



# **Suicide Prevention:**

## Subintentional Suicide, High Risk & Indirect Life-Threatening Behavior

*What Military Families, Leadership & Caregiving Professionals Need to Know*





# Welcome

## Moderator

*Jill Harrington-LaMorie, MSW, LSW, ACSW*

Director, Professional Education

Tragedy Assistance Program for Survivors





# Learning Objectives

- Define subintentional suicide and discuss suicide theories.
- Improve understanding of overt, high-risk, indirect and subtle suicidal behaviors.
- Describe indicators, symptoms and risk factors associated with subintentional suicide risk.
- Further explore exposure to trauma, loss and traumatic grief as a risk factor for suicide.
- Discuss effective strategies and evidence based practices in working with individuals at risk.



# Continuing Education Credits

- Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.
- The Association of Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.
- This program is approved by the National Association of Social Workers, provider # 886505639, for 1.0 continuing education contact hours.
- Provider approved by the California Board of Registered Nursing, provider # CEP15218, for 1.0 continuing education contact hours.
- Please check with your state licensing board for your professional discipline requirements for continuing education.



# Evaluation

- ALL participants seeking either a certificate of attendance or continuing education credits **MUST** fill out the online evaluation within **30 days**.
- You **MUST** provide your state and license number on your evaluation in order to receive credit.
- The evaluation form will appear instantly after today's program and can also be found on our website at [www.taps.org/professionaleducation](http://www.taps.org/professionaleducation).
- Certificates of attendance will be emailed and may take up to 6 weeks.



## Questions Today?

If you have questions during today's program please submit them through the webinar toolbar located at the bottom left of your screen. Time at the end of the program will be dedicated to questions and answers. We will make our best effort to answer as many questions as time permits.



# The Tragedy Assistance Program for Survivors (TAPS)

## Our Mission

**TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death. TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief and trauma resources.**



U.S. Marine TAPS Mentor Comforting Young Survivor  
TAPS Suicide Loss Survivors Conference  
San Diego, California 2009



Since its inception, **T★A★P★S** has assisted more than 25,000 surviving family members, casualty officers and professional caregivers

FOR MORE INFORMATION or TO REFER  
SOMEONE YOU KNOW:

*[www.taps.org](http://www.taps.org)*

*or*

800-959-TAPS (8277)





# Suicidology

**Norman Louis Farberow, PhD**



**Age 91**

**Field of Study:**

**Psychology/Suicidology**

**Alma Mater: UCLA**

**Known as the founding father  
of modern suicidology**

**-World War II Air Force Captain**

**-After completing his tour of duty, earned his doctoral degree in Psychology from UCLA while working for the Veterans Administration Mental Hygiene Clinic**

**During his work with the VA, hospitals and clinics around Los Angeles area, Farberow and colleagues witnessed a rise in suicide rates in the decade after the war. This was occurring in the backdrop of a society with continuing stigmas against those who expressed emotional turmoils and cultural, religious and institutional taboos regarding suicide. This dynamic, Farberow believed, magnified a person's sense of worthlessness, hopelessness and compounding misery to those suffering with mental health issues.**

# There are Many Faces of Suicide

- In his clinical and research practice, Farberow saw those expressing their deep inner turmoil in unhealthy ways through suicidal impulses and acts of self-destruction, both overt and indirect.
- Spent his life studying suicide and as part of his work with the Central Research Unit for the Study of Unpredicted Death (CRU for SUD) in the Veteran's Administration, Farberow classified and characterized both Direct Self-Destructive Behavior (DSDB) and Indirect Self Destructive Behavior (ISDB).



# Subintentional Suicide: Indirect Self-Destructive Behaviors



- “Self Destruction occurs in many ways, some obvious, some disguised, but always hastening, one way or another, one’s own death.”
- “Indirect self destructive behavior is directed primarily against the self than against the physical body,” they are, “self-injurious, life-shortening, and self-defeating.”
- Risk taking behaviors “predominant motives are excitement and mastery ” (often times over death) and vary in degrees. They are considered as a form of self-destruction when the “thrill of the rush” or the severe self neglect involves a “dangerous and conscious gamble of one’s own life and limb.”

Farberow, N.L. (1980). *The Many Faces of Suicide*. New York, NY: McGraw-Hill Book Company

# ISBD Behaviors May Include...

- Physical Illnesses Used Against the Self (patients are medically neglectful and disregard prescribed medical regimen)
- Drug Abuse and Compulsive Addictive Behavior
- Alcohol Abuse
- Hyperobesity
- Cigarette Smoking
- Self-mutilation (cutting)
- Gambling
- Auto Accidents: Excessive Speeding, drunk driving
- Criminal Activity
- Sexual Strangulation and Autoerotic Asphyxiation
- Stress Seeking and High-Risk Sports
- Rage Addiction
- Death By Cop

# Who is Affected?

Self-destructive individuals impact:

- The Self
- Their spouse/partner
- Their children
- Their family
- Co-workers
- Career
- Greater Community/Society
- The dangerous consequences of self-destructive behavior can bring physical, social and psychological injury to others involved in the individual's life.

# Why are We Here Today?

- Individuals and families impacted by sudden loss and/or traumatic grief are at higher risk for experiencing complicated grief. Those bereaved by suicide are at a higher risk for suicide themselves.
- Growing concern for U.S. Armed Service Members and their families engaging in self-destructive and high-risk behaviors.
- Health of the Force: Well-being of military service members and their families.
- Why do individuals inflict multiple forms of self-injury that hasten one's death?.....

# Expert Speaker



*M. David Rudd, PhD, ABPP*

**University of Utah  
Dean, College of Social &  
Behavioral Science**

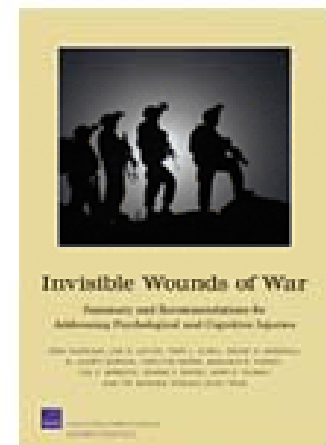
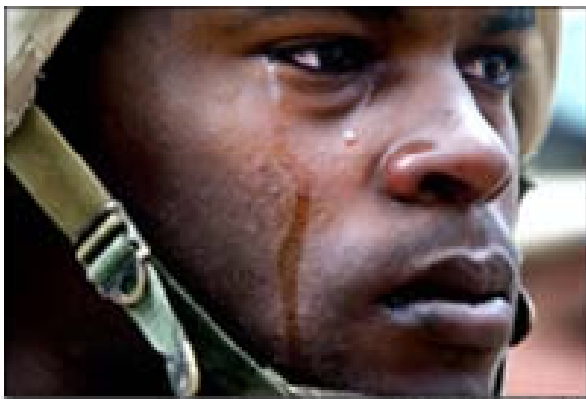
# Subintentional Suicide

*High Risk and Indirect Life-Threatening Behaviors*

M. David Rudd, Ph.D., ABPP

University of Utah

Dean, CSBS





# The Nature of Self-Destructiveness

- Freud's notion of
  - *The suicidality of everyday life*
- Self-destructive behaviors, attitudes and lifestyles are:
  - Related
  - Vary along a continuum from none –covert –overt intent for self-harm and death (suicide)

# What is subintentional suicide?

- Farberow (1980)
  - *Indirect self-destructive behaviors that might lead to a premature death*
    - *Lack of conscious acknowledgement of intent*
  - *Common in some settings*
    - *Nursing homes*
  - *Believed to be more common among those with religious beliefs (or related belief systems) that serve as a barrier to suicide*

- Shneidman's *subintentioned death* typology
  - Individual plays a covert or *unconscious role* in hastening their own death
    - Evident in poor judgment (driving recklessly, carrying handgun), excessive risk-taking, recklessness, self-neglect, disregard of preventive advice (e.g. medical advice), abuse of alcohol and/or drugs

# Types

- *Death “experimenter” pursues a state of altered consciousness, increasingly risking and ultimately producing a premature death (coping with emotional pain through alcohol or drug abuse, e.g. eventual accidental overdose)*
- *Death “capitulator” makes an unconscious decision to “give up” and produce a premature death (e.g. stopping all self-care and feeding)*

- *Death “chancer” leaves death entirely up to chance, notion of “life being in God’s hands” . Puts self in extremely high-risk situations with high likelihood of harm (e.g. autoerotic asphyxia, “death by cop”)*
- *Death “hastener” brings about a premature death by lifestyle and treatment noncompliant decisions (e.g. diabetic with poor self-care)*

## Microsuicide and suicidal threats of every day life

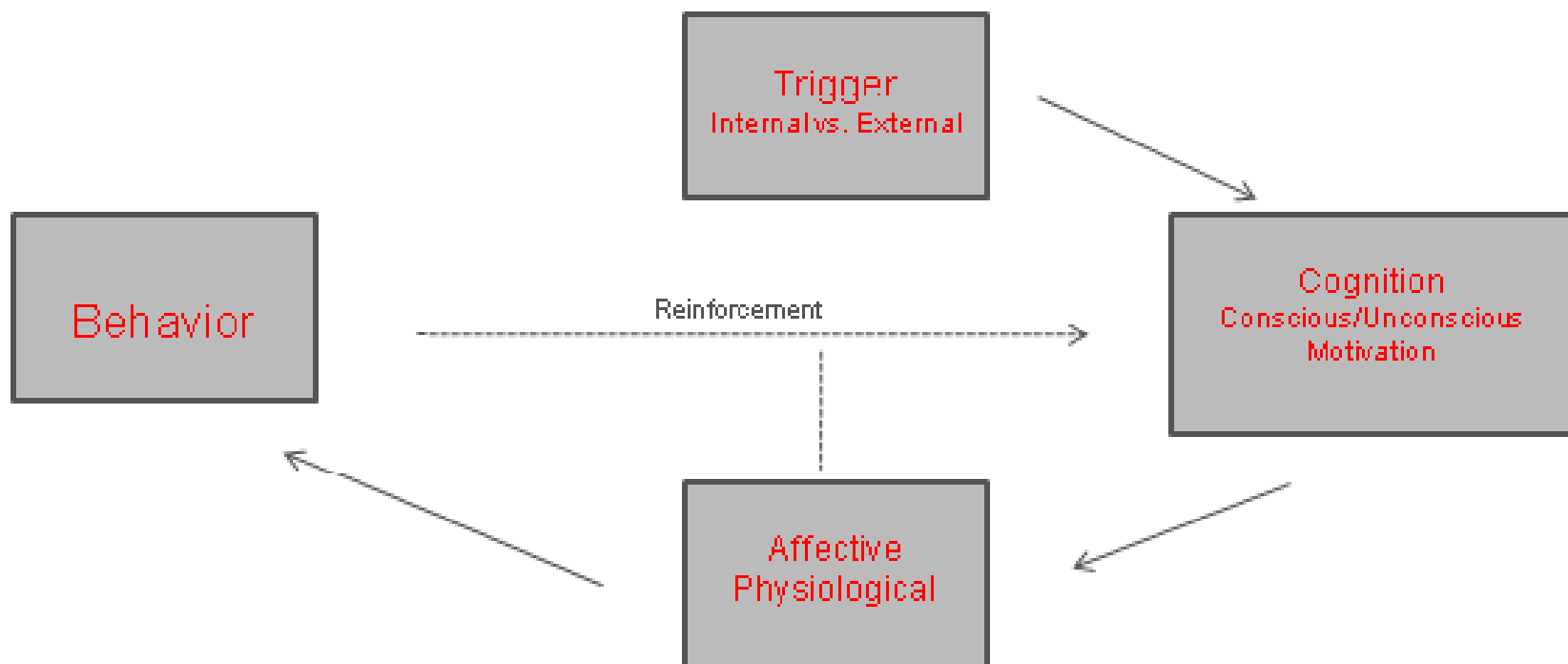
- Firestone and Seiden (1987)
  - Microsuicide encompasses behaviors, communications, attitudes or life-styles that are self-induced and threatening to an individual's physical health, emotional well being, or personal goals
    - *For example, progressive denial (e.g. of a medical problem), inwardness, destructive dependency and physically harmful lifestyles*

## How does the notion of self-harm fit?

- Non-suicidal self-injury (Nock, 2009)
  - *direct, deliberate destruction of one's own body tissue in the absence of suicide intent*
    - *Socially and culturally sanctioned behaviors (e.g. tattooing, piercing) are not considered NSSI*

# Why would someone engage in high-risk and self-destructive behavior?

- The self –destructive mode





# The Cognitive Unconscious

- Less accessible than “consciously available” material
- The notion of automaticity, “over”learned behaviors
  - Routine daily activities, e.g. driving a car
- Not inaccessible

## Two Motivations (Cognitive Process)

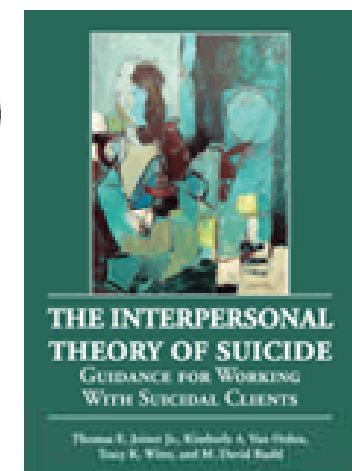
- *Thrill-seeking (sensation seeking)*
  - *I need the rush to feel alive*
- *Guilt, shame, burdensomeness*

- Identity-based
  - Guilt (*I've done some bad things*) Remember the notion of “earned” and “learned” guilt (integration of history)
    - Related to behavior
      - » Proactive: *I took a life*
      - » Passive: *I should have done more to save him*
    - Diffuse Survivor guilt
      - » *I should have died....*
  - Shame (*There's something wrong with me*)
    - *I'm a Failure*
    - *I'm Damaged*
    - *I'm Weak*
    - *I'm Lost*

- Burdensomeness (*My family would be better off if I were dead*)
  - Related to disruption created by behavior, financial concerns
- Helplessness (*I can't change it*)
- Distress Tolerance (*I can't stand the way I feel*)

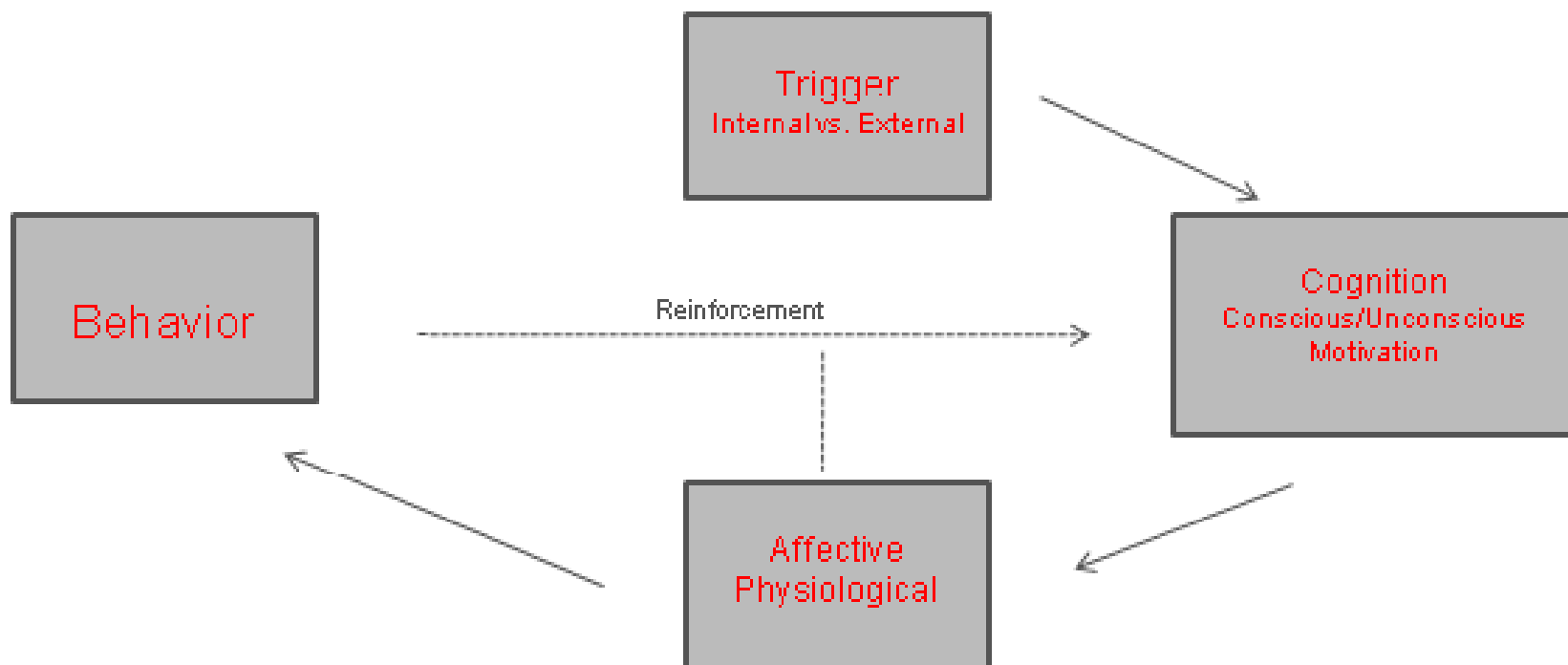
# Acquired Capability and Ambivalence

- Joiner (2005), Joiner, Van Orden, Witte, Rudd (2009)
  - Killing oneself is a difficult (life instinct)
  - Jobs that provide exposure to pain and suffering increase the capability for suicide
  - Those with past suicidal behavior habituate to pain and pain tolerance
  - Loss of “fear” associated with death
    - Emergence of opponent process



# What's the outcome of repetition of the cycle?

- The self –destructive mode



## Net Result of the Self-Destructive Cycle

- Reinforcement of SD Belief System
  - Themes mentioned previously
- Cognitive and physiological habituation
  - *[behavior] works, I can survive it.*
  - Emergence of opponent process, “redefining” fear response
- Potential for escalation of behavior (to provoke similar cognitive/physical response)

# Ambivalence



Chronicle / John Storey

On the bridge, Baldwin counted to ten and stayed frozen. He counted to ten again, then vaulted over. "I still see my hands coming off the railing," he said. As he crossed the chord in flight, Baldwin recalls, "I instantly realized that everything in my life that I'd thought was unfixable was totally fixable—except for having just jumped."

Tad Friend. Jumpers. The New  
Yorker (2003)



# Recognize the Warning Signs

## Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities - seemingly without thinking
- Feeling trapped-like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

Are you or  
someone you love  
at risk of suicide?

NATIONAL

**SUICIDE  
PREVENTION**

LIFELINE™

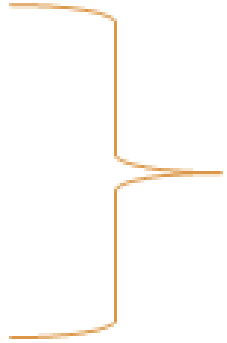
**1-800-273-TALK**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

Get the facts and take  
appropriate action.

## PTSD: Re-experience, Hyperarousal and Avoidance

- Exposure to a traumatic event (potential for death or serious injury)
  - Symptoms include
    - Recurrent, intrusive and distressing recollections
    - **Persistent avoidance of stimuli associated with the trauma and a generalized numbing of response**
    - Persistent symptoms of arousal (and related dysfunction)
      - Sleep difficulties
      - Irritability and angry outbursts
      - Concentration problems
      - Hypervigilance
      - Exaggerated startle response



Reduced Cognitive Fluency  
Problem Solving  
Impaired Mental Status  
*Elevates Suicide Risk*

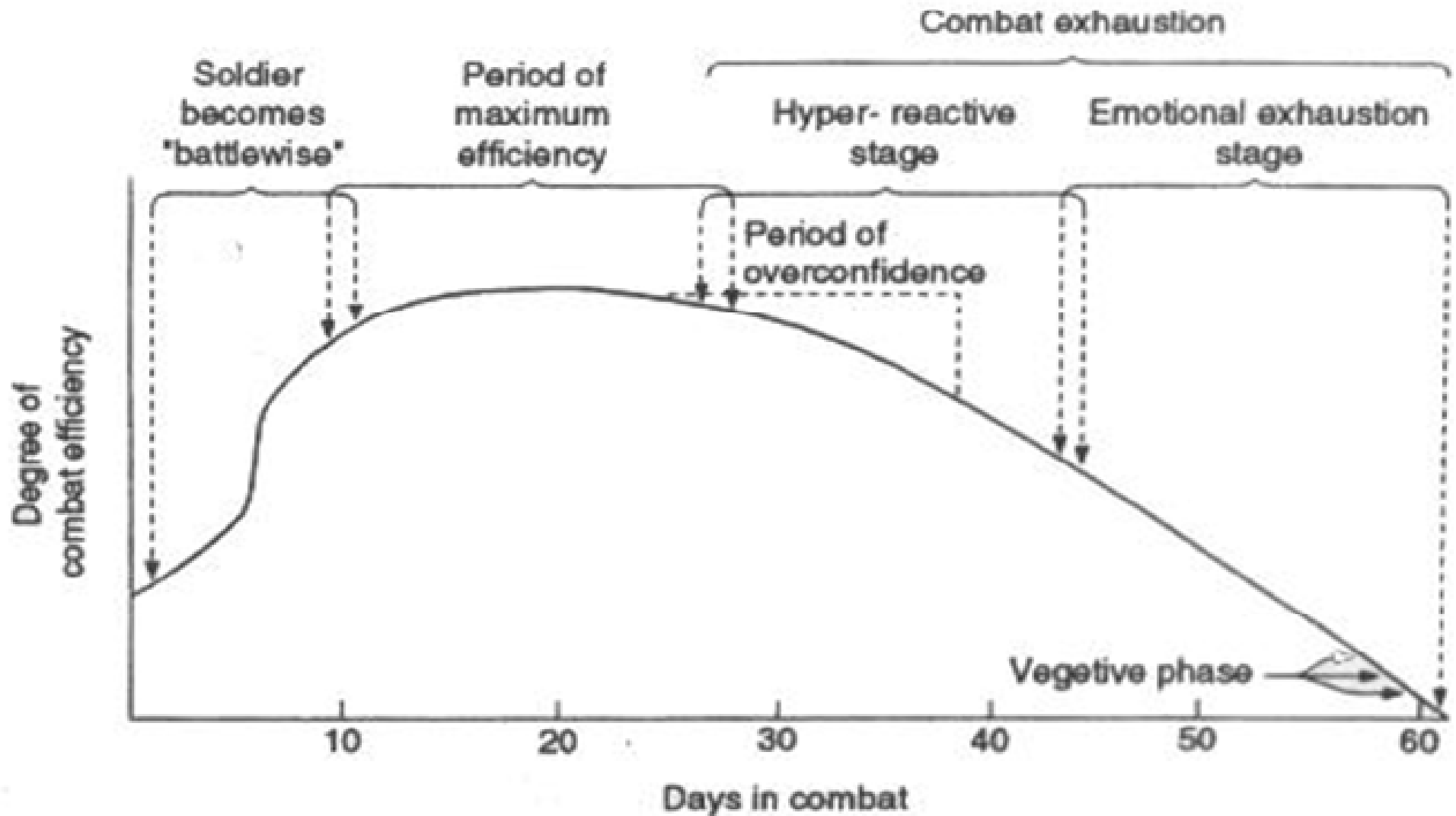


FIGURE 1 Effects of continuous combat.

## Working to Help: What we Can do!

- Recognize that direct confrontation is not likely to work
- Follow “simple things that save lives steps” (Rudd, 2010)
  - Explore and help identify a rationale and realistic reason for behavior (in very simple terms)
  - Normalize the behavior (in context)

- Attribute to a skill deficit (not personal short-coming)
- Identify a short-term plan for crises (safety plan)
- Get rid of accessible method
- Facilitate professional help

**For more information and resources for support, please contact TAPS at 1-800-959-8277 or [www.taps.org](http://www.taps.org)**



**QUESTIONS**

# Resources for Prevention, Advocacy, Education, and Outreach

## Military & Government Specific Resources:

- T.A.P.S. (Tragedy Assistance Program for Survivors ): [www.TAPS.org](http://www.TAPS.org)
- DCoE for Psych. Health & Traumatic Brain Injury (Def. Cntrs. of Excellence): <http://www.dcoe.health.mil/default.aspx>
- Real Warriors Campaign (Dept. of Defense & DCoE): [www.RealWarriors.net](http://www.RealWarriors.net)
- Veterans Administration (V.A.) Mental Health : <http://www.mentalhealth.va.gov/>  
(V.A. Suicide Specific Resources : [http://www.mentalhealth.va.gov/suicide\\_prevention/index.asp](http://www.mentalhealth.va.gov/suicide_prevention/index.asp))
- SAMSA Veterans Resources (Sub. Abuse & Mental Health Services Administration) : <http://samhsa.gov/vets/>
- Military One Source , for Military Members, Spouses, Families, & Providers: [www.militaryonesource.com](http://www.militaryonesource.com)
- National Resource Directory (for Military, Veterans, & Family Members): [www.nationalresourcedirectory.org](http://www.nationalresourcedirectory.org)

# Resources for Prevention, Advocacy, Education, and Outreach

## National Organizations and Resources:

- A.F.S.P. (The American Foundation for Suicide Prevention);  
[www.AFSP.org](http://www.AFSP.org)
- S.P.A.N. (Suicide Prevention Action Network , a Division of AFSP): [www.SpanUSA.org](http://www.SpanUSA.org)
- A.A.S. (American Association of Suicidology):  
[www.SUICIDOLOGY.org](http://www.SUICIDOLOGY.org)
- Suicide Prevention Lifeline (Help Lines & Crisis Centers) :  
[www.SuicidePreventionLifeline.org](http://www.SuicidePreventionLifeline.org)



# Thank You for Joining Us



[www.taps.org/professionaleducation](http://www.taps.org/professionaleducation)

- To receive credit or certificate of attendance, fill out an evaluation of today's program. **This evaluation must be completed within 30 days.**
- Please join us for our next webinar on March 8, 2010, featuring *Jack R. Jordan, PhD, Director of the Family Loss Project based out of Boston, MA for "Suicide Bereavement and Complicated Grief"*.