Understanding Suicide and its Aftermath for Clinicians

North Dakota Behavioral Health Conference

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Eastern Kentucky University

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Admiral Jeremy Boorda
May 16, 1996
What I experienced . . .

- Abandonment and rejection
- Guilt
- Feelings of being blamed
- Shame and stigma
- Professional and personal rejection
- Social isolation
- Posttraumatic Stress Disorder symptoms
What others experienced . . .

- Abandonment and rejection (Bailley et al, 1999; Harwood, Hawton, Hope & Jacoby, 2002; Reed, 1998)
- Guilt (Bailley et al, 1999; Cleiren, 1993; Range, 1998)
- Feelings of being blamed (Ross, 1995; Shneidman, 1998)
- Shame and stigma (Cleiren et al, 1996; Cvinar, 2005)
- Professional and personal rejection (Joiner, 2005)
- Social isolation (Dyregrov & Dyregrov, 2008)
- Posttraumatic Stress Disorder symptoms (Armour, 2006; Melhem et al, 2004; Murphy et al, 1999)
The Continuum of Survivorship

Suicide Exposed

Suicide Affected

Suicide Bereaved, Short term

Suicide Bereaved, long term

(Cerel, McIntosh, Neimeyer, Marshall & Maple, 2014)
<table>
<thead>
<tr>
<th>Exposed</th>
<th>Affected</th>
<th>Suicide-Bereaved, short term</th>
<th>Suicide-Bereaved, long term</th>
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<tbody>
<tr>
<td>• First responders</td>
<td>• First responders</td>
<td>• Family members</td>
<td>• Family members</td>
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<td>• Anyone who discovers</td>
<td>• Anyone who discovers</td>
<td>• Therapists</td>
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<td>• Family members</td>
<td>• Family members</td>
<td>• Friends</td>
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<td>• Therapists</td>
<td>• Therapists</td>
<td>• Close work colleagues</td>
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<td>• Close friends</td>
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<td>• Health Care workers</td>
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<td>• Community members</td>
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<td>• Schools &amp; workplaces</td>
<td>• Schools &amp; workplaces</td>
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<td>• Acquaintances</td>
<td>• Acquaintances</td>
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<td>• Fans of celebrities</td>
<td>• Fans of celebrities</td>
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<td>• Community groups (sporting clubs)</td>
<td>• Community groups (sporting clubs)</td>
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<tr>
<td>• Rural or close knit communities</td>
<td>• Rural or close knit communities</td>
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Potential Types of Individuals in Each Category
Each Death by Suicide in the US leaves about 135 People Exposed

(Cerel, Brown, Maple, Bush, van de Venne, Moore & Flaherty, 2018)
Closeness of Suicide Exposed

Approximately 36.1% of people exposed are “close” or “highly close.”

Not just first degree relatives.

N=48
Those exposed to suicide are more likely to have anxiety & depression diagnoses and suicidal ideation
Closeness Associated with Mental Health Symptoms among Suicide Exposed

- Depression: Low Closeness (1-3) = 11, High Closeness (4-5) = 34.1
- PTSD: Low Closeness (1-3) = 2.2, High Closeness (4-5) = 26.8
- Prolonged Grief: Low Closeness (1-3) = 0, High Closeness (4-5) = 6.3

* p < .001
Law Enforcement

- 813 officers
  - 87.9% male (n=710). Age 22-76 (M= 43.65, SD = 9.45), average of 17.34 (SD=9.30) years in law enforcement
- 95% had responded to at least one suicide scene
- Average of 30.90 (SD=57.28) suicides in career
- 2.17 in the last year (SD=4.11)
  - 42.5%, one scene that stayed with them the most.
  - 22% reported a scene that they cannot shake or have nightmares about
- 73.4% knew someone personally who had died by suicide

(Cerel, Brown, Jones, Weisenhorn, & Patel 2018)
617 First Responders

- Emergency Medical Services = 437
- Firefighters = 91
- Law Enforcement Officers = 89

- Reported loss of fellow first responder to suicide
  - 61.8% (n=285)
- Number of suicide scenes to which they have responded overall = 49.8 (sd=119, range 0-1200)
Number of Suicide Scenes in Career

- Leo: 52.13
- Firefighter: 29.36
- EMS: 55.96
The Effect of Suicide Bereavement
Maison Hullibarger

The church teaches that suicide, because it is the taking of life, is immoral. But there are mitigating factors (depression, mental illness, trauma) that are often operative. Most of all, God's mercy is infinite. Still, this was indeed a pastoral disaster.

Priest Pulled From Funerals After Repeatedly Citing Teenager's Suicide...
The Suicide Funeral (or Memorial Service): Honoring their Memory, Comforting their Survivors

*Faith.Hope.Life.* is a campaign aimed at involving every faith community in the United States, regardless of creed, in suicide prevention.

See what it's all about
Faith.Hope.Life. Campaign

- Information
- Resources
- Sample prayers
- Webinars

- Communication tools
- Templates

www.faith-hope-life.org
SAVE THE DATE

National Weekend of Prayer for Faith, Hope, & Life

May 15-17, 2020

www.prayfaithhopelife.org
#PrayFHL
#BeThere
Download: go.edc.org/ojvn
#FaithHopeLife @Action_Alliance
What Can Clinicians Do?

What IS there support for?
#1 Become familiar with your own experiences

Writing Assignment 1: Attitudes and Beliefs about Suicide

For this assignment, I would like for you to write a 2-3 page reflection paper describing a) your beliefs and attitudes about suicide, b) positive and negative effects that might flow from those beliefs and attitudes with potential remedies for any potential harmful effects.

The content of this assignment might evoke highly personal experiences from your life or that of your family and other loved ones. I honor your personal boundaries, and you are welcome to reveal as much or as little as you wish about your personal history. It is helpful to distinguish between process and content. For this assignment, your grade will reflect your process of exploring your beliefs and attitudes with adequate depth and insight, not the content of your personal history.
#2 Become familiar with best practices

- Patient Health Questionnaire – 9 (PHQ-9) Depression Scale
  [Link](http://www.phqscreeners.com)

- Columbia-Suicide Severity Rating Scale (C-SSRS)
  [Link](http://cssrs.Columbia.edu)

- Suicide Behaviors Questionnaire Revised (SBQ-4)
  [Link](http://www.integration.samhsa.gov/images/res/SBQ.pdf)
Safety Planning

- Stanley and Brown (2012) Safety Plan Intervention

- Crisis Response Safety Plan (Rudd, Joiner, & Rajab, 2006)

- CAMS Stabilization Plan
“Means Safety”
Counseling on Access to Lethal Means (CALM)

Free online course for providers on how to ask patients about their access to lethal means:

http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means-0

Means Matters

http://www.hsph.harvard.edu/means-matter/
24/7 Hotlines/Texting

- The National Suicide Prevention Lifeline
  1-800-273-8255 (TALK) provides 24/7 free, confidential crisis counseling
- The Crisis Text Line (Text 741741)
  Provides 24/7 support via text messaging for those in crisis and can connect with trained volunteer crisis counselor
#3 Training: The Collaborative Assessment and Management of Suicidality (CAMS)
Critique of Current Approach to Suicide Risk: 
THE REDUCTIONISTIC MODEL 
(Suicide = Symptom of Psychopathology)

Traditional treatment = inpatient hospitalization, treating the psychiatric disorder, and using no suicide contracts…
The Collaborative Assessment and Management of Suicidality (CAMS) identifies and targets **Suicide** as the primary focus of assessment and intervention…

CAMS assessment uses the Suicide Status Form (SSF) as a means of deconstructing the “functional” utility of suicidality; CAMS as an intervention emphasizes a problem-focused intensive outpatient approach that is suicide-specific and “co-authored” with the patient…
#4: Read and Know Resources

- **Why People Die By Suicide**
  - Thomas Joiner

- **Helping the Suicidal Person**
  - Stacey Freedenthal

- **The Wounded Healer**
  - Henri J. M. Nouwen
Robert Neimeyer, PhD

Techniques of Grief Therapy
Edited by Robert Neimeyer
Trajectories of Grief

Resilience
Recovery
Chronic dysfunction
Delayed grief or trauma

Complicated Grief Treatment (CGT)

16-session treatment:

- Understanding grief
- Managing painful emotions
- Thinking about the future
- Strengthening relationships
- Telling the story of the death
- Learning to live with reminders
- Remembering the person who died

Sessions are structured in a manner similar to CBT. Each session begins with a review of the past week and setting an agenda, then moves to a loss-focused procedure followed by a restoration-focused procedure. The session ends with a brief summary and feedback about how it went and plans for the upcoming week.
Promising Interventions?
American Association of Suicidology
Survivors of Suicide (SOS) Directory

https://www.suicidology.org/suicide-survivors/sos-directory
Local Outreach to Suicide Survivors

www.Lossteam.com
"Even the helpless victim of a hopeless situation, facing a fate he cannot change, may rise above himself, may grow beyond himself, and by so doing change himself . . . turn a personal tragedy into a triumph"

-Viktor Frankl, *Man’s Search for Meaning*
Posttraumatic Growth (PTG)

Positive psychological change experienced as a result of the struggle with highly challenging life circumstances

- Shattering “assumptive world”
- Cognitive engagement with event—ruminate over elements
- Rumination allows for repair and restructuring

Calhoun and Tedeschi (2006)
Five Factors (Dimensions) of Posttraumatic Growth

- Relating to Others
- New Possibilities
- Personal Strength
- Spiritual Change
- Appreciation for Life
**Abstract. Background:** While there is evidence that suicide-bereaved individuals may be at higher risk for trauma-related outcomes, such as posttraumatic stress disorder or prolonged grief, positive psychology suggests that suicide bereavement may also promote personal growth within the confines of distress characterized as posttraumatic growth (PTG). **Aims:** The aim of this study was to investigate PTG and what variables,
Working with the Bereaved to Facilitate Posttraumatic Growth
0 = I did not experience this change as a result of my crisis
1 = I experienced this change to a very small degree
2 = a small degree
3 = a moderate degree
4 = a great degree
5 = a very great degree as a result of my crisis

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<th>possible areas of growth and change</th>
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<th>4</th>
<th>5</th>
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<td>a. my priorities about what is important in life</td>
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<td>b. an appreciation for the value of my own life</td>
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<td>c. I developed new interests</td>
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<td>d. a feeling of self-reliance</td>
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<td>e. a better understanding of spiritual matters</td>
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<td>f. knowing that I can count on people in times of trouble</td>
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<td>g. I established a new path for my life</td>
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<td>h. a sense of closeness with others</td>
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<td>i. a willingness to express my emotions</td>
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<td>j. knowing I can handle difficulties</td>
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<td>k. I’m able to do better things with my life</td>
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<td>l. being able to accept the way things work out</td>
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<td>m. appreciating each day</td>
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<td>n. new opportunities are available which wouldn’t have been otherwise</td>
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<td>o. having compassion for others</td>
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<td>p. putting effort into my relationships</td>
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Posttraumatic growth in clinical practice

- Understanding trauma as a precursor to growth
- Emotion regulation and PTG
- Self-disclosure and reconstructing relationships
- Creating a narrative with PTG domains
Three Conceptual Categories

- A changed sense of oneself
- A changed sense of relationships with others
- A changed philosophy of life
Tips for clinicians

• Consider the social and cultural context of the bereaved:
  – Culture of the family, community, and larger geographic region
  – What are the commonly held beliefs about suicide?
  – Must understand a client’s world view and belief system

• What are the availability of growth themes through the existence of proximate and distal culture?
• What is one’s understanding of growth and how is it modeled and reinforced?
• How is one’s understanding of growth reinforced or sanctioned?
• Who are their supportive others?
• How long are they supportive?
Facilitating PTG through Expert Companionship

- Companions who help nurture naturally occurring processes of healing and growth
- Companions who lead with companionship, rather than technical expertise or knowledge
- Journey with and “learning from” the bereaved
- Helping to rebuild a “world view” with a hopeful stance for the future
  - Free of distressing symptoms
  - Life possible without revictimization
  - How meaning and purpose are still possible
- Must accurately understand a client’s internal world (empathy)
Expert Companionship

- Revision of the life narrative is co-authored by the trauma survivor and the expert companion.
- Survivor benefits from expert companionship in narrative reconstruction because it is hard to appreciate oneself from an internal point of view.
- Expert companion notices things that the trauma survivor overlooks:

  “Given how horrible this event was, is there any possibility of anything valuable coming from it?”
Central components of facilitating growth

• Focus on listening
• Notice growth if the client approaches it
• Label it if growth is there
• Inquire about the possibility
  – follow their lead as they describe experiences
• Choose the right words
  – Characterize growth from their “struggle” not the event itself
Specific Approaches

- Mindfulness Meditation
- Walks in Nature
- Therapy
- Journaling
Narrative Reconstruction

- Narrative that incorporates the traumatic experience and allows for recognition of the positive changes in the aftermath
- Integrating one of the five domains into their new narrative
- Ability to link together a story that provides a sense of self – “autobiographical reasoning”
- Creating a timeline of their life of both positive and negative events
- Recognition of the life pre-trauma – what are they changing “from”
- Recognition that they have suffered other major stressors
- “How did going through all of this change you?”
- Listen for PTG, healthy coping and new core beliefs.
Thank You!

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