnj.org
  Society for the Prevention of Teen Suicide

• www.sprc.org
  Suicide Prevention Resource Center
  National Resource

• www.afsp.org
  American Foundation for Suicide Prevention
  Printed materials & resources

• www.suicidology.org
  American Association of Suicidology
  Data, resources, links
Resources in the Community

- Children’s Mobile Response (Performcare-Children/Adolescents): 1-877-652-7624
- County Based Screening Centers
- National Suicide Prevention Hotline: 1-800-273-TALK (24/7)
- 2nd Floor Youth Helpline: 1-888-222-2228
  www.2ndfloor.org
Questions/Comments?