Dealing with Distress:
Working with Suicide and Self-Harm
online training

by Carolyn Spring

Session Summaries | Reflection Questions | References | Notes

Session 1 – Introduction

Session summary – what will you learn?

→ Exploring the phenomenological experience of a person experiencing suicidal crisis
→ Understanding theories of causation of suicidality and how these can impact upon a person-centered approach to working with people who are suicidal
→ Gaining perspective on trends in rates, methods and demographics of death by suicide in the UK
→ Exploring the characteristics of demographic groups at high risk for suicide
→ Exploring the limitations of applying 'suicide risk factors' based on wide demographics to individuals

Reflection Questions

1. Why do you think three times more men kill themselves compared to women?

2. Do you believe that recovery is possible for everyone, or just for a few?

3. What is your theory of suicide?

Overall Learning Reflection from this session

Session 2 – The nature and pathway of suicide

Session summary – what will you learn?

→ Exploring the factors from pre-birth through to adulthood that increase the risk of suicide in an individual's life, including genetic, in utero neurochemical exposure, birth trauma, family history of suicide, adverse childhood experiences (ACES), attachment, socioeconomic factors, alcohol and drug use, mental illness, and current distress triggers
→ Exploring the 3 A's of suicidality – alone, alcohol and agitation
→ Exploring the work of Edwin Shneidman and his cubic model of suicide – the 3 P's of pain, press and perturbation
→ Exploring the work of David Jobes to expand the cubic model to 6 measures and the 'Suicide Status Form' as part of the CAMS framework (Collaborative Assessment and Management of Suicidality)
→ Introducing the concept of completed suicides being driven by a neurobiological state known as 'the suicidal mode'
→ Exploring the limitations of common assessments such as CORE-OM for predicting risk of suicide
→ Introducing the limitations of the Government's assessment of suicide risk based on high-risk groups and the 'prediction-prevention model'

Reflection Questions

1. How would you go about assessing risk?

2. What makes you most anxious in working with suicidal people?

3. Do you think that suicide can (or even should) be predicted and prevented?

Overall Learning Reflection from this session

Session 3 – The risk of risk

Session summary – what will you learn?

→ Exploring the unintended 'risk of risk' of the prediction-prevention model and its tendency to promote anxiety-driven behaviours from professionals
→ Exploring how the prediction-prevention model may result in responses of too little (avoidance) or detention (too much)
→ Exploring how psychiatric detention can increase distress and powerlessness and thus increase the risk of suicide
→ Exploring the possibility of a shame and blame response to people with active suicidal feelings
→ Exploring the assessment-diagnosis-treatment model and its focus on pathology and risk rather than the relief of human suffering and distress
→ Exploring alternative ways of conceptualising suicidal feelings other than as an expression of mental illness
→ Exploring the NICE guidelines for self-harm and their early emphasis on mental capacity rather than mental distress

Reflection Questions

1. To what degree do you believe that suicide can be prevented?

2. Do you believe that suicide should always be prevented?

3. In what practical ways can you relieve distress and increase someone's sense of safety when they are feeling suicidal?

Overall Learning Reflection from this session

Session 4 – The neurobiology of suicide and self-harm

Session summary – what will you learn?

→ Exploring the neurobiology of the 'suicidal mode'
→ Understanding three key characteristics of the 'suicidal mode'
→ Exploring the overlap between the 'suicidal mode' and traumatic brain states
→ Understanding the dual neurobiological states of 'danger mode' versus 'daily life mode' and how suicidality represents a vicious cycle of activation of 'danger mode'
→ Exploring the relevance of the trauma traffic light (polyvagal theory) to suicidality
→ Exploring self-harm in terms of the trauma traffic light and a neurobiological need to escape the agitation of the amber zone by self-inducing the red zone

Reflection Questions

1. What is your experience of working with people who self-harm?

2. When someone has self-harmed, what is their usual response towards themselves?

3. How might this be part of the vicious cycle too?

Overall Learning Reflection from this session

Session 5 – The traffic light approach

Session summary – what will you learn?

→ Exploring the neurobiological value and intent of self-harm as a possible attempt to avert suicide rather than as a prelude to it
→ Examining the neurobiological vicious cycle of self-harm and how instead via key autonomic and relational interventions it can segue into a virtuous cycle of soothing
→ Exploring how to use the trauma traffic light to both manage suicidal distress and also to assess suicidal risk
→ Introducing the concept of the suicidal mode as 'blue zone' and its neurobiological characteristics, including its correlates to trauma
→ Exploring how the current prediction-prevention model conflates amber, red and blue zones and how instead to tease them apart for more useful risk assessment and response
→ Exploring the intersubjective neurobiological nature of the autonomic nervous system and how to use the green zone to mitigate suicidal distress

Reflection Questions

1. Are you aware of signs that you're going out of green zone, for example into amber? What are these signs?

2. What strategies work for you personally to bring you back into the green zone?

3. Are your current self-care and supervision practices sufficient to keep you in the green zone? What could be improved?

Overall Learning Reflection from this session

Session 6 – The emergency box

Session summary – what will you learn?

→ Exploring the idea of developing an 'emergency box' when faced with suicidal crisis and how this relates to specific suicidal 'blue zone' brain states
→ Mapping three front brain areas (dorsolateral prefrontal cortex, medial prefrontal cortex, right orbitofrontal cortex) to discrete and targeted suicide-prevention strategies, with practical applications

Reflection Questions

Look at the summary of the impairments of each of the three different areas of the front brain (see next page) and consider ...

1. What practical things can you do, or suggest be added to an emergency box, to bring the front left brain online?

2. How about the front middle brain?

3. And finally the front right brain?

Overall Learning Reflection from this session

THREE PARTS OF THE BRAIN: IMPAIRMENTS DURING THE 'SUICIDAL MODE'

Front left brain
DESPAIR

- Impaired timekeeping
- Impaired problem-solving
- Impaired sequencing and planning
- Impaired memory (e.g. for what helped in the past)
- Impaired impulse control
- Loss of reference points for what's normal (e.g. reality testing, evaluation of others' intentions, expectations of outcomes)
- Impaired speech and language

Front middle brain
DISSOCIATION

- Lack of grounding and centeredness – experiences of dissociation
- Sense of body as 'other' (e.g. out of body experiences)
- Failure of mindsight – to 'just notice' thoughts and feelings
- Failure to mentalise – reflective function (see yourself from the outside-in and others from the inside-out)
- Loss of empathic capacity
- Impaired ability to execute a plan

Front right brain
DISENGAGEMENT

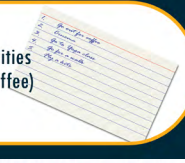
- High levels of emotional distress
- Hyperarousal (amber zone)
- Emotional states experienced somatically rather than verbally ('wordless terror')
- Mental state is overwhelming to both self and others
- Breakdown of effective care-seeking strategies (e.g. stuck in 'flight' or 'fight')

EMERGENCY BOX

Photos of important places

Transitional objects (e.g. pebble)

List of phone contacts and script



Cards of activities (e.g. go for coffee)

Book to read

Smells (e.g. perfume, mint)

Cards/letters/words of encouragement

Menu/recipe idea

Favourite film

Reasons for living list

Something soft/warm to hold (e.g. blanket, hot water bottle)

Session 7 – Relational dysfunction

Session summary – what will you learn?

→ Exploring the impact of working with suicidal clients on professionals' own wellbeing
→ Exploring how the suicidal mode impacts the social engagement system of the ventral vagus and thus erodes relational capacity and effective help-seeking
→ Exploring the phenomenological presentation of relational disturbance in suicidal distress, including in attachment terms
→ Exploring the impact of rescuing and toxic relational dynamics in supporting people who are suicidal
→ Understanding the neurobiological erosion of empathy and perspective-taking capacities in people experiencing suicidal distress
→ Exploring the need to learn strategies for regulating emotion and tolerating distress rather than simply reducing risk
→ Exploring a spectrum of responses to suicidal clients, from avoidance and abandonment to rescuing
→ Exploring how to avoid battleground scenarios between professional and client with one advocating for life and the other for death

Reflection Questions

1. Have you ever got into a cycle of giving more and more to a client and it having less and less effect?

2. What kind of boundaries do you think need to be in place to sustain this kind of work long-term?

3. How do you get out of the battle between "I want to die" versus "I want you to live"?

Overall Learning Reflection from this session

Session 8 – Relieving distress

Session summary – what will you learn?

→ Understanding the tendency of suicidal clients to become 'revolving-door patients'
→ Reframing suicidal and self-harming behaviours not as the problem itself, but as attempts to solve the problem; identifying instead the core problem
→ Exploring non-pathologising and alternative responses to suicide and self-harm which are focused on reducing distress
→ Exploring the use, limitations and risks of medication such as anti-depressants in tackling suicide and self-harm
→ Understanding the need to develop 'pain-handling skills' and challenging prevalent societal myths of specialness, fairness and success
→ Understanding the two axes of mental disorder as presented in the DSM (Diagnostic and Statistical Manual)
→ Exploring 'borderline personality disorder' as presented by the DSM as a pervasive axis-2 disorder, the inherent hopelessness of this classification, and the resulting systemic reinforcement of suicidal and self-harming behaviours of such a framework
→ Exploring Carol Dweck's work, the differences between fixed and growth mindsets, and the relevance of this to developing affect regulation skills in the context of suicide and self-harm.
→ Considering the validity of mental health labels in the context of little or no opportunity to develop affect regulation skills

Reflection Questions

1. Do you tend to have a 'fixed' or a 'growth' mindset?

2. Thinking of the suicidal people you know or have worked with, what have been the underlying drivers for their distress?

3. How do you conceptualise your role in helping people develop 'skills to manage distress'?

Overall Learning Reflection from this session

Session 9 – Becoming an emotional athlete

Session summary – what will you learn?

→ Exploring how to work with the inherent ambivalence of the suicidal person via allying with their goals to reduce distress
→ Exploring expressions of contracting with a suicidal client based on collaboration rather than conflict
→ Exploring systemic reasons (such as collusion and rescuing) for why some people struggle to make progress
→ Considering how to take life from the minus 10 of suicidality to the plus ten of becoming an emotional athlete

Reflection Questions

1. How can you contract with your suicidal clients so that you're letting them battle with their own ambivalence rather than taking sides for them? (Note: see next page for transcript of contracting discussion during session.)

2. Do you tend to focus on the size of the earth, or the length of the lever?

3. Are you limiting your clients in any way because of a lack of belief in them? How can you support them without doing things for them?

Overall Learning Reflection from this session

CONTRACTING AROUND SUICIDE – TRANSCRIPT

What are we here for?

We're not here for me to be sympathetic, although I will be. We're not here just for me to 'care', although I will care. We're not here just to 'remember the memories' and tell the story, although I'm sure that'll happen. We're not here for me to be a listening ear, although I will listen and I will do it to the best of my abilities. We're not here for me to wave a magic wand, although if I had one I would.

I am here to ally with your goal – the goal you're expressing by feeling suicidal – of reducing your distress. And sometimes it may not look like that's what I'm doing, because I won't respond the way you want me to or think I should. Sometimes I won't rescue you from your feelings, because I want to teach you ways of managing your feelings for yourself, and to do that in ways that will work for you in the long-term.

There are lots of ways to reduce your distress in the short-term, like self-harm. But either they come at a cost – higher distress in the long-term – or they wear off. And then if it's me that's given you that pain relief, you'll be dependent on another shot from me. And that's going to be painful for the other 6 days of the week, and when I'm on holiday, or when we stop working together. I'm not up for short-term fixes that don't work in the long-term.

I'm committed to allying myself with your goal of reducing your distress. If you don't commit to reducing your distress, then there's nothing I can do to help you. But the fact you're feeling suicidal tells me that if necessary you will die to relieve your distress. So I think you're well motivated to do this work.

I cannot work with you and help you if you're not alive. So if you want to work with me, you have to stay alive. If I'm anxious all the time about whether you're going to be alive later, I won't be very effective at helping you. Anxiety stops me being effective. So it will help me to help you if we work on relieving your distress in other ways other than by attempting suicide.

I know you're conflicted about wanting to die: that's the nature of being suicidal. Part of you wants to live, which is why you're here. And part of you wants to die – to make the pain go away. But what you're NOT conflicted about is wanting to relieve the pain. ALL of you wants to relieve the pain. You're just conflicted about the best of way of doing it.

I can help you find other ways that are more effective. Sometimes they take a little while to work and we have to be patient. But just because something hasn't worked yet doesn't mean to say it won't. There are lots of effective ways to relieve pain and if one doesn't work we'll find another: we don't give up.

The conflict in you about how to relieve that pain is a conflict in you. Let's not make it a conflict between us. Because I am on your side. I am allied to your goal of reducing your distress. So I will not fight you. Your choice to live or to die is your choice, not mine. I can't make you do either. The big question is not: 'live or die?' The big question is: 'how to reduce this pain?' Suicide is one way of doing that. But it just passes the pain onto other people.

I will help you relieve your distress; I will help you carry it; but I will not carry it for you. Do you want to work together to relieve your distress? I do.

Session 10 – Going to the moon

Session summary – what will you learn?

→ Exploring three facets of becoming an emotional athlete
→ Considering the limitations of sympathy and understanding, and the contrastive role of agency and empowerment

Overall Learning Reflection from this session and the entire course

References / Additional Resources (1)

SESSION 1

- Transition to peace leaves children of the Northern Irish Troubles more vulnerable to suicide by Michael Tomlinson: https://blogs.lse.ac.uk/politicsandpolicy/northern-ireland-suicide-tomlinson/
- Office for National Statistics:
  - Suicides in 2016: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2016registrations
  - Suicides in 2017: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2017registrations
  - Suicides in 2018: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations
  - Suicides in 2019: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2019registrations
- On Suicide by Emile Durkheim: https://amzn.to/3vT2zY9
- Suicide as escape from self by Roy Baumeister: https://pubmed.ncbi.nlm.nih.gov/2408091/
- An Overview of Beck's Cognitive Theory of Depression in Contemporary Literature by Josiah P Allen: http://www.personalityresearch.org/papers/allen.html
- Cognitive Therapy and the Emotional Disorders by Aaron Beck: https://amzn.to/33kYol7
- Methods of suicide: international suicide patterns derived from the WHO mortality database: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2649482/

SESSION 2

- 5-HTTLPR gene risk for suicide
  - Association between serotonin transporter gene polymorphisms and increased suicidal risk among HIV positive patients in Uganda: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5526289/
  - The influence of the serotonin transporter gene 5-HTTLPR polymorphism on suicidal behaviors: a meta-analysis: https://pubmed.ncbi.nlm.nih.gov/30125622/
- The dexamethasone suppression test and suicide prediction: https://pubmed.ncbi.nlm.nih.gov/11329397/
- Perinatal origin of adult self-destructive behaviour: https://pubmed.ncbi.nlm.nih.gov/3425362/
- Bereavement by suicide as a risk factor for suicide attempt: https://bmjopen.bmj.com/content/6/1/e009948
- ACES Study:
  - Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adulthood: https://www.ajpmonline.org/article/S0749-3797%2898%2900017-8/fulltext
  - Reflections on the Adverse Childhood Experiences (ACE) Study by Vincent Felitti: https://www.youtube.com/watch?v=-ns8ko9-IjU

References / Additional Resources (2)

- Associations of adverse childhood experiences and suicidal behaviours in adulthood in a US nationally representative sample: https://www.ncbi.nlm.nih.gov/pubmed/30175459

- Alcoholism and suicide
  - Suicidal Behaviour and Alcoholism: https://www.ncbi.nlm.nih.gov/pubmed/20617037
  - Alcohol Dependence and Suicide: https://www.suicideinfo.ca/resource/alcoholandsuicide/
  - Suicidal Behaviour and Alcohol Abuse: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872355/
- David Jobes, CAMS Model
  - Managing Suicidal Risk by David Jobes: https://amzn.to/2NeQYhg
  - David Jobes speaking on the CAMS approach: https://www.youtube.com/watch?v=RaBhgJagYtw
  - Clinical assessment and treatment of suicidal risk: A critique of contemporary care and CAMS as a possibly remedy by David Jobes: https://tinyurl.com/davidjobesstudy
- Definition of Suicide by Edwin Shneidman: https://amzn.to/3f6qjBo
- The Suicidal Mind by Edwin Shneidman: https://amzn.to/3vLWAUS
- Suicide Prevention:
  - Can we really prevent suicide?: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492539/
  - The Interpersonal Theory of Suicide: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3130348/
  - The Suicidal Mode: A Cognitive-Behavioural Model of Suicidality: https://www.researchgate.net/publication/12533492_The_Suicidal_Mode_A_Cognitive-Behavioral_Model_of_Suicidality
  - Preventing suicide in England (Government Strategy 2012): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf
  - Counselling Suicidal Clients by Andrew Reeves: https://amzn.to/2RBJf2v

SESSION 3

- Managing Suicidal Risk by David Jobes: https://amzn.to/3usPtk1
- Building a Therapeutic Alliance with the Suicidal Patient by David Jobes and Konrad Michel: https://amzn.to/2PVfDg8
- The Mental Health Act 1983 by Rethink: https://www.rethink.org/advice-and-information/rights-restrictions/mental-health-laws/mental-health-act-1983
- The Mental Health Act by Carolyn Spring: https://www.carolynspring.com/blog/caring-for-yourself
- NICE Guidelines: Preventing suicide in community and custodial settings: https://www.nice.org.uk/guidance/ng105

References / Additional Resources (3)

- NICE Guidelines: Self-harm in over 8s: short-term management and prevention of recurrence: https://www.nice.org.uk/guidance/cg16

SESSION 4

- Neurobiology and patient-oriented models of suicide – a contradiction? In Building a Therapeutic Alliance with the Suicidal Patient edited by Konrad Michel & David Jobes: https://amzn.to/33s1Z7e
- An fMRI study on mental pain and suicidal behaviour: https://pubmed.ncbi.nlm.nih.gov/20434779/

SESSION 8

- The Doctor Who Gave Up Drugs by Dr Chris van Tulleken: https://www.bbc.co.uk/programmes/b0b4nykn
- Efficacy of antidepressants in juvenile depression: meta-analysis: https://pubmed.ncbi.nlm.nih.gov/18700212/
- DSM-5: https://www.psychiatry.org/psychiatrists/practice/dsm
- Borderline Personality Disorder (BPD): In the Midst of Vulnerability, Chaos, and Awe: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6266914/
- Mindset by Carol Dweck: https://amzn.to/3eZjmBN

SESSION 9

- The Power of Failure by Kyle Maynard: https://www.youtube.com/watch?v=x4WN1QVwq9k
- No Arms and No Legs Climbing Mount Kilimanjaro by Kyle Maynard: https://www.youtube.com/watch?v=LuH4sK25AwE
- Overcoming hopelessness by Nick Vujicic: https://www.youtube.com/watch?v=6P2nPI6CTIc

SESSION 10

- John F. Kennedy Moon Speech (1962): https://www.youtube.com/watch?v=TuW4oGKzVKc

Notes

Info and links

'Dealing with Distress: Working with Suicide and Self-Harm' online training by Carolyn Spring

Quick course links

The course is available to purchase at www.carolynspring.com/shop/dwd-online-training.
To find your purchased courses at any time go to www.carolynspring.com/online-training/my-courses.
For troubleshooting go to www.carolynspring.com/faq/#platform. As a first step, always make sure you're logged in first.
Your certificate is available once you have marked all lessons as complete from www.carolynspring.com/online-training/my-courses.
To download all the resources associated with the course go to www.carolynspring.com/lesson/dwd-resources.