



# Mary-Jo Bolton, MMFT Clinical Director

204-784-4047

[mjbolton@klinik.mb.ca](mailto:mjbolton@klinik.mb.ca)

Just Care. *For Everyone.*



**Remember it is who you are that  
heals, not what you know.  
- Carl Jung**



- So what is suicide exactly – symptom, syndrome or unrelenting pain?



- Suicide can occur when no psychiatric disorder exists – but profound distress and psychological pain is present



- The presence of hopelessness is more of a risk factor than depression as it relates to suicide.

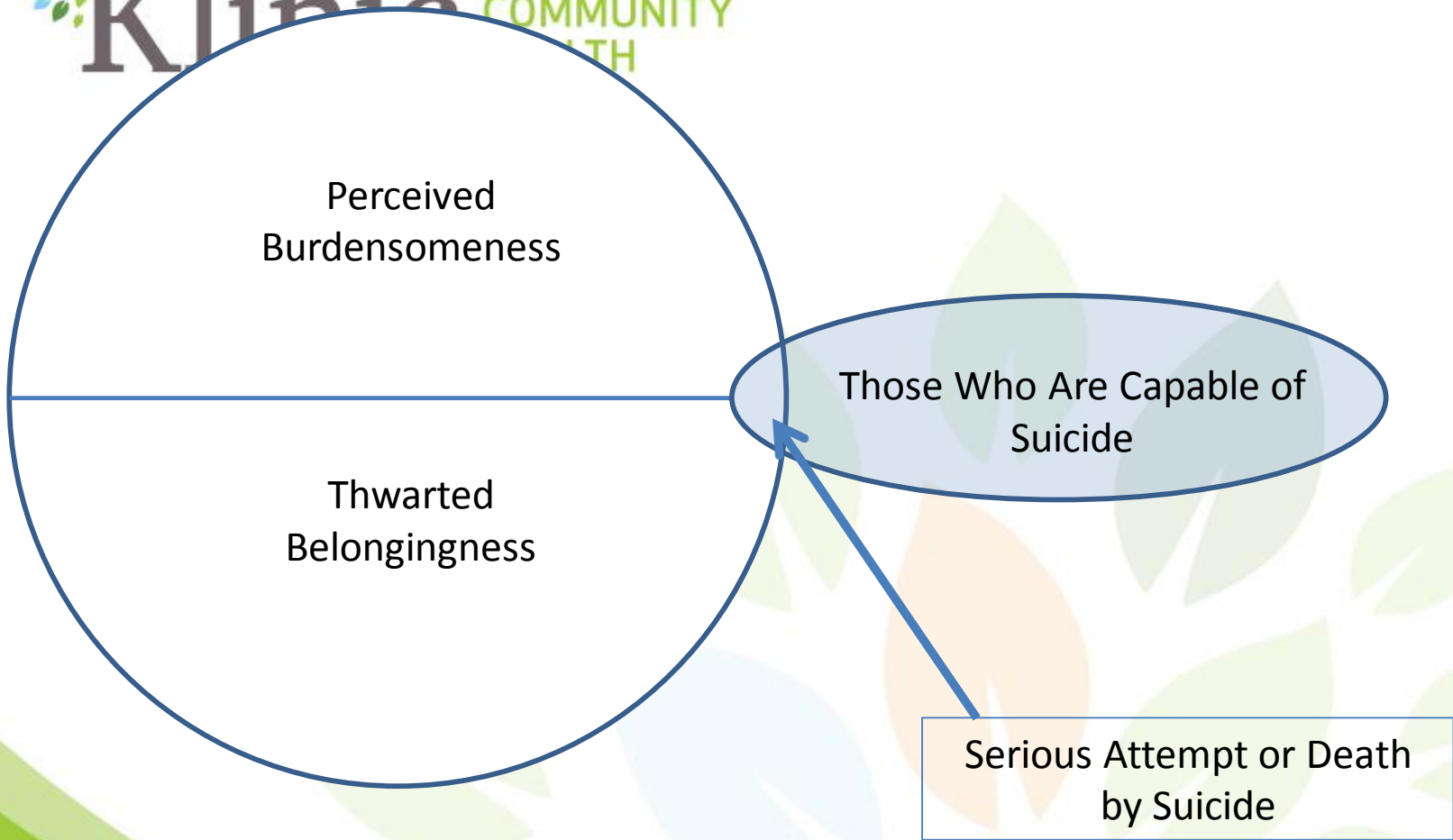


# Royal Road To Suicide

(Thomas Joiner)

- Past attempts
- Repeated injuries (child abuse)
- Repeated witnessing of pain, violence, injury (family, some professions)
- Repeated exposure to pain and provocation (military)
- Insomnia and agitation

In the suicidal mind, death becomes more comforting than frightening



Just Care. *For Everyone.*



- Although a cure is not always possible, healing always is...





**Connection** is necessary to bring hope.

**Compassion** must be present along with the suffering for there to be connection.

Connection can **calm** distress which can then increase cognitive fluency.



# Compassion.....

- It is having the felt sense of someone else's pain with the desire to alleviate it
- In compassion there is an implicit equality between people
- When the pain is emotional, we meet it in order to alleviate it – struggling against things tend only to make them worse



# The more direct the question, the more truthful the answer.....really?

- The more suicidal, the more likely someone is to withhold
- Actions speak louder than words – practiced the suicide, planned it out, acquired means, amount of time spent thinking and planning



# Not only what we ask but when we ask and how we ask (Shawn Shea, M.D.)

- **Behavioral Incidents** – specifics

Do you have a gun? Where is it? Have you taken it out? What was happening at that time?

- **Shame Attenuation** – through the clients eyes

Many people who are diagnosed with a life threatening illness lie to protect the people they love, have you ever had to do that? Given all of the pain you have been in, have you ever felt suicidal?



- **Gentle Assumption** – assumes and asks  
What drugs have you tried? What other ways have you thought of killing yourself?
- **Symptom Amplification** – used when people tend to minimize  
How many hours a day do you spend thinking about suicide, 8, 10, 15?
- **Denial of Specific** – used when a client denies a generic question  
What other drugs have you tried – none – have you tried cocaine? Have you ever thought of killing yourself with a gun?



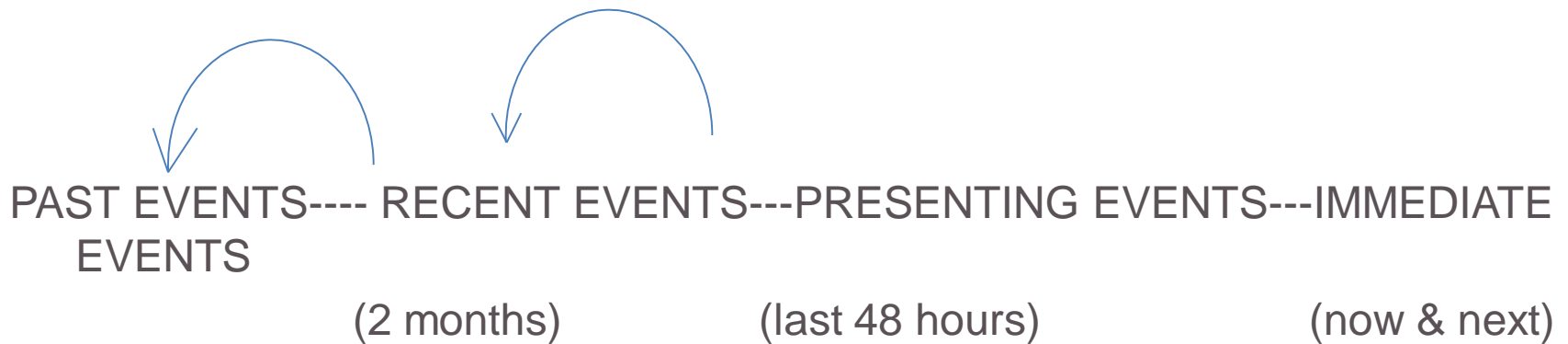
Stated Intent – what they say

Reflected Intent – actions and cognitions

Withheld Intent – 95/5 or 5/95

Real Intent – this is what we are trying to ascertain.

# This model moves back in time.....CASE approach (Shea)



Start Here



# Presenting Events (last 48 hours)

- What? How much? How many left? Intent? when, where? Real and perceived lethality? Drugs and alcohol? What stopped them? Did they initiate their own rescue? How where they found? How did they feel after that?





# Recent Events (last 6-8 weeks)

- Flexibly use gentle assumptions, denial of the specific. Attempting here to uncover all methods considered or tried.



# Past Events

(don't spend as much time on this)

- Previous attempts
- Number of attempts
- Most serious attempt



# Immediate Events (now and next)

Their thoughts now

Level of hopelessness

Desire and immediate intention

Plans

Actions



# What can help.....

- Hearing death hopes as well as living fears
- Social connection buffers suicide
- Access to immediate help.....
- A word about “contracts”



# If an attempt is in progress or imminent...

- 911 – police, ambulance, paramedics
- Hospital emergency department
- others.....



# If there is risk but it is not an emergency...

- <http://suicideprevention.ca/>

# A Response Following the Suicide of a Client or Patient



- What did you respect and appreciate about her/him?
- How did you honor her/him?
- How did she/he resist their circumstances?
- What difference did knowing this person make for you?
- What difference did you make in their life?
- How did you try to see this person and dignify them as a person?
- How can her/his life enter into your work to help others?



[www.klinik.mb.ca](http://www.klinik.mb.ca)



[facebook.com/KlinikCHC](https://facebook.com/KlinikCHC)



[twitter.com/@KlinikCHC](https://twitter.com/@KlinikCHC)

Just Care. *For Everyone.*