

Understanding (and Addressing) SUICIDE Through SOCIAL WORK Values

Marcia Epstein, LMSW
she/her
based in Lawrence, Kansas, USA

2:30-4:00pm CT on Saturday, March 19, 2022 via Zoom

2022 NASW Heartland Virtual Conference
Hosted by NASW-OK and NASW-KS

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GROUND RULES: Participants will ...



1. Respect confidentiality of each other & clients.
2. Ask questions & share experiences & ideas.
3. Move around as much as they need.
4. Eat, drink, & take bathroom breaks when they need.
5. Take eyes off the screen for a while every 30 minutes or so.
6. Keep cameras & mics on, except when there is too much background noise.
7. Silence other technology alerts.

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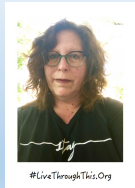
LEARNING OBJECTIVES: Participants will ...



1. Become able to identify how Social Work Values and Ethical Principles are essential for reducing suicide risk
2. Gain familiarity with national resources for support, information, and training on reducing suicide risk and support for suicide grief
3. Gain increased comfort and inspiration for working with the range of experiences with suicide
4. Be gentle with themselves

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Why Should You Listen to THIS LMSW?



Don't be fooled by the lack of LSCSW and casual presentation style. When it comes to reducing suicide risk as well as support for people bereaved by suicide, Marcia Epstein is one of the most experienced, highly trained, & compassionate professionals you could meet.

#LiveThroughThis.Org

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Cleaning Up Your SUICIDE LANGUAGE



Suicide death
Died by or of suicide
Suicide attempt
Self harm
Family friend of suicidal loved one
Someone living with suicide grief
Survivor of suicide loss (SOSL)
Suicide attempt survivor
Survivor of suicide attempt (SOSA)
Lived/ living experience/expertise with suicide

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How are Social Work professionals uniquely qualified to reduce suicide risk?

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"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living."

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"Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems."

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NASW Core Values

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social Justice
- Dignity and Worth of the Person
- Importance of Human Relationships
- Integrity
- Competence.

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Person-in-Environment INCLUDES Impact of Identities, Ancestors, Socialization, World History & More

"The person-in-environment perspective in social work is a practice-guiding principle that highlights the importance of understanding an individual and individual behavior in light of the environmental contexts in which that person lives and acts."
- Mary Ellen Kondrat

<https://doi.org/10.1093/acrefore/9780199975839.013.285>
Published online: 11 June 2013

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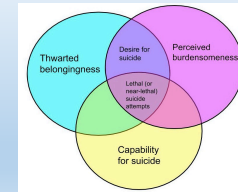
Sam "Mickey" Heilig, MSW July 4, 1924 - December 5, 2011

Sam "Mickey" Heilig died at home Monday at the age of 87. A psychiatric social worker for nearly 60 years, he formally ended private practice days before his passing. Born to Jewish emigres from pre-World War I Poland, Mickey was raised in Brooklyn during the depths of the Depression. Following high school, Mickey traveled the country, first courtesy of the U.S. Army, then by his own whim, eventually finding his way to Los Angeles.... After receiving one of the first Masters of Social Work degrees, from USC in 1953, Mickey began his long career. He was instrumental in the founding and development of the Los Angeles Suicide Prevention Center, retiring as its Director.... Mickey was an avid reader whose interests included friends and family, fishing, woodworking, politics, plants, and arguing with close friends.... For donations in his memory, consider *Southern Poverty Law Center* and *Doctors without Borders*. Mickey would have encouraged friends to remember him by voting Democratic.

<https://www.legacy.com/us/obituaries/latimes/name/sam-heilig-obituary?aid=155005739>

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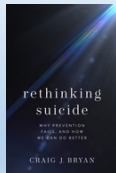
Interpersonal Theory of Suicide Thomas Joiner, PhD



PROTECTIVE FACTORS:
Collaborating with the person, we can help them **INCREASE** their sense of belonging and value and **DECREASE** their risk of suicide.

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Prevent Suicide by Improving Well-Being and Quality of Life



Box 8.2 Strategies that Could Prevent Suicide by Improving Well-Being and Quality of Life

1. Enhance financial security through increased wages and improved retirement benefits
2. Improve the health and attractiveness of natural environments (e.g., less pollution)
3. Expand access to healthcare services
4. Improve the affordability of healthcare services
5. Design neighborhoods and communities that facilitate social connections (e.g., easy access to parks and green space)
6. Support and encourage expressions of gratitude and appreciation within social groups

-- from *Rethinking Suicide: Why Prevention Fails, and How We Can Do Better*, by Craig J. Bryan, Oxford University Press, 2022

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Have a SAFETY PLAN



- 1: What are your personal warning signs (emotions, thoughts, moods, behaviors, physical signs, or situations) of overload?
- 2: What do you REALLY do for yourself (relaxation technique, physical activity, foods, beverages, distraction, or ...)?

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Amelia Nagoski - "So Annoyed" aka "Why Won't It F*cking Work?"

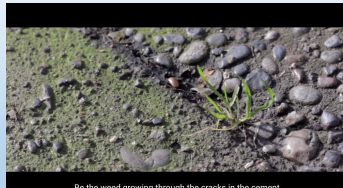
<https://www.youtube.com/watch?v=eott9lw8l4>



PS Emily & Amelia Nagoski wrote "Burnout: The Secret of Unlocking The Stress Cycle" <https://www.burnoutbook.net/>

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Instructions For A Bad Day - Shane Koyczan



Be the weed growing through the cracks in the cement

<https://www.youtube.com/watch?v=V7OGY1Jxp3o>

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What SUICIDE EXPERIENCES Do We Have? *Show of Hands, please*



- 1: I or someone else I know in my personal life has suicidal thoughts
- 2: I or someone else I know has attempted suicide and/or uses self harm
- 3: Someone in my personal and/or professional life has died by suicide.

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Just as good oncologists have patients who die by cancer, good people may have friends and family who die by suicide, and good therapists may have patients, friends, or family who die by suicide.
- Marcia Epstein

<https://www.xionline.com/story/news/2022/02/21/nagasaki-suicide-rate-us-mental-health-experts-share-prevention-tips-lifeline-counseling/6798713001/>

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And you know what? Some wonderful people of all the identities, personally and professionally, have lived and living experience and expertise with suicide thoughts and/or attempts.

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SUICIDE EXPERIENCES: CLIENTS Are NOT Defined By ONE

- Living with suicide thoughts, self harm and/or attempts
- Grieving someone in their personal life who died by suicide
- Grieving someone in their (volunteer or paid) work life – who died by suicide
- Supporting someone in their personal life who is suicidal
- Working (volunteer or paid) with people who are suicidal

PS You only hear about what you welcome to the conversation.

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SUICIDE EXPERIENCES: SOCIAL WORKERS Are NOT Defined By ONE ... & They Impact Our Work

A social worker who:

- chooses to work with people affected by suicide
- lives with suicide thoughts, self harm or attempts
- is supporting a suicidal loved one
- has lost a loved one to suicide
- has lost a mentor, colleague, or student to suicide
- has lost a client to suicide

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Informed Consent re: SUICIDE concerns



What do you tell clients about what YOU will do if/when they communicate directly or indirectly about SUICIDE?

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INFORMED CONSENT WITH SUICIDAL PATIENTS: The Assessment and Clinical Management of Suicidal Clients
M. David Rudd, Ph.D., ABPP
September 10, 2012

<https://cswme.org/wp-content/uploads/2017/01/2012-09-10-Informed-Consent-with-Suicidal-Patients.pdf>

Includes: "Early in your therapy we will set up a crisis response plan that will include specific steps for you to follow when you begin to feel upset or in crisis. I will expect you to make every effort to carry out these plans.... it's important to recognize and understand up front the potential need for family support and involvement in care. This might mean allowing me to contact a family member during a suicidal crisis. It's also critical to recognize the need for an honest and trusting relationship in treatment, one allowing for you to be direct and specific when problems with treatment compliance emerge."

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Informed Consent re: SUICIDE concerns

I let a client of any age know when I have concerns about their ability to be safe from others or self, so that we can create a plan together for safety. However, if that person is unable or for whatever reason does not respond to my efforts to get them to talk with me about the safety concern, I have the moral obligation to try to get help for them. I will share my need to get help for their safety: out loud, via text, or via voicemail with a time deadline for some response before I will contact anyone who might be able to help. In my decades of work, I have never needed to arrange intervention that the person did not agree to.

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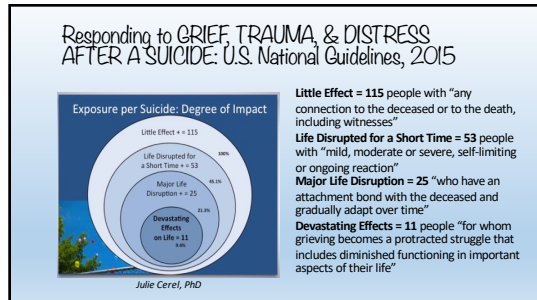
What Does Talking with a TEEN or an ADULT about their RISK OF SUICIDE Sound Like?

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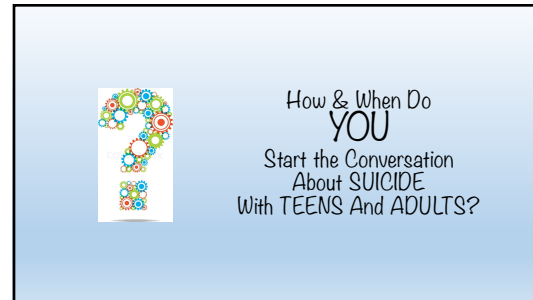
IMAGINE BEING THE ONE

"... sitting down with a broken human being saying, I am here for you, I am committed to your care, I want to make you feel better, want to return your joy to you, I don't know how I will do it, but I will find out and then I will apply one hundred percent of my abilities, my training, my compassion, and my curiosity to your health – to your well-being, to your joy. I am here for you, and I will work very hard to help you. I promise. If I fail it will be my failure, not yours. I am the professional. I am the expert.

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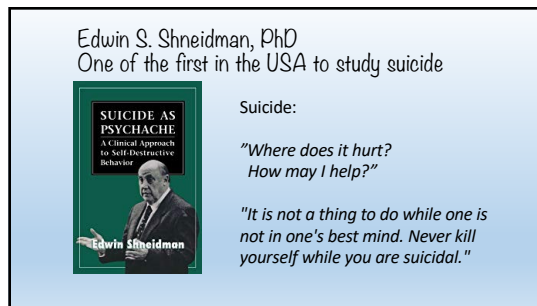
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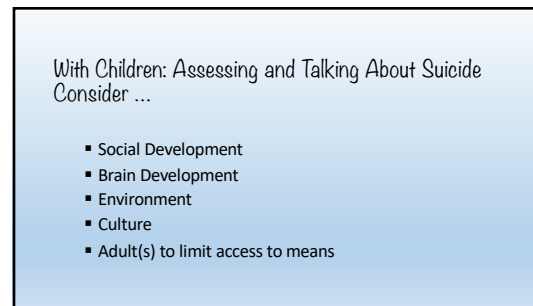
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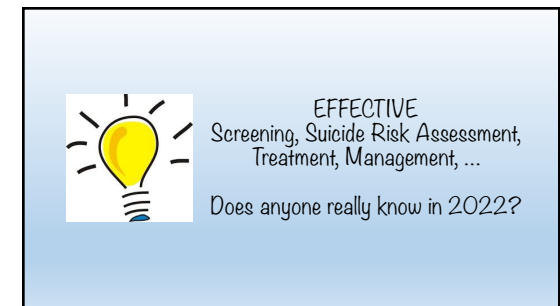
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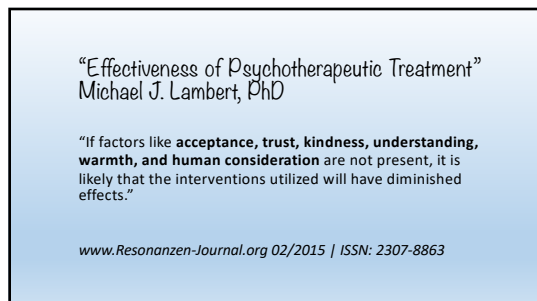
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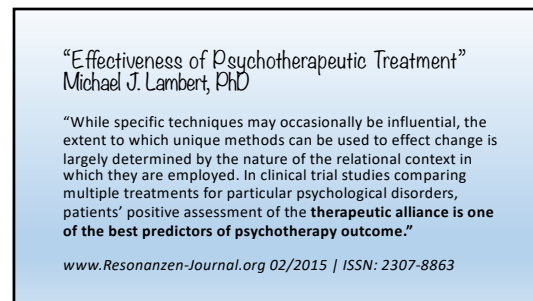
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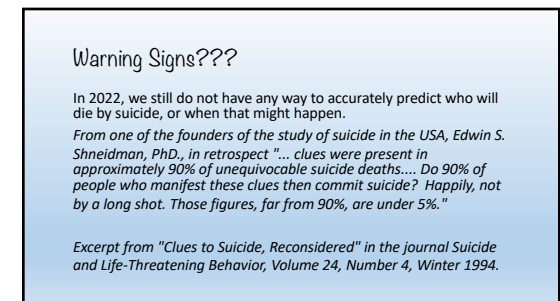
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Adaptive Screener May Help Identify Youth at Risk of Suicide

(2021-02-03)

<https://www.nih.gov/news/science-news/2021/adaptive-screener-may-help-identify-youth-at-risk-of-suicide.shtml>

"As we strive to prevent more youth suicides, identifying as many youths at risk as possible should be prioritized. Yet, emergency departments are often challenged by limited resources for mental health follow-up, such that universal screening becomes more feasible if the screen's false positive rate is relatively low," said King. "Because CASSY is dimensional, it offers the ability for hospitals to alter the sensitivity and specificity of the screen, balancing the false positive and negative rates to best fit each specific emergency department's resource needs."

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C-SSRS: Columbia Suicide Severity Rating Scale

PS Well known does not mean most effective

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Children's Baseline Screening

Version 6/2018

Patel, A.; Brown, D.; Lewis, C.; Gwalt, R.; Dunlop, R.; Brown, G.; Fisher, P.; Roberts, L.; Burke, C.; Upadella, M.; Mann, J.

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia Suicide Severity Rating Scale are suggested prompts. Clinicians, the administration of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

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C-SSRS: Children's Baseline Screening

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PHQ-9 for Depression, not Suicide

CAMS Suicide Status Form

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A SAFETY PLAN helps gets us off a well-worn path to where we do NOT want to go.



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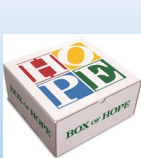
SAFETY PLAN: In-Person and Tele-Health

Barbara Stanley, PhD & Gregory Brown, PhD

"The Safety Planning Intervention is a collaborative effort between a treatment provider and a patient."
The SPI has been used for age 12 and older.

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Reminders of REASONS FOR LIVING



Gratitude Jar



Phone app

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Counseling on Access to Lethal Means

<https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>



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CARING CONTACTS after treatment

<https://zerosuicide.edc.org/toolkit-taxonomy/contact-after-leaving-care?page=1>



CARING LETTERS

Coping & Tools

Suicide, Veterans, and How a Simple Idea Is Trying to Combat a Crisis | Retro Report
<https://www.youtube.com/watch?v=811HnUUIaQ>

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To Reduce Suicide Risk We Must TREAT SUICIDE RISK

Effectively treating mental illness may improve a person's quality of life, but it does not reduce suicide deaths.

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Like Snowflakes, Suicide Experiences are UNIQUE



There is no one-size-fits-all path toward or away from suicide. And there is no one-size-fits-all model for grief after suicide.

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Evidence-Based Therapies For REDUCING SUICIDE RISK One Size Does NOT Fit All!

CAMS, Collaborative Assessment and Management of Suicidality
Clinician-Researcher-Developer David Jobes, PhD, ABPP
<https://cams-care.com/>

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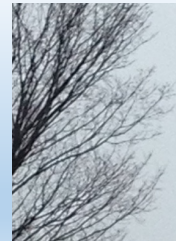
Evidence-Based Therapies For REDUCING SUICIDE RISK

CBT-SP, Cognitive Therapy for Suicide Prevention

- Brief CBT-Suicidality: Craig Bryan, PsyD, ABPP & David Rudd, PhD
- CBT for Suicidality: Aaron Beck, MD

DBT, Dialectical Behavior Therapy
Marsha Linehan, PhD, ABPP

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*"I was in hell," she said.
"And I made a vow:
when I get out,
I'm going to come back
and get others out of here."
~ Marsha Linehan, PhD
NYT 2011-06-23*

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Some DO's

- Accessible hours, fees, communication options, & crisis assistance
- Informed Consent includes how you respond to suicide risk
- Work collaboratively with the person at risk & their key support people
- Safety Plan, Crisis Response Plan, or Stabilization Plan
- Identify reasons for dying and reasons for living
- Help secure needed supports

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To help fewer people die by suicide each year:

More Kindness toward self and other beings

Pay Attention to self and other beings, really listen and observe what they are communicating

Advocate for all beings to have their needs met, as well as having access to what allows them to move toward their dreams

Reduce access to firearms, which are used in approximately 60% of all deaths by suicide in recent years, with a low survival rate of attempts by firearms.

<https://www.cdc.gov/nchs/fastats/suicide.htm>

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Participate In **TRAINING!**
READ!
Keep Learning!

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TRAINING and COMPETENCY Research

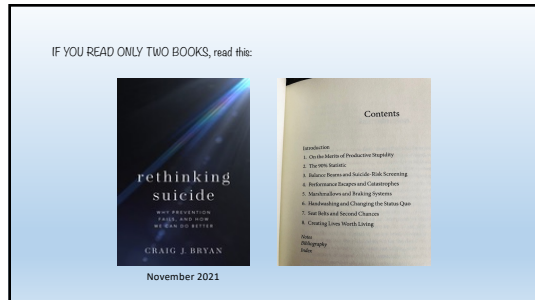
NEW! THE INTERNATIONAL AGREEMENT FOR SUICIDE RISK ASSESSMENT TRAINING (ISARAT) is a global effort to create a common framework for training in suicide risk assessment. The ISARAT framework is a set of core competencies and a framework for training that is designed to be used by all who are involved in suicide risk assessment, regardless of their professional background or the setting in which they work.

Competency	Core Competency	Advanced Competency	Expert Competency
1. Assessment of suicidal ideation and behavior	1.1. Identify suicidal ideation and behavior	1.2. Assess the severity and risk of suicidal ideation and behavior	1.3. Develop and implement a safety plan
2. Assessment of mental health status	2.1. Identify mental health status	2.2. Assess the severity and risk of mental health status	2.3. Develop and implement a treatment plan
3. Assessment of social support	3.1. Identify social support	3.2. Assess the severity and risk of social support	3.3. Develop and implement a support plan
4. Assessment of risk factors	4.1. Identify risk factors	4.2. Assess the severity and risk of risk factors	4.3. Develop and implement a risk management plan
5. Assessment of protective factors	5.1. Identify protective factors	5.2. Assess the severity and risk of protective factors	5.3. Develop and implement a protective plan

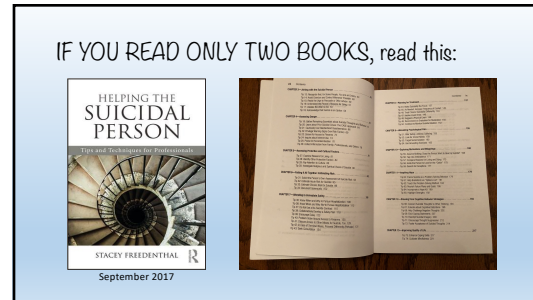
"Suicide Risk Assessment Training for Psychology Doctoral Programs: Core Competencies and a Framework for Training"
Robert J. Cramer PhD, et al

Training and Education in Professional Psychology,
2013, Vol. 7, No. 1, 1-11

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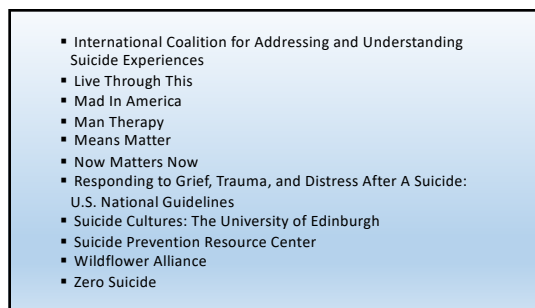


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Some NATIONAL RESOURCES for information

- Action Alliance for Suicide Prevention
- Action Alliance: Recommended Standard Care For People With Suicide Risk
- American Association of Suicidology
- American Foundation for Suicide Prevention
- A Voice At The Table
- CAMS-Care
- Critical Suicide Studies Network, aka Critical Suicidology
- The Dougy Center, National Center for Grieving Children & Families

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Critical Suicide Studies Network listserv

Critical Suicide Studies Network, aka **Critical Suicidology** presents an approach to understanding, theorising and intervening in suicide from alternative perspectives that seek new ways to thinking about suicide from a critical perspective to help address suicide where traditional approaches have failed.

<https://criticalsuicidology.net/>

To join the listserv: Please contact Michael Kral, Associate Professor in the School of Social Work at Wayne State University, using the subject line "CritSui listserv". michael.kral@wayne.edu

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International Coalition for Addressing and Understanding Suicide Experiences listserv

International Coalition for Addressing & Understanding Suicide Experiences is a global collective, grounded in compassion, social & economic justice, and health equity for all, valuing lived experiences with suicide; with the purpose of reducing the suffering associated with suicide and reducing suicide death rates through community engagement, support, education, advocacy, and research that informs clinical & non-clinical practices.

To join the listserv, email M.Epstein.LMSW@gmail.com with "icause list-serve" in the subject line

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Suicidology listserv

Suicidology, listserv under the American Psychological Association (APA), administered by the American Association of Suicidology (AAS) for members and others

To join the listserv:
Visit <http://listserve.apa.org/archives/suicidology.html>

Suicidology List Administrator: Chris Maxwell, AAS Communications Coordinator. Comments and requests for assistance may be sent to cm Maxwell@suicidology.org

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Zero Suicide listserv

Connect with a diverse group of professionals dedicated to the aspirational goal of zero suicides among individuals under care.

The **Zero Suicide** Listserv is an open, moderated list that provides a forum for those involved in Zero Suicide to discuss their efforts, engage in peer-to-peer support, and share resources and announcements.

To join the listserv:
<https://zerosuicide.edc.org/movement/zero-suicide-listserv>

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Does Working With Suicide AFFECT You?

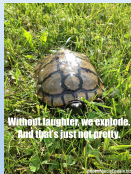


PS If it doesn't affect you,
you are overdue for self care.

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How I Do It

I reflect on my practice, consult, stay connected to others who do this work, keep learning, and I laugh!



Every day:

- I sprinkle kindness
- I notice highlights.
- I drink lots of water.
- I try to do something good for me!

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SUPPORTS
To
Share

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ANNUAL AWARENESS DATES

World Suicide Prevention Day:
September 10

USA's National Suicide Prevention Week:
The week that includes September 10

International Survivors of Suicide Loss Day:
The Saturday before American Thanksgiving

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Free 24/7 SUPPORTS In USA, Part I

- **All Nations Hotline** Hotline and text line are by and for Native people <https://allnationshotline.org/>
- **Crisis Text Line**, text "Start" to 741-741 As the name implies, this is text not voice. <http://www.crisistextline.org/>
- **National Domestic Violence Hotline**, 800-799-7233, chat included at <https://www.thehotline.org/>
- **National Suicide Prevention Lifeline**, 800-273-8255 www.SuicidePreventionLifeline.org
- **RAINN, Rape Abuse Incest National Network**, 800-656-HOPE, chat included on <https://www.rainn.org/>

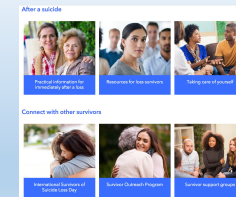
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Free 24/7 SUPPORTS In USA, Part 2

- **Trans Lifeline**, staffed by trans and nonbinary people, for trans and nonbinary people, 877-565-8860, www.TransLifeline.org
- **The Trevor Project**, for LGBTQ+ teen and young adults, 866-488-7386, plus chat and text options included on www.TheTrevorProject.org
- **Veterans Crisis Line** 800-273-8255, Option 1; plus chat and text options included on www.VeteransCrisisLine.net
- **Not 24/7: NAMI (National Alliance on Mental Illness) Helpline**, 800-950-NAMI (6264) or info@nami.org www.nami.org/find-support/nami-helpline
- **Plus peer-to-peer support:** 7 Cups of Tea, www.7cups.com

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RESOURCES For & About SUICIDE LOSS



<https://afsp.org/find-support/live-lost-someone/>

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For CLINICIAN Survivors Of Suicide Loss

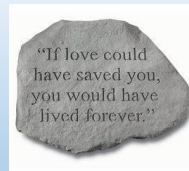
The **Coalition of Clinician Survivors (CCS)** exists to provide support, education, resources, and consultation to mental health professionals and other professional caregivers across the globe who have experienced suicide losses in personal and/or professional contexts.

List-serve: For the registration form, please email info@ClinicianSurvivor.org with "CCS list-serve" in the subject

Updated Website: Coming soon

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And Wait There's More ...



<https://marciaeinstein.biz/counseling-services/suicide-bereavement-support/>

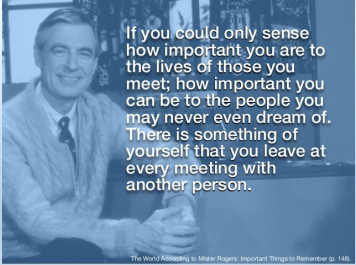
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QUESTIONS
AND
DISCUSSION
as time allows

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THANK
YOU



If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. There is something of yourself that you leave at every meeting with another person.

The World Knew: Morte Rogers: Important Things to Remember p. 148

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MARCIA EPSTEIN, LMSW

Specialist in Life Changes, Grief, Reducing Suicide Risk,
and Suicide Bereavement Support
Lawrence, Kansas, USA

Support Groups:
Healing After Suicide Loss
Stayin' Alive
Thriving Family-Friends

Founding Member, International Coalition for
Addressing and Understanding Suicide Experiences
M.Epstein.LMSW@gmail.com
<https://MarciaEpstein.biz>

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