

# Understanding Suicide 101

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# Agenda:

- Introductions
- Safe Language
- Risk & Demographics
- Models of Suicide
- Walking Beside Someone in Crisis
- Further Training
- Resource



# Training Expectations: **Suicide is a sensitive topic**



01

Please be sensitive to the experiences of others

02

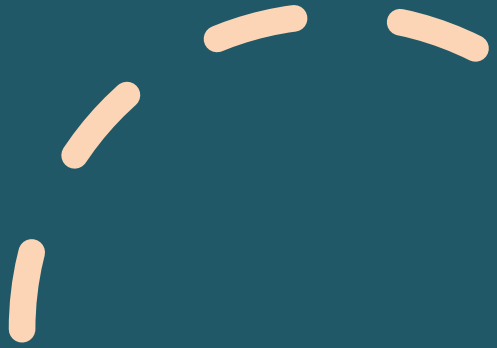
Please be willing to reconsider your beliefs

03

Please take care of yourself: If you need a break, take it but please come back.

04

Please do not throw objects at your trainer.



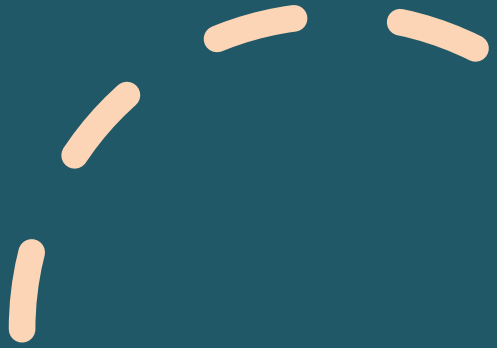
# For Attempt & Loss Survivors:

THANK YOU  
FOR BEING  
HERE!



Activation of  
Memories

Tyranny of Hindsight  
Challenging of current coping  
mechanisms: Anger, denial



## Preferred Language

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Suicidal thoughts vs Suicidal Intensity/Despair

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Committed, Completed vs died by suicide

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Successful vs Failed

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Serious vs level of lethality

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Attention seeking vs Attention needing

Gender

Age

Race

Ethnicity

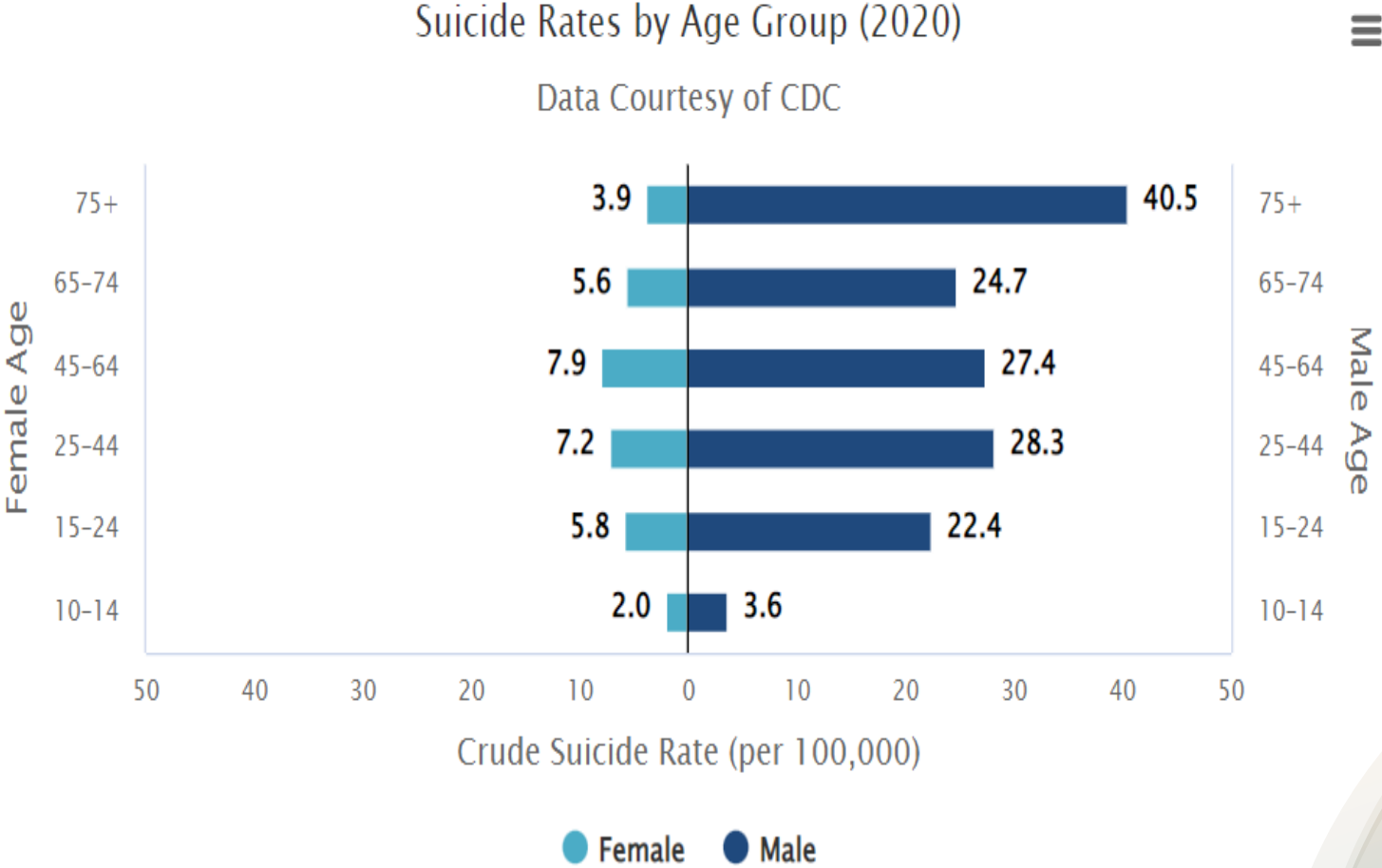
Occupation

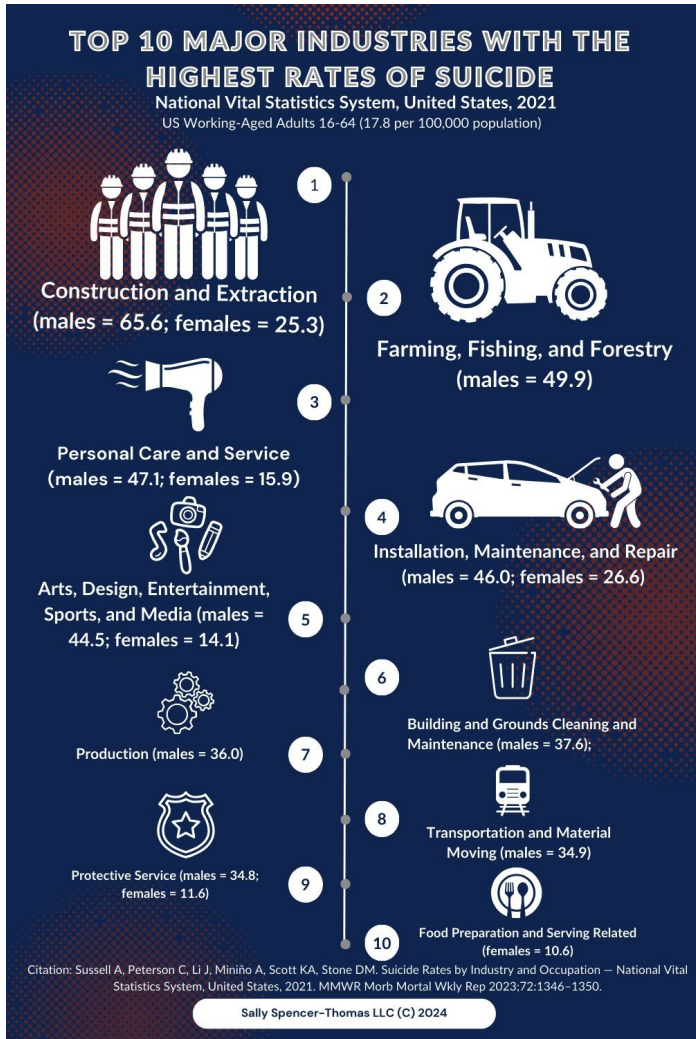
Trauma  
history

Who is at the highest risk of suicide?

# Suicide by Age & Gender

Figure 2







# Suicide by Occupation

This is where we find them!


<https://allongeorgia.com/national-news/va-releases-2019-national-veteran-suicide-prevention-report/>

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The rate of suicide was  
 **2.2** *times higher*  
*among female Veterans*  
*compared with non-Veteran adult women.*  
\* after accounting for differences in age

The rate of suicide was  
 **1.3** *times higher*  
*among male Veterans*  
*compared with non-Veteran adult men.*  
\* after accounting for differences in age

Male Veterans ages  
 **18–34**  
*experienced the **highest rates** of suicide.*

Male Veterans ages  
 **55 and older**  
*experienced the **highest count** of suicide.*

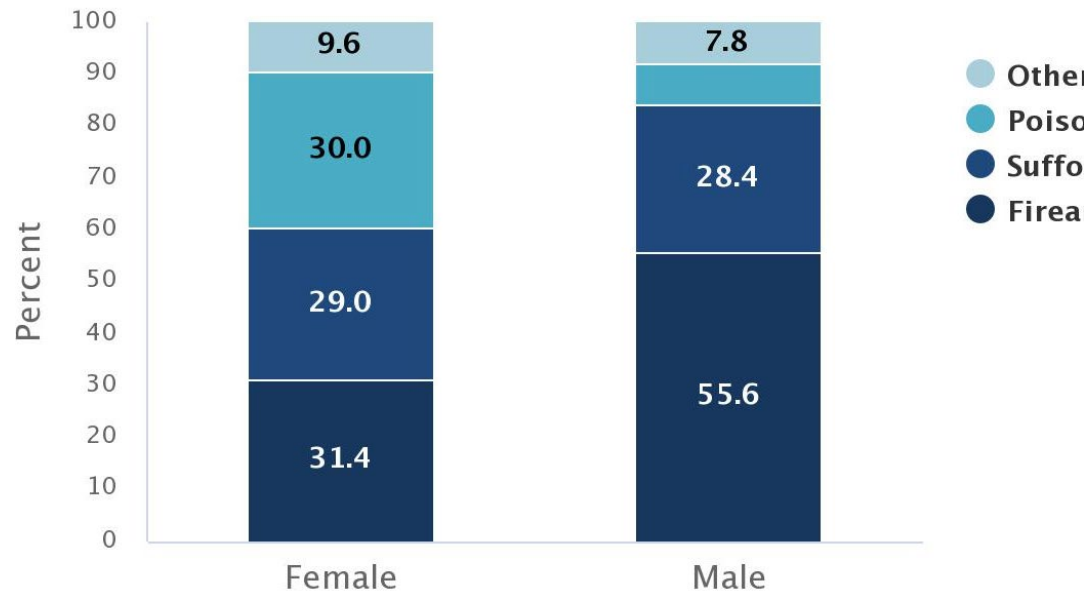
**69%** *of all Veteran suicide deaths resulted from a firearm injury.*

- Veteran Suicide Data
- 2019

# Suicide and Means

Percentage of Suicide Deaths by Method in the United States (2019)

Data Courtesy of CDC



- Suicide attempts involving a firearm have approximately a 85-90% fatality rate
- Suicide involving an overdose have approximately a 2-3% fatality rate.
- **MEANS MATTER.**

# Joiner's Model

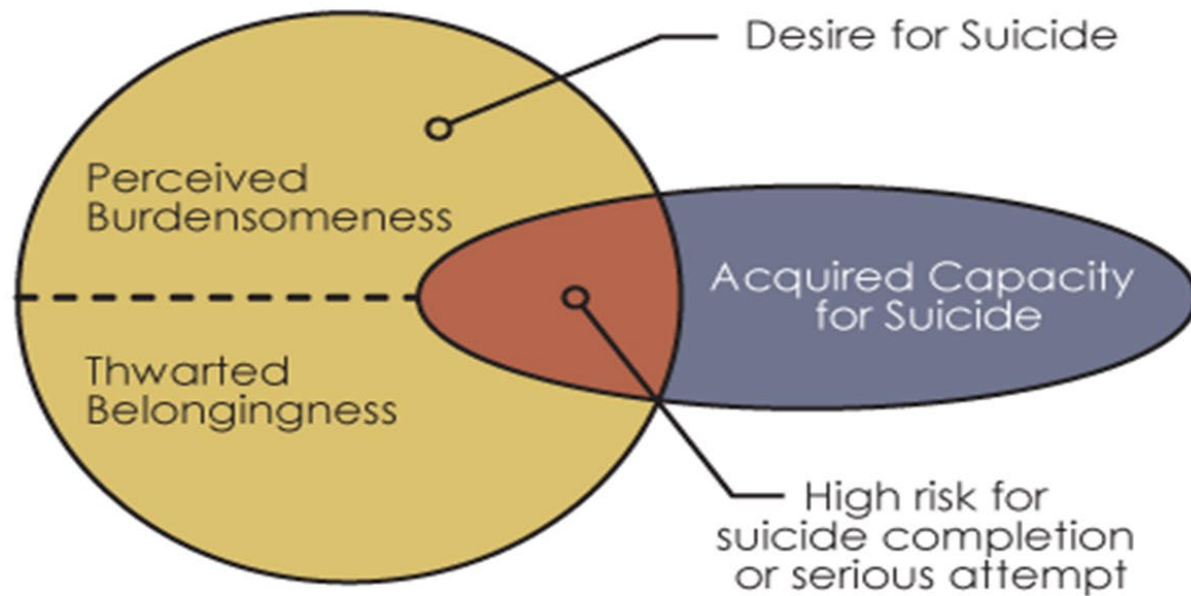


Figure 1: Thomas Joiner's model of suicide risk, 2006

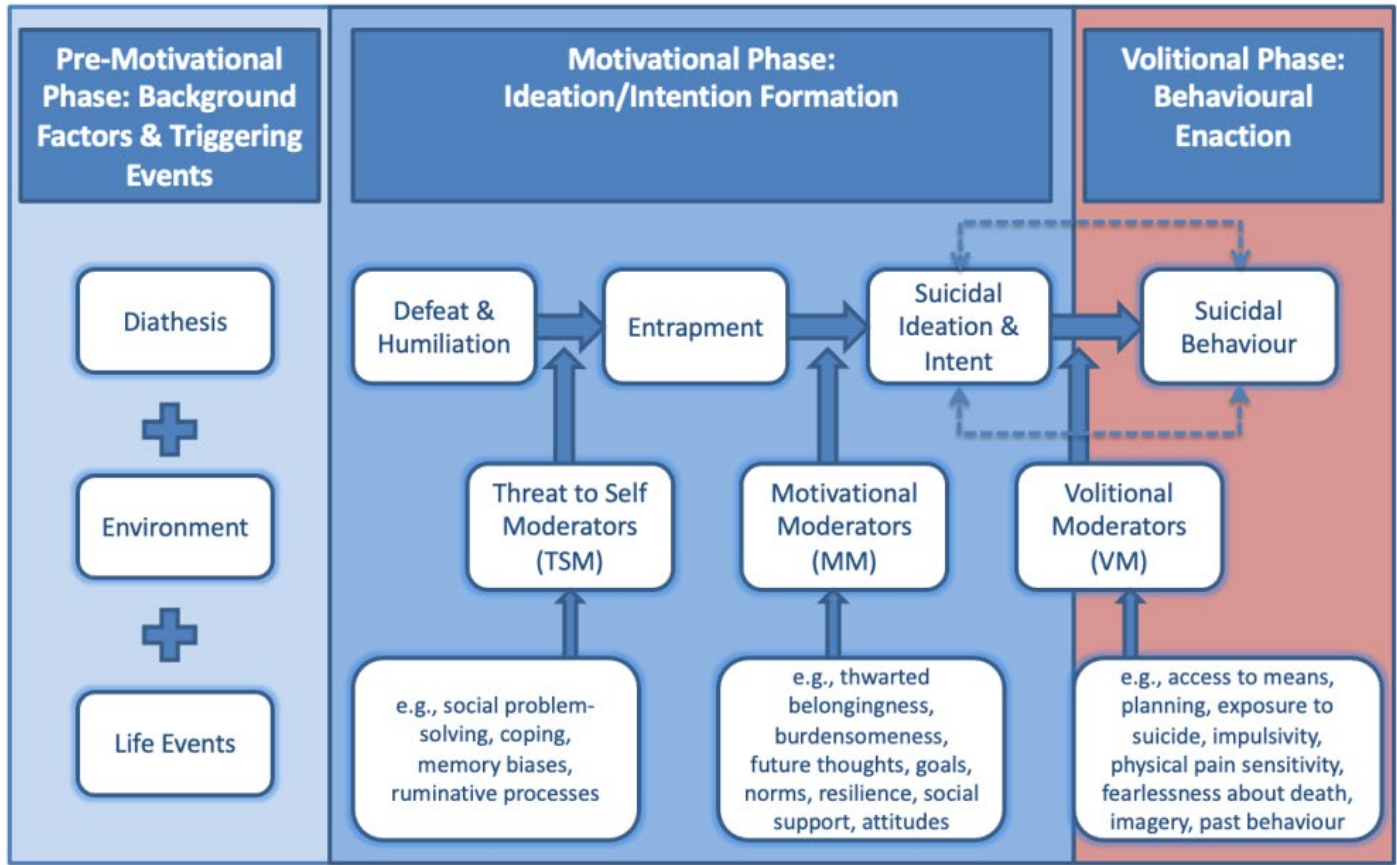
- Most suicidal people will not go on to die by suicide.
- What makes the difference between people who experience suicidal intensity and those who go on to die by suicide?

# The Integrated Motivational-Volitional (IMV) Model of Suicidal Behaviour

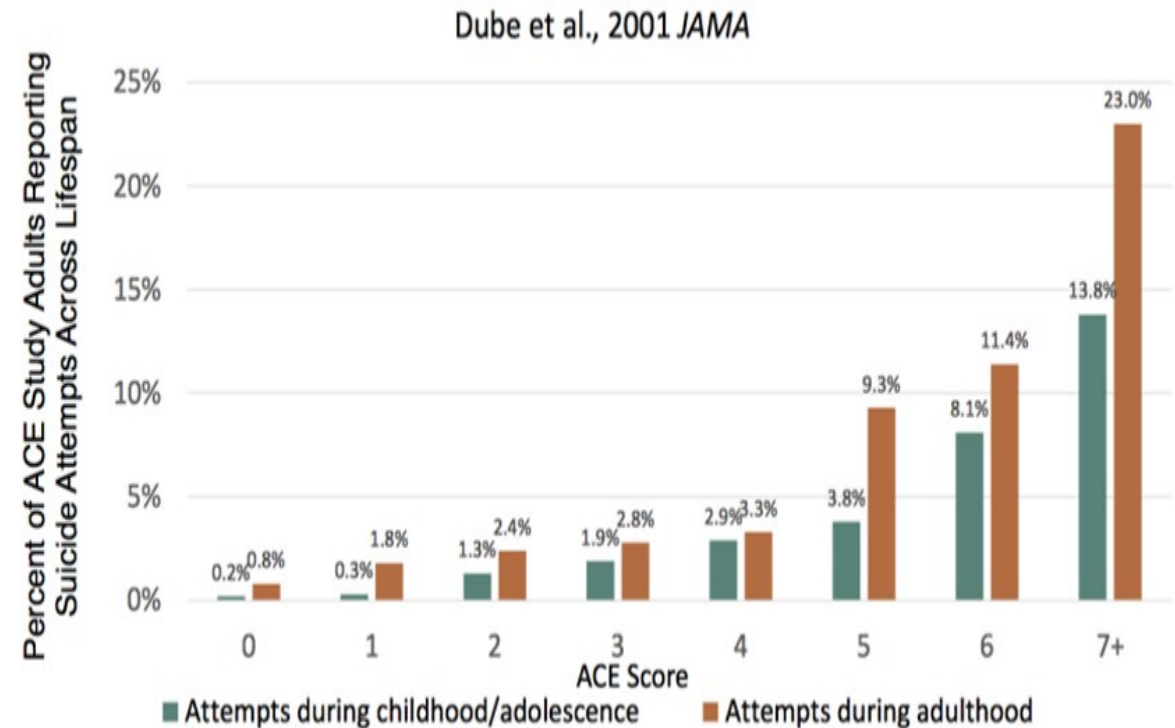
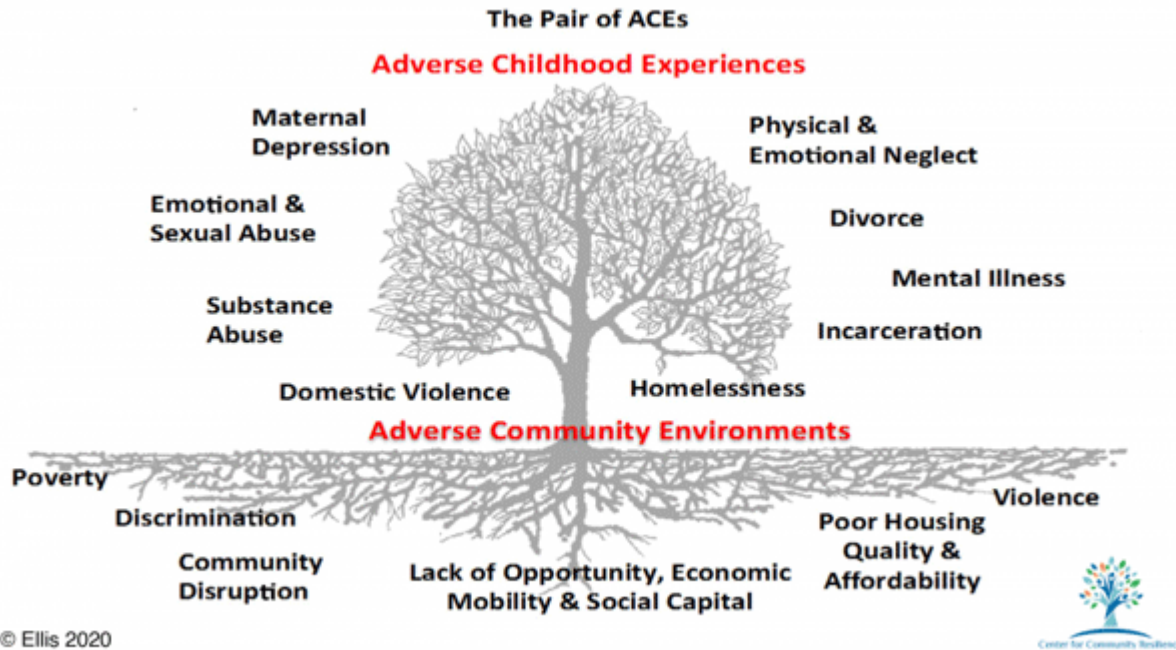
Dr. Rory O'Connor Professor & Researcher University of Glasgow

<https://www.gla.ac.uk/schools/healthwellbeing/staff/roryoconnor/>

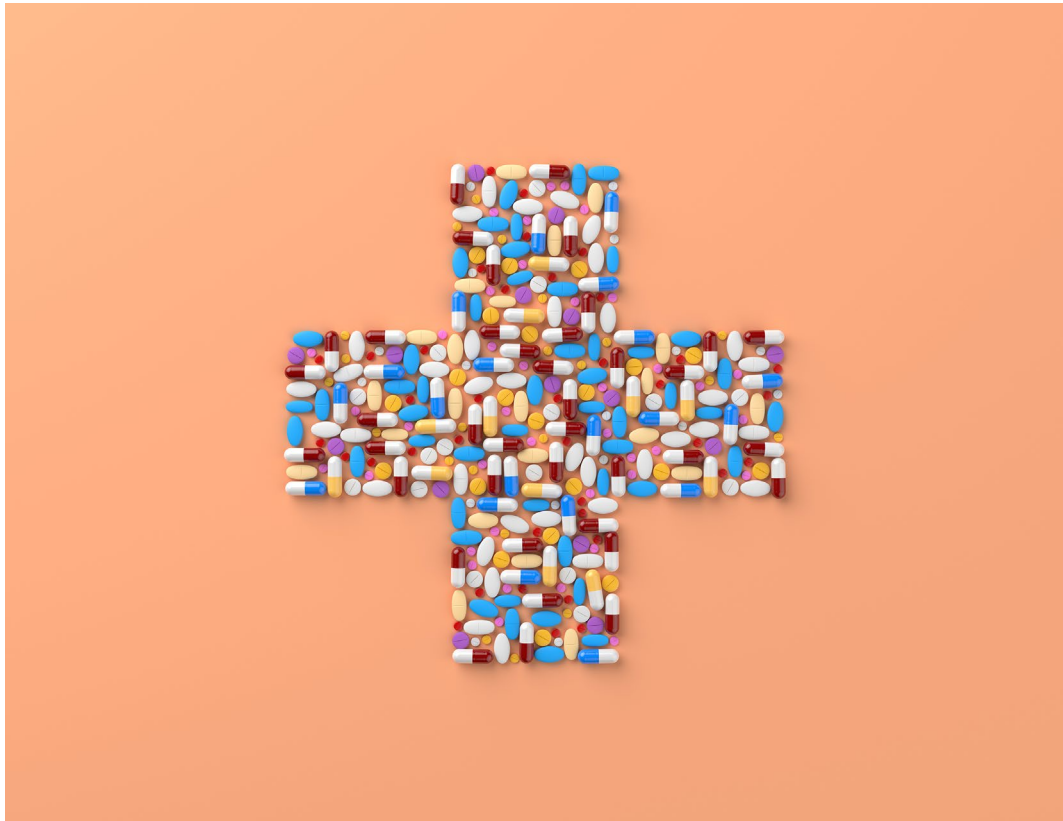
<https://suicideresearch.info/the-imv>



# Invisible Risk: Adverse Childhood Experiences



# Suicide and Substance Use

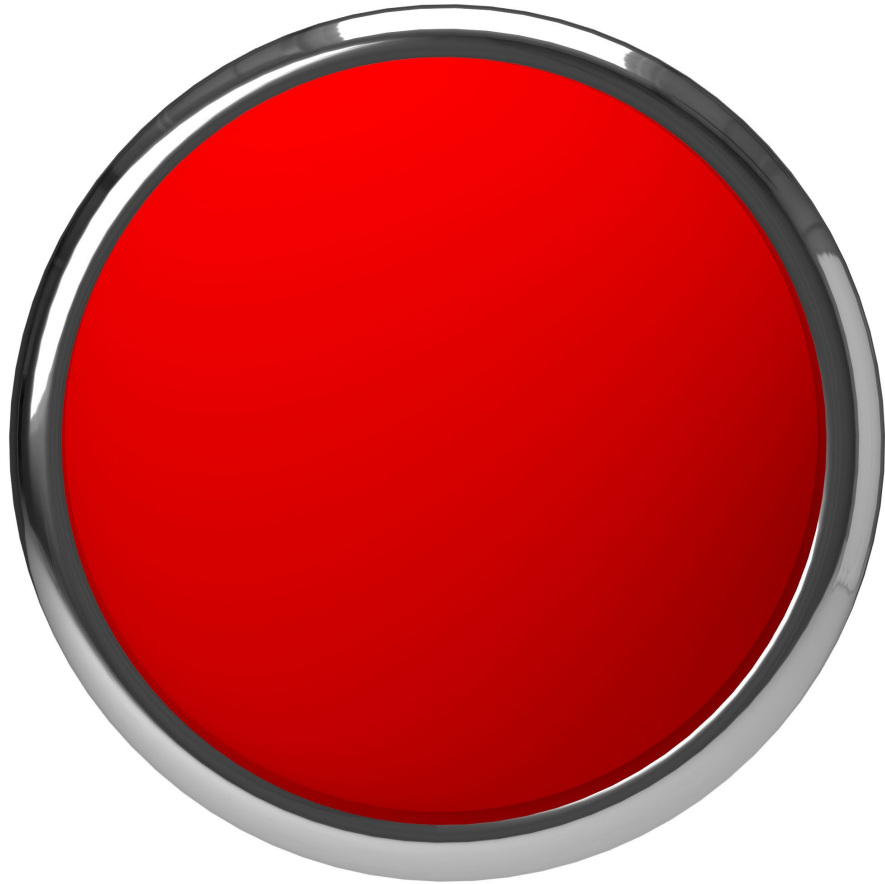


- **Substance use can be a warning sign of someone who is struggling (self-medicating)**
- **Substance use is often associated with multiple other risk factors for suicide: Adverse Childhood experiences, trauma, mental health conditions, chronic pain etc.**
- **Substance use can cause consequences that increase the risk of suicide (homelessness, unemployment, relationship problems, trouble with the law, etc.)**

# Problem Gambling



- **\*Men are more likely than women to experience problem gambling**
  - **\*Persons who identify as Black are more likely than persons who identify as White to experience problem gambling**
  - **\*Individuals with high school diploma or less are more likely than individuals with a college degree**
- \* Scratch tickets & lottery ARE gambling**



## Consequences of Problem gambling = risk factors for suicide

- Relationship problems
- Increased substance use
- Financial problems
- Legal problems
- Increased mental health conditions

**\* tends to impact high-risk suicide demographics**



# Legal Problems: Warning sign & Risk factor

- **In 2019 – 19.9% of people who died by suicide had been released from jail in the previous year** (*JAMA Netw Open*. 2024;7(5):e249951. doi:10.1001/jamanetworkopen.2024.9951)
- **People who are struggling are more likely to be involved in criminal situations such as drunk driving, domestic violence, and public intoxication.**
- **Strong correlation between ACES and incarceration**
- **Being in trouble with the law can be an activating event for suicide**

# Best Practices: Intervention & Safety



- **Evidence-Based Treatments (EBTs)**
- **Safety Planning (Evidence-Based)**
- **Lethal Means Safety**
- **Care Transitions**
- **Warm handoffs** and follow-up during care transfers.

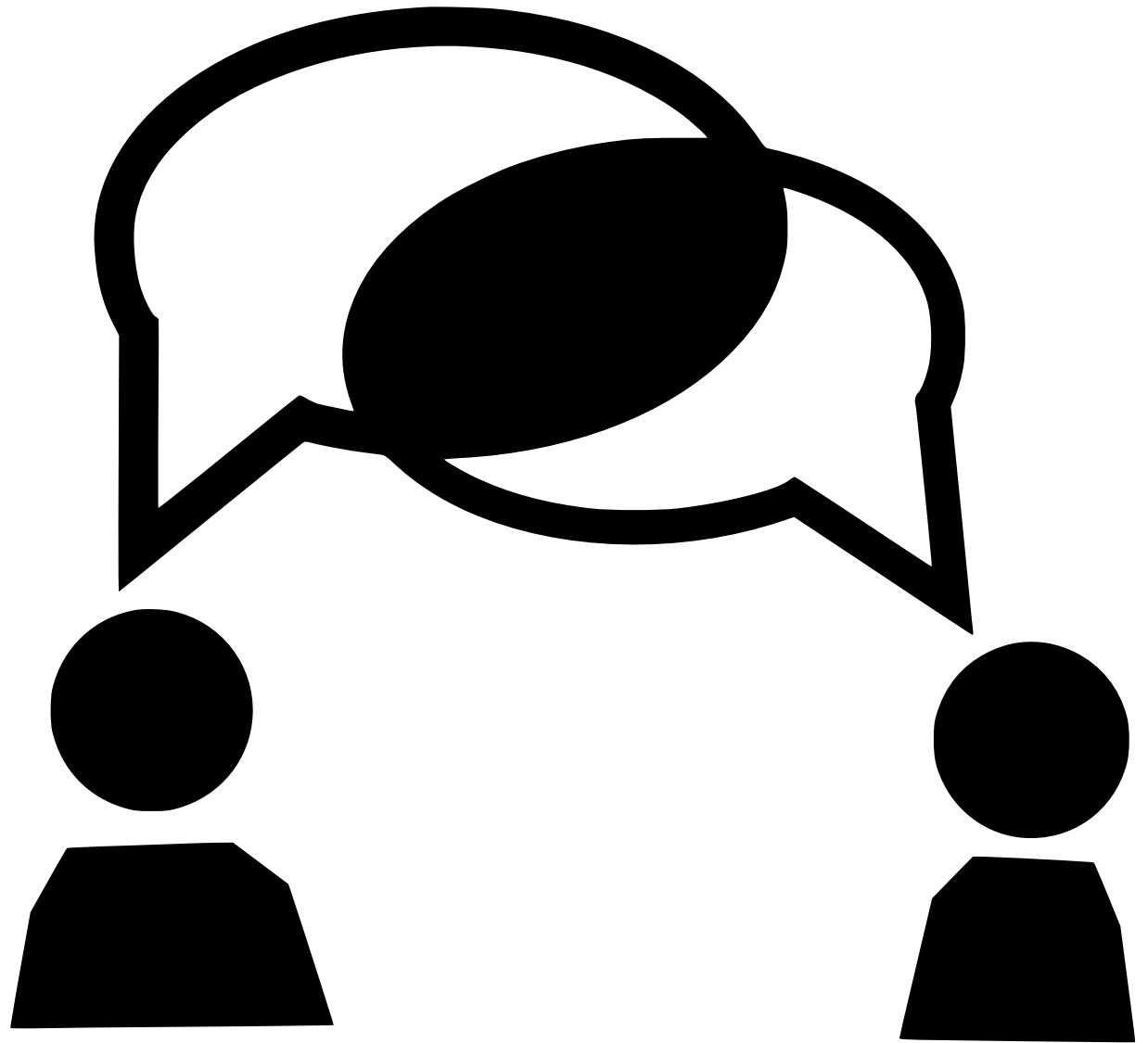
# Evidence-Based Treatments

All require further training

Utilize treatments with strong evidence for reducing suicidal behavior:

- **Dialectical Behavior Therapy (DBT) - Dialectical Behavior Therapy (DBT)** is a comprehensive, evidence-based psychotherapy originally developed by **Dr. Marsha Linehan** to treat individuals with **Borderline Personality Disorder (BPD)**, particularly those struggling with chronic suicidal ideation and self-harm.
- **Cognitive Behavioral Therapy (CBT)**, especially Brief CBT (BCBT) - **Brief Cognitive Behavioral Therapy (BCBT)** is an evidence-based, short-term, manualized protocol specifically adapted from Cognitive Behavioral Therapy (CBT) to quickly reduce imminent suicide risk and prevent future attempts.
- **Collaborative Assessment and Management of Suicidality (CAMS) - Collaborative Assessment and Management of Suicidality (CAMS)** is an evidence-based, therapeutic framework designed specifically to assess, track, and treat suicidal risk. Developed by **Dr. David Jobes**, CAMS shifts the focus of treatment from the clinician managing risk **to a collaborative partnership** with the patient toward **suicide resolution**.

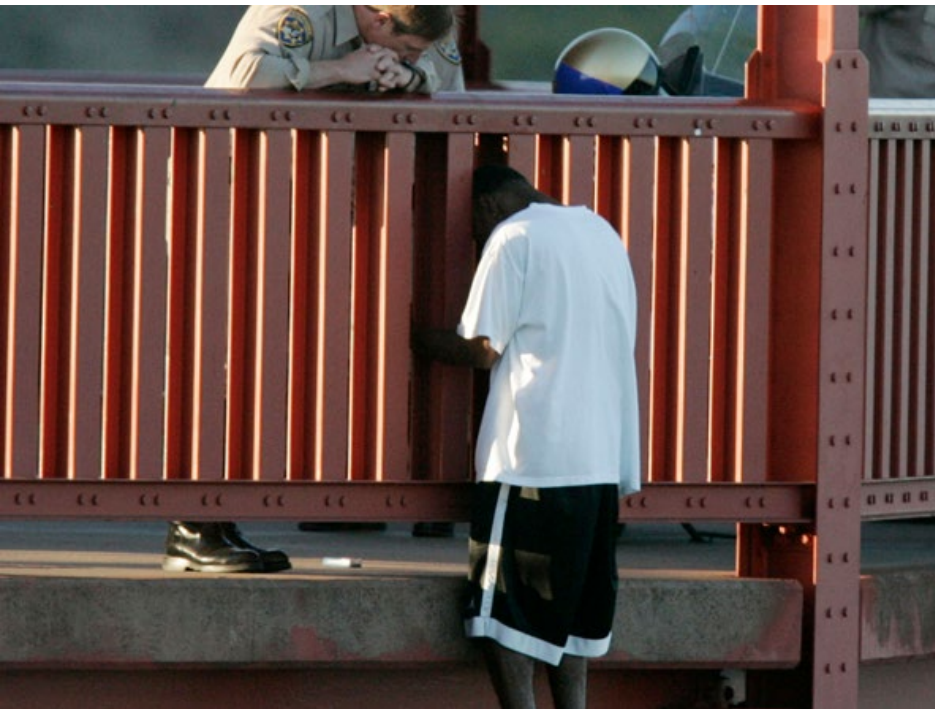
# Conversations about Suicide





# Tips for interacting with someone who is suicidal :

- Stay Calm
- Listen actively
- Avoid being judgmental
- Offer encouragement
- DO NOT THREATEN (this can increase risk)
- Focus on why the individual feels hopeless more than the suicidality
  
- Remember: 1 caring interaction can be what it takes to provide hope to someone in a crisis





## CAMS: Dr. David Jobes <https://cams-care.com/>

### Treatment Philosophy

- **Targeting Drivers:** The primary goal of CAMS is to treat the **suicidal drivers** (the reasons for living/dying) rather than focusing solely on a diagnostic category (like depression).
- **Stabilization:** CAMS is typically a **brief, stabilization-focused** intervention (often 6-8 sessions). Once the patient achieves "suicide resolution" (no longer actively suicidal), they transition to traditional, longer-term therapy to address the root mental health issues.
- **Suicide-Focused:** The therapy is explicitly about suicide, validating the patient's pain while teaching them skills to manage it.

# Lethal Means Safety:

- **Lethal Means Safety (LMS)**, also known as **Means Restriction**, is an essential component of suicide prevention. It is a proactive, evidence-based intervention focused on **reducing a suicidal person's access to the most common and highly lethal methods** they might use to attempt suicide.

Lethal means safety is among the most effective ways to reduce suicide attempts and deaths. It is characterized by putting time and distance between a person at risk for suicide and lethal means or methods of suicide. This allows time for the suicidal risk to diminish, for the intense suicidal impulse to pass, or for someone to intervene. Most individuals who are prevented from making a suicide attempt via one method typically do not go on to attempt with another method, making lethal means safety a critical and effective component of any suicide prevention strategy. Safer environments support people at risk for suicide.

<https://afsp.org/policy-priority-lethal-means-safety/>

## Dr. Craig Bryan: Lethal Means Safety



Notice:

Tone of voice

Body language

Affect

Comfort level

# Safety Plans Work

- 1. Write 3 warning signs of a developing crisis**

# Stanley- Brown Safety Plan

The plan is designed to be used sequentially when a person experiences a suicidal crisis:

- **Warning Signs:** Identify personal thoughts, images, mood, or behaviors that signal an impending crisis.
- **Internal Coping Strategies:** List activities the individual can do **by themselves** to distract or soothe (without contacting others).
- **People and Social Settings that Provide Distraction:** List people or places that can offer **distraction** from suicidal thoughts (where the crisis is *not* discussed).
- **Family Members or Friends Who May Offer Help:** List people the individual can contact **to talk about the crisis** and ask for help.
- **Professionals or Agencies to Contact During a Crisis:** List emergency and crisis contacts (e.g., clinician, crisis line/988, local emergency services).
- **Making the Environment Safe (Lethal Means Safety):** A detailed plan to **reduce access to lethal means** until the crisis subsides.

# Warm handoffs

Ensure **warm handoffs** and follow-up during care transfers (e.g., inpatient to outpatient), as this is a period of **high risk**.

- A **warm handoff** in the context of suicidality is a specific, planned transition of care for a patient, typically from one clinician or service to another, that involves a **direct, three-way introduction and communication** between the patient, the sending professional, and the receiving professional.
- This practice is essential because periods of transition (e.g., leaving a hospital, moving to a new therapist, or connecting to a crisis line) are known to be **times of significantly increased suicide risk**.



## Key Elements of a Warm Handoff:

- **Direct Introduction:** The sending professional (e.g., the emergency room social worker) remains with the patient and personally introduces them to the receiving professional (e.g., the outpatient therapist).
- **Information Transfer:** The sending professional briefly and collaboratively transfers **critical clinical information** about the patient's current risk status, treatment plan, and safety plan to the receiving professional **while the patient is present and participating**.
- **Verification of Engagement:** The sending professional confirms that the patient has successfully connected with the new provider and that the new provider **accepts responsibility** for the patient's ongoing care and safety.
- **Continuity:** It ensures that the patient does not "fall through the cracks" and maximizes the likelihood that they will attend the crucial follow-up appointment.



Craig Miller –

What If.....



# Consider further training

- Check out SPRC – Suicide Prevention Resource Center (free, online training options!)
- QPR Institute – QPR-T training
- CALM: Counseling on Access to Lethal Means
- American Association of Suicidology: Recognizing and Responding to Suicide Risk: Essentials for Clinicians<sup>©</sup>

# Call 988

There is hope.  
There is hope.  
There is hope.  
There is hope.



**988** SUICIDE & CRISIS  
LIFELINE



**Veterans  
Crisis Line**

**NEW NUMBER,  
SAME SUPPORT.**

Dial 988 then Press 1.  
Share it with your networks.



Questions

# THANK YOU!

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### Books – available on Amazon

- The Price
- Guts. Grit & The Grind – Series 1-4
- Good Night Grace
- Soul Exhaustion & Soul Care Workbook



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