

PROSPER.

Proactive Reduction of Suicides in Populations via Evidence-based Research

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Warning!

We are going to have a frank conversation. If you have lived experience, please take care of yourself.

Learning Objectives

● Use Respectful Language

Adopt non-judgmental and compassionate language when discussing suicide.

● Empower Collaborative Support

Assist individuals experiencing suicidal thoughts in a way that aligns with their values and priorities.

● Conduct Rapid Risk Assessments

Efficiently assess suicide risk within 8–10 minutes.

● Explore Ambivalence

Engage in discussions about ambivalence and reasons for living.

● Create Crisis Response Plans

Collaboratively develop crisis response plans that can reduce suicide attempts by up to 76%.

● Deliver Brief Interventions

Provide targeted interventions to deactivate the suicidal mindset.

Suicide is a Social Issue



Over
49,000
people died by
suicide in 2023



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

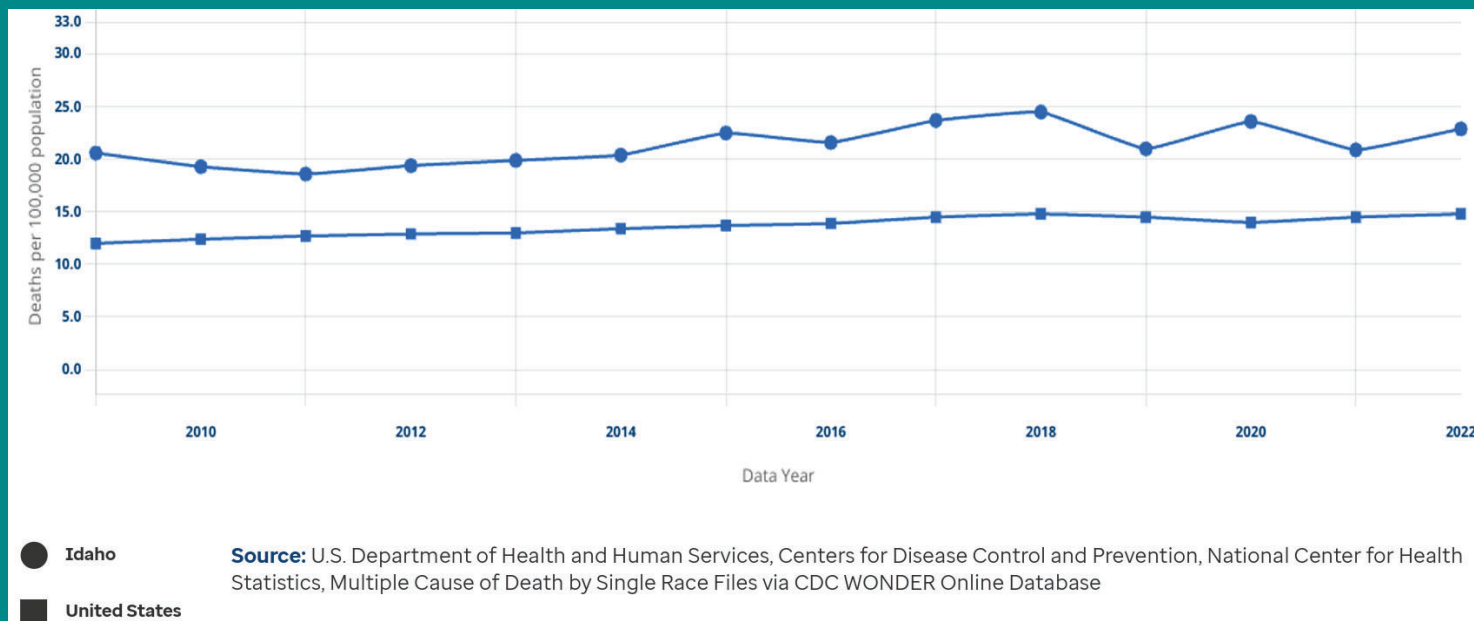
12.8 million
Seriously thought about suicide

3.7 million
Made a plan for suicide

1.5 million
Attempted suicide

CDC 2023

Idaho Suicide Trends



United Health Foundation, 2025

Highest Suicide Rates in Major Industry Group

- Mining, Quarrying, and Oil and Gas Extraction (males)
- Construction (males)
- Other Services (e.g., automotive repair) (males)
- Agriculture, Forestry, Fishing, and Hunting (males)
- Transportation and Warehousing (males and females)

(CDC, 2020; Statista, 2023)

Highest Suicide Rates in Occupations

- Construction and Extraction (males and females)
- Installation, Maintenance, and Repair (males)
- Arts, Design, Entertainment, Sports, and Media (males)
- Transportation and Material Moving (males and females)
- Protective Service (females)
- Healthcare Support (females)

(CDC, 2020; Statista, 2023)

Key Risk Factors



Workplace stress

Long hours, high physical demands, and unpredictable job stability.



Isolation

Many workers spend long periods away from family and support systems.



Substance use

Alcohol and drug use is more common in high-stress, physically demanding jobs.



Stigma

Many workers feel pressure to 'tough it out' rather than seek help.

(Milner et al., 2018)

Suicide in Indigenous Populations

2.5x

The Native youth suicide rate is 2.5 times higher than the overall national average, making these rates the highest across all ethnic and racial groups

Highest rate of suicide compared to other communities of color

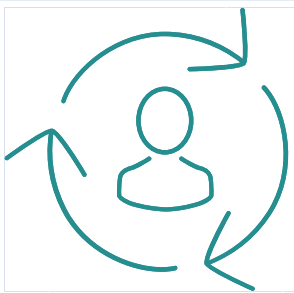


(CDC, 2012)

Suicide in Communities of Color

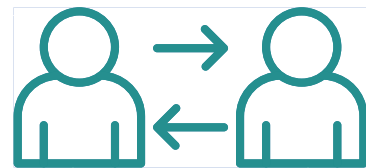
Limited Access to Services

Discrimination



African Americans

Triggers differ:



Asian, Latinx & Biracial

Health Disparities

Suicide risk differs significantly across racial and ethnic groups

(Polanco-Roman & Miranda, 2021)

Misclassification

Suicide deaths in communities of color are often classified as "undetermined cause"

(Ali et al., 2022)

Prediction Bias

Suicide prediction models are less accurate for Black, AI/AN, and unrecorded ethnicities

(Coley et al., 2021)

Communities of Color

Triggers for Suicide Attempts

Intrapersonal factors affect Black individuals; interpersonal factors impact Asian, Latinx, and Biracial individuals

(Roslarino-Williams et al., 2019)

Impact of COVID-19

Suicide rates fell 13% in lockdowns, but more decedents were minorities

(Mitchell & Lee, 2021)

Research Gaps

Mental health research focuses on Whites, limiting relevance to BIPOC.

(Cha et al., 2018; Buchanan & Wiklund, 2020)

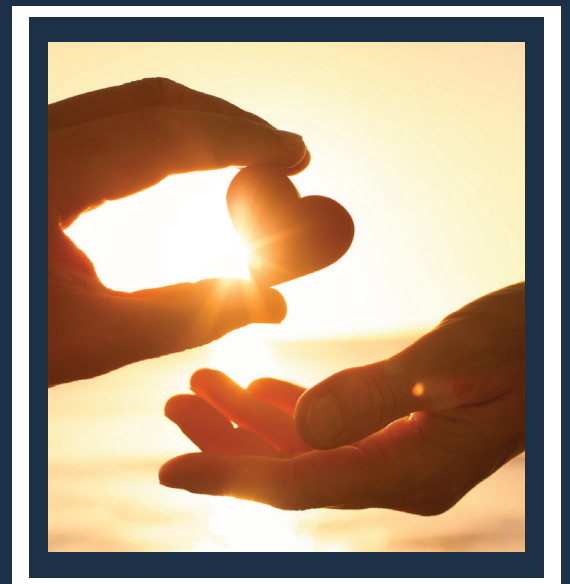
Mental Health Stigma

People of color face stigma in mental health care

(Walken, 2020)

Suicide Among Individuals with Disabilities

- In 2021, adults with disabilities were **3x** more likely to report suicidal ideation in the past month compared to people without disabilities
- The prevalence of mental distress—a significant risk factor for suicide—was **4.6x** higher among people with disabilities (32.9%) than among those without disabilities



(CDC, 2021; CDC, 2018)

Unique Risk for Individuals with Autism Spectrum Disorder

3.75x

higher rate of suicide compared to those without ASD, even after adjusting for sex, age, and time

Risk Factors & Contributing Factors

Limited Protective Factors

Limited
Research

Kolves et al., 2021

Children Under Age 15

Suicide among those under age 15 occurs at an extremely low rate

Underlying
mental health
conditions



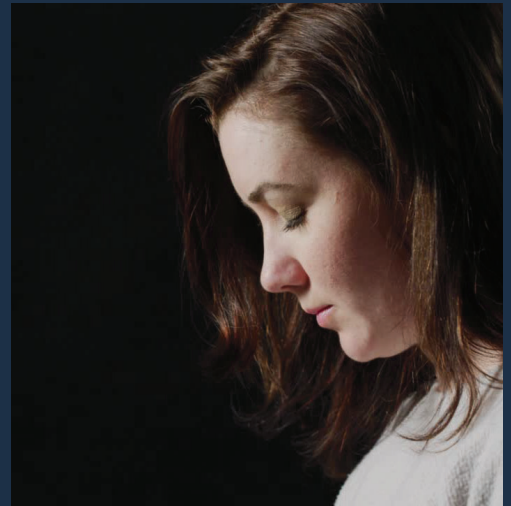
2nd
leading cause of
death among
those aged 10-18

Differences in Youth Suicide

Largest increases in suicide rates seen among children and adolescents in descending order:

- Ages 12-14
- Ages 15-17
- Ages 5-11

Seasonal trends differ from adults



Carbone, Holzer & Vaughn, 2019

Suicide Among High School Students

**2 of 25
(8%)**

Attempted

**3.5 of 25
(14%)**

Considered

1 to 200

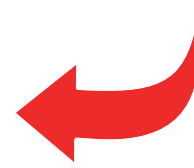
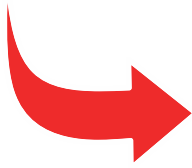
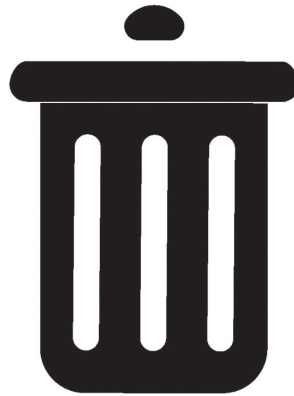
Death per Attempts

Standardizing Suicide Language

Consider eliminating the following terms

Suicide Gesture
Parasuicide
Suicide Threat

"Commit" Suicide
Cry for Help
Self-mutilation



BULLYING: A PUBLIC HEALTH CRISIS

Students who report suicidal behaviors are 4.64x more likely to have experienced bullying electronically, "underscoring the need to address both traditional and cyber forms of bullying"

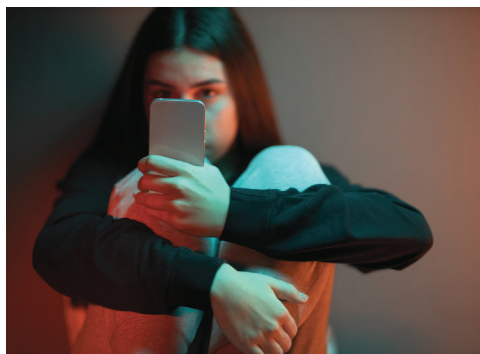
Blakeslee et al., 2021



Impact of Social Media on Body Image Disorders

2021 Study

Among 1,331 participants (aged 15–35), frequent social media comparisons significantly increased body dissatisfaction and drive for thinness, impacting both the general population (1,138) and eating disorder patients (193).



Jlotsa, B., Naccache, B., Duval, M., Rocher, B., & Grall-Bronnec, M. (2021).

Primary Differences Compared to Adults

Limited Coping Skills



Social Difficulties



Impulsivity



Developmental Limitations

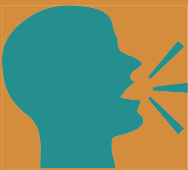


(Verywell Mind, 2022, Frontiers in Psychology, 2019, ResearchGate, 2008)

**“See Something
Say Something”**



Warning Signs of Acute Risk



Hurt or Kill

Themselves:

- Threatening
- Talking about
- Looking for ways



Seeking access to
firearms, available
pills, or other
means

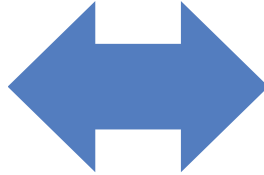


Talking or writing
about death, dying
or suicide, when
these actions are
out of the ordinary

Identifying Distress Around You

Baseline Mode

- Happy
- Social
- Calm/stable
- Logical
- Deliberate



Distress Mode

- Unhappy, down, sad, agitated, anxious
- Withdrawn, shut down, irritable
- Emotional, moody, impulsive,
- Pressured speech, jumpy or shaky
- Racing thoughts, irrational thinking, tangential
- Erratic, random, scattered

(SAMHSA, 2024, WebMD, 2023, APA, 2025, NAMI, 2025)

Helping Those Who Are Suffering

When someone's behavior seems different from their usual self, how do you approach the conversation?

Start with a general, open ended question



Transition to more specific questions

(SAMHSA TIP 50, 2012, Quinnett, 2007)

One Suggested Script

Start general and open with a question:

“How are things going?” ...or a statement: “You seem different today...not like yourself.”

Then become more specific:

(Adults) “Have you been thinking about killing yourself or ending your life?”

(Youth) “Have you been thinking about hurting yourself? Have you wanted to be dead or thought you are better off being dead? Have you thought about killing yourself, or ending your life?”

- Then just listen and be a caring human being.
...“Have you thought of how you might do it?”

(Horowitz et al., 2012); American Academy of Pediatrics, 2023)

Difficult Conversations with Our Youth

Adapt the conversation to match their developmental age

5-10 yrs

At this age, it is easier for kids to notice this in peers. They also tend to tattle...

11-14 yrs

They become more aware of their own feelings and of differences between peers and oneself. Emotions flood and fluctuate.

14-18 yrs

Thoughts and feelings are frequent, rapid. Insight and impulse control increase.

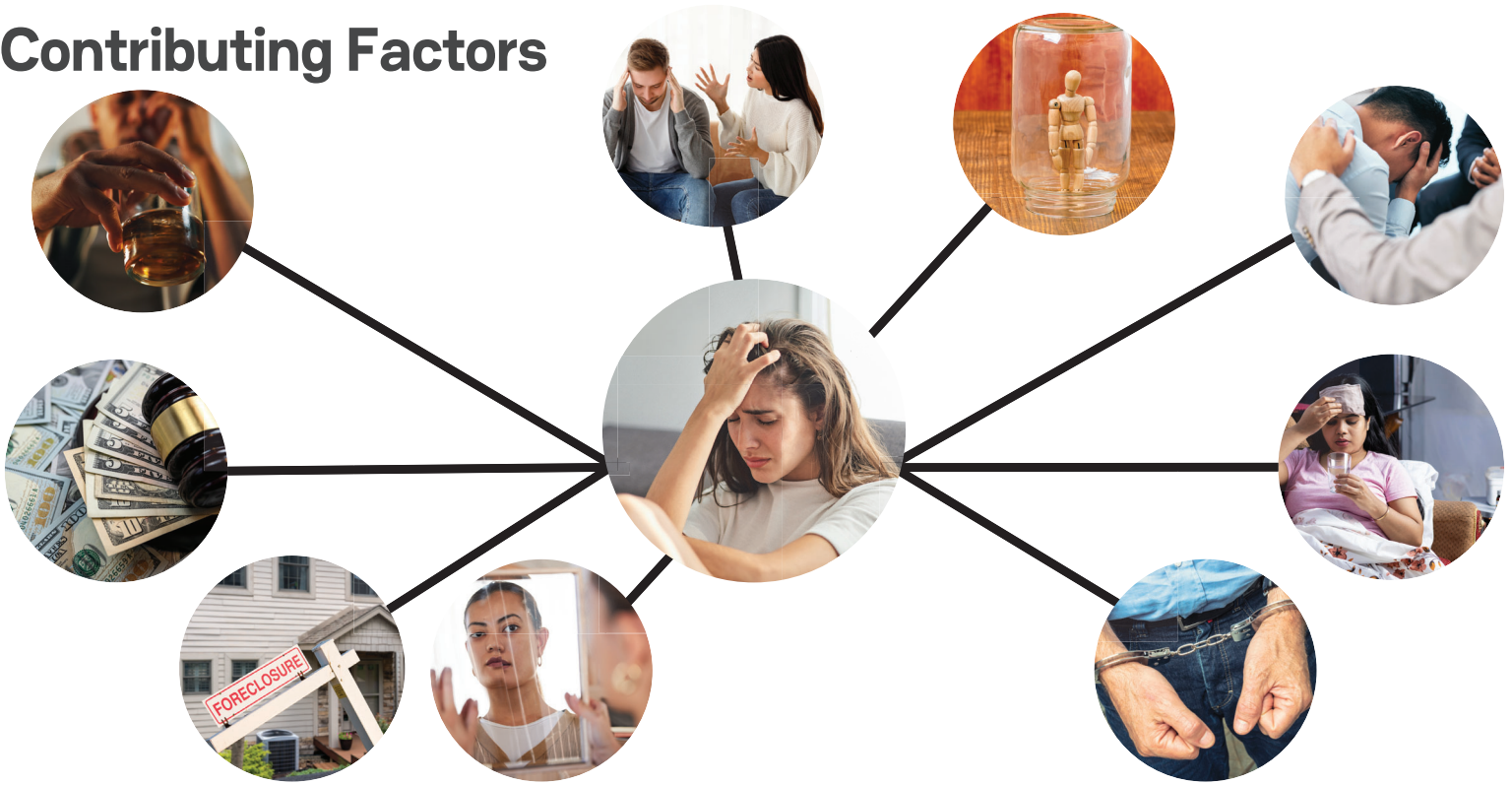
“If you hear any kid talk about wanting to die or kill themselves...”

“If you EVER think about wanting to die or killing yourself...”

“How often have you had those thoughts? Do you ever think seriously about doing it? How?”

(Casey et al., 2011; Zeman & Garber, 2023; Somerville et al., 2016; HHS OPA, n.d.; Steinberg, 2010; Reitsema, 2021)

Contributing Factors



CDC, 2015; Hawton et al., 2008; Beautrais, 2003; Qin et al., 2003

A Few Words Alcohol and Substance Use



of adolescents engaging in non-suicidal self injury (NSSI) also reported problematic substance use

--NSSI are **3x** more likely to engage in problematic alcohol use

--Up to **10x** higher risk for death by self-harm when using substances



of individuals who engaged in self-harming behaviors reported using alcohol or other substances at the time



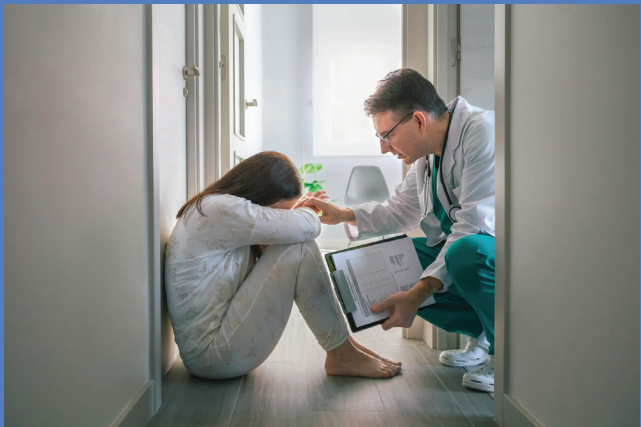
Hawton, et. al, 2020; Bryan & Rudd, 2020; Bresin & Schoenleber, 2020; Gibb et al., 2021; Tishler & Bucher, 2021; Harrison, et al., 2021; Zetterqvist et al., 2020; Andover et al., 2019



A Paradigm Shift: Risk Assessment

A Problematic Cycle

While helping those in distress, a problematic cycle can emerge, particularly when professionals act out of fear or lack of comfort



Better Safe than Sorry

Hospitalization

Negative Patient Experience

Future **Non-Disclosure**

Cavalier

Lack of Action

Standard of Care not met

Patient **is unsafe**

Accurate

Mutual trust; Patient Empowerment; standard of care and clinical research met

Positive Patient Experience

Future **Disclosure**

Limitations of Psychiatric Hospitalization

Not the "Gold Standard"

200x

Higher risk at discharge vs global average, lasting 1 month

100x

Higher risk vs global average in the first 3 months after discharge

25%

Number of those who die by suicide within the first week

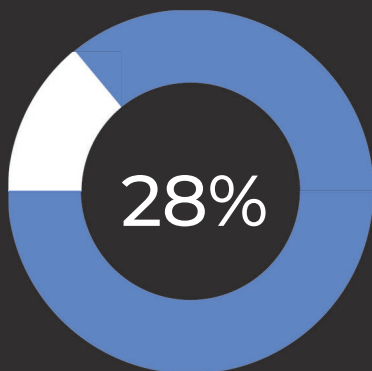


Chung et al., 2017;
Cohen, et al., 2008

Practice Patterns

Recent studies found that:

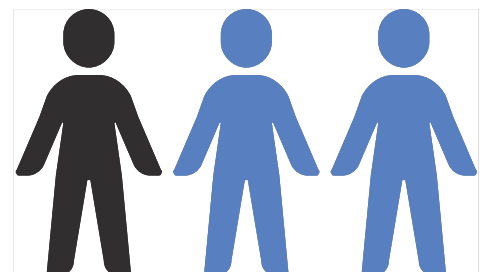
Mental health professionals avoid seeing patients with suicidal symptoms:
"not enough training, not confident, inadequate community resources"



Unwilling to see clients with elevated suicide risk

Do NOT assess...
uncomfortable - not fearful

1/3



Groth & Baccio, 2019; Roush et al., 2017

Percent of Psychology Doctoral Training Programs Formally Teaching Suicide Risk Management

40%

in 1991

59.2%

in 2023

25.4%

offer violence
risk training

(Bongar et al., 1991; Kleespies et al., 2023)

A Spectrum of Suicide Prevention Actions



(Suicide Prevention Resource Center; sprc.org)

Our role is not:



Our job is to follow the standard of care and the clinical research

Our job is to:

Follow the Standard of Care & Clinical Research

Assess Risk

Empower the Individual

Provide Support

Collaborate with Supports/Caregivers

Teach Coping Skills

Deliver Interventions

If the suicidal mode is turned on, we must deactivate it.

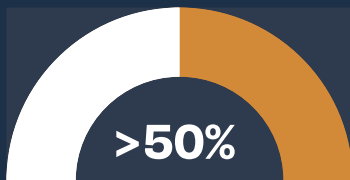
A Realistic Goal

We must remind ourselves that while we may not save every life, we can strive to create a safer community by reducing risks and supporting those in need.

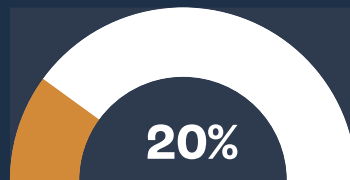


Suicide in Primary Care

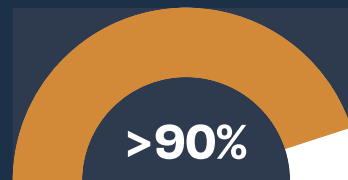
Of individuals who die by suicide:



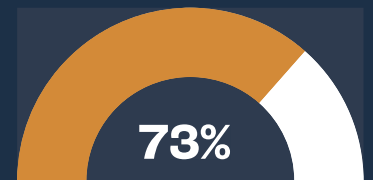
visited a primary care provider within one month



visited a primary care provider within one day



visited a primary care provider within one year



elderly patients visited a primary care provider within one month

Suicide is Not

- A Cry for Help
- Attention Seeking Behavior
- A Threat
- Self Harming Behavior
- A Ratio of Risk to Protective Factors
- Instrumental Behavior or Manipulation

Suicide is

- Hopelessness
- Burdensomeness
- Powerlessness
- Thwarted Belongingness
- Ambivalence



1

Suicide is a State of Ambivalence

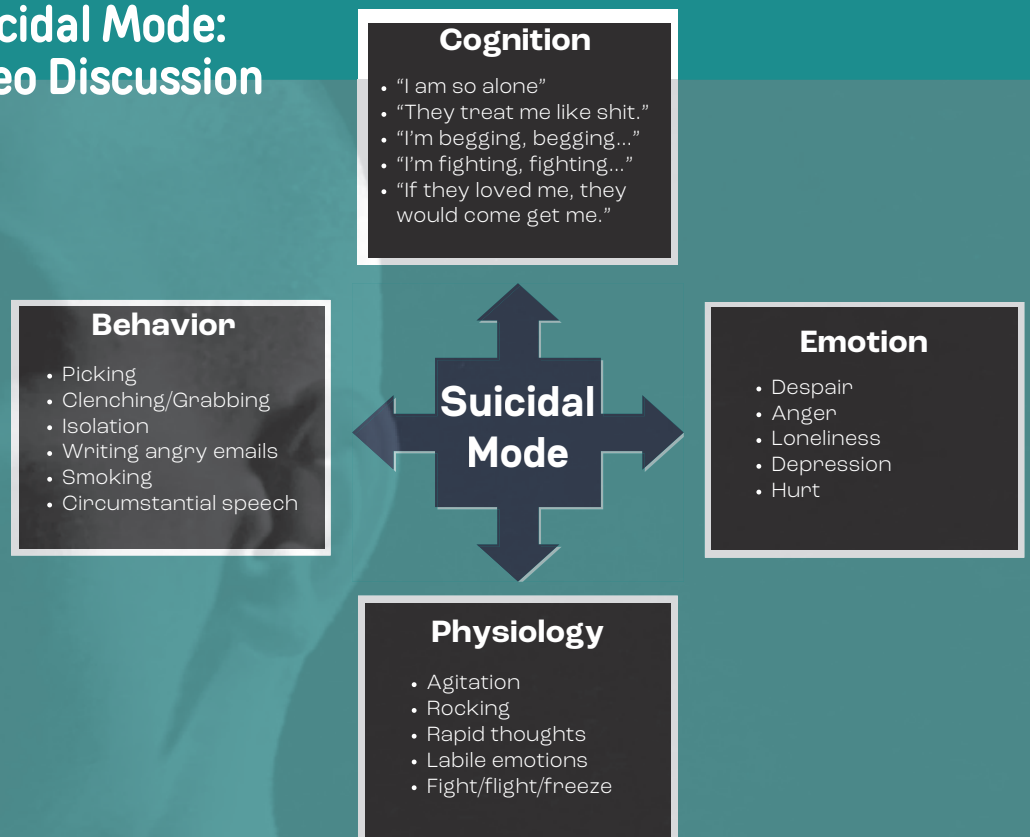
“Most people who think about ending their lives don’t truly want to die. They just want the pain to stop. Is that how you feel?”

“If, for a moment, we could take away all the things that feel unbearable, would you still want to die?”

The Suicidal Mode

A state of overwhelming distress, often **triggered** by specific events or underlying **predispositions**. It is defined by the person's **thoughts, emotions, behaviors,** and **physiological** events all of which collectively reflect the individual's desire to escape their suffering.

Mapping Out the Suicidal Mode: Sinead O'Connor Video Discussion



PROSPER is Trauma-Informed Care

Effective suicide prevention, intervention, and postvention is trauma-informed care.

We must meet people where they are—not try to force them to be where we want them to be.

When people learn to overcome feelings of powerlessness or victimization, they thrive.

Giving people tools, empowering them to use those tools, and supporting them through their journey helps build their self-efficacy.

When systems stop operating out of fear and instead act with competence, confidence, and comfort, communities thrive.

Collaborative Assessment and Management of Suicidality (CAMS)

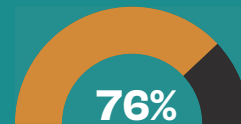
- **Suicide is distinct from mental illness**
- **The person is the expert of their own experience**
- **The helper works alongside the person to view suicide through the eyes of the person**



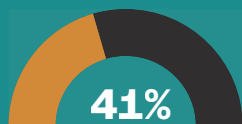
Empower Individuals to Develop Coping Skills



reduction in suicidal behaviors when utilizing Brief Cognitive Behavioral Therapy (BCBT); 41% when virtual



reduction in suicide attempts through Crisis Response Plans (CRPs)



reduction in suicide attempts when using CAMS



reduction of suicide attempts with In-Patient delivery of BCBT

Bryan et al., 2017 a,b; Rudd et al., 2015; Bryan et al., 2013; Jobes, et al., 2017; Lohani et al., 2024

Empowering People



Listen nonjudgmentally; understand the person's experience; empathize



Avoid judgments, platitudes, moralizing, righting, power struggles

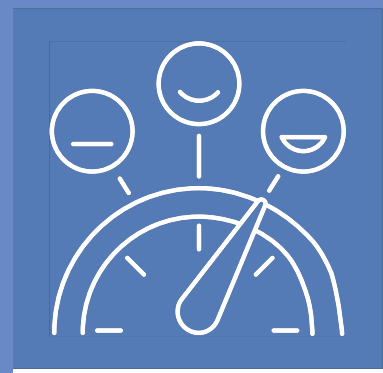


Acknowledge the person's autonomy; recognize, and engage with the patient about ambivalence

Jobes, et al, 2019; 2017; Rudd & Joiner, 2019; Wasserman & Wasserman, 2020

Effective Interventions

Stronger sense of meaning in life and is significantly associated with lower emotional distress, less severe suicidal ideation, and better functioning across multiple domains of life



Regulate Feelings



Tolerate Distress



Relax

Bryan et al., 2017 a,b; Rudd et al., 2015; Bryan et al., 2013; Jobes, et al., 2017

When Someone is Struggling, Words Can be a Lifeline

refrain from invalidating, dismissing, or minimizing the person's feelings, experiences, or choices; this can inadvertently invalidate the person and increase feelings of isolation and hopelessness

Examples: ~~"It's not that bad..."~~
~~"Promise me today you won't..."~~
~~"Tomorrow you will feel better..."~~

UNLESS you walk in on someone attempting

Jobes, et al, 2019; 2017; Rudd & Joiner, 2019; Wasserman & Wasserman, 2020

FIVE SKILLS

1. **SI vs. DI**
2. **Prior attempts & behaviors**
3. **Assess the current episode**
 - Frequency and duration
 - Thoughts & desires vs. behaviors, plans, preparation and rehearsal
 - Educate about ambivalence
4. **Reasons for living**
5. **Crisis Response Plan**
 - CRP
 - Lethal means counseling/management

Bryan, Corso, Neal-Walden, & Rudd, 2009; Bryan & Rudd, 2011; Witte & Gordon, 2020; Rudd & Joiner, 2019; Jobes & Berman, 2017; Bryan & Rudd, 2020; Stanley & Brown, 2019; Van Orden, et al., 2018; Tishler & Buchen, 2020

Suicidal Ideation vs. Death Ideation:

Suicidal Ideation =



Death Ideation =



Suicidal Ideation =



Death Ideation =



Screening/Assessment Methods

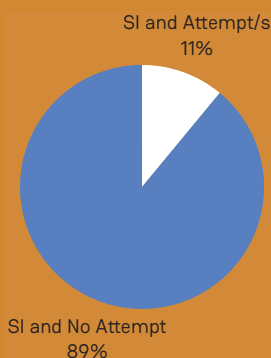
- Person Health Questionnaire-9 (PHQ-9)
- Behavioral Health Measure-20 (BHM-20)
- Outcomes Questionnaire-30 (OQ-30)
- Beck Depression Inventory-Primary Care (BDI-PC)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Ask Suicide-Screening Questions (ASQ)

◦ 988

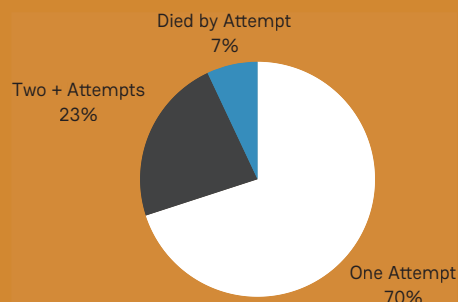


A Close Look at Suicide Attempts

Those Who Think about Suicide

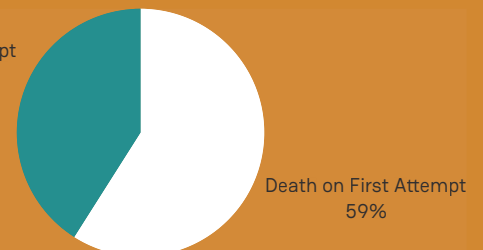


Of Those Who Attempted (13%)

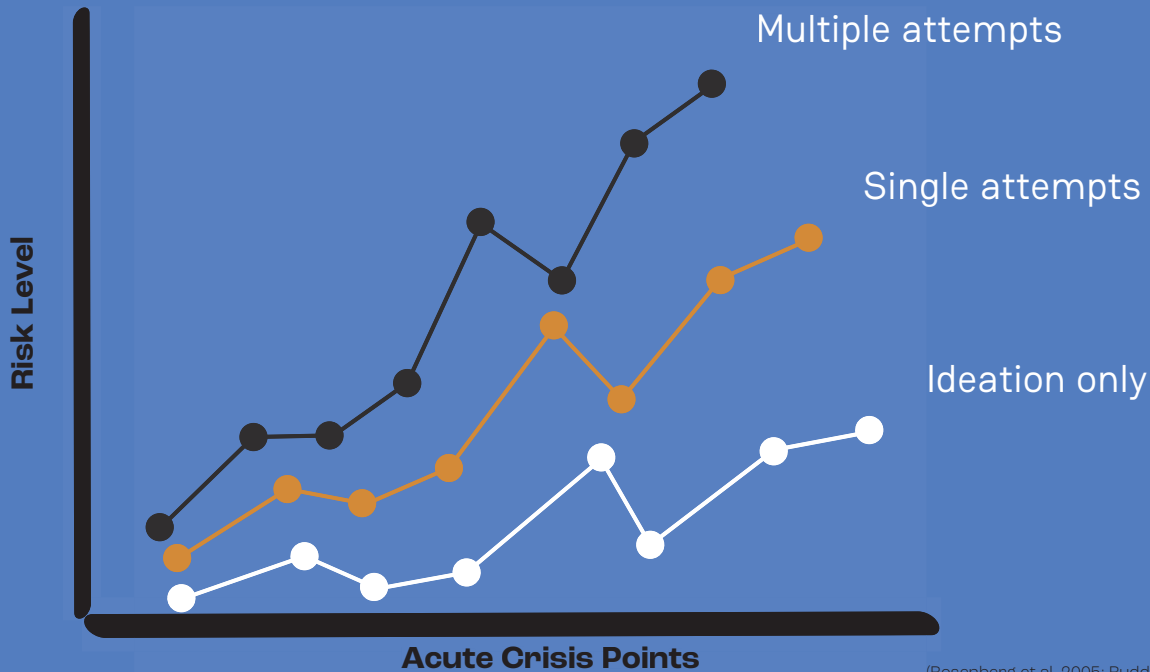


Of Those Who Attempted & Died By Suicide

Death on Multiple Attempt
41%



Two or More Attempts Indicate High Risk



The Current Suicidal Episode

Resolved Plans & Preparation

- Sense of courage
- Availability of means
- Opportunity
- Specificity of plan
- Duration of suicidal ideation
- Intensity of suicidal ideation

Suicidal Desire & Ideation

- Reasons for living
- Wish for death
- Frequency of ideation
- Desire and expectancy
- Lack of deterrents
- Suicidal communication



Data to Gather



1. **Frequency?**

2. **Duration?**

1. **Plans?**

2. **Preparation?**

3. **Rehearsal?**

Assess Intent in the Context of Ambivalence

“Most people thinking about suicide have mixed feelings—reasons to live and reasons to die. The problems they’re facing feel so overwhelming that suicide seems like the only way to stop the pain.

If they can’t say “yes” or “no”...

“If for a moment, we could take away all the things in life that are so terrible, would you still want to die?”

“Is that how you feel?”

If they do not identify with ambivalence, develop the discrepancy between them asking for help and only wanting to die.

Discuss Reasons for Living

- Ask it several different ways
- Be creative and supportive
- Avoid telling them your opinion
 - “You have so much to live for”
 - “I think you can overcome this”
- Seek THEIR perspective, elicit their reasons for dying if needed - briefly and without going into excessive detail



Protective Factors

Less empirical support than risk factors

Buffer against suicide risk, but do not necessarily reduce or remove risk

Provide clues for intervention

Often prime positive emotional states

ACES & Psychological Flexibility and Suicide Risk

ACEs were attributed to 45.0% of those with high suicide risk.

Mixed research regarding cognitive flexibility and suicide risk: in some research adolescents who attempt have lower cognitive flexibility; in other studies non-lethal self injury is associated with higher cognitive flexibility.

Chung et al., 2024; Gloger et al., 2021; Makriyianis et al. 2019

Crisis Response Plan (CRP)

- Do we want to passively keep people safe?
- Do we want people to proactively work on coping differently?
- Do we want to change the sequence of events that reliably precede the patient's suicidal thoughts?
- Prompting them to think about and focus on their reasons for living is a critical differentiator.
- Patients prefer CRPs to Safety Plans



NEVER use a safety contract!

Crisis Response Plan (CRP)

CRPs lead to immediate reductions in negative emotional distress and suicidal intent.



Discussing reasons for living during the CRP enhances hope, significantly lowers suicidal intent, and reduces the risk of psychiatric hospitalization.



Deactivates the suicidal mode

Bryan et al., 2017a; 2017b

Crisis Response Plan (CRP)

Current negative emotions, thoughts, and situation

Trigger

Precursors to the Suicidal Mode

Suicidal Mode

CRP

Safety Plan



Crisis Response Plan (CRP)

PROSPER, CRISIS RESPONSE PLAN

WARNING SIGNS

SELF-MANAGEMENT SKILLS

REASONS FOR LIVING

SOCIAL SUPPORT

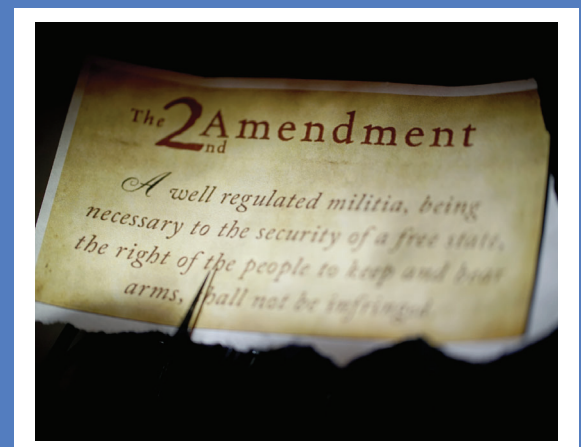
CRISIS AND PROFESSIONAL SERVICES

LETHAL MEANS MANAGEMENT

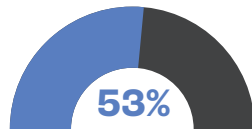
prospertogether.net

Safety CAN BE Improved without Violating 2nd Amendment Rights

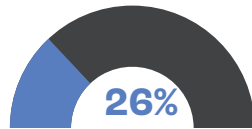
- We can love our firearms and love to prevent suicide
- Ensuring safety is the goal. This is no different than wearing a seatbelt, washing your hands or brushing your teeth
- There are many circumstances under which law-abiding gun owners will choose to secure a firearm – we must add family distress to that list of circumstances.
- IF YOU ARE IN CRISIS ask your family to restrict your access to their firearms; tell them if you do not feel safe



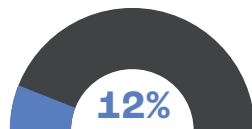
Methods of Suicide in the US



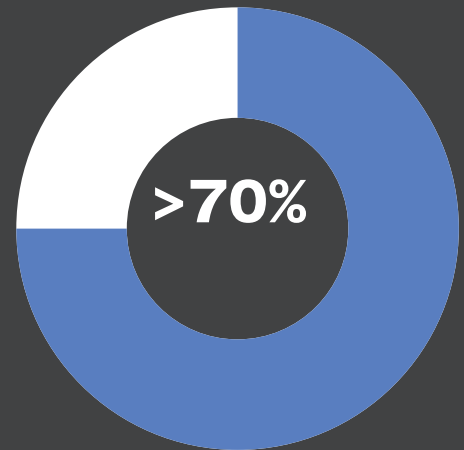
Firearms



Suffocation



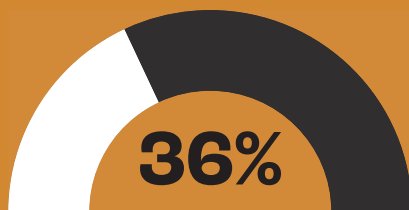
Poisoning



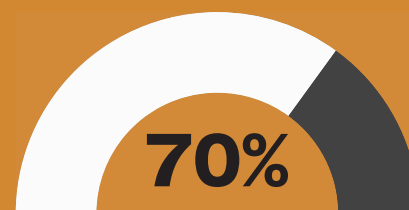
of ID suicides
are by firearm

CDC, 2022

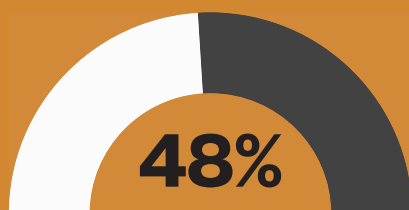
Survivors of Highly Lethal Suicide Attempts



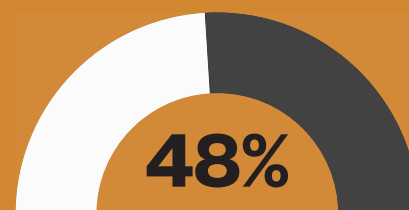
made the decision to act
within 5 minutes



made the decision to act
within 60 minutes



made the decision to act
within 10 minutes



elevated states of suicidal thinking
lasted on average 1 to 3 hours

Wintemute et al., 1999; Simon 2005; Deisenhammer et al., 2009; Paashaus et al., 2021; Millner et al., 2022

Interventions

- Reasons for living list
- Emotional Regulation Skills
- Survival kit (“Hope Box”)
- Relaxation Skills
- Behavioral activation
- Distress Tolerance Skills
- Mindfulness skills training
- Cognitive restructuring
- ABC worksheets
- Coping cards
- Challenging beliefs worksheets
- CRP/Progress monitoring and tracking



Bryan 2021; Jobes, 2016; Linehan 2014; Stanley & Brown, 2012; Fleischmann, et al., 2008; Diamond, et al. 2010

Instilling Hope and Providing Support for Adolescents

Instill Hope

Actions:

- Listen actively
- Offer support without judgment
- Assure and reassure the adolescent that help is available

Be Prepared with Materials

Immediate Resources:

- Suicide and Crisis Lifeline: 988
- Practice calling with the adolescent to increase familiarity
- Contact information for a qualified mental health professional your community:
 - Ensure they are trained to address suicide effectively



Interventions with Children and Adolescents



Involve Parents

Ensure the youth knows you will involve parents and/or trusted others and clarify that this is not punitive.

What must you know first?

Increase Supervision

Prevent withdrawal or disengagement. Involve trusted teachers, coaches, and friends to reduce the youth's likelihood of being alone. People seldom attempt suicide in the presence of others.

Spiritual Community

Accessing someone in the youth's spiritual community may be either helpful or unhelpful.

Access Professional Help

Engage with appropriate support systems, such as crisis counselors, therapists, or healthcare providers.

Call 988 for immediate assistance.



Faith

Recommending Hospitalization

Avoid an Alarmist Mindset

Avoid "Better safe than sorry"

- **Used only if the person needs 24/7 supervision and there are no friends/family to provide this**
- **Hospitalization should be used judiciously and appropriately**
- **Use only for the person's safety - not for protecting yourself**

REMEMBER: if someone's mental status is compromised or they are unable to make decisions consider appropriate level of care recommendations



Postvention Objectives

Alleviate the negative effects of the traumatic event.

Reduce the risk of contagion and the potential for further traumatic loss.

- **Postvention is psychological first aid, crisis intervention, and other support offered after a suicide to affected individuals, a community or organization as a whole to alleviate possible negative effects of the event.**
- **Reduce chances of contagion and mitigate potential for traumatic loss.**



Suicide and Crisis Resources

Immediate Support: Call or text 988 (Suicide and Crisis Lifeline)

National and International Resources

American Association of Suicidology

- Website: www.suicidology.org
- Focus: Professional organization advancing the study and prevention of suicide.

Suicide Prevention Resource Center (SPRC) - Safe Messaging Guidelines

- Website: <https://www.sprc.org/library/SafeMessagingfinal.pdf>
- Focus: Comprehensive guidelines for discussing suicide safely and responsibly.

American Foundation for Suicide Prevention (AFSP)

- Website: <https://afsp.org/>
- Focus: National organization providing education, support, and advocacy; local chapters available in most states.

Crisis Connections – School Training Programs

- Website: <https://www.crisisconnections.org/get-training/schools/>
- Focus: Training programs designed to equip schools with suicide prevention strategies.

SPRC – Youth Suicide Prevention Program (YSPP)

- Website: <https://www.sprc.org/resources-programs/youth-suicide-prevention-program-yspp>
- Focus: Programs and resources focused on preventing youth suicides.

Crisis Connections – Teen Link

- Website: <https://www.crisisconnections.org/teen-link/>
- Focus: A confidential helpline for teens to talk with trained peer volunteers.

Crisis Services Canada

- Website: <https://www.crisisservicescanada.ca/en/>
- Focus: Canadian suicide prevention and support services, including a crisis line.

Alberta Health Services – Suicide Prevention

- Website: <https://www.albertahealthservices.ca/injprev/Page4875.aspx>
- Focus: Suicide prevention resources and support available in Alberta, Canada.



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