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# RESPONSE TO PATIENT SUICIDE


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AUGUST 4, 2022

# SPEAKER DISCLOSURES

No conflicts to disclose

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# OBJECTIVES

1. Describe a sequence of responses to patient suicide.
2. Access resources to support a coordinated response to patient suicide.
3. Recognize practices to support resilience following a patient suicide.


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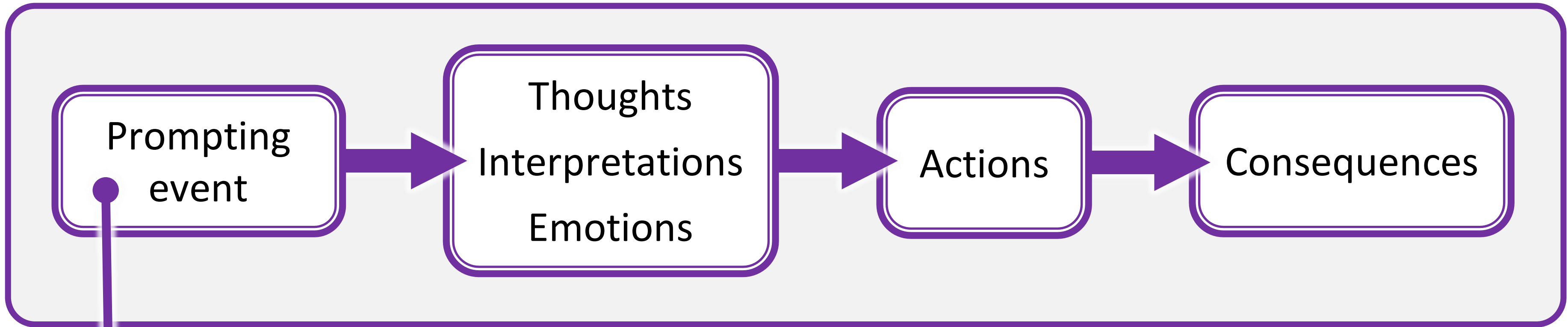


Patient suicide

Beliefs

1

**Implicit beliefs about suicide**

- **Possibility of suicide**: *My patient will not die by suicide.*
- **Prediction**: *I will be able to tell if my patient will die by suicide.*
- **Prevention**: *My work with this patient will prevent suicide.*
- **Therapeutic alliance**: *My relationship with my patient allows me to trust what is said.*

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# Implicit beliefs about suicide

- **Possibility of suicide**: Suicide is the 10th leading cause of death in the U.S. and more common among people with mental disorders: Lifetime risk of ~8.6% in people with mood disorders and h/o hospitalization (Bostwick & Pankrantz, 2000).
- **Prediction**: Given the statistical rarity of suicide, no risk factors, alone or in combination, have been shown to predict suicide reliably in clinically relevant timeframes (Franklin, et al., 2017; Large, et al., 2016).
- **Prevention**: Only two interventions (caring letters and brief intervention and contact) have been shown in RCTs to prevent suicide death (Motto & Bostrom, 2001; Fleischmann, et al., 2008). Psychotherapy and medications have not been shown in RCTs to prevent suicide – though psychotherapy may reduce the risk of non-fatal suicidal behavior.
- **Therapeutic alliance**: Patients at risk of suicide are characterized by ambivalence – wishes to live and wishes to die (Harris, et al., 2010). An alliance with the wish to live might not overcome wishes to die.

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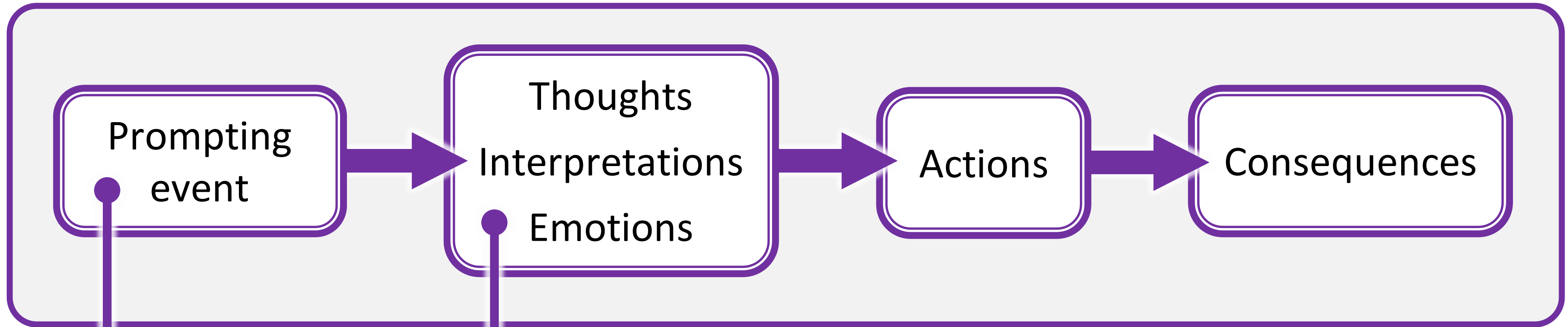



Patient suicide

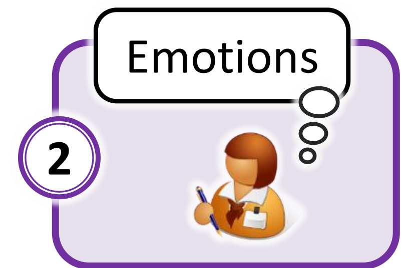
Impact

Emotions

Narratives of violent death

**Narratives of violent death**

- Re-enactment
- Remorse
- Retaliation
- Over-protection

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# Narratives of violent death

- **Re-enactment (shock)**: *I keep thinking about my patient in that moment. I can't get that image out of my head.*
- **Remorse (guilt and shame)**: *If I had only realized… Why didn't I ask… I should have followed-up on…*
- **Retaliation (anger)**: *I am angry that my patient died using medications I had prescribed. I blame my patient's family for bullying her to death.*
- **Over-protection (anxiety and fear)**: *I can't let this happen again. Any of my patients could be next.*

Rynearson, 2001 & 2005

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Prompting event → Thoughts Interpretations Emotions → Actions → Consequences

Patient suicide

Impact

Emotions

Narratives of violent death

Roles and responsibilities

Coping and support

Restorative retelling

3

Guidelines

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- **Roles and responsibilities**: Clinical and administrative tasks
  - **Clinical:** Meeting with surviving family, caring for other patients, attending to affected staff members, participating in a case review.
  - **Administrative:** Maintaining confidentiality, coordinating with risk management, completing the clinical record, participating in QI activities.
- **Coping and support:**
  - Seeking support with friends, family, colleagues.
  - Participation in the rituals of death

Sample Agency Practices for Responding to Client Suicide (Sung, 2016)

U.S. Department of Veterans Affairs: Uniting for Suicide Postvention

CSPAR: Need Help: Clinician Survivors of Suicide Loss

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Prompting event → Thoughts / Interpretations / Emotions → Actions → Consequences

Actions:
- Roles and responsibilities
- Coping and support
- Restorative retelling

Consequences:
- Practice changes
- Resilience

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**Practice changes –** Erlich, et al., 2017

- Changes in suicide care: Risk identification, assessment, formulation, management, treatment, follow-up.
- Changes in patient selection: Expanding or narrowing patient populations.

**Resilience after a suicide** – Rynearson, et al., 2006; Griffith & Gaby, 2005

- Moderating emotional distress.
- Re-establishing an internal relationship with the deceased.
- Clarification of restorative terms: Possibility of suicide, prediction, prevention, therapeutic alliance.
- Re-connection with life-directed goals: Communion, coherence, hope, meaning, purpose, gratitude, courage.

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**Resources**

- CSPAR Clinician Survivors of Suicide Loss: https://www.uwcspar.org/clinician-survivors-of-suicide-loss.html
- SPRC Sample Agency Practices for Responding to Client Suicide: https://www.sprc.org/resources-programs/sample-agency-practices-responding-client-suicide
- VHA: Uniting for Suicide Postvention: https://www.mirecc.va.gov/visn19/postvention/

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