

Grief & Suicidal Ideation:

Finding Meaning in a New Assumptive World

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Today's Agenda:

01

Grief

Understanding Definitions and
Processes

02

Suicidality

At-risk Clients

03

Treatment Considerations

Applying Theory to Therapy

04

Practice & Resources

Taking Home Tools



Introduction

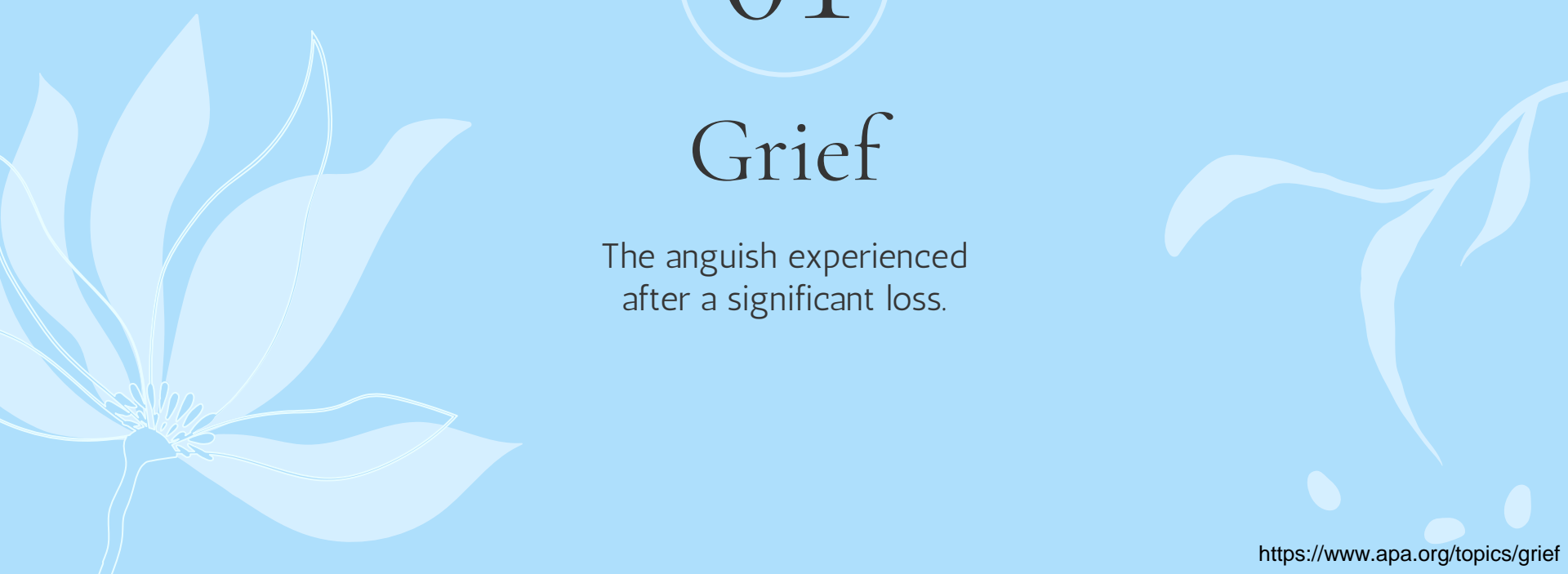
Not everyone needs or benefits from grief counseling after a loss. Most of us adapt with the support from family and friends. At risk populations such as those who suffer from sudden losses or violent losses with traumatic features, and those whom have preexisting psychological disturbances are more likely to struggle.



01

Grief

The anguish experienced
after a significant loss.



Unique Aspects of Grief and Grieving



The Social Context of Loss

What is "Normal"?



The Assumptive World

What was can not be what will be...

Grief and the Assumptive World – Classic Theory

Bowlby

- Theory of attachment
- We build "working models" of self and world
- Significant losses threaten these models, resulting in the need to
 - Rebuild them
 - Restructure them

Parkes

- Assumptive world
- A strongly held set of assumptions about world and self
- Based on previous life experiences and attachments
- Used as a means of recognizing, planning, and acting
- Gives us a sense of predictability and coherence in daily life
- Threatened by a significant loss

Janoff-Bulman

- Three major categories of assumptions:
 - How we expect other people and the world to work
 - How people attach meaning to the world and to their lives
 - How individuals view themselves, including their worth and fit

Types of Grief



Disenfranchised Grief

A loss that does not
"qualify."



Prolonged Grief

5% - 10% of individuals
experience symptoms, this
includes children &
adolescents



Traumatic Grief

A loss experienced related
to a PTE or a sudden,
unexpected loss.



02

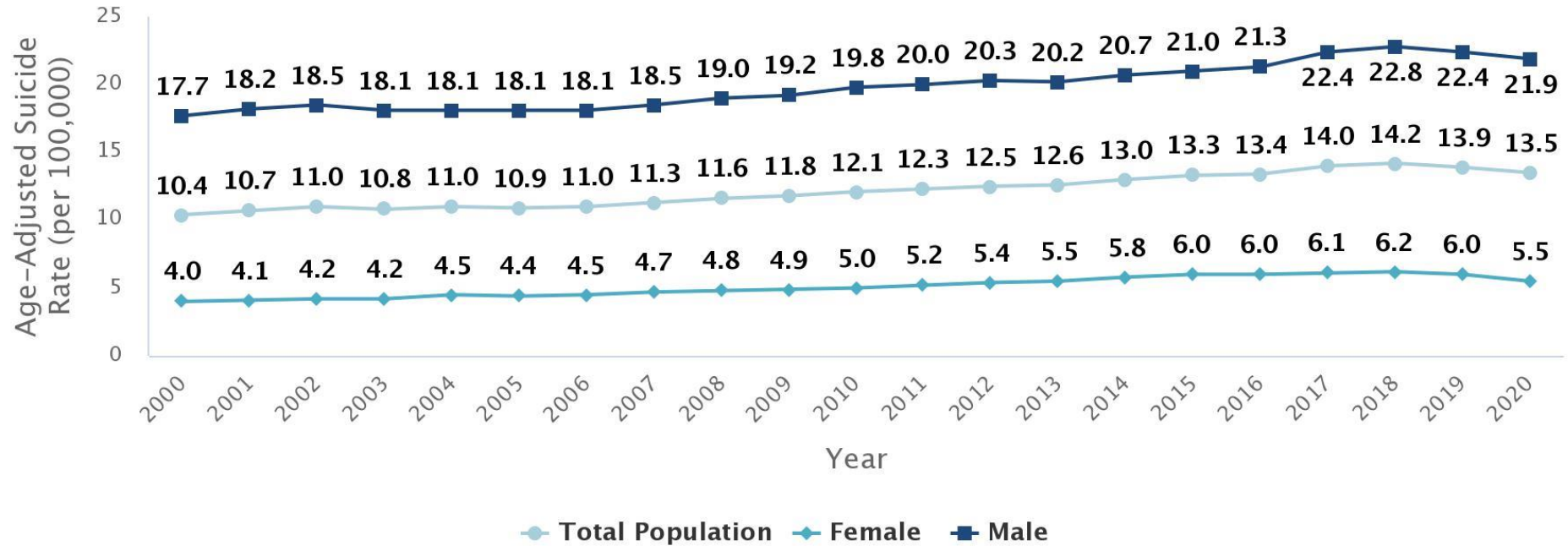
Suicidality

What is suicide

- 12th leading cause of death in 2020 (CDC, 2020)
 - 10-14 & 25-34, second leading cause of death
 - 15 – 24, the third leading cause of death
 - 35 – 44, the fourth cause of death
- Suicide is an intentional death caused by self-directed injurious behavior
- Suicide attempt is a non-fatal, self-directed injurious behavior with the intent to die
- Suicidal ideation is thoughts of suicide, including considering or planning.

Suicide Rates in the United States (2000–2020)

Data Courtesy of CDC



Factors

Risk

- Previous suicide attempt
- Losses
- Social isolation
- Victim or perpetrator of violence
- Bullying
- Family history of suicide attempts
- Lack of access to healthcare
- Discrimination
- Easy access to lethal means

Protective

- Reasons for living
- Effective coping skills
- Support
- Feeling connected to their community or other institutions
- Available and consistent healthcare
- Family history of suicide attempts
- Reduce access to lethal means
- Religious, moral, and culture objections

(CDC,2023)

Warning Signs

- Talking about
 - Making plans for suicide
 - Being a burden to others
 - Feeling trapped or inescapable pain
 - Feeling hopeless
 - Having no reason to live
- Behavior changes
 - Researching ways to die
 - Eating or sleeping less or more
 - Increase in substance use
 - Giving away items
 - Withdrawing from friends, family, and/or supports
 - Increase in risk-taking behavior like reckless driving

Assessments

- Columbia Suicide Severity Rating Scale (C-SSRS)
 - No formal mental health training is needed
 - Can be used by anyone and anywhere
 - Available in 100 languages
- Ask Suicide Screening Questions (ASQ)
 - Step-by-Step – If “yes,” then ask..
 - Four screening Questions
 - Youth and Adults
 - Available in 13 languages
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)
 - Available on app stores
 - Steps include risk factors, protective factors, suicide inquiry, risk level

C-SSRS

- The Columbia Light House Project (2022)



| | | |
|---|--|----------------------------|
| Always ask questions 1 and 2. | | Past Month |
| 1) Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| 2) Have you actually had any thoughts about killing yourself? | | |
| If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6. | | |
| 3) Have you been thinking about how you might do this? | | |
| 4) Have you had these thoughts and had some intention of acting on them? | | High Risk |
| 5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? | | High Risk |
| Always Ask Question 6 | | Life-time Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months? | | High Risk |



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is **YES**, get **immediate help: Call or text 988, call 911 or go to the emergency room. STAY WITH THEM** until they can be evaluated.



Download
Columbia
Protocol
app



03

Treatment Considerations

Treatment Considerations for Suicidal Thoughts

- Suicidality should be addressed and continually addressed throughout the counselor process
 - Safety Plans / Check-in
 - Warning signs
 - Coping skill
 - Social supports
 - Local emergency numbers
 - Scaling Questions
 - CSSRS
 - Look for protective factors

Maintaining Safety While Working with Grief

- The Grieving Process is
 - An adaptive response
 - Not a pathology
- Grief is
 - The normal, natural response to loss
 - Not something we should strive to "Overcome" or "Recover from."
- Grief counseling is
 - Facilitating the unfolding of healthy and adaptive aspects of grieving as it manifests within each client
 - Trusting counseling will help the client reenter life in a meaningful way

Goals of Grief Counseling (Bereavement)

- Provide a safe place to share experiences and feelings
- Facilitate living without the deceased, such as making decisions alone
- Help honor bond with the deceased while moving forward
- Provide support and time to focus on grieving in a safe place
- Support the client on special days (birthdays, anniversaries)
- Teach about normal grieving and normal variations in grieving

Goals of Grief Counseling (All Losses)

- Help clients to
 - Integrate the loss into their assumptive world or to rebuild that world
 - Understand their methods of coping
 - Recognize their innate strengths in coping with and adapting to loss
 - Identify their difficulties in coping and access professionals and other resources in the community as needed
 - Engage with life and others after experiencing a life-changing loss

The Dual-Process Model



- Stroebe (2002) and Stroebe, Schut, and Stroebe (2005)
 - Acknowledged
 - Role of attachment in grief and bereavement
 - Consistency in adult attachment styles with childhood attachment styles
 - Specific coping strategies and appropriate expectations and interventions for grieving adults based on identified attachment patterns
 - Proposed the dual process model of bereavement



04

Practice & Resources



Recommendations



01

Rituals

Symbolic expressions of feeling or thoughts

02

Linking Objects

Symbolic objects or personal belongings

03

Mindful Interventions

Focus on here-and-now experiences

04

Narrative Interventions

Helpful in reconstructing meaning, assumptive world, and life story

05

Creative Interventions

Sand tray, Photo narrative

06

Group Work



Cluster Drawing Exercise



This list is not all inclusive regarding the losses we can experience. The hope is to list numerous different losses that impact us. These can be primary losses, secondary losses, or tertiary losses.

- **Loss of Body Function** - hearing, vision, mental capacities, mobility, communication
- **Loss of Body Image** - body part through surgery, accident, change in appearance, aging
- **Loss of Control** - natural or human-caused disasters, accidents, social conditions, hospitalization of loved one
- **Loss of Freedom** - political, employment, incarceration, stigmatized disease or culture impacting access to health care
- **Loss of Health** - medical conditions, illnesses, disability, debilitating or terminal diseases
- **Loss of Home, Property** - homelessness, natural or man-made disasters, aging, insolvency
- **Loss of Identity** - marriage, career, empty nest syndrome, relocation, retirement
- **Loss of Independence** - change in living situation e.g. entering nursing home, marriage
- **Loss of Innocence** - early sexual experiences, advertising and media influences children to grow up too soon
- **Loss of Job, Income** - downsizing, layoffs, retirement, career change
- **Loss of One's Own Life** - death, suicide, accident, homicide, murder, war
- **Loss of Plans, Hopes & Dreams for the Future** - miscarriage, abortion, stillbirth, adoption, infertility, relationship, job, career
- **Loss of Relationship** - death, divorce, pet break-up, illness, adoption, miscarriage
- **Loss of Religious Beliefs** - questioning beliefs, disillusioned with church, organized religion, impact of sexual misconduct scandals
- **Loss of Role** - occupation, job, relationship e.g. parent, child, friend
- **Loss of Safety** - vulnerable feelings after rape, robbery, betrayal, unanticipated events, crises, traumatic events or disasters
- **Loss of Sexual Function** - from physical or psychological etiology
- **Loss of Significant Person** - death, divorce, illness, relocation, military duty, missing person
- **Loss of Treasured Object(s)** - favorite objects, family heirlooms destroyed in fire/flood, theft

Self-awareness: Loss Line Exercise

- Create a list in chronological order of all of your personal losses
 - Include only the year and who or what was lost.
- Look over the list; think about each loss and its impact on your life
 - Note developmental or maturational differences at each stage of life.
 - How have your losses shaped you as a person now?
 - What losses still feel "raw" or continue to overshadow your life?
 - How would the way you have handled your losses affect how you will work with a client who has encountered similar losses to yours?

Crisis Handout



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