**AGPA Connect 2023 Presenter Information**

**Course Code:** 32

**Course Title:** Managing Client Suicide Risk for Group Therapists

**Course Times:** 10:00 AM - 12:30 PM

**Course Dates:** Friday, March 10

**Instructors:** Tony Sheppard

**Course Description:** Suicide is a leading health risk in the United States and worldwide. Many group clients experience varying degrees of suicidality on an ongoing basis. Group therapists have clinical, ethical, and legal responsibilities to monitor suicide risk in their clients. This event will provide the group therapist with knowledge, tools, and interventions that permit them to manage these risks in the context of their groups.

**Learning Objectives**

The attendee will be able to:‎

1. ‎‎‎Develop an awareness of suicide risk factors in clients.‎
2. ‎Identify tools that can assist in assessing and managing suicide risk.‎
3. ‎Apply evidence-based interventions to suicide prevention in the group setting.‎

**Significant Articles:**

1. The Lighthouse Project The Columbia Lighthouse Project. cssrs.columbia.edu/. Accessed 1 Nov. 2022.‎
2. Canetto, S. S. (2021). Language, culture, gender, and intersectionalities in suicide theory, research, and ‎prevention: Challenges and changes. Suicide and Life-Threatening Behavior, 51(6), 1045–1054. ‎https://doi.org/10.1111/sltb.12758‎
3. Gratz, K. L., Tull, M. T., Richmond, J. R., Edmonds, K. A., Scamaldo, K. M., & Rose, J. P. (2020). Thwarted ‎belongingness and perceived burdensomeness explain the associations of Covid‐19 social and ‎economic consequences to suicide risk. Suicide and Life-Threatening Behavior, 50(6), 1140–1148. ‎https://doi.org/10.1111/sltb.12654‎
4. Suicide Prevention Resource Center. www.sprc.org/. Accessed 1 Nov 2022.‎
5. Werbart Törnblom, A., Sorjonen, K., Runeson, B., & Rydelius, P. A. (2020). Who is at risk of dying young ‎from suicide and sudden violent death? common and specific risk factors among children, adolescents, ‎and young adults. Suicide and Life-Threatening Behavior, 50(4), 757–777. ‎https://doi.org/10.1111/sltb.12614‎

**Agenda:**

An Overview of Suicide (40 minutes; Power Point, Lecture; Objective 1 Addressed) What Is Suicide? A Definition Statistics/Demographics What are known Risk Factors for suicide? Factors to Consider In Assessing Risk. Ideation Thoughts of Ending One’s Life of of Not Living These are relatively common among psychiatric populations Suicidal Ideation represents a moderate risk for the client Planning Considering ways of Ending One’s Life Plans are More Specific than Ideation Suicidal Planning represents a Higher Level of Risk than Ideation Intent The client develops the Intent to follow through on their Plan Having Suicidal Intent is Less Common than Ideation and Planning When combined with the availability of Means this represents a Very High Level of Risk Means/Means Restriction Does the client have Access to Lethal Means Particularly the means involved the the suicide plan Means Restriction Saves Lives There can be as little as 5-10 minutes between a person deciding to follow through on a plan and an actual attempt Questions (5 minutes) An Overview of Evidence-Based Tools for Assessment and Treatment of Suicide (20 minutes; Power Point, Lecture, Demonstration; Objective 2 Addressed) Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) Evidence-Based Tool developed by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Resource Center (SPRC) Features of the SAFE-T Columbia Suicide Severity Rating Scale (CSSRS) Evidence-Based Tool Developed by The Lighthouse Project at Columbia University Features of the CSSRS Ask Suicide Screening Questions (ASQ) Developed by 3 Pediatric Hospitals For Ages 10-24 Safety Planning Intervention (SPI) Evidence-Based Suicide Safety Plan developed by Barbara Stanley, Ph.D. and Gregory Brown, Ph.D. This tool is superior to suicide safety contracts from both a clinical and a risk-management perspective Questions (5 minutes) Assessing and Managing Suicide Risk in Group Therapy (40 minutes; Power Point, Lecture, Discussion; Objectives 2 & 3 Addressed) Therapy groups present a challenge for the clinician about how to assess for suicide When is client confidentiality an issue? Use of formal Tools (e.g. CSSRS, ASQ, etc.) to assess for suicidality in groups? High Risk/More Structured groups might utilize these in each session Lower Risk/More Process oriented groups likely will not use tools Looking for Warning Signs Withdrawal from the group References to not being around Disengagement with problem solving Giving away possessions Hopelessness Helplessness Burdensomeness Other group members expressing concern both in and out of group sessions Inquiring in the group vs. Inquiring outside of the group Inquiring in group Use of tools on a routine basis in a group More structured approach Might be more appropriate for some settings: Psychoeducational groups Hospital/Inpatient groups Student counseling centers Groups with high-risk populations The tool becomes PHI and must be part of patient file The inquiry should be part of the group process/norms Asking a group member in the group “are you having thoughts of harming yourself?” Less structured approach More appropriate for process-oriented groups Is this different from asking about any other aspect of a person’s functioning? What are the norms/rules for discussing suicide? Does the group employ “trigger warnings”? Is there a point where the assessment leaves the group setting? What are the norms/rules of the group? Inquiring outside of the group Tools are employed prior to the group and not discussed in group Suicide inquiry is done following a group session and the process is not shared with the group This is more appropriate for less process-oriented groups Safety Planning in the Context of Group Group-as-a Whole vs. Individual The role of other group members Limits of responsibility Outside Contact Process Group to Discuss Reactions to Suicide and the management of it in our groups (35 minutes; Group Process; Objs. 1-3 addressed) Questions (5 minutes)

**Assessment Questions:**

Question 1 (include possible answers)

Talking about suicide in groups likely \_\_\_\_\_\_\_\_\_\_\_\_\_ a person's risk for suicide. A. Increases slightly B. Decreases C. Has no Effect D. Greatly Increases

Correct Answer 1

B. Decreases

Question 2 (include possible answers)

Locked gun safes are a form of: A. Means Restriction B. Punishment C. Suicide Safety Contract D. Gun Control

Correct Answer 2

A. Means Restriction

Question 3 (include possible answers)

The following is preferred over a suicide safety contract. A. A Suicide Safety Plan B. A Legal Agreement C. A Verbal Promise D. A Guardian's Promise

Correct Answer 3

A. A Suicide Safety Plan

Question 4 (include possible answers)

Of the following which is the more common among psychiatric populations and not necessarily representative of a suicidal crisis. A. Suicidal Intent B. Suicidal Intent with Means C. Specific Suicide Planning D. Suicidal Ideation

Correct Answer 4

D. Suicidal Ideation

Question 5 (include possible answers)

Trigger Warnings in a group setting: A. Alert Members to the presence of a weapon B. Alert Members to a dangerous person C. Alert Members about potentially triggering content D. Don't alert Members to anything

Correct Answer 5

C. Alert Members about potentially triggering content

Question 6 (include possible answers)

An example of a suicide assessment tool that could be used in a group setting is the: A. Youth Outcome Questionnaire B. Columbia Suicide Severity Rating Scale C. Louisville Rating Form D. The Trigger Alert Form

Correct Answer 6

B. Columbia Suicide Severity Rating Scale

Question 7 (include possible answers)

Which of the following could be a warning sign for suicide in a group member: A. Talking Alot B. Monopolizing C. Withdrawing from the group D. Teasing Others

Correct Answer 7

C. Withdrawing from the group

Question 8 (include possible answers)

It is recommended that suicide rating scales, one administered to a patient, be: A. Made part of the medical record B. Destroyed Immediately C. Hidden D. Shredded

Correct Answer 8

A. Made part of the medical record

Question 9 (include possible answers)

In a process-oriented group, the following are appropriate ways of managing suicide for an individual member. A. Checking in directly with the member B. Processing the member's suicidality with the group C. Involving the whole group in development of a safety plan D. All of the Above

Correct Answer 9

D. All of the Above

Question 10 (include possible answers)

In processing suicidality in groups, the following is very important: A. Educating members about the limits of responsibility B. Warning members not to discuss suicide overtly in the group C. Providing a list of member's phone numbers for support D. Not saying the word "suicide"

Correct Answer 10

A. Educating members about the limits of responsibility