University of Nevada, Reno
Counseling and Educational Psychology

Suicide: Awareness and Prevention

Transgender needs in healthcare (all) settings

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Clinical content and jargon

- This presentation is largely created for clinicians who will work with suicidal clients/patients.
- The material is important for anyone and everyone! “Imagine all the people living in the world……”
- PLEASE stop me and ask/discuss any part(s) of this presentation.

“Maybe that’s enlightenment enough – to know that there is no final resting place of the mind, no moment of smug clarity. Perhaps wisdom, at least for me, means realizing how small I am, and unwise, and how far I have yet to go.”

-Anthony Bourdain

Content

- Personal beliefs and counter-transference
- Stats and alarming numbers
- Protective factors for TGGQ clients
- Signs and symptoms
- Basics of Suicide Assessment
- What to do and when to do it?
- Safety Plan
- What are your resources?

Narratives

- What are some cultural narratives about suicide and those who take their lives?

- Consider what our clients might be thinking. Likely similar to what we just spoke.

Narratives for TGGQ

- What are some cultural narratives about non-binary identities

- Consider what our clients might be thinking. Likely similar to what we just spoke.

Your thoughts

- Note your personal beliefs about suicide. Note your thoughts about gender identity.

- How are your beliefs potential counter-transference dilemmas?

With some few clear exceptions, I am against suicide committed by other people, but I want to reserve that option for myself. Shneidman, 1993.

Theoretical notions

- Suicide is not a defect in cognition. Suicide is a reaction to frustrated psychological needs (Murray, 1981).
  - Affiliation
  - Avoidance of pain
  - Achievement
- Self-destruction is connected to man's symbolic/psychological world (Bertalanffy, 1965). What happens if we don't think we fit?
  - Existential crisis

Erik

- Existing client
  - Profoundly intellectual 24 y/o female to male
    - Computer wiz and a philosopher by nature
  - Telephone call describing pain of existence.
    - “There is no place for me.” “Death is where I belong.”
  - How should Erik feel? Try to consider his life. Imagine his pain. He probably deserves to feel how he feels.

Erik

- What might happen if you called 911?
- That might have caused added harm
  - Shame, guilt.
  - The comfort and trust from a rapport driven therapeutic relationship likely makes a huge difference in the person's future. Trust, acceptance, loyalty.

- You don't need to understand the pain, rather you can be <u>with</u> the person who has the pain. TOGETHERNESS!

Part II

- Current statistics
- Signs and symptoms
- Treatment modalities/interventions

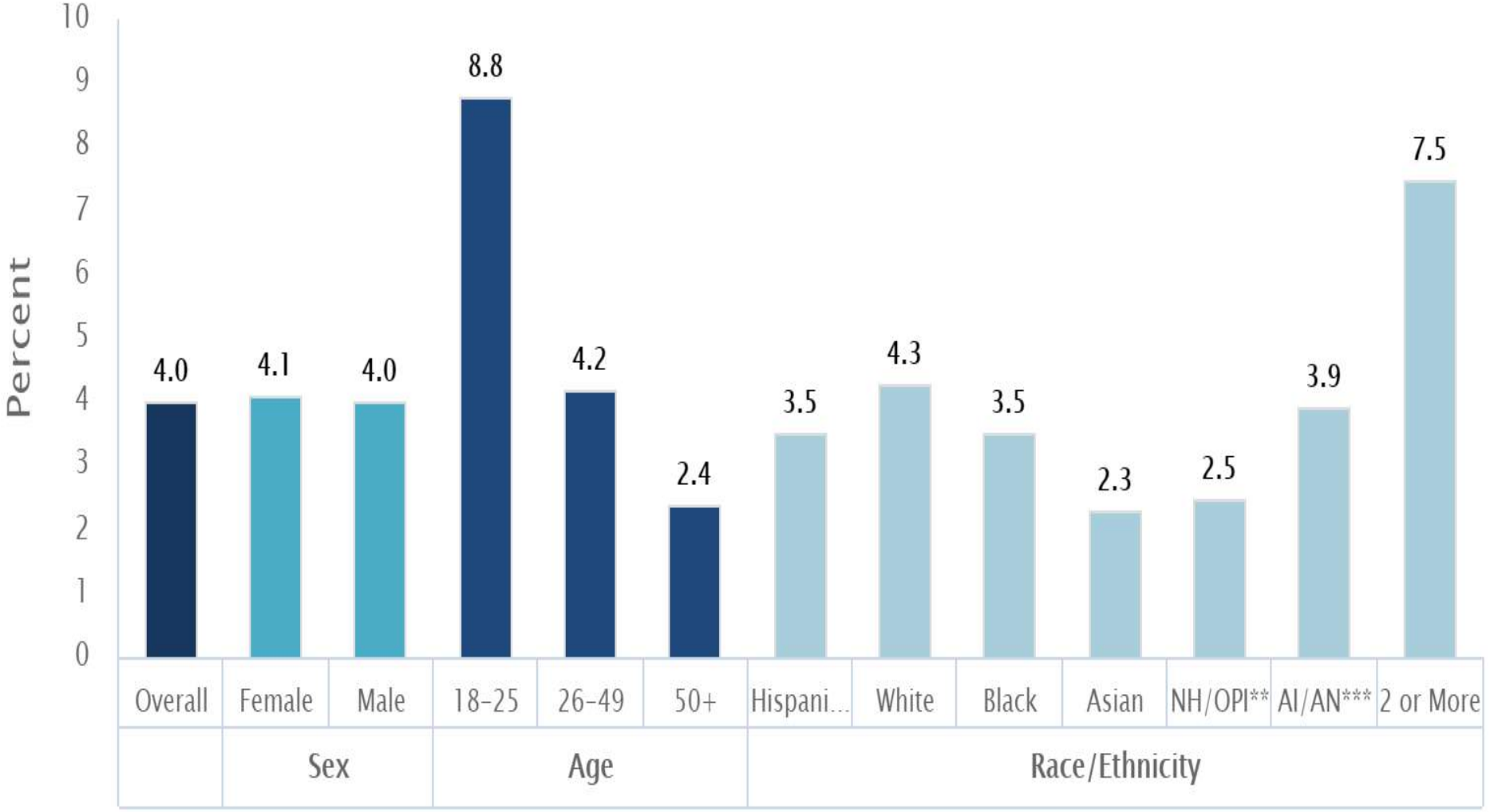
Stats-2016

- **44,965** people killed themselves in 2016. (19,362 homicides)
  - NV 650 suicides (2,940,058).
- **9.8** million adults had serious thoughts about trying to kill themselves.
- **1.3** million adults attempted suicide during 2016
- Among those adults who attempted suicide, **1.0** million also reported making suicide plans.
- Suicides result in an estimated **$50.8 billion** in combined medical and work loss costs.

Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2016) National Center for Injury Prevention and Control, CDC (producer). Available from URL www.cdc.gov/injury/wisqars/index.html.

Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2016)

Data Courtesy of SAMHSA



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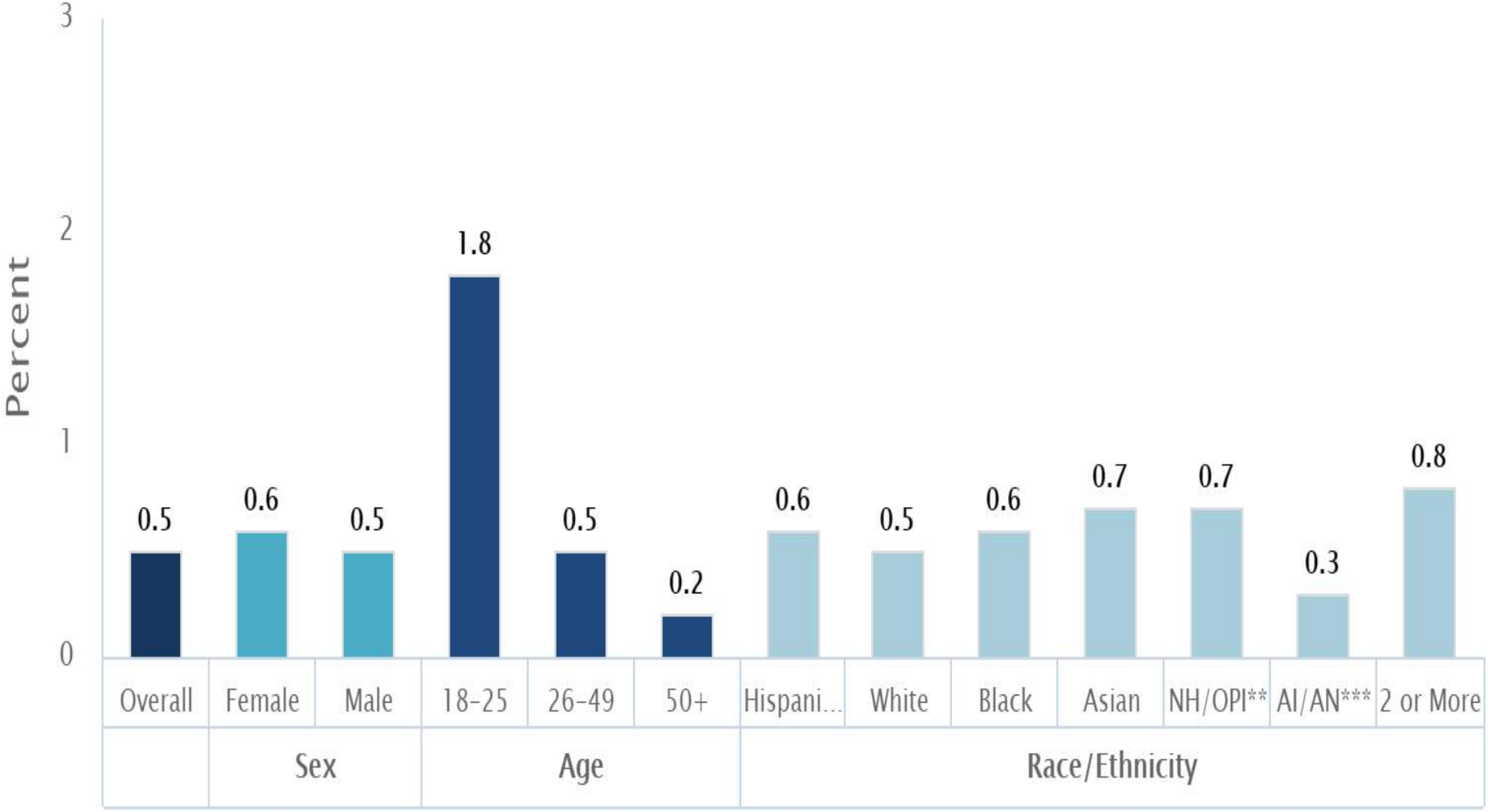


TGGQ stats

- Suicidal feelings and mental health struggles affect more LGBTQ+ people than straight/cis people.

- **Approximately 41% of transgender people attempt suicide at least once in their lives compared to the rate of 5% in the general population.** Please reread the previous sentence.

- Transgender people who have attempted suicide once have a nearly 40% chance for making a third attempt in their lifetime.

Biggest hurdle

Currently, the major bottleneck in suicide prevention is not remediation, for there are fairly well-known and effective treatment procedures for many types of suicidal states; rather it is in diagnosis and identification.

-Edwin Shneidman, Father of modern suicidology

Most important!

If you only absorb one concept today, please remember to intuitively interact with your client and match your therapeutic style to the immediate needs of your client.

- If you made it this far in your career, you must be pretty talented at being present with people. Be yourself and relax knowing that you are the right person for the job. Your client is in good hands.

Key variables to suicidality (TGGQ)

- **Dysphoria**
  - **Gender dysphoria is a predicament of perplexity.**
  - **Body related shame**
- **Difficulty associated with gender reassignment**
- **Negative interpersonal relationships-Social Supports**
  - Being a member of another or multiple minority groups.
  - Family of choice and family of origin—wicked games of emotional hostility.

A. Williams, 2017. Risk factors for suicide in the transgender community.

Key variables to suicidality (TGGQ)

- **Gender-based discrimination**
- **Transgender-based abuse and violence**
- **Lack of meaning**
  - Are there strongly held beliefs?
    - Family structure
    - Equality, Freedom, Fairness
- **Hopelessness**
  - If rock bottom were truly the bottom, the person would lack hope. One can always bring a sharp shovel.

Key variables to suicidality (TGGQ)

- **Sudden changes in mental health**
  - Unexpected levity or plummet of mood.
    - Mental health diagnoses?

- **Rationalizing absence**
  - “Others would be better off without me.”
  - “I’m worth more dead than alive.”
  - “Then they will all miss me.”

Key variables to suicidality (TGGQ)

- Suicide Clusters: Teens and twenties are at greatest risk for exposure to this phenomenon----- Why?

- Losing a friend to suicide increases SI and SA for at least a year (Feigelman & Gorman, 2008)

Key variables to suicidality (all)

- **History of** suicide within systems (not just family)
  - Transcends genetics.
    - If it didn't, we wouldn't be here today having this conversation.
  - Trends in suicides (copycat behaviors)
- **Major psychiatric disorder**
  - MDD, Schizophrenia(affective), BPD, OCD, PTSD, Panic disorder, Borderline.
    - Know when to refer!

Murder of the self

- Intentionality
  - What is the intention?
    - To die? To live? To what? To not what?
- Presence and absence
  - What do they have in abundance?
  - Flip the coin….what is absent?

Protective factors

- Being low in internalized transphobia
- Having fewer fears of gender-related rejection
- Social support from three major areas (immediate family, extended family, and friends)
  - Positive Mental Health
  - Higher QOL
  - Less Loneliness
  - Less internalized transphobia (Schofield, 2015)
- Taking steps to transition are associated with more positive mental health outcomes. This suggests that that those who have more confidence in their transgender identity are likely to have higher quality of life and self-esteem (Schofield, 2015).

Protective factors

- Families who affirm and support their transgender children were studied to be as psychologically healthy as their non-transgender peers (Olsen, 2016).
- Safe schools where equality and dignity are thoroughly emphasized.
- Community support services
  - Be an ally and support yourself and others. Be the change that this world deserves.

Preventative Services

- When should we screen for suicidal stressors?
- What are the available levels of care in this community?
  - Outpatient counseling
  - Medical and Psychiatric options
  - Inpatient treatment

- We don't have much to choose from, do we?

Basics of Suicide Assessment

- “Do you have a plan?” (PLAN)
- “Do you have what you need to carry out your plan (gun, pills, etc.)?” (MEANS)
- “Do you know when you would do it?” (TIME)
- “Do you intend to commit suicide?” (INTENT)

Level of Suicide Risk

- **Low** — Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.
- **Moderate** — Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide.
- **High** — Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.
- **Severe** — Suicidal thoughts. Specific plan that is highly lethal. Says he or she will commit suicide.

What to do and when?

- **DO NOT** leave the suicidal person alone.
- Ask the person to remove the lethal object from the vicinity. Keep talking to them.
- Have a loved one or friend take them to the ER. Have the person wait.
- Dial 911

How should I act?

- Like someone who cares? Be yourself. Calm.
- Like the person matters.
- Listen. Let them vent.
- Be sympathetic and non-judgmental.
- Offer hope. Help is available.
- Ask: “Are you having thoughts of suicide?”
  - You are not putting thoughts in their head. You are taking them seriously.

Transformative Resilience

- Type R: Transformative Resilience for Thriving in a Turbulent World—Stephanie and Ama Marston (2018).
- Six steps: turning setbacks into advantages.
  - This is consistent with feedback loops and second order change concepts.
- This can be applied to suicidal and distressed individuals when we conceptualize the variable of time.

Transformative Resilience

1. Comfort zone: calm before a storm.
2. Disruption: Normal is gone!
3. Chaos: smack dab in the middle of a new truth.
4. Emerging catalyst: surrendering to truth allows newness.
5. Movement toward newness: reshaping of life.
6. New comfort zone: new ideas and new perspectives.

Questions you can ask (intentionality)

- When did you begin feeling like this?
- Did something happen that made you start feeling this way?
- How can I best support you right now?

What you can say that helps

- You are not alone right now. I'm here for you.
- It may not seem like it right now, but the way you're feeling can change.
- I may not be able to understand exactly how you feel, but I care about you and want to help.
- When you want to give up, perhaps you can hold off for just one more day, hour, minute—whatever you can manage.

Safety Plan—warning signs

- Thoughts
- Images
- Mood
- Situation
- Behavior

- Is a crisis developing?

Safety Plan—coping strategies

- What can you do to change your mindset?
- What relaxes you?
- What physical activity could you do right now?
- Who could use your help with something right now?

Safety plan—people and places

- Who and what could be a nice distraction?

- Name_____ Phone#_____
- Name_____ Phone#_____

- Place_____
- Place_____

Safety plan—Who can help?

- Who will help me?

- Name_____ Phone#_____
- Name_____ Phone#_____
- Name_____ Phone#_____

- Telephone # of current therapist_____
- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Safety plan—safe environment

- Make the environment safer.

- If you have the Means/Method for suicide, is it accessible right now?
- Will you agree to dispose of or give away the dangerous elements?
- Will you call your loved one and spend time with him or her?
- Will you agree to call me at 8:00 a.m. tomorrow morning to continue our conversation?

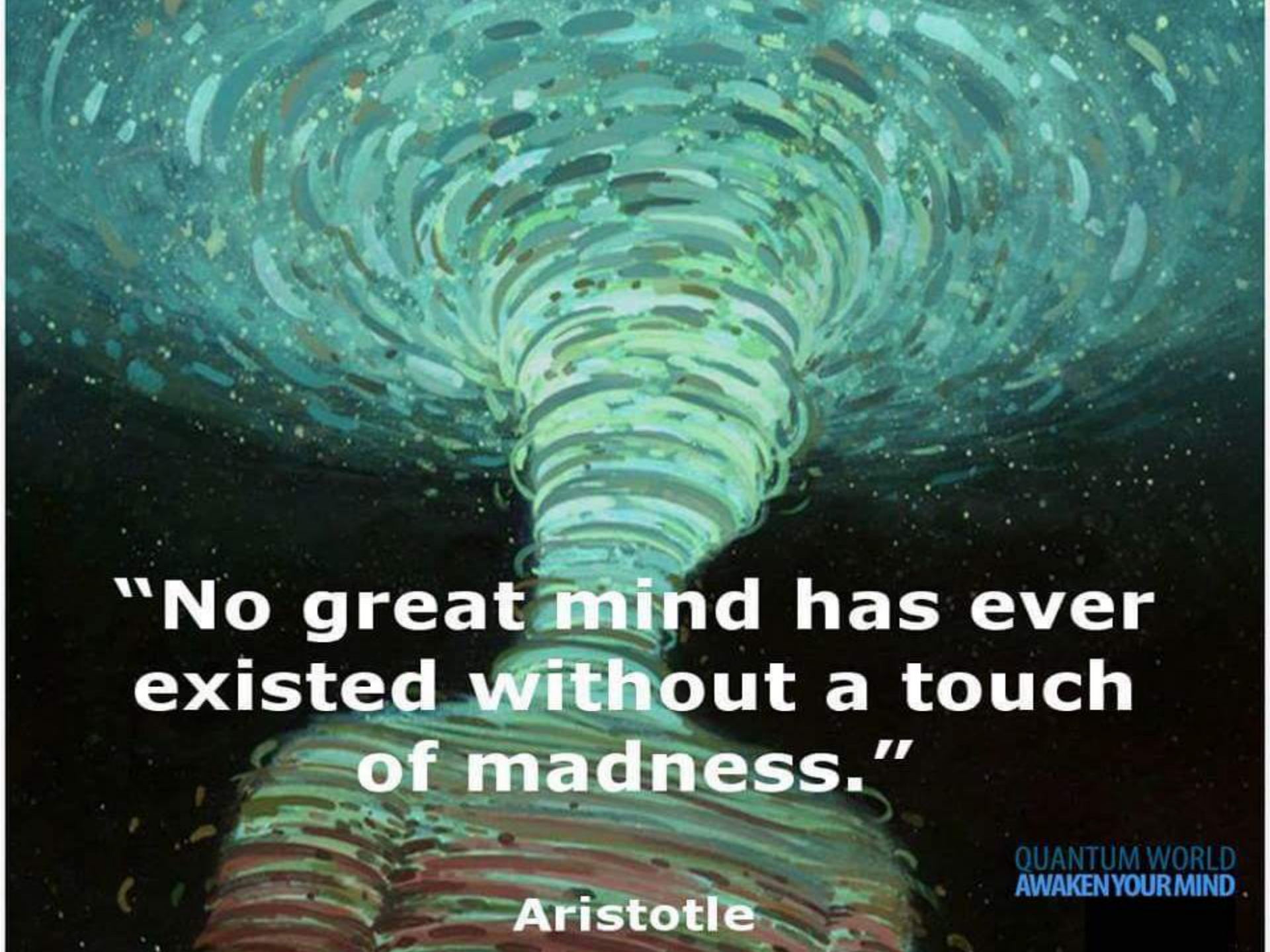
Safety plan—one last point

- What is one thing that is most important to you and worth living for right now?
  - This is a move toward new resilience and transformation: meaning making.

Skyler – 19 y/o

- Ideation for the past 3 years
- Plan: prescription drug overdose
  - "Why bother?"
  - "I feel nothing but pain."
  - "I have nobody."

- Does Skyler want to die? Most will focus on SI.

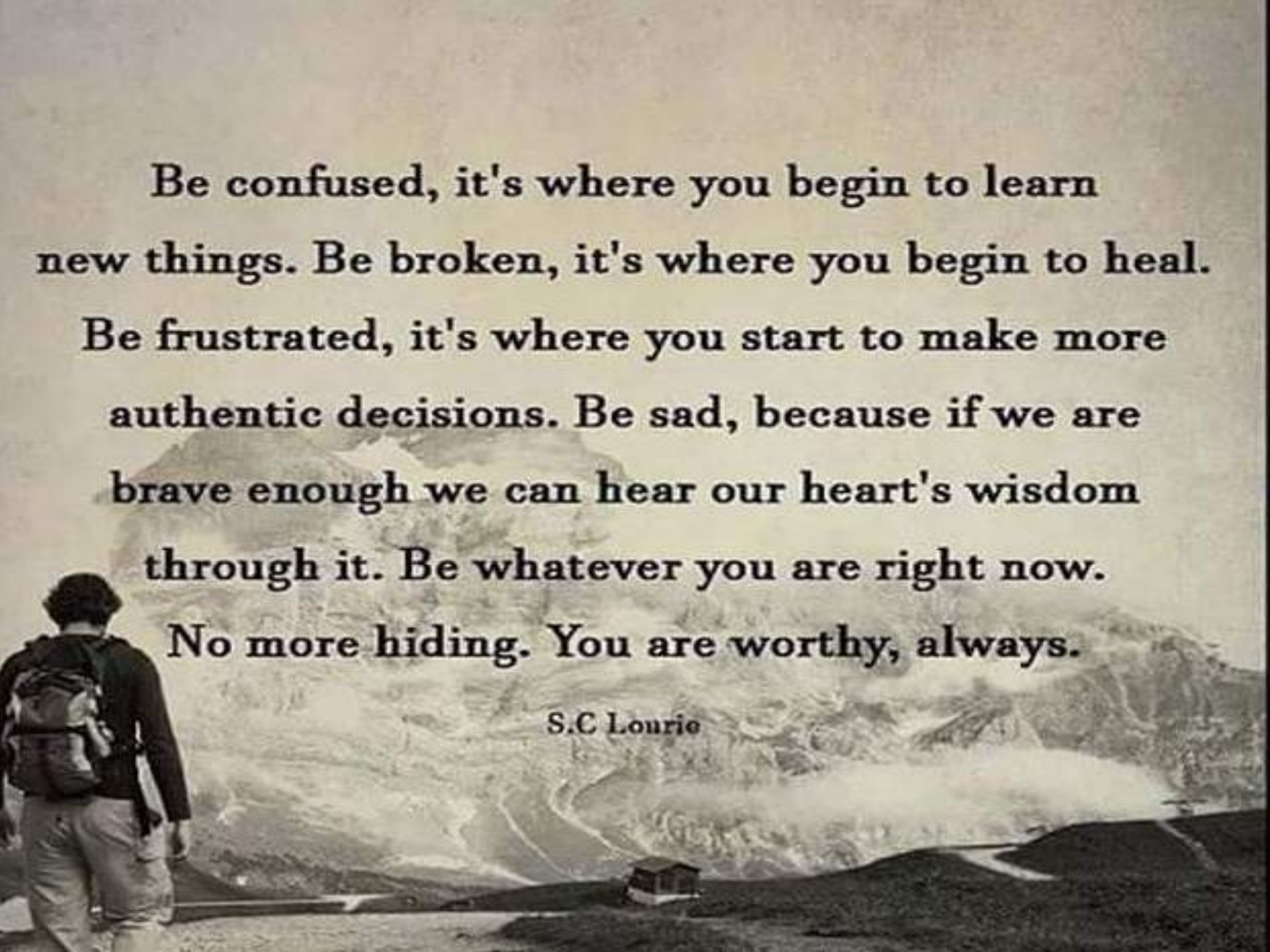

"No great mind has ever existed without a touch of madness."
Aristotle
QUANTUM WORLD
AWAKEN YOUR MIND

Skyler

- Skyler does not want to die; doesn't know what to live for. Focus on LI.
  - Ask questions. What are 3 reasons to die? What are 3 reasons to live?
    - People, places, things to live for?
- Get personal. Skyler's life may depend on it.
  - "Why bother?" Perhaps some things shouldn't be bothered with and perhaps some things deserve to be bothered with.

Consider the following

- Russell - “I don’t want to belong with the world.”
- Emilee – “No where to go.”
- Mateo – “She found a real man.”
- Diane – “Everything has been stolen from me.”


Be confused, it's where you begin to learn new things. Be broken, it's where you begin to heal. Be frustrated, it's where you start to make more authentic decisions. Be sad, because if we are brave enough we can hear our heart's wisdom through it. Be whatever you are right now. No more hiding. You are worthy, always.
S.C Lourie