

TARGETED GATEKEEPER TRAINING

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TRAINING OBJECTIVES...

- *listen and provide a concerned response*
- *feel comfortable and effective in making an assessment.*
- *join a community of people who can intervene in situations that involve suicide*

PREAMBLE AND DISCLAIMER

No single set of standards can be applied universally to the prevention of suicide.

This manual and training are designed to prepare you to be helpful to a suicidal person—clinically, ethically, and legally.

Even with this information, there is no guarantee that you can prevent a suicide.

COURSE OVERVIEW

Part 1 - Suicide Prevalence and Common Myths

Part 2 - What to Know About Suicide

Part 3 - Relationship Building and Assessment

Part 4 - Making and Implementing the Action Plan

Part 5 - Community Resources

Part 6 - Materials

Part One: Introduction

“[p]eople are not driven to suicide by a caring person who inquires as to whether or not they are suicidal. People may, however, be driven to suicide by an avoidance of the topic on the part of the listener, *from whom they need a concerned response*” (Fujimura, Weis, and Cochran, 1985) P. 613

Objectives of Targeted Gatekeeper Training

- impart skills for listening and responding to a suicidal individual
- teach people how to feel comfortable and effective as gatekeepers
- develop a group of people capable of intervening with individuals who have suicidal thoughts
- reduce self-inflicted deaths in Alaska

Suicide Prevalence

Nationwide

Suicide is

- the 11th leading cause of death in the US
- 30,000 total annual deaths in the US: one suicide every 17 minutes
- suicide rate for the U.S ~11 people per 100,000

Statewide

Suicide is

- the 5th leading cause of death in Alaska
- 130 total annual deaths in Alaska: one suicide every 2 to 3 days
- suicide rate for Alaska ~23 people per 100,000
- suicide rate, Alaska Native male teens, 72 people per 100,000

Suicide is. . .

- the third leading cause of death for young people between ages 15 and 24
- extremely common among Alaska Native male teens
- twice as likely among Alaskan women than among women in other parts of the US
- twice as likely among rural Alaska residents than among urban Alaskans

Common Myths About Suicide

Self-Test:

“My Beliefs About Suicide”

Part Two: Things to Know About Suicide

Risk factors

Triggers and cues

Protective factors

RISK FACTORS FOR SUICIDE

Basic Characteristics

- ***men are more at risk than are women***
- ***risk is greatest for people between the ages of 15 and 24***
- ***risk increases with people from certain age groups and ethnic backgrounds***
- ***risk varies by geographical region in Alaska***

Lifestyle

- unmarried people are more at risk than married people
- people living alone are more at risk than those living with others
- urban dwellers are at higher risk than rural—Alaska Natives are the exception
- unemployed people are more vulnerable than employed people
- some occupations have higher rates of suicide (e.g., physicians, psychiatrists)

Personal Risk Factors

Risk increases for people who. . .

- are demanding or perfectionist
- are easily upset or stressed
- lose their tempers easily
- are easily overwhelmed
- lack a stable routine

Social Pressures

Suicide risk increases with . . .

- few friends or family
- inability or unwillingness to reach out for help
- feeling rejected or like an outsider
- no or only one important relationship
- being easily influenced by others
- pending judicial action, such as sentencing, or a jail term

Family Variables

Suicide risk increases with...

- unresolved grief
- social isolation
- history of trouble in the community
- recent suicide
- suicide or parasuicide history
- anniversary of a suicide

***Suicide Risk Is Highest For People
With A Psychiatric History:***

Depression

Bipolar Disorder

Schizophrenia

Panic Disorder

Chronic Substance Abuse

***Suicide Risk Is High For
People With Medical
Problems:***

Incurable or chronic illness

Chronic painful illness

Psychological Factors Associated With Suicide Risk

- hopelessness
- guilt
- depressed mood
- panic attacks
- loss of libido
- insomnia
- trauma
- loneliness and despair
- feelings of worthlessness

Recent Physical Changes **Associated With Suicide Risk**

- lack of interest or pleasure
- lack of physical energy
- sleep problems
- lack of sexual interest
- loss of appetite
- many minor illnesses

IMMEDIATE SUICIDE PREDICTORS

— CUES FOR ACTION

Suicidal Thinking and Plans

The verbally stated suicidal thought is an immediate predictor of suicide.

- 66-80% of people who killed themselves first informed someone of their intent*
- a person who talks about suicidal thoughts or plans may be expressing ambivalence about wanting to die*

History of Suicidal Behavior and Intent

- immediate risk increases as the number of previous suicide attempts and para-suicidal behaviors increase
- immediate risk increases with the level of impulsivity

Closure Behaviors and Preparations Signal High Suicide Risk

- getting one's affairs in order
- discussing life events, like funerals
- giving away possessions
- writing a suicide note
- withdrawing from others

The Suicide Plan

Four important aspects of the suicide plan:

(1) method

(2) availability of the means

(3) decisions about time and place, and

(4) lethality of the plan

Self-Ratings About Risk

Assess the ***strength of suicidal intent***:

“How strongly do you feel that you want to die?”

Precipitating or Triggering Events

- recent trauma
- recent loss
- recent fights with significant others
- recent major changes in a person's life circumstances

Consider these factors in the context of the overall risk profile.

Protective Factors that Decrease the Risk of Suicide

- positive, non-stressful family commitments
- willingness to sign a “no-suicide” contract
- effective coping and problem-solving skills
- commitment to mental health treatment
- meaningful religious or cultural beliefs
- strong positive social support
- purpose for and joy in living
- connection with a meaningful life

Part Three: Relationship Building and Assessment



Skills for Effective Interaction with a Suicidal Person

1. create rapport and trust
2. talk directly about suicide and death
3. listen both verbally and nonverbally
4. know the right questions to ask
5. weigh risks and protective factors
6. engage the person in an action plan

Connect, listen, and assess first—then act!

Step One: Create a Relationship and Environment of Trust

- be supportive and calm
- do not panic
- be willing to talk about suicide
- avoid getting frustrated

Common Reactions to Talking About Suicide

- it is normal to have negative feelings
 - about talk of suicide
 - about people who are considering suicide
- it is important to understand and explore your own feelings about suicide

If a person is not direct about the depth of his or her suicidal intent, then an interview may be useful in revealing risk factors and determining whether the person is safe

Step Two: Speak Directly About Suicide

- avoid euphemisms (indirect or vague wording) because they deny the reality of suicide.
- use the actual words “death” and “suicide”
- directness allows the suicidal person to recognize the reality of the situation
- be willing to talk about suicide openly



Step Three: Listen With Respect and Accuracy

Nonverbal Communication

Active Listening

Empathic Responding

Assessing Nonverbal Behavior

- ***body movements, posture, and position***
- ***mouth and facial expressions***
- ***eyes and eye contact***
- ***appearance***
- ***voice***
- ***skin***

Nonverbal Attending Skills

- S = Squarely face individual
- O = Open posture
- L = Lean in toward the speaker
- E = Eye contact
- R = Relaxed

Be Aware of Possible Cultural Differences

- cultures vary in terms of how close people get to each other in conversation
- eye contact may vary between cultures
- body posture may vary between cultures

Active Listening is a Process

- pay attention on a deep meaningful level
- receive the message: verbal and nonverbal
- understand the meaning of the message

Active Listening— Simple Reflection

1. select a speaker and a reflector
2. speaker expresses a belief, complaint, or problem
3. reflector re-states what speaker said word for word and does not add any comments
4. speaker states whether the reflector's statement is accurate

Active Listening— Advanced Reflection

The goal of this exercise is to demonstrate understanding of what is said.

1. speaker states a belief, problem or complaint
2. reflector repeats, in his or her own words, the basic idea of what the speaker said
3. speaker states whether or not the reflector is accurate

Common Roadblocks/ Pitfalls in Listening

- inadequate listening
- evaluative listening
- filtered or selective listening
- fact-centered listening
- rehearsing-while-listening
- sympathetic listening

Empathic Responding Skills

- encouragers
- opening questions
- restatements
- paraphrases
- reflections
- summarizations

Empathic Responding

- keeps communication open and active
- encourages more disclosure
- elicits more information
- makes the speaker feel heard and understood

Empathic Reflection

1. speaker expresses a belief, complaint, problem, or feeling
2. reflector repeats what the speaker said by adding his or her impression of the feeling (or need) that the reflector thinks accompanied the speaker's statement
3. speaker indicates whether the reflector's empathy is accurate

Step Four: Risk Assessment— Ask the Right Questions

- ask about all risk factors
- ask about immediate suicide predictors
- ask about protective factors
- recognize cognitive distortions

Risk Assessment: Asking About Risk Factors

Note the presence of risk factors, including...

- *demographics*
- *coping ability*
- *social and family support*
- *family history*
- *physical changes and medical history*
- *psychiatric history*
- *psychological history*

Crucial Aspects of Suicide Assessment

- **S** stands for **Sex** (males>females)
- **A** stands for **Age** (older>younger)
- **D** stands for **Depression**
- **P** stands for **Previous Attempt**
- **E** stands for **Ethanol (alcohol) Abuse**
- **R** stands for **Rational Thinking Loss**
- **S** stands for **Social Support Lacking**
- **O** stands for **Organized Plan**
- **N** stands for **No Spouse**
- **S** stands for **Sickness** (especially chronic or terminal illness)

Ask About Immediate Suicide Predictors

- *verbal suicide threat*
- *history of suicidal behavior*
- *closure behaviors or preparations*
- *suicide plan*
- *self-ratings about risk*
- *precipitating or triggering events*

Gradation of Immediate Predictors of Suicide

	<u>High Risk</u>	<u>Moderate Risk</u>	<u>Low Risk</u>
Prior Attempts:	multiple	one	none
Preparations or Closure Behaviors:	suicide note	made a will	none
Method:	specific method / plan	decided on method or plan	undecided or none
Means:	possesses means	easy access	has to secure means
Time and Place:	chosen time and place	tentatively chosen	not chosen
Lethality:	plan / method is highly lethal e.g., gun, sedative and alcohol	moderately lethal e.g., slashing wrists wrong	low lethality e.g., hunger strike

Ask About The Protective Factors

- good family relationships
- meaningful social support
- enjoyment or purpose in life
- good coping and problem-solving skills
- religious or cultural beliefs
- openness to treatment
- connection with a meaningful life

Errors In Thinking

- fantasy that others will feel guilt and remorse about the person's suicide
- belief that one's pain is inescapable and intolerable
- thought that suicide is the only option left
- view of death as the only way to end pain or distress
- belief of having been abandoned by family and friends
- idea of suicide as a solution, not a problem




Step Five: Weigh Risks Against Protective Factors

*Estimate the person's chances for
following through with suicide*

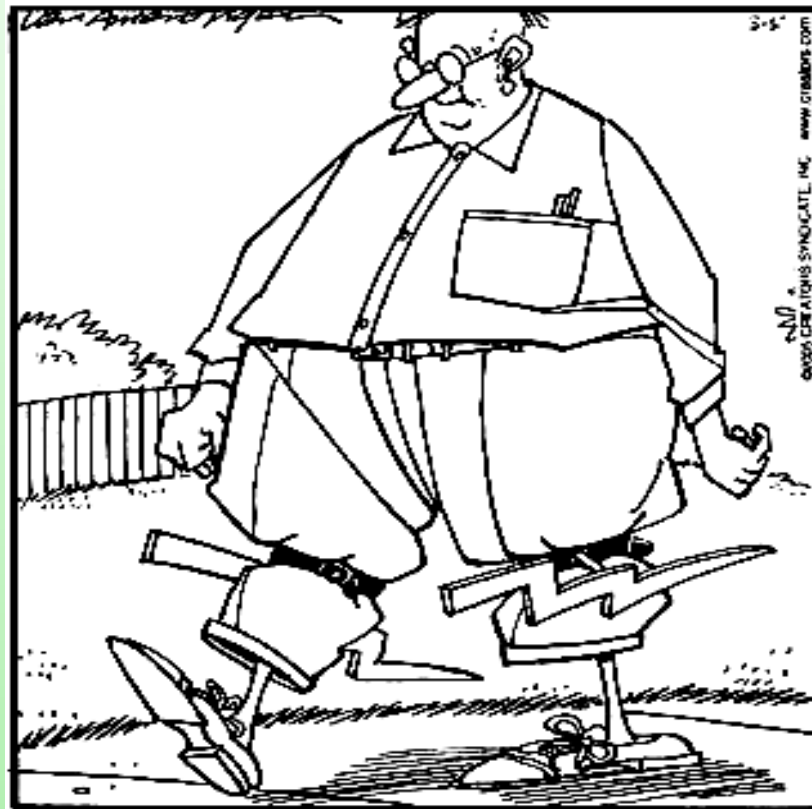
*Risk is an Interaction of
the Following Components:*

- risk factors (number and severity)
- lethality of the plan, if one exists
- immediate predictors of suicide (number and severity)
- level of impulsivity and cognitive distortion
- existing protective factors (number and strength)

If The Assessment Shows A
Risk, Then Move To. . .

 Step Six: Engaging the
Individual and Building a
Protective Action Plan

Part Four: Make and Implement an Action Plan



They bring a feeling of lightness to Jimmy's step.

The Action Plan

- generate possible solutions
- take concrete actions
- follow-up, if possible



Step One: Generate an Action Plan to Match the Degree of Risk

The higher the risk—

- the more restrictive the action plan
- the more likely other people and resources will be involved
- the less confidentiality for the person

Help the Person to Recognize...

- *options and choices beyond suicide*
- *personal strength and coping ability*
- *the irreversibility of suicide*
- *flaws in thinking*
- *his or her ability to tolerate pain*

General Action Plan Principles

- *acknowledge the person's feelings*
- *draw out his or her strengths and coping skills*
- *problem-solve ways to reduce life stressors*
- *help the person recognize resources and supports*
- *create a safe environment for the person*
- *ask the person to commit to a no-suicide contract*

Acknowledge Suicidal Feelings

- allow discussion of any expressed feelings
- recognize the constant feelings of pain and hopelessness
- do not dismiss or shy away from painful or sad emotions
- do not try to ameliorate the feelings or situation

Draw Out Strengths

- point out a personal strength
- help the suicidal person recognize a protective factor
- discuss difficult situations that the suicidal person overcame in the past

Reduce Life Stressors

- identify stressors that prompted or provoked the crisis
- focus on stressors that may be immediately reduced or eliminated
- problem-solve possible ways these stressors may be removed

Recognize Resources and Supports

- identify existing resources through the risk assessment
- identify informal supports available in the community
- identify outpatient treatment resources

Create a Safe Environment

- make a list of possible means
- remove all possible means from the suicidal person's environment

No-Suicide Contract

- helps establish and summarize all agreement
- identifies resources to keep the suicidal person safe
- gets the person to agree not to take any steps toward suicide for agreed timeframe

Gear the Action Plan to the Calmest and Lowest Possible Level

- *outpatient confidential help*
- *outpatient treatment interventions*
- *voluntary psychiatric hospitalization*
- *involuntary psychiatric hospitalization or commitment*

Action Plans Not Involving Formal Treatment

- *only the gatekeeper*
- *gatekeeper and family and/or close friends*

Suicide Prevention Contracts

- help ease suicidal impulses
- outline safety options including removal of means
- outline and explain decisions about supports and resources
- involve the suicidal person contacting others if possible

Involvement of Others

- the gatekeeper ultimately which individuals are involved in the suicide plan
- the gatekeeper must move to the next level of restrictiveness if individual refuses involvement of others

Action Plans Involving Formal Outpatient Treatment

*The suicidal person is turned over to
someone who can ensure his or her safety.*

Gatekeeper's Role in Outpatient Treatment Interventions

- make use of existing health care relationships
- establish a relationship if none exists
- increase the number of appointments with a mental health care provider
- conduct quick check-ins with the mental health care provider
- be creative in working to keep the individual safe and engaged in the intervention
- provide the suicidal individual with 24-hour hot-line numbers or walk-in options for crisis situations

Voluntary Psychiatric Hospitalization and Involuntary Commitment

Voluntary

hospitalization:

- the person is incapable of inhibiting suicidal impulses
- local resources do not allow for intensive outpatient management

Involuntary

hospitalization:

- the person is a high risk but refuses to check into an inpatient facility on a voluntary basis

Gatekeeper's Role in Involuntary Commitments

- document risk and protective factors
- give special attention to immediate predictors of risk
- contact a Peace officer
- turn over the collected information so the officer can complete the application
- relinquish the person into the officer's custody for transport to the psychiatric facility

Steps in an Involuntary Commitment

- *ex parte* order is petitioned to a judge or magistrate
- petition is signed by a peace officer, physician, or psychologist
- petition is found to be warranted
- judge or magistrate issues a custody warrant
- client is transported to the state psychiatric facility by local police officers
- attending staff at API conduct their own evaluation, contact the court, and secure the custody warrant

Criteria for API Admission

- Patient is threat to self (suicidal)
- Patient is threat to others (homicidal)
- Patient is gravely disabled



Step Two: Taking Concrete Action

- elicit help from others
- link the person with local or remote resources
- provide support and companionship
- prepare the person for the next steps
- consider a suicide prevention contract
- hand over the case to another professional

Suicide Prevention Contract

- acknowledges that the individual still wants to pursue the right to commit suicide
- acknowledges that the individual is willing and can be trusted to agree not to suicide for a specified period of time
- is designed to delay suicidal behavior
- is personalized
- leaves as much control with the suicidal individual as possible

Components of a No-Suicide Contract

- date and time
- name of individual
- name of gatekeeper
- agreement for time frame not to induce self harm
- time of next meeting
- agreement to discard means
- other sources of support
- actions the individual should take if suicidal ideation increases
- phone and contact information of the individual
- resources for the suicidal person
- consequences of non-compliance

Suicide Prevention Contracts

- personalized
- designed to delay action so person can get treatment or help at a later time
- leaves control with the suicidal individual to the largest extent possible

Step Three: Following Up

- follow-up for the suicidal individual
- follow-up for the gatekeeper
 - other gatekeepers
 - other professionals in the community
 - a preferred clergy member or therapist
 - a close friend or family member who can be trusted and is a good listener

As gatekeepers, you are a vitally important part of your community's safety network. You are able to help those in need. You can make the biggest difference of all - saving a life.

