


CASE MANAGEMENT & THE SUICIDAL CLIENT

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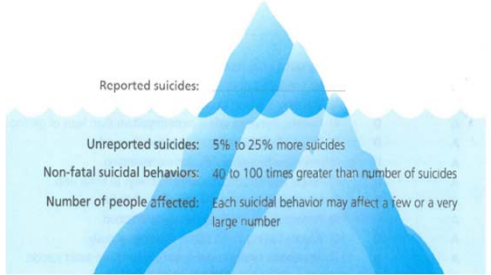
Objectives

- Recognize how pre-conceived notions about suicide affect our work as case managers
- Learn about suicide risk factors & protective factors
- Become familiar with the QPR suicide prevention strategy
- Review suicide safety planning

Identifying Our Attitudes



Suicide: The Tip of the Iceberg



Reported suicides:

Unreported suicides: 5% to 25% more suicides

Non-fatal suicidal behaviors: 40 to 100 times greater than number of suicides

Number of people affected: Each suicidal behavior may affect a few or a very large number


2011 ASIST Suicide Training Manual

Risk Factors vs. Protective Factors




Case Studies


Ali*



Albertine*



David*



*Names have been changed
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Risk Factors

- **Biopsychosocial**
 - ▣ **Past suicide attempt**; history of violence/ trauma/ abuse; mental health diagnosis; history of substance abuse
- **Sociocultural**
 - ▣ Isolation; ostracism/stigma; acculturation; cultural acceptance of suicide
- **Environmental**
 - ▣ Loss of support system; loss of employment; unstable living situation; access to services

Protective Factors

- **Strong connections to community/ family/ friends**
- Continuing host community support
- Ability to use problem solving, cognitive skills, coping mechanisms, help-seeking behaviors
- Cultural/ religious beliefs
- English proficiency
- Access to healthcare

Risk Factors vs. Protective Factors

Albertine*



Albertine* is a 32 year-old asylum-seeker from Cameroon. Albertine fled with two of her four children. Her husband is working to get visas for himself and the remaining children back home. In the U.S., Albertine and her children are staying with a distant cousin and his family. The cousin's apartment is far away from public transportation and Albertine depends on her cousin for rides. Although Albertine speaks some English, she is unwilling to apply for jobs because she does not want to burden her cousin with transportation requests. Albertine says she knows a few West Africans in the community but she doesn't like to socialize because she doesn't want people to ask too many questions. Albertine has been diagnosed with PTSD and depression.

*Name has been changed

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QPR: Suicide Prevention Strategy

There is no research evidence that suggests talking to a person about suicide in the context of care, respect, and prevention, increases their risk of suicidal ideation or suicidal behaviors.

What is QPR?

- QPR is **NOT** counseling or mental health treatment.
- QPR is one approach to suicide prevention.
 - ▣ Question
 - ▣ Persuade
 - ▣ Refer

Question

- Explore Invitations
 - ▣ Is the client presenting you with an invitation to speak with them about suicide?
- Ask about suicide
 - ▣ Allow the client space to speak openly and honestly.

Persuade

- Listen to reasons for both dying AND living.
 - ▣ Withhold judgment or opinion.
 - ▣ Let the client talk freely.
 - ▣ Suggest additional reasons for living.
 - ▣ Focus on the positive.

Refer

- Get a commitment from the client to accept help.
- Connect the client to sources of help.
- Have the client identify a trusted friend or family member to go with them as they seek help.
- Follow-up with the client. Let the person know you care.

Reviewing Suicide Risk

- **Are you thinking about killing yourself?**
 - ▣ No/Yes
- **Do you have a plan?**
 - ▣ No/ Yes
 - (When/ where/ how)
- **Do you have the means to carry out your plan?**
 - ▣ No, F/U MH professional and initiate the safety plan.
 - ▣ Yes, ask a MH professional to take over and/ or call 911.

Safety Planning



Make a Safety Plan

- Create a safety plan a client can commit to
 - ▣ Clear, simple, direct and written in the client's words
 - ▣ Meet the client half-way (no ultimatums)
 - i.e. ~~no use~~/ safe use of alcohol or drugs
- What gives you reason to live?
- What can you do to ease the pain?
- How can you feel less alone?
- Who can you call when you're feeling unsafe?*

Sample Safety Plan

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing

- _____
- _____
- _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity)

- _____
- _____
- _____

Step 3: People and social settings that provide distraction

- Name _____ Phone _____
- Name _____ Phone _____
- Place _____ 4. Place _____

Step 4: People whom I can ask for help:

- Name _____ Phone _____
- Name _____ Phone _____
- Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
- Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
- Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)


Step 6: Making the environment safe:

- _____
- _____

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The one thing that is most important to me and worth living for is: _____

Wrap-Up



The graphic features a dark blue background with a silhouette of a tree on the left. The text is white and reads: "{SUICIDE} IS 100% PREVENTABLE" in a large, bold font, and "STAY INFORMED STAY CONNECTED" in a smaller font below it.

Application

- Does this information change how you view suicidal clients?
- Knowing what you know now, will you do your job any differently?

Best Practices

- Make sure your agency has a suicide protocol in place including a suicide specific safety plan
- Review suicide intervention once a year
- Speak with colleagues if you have concerns about a client
- Practice regular self-care

Resources

- www.qprinstitute.com
- <https://www.suicidepreventionlifeline.org/learn/safety.aspx>
- <http://www.livingworks.net>

Q&A

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