



INTIMATE PARTNER VIOLENCE AND SUICIDALITY: INTERSECTIONS AND INTERVENTIONS

LEILA ELMI-STUART, LCSW

CLINICAL PROGRAM DIRECTOR

CITIZENS AGAINST PHYSICAL AND SEXUAL ABUSE (CAPSA)

C.J. SORENSON, LCSW

CLINICAL ASSOCIATE PROFESSOR OF SOCIAL WORK

UTAH STATE UNIVERSITY

2017 STATISTICS

- More than 47,000 deaths by suicide nationally (rate of 14.5 per 100K)
 - Nearly 130 suicides per day, or 1 every 10 minutes
 - 33% increase since 1999 across sex and age groups (except 75+)
- There are 25 suicide attempts to every one death by suicide
- More people die by suicide than by homicide or auto accident
- Suicide is the 10th leading cause of death overall
- Leading cause of death for ages 10-17

WHAT IS THE RELATIONSHIP BETWEEN IPV AND SUICIDE?

- IPV survivors more than 7x more likely to experience suicidal ideation
- IPV survivors are 2x more likely to attempt suicide multiple times
 - 23% report past suicide attempt vs 3% total population
 - 36.8% report seriously contemplating suicide
- There is a positive relationship between IPV and suicide attempt/death
 - Higher lethality score correlated with higher suicide
- IPV survivors may be reluctant to talk about suicidal ideation out of fear of ramifications

CASE SCENARIOS

- Divide into small groups of 4-6 people
- Read through the vignette and discuss the following related to **ASSESSMENT**:
 - How would you assess the risk level?
 - What is the risk level (low, intermediate, high)?
 - Why?



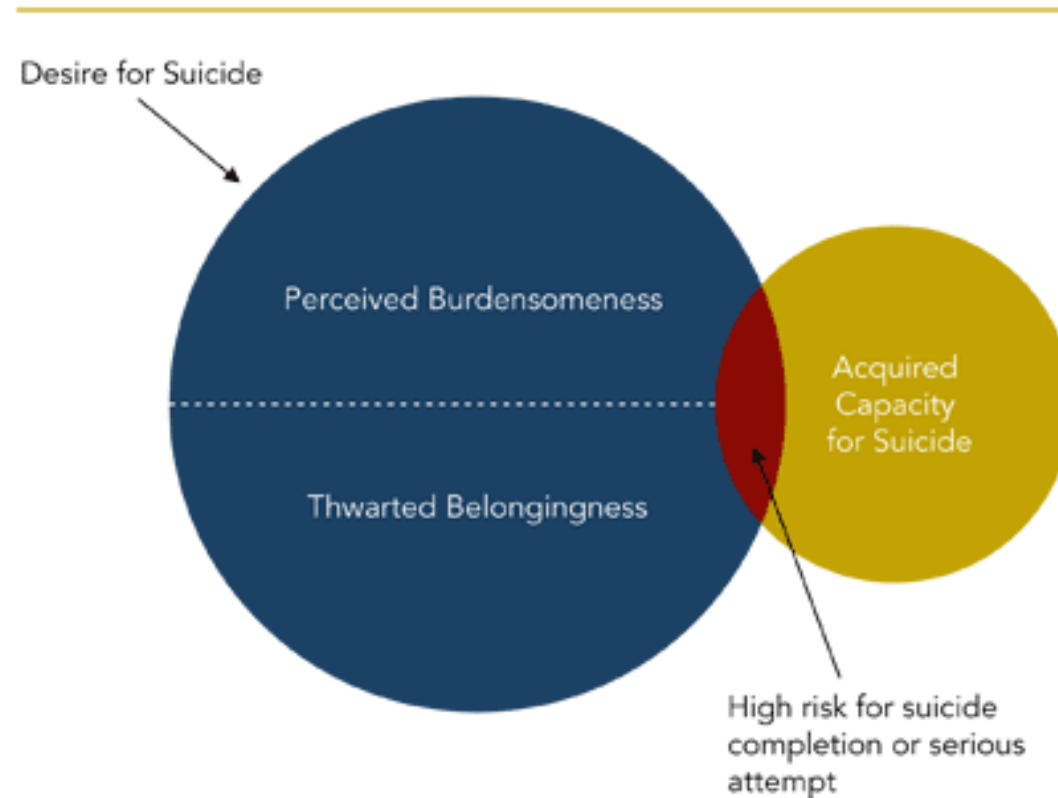


ASSESSMENT

Risk of Suicide Attempt	Indicators of Suicide Risk	Contributing Factors	Initial Action Based on Level of Risk
<p style="text-align: center;">High Acute Risk</p>	<ul style="list-style-type: none"> • Persistent suicidal ideation or thoughts • Strong intention to act or plan • Not able to control impulse <p>OR</p> <ul style="list-style-type: none"> • Recent suicide attempt or preparatory behavior †† 	<ul style="list-style-type: none"> • Acute state of mental disorder or acute psychiatric symptoms • Acute precipitating event(s) • Inadequate protective factors 	<ul style="list-style-type: none"> • Maintain direct observational control of the patient. • Limit access to lethal means • Immediate transfer with escort to Urgent/ Emergency Care setting for Hospitalization
<p style="text-align: center;">Intermediate Acute Risk</p>	<ul style="list-style-type: none"> • Current suicidal ideation or thoughts • No intention to act • Able to control the impulse • No recent attempt or preparatory behavior or rehearsal of act 	<ul style="list-style-type: none"> • Existence of warning signs or risk factors †† <p>AND</p> <ul style="list-style-type: none"> • Limited protective factor 	<ul style="list-style-type: none"> • Safety plan • Limit access to lethal means • Education and coordination with support system • Provide resources • Close monitoring
<p style="text-align: center;">Low Acute Risk</p>	<ul style="list-style-type: none"> • Recent suicidal ideation or thoughts • No intention to act or plan • Able to control the impulse • No planning or rehearsing a suicide act • No previous attempt 	<ul style="list-style-type: none"> • Existence of protective factors <p>AND</p> <ul style="list-style-type: none"> • Limited risk factors 	<ul style="list-style-type: none"> • Possible safety plan • Treat presenting problem • Provide resources • Ongoing assessment

SUICIDE RISK: A DEADLY TRIO

Figure 1



CASE SCENARIOS

- Now discuss the following related to INTERVENTION:
 - What are the steps you would take to intervene? Why?
 - What modalities and associated techniques would you use in intervening?





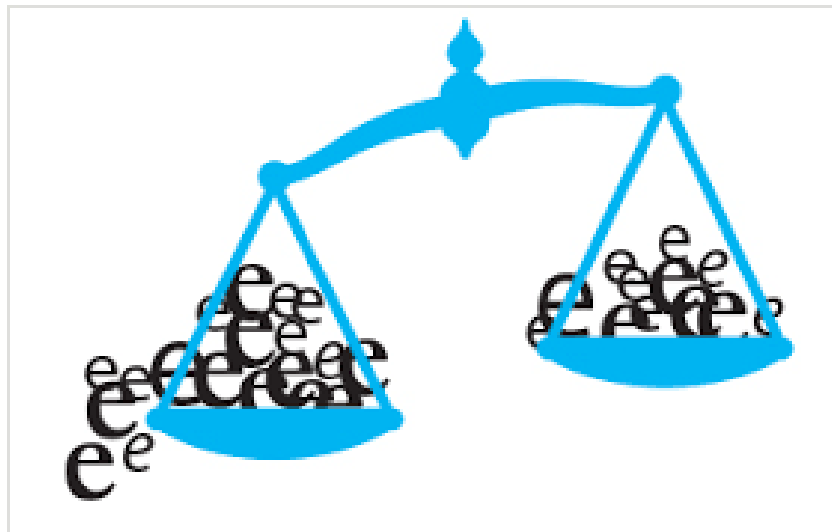
INTERVENTION



CAUTIONS

CASE SCENARIOS

- Now discuss the following related to ETHICS:
 - What ethical issues/dilemmas are present in this case?
 - How would you respond to these ethical dilemmas?





ETHICS

CASE SCENARIOS

- Now discuss SAMHSA's 6 key principles of a trauma-informed approach in relationship to the vignette:
 - Safety
 - Trustworthiness and Transparency
 - Peer Support
 - Collaboration and Mutuality
 - Empowerment, Voice and Choice
 - Cultural, Historical and Gender Issues



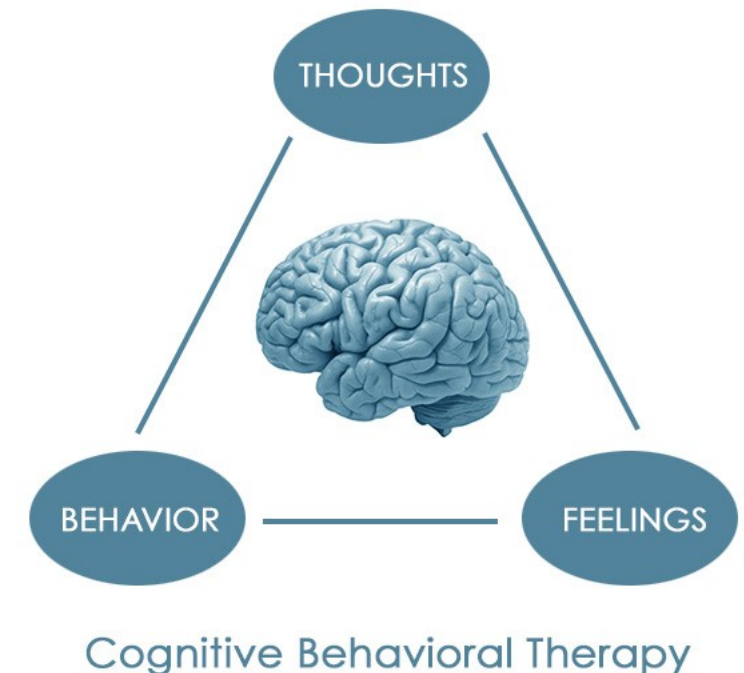


TRAUMA-INFORMED

BRIEF CBT FOR SUICIDALITY

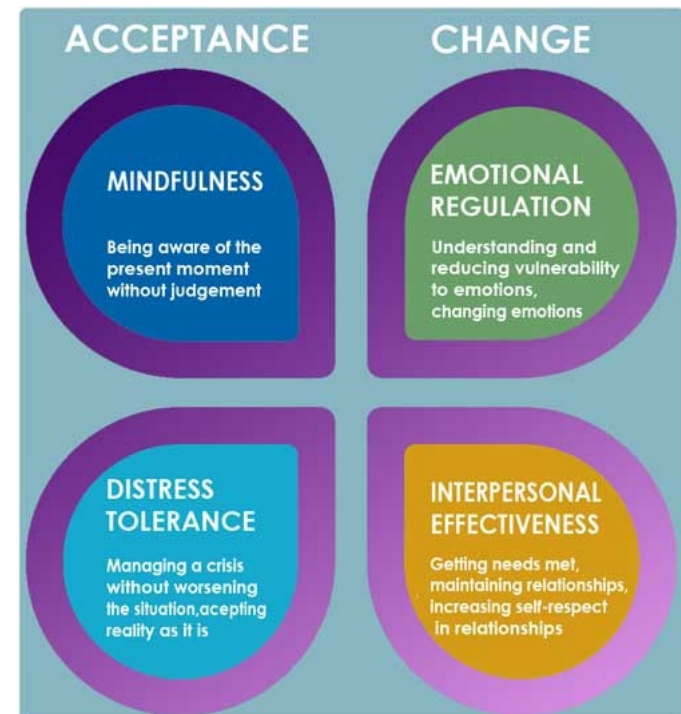
[HTTPS://VETERANS.UTAH.EDU/TRAINING-WORKSHOPS/](https://veterans.utah.edu/training-workshops/)

- Twelve session intervention with 3 phases
- Phase 1: Emotion Regulation (session 1-5)
 - Intake – Risk assessment, safety plan
 - Creating treatment plan, primary concern, survival kit
- Phase 2: Cognitive Flexibility (session 6-10)
 - Cognitive restructuring work
 - Activity planning, coping cards, etc.
- Phase 3: Relapse Prevention (session 11-12)
 - Create relapse prevention plan



DBT FOR SUICIDALITY

- Linehan Risk Assessment and Management Protocol (LRAMP)
- Skills training makes the difference
 - Mindfulness
 - Wise mind
 - Non-judgmental stance
 - Emotion regulation
 - PLEASE
 - Opposite Action
 - Interpersonal effectiveness
 - GIVE
 - DEAR MAN
 - Distress tolerance
 - Radical acceptance



QUESTIONS???

