

Suicide and Addiction

(Revised 2008)

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Suicidal Ideations & Attempts

1. Frequently Coexists With ...

- Substance Use Disorders (SUDs)
- Other Mental Health Disorders (MHDs)
- Serious Medical Illnesses

2. Complicates Treatment of SUDs

- Suicide Attempts Mask SUD & Distract From Depression Symptoms Causing Misdiagnosis
- Delays Entry Into SUD & Depression Treatment
- Complicates The Treatment / Recovery Process
- Increases Relapse Risk

1. Sartorius et al., Br. J. Psychiatry, 1996; 168 (suppl 30): 38-43.

Addiction & Suicide

Addiction

Increases Suicide Risk

Brain Chemistry
Imbalances

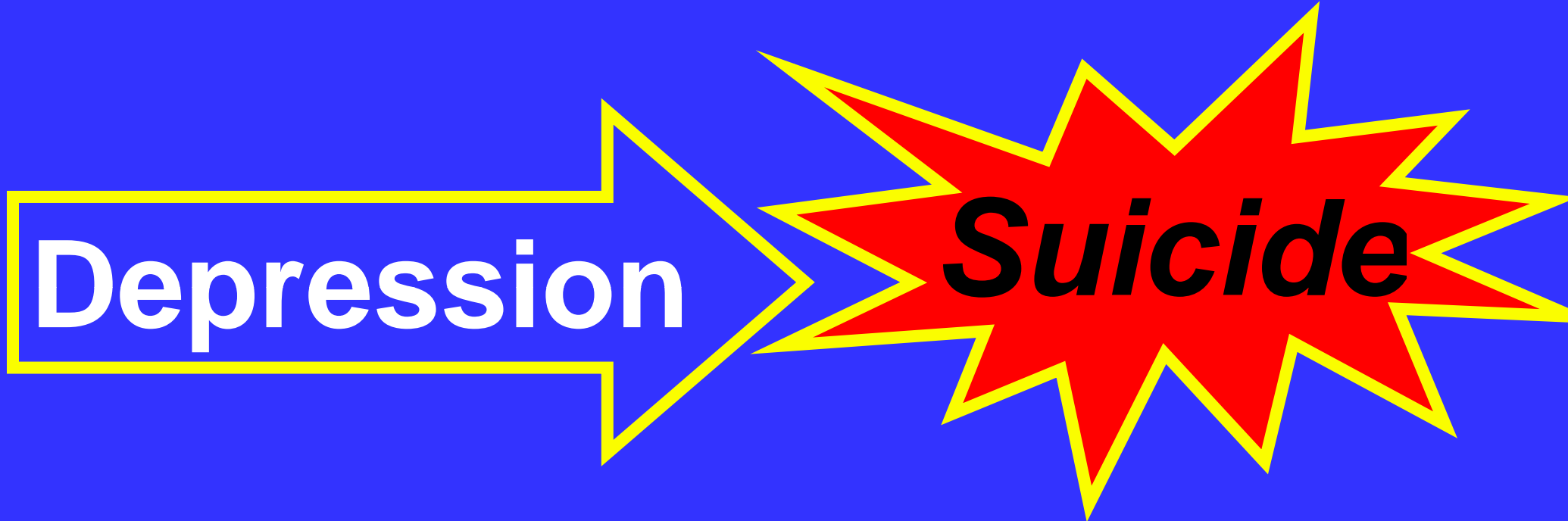
Lethargy Tx Resistance

Problems/Losses

Increases Craving

Depression

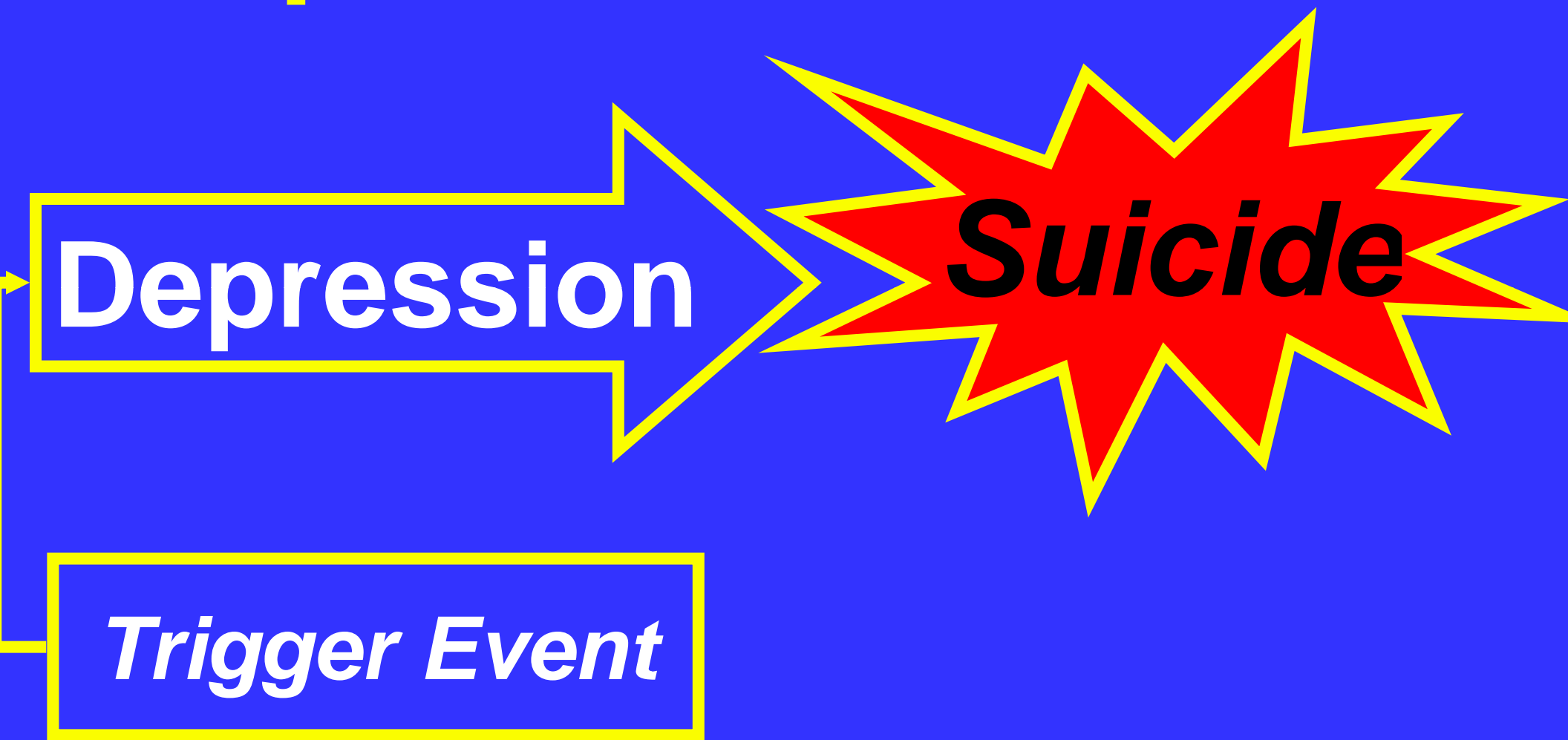
Depression & Suicide



Depression

Suicide

Depression & Suicide



Depression & Suicide

Depression

Trigger Event

Suicide

- 1. Motivation**
- 2. Plan**
- 3. Means**
- 4. Method**
- 5. Opportunity**

General Principle of Suicide Intervention

Work Backwards

1. Stop Immediate Suicidal Acting Out
2. Identify & Protect From Trigger Event
(What caused you to do this?)
3. Assess, Discuss, & Challenge
Depression Symptoms *(Helpless & Hopeless, No One Will Help)*
4. Diffuse Motivation
5. Expose & Short Circuit Plan
6. Identify & Reframe Motivation

Depressive Thinking *(Beck, et al., 1979)*

1. **Chronic Pessimism:** stable negative beliefs :
 - **Self:** “I’m no good”
 - **Others:** “They don’t care & won’t help”
 - **World:** “It’s an awful place to live”
 - **Future:** “Things will never get better”
2. **Depressive Thinking:** Habitual ways of thinking
 - **Catastrophizing** – Things are terrible!
 - **Helplessness** – There’s nothing I can do about it!
 - **Hopelessness** – Things can never change!

Suicide Evaluation Questions

1. Do you sometimes feel that life isn't worth living?
2. Do you sometimes feel that you would be better off dead?
3. Have you ever thought about killing yourself?
4. Have you developed a plan for how to kill yourself?
5. Have you ever tried to ill yourself in the past?
6. Do you think that you might try to kill yourself in the future.
7. Do you have a personally compelling reason for not killing yourself and staying alive?

Simple Screening for Depression

1. The Question

“Have you felt depressed or sad much of the time in the past year?”

2. Effectiveness

- 80% sensitivity
- 66 % specificity for MDD¹

1. Williams et al. Am J Med 1999; 106 (1): 36-43

Depression Symptom Checklist

1. Do you feel sad or empty much of the time?
2. Would other people say that that you look sad, lethargic, or depressed much of the time?
3. Has your interest or pleasure in other activities significantly decreased?
4. Would other people say that that you don't enjoy or are not as interested in things as you used to be?

Depression Symptom Checklist *(Cont)*

5. Have you lost your appetite or interest in eating?
6. Have you lost a lot of weight without dieting?
7. Has your appetite increased causing you to overeat?
8. Have you gained a significant amount of weight without wanting to?

Depression Symptom Checklist *(Cont)*

9. Do you have difficulty sleeping or wake up without feeling rested?
10. Do you tend to sleep too much, have a hard time getting up, and feel constantly tired in spite of sleeping?
11. Do you feel so restless or agitated that others know it by observing you?
12. Are you so low energy that others know by observing you?

Depression Symptom Checklist *(Cont)*

13. Do you feel tired, fatigued and without energy much of time?
14. Do you feel worthless, useless, ashamed, and guilty much of the time?
15. Do you have problems thinking clearly, concentrating, or making decisions that used to come easily to you?
16. Have other people noticed that you are having problems thinking, paying attention to things, or making decisions?

Depression Symptom Checklist *(Cont)*

17. Do you ...

- Feel that life is not worth living?
- Think a lot about death or dying?
- Feel that you would be better off dead?
- Wish you could die?

Depression Symptom Checklist *(Cont)*

18. Have you ...

- Thought about killing yourself?
- Developed a plan to kill yourself?
- Assembled the things needed to kill yourself?
- Recently attempted suicide?
- Decided to kill yourself in the future?

Suicide Debriefing Questions

1. What were you just doing? Why?
2. I bet you had a good reason for trying to kill yourself? Did you? Will you tell me about it?
3. It seems to me that you sometimes feel that you would be better off dead? Do you? Tell me about it.
4. You must have been thinking about killing yourself for a while? Where you? How come?
5. When did you develop the plan for how to kill yourself? Did you think it would really work? Tell me about it?

Suicide Debriefing Questions

6. Have you ever tried to kill yourself in the past? How come? Tell me more about it?
7. Do you think that you might try to kill yourself again in the future? When? How come?
8. Do you have any reasons for not killing yourself and staying alive? What are they? Let's make a list. How important is each of those reasons to you.
9. Who would suffer the most if you killed yourself? Is that a good or bad thing? Tell me about it?
10. Are you aware suicide is forever & you won't be here to experience the effects on others?

Principle #1

Suicide Can Be Prevented

Suicide Is Not Inevitable !!!

1. It Is Only One Possible Outcome Of A *Process* Causing Hopelessness & Despair
2. It Occurs When A *Combination Of Factors* Come Together At One Point In Time That:
 - Makes Suicide Seem Like The Most Desirable Solution To A Problem
 - Provides The Means & Opportunity To Act

Principle #2

Suicidal Ideation Can Be Identified

Look for the following:

1. Suicidal ideation, intent, or plans
2. Access to lethal means of self-harm
3. Psychotic symptoms, command hallucinations, severe depression or anxiety
4. Alcohol use, substance use, or withdrawal
5. History of prior suicide attempts
6. Family history of suicide
7. Recent exposure to suicide

Suicide Evaluation Questions

1. Do you sometimes feel that life isn't worth living?
2. Do you sometimes feel that you would be better off dead?
3. Have you ever thought about killing yourself?
4. Do you have a plan for killing yourself?
5. Do you have the means to carry out the plan?
6. Have you tried to kill yourself in the past?
7. Do you think you might try to kill yourself in the future?
8. Do you have a compelling reason to stay alive?

Principle #3

Suicidal Plans Can Be Stopped

To Stop A Planned Suicide:

1. Identify & remove the means of suicide
2. Involve responsible adults & train them in protective actions
3. Develop an adequately protective environment around the suicidal person.

Principle #4

Suicide Is A Process, Not An Event

1. An Event

- A Situation Locked In Time & Space
- Apparently Unrelated To Other Things
- That Seems Inevitable Or Unchangeable

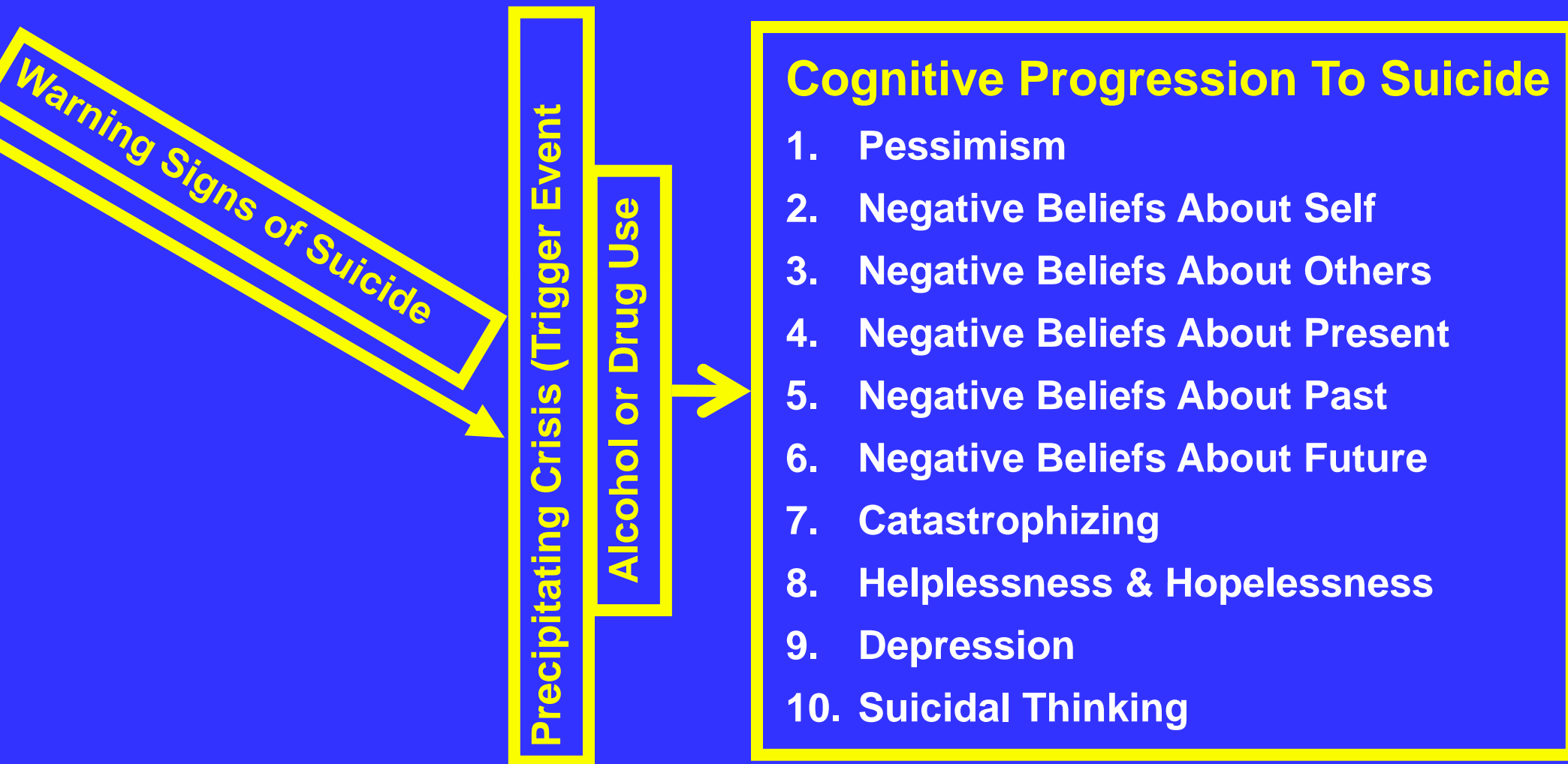
2. A Process

- Ongoing In Time
- Can Be Altered As It Unfolds

The Process Of Suicide

1. Predisposing Factors
2. Trigger Events
3. Internal Conflicted Suicidal Ideation
4. External Indicators of Hopelessness
5. Warning Behaviors (*Guarded Cries for Help*)
6. Suicide Attempt
 - Response To Unsuccessful Attempt
 - Response To Suicide Attempt Ending In Death

Suicide Dynamic – The Total Picture



The Possibility Of Intervention

1. The Suicide Process Can Be Stopped At Each Step of The Process
2. If People Are ...
 - Aware Of What Is Happening
 - Have The Tools To Intervene

Principle #5

Suicide Is Related To Addiction

A Biopsychosocial Mental Disorder

1. **Bio** = Biological
 - Brain Chemistry Imbalances
2. **Psycho** = Psychological
 - How We Think, Feel, and Behave
3. **Social** = Relationships
 - How We Interact With People, Societal Processes, & Social Institutions

Addiction Can Be Primary Or Secondary

1. Primary

- The Initial Cause of Suicidal Process
- Depression Prevents Effective Coping With & Breaking Free From The Suicidal Process

2. Secondary Results From Suicidal Process

- Poor Coping Resulting In A Series of Progressive Problems Leading To The Belief That Suicide Is The Best Solution

Treatment of Addiction/Depression/Suicide

1. Psychotherapy

- Effectiveness comparable to medication in mild to moderate cases (65% response)

2. Medication (Antidepressants)

- Single antidepressants (65% response)
- Switching, combination, and augmentation strategies can increase effectiveness
- Delayed onset of action (4-8 weeks)

3. Psychotherapy & Medication

- Most effective strategy for severe depression

Schatzberg, AF and CB Nemeroff, eds., Textbook of Psychopharmacology (Second Edition), Washington, DC, 1998

Closure Exercise

1. What is the most important thing that you learned in today's workshop?
2. What are you going to do differently as a result of what you have learned?

Group Leader Reports

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