

WOUNDS THAT DON'T HEAL

Domestic Violence and Youth Suicide

Suicide Assessment and Intervention



CARL RUSSELL
LIFE HOPE CONSULTING AND SERVICES

Carl Russell



- Personal History – Child witness and victim of DV
- Served as Chairman of the Board for DV programs in Grants and Socorro
- Over 15 years working in psychological trauma
- Founder of Life Hope Consulting and Services
- President of the NM Crisis Support Team
- Member of the American Academy of Experts in Traumatic Stress
- Member of the National Center of Crisis Management
- Consultant with AFD

Where We're Going



- Suicide Statistics – It has reached pandemic proportions
- The Nature of Suicide
- Risk and Protective Factors of Suicide
- Recognizing the Signs
- Suicide Interventions – How can we help

Suicide Statistics



- New Mexico - Suicide is the 3rd leading cause of death in people 14 to 24
- Youth suicide in NM is twice the national average
- In 2007 a survey of youth in NM, found that almost 35% reported feeling sad and helpless.
- In that same survey, 14.3% self reported that they had attempted suicide in the last 12 months, and 19.3% said they had seriously considered it.

Suicide and DV



Both are the outcome of complex interactions among neurobiological, learned behaviors, psychological, social, cultural, religious, and environmental risk and protective factors.

There are no easy answers or quick fixes

Myths



- People who talk about it won't do it.
- All suicides are just an impulse
- All suicidal people really want to die
- All suicidal people have a history of mental illness

2 General Truisms



- Most suicidal people do not want to end their biological existence. They want to end their psychological pain and suffering. (80% of suicide attempts are cries for help)
- Most suicidal people will tell or are willing to tell someone that they are thinking about suicide as a compelling option for coping with their pain.

Sorting it Out



- Suicidal Profile
- Suicidal Indicators or symptoms
- Suicidal Risk Factors
- Protective Factors

Suicide Assessment is a Complex Problem



- Mnemonics are of limited use
- Limited Psychometric Properties:
 - Low Reliability
 - Low Validity
 - Mixed profile with risk factors with symptoms
 - Cannot cover everything
- Some tools were too long or complicated
- Which Mnemonic do you use.

SAD PERSONS



S sad
A age
D depression
P previous exposure
E ethanol (alcohol)
R rational thinking loss
S social support lacking
O organized plan
N no spouse
S Sickness

MAN THIS ISN'T FAIR



- M=MENTAL STATUS
- A=ATTEMPTS
- N=NO POSITIVE FACTORS
- T=TRIGGER
- H=HOPELESSNESS
- I=IDEAS and INTENT
- S=SUBSTANCE USE
- I=ILLNESS
- S=SUICIDE IN THE FAMILY
- N'T=SUICIDAL NOTE
- F=FINAL ARRANGEMENTS
- A=ACCESS TO MEANS
- I=ISOLATION
- R=RECENT PSYCHIATRIC HOSPITALIZATION

IS PATH WARM



- I=Ideation
- S=Substance Abuse
- P=Purposelessness
- A=Anxiety
- T=Trapped
- H=Hopelessness
- A=Anger
- R=Recklessness
- M=Mood Changes

HOW RIPE IS IT



H	Hopelessness, Despair
O	Overwhelmed, Stress, Pressure
W	Worthlessness, Self-Esteem or Worth
R	Reason to Live, Purposelessness
I	Immediacy, Agitation, Urgency
P	Pain, Hurt, Depression, Misery
E	Expression, Ideation, Statement, Note, Will
I	Indifferent
S	Self Injury or mutilation
I	Isolation
T	Trigger

What is Really Important



- Understanding what drives a person to suicide
- Understanding the person
- Domestic Violence increases both the numbers and the severity of risk factors
- Domestic Violence reduces the protective factors

Understanding the Person is most valuable



Memorizing Mnemonics can help recognize some of the signs and possible risk factors but they can't explain why a person wants to commit suicide

Suicidal persons are in the third stage of a crisis where suicide seems to be the only solution to the intense emotional distress

What drives anyone to suicide?



- Severe emotional and psychological distress that victims cannot tolerate anymore.
- They are in a Crisis situation where something has to change soon.
- They perceive that they have neither the internal nor external resources to cope or change the outcome.
- They perceive that suicide is their only option.

(A person's perception is their reality)

The Brick Wall



People commit suicide because they have hit the proverbial brick wall. They feel miserable, trapped, helpless, and hopeless. They perceive that nothing is going to change and their life is never going to get better. There is nothing they can do to change the situation or their misery.

Suicide and Crisis



- Victims of domestic violence suffer extreme physical, emotional, and psychological distress
- Most victims attempt to change or cope with the situation
- When the coping mechanisms fail and reality catches up – **Crisis**

3 Phases of a Crisis



- Impact - This can be a single event or it can be a chronic condition and/or an accumulation of stressors.
- Renew or Research – The victim puts more effort into changing the situation and/or looking for some way to cope with the problem.
- Withdrawal – Victims give up, surrender, quite trying.

Crisis Phase 1 Impact



- How an individual initially reacts to the problem
- All their coping skills fail to resolve the problem
- Victims know that something has to change so they may try numerous things
- If nothing works, they enter stage 2 of a crisis

Crisis Phase 2 – Renew and Research



- The person is desperate for a solution
(Problem Solving Approach)
- Try harder
- Try something new
 - ✦ Willing to listen to others
 - ✦ Willing to consider other options

or

Crisis Phase 2 Fight, Flight, or Freeze



- The person is desperate to eliminate the pain: they can't change the situation so they try to find an emotion based coping.
 - **Freeze** - Psychologically the person may distort, deny or repress the reality of the problem
 - **Flight** – Turn to alcohol or drugs
 - **Fight** – Cause severe bodily harm or death to self or others

Crisis Are Not All Bad



- In a crisis a person has an opportunity for growth and maturity.
 - They may learn new problem solving skills
 - They may decide that they are too valuable to stay in this situation and move on
 - This may put them on a path to physical and emotional wellness
 - This may put them on a path of helping others

3 Dimensions of Learned Helplessness



- **Personal – Universal**
 - Personal - I'm a failure
 - Universal – Anybody could have failed
- **Stable – Unstable**
 - Stable – Nothing will change
 - Unstable – Things can change
- **Global – Specific**
 - Global – I'm always a failure at everything
 - Specific – I failed this time at this one thing

This material is quoted from
Kenneth France, Crisis Intervention 4th edition

Learned Helplessness



- Personal, Stable, and Global lead to learned helplessness.
- Personal, Stable, and Global may result in phase 3 crisis
- This is where we may be able to help someone.
 - It's not your fault
 - Things can and will change (over time and with work)
 - Don't let this ruin your whole life

! Crisis Phase 3 Withdrawal !



- **Unable to continue facing undiminished pressure the victim withdraws and stops trying to cope.**
 - **Voluntary Withdrawal -- Suicide**
 - **Involuntary withdrawal -- Psychotic Disorder**

This material is quoted from
Kenneth France, Crisis Intervention 4th edition

It's Not Over When it's Over



- Post Traumatic Stress Syndrome
- Anger, guilt, bitterness and inability to trust
- Post traumatic Stress disorder

- Each of these places the person back into the stages of a new crisis.

Children and Youth



- Have no control over the abuser, the abused, or the situation. They are helplessly trapped in an environment they did not create.
- The emotional and psychological pain has to be directed somewhere.
 - Internally – Depression, anxiety, anger, illness, isolation, psychotic or mental illness.
 - Externally – Antisocial acting out, rage, violence, abuse, suicide

Children and Youth



- Do not learn problem solving skills from either the abuser or the abused
- More likely to continue in the same pattern of behavior of the parents
- More difficulty in relationships later in life
- Develop greater risk factors for suicide

Summary of Risk Factors



- Previous exposure to suicide, especially in the family
- History of mental illness in the family
- Substance abuse
- Social support lacking (family, friends)
- Access and lethality of means

Spotting the Signs



- Different people may exhibit different signs at different times
- There is no perfect assessment tool
- Although there are generally some signs and symptoms, there is no proof positive that a person is going to commit suicide.
- There are too many variables.

2 Thinkers



- **Interpsychic Thinkers** – Most likely to drop hints or talk about it.
- **Intrapsychic Thinkers** – Usually don't. These are the ones that us by surprise.

Most common and most severe characteristics



- Hopelessness ,Trapped, Despair
 - Nothing can change
 - I can't escape
- No meaning in life or reason to live
- No Self-Esteem, feeling worthless
- Isolation feeling that nobody cares for them
- Previous attempts
- Loss of rational thinking
- Self Mutilation or injury

HOW RIPE IS IT



H	Hopelessness, Despair
O	Overwhelmed, Stress, Pressure
W	Worthlessness, Self-Esteem or Worth
R	Reason to Live, Purposelessness
I	Immediacy, Agitation, Urgency
P	Pain, Hurt, Depression, Misery
E	Expression, Ideation, Statement, Note, Will
I	Indifferent
S	Self Injury or mutilation
I	Isolation
T	Trigger

Intervention



- Intervention is not psychotherapy.
- Stop the trauma both physical and emotional
- Provide for basic physiological needs of food, water, safety, shelter, clothing, etc

Suicide Intervention



- Listen to your inner voice. If something doesn't feel right- it probably isn't.
- Don't be afraid to ask. “Have you had any thoughts about hurting yourself?”
- Care enough to listen –Cathartic ventilation
- Validation – Don't discount their experiences, thoughts, or feelings

Intervention



- Stay calm and speak in a soothing voice
- Practice Active Listening Skills
- Possibly explore reasons to live and hope for the future. (if they are rational)
- Be Directive

Intervention



- Know the facts and resources
- Be Open and Honest
- Don't make statements that are not 100% accurate
- Don't make promises you cannot guarantee 100%
- **Report and refer**

Report and Refer



- By law all suicide or homicide threats must be reported
- By law any child abuse or neglect must be reported
- Find out if the abused and the children and youth are under the care of a mental health provider. Get their contact information and call them.
- If the suicide or homicide threat seems immanent and/or the person has a means (such as a gun) call 911
- You can call CYFD **1-855-333-SAFE (7233)**
- **#SAFE from a cell phone**

You Need to Know



- The most common signs or symptoms of traumatic stress
 - Victims are experiencing thoughts, feelings, physical reactions, and behaviors in themselves they don't understand and it is scarring them.
 - By knowing the common signs or symptoms you can spot those that are not normal or dangerous.
- How to do an intervention

Cautions



- If there is any sense that the patient has some sort of mental illness, they must be referred immediately to professional mental health
- If the person makes any overt statements about committing suicide or homicide, it must be reported immediately

(A statement of desire to be dead is not the same as an overt statement of intent to commit suicide)

Individual Crisis Intervention



SAFER Model

- **S- Stabilize** the person and the environment
- **A- Acknowledge** the victim's experience and reactions
- **F- Facilitate** Understanding
- **E-Encourage** adaptive coping
- **R- Refer** to appropriate professional mental health

SAFER Model



- The SAFER model is a two day certification course from the International Critical Incident Stress Foundation (ICISF)
- There are approved instructors for this course in the area
- For more information
 - the web site for ICISF is icisf.org
 - For instructors and scheduling you can contact me at life_services@live.com or call (505) 238-5003

Life Hope Consulting and Services



Contact information

E-mail life_services@live.com

Phone (505) 238-5003



End of Presentation



- Questions
- The following slides are for information only

Bibliography and Selected Resources



- Managing Suicide Risk David Jobes
- Crisis Intervention 4th edition Kenneth France
- The Quick series guide to Suicide Prevention
- The Domestic Violence Source Book
 Dawn Bradley Berry

Protective Factors



- Effective clinical care for mental, physical and substance abuse
- Restricted access to lethal means
- Strong family and community support
- Skills in problem solving, conflict resolution
- Cultural and religious beliefs
- Strong sense of self-esteem and self efficacy
- Strong sense of personal worth
- Positive spiritual beliefs

Risk Factors for Suicide



In addition to the SSF there are certain risk factors or personal characteristics or issues that we need to be aware of.

- **Biopsychosocial**
- **Environmental**
- **Sociocultural**

Biopsychosocial

risk factors



- Psychological and Emotional health
 - Clinical Depression
 - Bi-Polar
 - Other Mental Illness
- Alcohol*
- Anti-depressants
- Obsessive Compulsive disorders
 - Gambling
 - Sex
 - Risk taking

Biopsychosocial

risk factors



- Hopelessness and Helplessness
- Impulsive and or aggressive tendencies
- History of trauma and abuse
 - Childhood
 - Domestic partner
- Major physical illness or trauma
- Previous attempts
- Family History of suicide

Suicide Status Form SSF



The following Suicide Status Form was taken from
Managing Suicidal Risk, a Collaborative Approach by
David A. Jobes
\$30 from Amazon.com

It was primarily designed to be used by clinicians

The following forms are samples only

Due to copyright I cannot reproduce the forms for
distribution

Environmental

risk factors



- Job or financial Insecurity
- Plan
- Easy access to means
- Local clusters of suicide that have a contagion affect

Sociocultural

risk factors



- Lack of social support and sense of Isolation
- Stigma associated with help seeking behavior
- Barriers to access to health care, mental health care, and substance abuse treatment
- Certain cultural and religious beliefs
- Exposure to others who have died by suicide

Suicide Status Form SSF



Rate Hopelessness (Your expectation that things will never get better no matter what you do)

Low 1 2 3 4 5 High

I am most hopeless about: _____

Rate Self-Hate (Your general feeling that you don't like yourself; having no self-esteem; having no self-respect)

Low 1 2 3 4 5 High

What I hate most about myself: _____

Rate overall risk of suicide:

Low 1 2 3 4 5 High

(I will not kill myself) (I'm thinking about it) (I will kill myself)

Suicide Status Form SSF



How much is being suicidal related to thoughts about yourself?

Not at all: 1 2 3 4 5 Completely

How much is being suicidal related to thoughts about others?

Not at all: 1 2 3 4 5 Completely

I wish to live to the following extent:

Not at all: 1 2 3 4 5 6 7 8 Very much

I wish to die to the following extent:

Not at all: 1 2 3 4 5 6 7 8 Very much

The one thing that would help me no longer suicidal would be: _____

Suicide Status Form SSF



Rate Psychological Pain (hurt , anguish or misery) not stress or physical Pain

Low 1 2 3 4 5 High

What I find most painful is: _____

Rate Stress (your general feeling of being pressured or overwhelmed)

Low 1 2 3 4 5 High

What I find most stressful is: _____

Rate Agitation (emotional urgency, feeling that you need to take action)

Low 1 2 3 4 5 High

I most need to take action when: _____

Suicide Status Form SSF RFL and RFD



Rank	Reasons for Living	Rank	Reasons for Dying