Do I Really Want to Hurt Myself?

Exploring Suicidal OCD vs. True Suicidality

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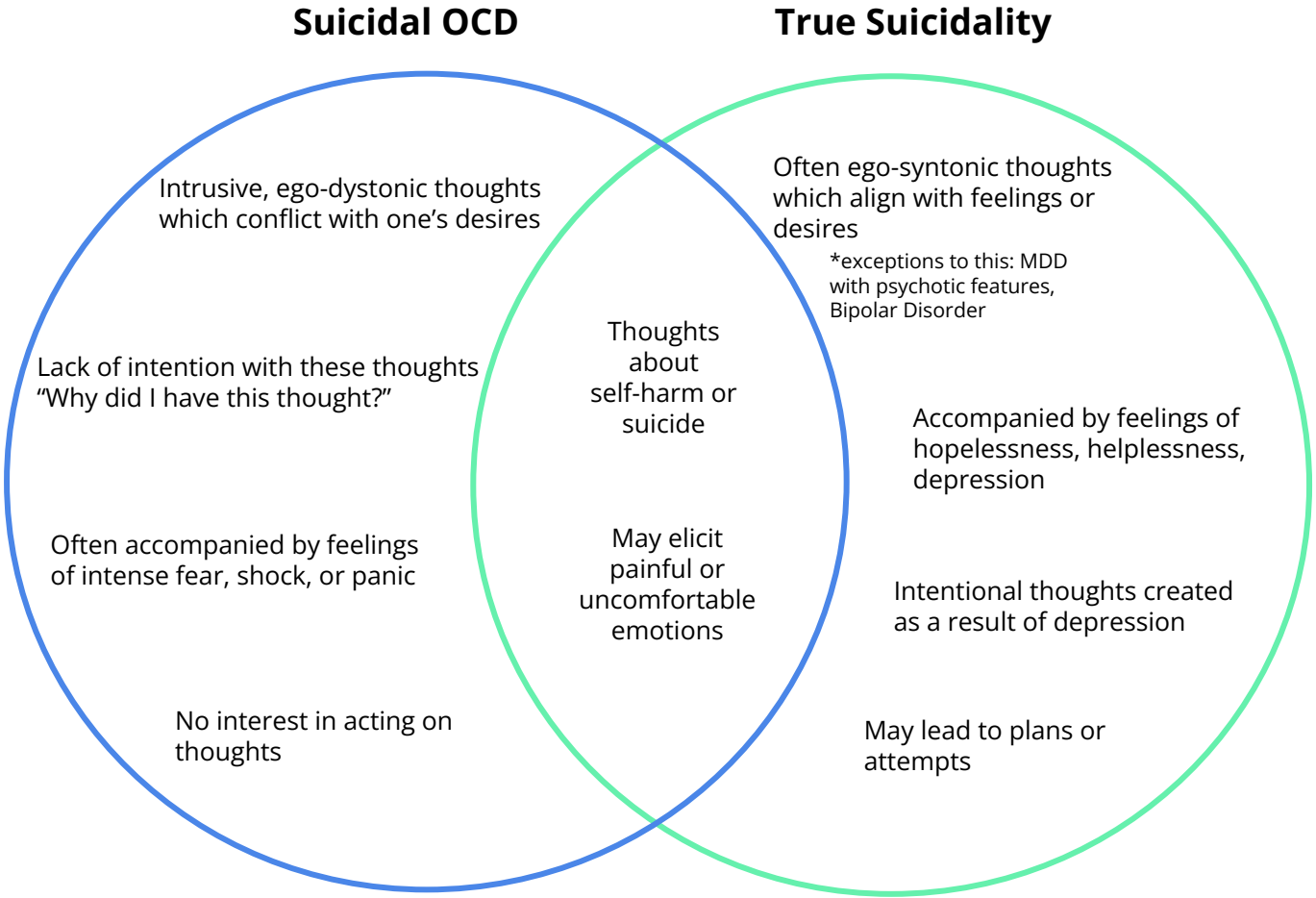
The Importance of this Topic

- Taboo nature of both suicidal OCD and true suicidal ideation
- General lack of understanding about what Suicidal OCD is
- Careful assessment of both is critical to inform treatment directions
- Risks of harm to individuals when not assessed correctly

Learning Objectives

1) Attendees will be able to identify differences in symptom presentation between true suicidality and suicidal OCD.
2) Attendees will learn about possible obsessions present with suicidal OCD.
3) Attendees will learn about possible compulsions present with suicidal OCD.
4) Attendees will hear examples of various exposure ideas for treatment of suicidal OCD.
5) Attendees will gain knowledge on suicidal ideation assessment and safety implementation.

Overview of Suicidal OCD vs True Suicidality


Suicidal OCD
True Suicidality
Intrusive, ego-dystonic thoughts which conflict with one's desires
Lack of intention with these thoughts "Why did I have this thought?"
Often accompanied by feelings of intense fear, shock, or panic
No interest in acting on thoughts
Thoughts about self-harm or suicide
May elicit painful or uncomfortable emotions
Often ego-syntonic thoughts which align with feelings or desires
*exceptions to this: MDD with psychotic features, Bipolar Disorder
Accompanied by feelings of hopelessness, helplessness, depression
Intentional thoughts created as a result of depression
May lead to plans or attempts

Suicidal OCD - Obsessions

- Intrusive thoughts & images
  - What if I lose control and hurt myself somehow?
  - Do I really want to die?
  - There must be something wrong with me for having these thoughts
  - What if this isn't really OCD? Am I actually depressed?
  - I read about someone who killed themself - could that happen to me, too?
  - Graphic or detailed images of hurting oneself or dying
- Ego-dystonic urges or impulses in triggering situations
  - Urge to drive car off the road when on highway, stab self when seeing knife
- Sensations
  - Wrist tingling when seeing knife

Suicidal OCD - Compulsions

- Avoidance
- Mental review/checking for self-reassurance
- Reassurance seeking from others
- Rumination and attempting to solve suicidal obsessions
- Prayer
- Confession
- Comparison (to others who have true SI)

Treatment for Suicidal OCD

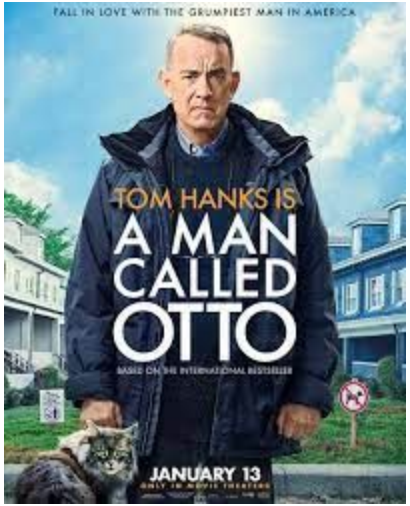
Exposure & Response Prevention
Acceptance & Commitment Therapy
Inference-Based Cognitive Behavioral Therapy


1883 SISTERS OF MT. CARMEL 1883

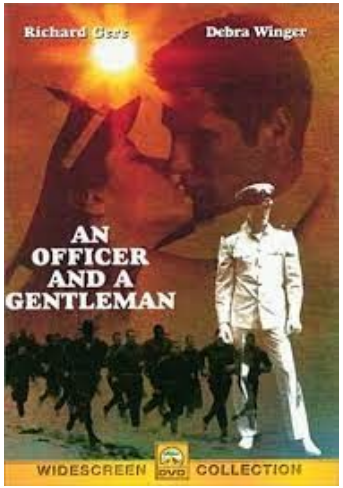
Treatment for Suicidal OCD: Exposure & Response Prevention (ERP)

Exposure Ideas:

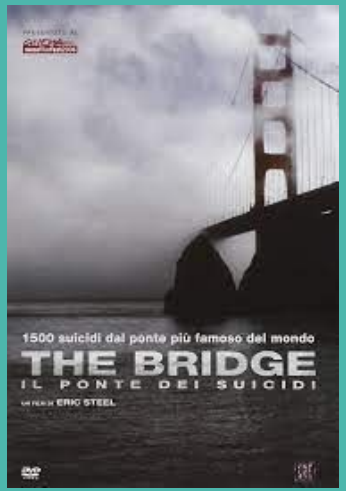
- Reducing avoidance; approach triggers (places, items)
  - Hold knives while cooking
  - Drive over bridges
  - Stand near windows in tall buildings
  - Visit the cemetery
  - Take daily medications as prescribed
- Draw picture of feared object or self-harm
- Red marks on skin
- Watch movies, television shows, documentaries about suicide

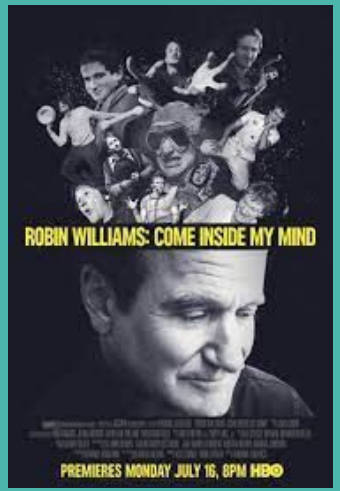

FALL IN LOVE WITH THE GRUMPIEST MAN IN AMERICA
TOM HANKS IS
A MAN CALLED OTTO
JANUARY 13

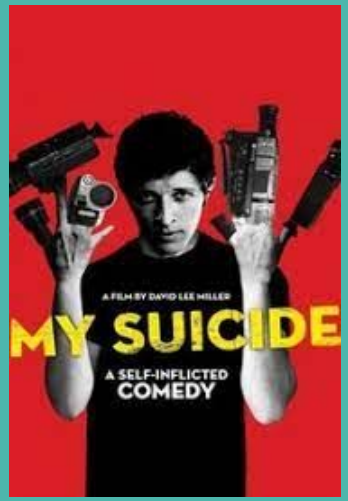

A STAR IS BORN


Richard Gere
Debra Winger
AN OFFICER AND A GENTLEMAN
WIDESCREEN COLLECTION


13 REASONS WHY
IF YOU'RE LISTENING, YOU'RE TOO LATE
MARCH 31 | NETFLIX


1500 suicidi dal ponte più famoso del mondo
THE BRIDGE
IL PONTE DEI SUICIDI
ERIC STEEL

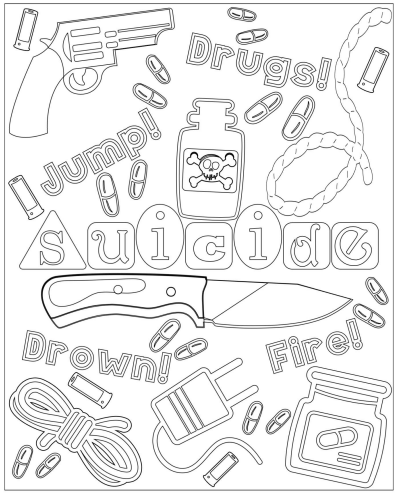

ROBIN WILLIAMS: COME INSIDE MY MIND
PREMIERES MONDAY JULY 16, 8PM HBO

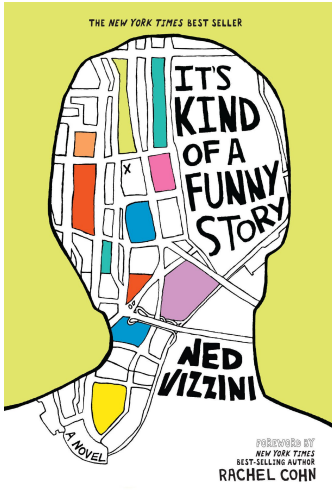

A FILM BY DAVID LEE MILLER
MY SUICIDE
A SELF-INFLICTED COMEDY

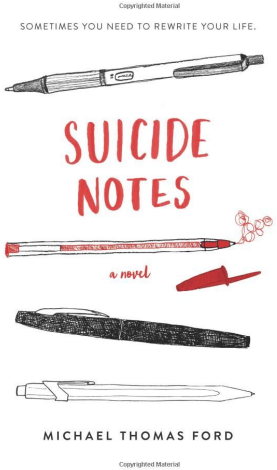
Treatment for Suicidal OCD: Exposure & Response Prevention (ERP)

Exposure Ideas:

- Listen to songs about self-harm and suicide
- Read obituaries/stories about celebrities that have died by suicide
- Read books about suicide
- Say or write the word suicide
- Doodling and coloring the word suicide
- Coloring pages
- Imaginal scripts


Drugs!
Jump!
Suicide
Drown!
Fire!


THE NEW YORK TIMES BEST SELLER
IT'S KIND OF A FUNNY STORY
NED VIZZINI
A NOVEL
FOREWORD BY NEW YORK TIMES BEST-SELLING AUTHOR RACHEL COHN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SOMETIMES YOU NEED TO REWRITE YOUR LIFE.
SUICIDE NOTES
a novel
MICHAEL THOMAS FORD
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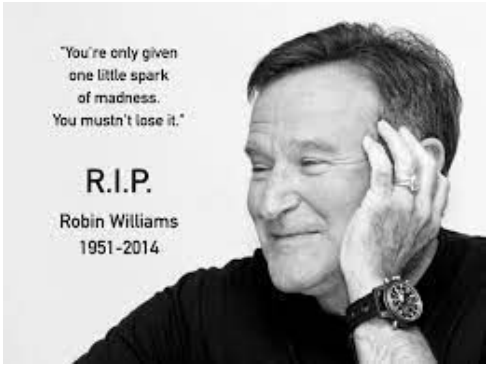

"You're only given one little spark of madness. You mustn't lose it."
R.I.P.
Robin Williams
1951-2014


adam's song
blink-182-

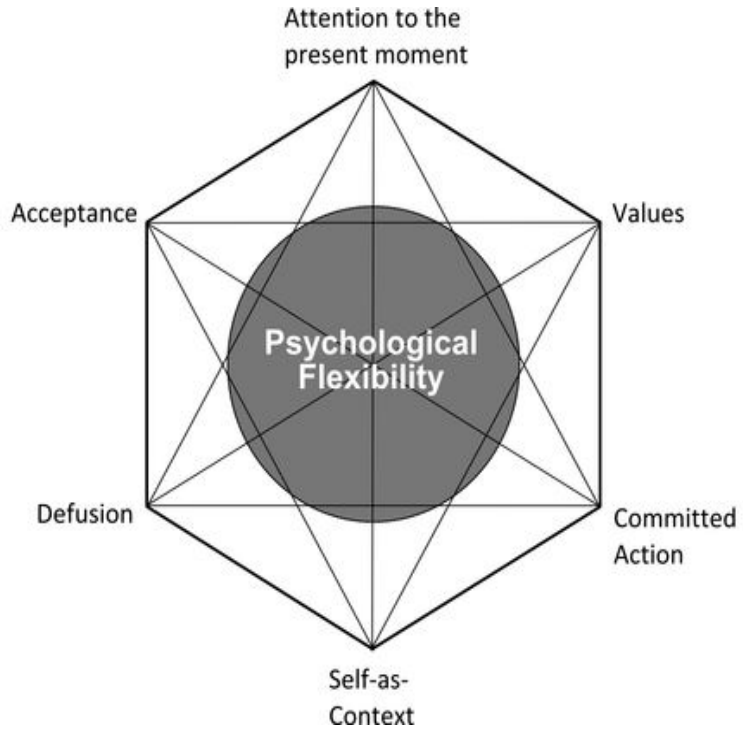

R.E.M.
EVERYBODY HURTS


the fray
how to save a life
(ruston remix)

Treatment for Suicidal OCD: Response Prevention Strategies

- Delaying/Postponing Rituals
- Stimulus Control
- Opposite action
- “Undoing” rituals
- Mindfulness
- Non-Engagement Responses
- Contingency Management
- Tracking Systems

Treatment for Suicidal OCD: Acceptance & Commitment Therapy (ACT)

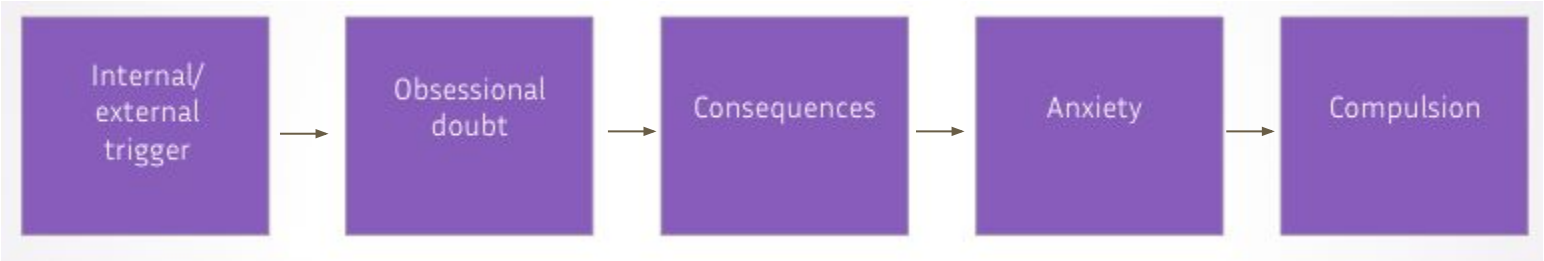


Treatment for Suicidal OCD: Acceptance & Commitment Therapy (ACT)

- Acceptance
  - Open yourself up to all internal experiences including thoughts and feelings
- Thought Defusion
  - Create space between you and your thoughts
  - Hands as Thoughts activity
- Mindfulness
  - Bring your attention back to the present moment
  - Notice what is happening NOW
- Values
  - Identify how you want to live your life; not how OCD wants you to live your life

Treatment for Suicidal OCD: Inference-Based Cognitive Behavioral Therapy (I-CBT)

- I-CBT Conceptualization
  - Obsessions are not so random; obsessions are actually inferences
  - Obsessions are a result of a faulty reasoning process
  - Treatment address the reasoning process that leads to the doubt; it does not challenge the doubt itself
  - Treatment resolves inferential confusion
- The Obsessional Sequence



Treatment for Suicidal OCD: Inference-Based Cognitive Behavioral Therapy (I-CBT)

- The Logic Behind OCD
  - Facts, Rules, Hearsay, Personal Experiences, It's possible!
  - These details create our Obsessional Story
  - OCD is built 100% in the imagination therefore is irrelevant to the here-and-now
- The OCD Bubble
  - When we leave reality and cross over into our imagination
  - We lose contact with our senses and are less safe in the bubble
- The Vulnerable Self Theme vs The Real Self
  - The VST or Feared Self is who we fear becoming; it explains why these obsessions become sticky
  - For suicidal thoughts, it might be someone that could cause harm, cause pain to others or lose control.
  - The VST goes against or Real Self or Authentic Self

Treatment for True Suicidal Ideation

Overview of Warning Signs

WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:

- Wanting to die
- Great guilt or shame
- Being a burden to others

FEELING:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:

- Making a plan or researching ways to die
- Withdrawing from friends, saying good bye, giving away important items, or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

National Suicide Prevention Lifeline
1-800-273-TALK

Crisis Text Line
Text "HELLO" to 741741

NIH National Institute of Mental Health

www.nimh.nih.gov/suicideprevention

Special Considerations with Suicide Risk in Youth

- Second leading cause of death (ages 15-24)
- Younger children are more impulsive; may express feelings of sadness, confusion, anger or may struggle with hyperactivity/inattentiveness
- Teenagers may express irritability, self doubt, pressure to perform, financial challenges
- “Missed” warning signs:
  - changes in eating or sleeping habits
  - frequent or pervasive sadness
  - withdrawal from friends, family, and regular activities
  - frequent complaints about physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc.
  - decline in the quality of schoolwork
  - preoccupation with death and dying

Assessing versus Screening Risk for True Suicidal Ideation

- If not understood by a clinician, can increase the risk for the client.
- Screen Risk: used to quickly identify the patients “risk” of suicide in the future
  - PHQ- (Patient Health Questionaire) Free online; however, more aimed for depression. Can be used for adults; a modified version available for ages 12-18
  - ASQ (Ask Suicide-Screening Questions); Adults and Youth; free online with “kits”
  - C-SSRS (Columbia Suicide Severity Rating Scale): no training needed to use; can be used for ages 6+; also very thorough

Assessing versus Screening Risk for True Suicidal Ideation

- Assessment: More in-depth; suicide assessment tools, clinical interview, and requires extensive suicide knowledge to perform properly
  - Used more for patients with higher risk of attempting suicide
  - Plan is created (NEVER use the term “suicide contract”- it is a legal term)
  - CAMS (Collaborative and Management for Suicidality)
    - Training is required for proper administration
    - Evidenced based treatment for suicidality
    - Assessment plus Treatment
    - I might be biased, but it is THE BEST

IMPORTANT: ASSESSMENT IS NOT TREATMENT

So what do we do when BOTH Suicidal OCD and True Suicidality are present?

Treatment When Both are Present

- A research study completed in 2016 concluded that suicide risk is 10x higher for individuals with OCD compared to individuals who do not have OCD (de la Cruz et al., 2016).

- Far too often clinicians are NOT asking about suicide risk; not only with OCD.

- Children with OCD also need to be screened

de la Cruz, L. F., Rydell, M., Runeson, B., D'Onofrio, B., Brander, G., Rück, C., . . . Mataix-Cols, D. (2016). Suicide in obsessive–compulsive disorder: a population-based study of 36 788 Swedish patients. *Molecular Psychiatry*.

Treatment When Both are Present

- Screen throughout treatment; EVERY SINGLE SESSION
- Your clinical judgment will NEVER be as unbiased and sufficient as a screening tool
- Refer out depending upon the severity of the suicidal risk AND/OR seek hospitalization or a residential facility

Co-Morbidities and Suicide Risk

Special Considerations with Co-Morbidities

- Suicide is most common with mood disorders, Major Depressive Disorders, and Bipolar Disorder. Co-morbities with OCD increases the risk

- Suicidal risk needs further attention with those who struggle with sexual/religious themes AND have a comobidity of MDD, PTSD, or substance abuse (Torres et al., 2011.) Another study claims that contamination themes have higher suicidal risk (Chaudary et al., 2016.)

- Overdose is the top preferred method; it is believed to be related to the access to medications

Torres, A. R., Ramos-Cerqueira, A. T., Ferrao, Y. A., Fontenelle, L. F., do Rosario, M. C., & Miguel, E. C. (2011). Suicidality in obsessive-compulsive disorder: prevalence and relation to symptom dimensions and comorbid conditions. *J Clin Psychiatry, 72*(1), 17-26; quiz 119-120. doi:10.4088/JCP.09m05651blu

Chaudhary RK, Kumar P, Mishra BP. Depression and risk of suicide in patients with obsessive-compulsive disorder: A hospital-based study. Ind Psychiatry J. 2016 Jul-Dec;25(2):166-170. doi: 10.4103/ipj.ipj_63_16. PMID: 28659695; PMCID: PMC5479089.

Treatment with Co-Morbidities

- Treatment is not one size fits all. However, with suicide you ALWAYS need to address this first.

- Involve family/friends/loved ones into treatment. Communicate with previous providers or current providers who are treating the other therapeutic presentation.

- Protect yourself. 25 % of family members of suicidal patients take legal actions against the patient's mental health treatment team (Meichenbaum, 2008.)

Meichenbaum, D., 2008. 35 Years of Working with Suicidal Patients: Lesson Learned. http://melissainstitute.org/documents/35_Years_Suicidal_Patients.pdf

Resources

Apps:

- NOT OK: User adds “trusted contacts” and when they do not feel “ok”, they push a button on their phone and it connects with these contacts

- VIRTUAL HOPE BOX: Helps clients with coping skills (may need to walk through this so this is not used as means for distraction from OCD)

- SUICIDE SAFE: This is for providers; tools to assist in guiding a client through a crisis.

Books:

- Helping the Suicidal Person: Tips and Techniques for Professionals (Stacey Freedenthal)
- The Harvard Medical School Guide to Suicide Assessment and Intervention
- Managing Suicidal Risk: A Collaborative Approach (David Jobes)

Questions?

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