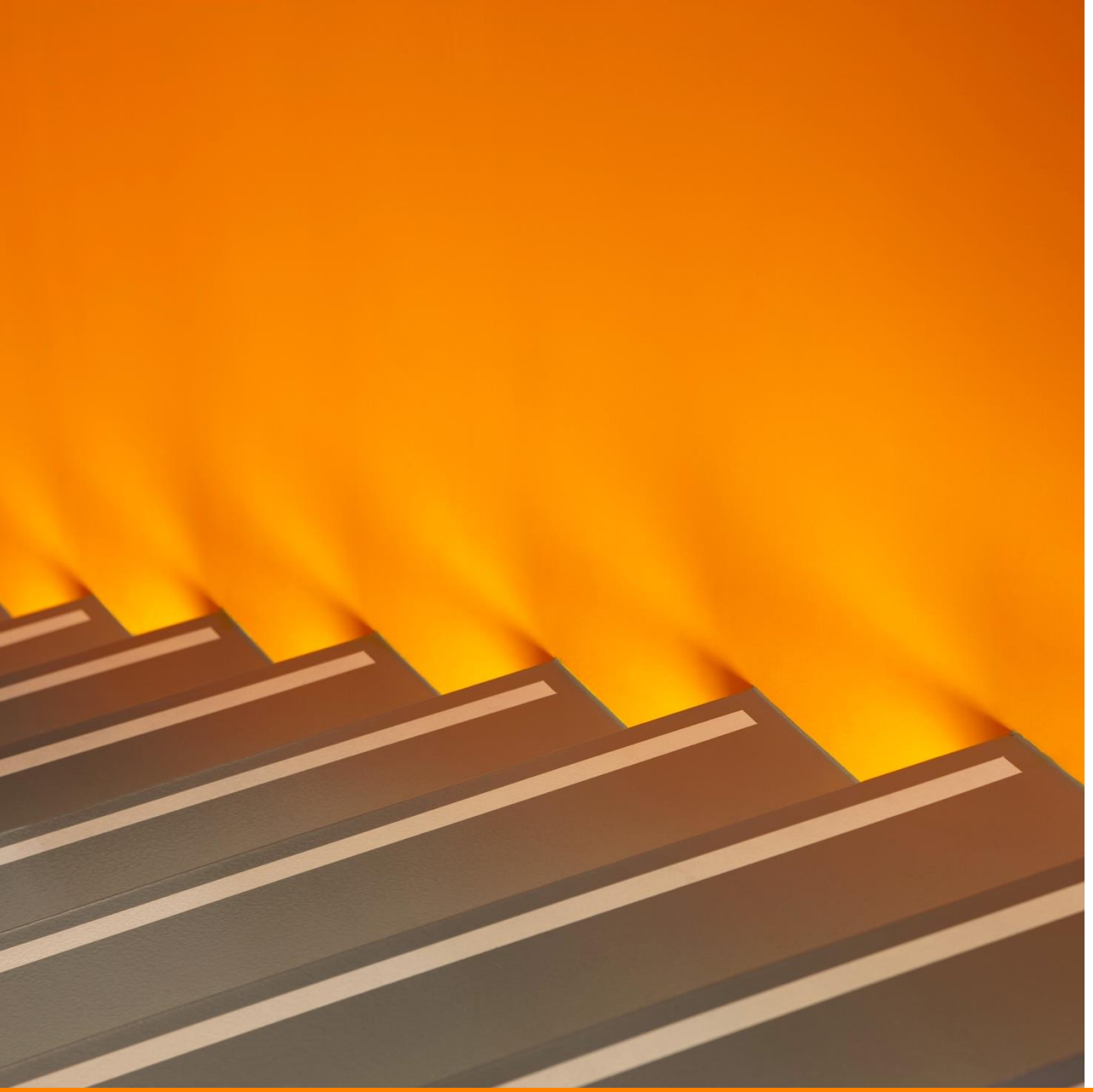
Suicide Assessment and Intervention Across the Life Course

THE UNIVERSITY OF TENNESSEE KNOXVILLE

DEPARTMENT OF COUNSELING, HUMAN DEVELOPMENT & FAMILY SCIENCE

Learning Objectives

1. Identify one or more risk factors for suicide in clients at different developmental stages
2. Utilize one or more strategies for suicide assessment at different developmental stages
3. Utilize one or more intervention to reduce suicide risk



Agenda

- Suicide ideation and behaviors
- Suicide risk, assessment, and intervention across the life course
  - Childhood and adolescence
  - Emerging and middle adulthood
  - Older adulthood
- Conclusions

Introductions

- Dr. Jordan Westcott, NCC – Assistant Professor of Counselor Education, UTK
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- Amanda Green, LPC-T, NCC, Counselor, Central Counseling Collective

Suicide Ideation and Behaviors

Brief introduction, definitions, and relevant statistics

Key Terms

- **Suicide:** Death caused by purposeful self-injurious behavior with the intention to die as a result of the behavior
- **Suicide ideation:** The thought process of having ideas or ruminations of dying by suicide
  - Passive vs. active
  - Distinct from intrusive thoughts about suicide (e.g., OCD)
- **Suicide behavior:** A spectrum of behaviors related to suicide, including preparatory behaviors, suicide attempts, and death by suicide

Suicide in the United States

- Suicide is a leading cause of death in the U.S.
  - Suicide rates increased from 2000-2018 (+37%), decreased from 2018-2020 (-5%), and then returned to peak in 2022
- 1 death by suicide every 11 minutes in the U.S.
  - Greater prevalence of ideation and behaviors: 12.8 million adults experience ideation annually, 3.7 make a plan for suicide, and 1.5 million have a non-lethal suicide attempt
- Disparities in who dies by suicide
  - Gender
  - Race/ethnicity
  - Age

Suicide Risk Factors

- Sex/Gender
- Age
- Depression
- Previous Suicide Attempt
- Excessive Substance Use
- Rational Thinking Loss
- Separated or Single
- Organized Plan
- No Social Supports
- Sickness or Disability

Basics of Suicide Assessment

Recognize that a person is at risk of suicide

- Risk factors
- Warning signs

Ask directly about suicide

- Specific to suicide
- Clear, non-leading question

Explore suicide ideation to determine level of risk

- Validated tools/approaches (ASIST, C-SSRS)
- Considerations: Ideation, intent, plan, access to means, immediacy

Determine and communicate next steps in intervention

- Remember: least restrictive level of care

Basics of Suicide Intervention

- **Overall goal:** Keep the individual safe ***for now*** in the ***least restrictive level of care***
- Safety planning
  - Recognizing warning signs
  - Internal coping strategies
  - Strategies for distraction and support
  - Social contacts for assistance
  - Professional resources
  - Disarming plan
  - Alternate form: Joint Crisis Plan
- Higher levels of care when the individual cannot commit to safety for now

The Importance of Developmental Factors

- **Age** is a key risk factor for suicide, where adolescence, emerging adulthood, and older adulthood emerge as key time periods for suicide
  - People aged 18 and younger make up only 15% of deaths by suicide, but suicide is the leading cause of death for people in this age group
  - Adults aged 35–64 years account for 46.8% of all suicides in the U.S.
  - Older adults (65+) have the highest rate of death by suicide in the U.S., particularly when looking at sex/gender intersections
- Alongside recognizing elevated risk at different developmental periods, what contributes to suicide ideation and factors to consider for intervention differ based on developmental stage, capacity, and tasks

Suicide Risk and Intervention in Childhood and Adolescence

Recognizing and responding to risk

A Developmental Lens on Childhood

- Recent increases in suicide ideation in children aged 5 to 11
  - Comprise small proportion of deaths by suicide before the age of 18
- Erikson's psychosocial stage of development: Industry vs. Inferiority
  - **Developmental task:** Children start to build their own social networks and become more competent and adept at carrying out increasingly complex tasks
  - **Crisis if not resolved:** Children develop a sense of inferiority if their performance is not appreciated
  - **Psychosocial strength/virtue:** Competence
- Children are learning who they are, initiating peer relationships, but still embedded in family of origin

A Developmental Lens on Adolescence

- Most deaths by suicide before the age of 18 occur among adolescents (i.e., those aged 13 to 18)
- Erikson's psychosocial stage of development: Identity vs. Role Confusion
  - **Developmental task:** Individuals start developing their belief system, values, sense of self, and goals as they grow more independent and self-confident.
  - **Crisis if not resolved:** Individuals who fail to accommodate both external recognition and self-satisfaction ultimately struggle with developing their sense of self
  - **Psychosocial strength/virtue:** Fidelity
- Adolescents are tasked with developing a differentiated sense of self

Suicide & Children/Adolescents

- Suicide is a leading cause of death among children and adolescents
- While suicide is more prevalent among adolescents compared to children, ideation and NSSI often begins much earlier*
  - Similar trends globally – though in TN **
- Those under 18 are more likely to experience repeated suicide attempts*
  - Suicide attempts among this population often go unreported and 9% of highschoolers report attempting suicide in the previous year (2021, CDC)*

Suicide Risk Among Children and Adolescents

- Family/relational issues
- Bullying and social isolation
- Mental illness
- Academic stressors
- Social Imitation
- Access to means
- Previous suicide attempt
- History of NSSI
- Substance Use

Bilsen (2018); Sheftall et al. (2016)

Misconceptions About Youth Suicide

Attention-seeking: Most youth report wanting relief from pain, not seeking attention.

Understanding death: Children often have greater conceptualizations of death than adults know, though lack of understanding of the finality of death can contribute to increased risk-taking behaviors.

Depression-only lens: Not all children and adolescents who attempt suicide report depression.

Talking increases risk: Asking about suicide reduces risk—this differs from social imitation.

Suicide Risk Assessment for Children and Adolescents

- Younger children may not understand or use direct language about suicide or death. Listen for themes of escape, worthlessness, or disappearance.
- Middle and high school aged people are more likely to make casual and explicit references to suicide compared to adults.
- Most suicide attempts among youth go unreported and we cannot rely on documented history alone.
- Risk tends to escalate: with each attempt, youth are more likely to use higher lethality means or engage in more planful behavior.
- Children may fear that disclosure will lead to punishment, family separation, or social fallout compared to adults.

Suicide Assessment Adaptations for Youth

- Recognizing age specific warning signs
- Building rapport with minors
- Navigating disclosure with caregivers present
- Informed consent considerations
- Understanding nonverbal and behavioral indicators
- Developmentally appropriate safety planning

Suicide Intervention with Children and Adolescents

- Interventions should address factors contributing to suicidal ideation (i.e. bullying, relational conflict, academic distress, etc.)
- Safety planning must include guardians for children and adolescents but should maximize autonomy and collaboration whenever possible
- Means restriction is demonstrably effective in reducing suicide risk among this population
- Mandated reporting
  - Guardians must aid in efforts to protect children, including means restriction, providing access to resources, and reporting safety concerns
- Youth-led spaces, group therapy and identity-affirming resources can play a significant role in recovery process
- Online suicide intervention tools and forums are accessed more frequently by this population and can be explored 1:1

Suicide Prevention with Children and Adolescents

- School and community-based strategies are essential
  - Healthy relationships trainings/initiatives
  - Bullying education and intervention
  - Digital and social media education
- Family psychoeducation and involvement
- Reducing barriers to support for families and caregivers
- Developmentally appropriate mental health literacy throughout childhood and adolescence
- Proactive means-restriction
  - Safe firearm storage and education
  - Internet filters where appropriate
  - Medication lockboxes

Fostering Resilience in Youth

- Identifying protective factors
  - Connection to others
  - Sense of identity and belonging
  - Sources of hope and future planning
- Installing buffers
  - Supportive adults and peers
  - Coping skills
  - Community/connection building
- Creating space for developmentally appropriate conversations about suicide

Suicide Risk and Intervention in Emerging and Middle Adulthood

Recognizing and responding to risk

A Developmental Lens on Emerging Adulthood

- Erikson categorized as ages 20 to 40; Arnett categorized as 18 to 25 as a distinct developmental period
  - 18 to 25 aligns with age group most at risk for suicide in adulthood
- Erikson's psychosocial stage of development: Intimacy vs. Isolation
  - **Developmental task:** Young adults decide whether they will establish, maintain, and promote intimate relationships with people they trust
  - **Crisis if not resolved:** Individuals refrain from creating friendships and resort to emotional stress and isolation
  - **Psychosocial strength/virtue:** Love
- Essentially, emerging and early adults are developing intimate relationships, including partners, friends, and other social networks

Suicide Risk Factors

- Sex/Gender
- Age
- Depression
- Previous Suicide Attempt
- Excessive Substance Use
- Rational Thinking Loss
- Separated or Single
- Organized Plan
- No Social Supports
- Sickness or Disability

Suicide and Warning Signs in Emerging Adulthood

- Although not a developmental age group across the life span with highest risk, is highest risk between emerging adulthood and middle adulthood.
- Warning Signs
  - Talking about killing themselves
  - Increase in symptoms related to anxiety and/or depression
    - Feeling hopelessness
    - Being a burden to others
    - Feeling trapped
    - Loss of interest
  - Isolation
  - Increase in risky behaviors
  - Withdrawing from activities

Suicide Assessment in Emerging Adults

Recognize that a person is at risk of suicide

- Risk factors
- Warning signs

Ask directly about suicide

- Specific to suicide
- Clear, non-leading question
- *Being direct and keeping connection*

Explore suicide ideation to determine level of risk

- Validated tools/approaches (ASIST, C-SSRS)
- Considerations: Ideation, intent, plan, access to means, immediacy

Determine and communicate next steps in intervention

- Remember: least restrictive level of care
- *Consider systemic issues related to the individual*

Intervention for Emerging Adults

- Safety planning
  - Needs to be creative
  - May include family and friends that are not local, consider alternatives
  - Digital supports may be preferred
    - Mysafetyplan.org
    - Apps on their phone
      - Journalling
      - Mood trackers
  - Reducing access to means
  - Follow up
- Intervention Considerations
  - If exploring higher level of care how does that impact school and or new job/career, financial situation, etc
  - If applicable childcare
  - Caring for pets

Prevention for Emerging Adults

- Lower risks of suicide when…
  - Higher self-esteem
  - Cognitive reappraisal
  - Knowledge about suicide
  - Psychoeducational intervention
- Increasing resilience- continue to work on coping
- Updating safety plans as social groups/interests change
- Proactive planning related to “going home”, graduation, job or early career changes

A Developmental Lens on Middle Adulthood

- Erikson categorized as ages 40 to 65
- Erikson's psychosocial stage of development: Generativity vs. Stagnation
  - **Developmental task:** Individuals begin giving back to their social system, focus on their professional life, and are concerned about raising children/creating family
  - **Crisis if not resolved:** Stagnation will prevail leading to disengagement in productive life activities
  - **Psychosocial strength/virtue:** Care
- Middle adulthood is about maintaining social networks and systems, with contributions to the systems we operate within
  - Typically includes focus on career and, if applicable, children

Suicide Risk Factors

- Sex/Gender
- Age
- Depression
- Previous Suicide Attempt
- Excessive Substance Use
- Rational Thinking Loss
- Separated or Single
- Organized Plan
- No Social Supports
- Sickness or Disability

Suicide and Warning Signs in Middle Adulthood

- Fourth leading cause of death among individuals between the ages of 35 and 44
- Among females, the suicide rate was highest for those age 45-64 (8.6 per 100,000)
  - **2022 vs 2023:**
    - while they slightly increased for those aged 35-44 (2.6% increase) and 55-64 (0.11% increase)
    - 45-54 (1.8% decrease),
- Warning Signs
  - Talking about killing themselves
  - Increase in symptoms related to anxiety and/or depression
    - Feeling hopelessness
    - Being a burden to others
    - Feeling trapped
    - Loss of interest
  - Isolation
  - Increase in risky behaviors
  - Withdrawing from activities

Suicide Assessment in Middle Adulthood

Recognize that a person is at risk of suicide

- Risk factors
- Warning signs

Ask directly about suicide

- Specific to suicide
- Clear, non-leading question
- *Being direct and keeping connection*

Explore suicide ideation to determine level of risk

- Validated tools/approaches (ASIST, C-SSRS)
- Considerations: Ideation, intent, plan, access to means, immediacy

Determine and communicate next steps in intervention

- Remember: least restrictive level of care
- *Consider systemic issues related to the individual*

Intervention in Middle Adulthood

- Safety planning
  - Identifying a support(s) that can be aware and help commitment to safety
  - How does safety plan consider partner/family/children if they are not an identified support?
  - Can you make the environment safe in a shared home? Reducing access to means.
  - Follow up
- Intervention Considerations
  - If exploring higher level of care how does that impacts career, family, children, other responsibilities
  - If applicable childcare
  - Caring for pets
  - Caregiver for parents

Prevention for Middle Adulthood

- Lower risks of suicide when…
  - Higher self-esteem
  - Cognitive reappraisal
  - Knowledge about suicide
  - Psychoeducational intervention
- Increasing resilience- continue to work on coping
- Updating safety plans through adjustments
- Identifying positive social connections and activities outside of responsibilities
- Proactive planning for identified stressors

Suicide Risk and Intervention in Older Adulthood

Recognizing and responding to risk

A Developmental Lens on Older Adulthood

- Typically refers to people aged 65 and older
- Erikson's psychosocial stage of development: Ego integrity vs. despair
  - **Developmental task:** Individuals re-evaluate their lives and reflect on their achievements as they confront the idea of dying and their mortality
  - **Crisis if not resolved:** Individuals who feel they have failed to cease opportunities in their lives enter a state of despair and surrender to frustration
  - **Psychosocial strength/virtue developed:** Wisdom
- Later developmental theory highlights between-group differences
  - Young-old (65-84) – "third age"
  - Oldest-old (85-99) – "fourth age"
  - Centenarians (100+)

Suicide & Older Adults

- Older adults are the most rapidly growing proportion of the population in the U.S.
- Older white men are more likely to die by suicide than any other demographic group in the U.S.
  - Similar trends around the world – older age generally associated with higher suicide risk
- Suicidal behavior tends to be more lethal in later life than earlier in life
  - Older people are less likely to survive suicide attempts
  - Older people are more likely to be planful

5 Dimensions of Suicide Risk in Older People

- Psychiatric illness (primarily **depression**)
- Physical illness (comorbid physical **diseases**)
- Access to **deadly** means
- Social **disconnection**
- **Disability** (functional impairment) and distress over **dependency**

Conwell (2022); Van Orden et al. (in press)

Mythbusting Ageist Assumptions

Depression is a normal feeling, but it is not a normal part of aging

Suicide is not an expected response to the stressors of aging

Physician-assisted suicide for terminal illness is distinct from suicide ideation and behaviors from a mental health intervention perspective

Older adulthood is not an inherently depressing time of life

Suicide Risk Assessment with Older People

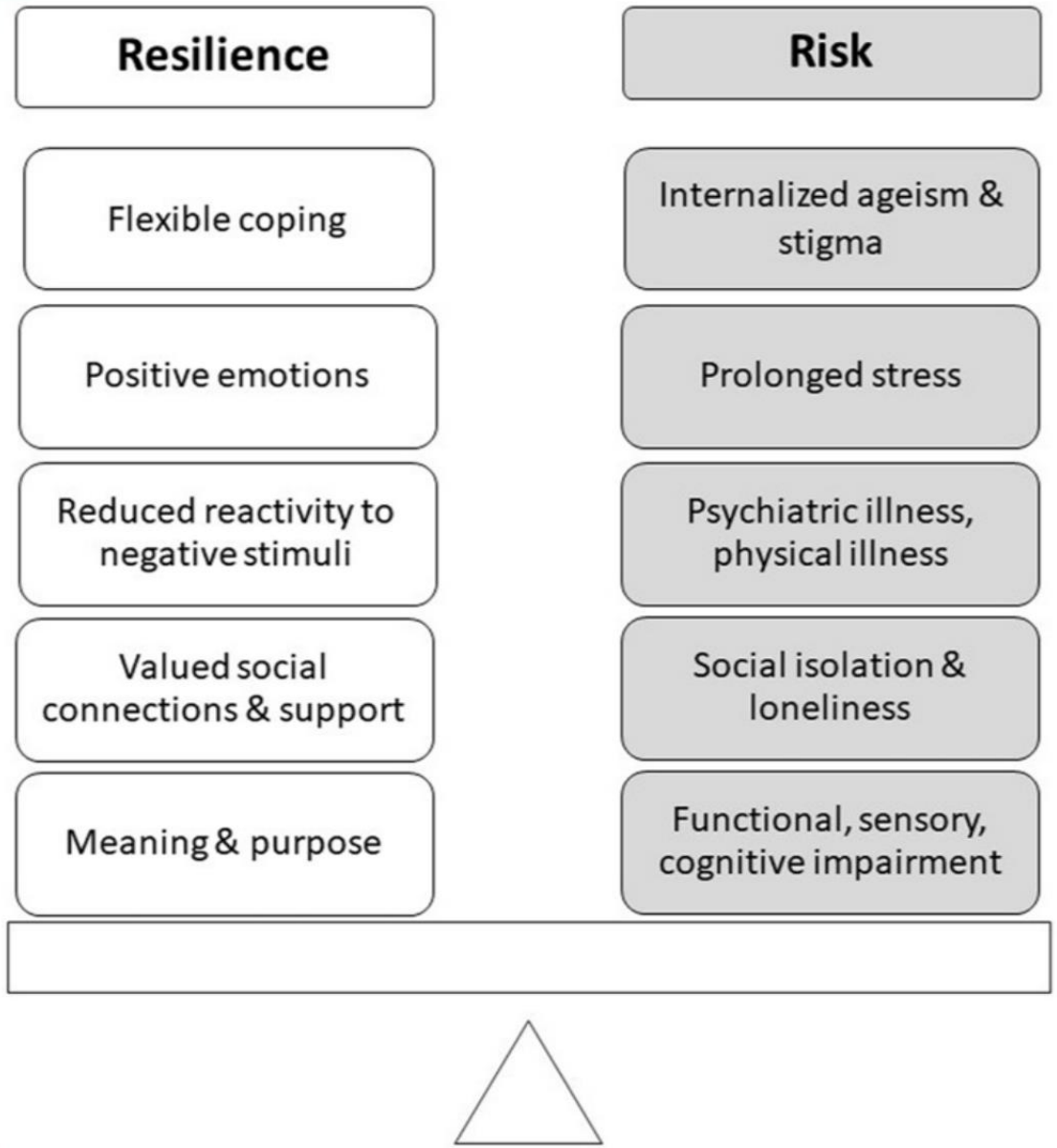
- Older people are more likely to use euphemisms rather than state mental health distress outright
  - Blue, tired, down, not myself, etc.
- Remember: Suicide ideation is **not normal** in later life, even if the individual presents it as such
- Older adults are less likely to spontaneously report suicide risk relative to other age groups
- Older people are more likely to die on their first attempt – so noticing risk and pursuing assessment is key for this age group

Suicide Assessment Adaptations in Later Life

- Recognizing unique warning signs
- Gentle persistence
- Normalizing
- Gentle assumptions
- Navigating stigma
- Clarity

Balancing Risk and Resilience

- Although older people are more likely to die by suicide, the vast majority will not
- Older adults have unique risk factors but also experience unique resilience factors
- Ageist bias tends to over-emphasize risk factors and negative perspectives on aging
- Important to tap into resilience and strengths for intervention



Lutz & Van Orden, 2020

Suicide Intervention with Older People

- Target 5 D's in safety planning
- Safety plan should almost always include family members and reduce access to lethal means
- Proactive outreach – don't wait for older adults to call
  - E.g., Caring Contacts, Reassurance programs
- Promoting social connection has the strongest evidence base for reducing suicide behavior among older people
- Address distal risk factors, not just immediate concern
  - Remember: Attempts more likely to be lethal

Suicide Prevention with Older People

- Routine, universal, culturally responsive screening
  - Medical offices, including specialists
- Treat mental health conditions to remission
  - Once again: Depression is not a normal part of aging!
- Effective therapy modalities with older adults: reminiscence therapy; narrative approaches; existential therapy; group approaches
  - Target 5 D's here too!
- Consider how to partner with the individuals who are serving older adults in their context already (e.g., home-delivered meals)

Conclusions, Questions, and Comments

Taking your questions & take home points

Thank You!

Contact Us:

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