Suicide Prevention for Mobile Crisis Teams

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M-TAC

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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Dr. Kristin L. Dempsey and Dr. Anitra Warrior have certified that they have no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

A New Direction for Mobile Crisis Services

- Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- Support people in crisis where they are, while using the least restrictive means necessary.

Mobile Crisis Services

- *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal members who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to members experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*

Behavioral Health Information Notice 23-025, p. 3

A New Direction for Mobile Crisis Services

» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions

Today's Presenters

Kristin Dempsey, Ed.D., LMFT, LPCC

Therapist, Trainer, and Consultant

Anitra Warrior, PhD

President & Psychologist

Morningstar Counseling & Consultation, PC

Introductions

In the chat box, we invite you to share your:

- Name
- Role
- Organization
- One thing you're hoping to learn today

Agenda

- Suicide Data and Warning Signs
- Talking About Suicide
- Values and Attitudes
- Motivational Interviewing
- Provider Self-Care

Learning Objectives

By attending this training participants will be able to:

- Describe the warning signs of suicide and risk factors that contribute to increasing the likelihood of death by suicide.
- Recognize and refute common suicide myths to educate community members and individuals receiving behavioral health services.
- Increase their comfort and competence in asking directly about suicide when providing mobile crisis services.
- Practice the use of reflective listening skills to explore ambivalence for suicidal individuals.
- Identify self-care strategies to help prevent provider burnout.
- Recognize the suicide risk factors among at least three minoritized cultural groups.
- Describe at least three trauma-informed suicide assessment and safety planning interventions.

Before We Begin

- Suicide is a difficult topic and most of us will have reactions to the content of this training.
- Please take care of yourself during this training and take breaks if you need them. **Taking care of you is what is most important today.**
- If you need anything, please message the M-TAC team directly in the chat.

Suicide Data and Warning Signs

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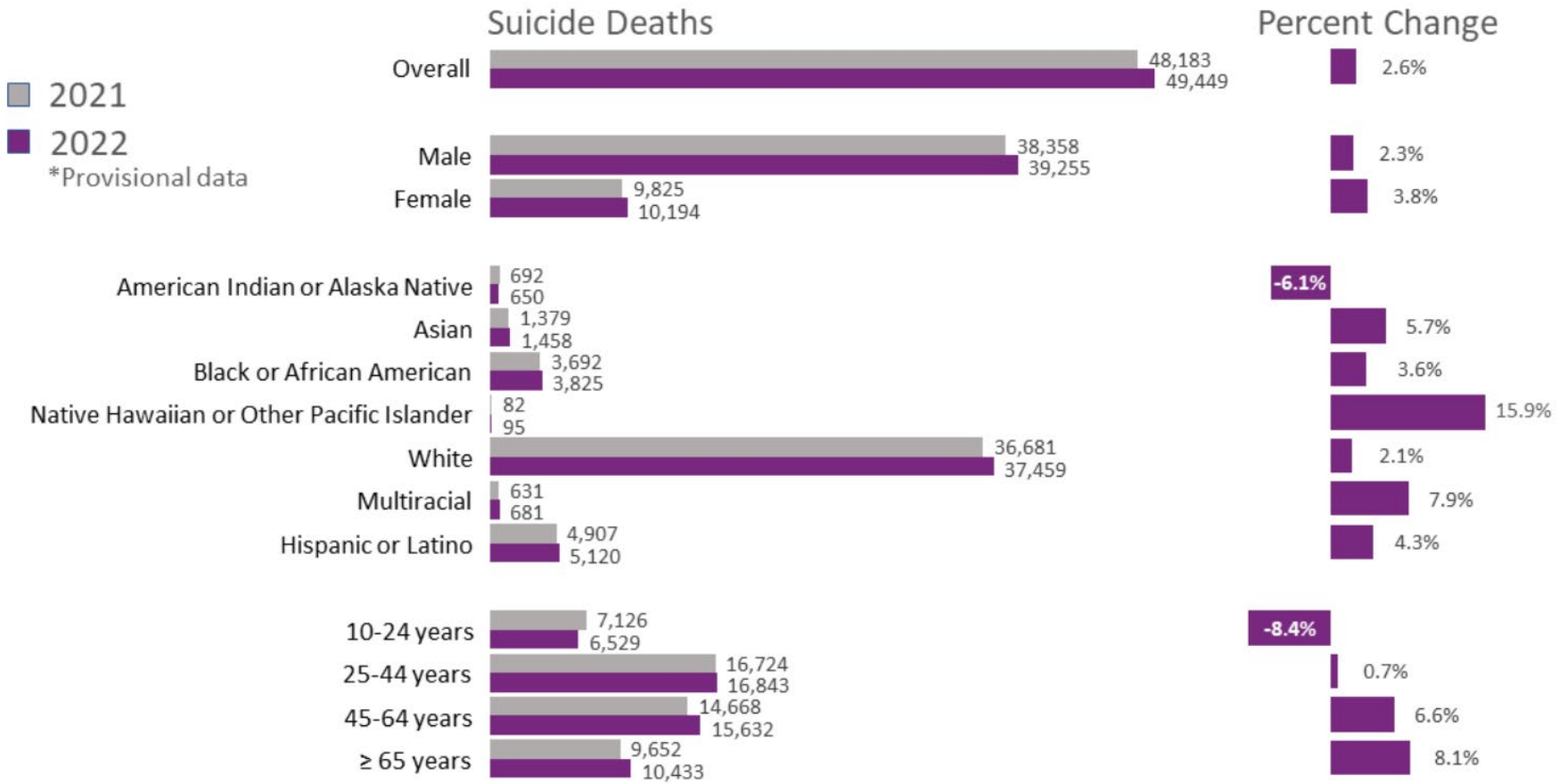
Suicide Quick Facts
2022 Provisional Data*

Overall, the number of deaths by suicide increased 2.6% from 2021 to 2022*, but decreased among American Indian/Alaska Native people and Youth



(Centers for Disease Control, 2023)

*Why provisional old data?

This is a short list. Add other possible risk factors in the chat

Risk Factors for Suicide

Individual or Environmental Risk Factors

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care
- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among lesbian gay, bisexual, and transgender (LGBTQ) youth.
- The historical trauma suffered by American Indians and Alaska Natives (resettlement, genocide, destruction of cultures and economies) contributes to the high suicide rate in this population. (SPRC, 2023)
- For men in the middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Suicide Prevention Resource Center, 2023 https://sprc.org/risk-and-protective-factors/

Many Groups are at Higher Risk for Suicide

- American Indian Prevalence – the highest rates of suicide are among this group. Inequities in access to care, poverty, and legacy of genocide are contributing factors to AI/AN suicide rates (CDC, 2023)
- Black/African-American Prevalence - men had a larger increase in suicide attempts than any other racial group between 2014 and 2019 (JAMA, 2021). Suicide rates in Black male adolescents increased by 47% from 2013 to 2019. Racial trauma is a likely contributor to higher suicide rates among the Black community (Williams et al., 2018)
- LGBTQ Prevalence - LGBTQ youth are not inherently prone to suicide risk because of their sexual orientation or gender identity, but rather placed at higher risk because of how they are mistreated and stigmatized in society (Trevor Project, 2023)
- White males make up around 69% of suicides despite being 36% of the population
- Suicide rates in some parts of the Pacific Islands are as high as 16 per 100,000, with young PI dying by suicide at a higher rate. Hypothesized contributors to suicidality among PI include the impacts of Western colonialization and climate change (Mathieu et al., 2021)

Individuals with Risk Factors are Not Necessarily at Imminent Risk for Suicide

- For example, if someone has risk factors—e.g., they identify as an LGBTQI+ youth and/or just had a recent traumatic experience—they are not necessarily actively suicidal.
  - They might have a way of thinking about their experience that is protective, and we must explore those protective factors. For example: effective coping skills, sufficient community supports, people with whom they feel safe.
- **Warning signs** are what we want to notice and explore with all individuals to assess whether they are at high risk for suicide.

Warning Signs vs. Imminent Risk

Immediate Risk

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Serious Risk

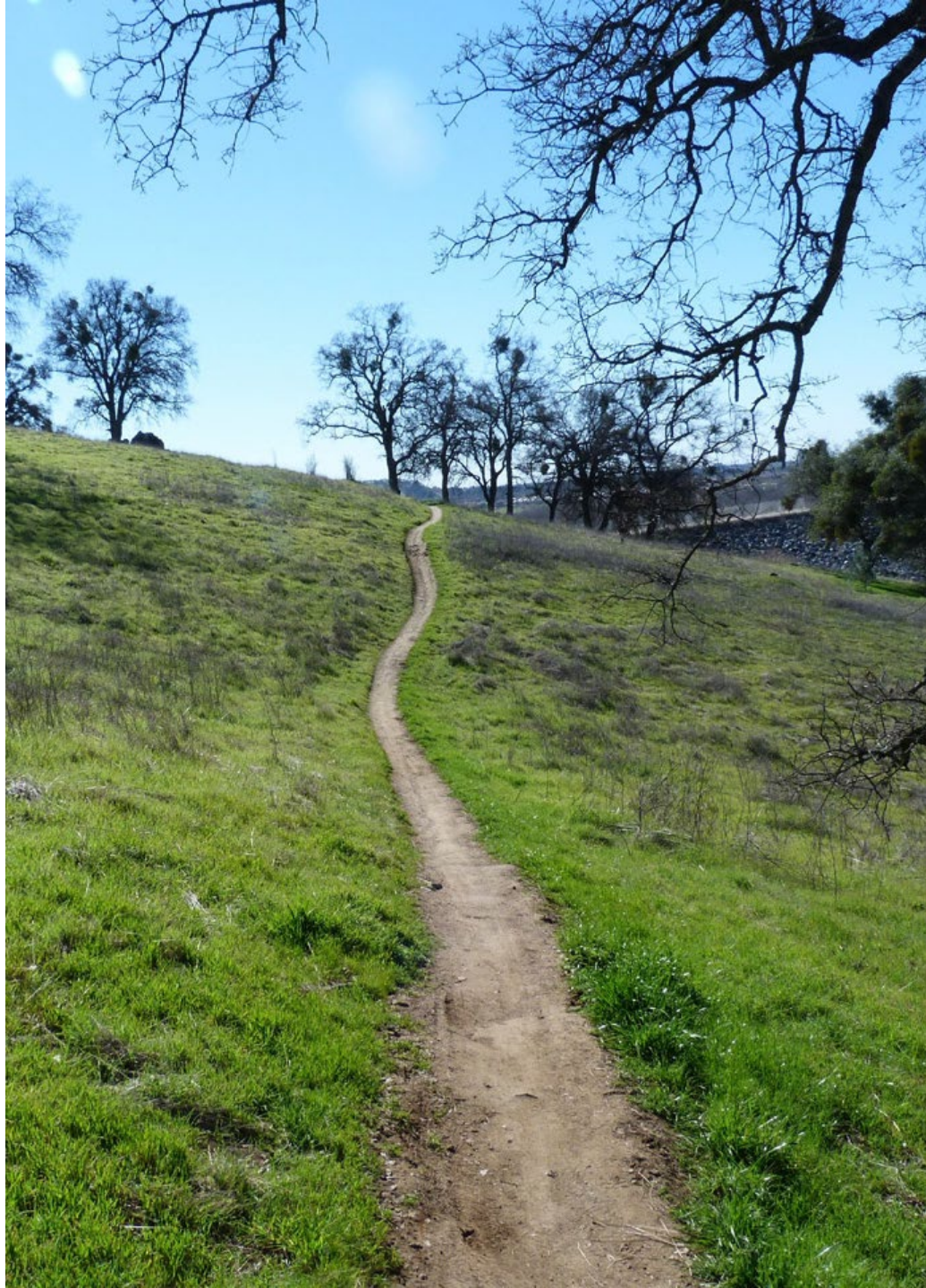
- Other behaviors may also indicate a serious risk—especially if the behavior is new, has increased, and/or seems related to a painful event, loss, or change.
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

https://www.sprc.org/about-suicide/warning-signs

IS PATH WARM Mnemonic

- **Ideation** of suicide
- **Substance** (alcohol or drug) **use**
- **Purposelessness**, no reason for living; no sense of **purpose** in life
- **Anxiety**, agitation, unable to sleep or sleeping all the time
- **Trapped** – like there's no way out
- **Hopelessness**
- **Withdrawal** from friends, family and society
- **Anger,** rage, uncontrolled anger, seeking revenge
- **Recklessness** or engaging in risky activities, seemingly without thinking
- **Mood** changes (marked or sudden)

(American Association of Suicidology, 2011)



Talking About Suicide

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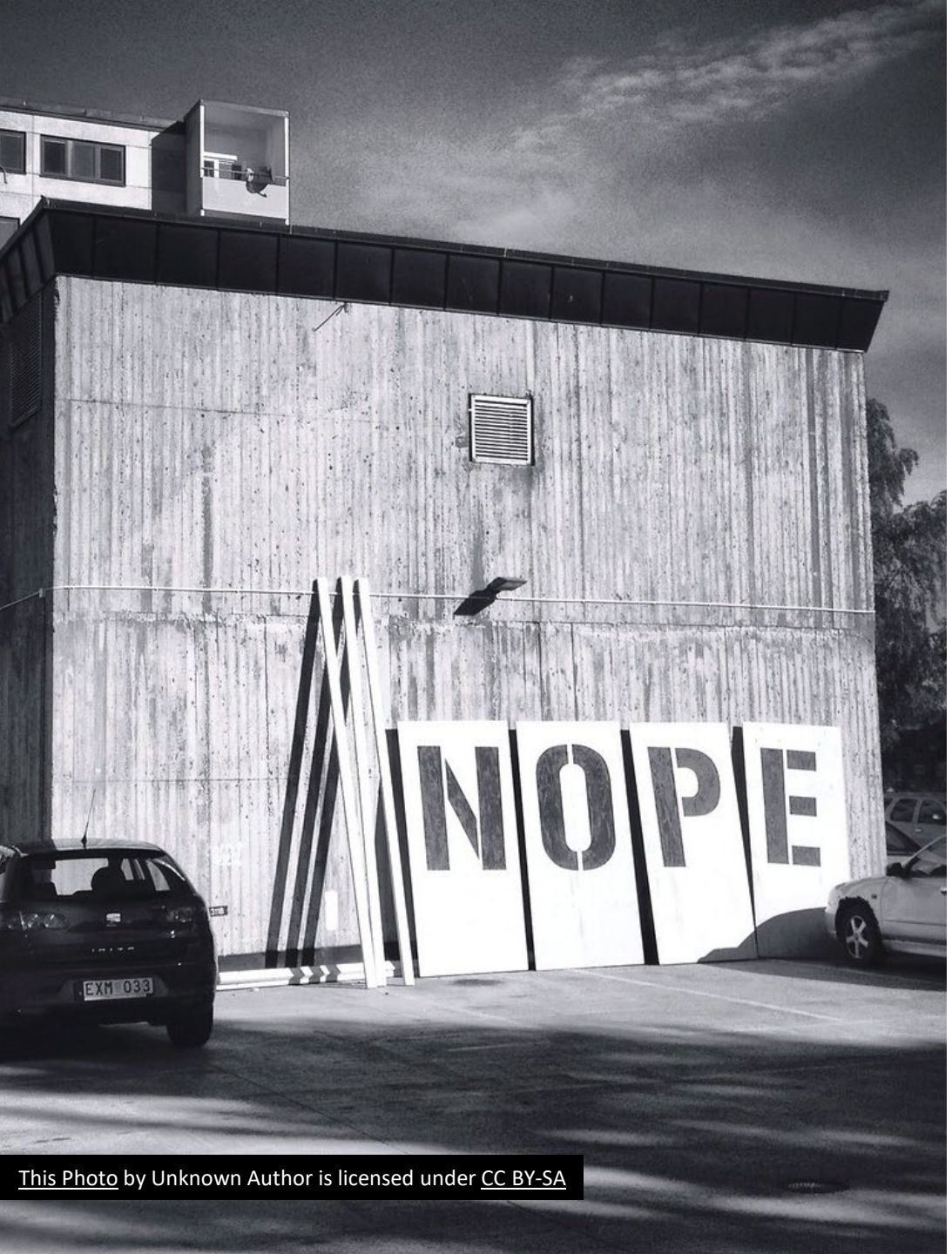
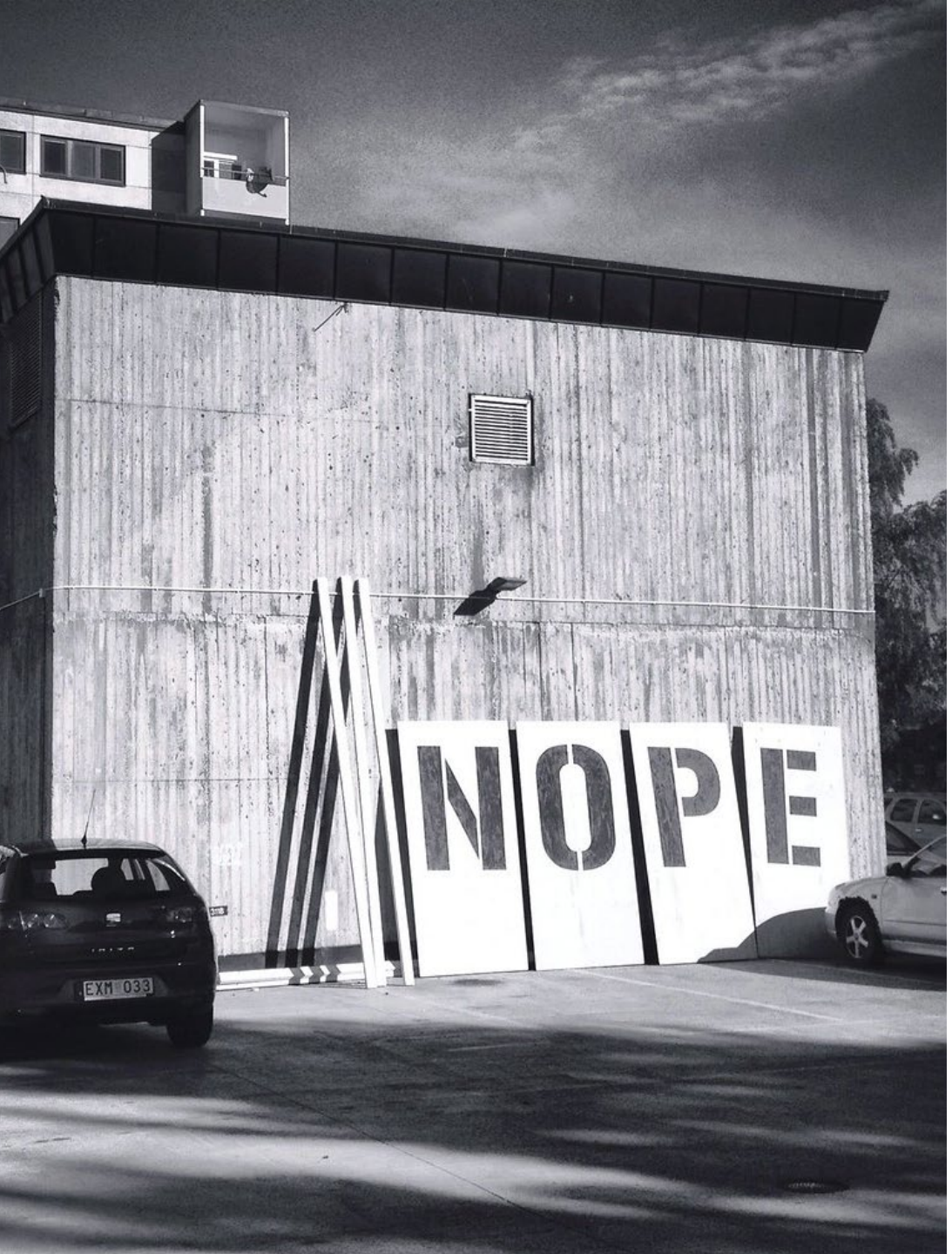


Language Matters

- The words you use matter. You can better reach individuals, break down negative stereotypes, and give people hope by choosing words that are more relatable and promote understanding. (NAMI, 2015)

- When exploring suicide, we do not ask if someone is going to "commit" suicide.
  - Suicide is not a crime and using the term "commit" insinuates they are considering do so.
  - Be thoughtful and careful about the words you use to talk about suicide and suicide prevention.
  - You can say attempt suicide, not commit suicide.
  - It is better to say died by suicide or completed suicide.
  - Do not say a suicide attempt was successful or unsuccessful. Instead, say completed suicide, died by suicide, or attempted suicide so that it does not sound like death is a desired outcome.

https://preventsuicideri.org/about-suicide-prevention/how-to-use-the-right-words/



Common Misconception

Myth: Bringing up suicide will "put suicide in their mind"

Fact: It doesn't work that way. Suicide is not a suggestable idea.

Fact: Asking about suicide directly provides clarity as opposed to asking about desire to "harm oneself." The individual may be viewing suicide as a resolution or solution to their pain, not "causing harm."

What Else? In the chat, add other things we should avoid when talking about suicide.

Asking about Suicide

- Asking about suicide is a requirement of effective suicide intervention.
- We need to ask directly about suicide; asking indirectly will lead to ambivalent and misleading answers. The examples below are forms of indirect questions on suicide:
  - Are you thinking of hurting yourself?
    - This question is too vague. An individual might avoid honestly answering the question if suicide feels like a solution to their hurting and pain.
- What we need to do is ask very direct and closed-ended questions:
  - Are you thinking of killing yourself?
  - Are you thinking of dying by suicide?

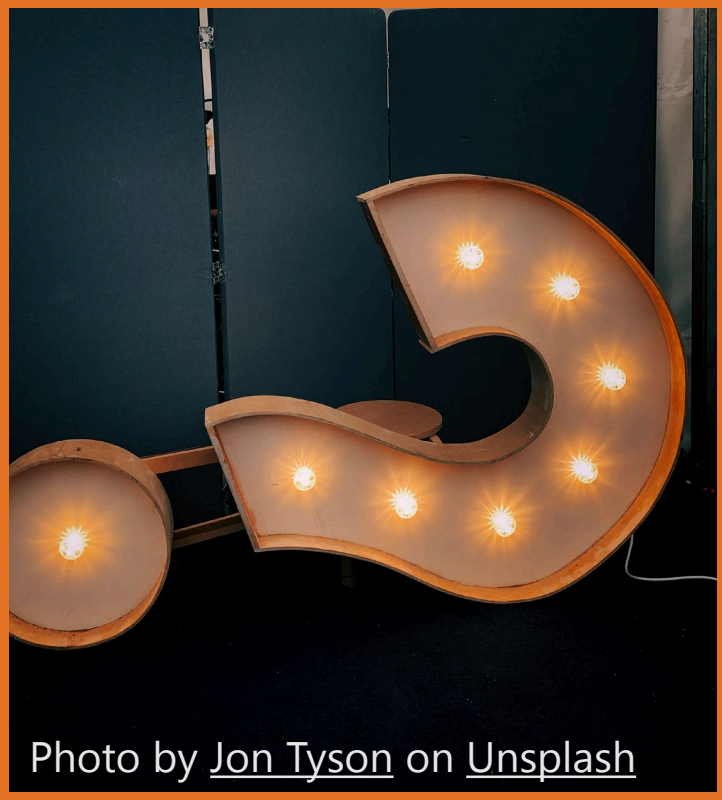


Photo by Jon Tyson on Unsplash

Most Basic Suicide Intervention Needs

Look for WARNING SIGNS and make an attempt to understand them.

Focus specifically and directly on suicide.

- Ask directly if someone is going to kill themselves or if they plan to die by suicide

Once suicidal ideation has been established, *slow it down.*

- Remember – the relationship is what heals. If they are not imminently going to harm themselves, stop and use active listening (reflection skills) to hear them.
- Work with ambivalence to find a reason to stay alive at least for the time being

Establish a plan for safety.

- Deactivate the suicide plan
- Promote protective factors
- Link to resources

Values and Attitudes

Bringing Ourselves into the Picture

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Our Own Values and Attitudes

- As humans and providers, we are driven by our own values and attitudes.
- The next two slides will feature common values and attitudes we hold as providers.
- Try to choose 1-3 of these values that are the most important to you.

I know this is challenging! Try to choose just a couple for this exercise…

Image from: https://nationwideradiojm.com/ruel-ronnie-to-co-chair-values-attitudes-committee/

My Values

Acceptance Accept clients as they are	**Authority** Be in charge and responsible for clients	**Authenticity** Be true to who I am in my client work
Autonomy Encourage clients to make their own choices	**Caring** Take care of clients	**Comfort** Provide for client needs
Commitment Devoting myself to my clients	**Compassion** Feelings and concern for clients	**Cooperation** Work well with others who care for clients
Creativity Bring original ideas to client work	**Dependable** Be reliable and trustworthy to clients	**Duty** Carry out my duties and obligations to clients and work
Excitement Bring energy and enthusiasm to my client work	**Expert** Be recognized by clients for my skills and knowledge	**Forgiveness** Help clients accept mistakes and limitations

(Rosengren, 2017, p. 31)

My Values

Helpfulness Be helpful to clients	**Hope** Keep a positive and optimistic outlook about clients	**Justice** Promote fair and equal treatment for clients
Love Give and receive love from clients	**Loyalty** Be loyal and trustworthy with clients	**Order** Work in a well-ordered and organized manner
Passion Feel strongly about the client work I do	**Pleasure** Enjoy the work I do with clients	**Power** Determine the nature and conduce of client work
Purpose Have meaning and direction in my client work	**Respect** Be treated as a person of worth by clients	**Risk** Try out new ideas and methods with clients
Safety Provide a safe and secure setting for client work	**Self-Esteem** Feel good about myself in the client work	**Spirituality** Provide a stable presence for clients

(Rosengren, 2017, pp. 32-32)

Both Sides of the Coin Exercise

Choose at least one of your identified values and write how the chosen value can both benefit and hinder your work with a person considering suicide. Place your responses in the chat box.

Example: I choose caring. I am likely to want to reach out and assist someone who is needing emotional care and is experiencing pain. I might also be likely to feel hurt myself when I work with someone who rebuffs my approach and/or I struggle with not being able to care for everyone.

Hayes, 2019. Exercise developed from this Podcast: https://www.offtheclockpsych.com/podcast/a-liberated-mind

Take Away

We all have values and attitudes about ourself, our work, and suicide.

Our values can both help and hinder our work.

We need to be aware of our values: what we feel and think can have an impact on what we do when working with individuals in crisis.

Relevance for today: Consider what you are learning regarding skills and knowledge. How does your attitude impact your ability to use the skills?

Motivational Interviewing

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Motivational Interviewing (MI)

What is motivational interviewing?

MI is a **particular way of talking and engaging with people about change and growth** to strengthen their own motivation and commitment.

(Miller & Rollnick, 2024)

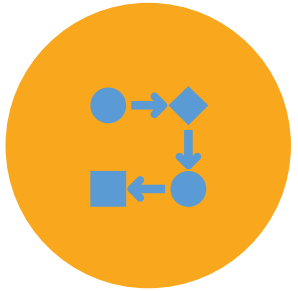
The Four Foundations of Motivational Interviewing

The tasks or process of motivational interviewing helps guide a team member from starting a conversation to building a safety plan. Consider the tasks a type of map from suicidality to creating some initial safety.

Engaging – Process of establishing a helpful connection and working relationship.

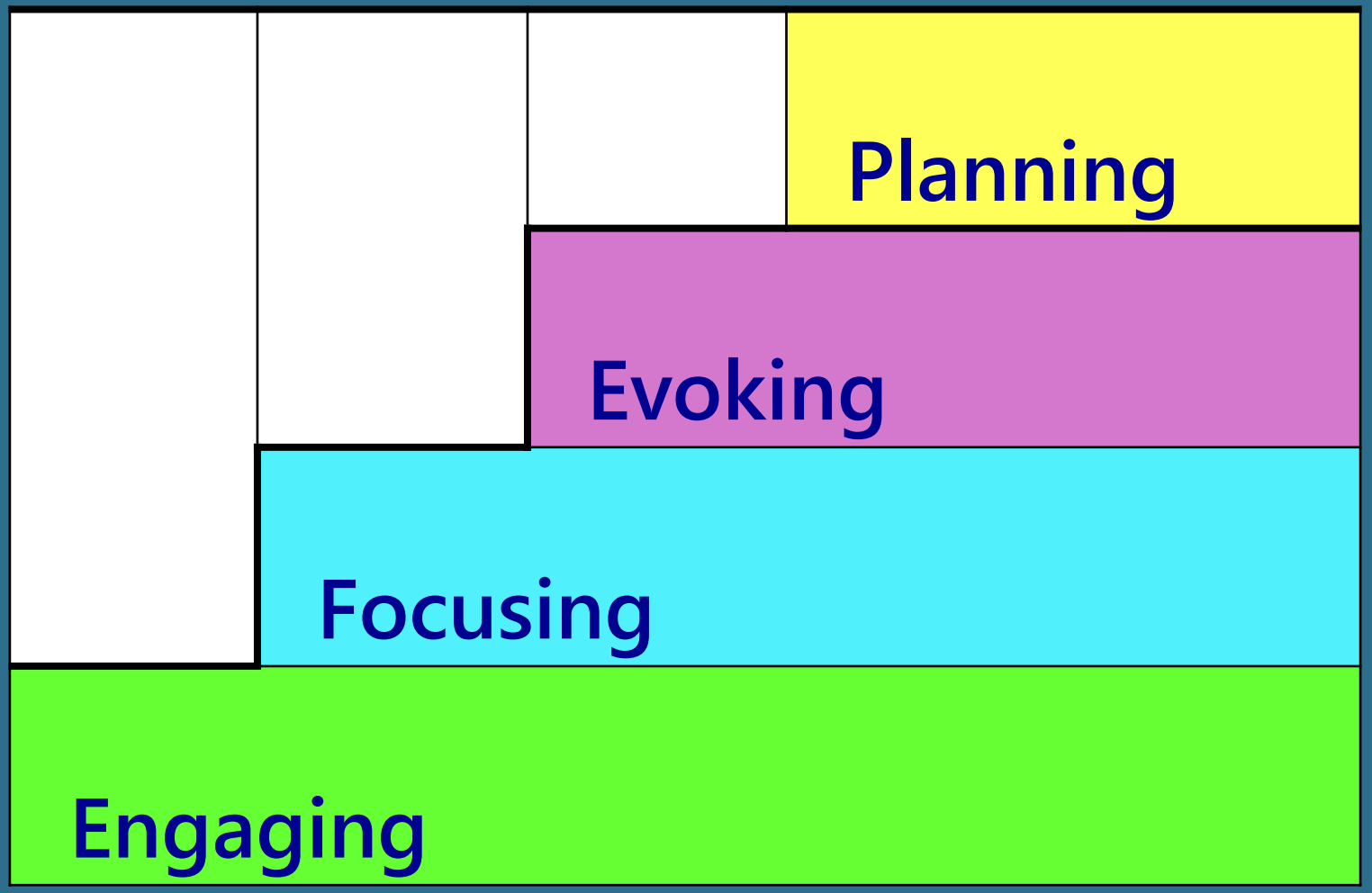
Focusing – Process in which you become more specific about the topic of change, and a direction is developed and maintained.

Evoking – Process about eliciting the client's own motivations for change and lies at the heart of MI.



Planning - Process is both establishing a commitment to change and a specific, concrete plan of action. (Miller and Rollnick, 2024)

Motivational Interviewing
Four Foundational Processes



(Miller, 2010)

Engaging

Starting the Conversation

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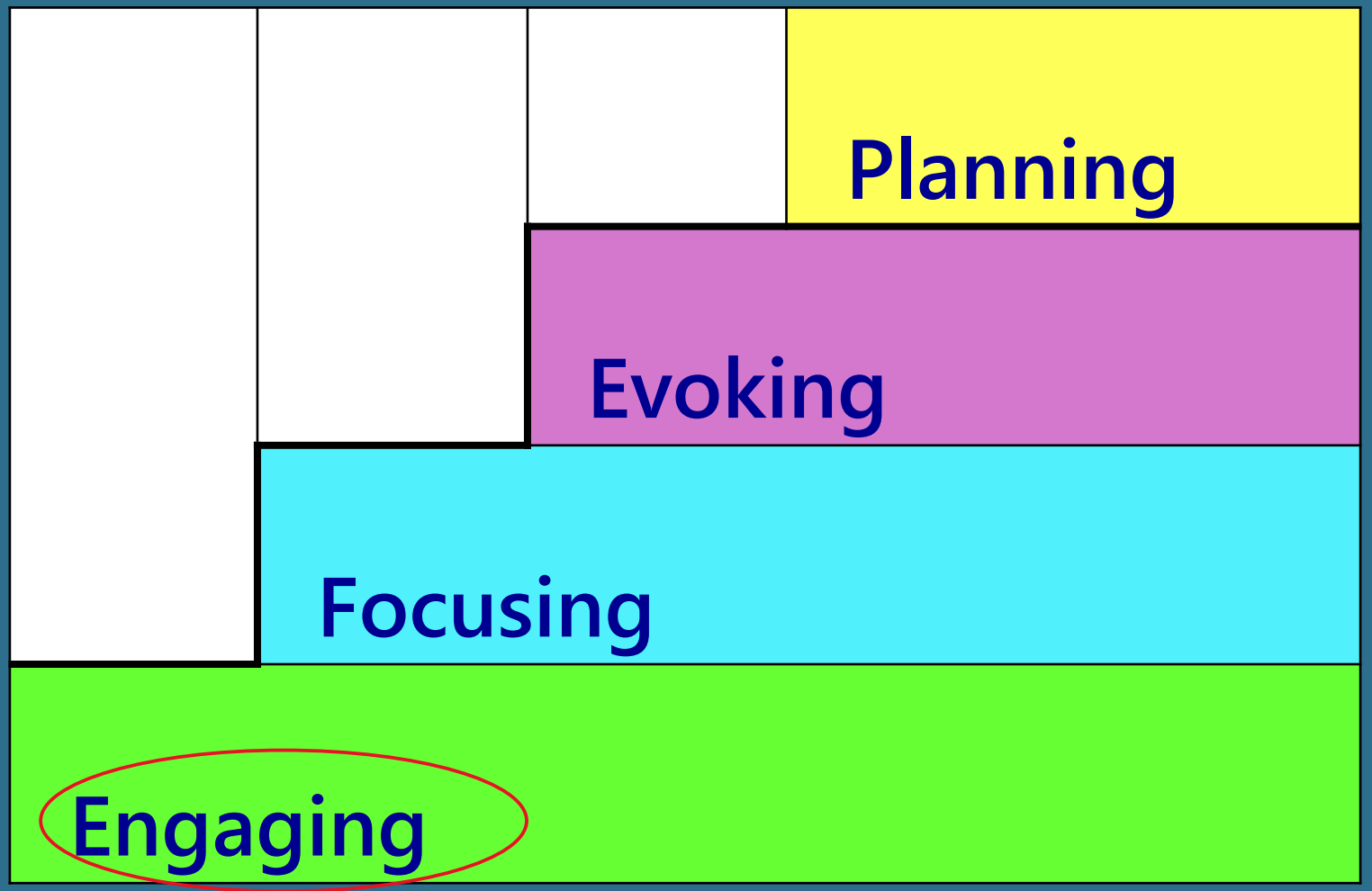
Motivational Interviewing
Four Foundational Processes



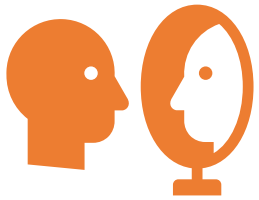
(Miller, 2010)

Motivational Interviewing Techniques
Micro Skills

Consider cultivating OARS to build empathy and promote engagement, exploration, and movement toward change:

Open ended questions

Affirmations



Reflections

Summaries

Ask-Offer-Ask

(Miller & Rollnick, 2023)

Warning Signs and Engagement

- Although one person might have a single warning sign, there are typically several.
- Listening carefully and hearing someone brings them into a relationship with someone else.
- Suicidality is a condition of rumination about the past, loneliness, hopelessness, isolation, and loss.
- When we listen, we are bringing someone into the present where they can be heard and witnessed.


Photo by Rostyslav Savchyn on Unsplash

Asking about Suicide

- Asking about suicide is a requirement of effective suicide intervention.
- We need to ask directly about suicide; asking indirectly will lead to ambivalent and misleading answers. The examples below are forms of indirect questions on suicide:
  - Are you thinking of hurting yourself?
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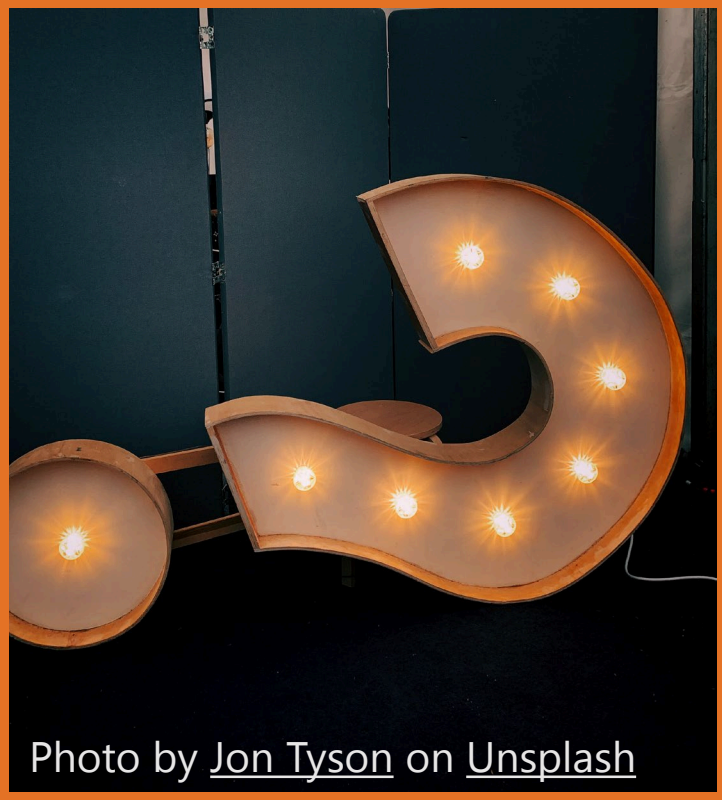

Photo by Jon Tyson on Unsplash

Focusing

Honing the Conversation

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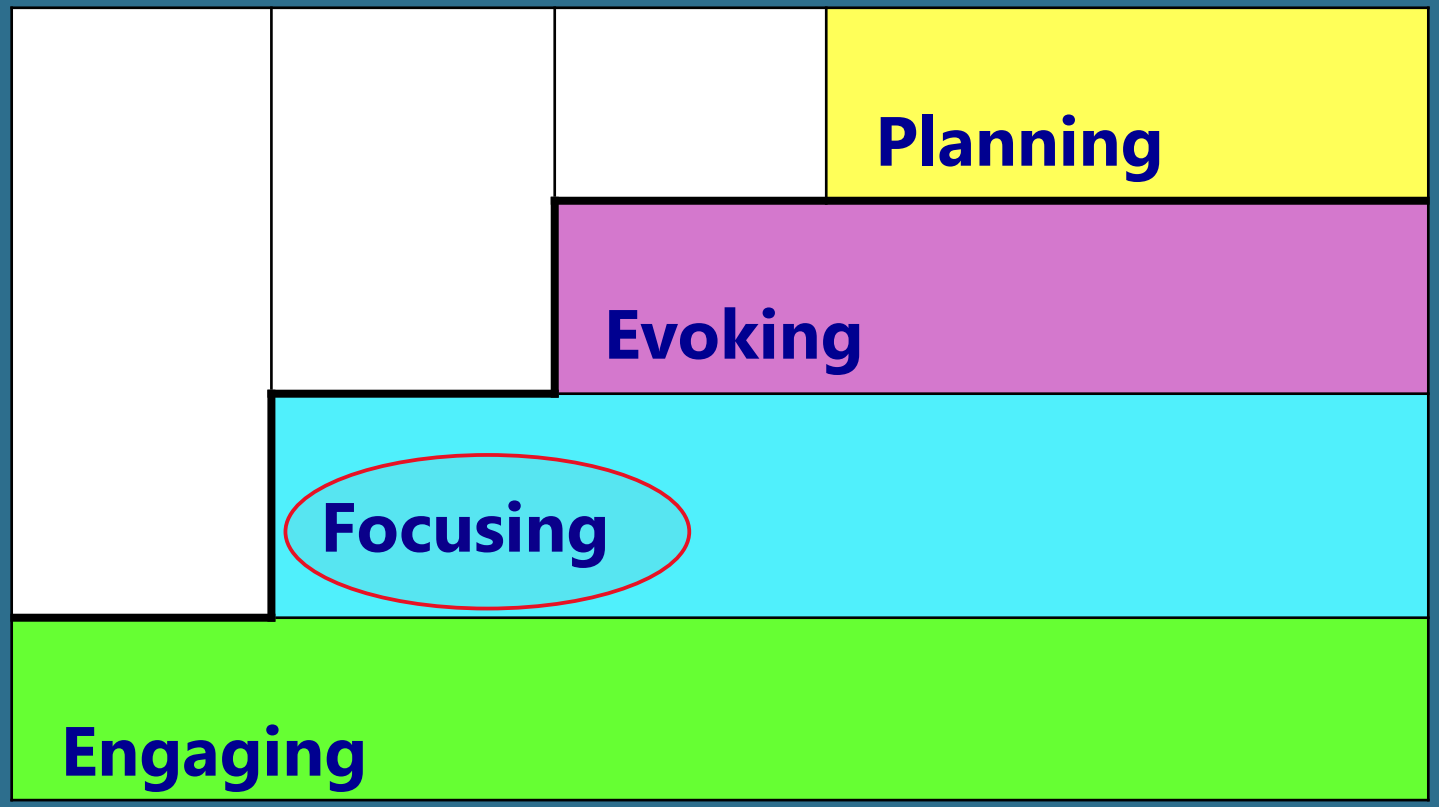
Motivational Interviewing
Four Foundational Processes



(Miller & Rollnick, 2013)

Focusing Strategies

- It is important to summarize the warning signs you obtained in engagement.
  - Ex: So much has happened in the past year, the divorce, feeling alone and overwhelmed and like nothing will get better.
  - End summary with a key question asking directly about suicide that initiates the evoking phase.
- Example

  Summary: "Jessica, we have been talking awhile about many things that have been so painful for you. You finished filing for divorce last year and it has been so stressful caring for and teaching the kids at home by yourself. You spoke to the responsibility being unbearable for you and many days you feel like ending it all."

  Key Question: "Given this, I wanted to check and see if all of this has you thinking about killing yourself."

In the chat box, share how you would summarize warning signs and ask the key question for Jessica.

Focusing Suicidal Ideation Framework

- Once the person in crisis is engaged with the mobile crisis team, focus on their potential suicidal thoughts and plans.
- Establish a clear understanding of what they are thinking and confirm understanding.
  - Gain agreement that you are talking about suicide; don't make assumptions.
  - Ask what has led up to viewing suicide as a possibility or resolution to their pain.
- Additionally, ask what hope the person in crisis has for the future.
  - This is a crucial component of focusing; it is an anchor point for safety planning and withdraws ambivalence between life and death. Focusing can keep a person safe in the moment.

Evoking

Reflecting the Conversation

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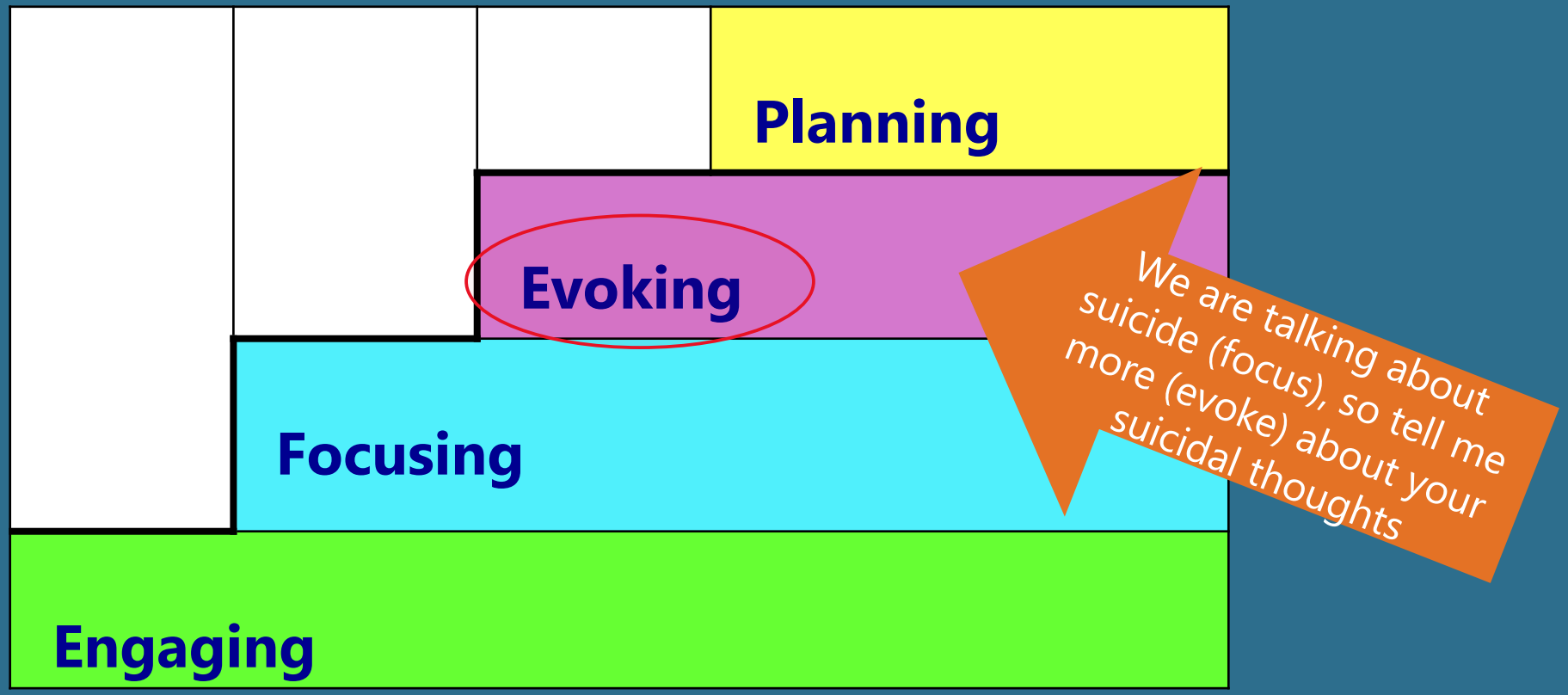
Motivational Interviewing
Four Foundational Processes



(Miller & Rollnick, 2013)

Evoking Suicidal Ideation Framework

- Reflect what the person in crisis has been experiencing and label their emotions.
- Check on frequency and intensity of these feelings and thoughts.
- Phrase question to end in a gentle assumption of suicidal ideation.
  - It sounds like you have been very (upset, depressed, anxious) and have been _____ a lot.
  - How frequently do you find yourself _____ (crying, drinking, isolating etc..)?
  - (Check for time and intensity) How about over the past month, how frequently?
  - Well, when things were really getting very difficult to cope with, what kinds of thoughts did you have about killing yourself? (gentle assumption)

Evocation Strategies

- Stop and listen.
- Witness and reflect on pain.
- Listen for the ambivalence – it can be obvious, or it can be subtle.
- Remember they are talking with you now – that act alone indicates some ambivalence.
- When in the evocation stage, we are listening to the status quo talk (wanting to die by suicide) and trying to soften the suicide talk while promoting change talk (talk that supports living).

Examples of Evoking Emotion and Suicidal Ideation

- At times people in crisis avoid disclosing their suicidal thoughts for various reasons (judgement, minimizing responses, etc.)
- In the evocation phase, we let them express their reality and validate it.
  - Sounds like it is overwhelming for you (validation coupled with exploratory pause)
  - I can hear the pain in your voice; it sounds like you are almost ready to cry (evoking emotion)
- There are ways to phrase a question to elicit their suicidal thoughts and potential plans.
  - Example: Someone who has been in your situation, going through a divorce, teaching your kids by yourself, can feel overwhelming. When was the last time you thought about suicide?
    - Here you are making a gentle assumption of suicide in the sentence allowing the person in crisis to express their ideation, or they can tell you directly they are not thinking of suicide.

Planning

Directing or Guiding the Conversation

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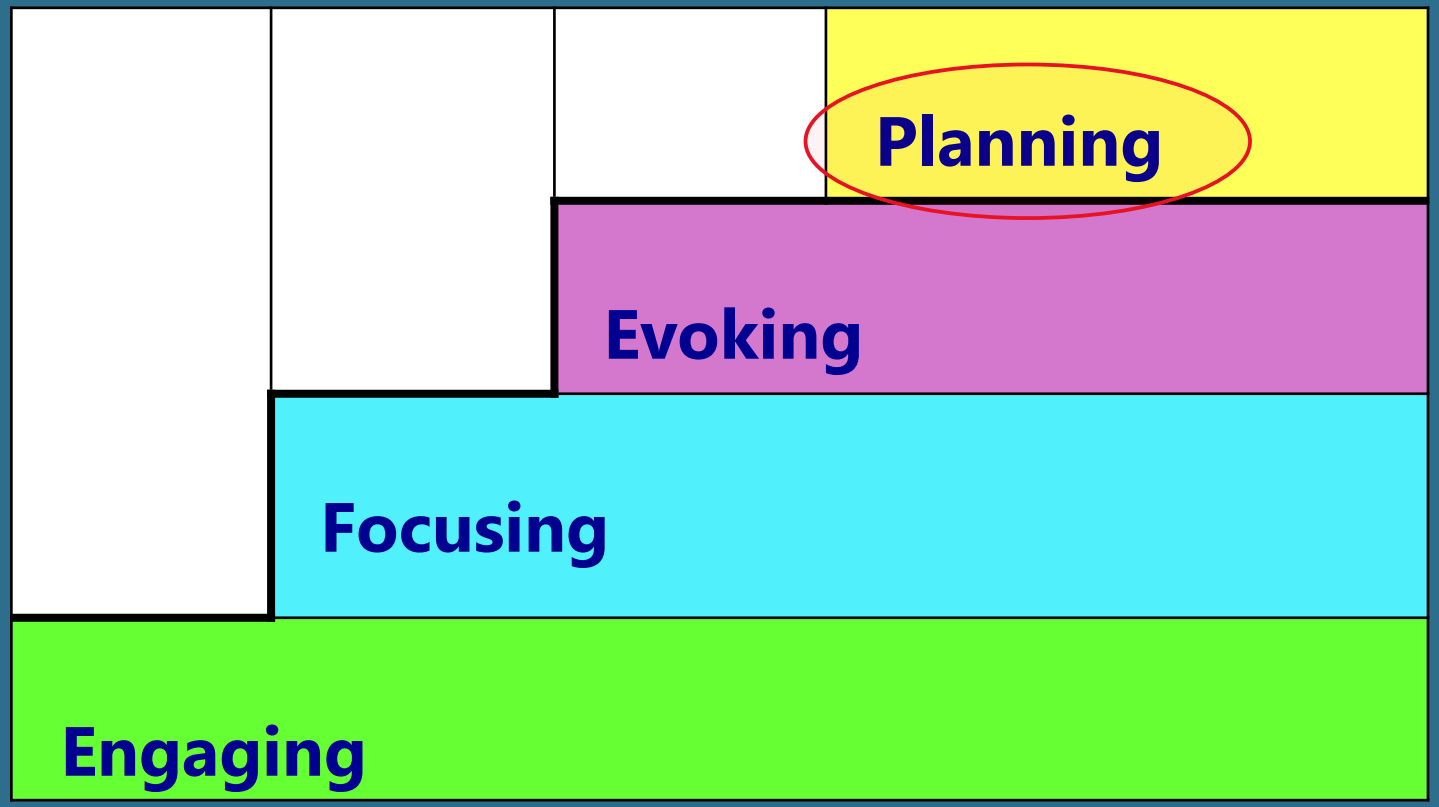
Four Foundational Processes



(Miller & Rollnick, 2013)

Do I Guide or Direct?

Result of key question and further discussion will help you decide

Do I guide, or do I direct?

Following
Listen to the dilemma and provide support.

Guiding
Do collaborative safety planning, if the individual agrees to participate.

Direct
Further assessment and treatment might be needed.

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Do collaborative safety planning, if the individual agrees to participate.

Direct
Further assessment and treatment might be needed.

Collaborative, Trauma-Informed Safety Planning Strategies

- Warning Signs
- Internal Coping Strategies
- Social Contacts Who Might Distract from Crisis
- Family or Friends Who Can Offer Help
- Professional Agencies to Contact for Help
- Making the Environment Safe

http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf

Ask Offer Ask

Ask Offer Ask is a person-centered process that allows us to provide guidance and direction, with permission. At any stage of the collaborative treatment plan, we might use Elicit-Provide-Elicit. (Miller & Rollnick, 2023)

Ask	• Ask What They Already Know • Clarify information needs and gaps • Seek Permission to Provide Information or Advice
Offer	• Prioritize • Be clear • Support autonomy • Don't prescribe the person's response
Ask	• Ask for the client's interpretation, understanding or response

Provider Self-Care

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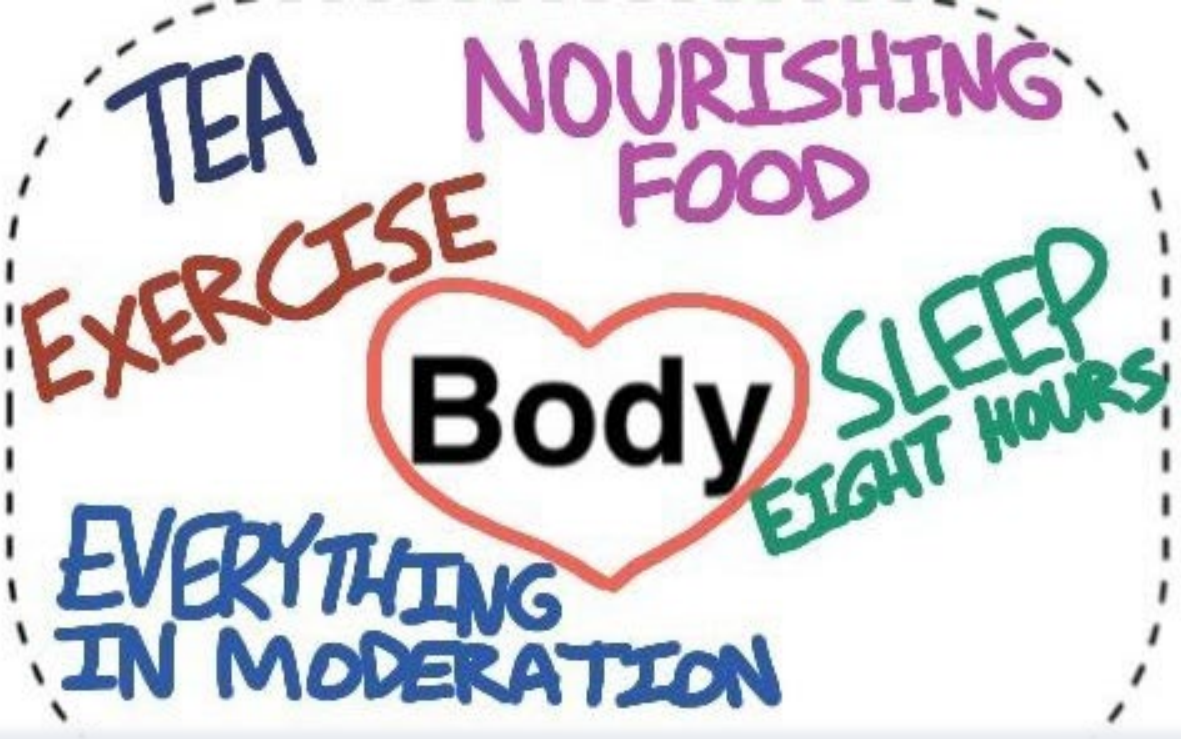

Provider Self Care

Building our own Resilience

- Not “toxic positivity” – sometimes things really are bad, and those bad things need to be addressed.
- ”Radical” self-care – We are the healing instrument. How do we keep it sharp and functioning?
- ”Radical” self-care means that we do something for ourselves on a regular basis to promote our wellness and our sustainability.
- What enlivens you and allows you to live according to your values?
- Provide your own ideas for self-care on the Padlet link in the chat box.

Summary

- Suicide rates are increasing in the US, especially among vulnerable and marginalized populations.
- Our values impact our ability to have effective conversations about suicide.
- Asking about warning signs will help us understand if someone is imminently at risk of suicide.
- Once we focus on suicide, we need to carefully listen to a person's pain.
- Listening to a person's pain will help us find opportunities to support reasons to live.
- After careful listening, we want to build a collaborative safety plan. We consider a higher level of care, such as hospital-based assessment, only for those who cannot complete a safety plan and are imminently at risk of attempting suicide.
- Working in suicide prevention is hard, rewarding, and taxing work. We all require a well-defined self-care strategy to proactively safeguard our well-being and prevent harm to ourselves.

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Questions?

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Your feedback is important to us!

Post-Survey, attendees need to opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!

Thank You!

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

M-TAC

Contact Us

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