



SUICIDE & SUBSTANCE USE: IS THERE A CONNECTION?

Dr. Greg Tierney | September 17, 2015

Prevalence of Suicide

In 2013:

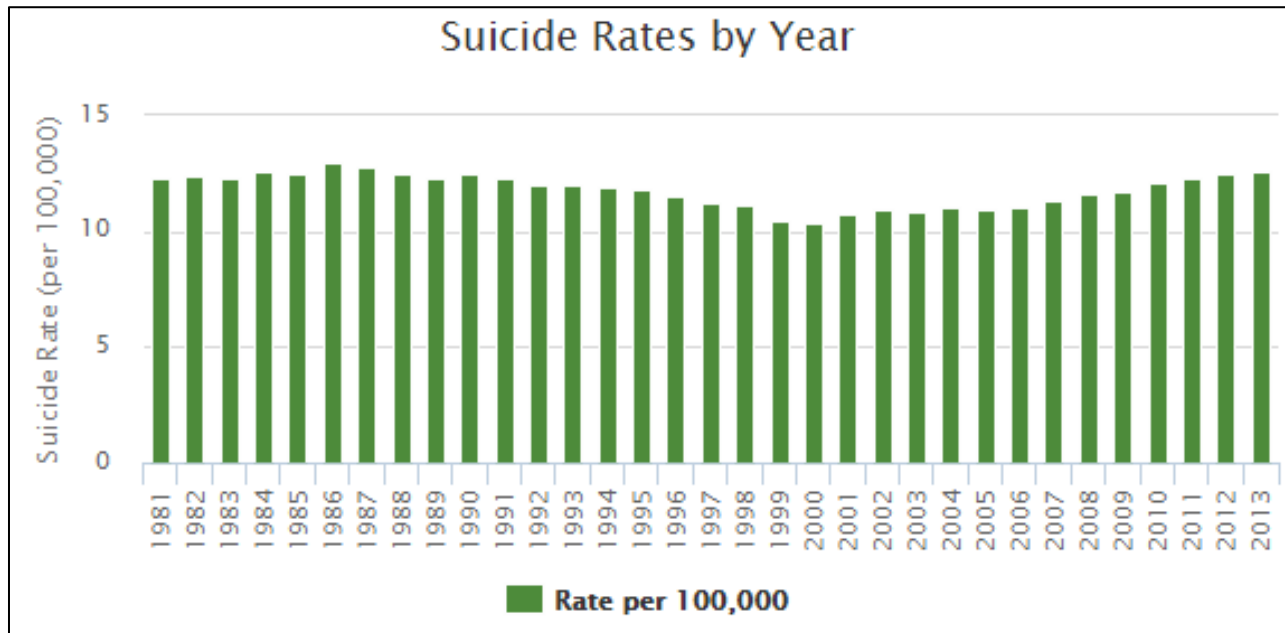


Centers for Disease Control and Prevention (CDC)
Data & Statistics Fatal Injury Report for 2013

Prevalence of Suicide

In 2013:

- Second leading cause of death for those aged 15-34
- The suicide rate has been relatively stable over the last 50 years



Suicide and Substance Use

People with substance use disorders are
6X more likely to commit suicide
than the general population

Source: The National Center for Biotechnology Information

- Those with Opiate Use Disorders are 14 times more likely
- Women with Alcohol Use Disorders are 20 times more likely
- Those with Sedative/Hypnotic/Anxiolytic Use Disorders are 20 times more likely
- Those with multi-drug use are 44 times more likely

Subgroups at Higher Risk

- Older men with substance use disorders
- Those with prior attempts and substance use
- Recent increase in amount of alcohol use or with severe substance use disorder
- Those with substance use and past serious violent acts- More than twice as likely to report multiple suicide attempts
 - Particularly related to violence toward a romantic partner

Managing Suicidal Clients

What Might You Think as the Therapist?

- Am I competent to address suicidality?
- Could I make my client worse?
- Will I be responsible for the clients death?
- Will I be sued or lose my license?

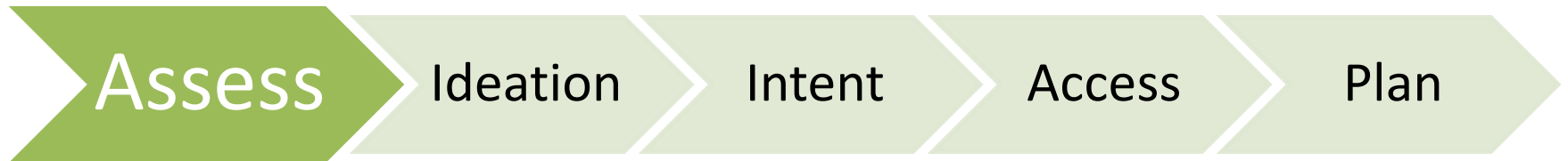
How do You Feel as the Therapist?

- Fear
- Nervous
- Burdened
- Overwhelmed
- Ineffectual
- Lack of control
- Burned out

Maybe I Won't Have a Suicidal Client (Avoidance)

- 53% of suicide completers seek mental health care
- 19% of suicide completers seek mental health care within a month of their suicide
- 45% of suicide completers see a primary care provider within one month of their suicide
- **97% of psychologists-in-training come into contact with at least one suicidal patient.**
- 87% of social workers counseled a suicidal client within the last year
- Half of psychiatrists and psychiatry residents report losing a patient to suicide
- **22%-30% of psychologists and similar numbers of social workers report losing patients to suicide**

What action do you take?



- Hospitalization vs. Community Stabilization
- Safety Contract?

Problems to Overcome

Develop an
Understanding of
Suicide

Develop
Interventions that
Effectively
Manage
Suicidality

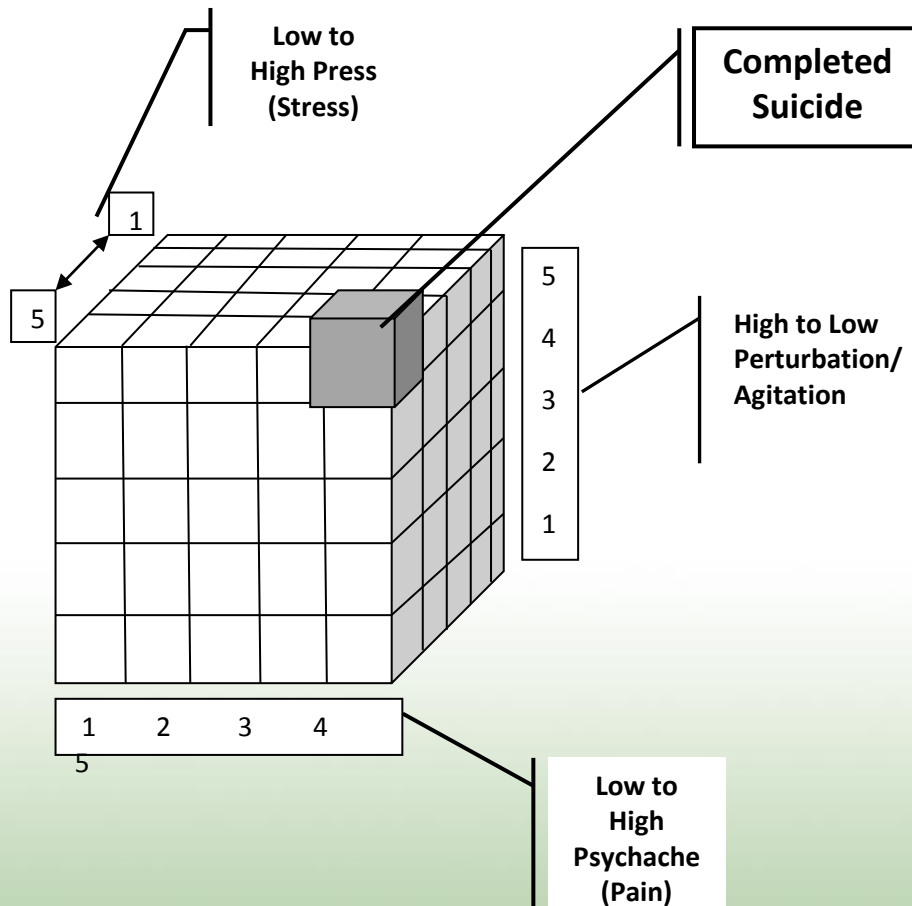
Understand
Ethical and Legal
Responsibilities

Increase Therapist
Confidence
Related to
Working with a
Suicidal Client

What Does Suicidality Mean About the Client?

- How does this relate to diagnosis?
- What causes suicidal thoughts?
- What are the clients needs at this time?
- Is suicide logical or illogical?

Shneidman's Cubic Model of Suicide (1987)



Cubic Model Defined

Press (Stress)

- “Represent those aspects of the inner and outer world, or environment, that move, touch, impinge on, or affect an individual and make a difference.”

Perturbation (Agitation)

- The state of being perturbed or upset and leads to constriction of cognitive and perceptual range. Leads to increased urgency and decreased range of options.

Psychache (Pain)

- “Twisted psychological needs – including need for achievement, autonomy, recognition, (nurturance), and avoidance of shame and humiliation.”

Hopelessness

- Beck
- Beck Hopelessness Scale
 - In research individuals tracked over several years
 - Significantly more suicides occur for individuals who exhibited the highest levels of hopelessness



Suicide as Escape from Self

- Roy Baumeister
- Six step theory
 - 1) Severe experience falling far below standards
 - 2) “Self-blame” for experience
 - 3) Aversive state of high self-awareness
 - 4) Negative Affect
 - 5) Cognitive deconstruction (avoidance)
 - 6) Disinhibition caused by avoidance of meaning

Assessment

- **National Action Alliance**
- The assessment should include the following critical factors related to suicide risk:
 - **Suicidal desire**
 - **Suicidal capability**
 - **Suicidal intent**
 - **Buffers/connectedness**

Dr. David A. Jobes' Truisms

Past President of American Association of
Suicidology

- “Most suicidal people do not want an end to their biological existence; rather, they want an end to their psychological pain”
- Suicide is a coping tool selected by the client
- Suicide should be the primary focus of therapy, as opposed to perceived just as a symptom of a mental illness
- Intervene to provide greater understanding and sense of control
- Purpose of interventions is to decrease/eliminate risk of suicide
- Goal is outpatient safety



Dr. David A. Jobes
Past President of American
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Empirically Supported Interventions

- Cognitive Behavioral Therapy for Suicide Prevention developed by Aaron Beck, PHD, and Gregory Brown, PhD
- Dialectical Behavior Therapy, developed by Marsha M. Linehan, PhD
- Metalizing treatment, developed by Jon Allen, PhD, and Peter Fonagy, PHD
- Transference-focused Therapy, developed by Kernberg, Clarkin and Yeomans
- Collaborative Assessment and Management of Suicidality (CAMS) developed by David A. Jobes

Intervention Recommendations

- Integrate assessment and treatment planning into the intervention
 - To build collaboration, common language, and client insight
- Informed consent
 - To build participation in services that focus on eliminating suicidality
- Crisis Response Plan
 - To eliminate access to lethal means of suicide
 - To build internal coping tools
 - To pre-determine external coping tools/resources/supports
- Involvement of family/friends/supports in crisis response plan and treatment
- Solution focused interventions until no longer a risk

Ethical and Legal

- Never use a Safety Contract- agreement not to harm themselves
- Assessment of risk
- Use a treatment plan
- Use a collaborative intervention
 - Engage family and friends
- Documentation!
- Use an empirically supported intervention
- Lawyers look for good bets

Reducing Liability

Dr. John Draper

Steps for reducing liability:

- Write out a policy
- Inform client
- Consent to share information
- Systematic assessment and treatment plan
- Documentation
- Collaborate with client/family
- Consult with other professionals



Dr. John Draper
Director of the National
Suicide Prevention Lifeline

Gateway Alcohol & Drug Treatment

24-Hour Helpline:

877-505-HOPE (4673)

RecoverGateway.org