

TREATING SUICIDE RISK IN OUTPATIENT SETTINGS: RESOURCES FOR PROVIDERS

PRESENTED BY JENNIFER MUEHLENKAMP, PHD | JANUARY 18, 2024
FOR WAFCA-CE WITH FUNDING SUPPORT FROM THE GREAT LAKES MHTTC



ISSUE IMPORTANCE

Suicide & self-harm behaviors are common presenting concerns within outpatient settings, and access to inpatient care is increasingly scarce. **This document includes resources designed to help providers utilize risk assessments as therapeutic interventions during treatment while building rapport.**



RESOURCES INCLUDED

“Treating Suicide Risk in Outpatient Settings” Slide Excerpts

(Start here!) Use these slides to see examples, instructions, tips, and additional resources for the tools provided.

It has 3 sections:

- Assessment case example
- Treatment framework with actionable suggestions
- Considerations & evidence based treatments

See pages 2-13 of this guide.

Understanding Your Suicide Desire Assessment Guide

Use this 3-page tool to assess your client’s risks & strengths, as well as to guide treatment planning.

It has 4 sections:

- “Desire for Suicide” Assmt.
- “Desire for Living” Assmt.
- “Danger of Suicide” Screening
- Treatment Plan Outline

See pages 14-16 of this guide.

Suicide Monitoring & Check-In Form

Use this 1-page tool repeatedly with your client in sessions throughout the treatment process.

It has 3 sections:

- Rating current wish to die and live
- Monitoring questions
- Example questions for verbal assessments at start of sessions

See page 17 of this guide.

This guide was created with funding from the Great Lakes Mental Health Technology Transfer Center.

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Assessment Approach

Dynamics of High Stakes Conversations

Therapeutic Assessment Framework

“Your ethical, moral, and philosophical conceptualization of suicide will have direct and indirect influence on your clinical practice” (Worchel and Gearling, 2010)

Strategies

GOAL of Assessment: Create Shared Understanding

1. **HELP YOURSELF**

- VALIDATE YOUR EMOTIONS
- CONSULTATION & SUPPORT

2. **REFRAME SUICIDE**

- ACCEPT SUICIDAL THOUGHTS
- PROBLEM-SOLVING STRATEGY

3. **JOIN WITH CLIENT**

- VALIDATE SUICIDAL DESIRE
- COPE THROUGH SUICIDAL URGE

THE PURPOSE OF ASSESSMENT IS NOT TO PREDICT WHICH PATIENT MAY TAKE THEIR OWN LIFE, BUT TO DO THE BEST JOB WE CAN TO INCREASE SAFETY, REDUCE RISK, AND PROMOTE WELLNESS AND RECOVERY.

~ZERO SUICIDE

Preventative Risk Assessment Formulation

EXAMPLE

- Nadine, 16yo, Asian-white, lives with bio-parents + 2 younger siblings
- Mom is functioning alcoholic, quick to anger (yells/throws things), disengaged unless urgent issue, works part-time; Dad works long hours, shows low interest in kids
- Nadine struggles GAD sx for past 4yrs, often keeps to self. Has friend group but losing touch w3ith group this year as interests change & Nadine pulls away. Increasing depressive sx's after injury so can't play ball w/team; experienced some racially based bullying. Spending lots of time in her room on tik tok/social media.
- Past week did poorly on 2 exams putting grade eligibility for softball in danger, fighting w/mom about keeping room clean & helping w/siblings, boyfriend broke up w/her b/c "down so much & no fun"
- Nadine cut herself & left evidence of injuries, brother discovered & told parents who brought her in for treatment after school counselor also called to say vered & told parents who brought her in for treatment after school counselor also called to say Nadine was found crying in bathroom and admitted to having suicidal thoughts

Key Principles

- Person Centered & Contextualized
- Present focused (informed by past)
- Engagement & Collaboration
- Goal is to inform treatment plan

Assessment Framework

1. Understand Reasons for Dying
2. Understand Reasons for Living
3. Assess Immediate Danger
4. Conceptualization & Treatment Plan



1. Understand Reasons for Dying

Rate your wish to die on a scale from 0-10.

Example: *I would like to understand what's motivating your desire to die.*

Tell me in your own words why you want to die.

List Reasons for Dying

Rate Intensity >> Link to Motivation to Die or Rank Order of Reason(s)



Jobses, 2018; Michel, 2021; Rudd & Bryan, 2022; Tucker et al., 2015

BONUS SKILL:

Validate the Wish to Die

- Validation is evidence of empathy
- NOT affirming suicide as a decision

Client: Nadine Y. Clinician: Dr. Wuehlerkamp Date: 3/2/2020 Time: 2:00pm

Understanding Your Suicide Desire Assessment Guide

DESIRE FOR SUICIDE

I wish to die to the following extent: Not at all 1 2 3 4 5 6 **7** 8 9 Very Much

Please list your reasons for wanting to die and mark how intensely that contributes to your desire to die. Then, rank order them from most important (1) to least important (6)

RANK	REASONS FOR DYING	(low)	INTENSITY	(very high)
3	Friends/boyfriend -don't care about me	0 1 2 3 4	5	6 7
1	Me: I suck & can't do anything right	0 1 2 3 4 5 6	7	
4	Can't play softball	0 1 2 3	4	5 6 7
2	Feel shitty, always do	0 1 2 3 4 5 6	7	
		0 1 2 3 4 5 6 7		
		0 1 2 3 4 5 6 7		

Notes:
Strong self-hate, social isolation & hopelessness about things getting better; feeling alone while "common" is causing lots of distress, unsure how to improve things, doesn't feel supported or understood by others

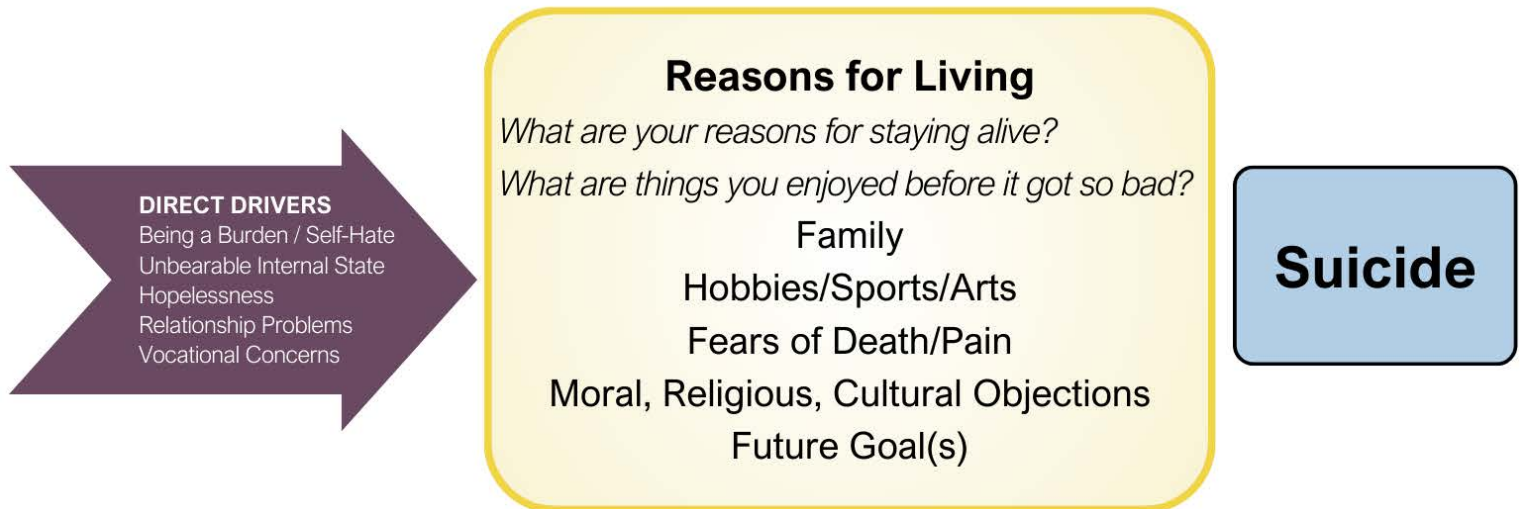
2. Understand Reasons for Living

Rate your wish to live on a scale from 0-10.

Example: *I would like to explore what keeps you here, keeps you going so far.*

List Reasons for Living

Rate Intensity >> Link to Motivation to Live or Rank Order of Reason(s)



Freedenthal, 2018; Jobes, 2018; Linehan, 1995; Rudd & Bryan, 2022

BONUS SKILL:

Compare WTL/WTD

- Highlight ambivalence
- Build rapport
- Opens door to strengths

DESIRE FOR LIVING

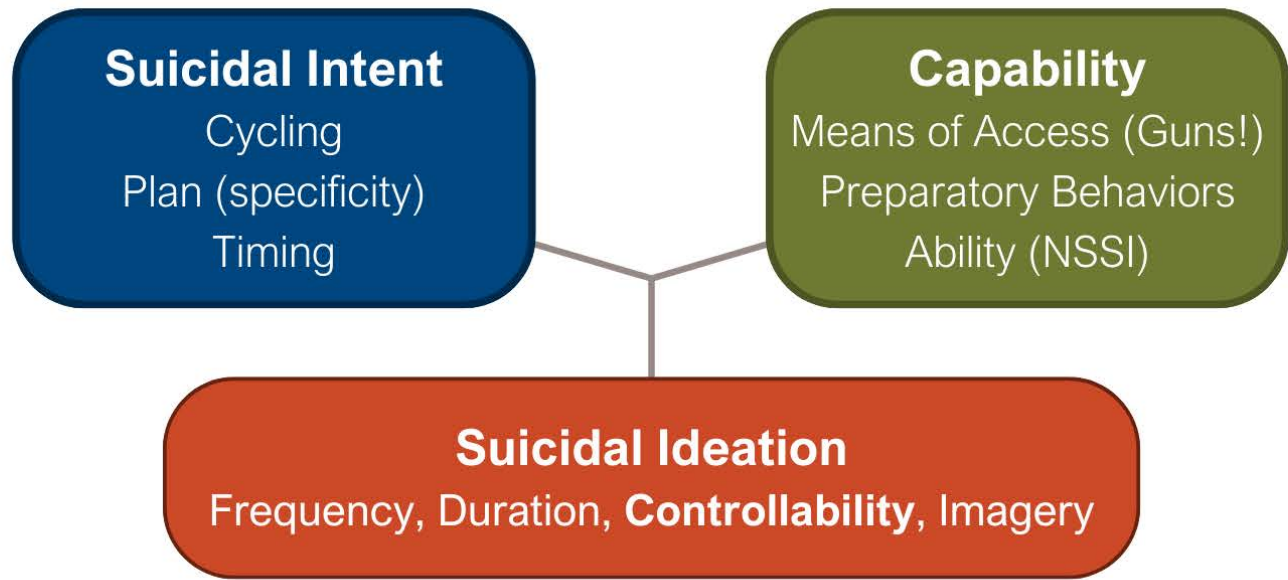
I wish to live to the following extent: Not at all 1 2 3 **4** 5 6 7 8 9 Very Much

Please list your reasons for wanting to live and mark how intensely that contributes to your desire to live. Then, rank order them from most important (1) to least important (6)

RANK	REASONS FOR LIVING	(low)	INTENSITY							(very high)
1	Family, my brothers	0	1	2	3	4	5	6	7	6
5	Always said suicide was stupid, losers way out	0	1	2	3	4	5	6	7	
2	Want to make state in softball	0	1	2	3	4	5	6	7	
3	See how stranger things ends	0	1	2	3	4	5	6	7	
4	Lisa	0	1	2	3	4	5	6	7	
		0	1	2	3	4	5	6	7	

Notes:
 Lisa is close friend who moved away but maintains contact; feels responsibility towards siblings; softball key part of life socially & for sense of purpose; mentioned cultural rejection of suicide but was not strong reason

3. Assess Immediate Danger



Patient's Judgment of Their Own Risk

How likely is it that you will kill yourself after you leave this office? Next day?

How confident are you in your ability to cope with your suicidal thoughts/urges?

What is the basis for your [answer]?

Explore Primary Exception

What is the one thing, that if different, would help you no longer be suicidal?

IMMEDIATE DANGER OF SUICIDE

Suicidal Ideation Describe content: wish could be dead, be nice not to deal w/stuff

Frequency 5-6x per day _____ per week _____ per month

Duration _____ seconds 45 minutes 2 hours

Controllability None (0) _____ X—Somewhat (3) _____ Very Much(6)

Imagery NO YES Describe: imagine taking pills, sleeping in caslet while mom cries

Suicide Intent

Plan(s) Describe: taking pills; drinking all man's booze

When: probably at night, on a wednesday, nobody home; no specific date

Where: bedroom

Cycle: None Sporadic/Unpredictable Somewhat consistent Always High

Suicide Capability

Access to Means NO YES Describe: medicines in cabinet, alcohol in cupboard

Preparation NO YES Describe: saving diff medications + ibuprofen in room

Rehearsal NO YES Describe: _____

Recent NSSI NO YES Describe: cut self 3x in past 2 weeks, history 1 yr ago

Frequency _____ per day 1-2x per week _____ per month

Methods cutting scraped skin til burned

Medical Tx NO YES Describe: _____

Recent Effectiveness None (0) _____ Somewhat (3) _____ X _____ Very Effective(6)

Other Risk Factor Considerations

Impulsivity NO YES comment: _____

Burdensomeness NO YES comment: "only ever let people down or disappoint parents"

Sleep Problems NO YES comment: can't fall asleep, mind racing

Agitation/Urgency NO YES comment: when feels rejected by others, anxiety increases

Substance Abuse NO YES comment: _____

Personal Risk Judgment

How likely is it that you will kill yourself after you leave this session? 0 _____ 5—X _____ 10

How confident are you in your ability to cope through your suicidal desire/urges? 0 _____ 5—X _____ 10

Comment: really want to feel better, coping for awhile can keep doing it

One Thing: The one thing that would help me no longer feel suicidal would be: have friends who care

Treatment Framework: Structural Strategies

On-going Risk Monitoring

- Maintains suicide risk focus
- Mini assessments

Involve Others

- Activate supports

Increase Frequency of Contact

- Number of sessions for brief time
- Schedule brief check-ins (5-10 mins)
 - Assess current ideation, plan, intent
 - Review skills to cope, reinforce mastery

Use Caring Contacts

Client: Nadine Clinician: J.W. Date: 3/16/2020 Time: 11:00

Suicide Monitoring & Check-In Form

Rate your current wish to die: Not at all 0 1 2 3 4 5 **(6)** 7 8 9 10 Very Much^y

Rate your current wish to live: Not at all 0 1 2 3 **(4)** 5 6 7 8 9 10 Very Much^y

Rate on a scale of 0 (not at all) to 10 (all the time) how frequently you experienced each of the following since our last session together:

Thoughts about wanting to die	0	1	2	3	4	(5)	6	7	8	9	10
Considered a plan to kill myself	0	1	2	3	(4)	5	6	7	8	9	10
Made preparations to kill myself	0	(1)	2	3	4	5	6	7	8	9	10
Coped with/managed suicide thoughts	0	1	2	3	4	5	6	7	(8)	9	10
Cut self	0	(1)	2	3	4	5	6	7	8	9	10

Comments: *Used crisis coping strategies when urges were high during the week*

Treatment Framework: Manage Acute Risk



Pictures
Poetry
Games
Letters

Prayer Cards
Songs
Coping Cards
.....



<https://suicidesafetyplan.com/>

Bryan et al., 2018; Bryan, Tabares et al., 2023; Stanely & Brown, 2012

Treatment Framework: Manage Acute Risk

Plan across multiple methods (conduct Home Scan)

Basic Strategy for Non-Confrontational Conversation

-Engage: Ask open-ended questions

“You mentioned you own firearms, what types of guns do you have”

-Focus toward Safety:

“What are the safety procedures you use at home w/your guns?”

-Evoke Additional Details:

“Are there times you take extra precautions? What are your thoughts about people having easy access to guns when struggling w/ suicide?”

-Plan for Safety:

“Given the importance of safety to you, what are some changes you think you could make at home to increase your safety?”

Means Safety

-Steps to keep environment safe, reduce access to lethal methods

Counseling on Access to Lethal Means FREE COURSE

<https://zerosuicide.edc.org/resources/trainings-courses/CALM-course>

Britton et al., 2016; Mann et al., 2021; Sale et al., 2018

Treatment Framework: E-B Strategies for Drivers

Target the Drivers of Suicide Desire = Treatment Goals

Alleviate Pain & Suffering

Enhance Coping Skills

Inspire hope, Improve Quality of Life

Ideally: Use Evidence-Based Suicide Treatments

Unbearability

*Emotion
Regulation Skills*

Evaluate Thinking

Unlovability

*Increase Social
Connections*

Contribute to Others

Unsolvability

*Cognitive Flexibility
Skills*

*Problem-Solving
Goal Setting*

Emotion Regulation Strategies

Decrease Emotional Sensitivity

Balanced Sleep

Exercise
Healthy Eating
Treat Physical Illness
Limit Screen Time



Another Option:
www.thesleepreset.com

Acquire Positives & Build Mastery

Increase pleasant activities
Behavioral Activation/Mastery
Align Strengths & Values with Activities

www.viacharacter.org

interest

inspiration

serenity

awe

love pride

joy

gratitude amusement

hope

Evaluate Thinking: Cognitive Reframing

Educate how thoughts connect to emotional experiences & behavior.

Teach about cognitive distortions

Reframing The Thoughts

1) Catch the thought

"What were you telling yourself just before you felt that way?"

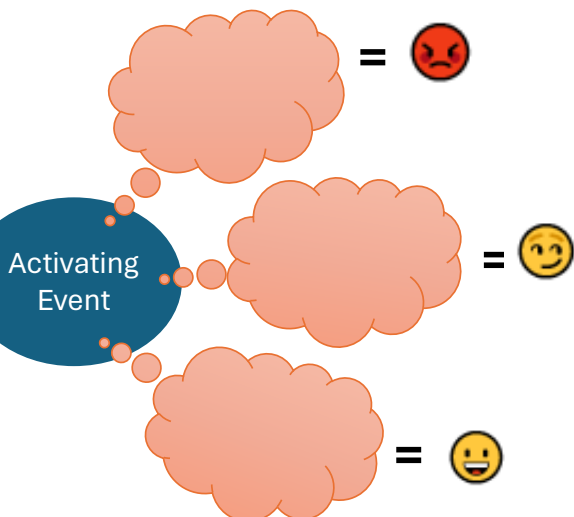
2) Check the validity & utility

"Is that thought a fact or belief? How does this thought help you?"

3) Change the thought/Balance

"What is another way to look at this? What might someone else say?"

4) or... Catch & Release it

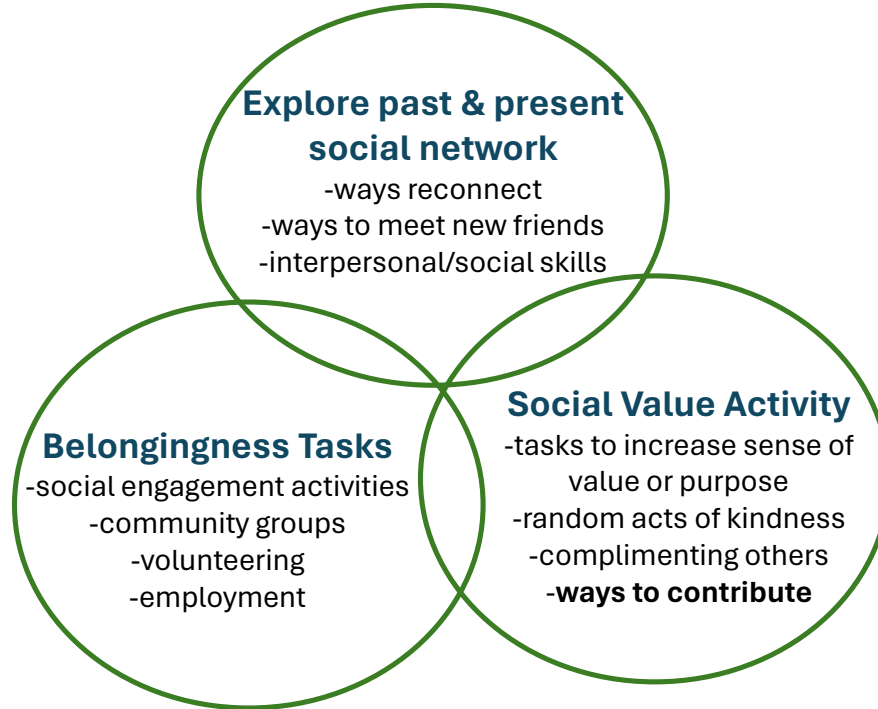


Unlovability
Increase Social
Connections

Contribute to Others

Increase Social Connections & Contribute

Goal: Increase sense of belonging, decrease sense of burdensomeness



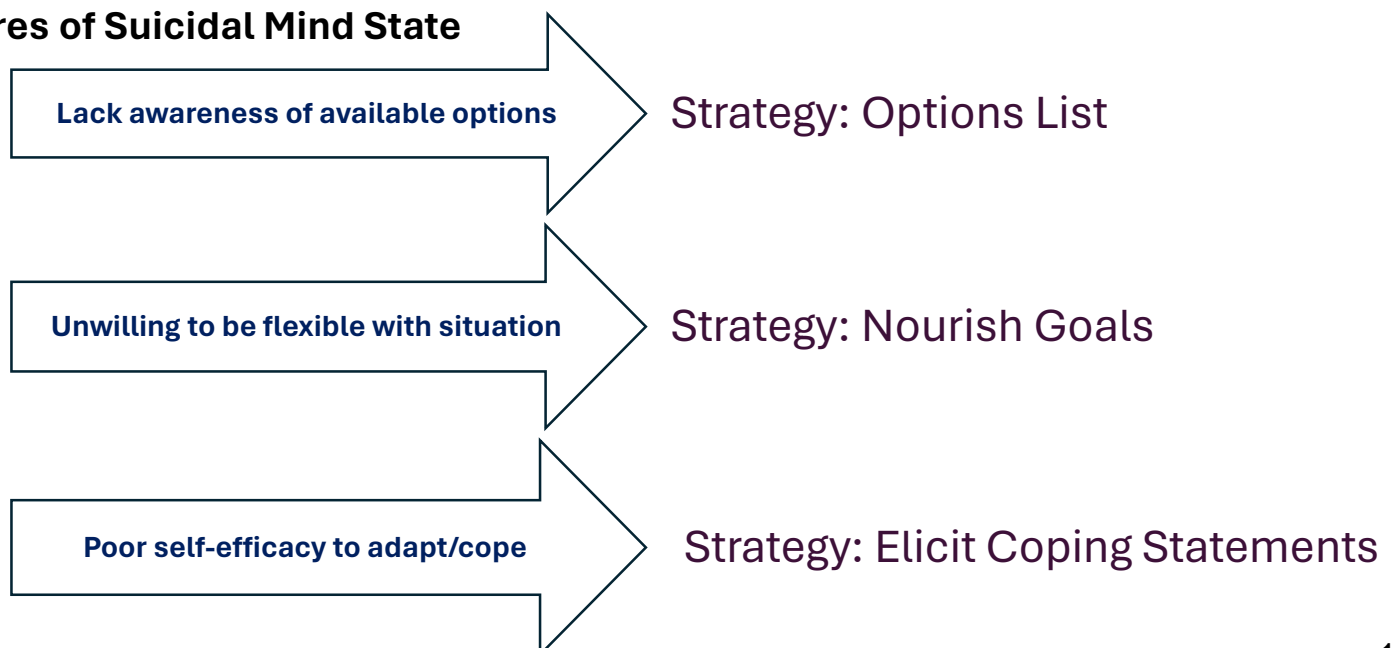
Unsolvability
Cognitive Flexibility
Skills

Problem-Solving
Goal Setting

Cognitive Flexibility Skills

Goal: Foster Perspective Taking & Problem-Solving

Features of Suicidal Mind State



Unsolvable
Cognitive Flexibility
Skills
Problem-Solving
Goal Setting

Cognitive Flexibility Skills: Options List

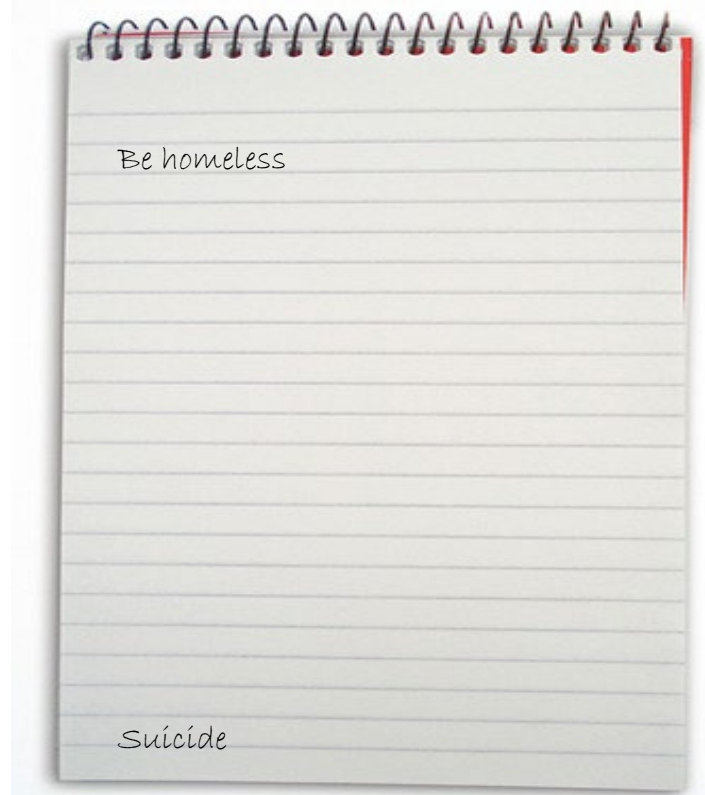
Goal: Widen Perspective

Options List Strategy Steps

- brainstorm every possible option
- order options from best to worst

Two Required Elements

- a. Quantity lead to quality
- b. Defer judgment



Unsolvable
Cognitive Flexibility
Skills
Problem-Solving
Goal Setting

Cognitive Flexibility Skills: Nourish Goals

Unfinished Business List

- Identify what wanted now or in past for key areas of life

Professional

Family

Romance

Friendship

Leisure/Hobbies

Health & Fitness

Personal Growth

- Prioritize by importance

Pathway, Steps Needed to Begin to Work Toward Goal

"If we could select a small task, that if you accomplished it, would tell you that things were just a little bit better, that you could reach this goal, what would that be?"

Cognitive Flexibility Skills: Elicit Coping Statements

Generate realistic encouragement statements to maintain hope, pursue goals, resist suicidal urges.

- Elicit phrases from the client
- Identify phrases that have special meaning to client
- Reflect reality, be fundamentally true and genuine
- Find an alternative to condemning, punitive, pessimistic thoughts

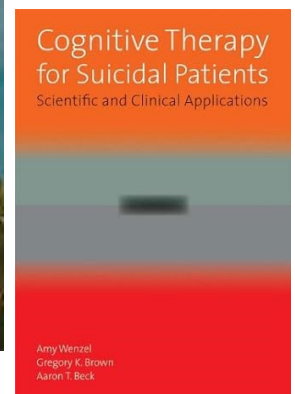
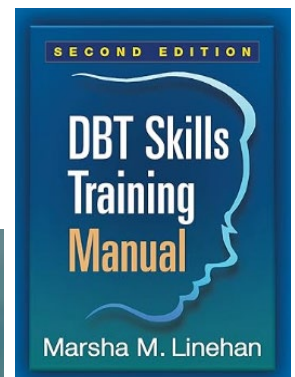
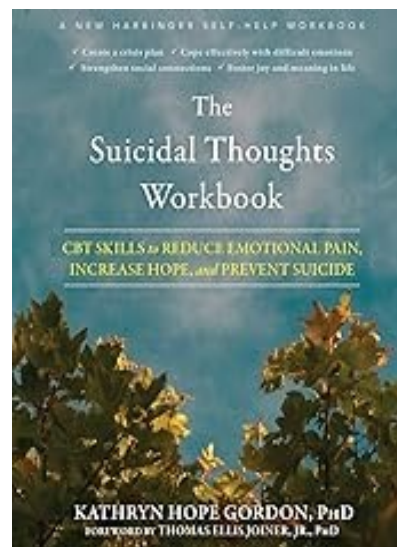
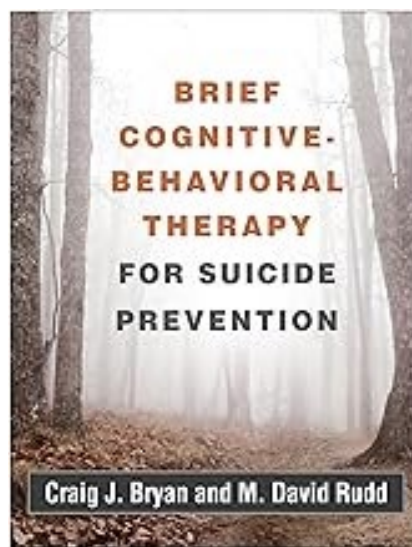
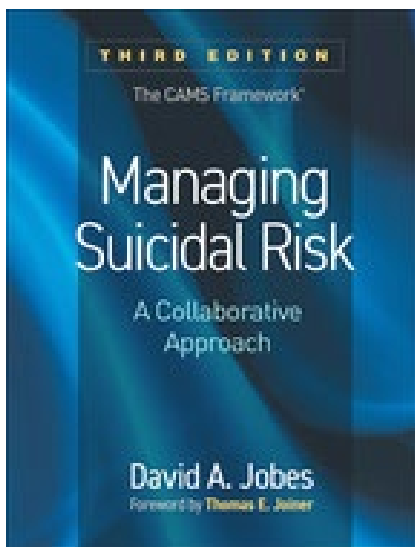
When you tell yourself _____, what's another way to look at it?

What might someone say that would be helpful?

What do you most wish someone would say to you right now that would help you get through another day?

Additional Treatment Considerations

Use an Evidence-Based Treatment of Suicide



<https://cams-care.com/>

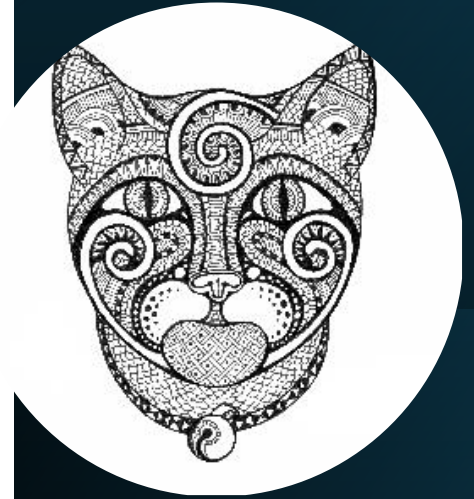
Core Competencies of Suicide Treatment

1. Know & manage your attitudes/reactions toward suicide when w/a client.
2. Develop & maintain a collaborative, empathic stance toward the client.
3. Know and elicit evidence-based risk and protective factors.
4. Focus on current plan and intent of suicidal ideation.
5. Determine level of risk/stability.
6. Develop and enact a collaborative evidence-based treatment plan.
7. Notify and involve other persons.
8. Document risk, plan, and reasoning for clinical decisions.
9. Know the law concerning suicide.
10. Engage in debriefing and self-care.

Outpatient Treatment is Best Practice

This Training addressed competencies 1-7

Knowledge evolving – continuing education is essential



Suicide Prevention Resource Center, 2006

Client: _____ Clinician: _____ Date: _____ Time: _____

Understanding Your Suicide Desire Assessment Guide

DESIRE FOR SUICIDE

I wish to die to the following extent: Not at all 1 2 3 4 5 6 7 8 9 Very Much

Please list your reasons for wanting to die and mark how intensely that contributes to your desire to die. Then, rank order them from most important (1) to least important (6)

RANK	REASONS FOR DYING	INTENSITY (low to very high)								
		0	1	2	3	4	5	6	7	

Notes:

DESIRE FOR LIVING

I wish to live to the following extent: Not at all 1 2 3 4 5 6 7 8 9 Very Much

Please list your reasons for wanting to live and mark how intensely that contributes to your desire to live. Then, rank order them from most important (1) to least important (6)

RANK	REASONS FOR LIVING	INTENSITY (low to very high)								
		0	1	2	3	4	5	6	7	

Notes:

IMMEDIATE DANGER OF SUICIDE

Suicide Ideation Describe content: _____

Frequency _____ per day _____ per week _____ per month

Duration _____ seconds _____ minutes _____ hours

Controllability None (0)-----Somewhat (3)-----Very Much(6)

Imagery NO YES Describe: _____

Suicide Intent

Plan(s) Describe: _____

When: _____

Where: _____

Cycle: None Sporadic/Unpredictable Somewhat consistent Always High

Suicide Capability

Access to Means NO YES Describe: _____

Preparation NO YES Describe: _____

Rehearsal NO YES Describe: _____

Recent NSSI NO YES Describe: _____

Frequency _____ per day _____ per week _____ per month

Methods _____

Medical Tx NO YES Describe: _____

Recent Effectiveness None (0)-----Somewhat (3)-----Very Effective(6)

Other Risk Factor Considerations

Impulsivity NO YES comment: _____

Burdensomeness NO YES comment: _____

Sleep Problems NO YES comment: _____

Agitation/Urgency NO YES comment: _____

Substance Abuse NO YES comment: _____

Personal Risk Judgment

How likely is it that you will kill yourself after you leave this session? 0 -----5-----10

How confident are you in your ability to cope through your suicidal desire/urges? 0-----5-----10

Comment: _____

One Thing: The one thing that would help me no longer feel suicidal would be: _____

TREATMENT PLAN

Problem #	Problem Description	Goals & Objectives	Intervention Plan	Duration
1	<i>Self-Harm Potential</i>	<i>Personal Safety & Stability</i>	<i>Crisis Coping Plan</i> <i>Completed</i> <input type="checkbox"/>	
2				
3				
4				

Client: _____ Clinician: _____ Date: _____ Time: _____

Suicide Monitoring & Check-In Form

Rate your current wish to die: Not at all 0 1 2 3 4 5 6 7 8 9 10 Very Much

Rate your current wish to live: Not at all 0 1 2 3 4 5 6 7 8 9 10 Very Much

Rate on a scale of 0 (not at all) to 10 (all the time) how frequently you experienced each of the following since our last session together:

Thoughts about wanting to die	0	1	2	3	4	5	6	7	8	9	10
Considered a plan to kill myself	0	1	2	3	4	5	6	7	8	9	10
Made preparations to kill myself	0	1	2	3	4	5	6	7	8	9	10
Coped with/managed suicide thoughts	0	1	2	3	4	5	6	7	8	9	10
	0	1	2	3	4	5	6	7	8	9	10

Example Questions for “Mini-Assessments” conducted verbally at start of session

Tell me what your suicidal thoughts have been like since we last met.

How much have you thought about suicide since our last session?

On a scale of 1 to 10, how intense have your suicidal thoughts been?