# **Outline**

#### **The Guiding Principles**

**Research on Suicide and Research Limitations** Research on numbers/methods/treatment Limitations of a "psychological autopsy" No causality in research

## **The Neurobiological Basis of Suicide**

#### Who Is At Risk?

Mental Disorders Depression Anxiety Trauma Psychosis Addictions Personality Disorders Other DSM-5<sup>®</sup> Considerations Social Stress Factors Adults Factors Adolescent Factors **Childhood Factors Psychological Vulnerabilities** Performance Anxiety **Emotional Constriction** Defenseless Personality Adaptive Suicide Protectors Maladaptive Suicide Protectors Fueling Emotions to Suicide and Self-Harm

#### Non Suicidal Self-Injury (NSSI) -**The Self-Harming Population**

All Behaviors Are Purposeful! Relief from: **Dissociative Conditions** Self-Hate **Emotional Constriction** Psychosis

Anxiety and/or Depression Loneliness, Isolation, Abandonment, Rejection

# **The Suicidal Population**

Suicide Rehearsal - The Seventh Goal of NSSI The Ideator Suicide Threats for Secondary Gain The Attempter/Completer

# Assessment of Risk

When to Hospitalize the Ideator Six Week Warning Signs for the Suicide Completer Six Day Warning Signs For the Suicide Completer

#### **Treatment Considerations for NSSI and Suicidal Populations**

Identify the Locus Of Pain Empathic Regard **Provide Alternatives** The Role Of Motivation **Reasons For Living** The Continuous Hope Providing Relationship Mindfulness **Relationship Effectiveness Opening Up Your Emotional Door Emotional Regulation** The Safety Plan The Crisis Plan Avoid "Contracts"

# The Therapist as a Survivor of Suicide

# **Objectives**

- 1. Implement a risk assessment strategy that helps clinicians determine which clients present the highest risk for suicide and self-harm.
- 2. Analyze the concept of suicide "contracts" and communicate their impacts on clients, clinicians, and clinical vigilance.
- 3. Explain how intent differentiates self-mutilation from suicide attempts and accurately identify the one form of self-mutilation that is a warning sign for potential suicide completion.
- 4. Implement techniques for effectively intervening in crisis situations and develop a strategy for determining when and how to hospitalize clients.
- 5. Articulate the role of addictions in the suicidal and self-mutilating population and employ a multi-faceted therapeutic approach that ensures client safety and addresses treatment of the addiction.
- 6. Determine the purpose behind self-injuring behavior and communicate how alternative coping strategies can be introduced in therapy to help clients manage triggering situations without engaging in self-harm.

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Assessment strategies to determine high risk

- Danger "contracts" with your clients
- Essential techniques with suicidal and self-harming clients
- Learn how "fear of litigation" severely detracts from our ability to help
- When to hospitalize and when to NOT

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# Suicide Self-Harm Stopping the Pain

Your client just revealed that she's having suicidal thoughts...what do you do?

Does she have a gun? Has she written letters? Picked a location? Have hope something will change and doesn't want to hurt family and friends?

Asking your client, "where do you hurt?" often reveals the focus of the suicidal intent or the purpose of self-harm behaviors. As a clinician, it's important to remember that even though you view suicide and self-harm behaviors as dysfunctional and maladaptive, your client views them as purpose-driven means of eliminating or managing unbearable levels of pain. For your client, these behaviors are beneficial, attractive, and helpful.

Even the most seasoned therapists struggle to develop an empathic view of their client's devastating methods of managing emotional pain. Learning how to help clients discover the sources of their pain and providing them with healthy options for solving and managing these struggles in their lives is the key to hope.

Through case studies observed in his 45 years as a counselor and suicidologist, Jack Klott brings to life the ideas, theories and concepts you need to help your clients:

- Identify the seven goals of self-harm
- Implement a risk assessment strategy to determine who presents the highest risk for suicide and self-harm
- Recognize the profound danger of engaging in "contracts" with your clients
- Discuss the four essential elements of therapy with suicidal and self-harming clients
- Understand how "fear of litigation" can severely detract from your ability to help the suicidal population

Join Jack for this one-of-a-kind seminar and learn how to help your clients confront the darkness of suicide and self-harm behaviors. Register today!

#### **Target Audience:**

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# **Meet Your Speaker**

# Jack Klott, MSSA, LCSW, CSWW, Suicidologist, and national

speaker has helped and educated tens of thousands in his 45 years of suicide and self-harm client work. Jack is a 35-year member of the American Association of Suicidology and was a founder of the Michigan Association of Suicidology (where he has been recognized for his contribution to suicide prevention in Michigan). He authored the national best-sellers The Suicide and Homicide Risk Assessment and Prevention Treatment Planner (Wiley, 2004), The Co-Occurring Disorders Treatment Planner (Wiley, 2006), and Suicide and Psychological Pain: Prevention That Works (PESI Publishing & Media, 2012). He is a popular and sought-after seminar speaker on suicide prevention, motivational interviewing, co-occurring disorders and the DSM<sup>®</sup>. Attendees rave about his unique teaching gift of weaving expertise, passion and compassion into practical, understandable and usable information.

Speaker Disclosure:

Financial: Jack Klott receives royalties as an author for PESI Publishing & Media and Wiley & Son Publishing. He receives a speaking honorarium from PESI, Inc.

Non-financial: Jack Klott is a member of the American Association of Suicidology; and the Michigan Association for Suicide Prevention

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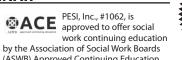


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# **Recommended Reading:**



Suicide and Psychological Pain Prevention That Works Jack Klott, MSSA, LCSW, CSWW, Suicidologist







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