ROBERT L. KAROL, PH.D., L.P., ABPP-RP, CBIST

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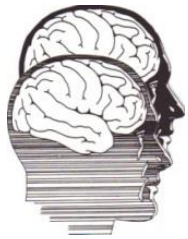
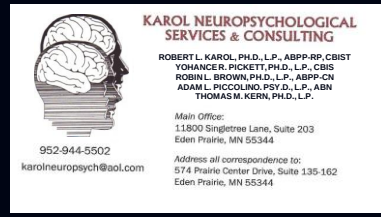


SUICIDE AND BRAIN INJURY: A DOUBLE CHALLENGE



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THANK YOU

DISCLAIMER

Dr. Karol is not establishing a professional-patient relationship with any attendees or other audience of his slides/talk and is not providing professional clinical care, is not making any representation that the Information provided is a substitute for professional clinical care, and is providing general information only.

Dr. Karol does not recommend that anyone take action based on this information without professional consultation, and most strongly recommends that anyone with concerns about any topic discussed consult with professionals or on an emergency basis call 911.

THIS IS NOT A
COMPREHENSIVE,
ALL-ENCOMPASSING
DELINATION
OF SUICIDE

THOSE WHO DIE

25-50 %

HAD PAST ATTEMPTS

25-50 %

HAD PAST ATTEMPTS

WARNED FRIEND/FAMILY

WHEN YOU FEAR SOMEONE MAY TAKE THEIR LIFE.
AMERICAN FOUNDATION FOR SUICIDE PREVENTION

≥ 6 x GREATER

12 MONTH ODDS
SUICIDAL IDEATION
DISABLED VS NOT
CONTROLLED FOR
AGE, SEX, ETHNICITY

David McConnell, Lyndsey Hahn, Amber Savage, Camille Dube, Elly Park.
Suicidal Ideation Among Adults with Disability in Western Canada: A Brief Report.
Community Ment Health J (2004) 52:519–526. DOI 10.1007/s10597-015-9911-2

3.5 x GREATER

12 MONTH ODDS SUICIDAL IDEATION DISABLED VS NOT CONTROLLED FOR AGE, SEX, ETHNICITY, PSYCH MORBIDITY

David McConnell, Lyndsey Hahn, Amber Savage, Camille Dube, Elly Park.
Suicidal Ideation Among Adults with Disability in Western Canada: A Brief Report.
Community Ment Health J (2014) 52:519–525. DOI 10.1007/s10597-015-9911-2

"Epidemiological research in the United States found that people with TBI (all severity levels) had an **8% lifetime rate of suicide attempts,** compared with 2% for the population as a whole." [1]

"People with severe TBI are **four times** more likely to **commit** suicide compared with the general population" [2]

Cited by and Quote From: Grahame K Simpson and Robyn L Tate, Preventing suicide after traumatic brain injury: implications for general practice, Medical journal of Australia, Volume 187 Number 4, 20 August 2007, pages 229-232.

1.Silver JM, Kramer R, Greenwald S, Weissman M. The association between head injuries and psychiatric disorders: findings from the New Haven NIMH Epidemiologic Catchment Area Study. *Brain Inj 2001; 15:935-945.*

2.Teasdale TW, Engberg AW. Suicide after traumatic brain injury: a population study. *J Neurol Neurosurg Psychiatry 2001; 71: 436-440.*

SHARED RISK FACTORS

TBI

AGE

GENDER

AGGRESSION

SUBSTANCE USE

PSYCHIATIRC ILLNESS

SUICIDE

CONCEPTUALIZING SUICIDE RISK IN TBI: SUPPLEMENTAL HANDBOOK
DEPT. OF VA, EMPLOYEE EDUCATION SYSTEM AND MENTAL HEALTH SERVICES
SUICIDE PREVENTION CONFERENCE, NOV 22, 2013

SUICIDE

BRAIN INJURY
INCREASES RISK

DEPRESSION/HOPELESS
PROBLEM SOLVING
IMPULSIVE
CHEMICAL USE

EXECUTIVE DYSFUNCTION AND SUICIDE RISK

- IMPULSIVITY → USE OF SAFETY PLAN
  NOT USE PLAN FOR FAST RELIEF
- INSIGHT → BELIEVE LESS VALUABLE, UNIMPORTANT TO OTHERS
  NOT FIGURE WHY FEEL DEVALUED
  UNAWARE TO USE SAFETY PLAN
- PROBLEM SOLVING → POOR COPING STRATEGIES
  NOT USE 2ND STRATEGY IF 1ST UNAVAILABLE
  FAIL OVERCOME PLAN BARRIERS

CONCEPTUALIZING SUICIDE RISK IN TBI: SUPPLEMENTAL HANDBOOK
DEPT. OF VA, EMPLOYEE EDUCATION SYSTEM AND MENTAL HEALTH SERVICES
SUICIDE PREVENTION CONFERENCE, NOV 22, 2013

If you work with brain injury …

eventually someone will try or succeed

RISK FACTORS

PAST ATTEMPTS
SUBSTANCE ABUSE
PSYCHIATRIC DX
IMPULSIVITY
RECENT LOSSES
FAMILY/FRIENDS HX OF ATTEMPTS
ABUSE HX
LACK OF SPIRITUALITY
LACK OF SUPPORT
LACK OF FAMILY
LACK OF THERAPUTIC RELATIONSHIP
POOR COPING /P.S. SKILLS

See: Suicide Risk Assessment Guide. U.S. Dept. of Veterans Affairs. 2011

WARNING SIGNS

VERBAL THREATS
SEEKING METHODS
SEEKING ACCESS
TALKING/WRITING ABOUT DEATH

See: Suicide Risk Assessment Guide. U.S. Dept. of Veterans Affairs. 2011

WARNING SIGNS

ANGER, REVENGE
RISK TAKING
FEELING NO SOLUTIONS
INCREASE ALCOHOL/DRUG USE
WITHDRAWAL
CHANGE IN SLEEP
ANXIETY
NO PURPOSE TO LIVE FOR
HOPELESSNESS

See: Suicide Risk Assessment Guide. U.S. Dept. of Veterans Affairs. 2011

35 % HOPELESSNESS

1-10 YEARS POST MODERATE TO SEVERE TBI

SIMPSON G, TATE R. SUICIDALITY AFTER TRAUMATIC BRAIN INJURY: DEMOGRAPHIC, INJURY AND CLINICAL CORRELATES. PSYCHOL MED, MAY; 32(4):687-97.

HOPELESSNESS IN TBI AND SUICIDE

35 % HOPELESSNESS*

23 % IDEATION

18 % PAST ATTEMPTS

***MOST SIGN ASSOCIATION**

Simpson, G., Tate, R. Suicidality after traumatic brain injury: demographic, injury and clinical correlates. PsycholMed. 2002. May;32(4):687-97.

HOW TO RESPOND

HOW YOU PRESENT

SURPRISED
SHOCKED
OVERWHELMED
DISAPPROVING
JUDGEMENTAL

ACCEPTING
CONCERNED
EMPATHETIC
SUPPORTIVE
CONFIDENT
REASSURING

DO NOT TRY TO TALK THEM OUT OF IT

YOU CARE

THEY'RE NOT ALONE

THERAPY CAN HELP

WILL GET PROF CARE

QUESTIONS

IDEATION

PREFERRED METHOD

PLAN

ACCESS

INTENT

YES , WE REALLY …

ASK THESE QUESTIONS

PREFERRD METHOD

PLAN:
DETAILS

PLAN:
LETHALITY

PLAN: IMMEDIACY

ACCESS

INTENT

MANIPULATION

FRUSTRATION

CHART EXACT WORDS SAID

DO NOT CHART LABELS

KEEP SAFE

SAFETY PLAN

WHAT DO YOU EXPERIENCE (WARNING SIGNS)
WHEN YOU HAVE IDEATION?
WHAT CAN YOU DO ON YOUR OWN?
WILL YOU BE ABLE TO DO IT?
WHAT INTERFERS?
WHO CAN YOU REACH OUT TO:
TALK WITH?
SOCIALIZE WITH?
WHO IS THE PROFESSIONAL YOU WILL REACH OUT TO?

WHAT MEANS DO YOU HAVE ACCESS TO?

SAFETY PLAN QUICK GUIDE
FOR CLINICIANS
US DEPT. OF VA, 4/2011

RESPONSE:

HAVE AN IMMEDIATE SAFETY PLAN

STAY WITH PERSON

INFORM TEAM/SUPERVISOR

INFORM PSYCHOLOGIST

LIMIT OR CONTROL ACCESS

CHART

911

FACILITY BASED

BELTS
SHARPS
RAZORS
SCISSORS
SHOE LACES
PHONE CORDS
PLASTIC BAGS
TRAPEZE BARS
CALL LIGHT CORDS

FREQUENT CHECKS

FOLLOW POLICY

SUICIDE CONTRACT

AGREEMENT NOT TO HARM
WHAT THEY'LL DO

< 79% OF PROF USE THEM
NO EVIDENCE THEY WORK
NOT LEGALLY BINDING
NOT PROTECT PROF
GIVES FALSE SECURITY
MAY MASK DISCLOSURE
NOT SEEM TO BE ABOUT THEM

BAHRAINI, N., BILLERA, M., BRENNER, L.A., HOMAIFAR, B.Y., MATARAZZA, B., NAZEM, S., WORTZEL, H. THERAPUTIC RISK MANAGEMENT, MIRECC, US DEPT OF VA
https://www.mirecc.va.gov/visn19/docs/presentations/TRM_2015_VA_DoD_Conference_1_25_2015.pdf

PASSES/OUTINGS

CHRONIC SUICIDAL IDEATION

BALANCED RESPONSE

PASSIVE IDEATION	ACTIVE IDEATION
FLEETING THOUGHTS	DETAILED INTENT
FLUCTUATES	PLAN
CHRONIC	

THERE IS A DIFFERENCE BETWEEN SAYING:

"I WISH I HAD DIED IN THE ACCIDENT."

OR

"IT WOULD BE BETTER IF I HAD DIED."

VERSUS

"I WANT TO KILL MYSELF."

-- BUT DO ASK: "ARE YOU SAYING…"

MEDICALIZATION OF EMOTIONAL NEEDS

HYPER-MANAGEMENT

IATROGENIC EFFECTS OF HOSPITALIZATION

EMBARRASSMENT

PROMOTES CONCEALMENT

PUNISHES DISCLOSURE

LIABILITY

PROVIDERS' ANXIETY
RISK TOLERANCE

www.mirecc.va.gov/visn19/trm/docs/RM_MIRECC_SuicideRisk_Table.pdf

RISK STRATIFICATION

ASSESSMENT TOOLS

BECK SCALE FOR SUICIDE IDEATION

BECK HOPELESSNESS SCALE

REASONS FOR LIVING SCALE - 48


THE
END
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