

# Models of Suicide Behavior and Ways to Mitigate Risk

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September 27, 2022



Mountain Plains (HHS Region 8)

**MHTTC**

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer and Funding Statement

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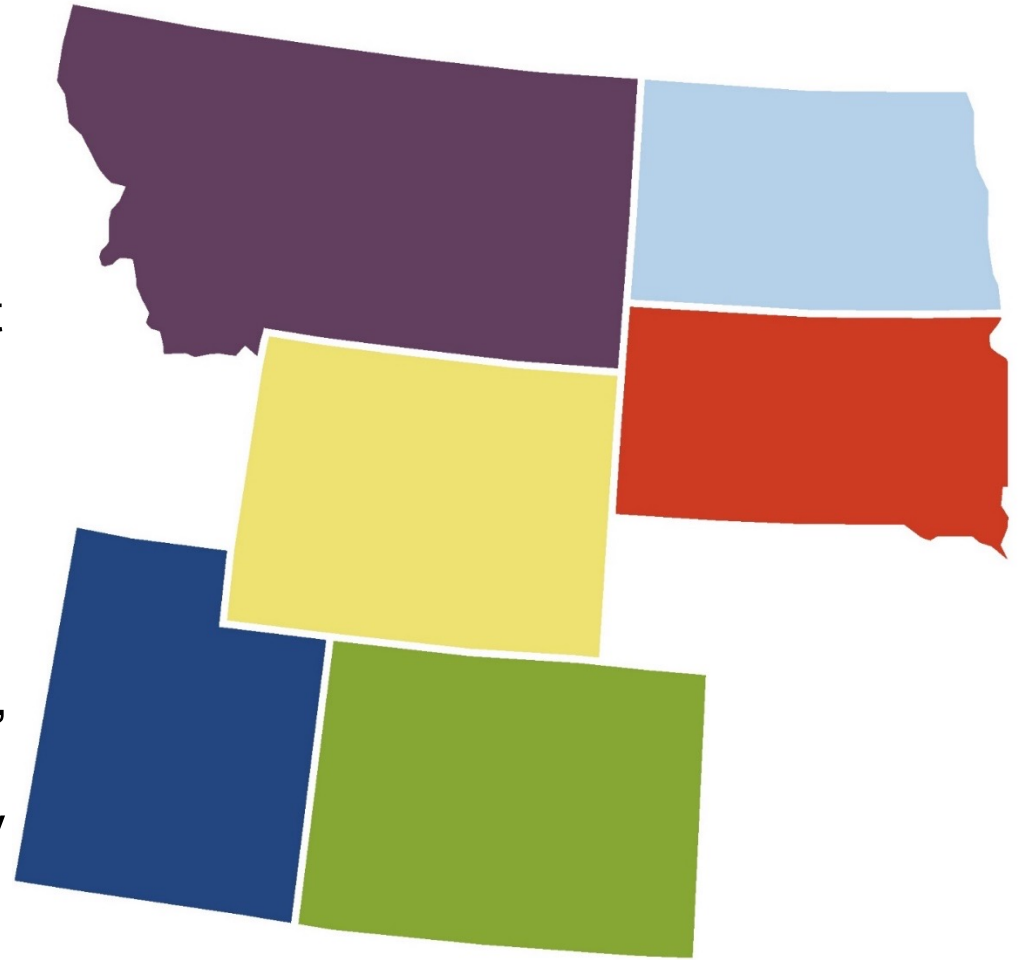
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The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

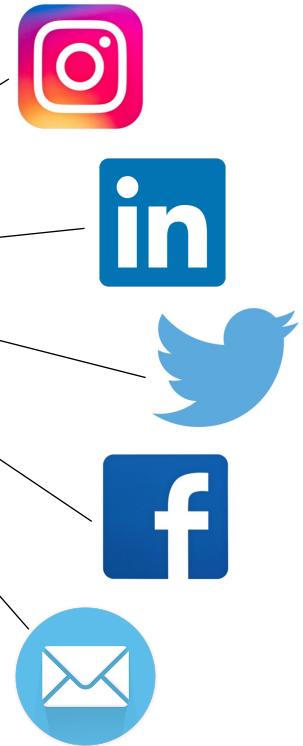
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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  - • Models of Suicide Behavior and Ways to Mitigate Risk



# Agenda



1. Theories of Suicide
2. Protective Factors for Suicide
3. Measures
4. Effective Treatments
5. Crisis Response Planning





# Disclaimer

Dr. Brionez is a licensed psychologist in Colorado, Montana, and Wyoming. Dr. Brionez does not have any commercial interest in the models presented and outside of their empirically supported use in treating and managing emotional health crises and suicide.

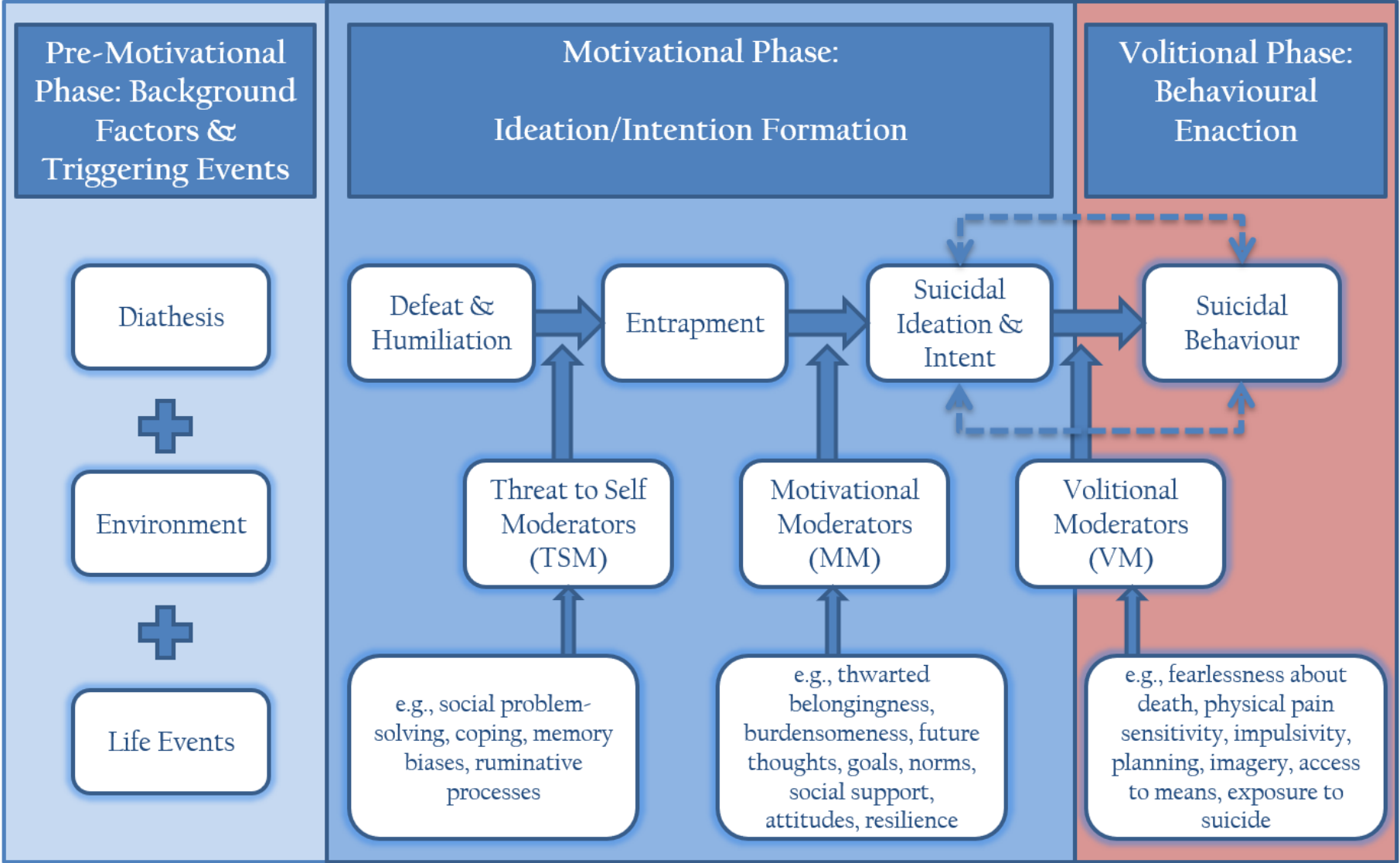
# Models of Suicide Risk



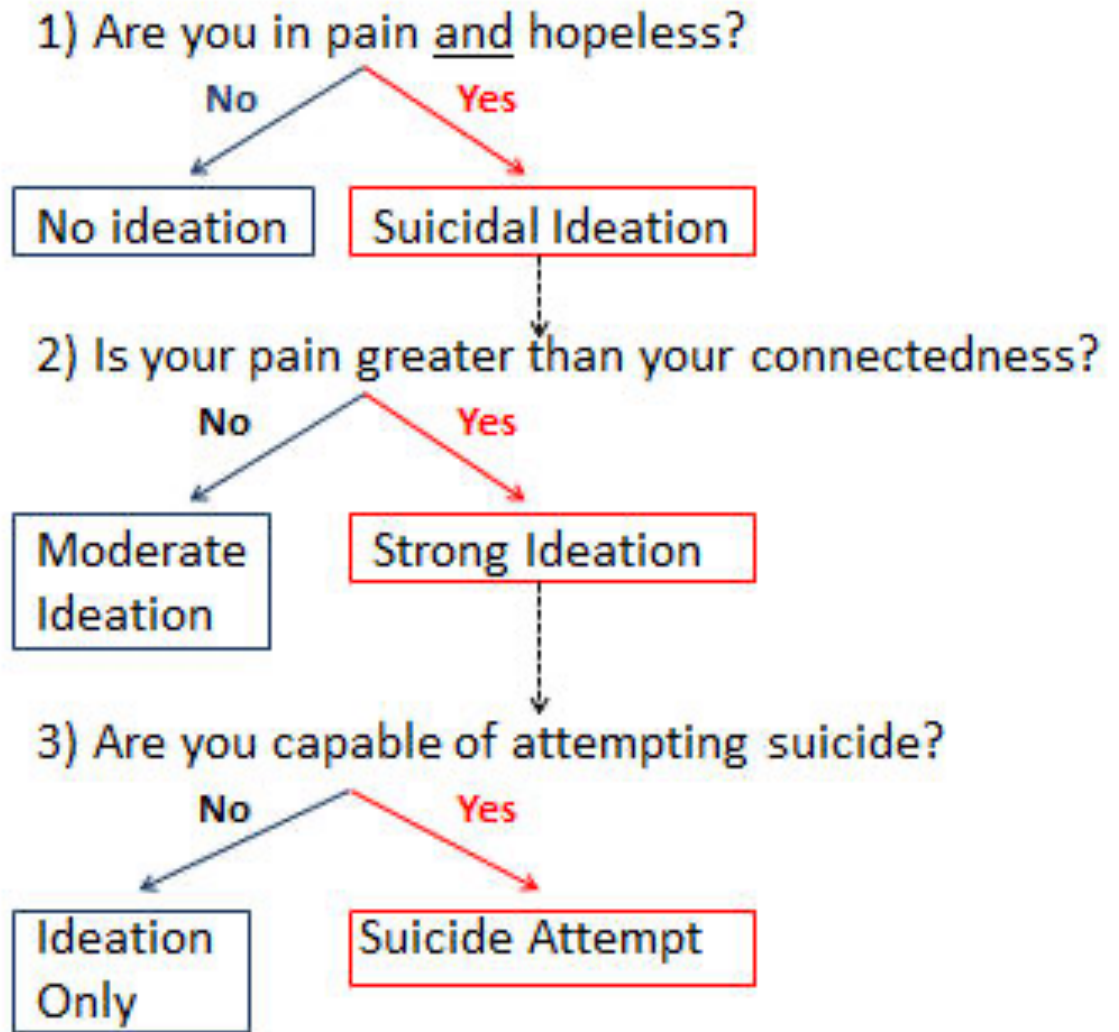
**Interpersonal-  
Theory of  
Suicide**  
( IPTS ) ( Van Orden et al.,  
2010 )



**Integrated Motivational–Volitional model of suicidal behaviour**  
 (IMV); O'Connor, R. C. & Kirtley, O. J. (2018)



Three-Step  
Theory of  
Suicide (3ST);  
Klonsky  
& May (2015)



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# Assessment of suicide risk

Columbia Suicide Screener CSSR-S

Patient Health Questionnaire PHQ-9

Ask Suicide Screening Questions ASQ

Seeking to obtain drivers for  
suicide

# Protective Factors

Coping and problem-solving skills

Cultural and religious beliefs that discourage suicide

Connections to friends, family, and community support

Emotional Regulation

Supportive relationships with care providers

Availability of EFFECTIVE/CULTURALLY INFORMED physical and mental health care

Limited access to lethal means among people at risk



Coping and  
problem-  
solving skills



Emotional  
Regulation







# SOURCES OF STRENGTH



Connections to  
friends, family, and  
community  
support

Supportive  
relationships with  
care providers

# Gathering of Native Americans (GONA)

Cultural and religious beliefs that discourage suicide

Connections to friends, family, and community support

Supportive relationships with care providers



# Protective Factors

Coping and problem-solving skills

Cultural and religious beliefs that discourage suicide

Connections to friends, family, and community support

Emotional Regulation

Supportive relationships with care providers

Availability of EFFECTIVE/CULTURALLY INFORMED physical and mental health care


Limited access to lethal means among people at risk

(Centers for Disease Control and Prevention & National Center for Injury Prevention and Control, 2021)



Culturally Informed

Your suicide prevention efforts will more likely be effective if they are based on the values, needs, and strengths of the groups you are trying to reach.



Treatments effective at  
reducing suicide risk

# ASSIP

Attempted Suicide Short Intervention Program (ASSIP) by Dr. phil. Anja Gysin-Maillart

1. Three to four 60- to 90-minute weekly therapy sessions, along with regular, personalized follow-up letters from a clinician for 24 months.



# BCBT

## Brief Cognitive-Behavioral Therapy for Suicide Prevention (BCBT-SP) by Craig Bryan

1. The first phase (1-4) of BCBT-SP was focused on deactivation of the suicidal mode by targeting behavioral risk factors via crisis management and building emotion regulation skills.
2. The next four sessions were dedicated to Phase 2 of BCBT-SP, aimed to undermine the suicidal belief system by targeting cognitive risk factors and reinforce engagement in value-driven activities.
3. The third phase was dedicated to the relapse prevention task, which is an imagery task that involved the veteran visualizing himself experiencing suicidal crises and effectively resolving them.



# DBT

Dialectical Behavior Therapy (DBT) by Marsha Linehan

1. One-on-one sessions
2. Group skills training
3. Phone coaching
4. Consultation team





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THANK YOU!



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