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Free Resources:
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Strengths-Based Suicide Assessment and Treatment in Schools

MONTANA HAPPINESS PROJECT

Gratitude

Gratitude

Thanks to Charlie, Sienna, and everyone at BPS for organizing and offering these 2 days

Thanks to AMBFF, the Dennis and Phyllis Washington Foundation, and our colleagues at CAPE

https://www.umt.edu/education/specunits/cape/default.php

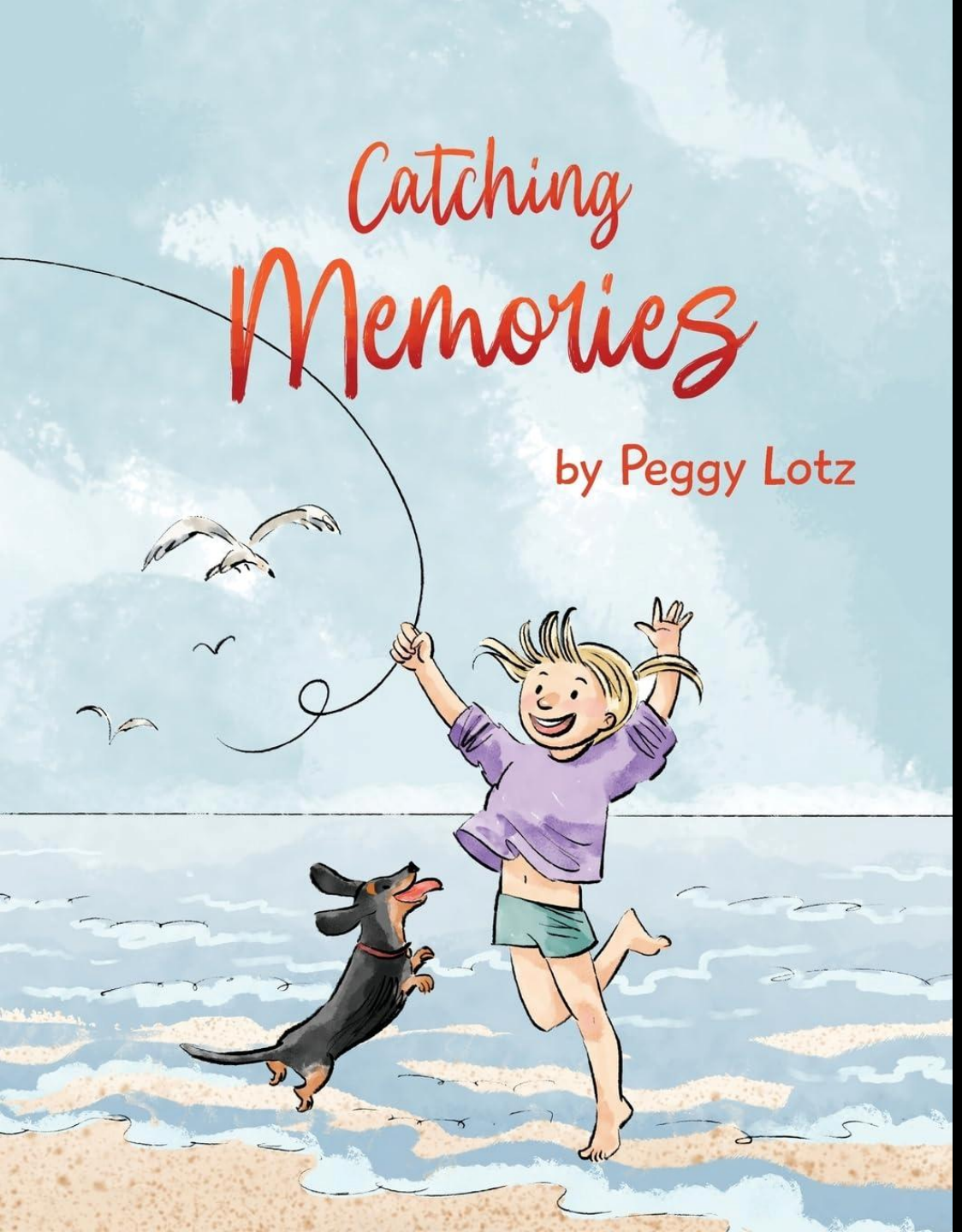
Thanks to YOU

PREPARATION

- **Trigger warning – Why?**

We will talk about mental health, suicide, and happiness for TWO days!

- **Research indicates. . .**
- **Strength-warning. . .**



Remember . . .

- Trigger warnings **are suggestions** about what you might not be able to handle

- **Strength warnings** are suggestions about how learning new knowledge and gaining experiences **can make you STRONGER**

Learning (Learner) Objectives

1. **Develop** awareness of and strategies for dealing with your own unique response to students who are suicidal.
2. **Describe** strengths-based suicide assessment and intervention principles.
3. **Practice** several strengths-based suicide assessment and intervention strategies you can use in schools
4. **Discuss** how culture and cultural adaptations can improve suicide-related conversations and suicide prevention.
5. **Identify** seven dimensions of human activity that aid in understanding and responding to suicidality
6. **Integrate** positive education principles into existing school-wide behavioral health programs

[**You take what fits for you and apply it to yourself if you feel like it**]

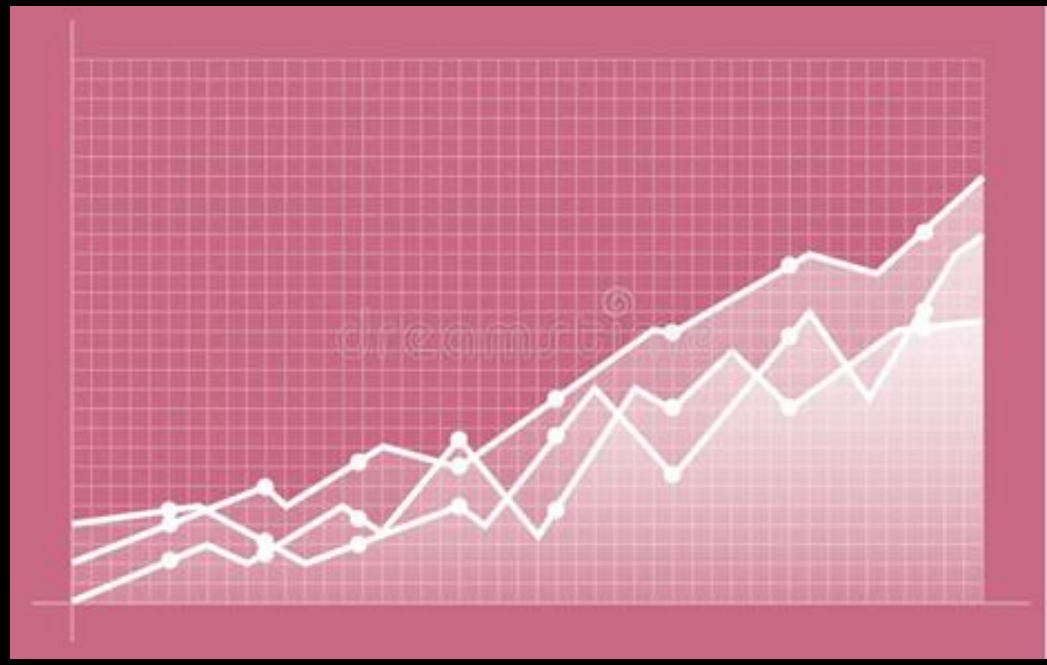
STARTING INTELLECTUAL

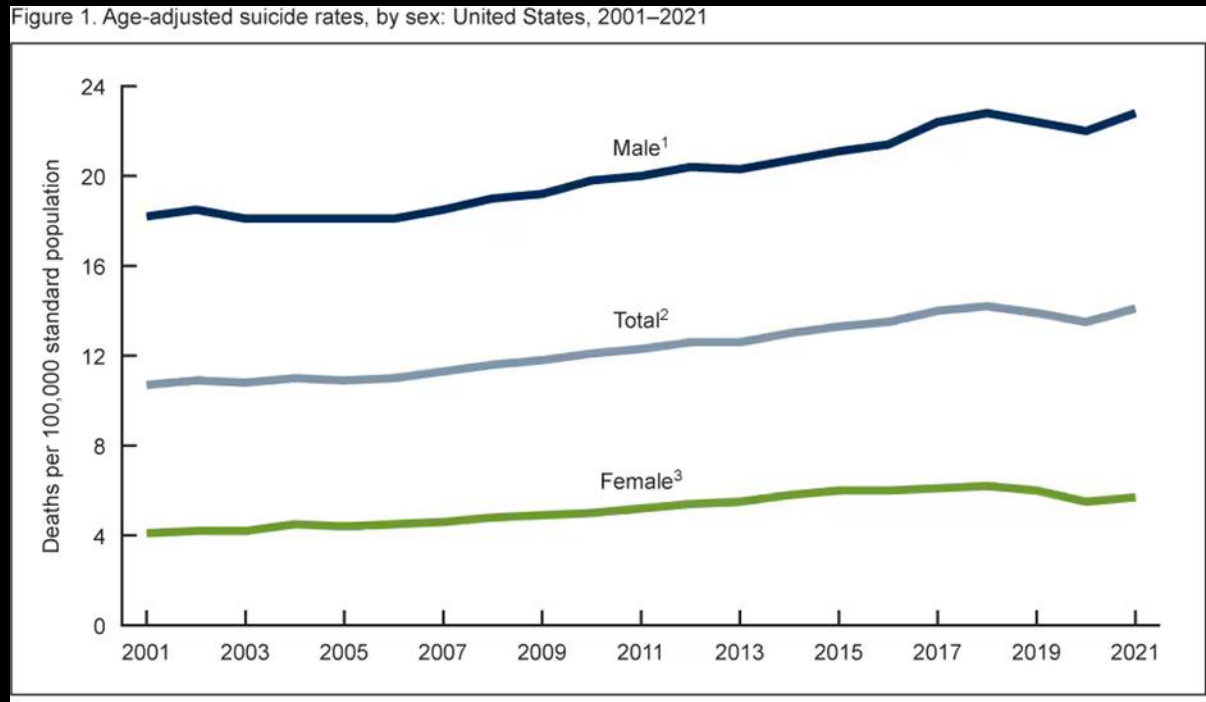
SUICIDE, MENTAL HEALTH, AND HAPPINESS ARE WICKED PROBLEMS

1. NOT LINEAR
2. MULTIDIMENSIONAL, **MULTIPLE INDIVIDUAL, GROUP, AND CULTURAL PERSPECTIVES**, FORMULATIONS, AND EMOTIONAL REACTIONS
3. NOT TESTABLE; EFFORTS TO SOLVE CAN BACKFIRE

WICKED PROBLEMS ARE WHY. . .

- ✓ **Everything** is worse
- ✓ Anxiety, depression, intergenerational trauma, ADHD, narcissism, addiction, etc.
- ✓ **Trigger warnings backfire**
- ✓ And suicide is up 40-80% over 20 years . . . (**National and Tribal** strategies; 2001/2017)

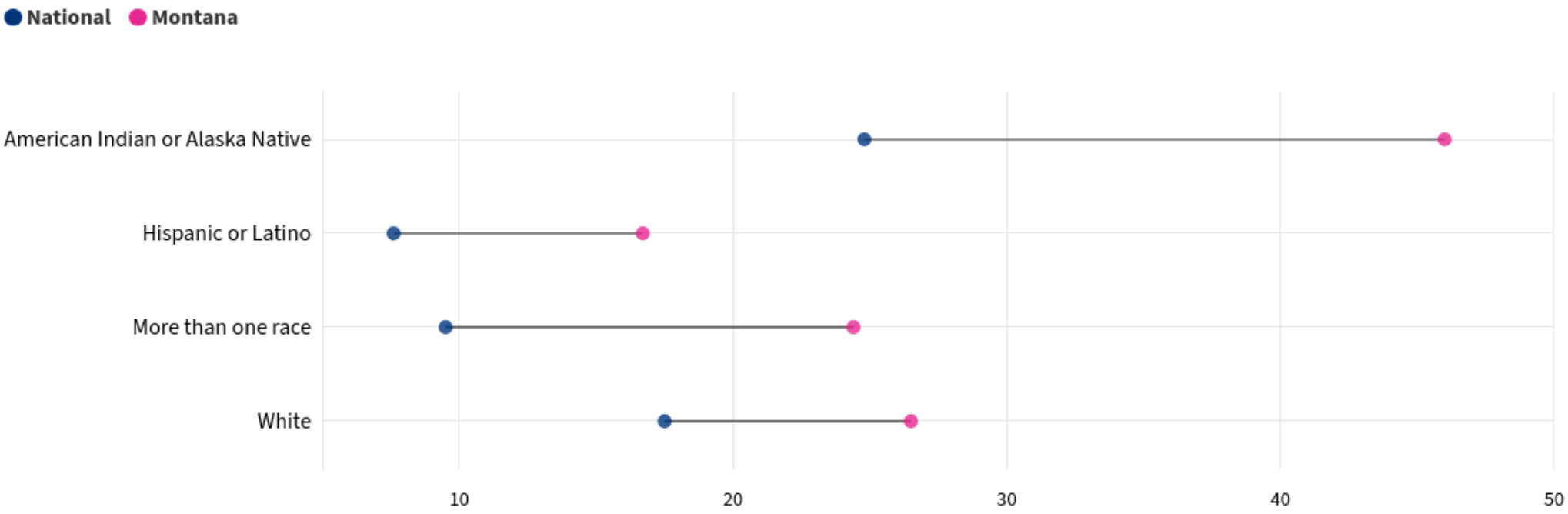




INDIGENOUS = 46/100K
MONTANA = 29/100K

In Montana, American Indian or Alaska Native people died by suicide at a higher rate than any other race.

Age-adjusted deaths per 100,000 people between 2018-2022



Source: National Center for Health Statistics

USAFACTS

We're Not Good at Predicting Suicide

- Imagine **Washington Grizzly Stadium on 1/1/25** – Capacity 25K
- It's filled with **Indigenous Montanans**
- By Dec 31, **11 or 12 of those 25K Indigenous Montanans will die by suicide**.
- **Your job**: Identify and intervene to **prevent suicide?**

Predicting Suicide II

- We could **screen for** depression and suicidal ideation
- With **depression**, we'll cut our number from 25K to about 10K (but **which 11 or 12 of the 10K?**)
- If we screen for **suicidal ideation**, we'll cut our numbers to about 8K (but **which 11-12 of the 8K?**)

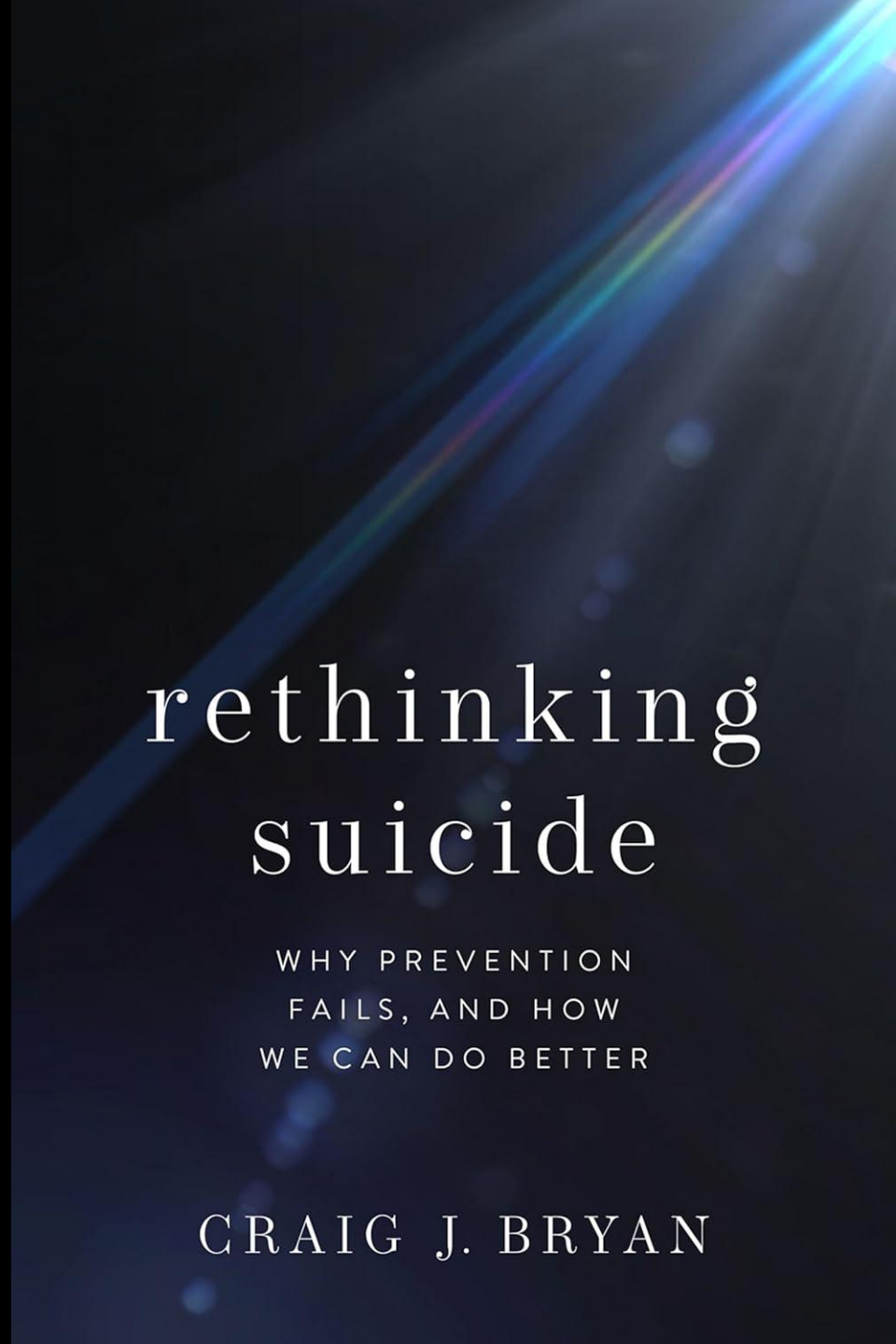
Predicting Suicide III

- But, if we dismiss the people who screen negative, we'll miss about **½ of those who will die by suicide because they won't report SI or depression**

- If we screen for **so-called "Mental Illness"** we'll do even worse [Anyone hear of the 90% estimate of MI link to suicide? What's the real estimate?]

Predicting Suicide IV

- “The majority of patients who die by suicide screen negative for suicidal ideation. If you are a MH professional/agency who uses decision trees that designate negative screens as ‘low risk,’ you should consider discontinuing that practice. This is especially applicable to clinicians/agencies that use the C-SSRS’s red/orange/yellow scoring system. The C-SSRS will ‘miss’ most patients who kill themselves.” [False negatives]
  - **Craig Bryan, Ph.D., Feb 7, 2024** – LinkedIn post



We're ALSO Not Good at Preventing Suicide

- *Here's a **Typical*** Suicide Prevention Message*
- *Suicide rates for at-risk youth can be **substantially reduced** by:*
  - **Knowing the signs**. Four out of five suicide deaths are preceded by warning signs such as suicidal threats, previous suicide attempts, preoccupation or obsession with death, depression, and final arrangements.

  - *From: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/MT

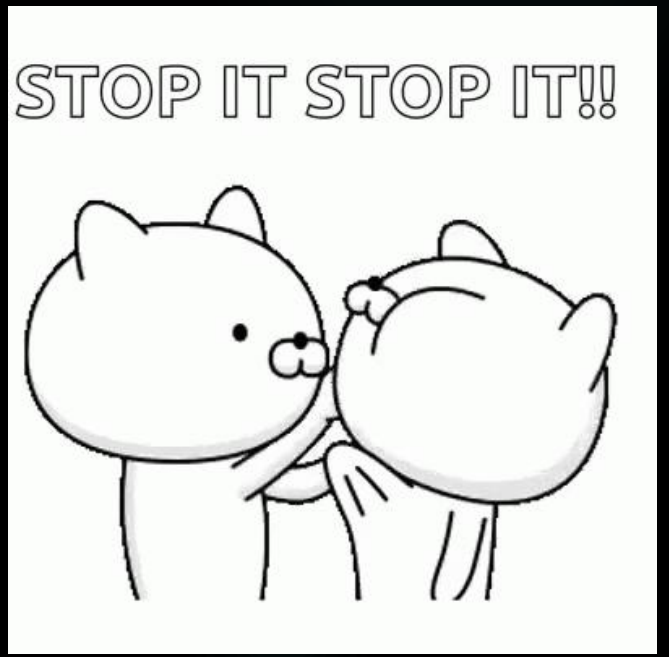
Wickedness of the Problem

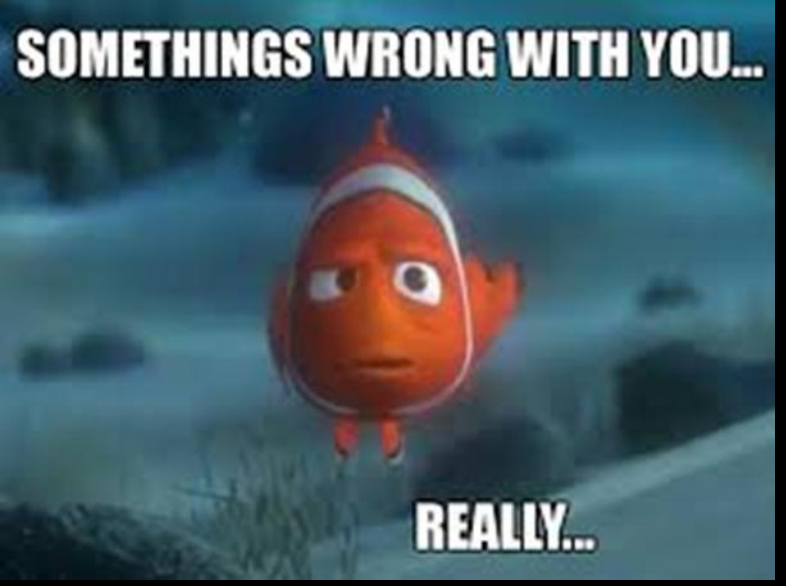
- From 1999-2022 we did **more suicide prevention than ever before** (National Strategy, 2001; 2012; 2024; MT Native Youth SP, 2017/2018).
- And **suicide rates went up every year except two**. . . Usually by 2-3% each year. **Per capita up 40%**
- Which years did they go down? Why did they go down? [**Wicked Problem**]
- The raw number of suicides have **increased by about 60%.**

We're Better at Growing (+) Behaviors than Shrinking (-) Behaviors

- Negative behaviors and problems are VERY difficult to stop [**"Just chill"**]

- **Growing positive behaviors and crowding out negative behaviors** works better than trying to get people to stop the negative





We naturally focus on WHAT'S WRONG

What's your problem? Are you okay? Is there something wrong with your brain?

Self-awareness is NOT just awareness of what's wrong with us.

Positive Interventions
What Shall We Grow?

Problems
[Insomnia, Stress, Anxiety, Oppression, Historical Trauma, Food/Housing Insecure]

Well-Being
[Feels small]

Well-Being – Feels BIGGER

Grow (or boost) this: Not just inside a person but also between and among people and within and between communities

Example: 3 Good Things or Savoring

White Cultural Solutions

- **Will not translate across cultures**

- Besides, when it comes to "Wicked Problems," White cultural solutions don't even work for White people.

- What can you **GROW**? – Table or
- small group discussion

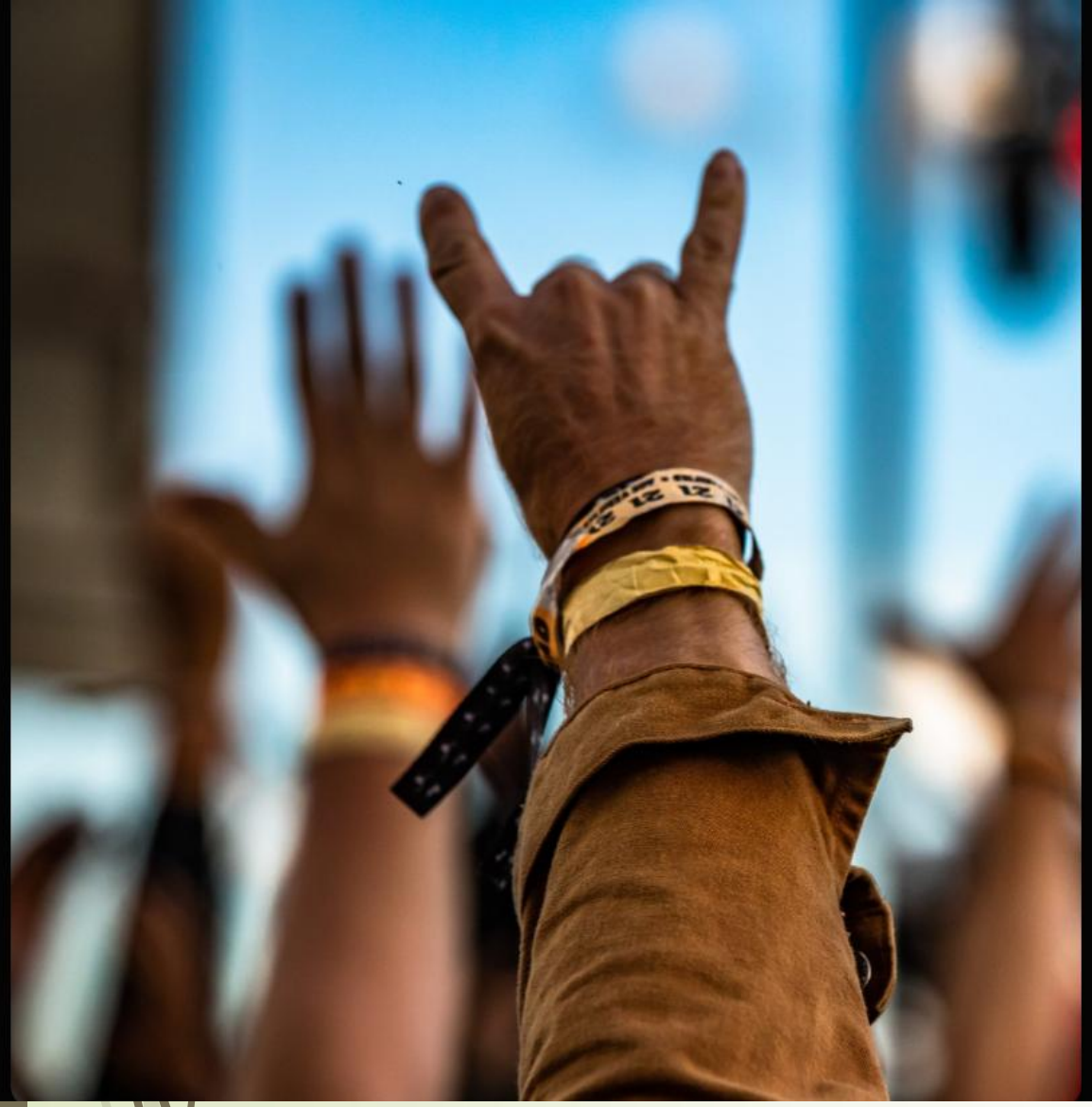
Leveraging Indigenous Resilience

Lakota Elder James Clairmont

The closest translation of **"resilience"** is a sacred word that means "resistance" . . . resisting bad thoughts, bad behaviors. We accept what life gives us, good and bad, as gifts from the Creator. We try to get through hard times, stressful times, with a good heart. The gift [of adversity] is the lesson we learn from overcoming it.

Analyzing Clairmont's Comment

- Resisting bad thoughts and behaviors **(CBT)**
- We accept what life gives us, good and bad, as gifts from the Creator. **(Mindfulness)**
- We try to get through hard times, stressful times, with a good heart. **(Optimism and positivity)**
- The gift [of adversity] is the lesson we learn from overcoming it. **(Learning from experience; what can I learn from this?; good learning days☺)**



Firekeeper and Fire In The Mountains Collaboration

We've partnered with the Fire in the Mountains festival in our mission to reduce suicidal distress in Indian Country. We've already established critical programming and support efforts in Browning, MT and we've only just begun.

We love heavy metal and hardcore, and we believe heavy music has the power to connect us while providing unique coping potential. Our favorite musical styles also offers opportunities to process difficult life experiences.

Because of our alignment, FITM has graciously offered The Firekeeper Alliance the opportunity to curate a special set at Fire in the Mountains '25 with one of our favorite bands of all time; a band that espouses our mission and represents what we're all about.

The Firekeeper Alliance Presents CONVERGE at Fire in the Mountains - 2025.

Leveraging Cultural and Intercultural Strengths

Why a **Strengths-Based** Approach to Suicide?

People who feel suicidal need to be seen, accepted, respected, and valued – not dismissed or reduced to a stereotype or told they should or shouldn't feel particular ways.

This is especially true for people with identities that have been historically and are currently marginalized. . . [Your ideas on this? Pair/share]

S-B PREVIEW: OUR ISSUES AND EXPLORING IDEATION

You're doing counseling. You need to ask about suicide.

Notice your (a) thoughts, (b) physical sensations, (c) emotions, and (d) behavioral impulses

Tommie, 18 y/o Yup'ik tribe – 14:14 to 15:15

https://players.brightcove.net/6241429 47001/r1evdKsni_default/index.html?vi deoId=5095441194001

Two SB "Prep" Concepts

Dealing with Our Issues

- YOUR issues? [Anxiety thoughts? Physical sensations? Behavioral impulses? Cognition?]
- My friend Scott
- Life experiences, culture, family, religion, temperament, etc., will make this assessment and treatment process easier or more challenging

Resist the Tunnel Vision Phenomenon

- When exploring ideation, come alongside the affect and cognition, and also ask: "What's happening when you're NOT thinking about suicide?"
- Use other SB assessment approaches (much more later)

ANXIETY INDUCED THERAPIST TUNNEL VISION

The more they tried to control me, the worse I got. Putting me in seclusion didn't discourage my problem behavior; it did the opposite.

Later, working as a therapist, I fell into the same trap. When you become afraid that a client might [die by suicide], you become anxious, and as your anxiety increases, your urge to control the client increases, too. So for a while my experience with clients was the same one the institute had with me. I eventually learned that trying to control a suicidal person often makes them worse, not better. Instead of reducing dysfunctional behavior, trying to control it can reinforce—or promote—the behavior. This insight became important in my work as a therapist.

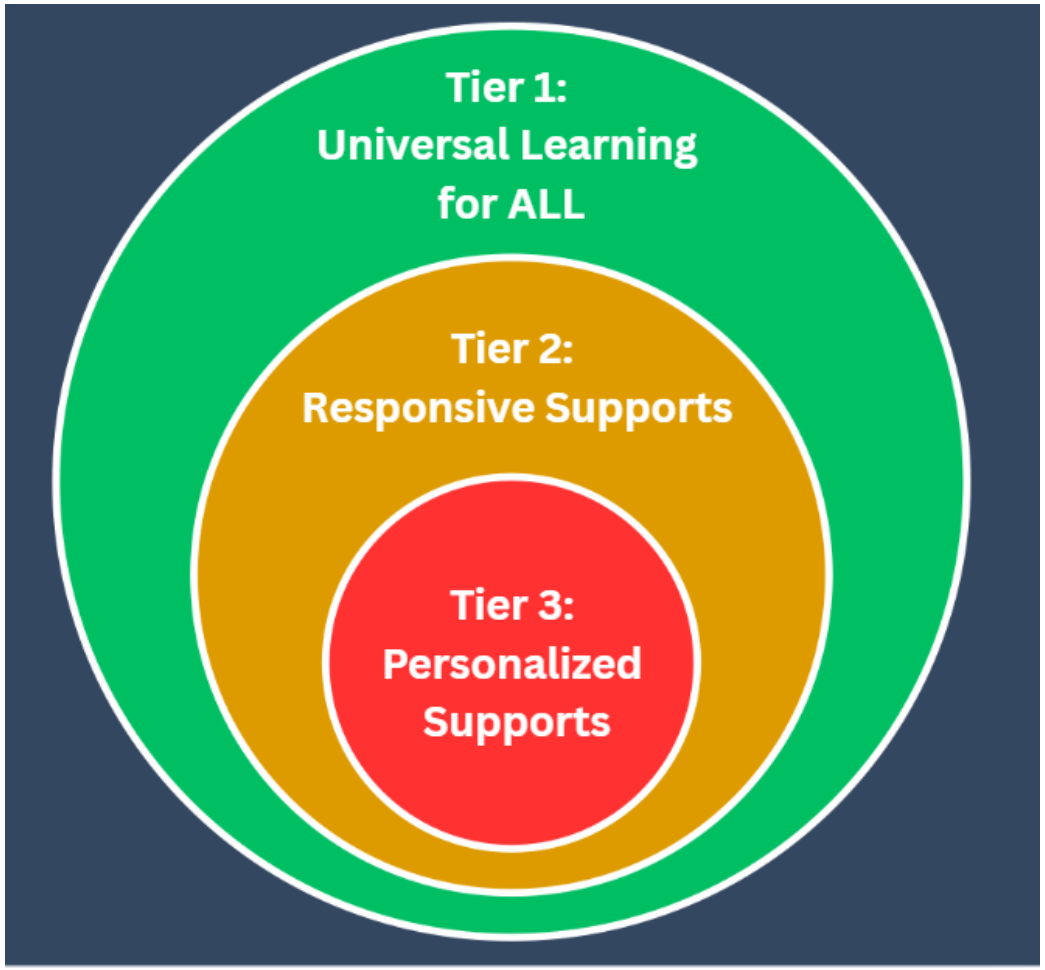
[Marsha Linehan, Building a life worth living, 2020, p. 28]

Application and Integration Across the Tiers+

Shared Burden/Opportunity:

What is my role?

What are colleagues/ school/community's role?



Part I

Medical Model vs. Strengths-Based Principles

Inside the Box

The Traditional Medical Model

Common Standardized “Screeners”

- The Patient Health Questionnaire-9 (PHQ-9)
- The Columbia Suicide Severity Rating Scale (C-SSRS)
- The Ask Suicide-Screening Questions (ASQ)
- The diagnostic clinical interview (see JSF – 2024, chapter 10 – Suicide Assessment)

Questionnaire Advantages

- Gather information efficiently
- Standardization – reliability, validity, and norms
- Some patients are more open with a questionnaire
- Liability protection
- Prediction accuracy (maybe?)

Example: The PHQ-9

- Nine items from the DSM Major Depression diagnostic criteria
  - **Item #9**: “Thoughts that you would be better off dead, or thoughts of hurting yourself in some way?”
  - (David Jobes and the CAMS-care people just put a universal ghostbuster sign on the PHQ-9 as a suicide assessment tool)
  - **4-point Likert scale**: Not at all; several days; more than half the days; nearly every day

The Columbia (C-SSRS)

Two Opening Questions

1. Have you wished you were dead or wished you could go to sleep and not wake up? **[Passive suicidality]**

2. Have you ~~**actually**~~ had any thoughts about killing yourself? **[Suicidal ideation]**

Actually

- You shouldn't use the word "Actually"

The Columbia – Next Three Questions

3. Have you been thinking about **how you** might do this?
4. Have you had these thoughts and had some **intention** of acting on them?
5. Have you started to work out or worked out the details of how to kill yourself? Did you **intend** to carry out this **plan**?

The Columbia – Always Ask

6. Have you done anything, started to do anything, or prepared to do anything to end your life?

Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.

If yes, was this within the past 3 months?

The Columbia – Limits and Problems

The question on the Columbia that has limited predictive value is #6 (the previous attempt/prep question). . .

Problems

False positives – Passive SI, SI, intent, and suicide planning have low predictive value. Previous attempt* is likely better, but not good.

False negatives – Suicide is frequently impulsive, often coupled (coal gas in UK), and not pre-meditated.

Machine Learning option – But we still have to interview

Think and Share

1. What screening tools do you use?
2. What parts of your screening practices are most helpful?
3. What are some ways to enhance screening practices?

Outside the Box

Strengths-Based Principles and Suicide

Strengths-Based Principles – I

Embrace Shneidman's position: suicidal thoughts and behaviors are **neither an illness [90%] nor a sin.** **[not always easy]**

De-pathologize:

View suicide disclosures as a **natural communication of pain,** often from **life situations** and unmatched opportunity to offer compassionate help.

Think and Share

Think about a time someone communicated pain with you. What are ways to create space for compassionate help.

Strengths-Based Principles – 2

Recognize the limits of risk/protective factor assessment (because **mostly it doesn't work**; 50-year meta-analysis; cutting; cultural variability).

We are **transparent** (e.g., hosp), **build trust** and **collaborate** to develop **individualized safety plans** and **decrease personal distress**. [This is our focus]

.

Think and Share

Reflect on scenario where trust is present versus one where it is not. How does that difference affect a person's willingness to be honest about their struggles?

Strengths-Based Principles – 3

While focusing on suicide (which is essential), **resist the temptation to over-focus** on suicide.

The patient is a whole person with **unique** strengths and resources: Show compassion for suicide pain. Also **pay attention to and draw out positives** (not naively; the best way is to **be with**). [7 dimensions]

00:01:38:15

Think and Share

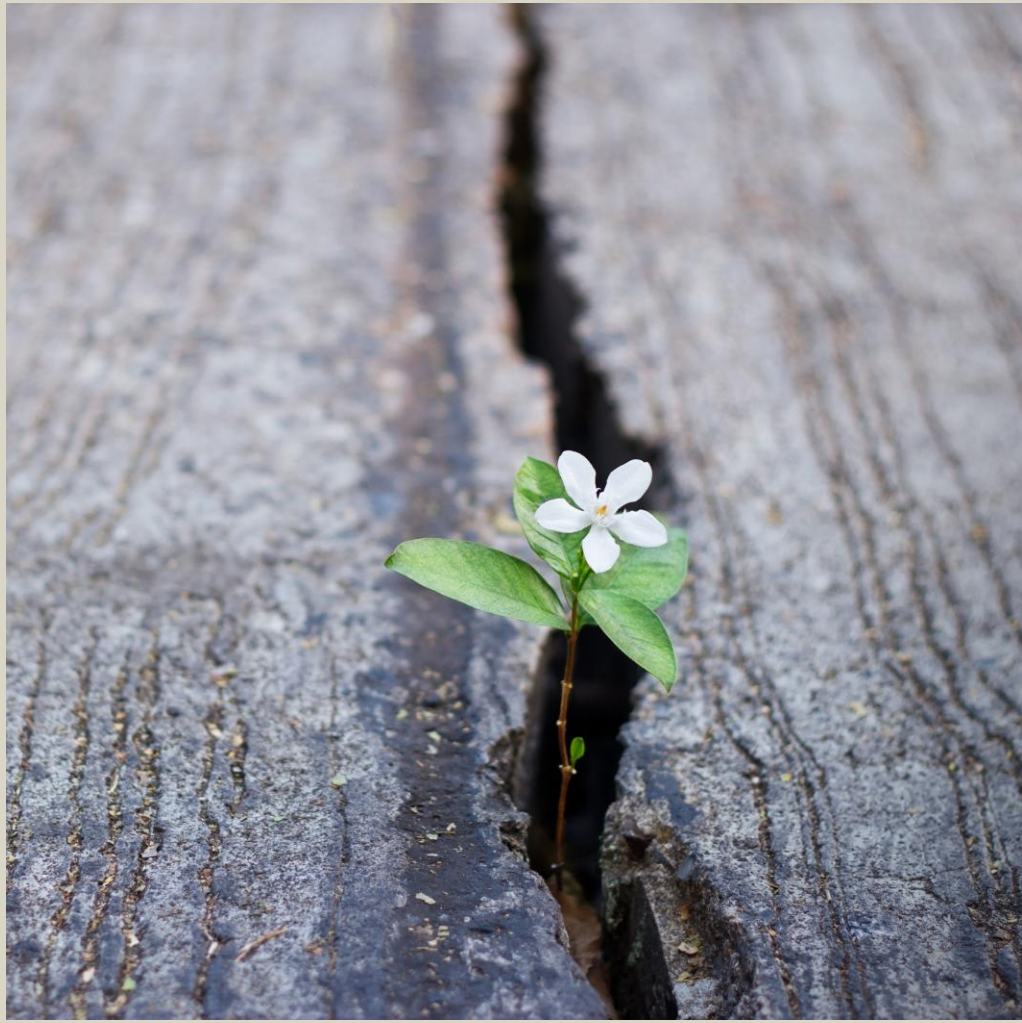
How can we genuinely explore someone's strengths and resources without it feeling like we're minimizing their pain or being toxically positive?

Strengths-Based Principles – 4

Use specific intervention strategies that **target distress and suicidality.**

Treatment by diagnosis – not as effective

Remember – **Interventions can stimulate HOPE**

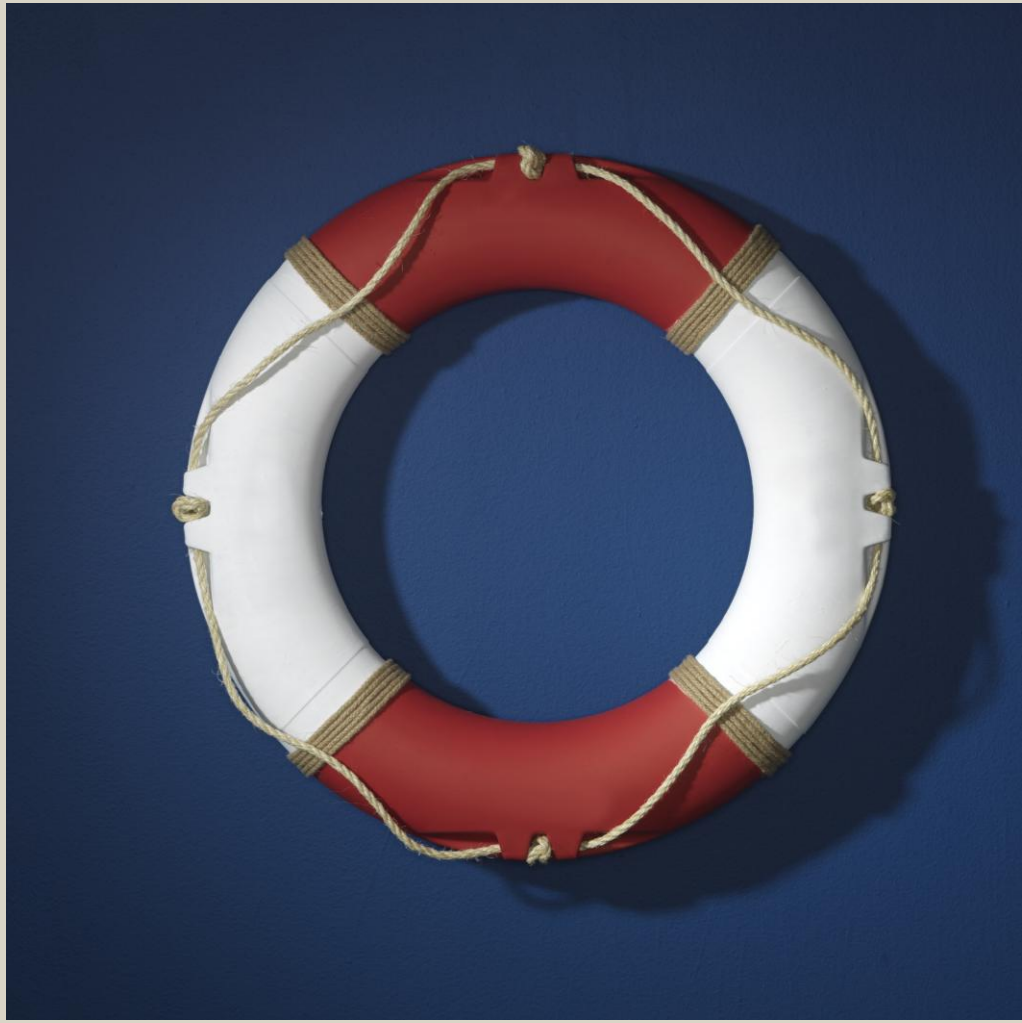


Think and Share

How can we help someone find realistic reasons for hope even in the midst of genuine suffering?

Strengths-Based Principles – 5

Despite embracing a strengths-based model. . . you may need to **be directive,** you may need to **initiate protective action**, and you may need to be the **voice of authority** and rational decision-making in the room.



Think and Share

Discuss practical language and approaches that communicate "I'm stepping in to help keep you safe right now" rather than "You can't be trusted."

Strengths-Based Principles – 6

Recognizing the immense stress we carry in this role, **we practice excellent self-care**, including evidence-based happiness activities (learn more at JSF)

- We **support each other**
- We acknowledge and talk about our own emotional challenges
- We use the skills we teach **[Positive affect now!]**

Think and Share

How do we balance the gravity of suicide prevention work with the need for joy, lightness, and restoration?

Medical Model vs. Strengths-Based
[Let's embrace both]

A Positivistic Philosophy

- Suicidal thoughts and behaviors **represent illness**; we need to intervene
- We are **authority figures** who know more about patient health than they do
- The patient is a **suicidal person**
- We can **predict* and prevent** suicide
- We use **risk assessment** procedures and questionnaires
- We treat **mental disorders**

A Social Constructivist Philosophy

- Suicidal thoughts and behaviors are a **natural communication of pain**
- We **collaborate** on **individualized safety plans**
- The patient is a **whole person with strengths and resources**
- Suicide is mostly **unpredictable***
- We **individualize risk factors** and use **collaborative and therapeutic** assessment
- We treat patient **distress and suicidality**

Part 2

Strengths-Based Tools for Suicide Assessment

Everyone Agrees: Always Ask Directly

Have you had thoughts about suicide (or dying)?

Say those words now. . .

[This does not “plant” the thought.]

Ask Directly II

Even if you do that wrong. . .

Your intent and authenticity is more important than "doing it right"

We can and will do better . . . and we will continue to do better

#1 Assessment Skill/Tool: Normalizing

- Ask **directly but provide up-front info first**
  - Use the word suicide with limits of confidentiality
  - Prep – I will ask you questions that can be hard. For example, I'll ask about suicide. I ask because many people think about suicide. Thoughts about suicide are a sign of emotional pain in your life. If you tell me about suicidal thoughts, I won't immediately hospitalize you. We'll work to reduce your emotional pain.

#1 Assessment Skill/Tool: Normalizing

Ask **directly AND normalize** the asking

- I've read that up to **50% of teenagers** have thought about suicide. Is that true for you? [Construction workers]
- People who are **oppressed and negatively judged by society** **may** think about suicide from time to time. Have you had thoughts about suicide?
- Normalize the asking: **"I ask everyone I see."**
- Acknowledge **"Thank you for sharing with me."**

#1 Practice: Use Normalizing Language

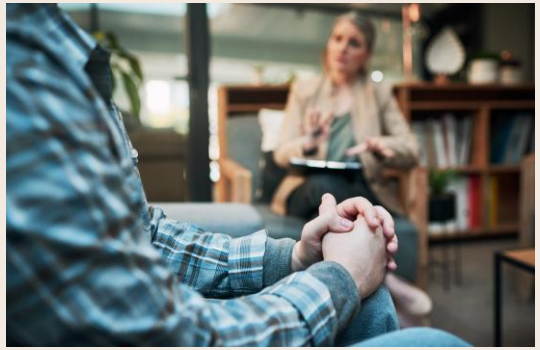
It can be difficult to find the right words in the moment. Practice. You don't need to use my words; it's better to use your words, words authentic to you and that fit your setting and population. [middle school; high school; others?]

Reflection: (Jillian story)

Think and Share

Imagine what you would say. How can you normalize pain without minimizing the distress? Write down a few examples of possible statements you would use.

#2 Assessment Skill: Evaluate Ideation



Ask directly and then **evaluate ideation**

Disclosure is good news (it's a sign of trust)!

- Trigger – What triggers your SI?
- Frequency – How often?
- Intensity – All you can think? Or background?
- Duration – How long usually?
- **Termination – What's going on when no SI?**

Exploring Ideation Therapeutically

- Remember Tommie: Singing and poetry [**self-expression**]
- Other examples:
  - Sean – “Biking and playing basketball”
  - Ethan - "Taking care of my little brother, he needs me"
  - Chase – “Being with someone (or somewhere) that validates who I am”
  - Haley - "Snuggling with my dog"
  - Cory – “Doing something meaningful with my niece or for my tribe”
  - Your cases?

Ideation (intention) or Reaction?

Where Might Evaluating Ideation Lead?

- **Plan** – S-L-A-P the plan
  - Specificity of the plan
  - Lethality of the plan
  - Availability of the plan
  - Proximity of social support/intervention

Where Might Evaluating Ideation Lead? II

- **Previous attempts** – Listen, reflect, ask “How did you recover and get here?” or “What helped?”
- Keep some structure, but let this flow and reassure your student that your goal is to be helpful and promote safety, not to hospitalize
- Notice, track, and reflect the emotions and the meaning associated with surviving a previous attempt

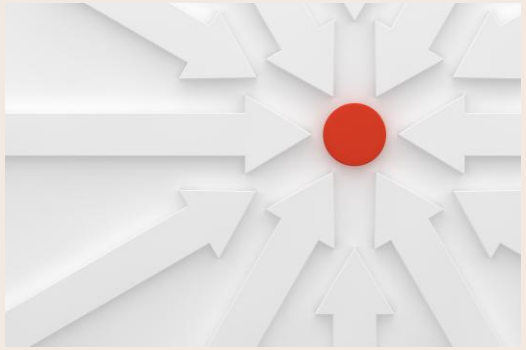
Evaluating Ideation
Pair-Practice

- Ask: **What's happening when you're not feeling suicidal?**
- Explore triggers and coping responses (what helps?)
- Ask about the plan – Get a feel for SLAP
- If relevant, explore previous attempts – What helped? How did you get here with me? Who supports you (past, present, future)?

Balancing time spent evaluating ideation (what we focus on tends to grow)

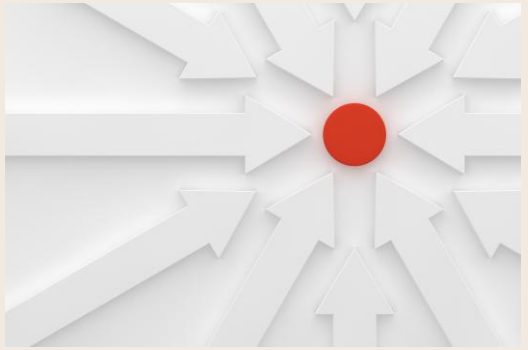
- "I'm interested in … and even more interested in how you recovered."
- Attention seeking - distress, communication of pain
- Tunnel Vision

#3 Assessment Skill: That One Thing (1/2)



- “If we could somehow **magically change** just one thing in your life that would eliminate your suicidal risk all together, what would that be?” (Jobes, 2023, p. 63)
- This question **points you** and the student toward a treatment focus
- It also may **reveal** irrational expectations

#3 Assessment Skill: That One Thing (2/2)



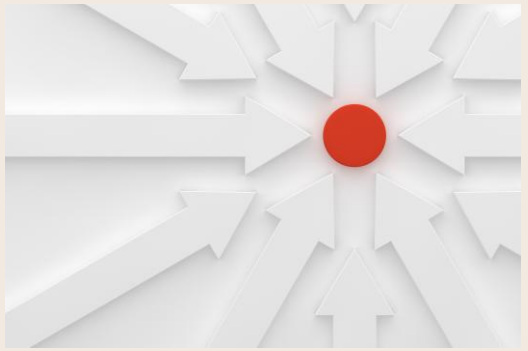
Possible “irrational” responses:

- “My mom would be alive”
- “I wouldn’t have been sexually assaulted”
- “There would be no more hate”

What treatment targets are linked to these responses?

Turn and practice now . . .

#3 That One Thing – Practice



- “If we could somehow **magically change** just one thing in your life that would eliminate your suicidal risk all together, what would that be?”

- How do we turn responses into actionable goals? What are strengths and challenges?

#4 Assessment Skill: Mood Scaling with a Suicide Floor

- This is JSF's favorite **5-minute interview** strategy
- Demo or **video**
- May I ask some questions about **your mood?**
- **VOLUNTEER!**

#4 Practice: Mood Scaling

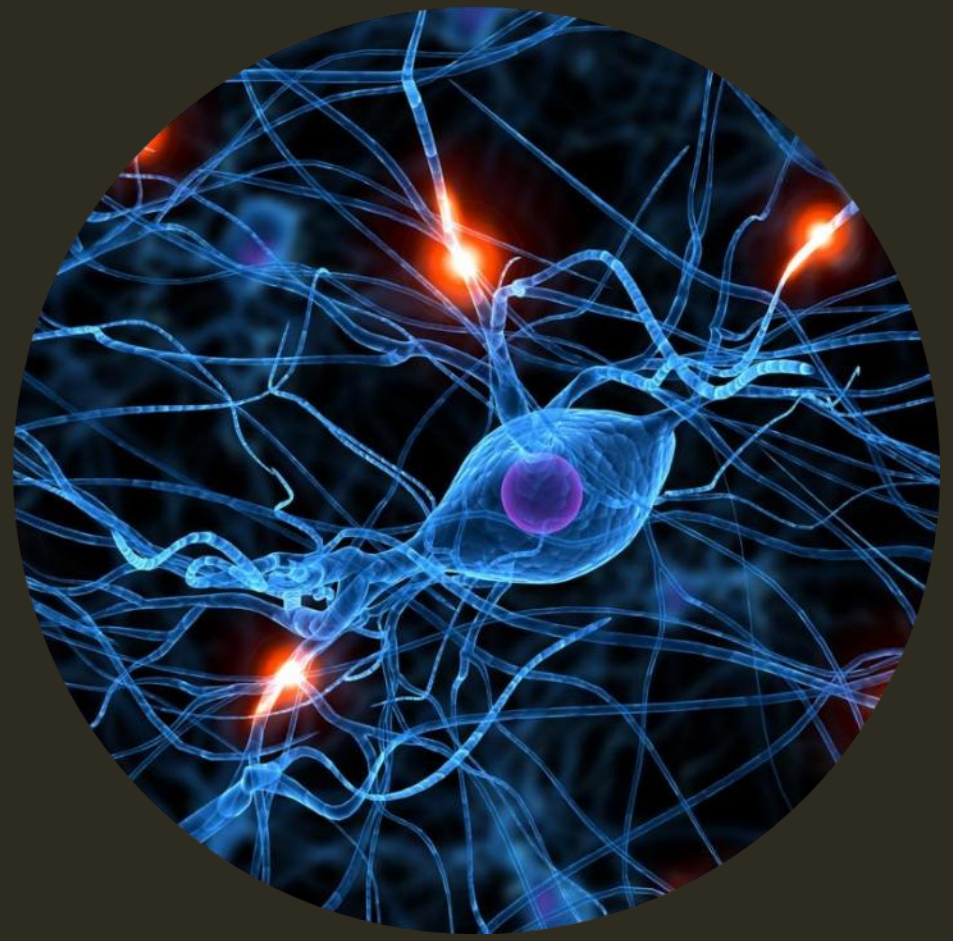
1. Rate your mood, using a zero to 10 scale. Zero is the worst mood possible. Zero means you're totally depressed and so you're just going to kill yourself. A 10 is your best possible mood. A 10 would mean you're as happy as you could be, maybe dancing or singing or doing whatever you do when you're extremely happy. Using zero to 10, what rating would you give your mood right now?
2. What's happening now that makes you give your mood that rating?
3. What's the worst or lowest mood rating you've ever had? What was happening to make you feel so down?
4. For you, what would be a normal mood rating on a normal day?
5. What's the best mood rating you've ever had? What was happening that helped you have such a high mood rating?

MOOD SCALING REFLECTIONS

- **Advantages:** More relational; we learn what improves mood and mood-lowering situations.
- **Disadvantages:** Time and lack of standardized norms.
- How might you use it (**variations**)?
- Other reactions?

BALANCE YOUR QUESTIONS

- ✓ **The WALLY**
- ✓ **Wellness Always Looks Lovely on You**
- ✓ **Practice with worksheets**
- ✓ Innovate, explore sources of strength, resources, etc.



Shifting from – to +

Sample Columbia Questions

Solution-Focused Story

Have you been thinking about **how you** might [kill yourself]?

Add: Have you had thoughts about how you might live your best life?

Have you had [suicide] thoughts and had some **intention** of acting on them?

Add: Have you had [suicide] thoughts and then decided not to act on them? What made you not act?

Have you started to work out or worked out the details of how to kill yourself? Did you **intend** to carry out this **plan**?

Add: Just to be balanced, we should work out a detailed plan for how you can stay alive.

Aaron Stark – kindness and understanding

- A switch didn’t turn
- I’m not looking to be fixed, I’m looking to be seen
- Put bits of humanity on the bottom shelf of my existence
- Give love to the ones you think deserve it the least, they need it the most.

More Ideas

Combine Two Approaches

Example: Use a questionnaire and. . .

Add the Mood Scaling with a Suicide Floor to start generating intervention ideas

Assessment Reflections

- What feels challenging?
- Where do you need or want practice?
- Scenarios you face?

For Additional Assessment Info

The comprehensive suicide assessment interview (RIPSCIP) https://johnsommersflanagan.com/2016/02/06/r-i-p-sc-i-p-an-acronym-for-remembering-the-essential-components-of-a-suicide-assessment-interview/

Need a PHQ-9 or C-SSRS alternative? David Jobes recommends the ASQ Toolkit.pdf: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials

PART 3: STRENGTHS-BASED SUICIDE INTERVENTIONS

A Treatment-Planning Model

Suicide Intervention Strategies

We Need to Look Where We're Going

Moving toward Goals and Directions

Knowledge is Power

Let’s Explore Brain Science

Activity: Mindful Moment

Four Big Principles in Psychology

- We find what we look for
- We overfocus on “What’s wrong”
- What we pay attention to grows
- Our brains are contrarians

Plus: Remember, growing the positive (+) is easier than shrinking the negative (-)

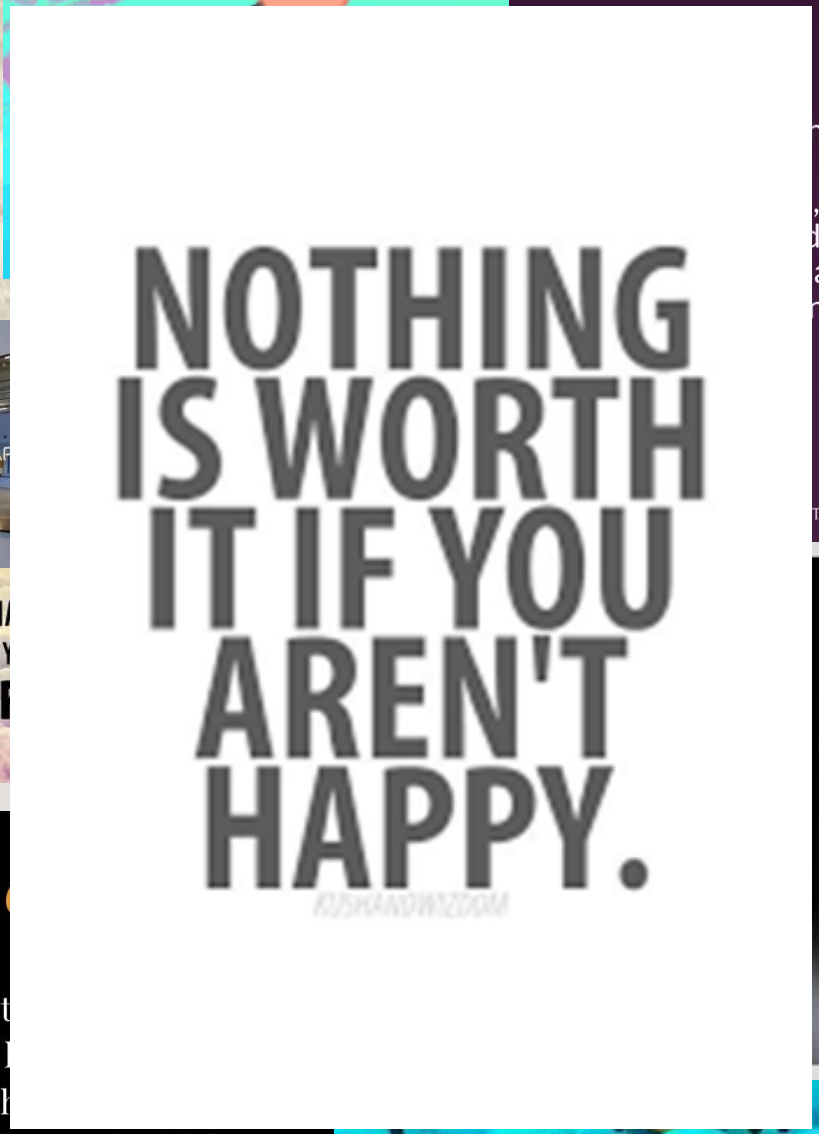
What is Happiness?

- Meaning-Based Happiness
  - Not an emotion
  - Not material wealth
  - Not political achievement
  - Not so much an outcome, but a process of fulfilling one's virtuous potentials in the context of community

  - And NOT this . . .


Are You
HAPPY
Or
SAD?


NO ONE CAN MAKE YOU
HAPPY UNTIL YOU'RE
HAPPY WITH YOURSELF
FIRST.
- ANONYMOUS


NOTHING
IS WORTH
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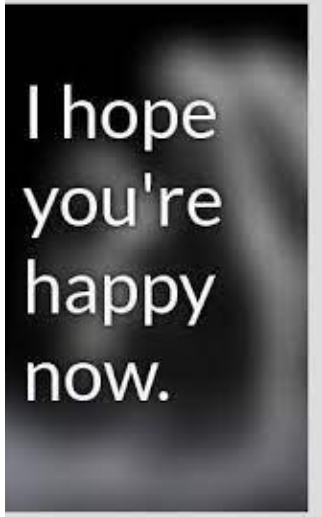
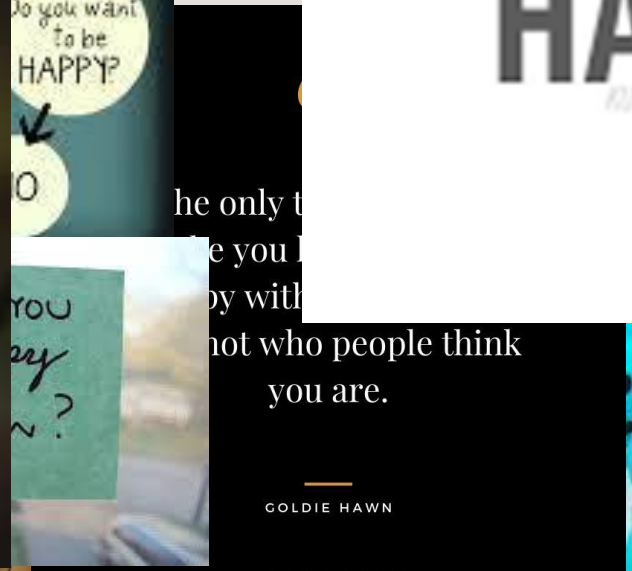

I hope
you're
happy
now.


Are you
happy at work?


not who people think
you are.
GOLDIE HAWN

The Best Definitions?

The Seven Grandfathers' Teachings:

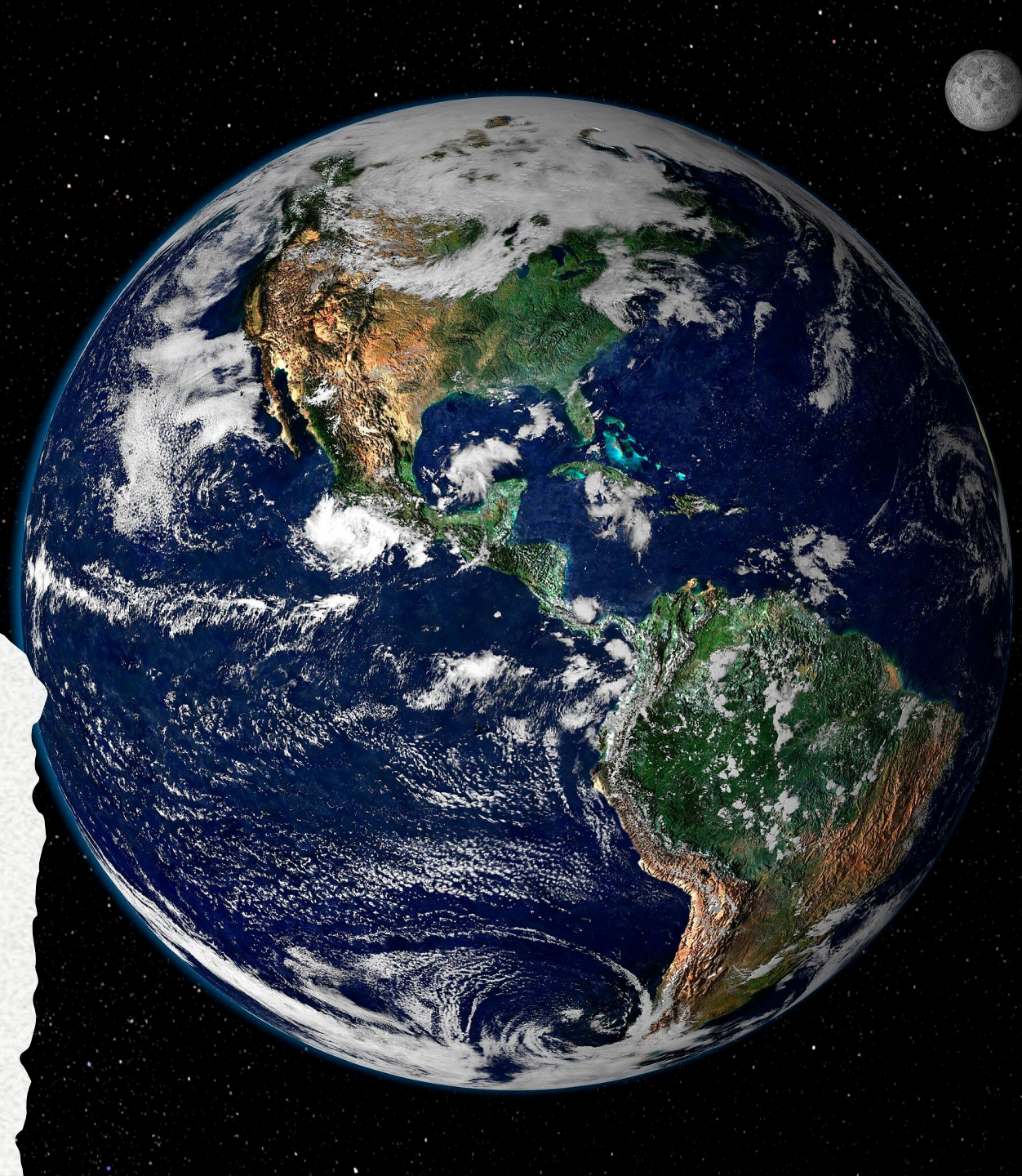
Live in a good way by treating yourself, others, and the natural world with care, honesty, courage, and respect - so your actions reflect your **deepest values** and contribute to the well-being of the whole community.

"...to help the people live the good life, and to respect the Creator, the earth, and each other." (Native Women's Center, 2008, p. 5)

Other Ideas?

Aristotle (and others) – That place where the flowering of your unique virtues, gifts, skills, and talents intersect with the needs of your tribe, family, community.

If you want happiness for a year, inherit a fortune. If you want happiness for a lifetime, help someone else (Confucius)



The Best Definition and You?

How do you match your gifts and deepest values with the needs of your friends, family, communities, tribe, and the world?

Tammy – Restaurant story

Think and Share

Activity

Think of a nice story of your unique strengths (gifts, skills, talents, virtues) coming out in your work or at home or with friends. . .

- This can feel awkward . . .

Flip the Happiness

- Notice. . . with others, their unique strengths
- Name them and share them
- Being seen is great; being seen for your best qualities is better

DID YOU INHERIT YOUR LEVEL OF HAPPINESS?

50% Genetic

40% Your control

10% Circumstances

Our basic temperament is inherited.
Despite this, we have some control over how happy we feel.

Source: Positive psychologist Sonja Lyubomirsky

Seven Organizing Life Dimensions

1. **Emotional** [Core: Excruciating distress]
2. **Cognitive** or Mental [Mental constriction, “nothing helps”]
3. **Interpersonal** [Social disconnection or perceived burden]
4. **Physical/Biomedical** [Agitated, impulsive, ill, and drugs]
5. **Spiritual/Cultural** [Meaninglessness or disconnection]
6. **Behavioral** [Suicide plan/intent, lethal means, desensitization]
7. **Contextual** [Sociological, political, oppression, poverty, and other environmental stressors]

Group Activity
Community Stress Impacts Student

Following a recent loss in the community, several students are grieving. One student, Aaron, begins expressing hopelessness and says he feels pressure to be “strong for everyone,” but inside he feels empty. He confides that he’s having a hard time sleeping, is using substances to try and manage distress, and has begun thinking about harming himself. He is hesitant to involve family because he “doesn’t want to be a burden.”

Group Activity
Emotional Dimension

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Group Activity
Cognitive Dimension

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Group Activity
Interpersonal Dimension

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Group Activity
Physical Biomedical

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Group Activity
Spiritual Cultural Dimension

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Group Activity
Behavioral Dimension

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Group Activity
Contextual Dimension

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7. Contextual Dimension

Main Treatment Planning Targets:

1. Poverty (April 2020 example; resources)
2. Neighborhood violence (safety)
3. Racism—perceived systemic oppression (affirmation/acceptance)

Also: urban, rural, school, government, society, culture, situational triggers, toxic environments, unemployment, high pressure employment, MH resources, bootstrap values

“ Re-Externalizing the External

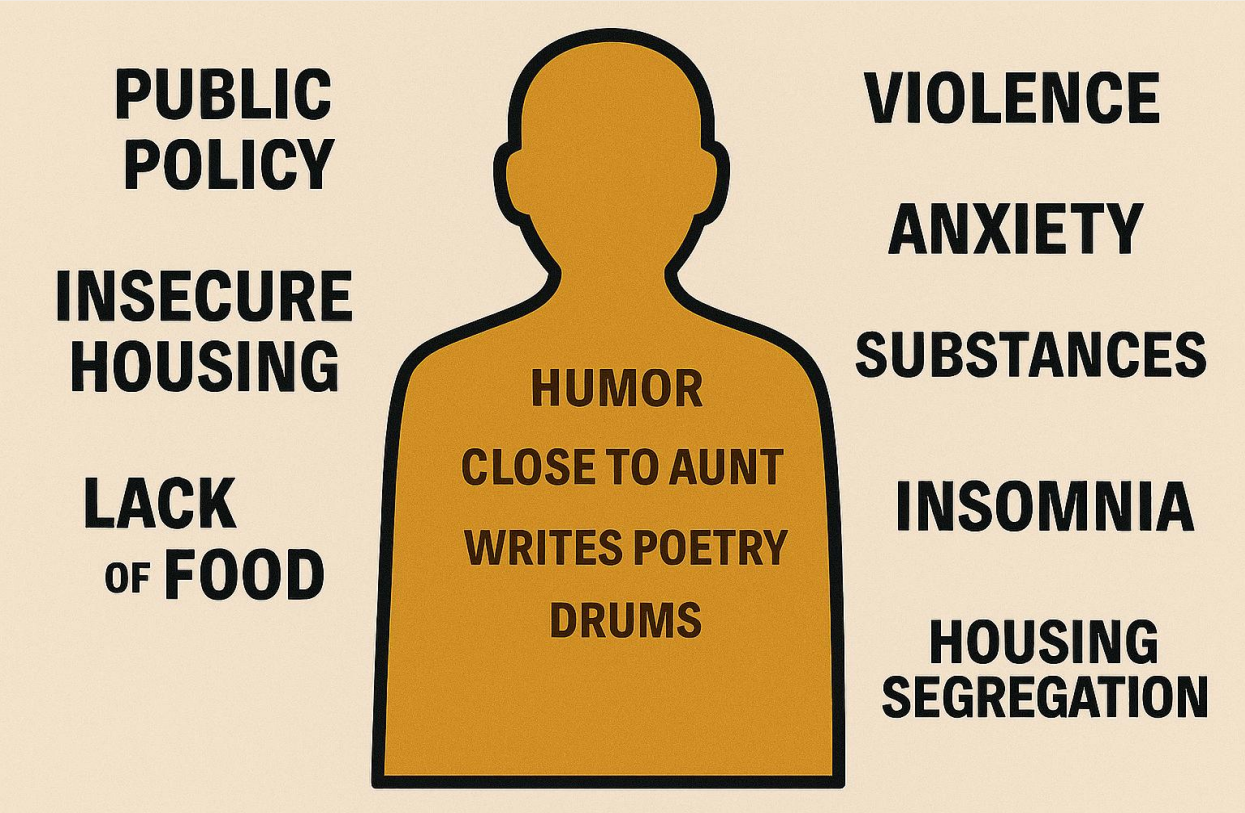
At age 82, in an interview with the Los Angeles Times (Stein, 1986), B. F. Skinner said:

“I have to tell people that they are not responsible for their behavior. They’re not creating it; they’re not initiating anything. It’s all found somewhere else.”

Separating Self From Pain

Label problems (even emotions) and PAIN **outside the person**

Put strengths, strategies, and skills **inside the person**



Social Justice and Therapeutic Tools

- Empathic **commiseration and affirmation**
- **Use externalization:** Put the pattern and problem outside the person and **team with them to address the distress** (Skinner; narrative treatments)
- **Discernment** and Goal-Setting [**Role play??]**
- **Opportunity Ameliorates** (advocate for opportunity – especially with like-minded prosocial groups)
- Advocacy and **connection online**

Find Solidarity and Community

Knowledge and Advocacy Online

Clinical Psychological Science
OnlineFirst

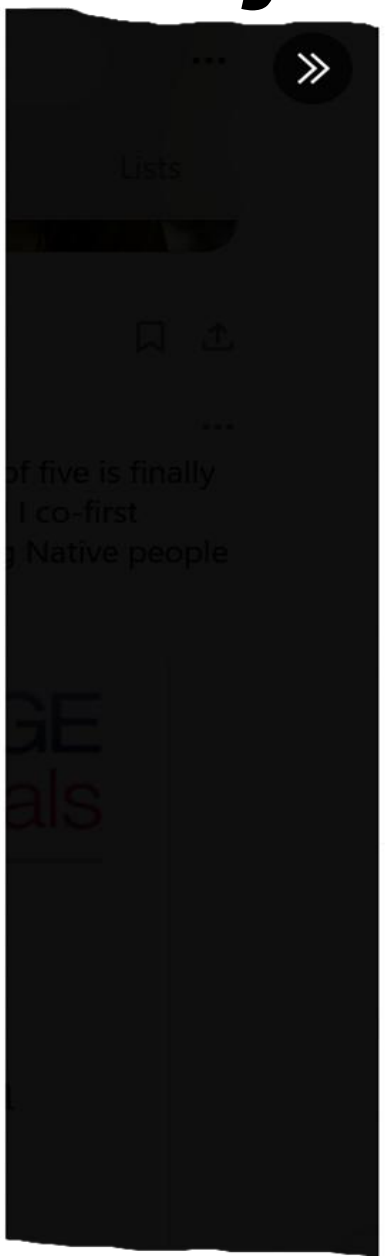
https://doi.org/10.1177/21677026221126732

SAGE journals

Theoretical/Methodological/Review Article

Risk Factors for Suicidal Behaviors in American Indian and Alaska Native Peoples: A Systematic Review

Anna Kawennison Fetter[1], Andrea Wiglesworth [2], LittleDove F. Rey [3], Michael Azarani [4], Micah L. Prairie Chicken[5], Amanda R. Young[4], Amy Riegelman[6], and Joseph P. Gone[7,8]



Andrea Wiglesworth (she/her)
@a_wiglesworth

🚨New Paper!🚨The final systematic review paper of a series of five is finally out in Clinical Psychological Science! Anna (@kawennison) and I co-first authored this review of risk factors for suicide attempts among Native people and offer 4 strategies for advancing the field.

7:40 AM · Dec 9, 2022

3 55 198 14

Post your reply Reply

Andrea Wigleswo @a_ · Dec 9, 2022 ···
Writing this paper definitely felt like a labor of love and I am so proud of the work we did together. I can't wait to hear folks reactions to the work and, as always, to continue working toward Native suicide prevention. See here for the full article!

1. Emotional Dimension

Main Treatment Planning Targets

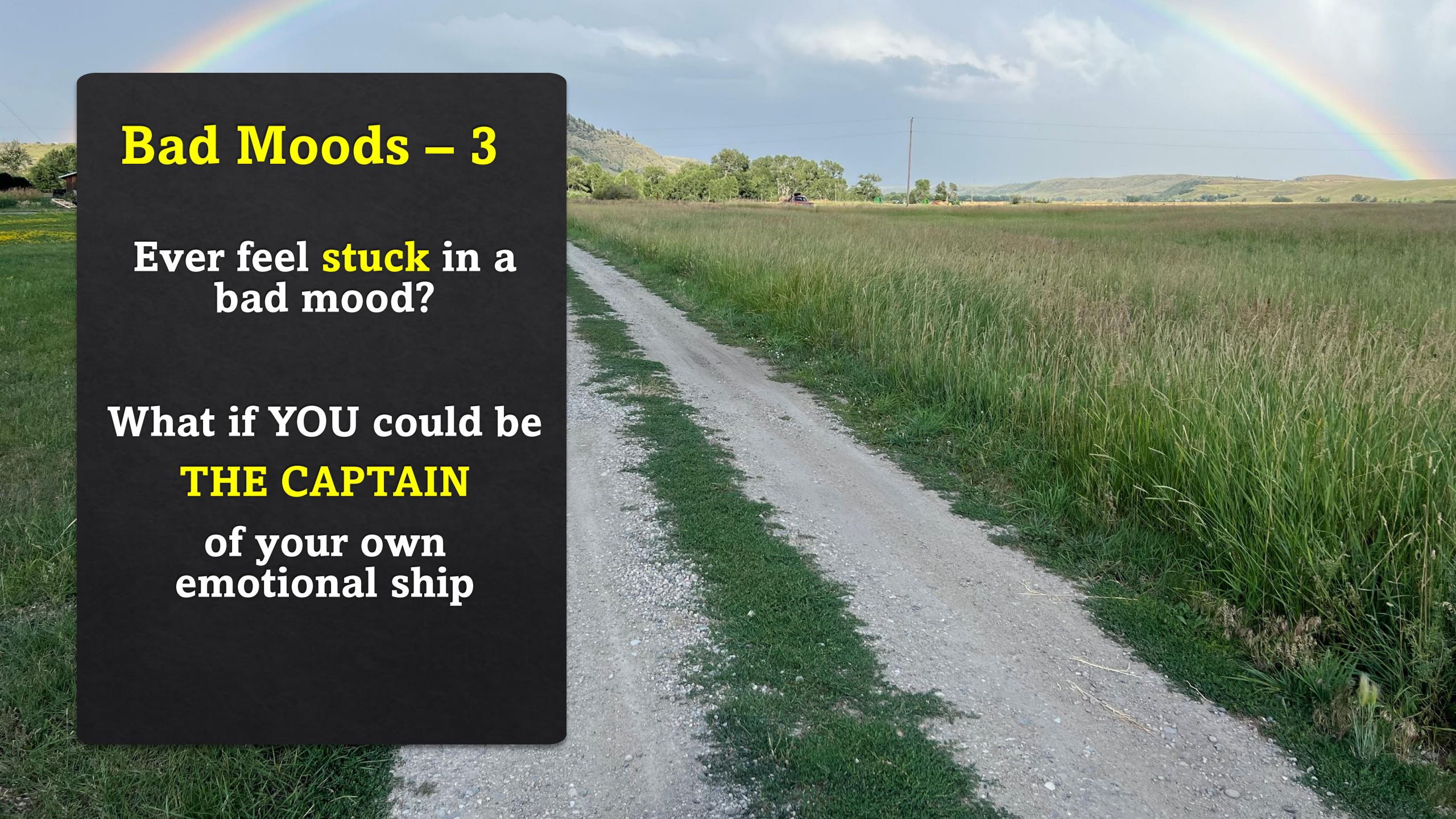
1. Excruciating Distress [Psychache]
2. Affect dysregulation
3. Acute or chronic shame, guilt, sadness, or anger **(*something wrong* with the self;** for oppressed individuals and groups, we can conceptualize this as internalized oppression and re-externalize it**)**

Emotional: Dysregulation and Regulation

DBT (Linehan): Mindfulness+

Distress tolerance: Just Breathe+

Three-step emotional change trick: https://wordpress.com/post/johnsommersflanagan.com/2101 [This is the WHOLE model]



Bad Moods – 3

Ever feel **stuck** in a bad mood?

What if YOU could be

THE CAPTAIN

of your own emotional ship

The Three-Step Emotional Change Trick

Step One

Honor YOUR Emotion

The Three-Step Emotional Change Trick

Step Two

Think a New Thought . . . or
Do Something Different

The Three-Step Emotional Change Trick

Step Three

Share the Good Mood

The Three-Step Emotional Change Trick

Step Four

Teach Someone the 3 Steps

2. Cognitive Dimension

Main Treatment Planning Targets

1. Problem-Solving Impairment
2. Hopelessness
3. Negative Core Beliefs

ALTERNATIVES TO SUICIDE

- Shneidman Story – An intervention for mental constriction
- Role play?
- Final story [Later]

NEGATIVE CORE BELIEFS

- Mark them using **“Active listening.”**
  “Sometimes . . .” [Core beliefs are activated; when are they off; when are they on?]
- “**Sometimes** the way you talk makes me think you think there’s something wrong with you.”
- Explore, and **bookmark** **for later** [CBT].
- What’s Good About YOU? **What’s bad**??

EVIDENCE-BASED HAPPINESS

Witness Something Inspiring

- During break, or tomorrow, or all weekend, make a point every day to watch for something that's just a little bit inspiring. [**AKA Joyspotting**]

3. Interpersonal [Social]

Main Treatment Planning Targets

1. **Unwanted Social Disconnection*** [aka thwarted belongingness; Joiner]

2. Social Skill Deficits

3. Feeling Like a Social Burden

VOLUNTEER AND DEMONSTRATION

Cognitive Interventions

Interpersonal interpretation of a longstanding pattern

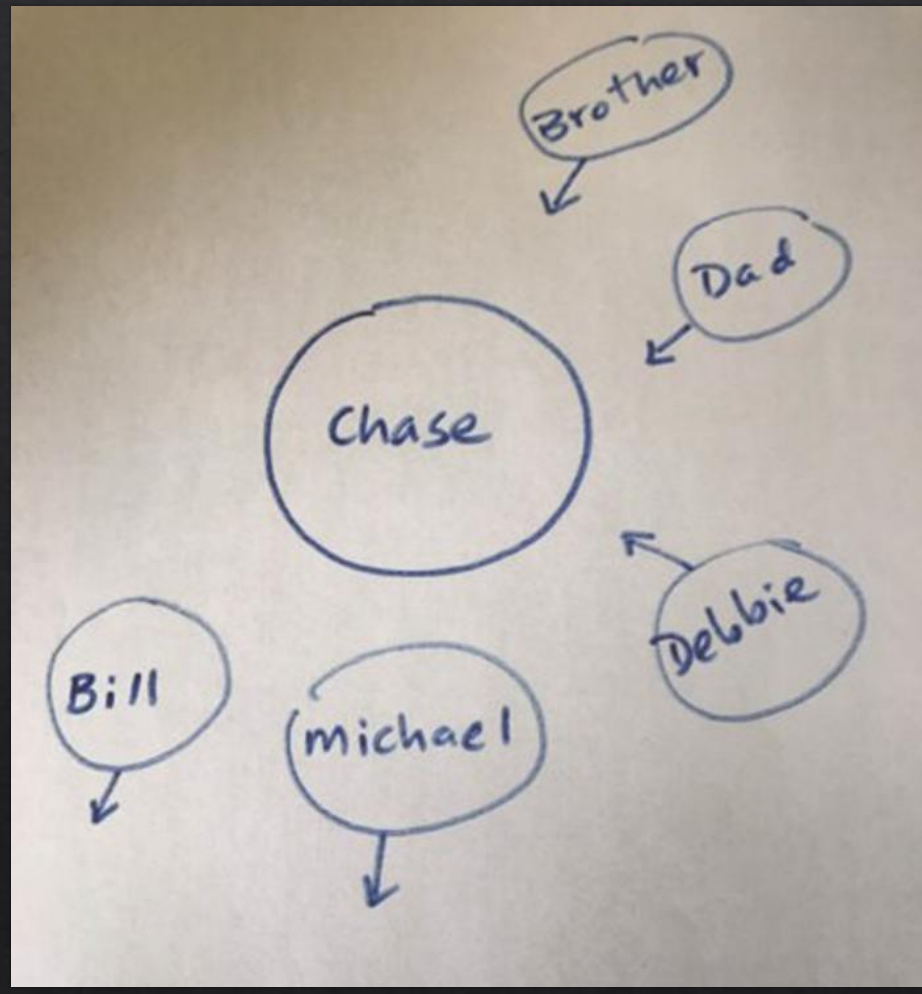
Building hope from the bottom up

Social Intervention

The Social Universe

Social Universe and Hope From the Bottom Up

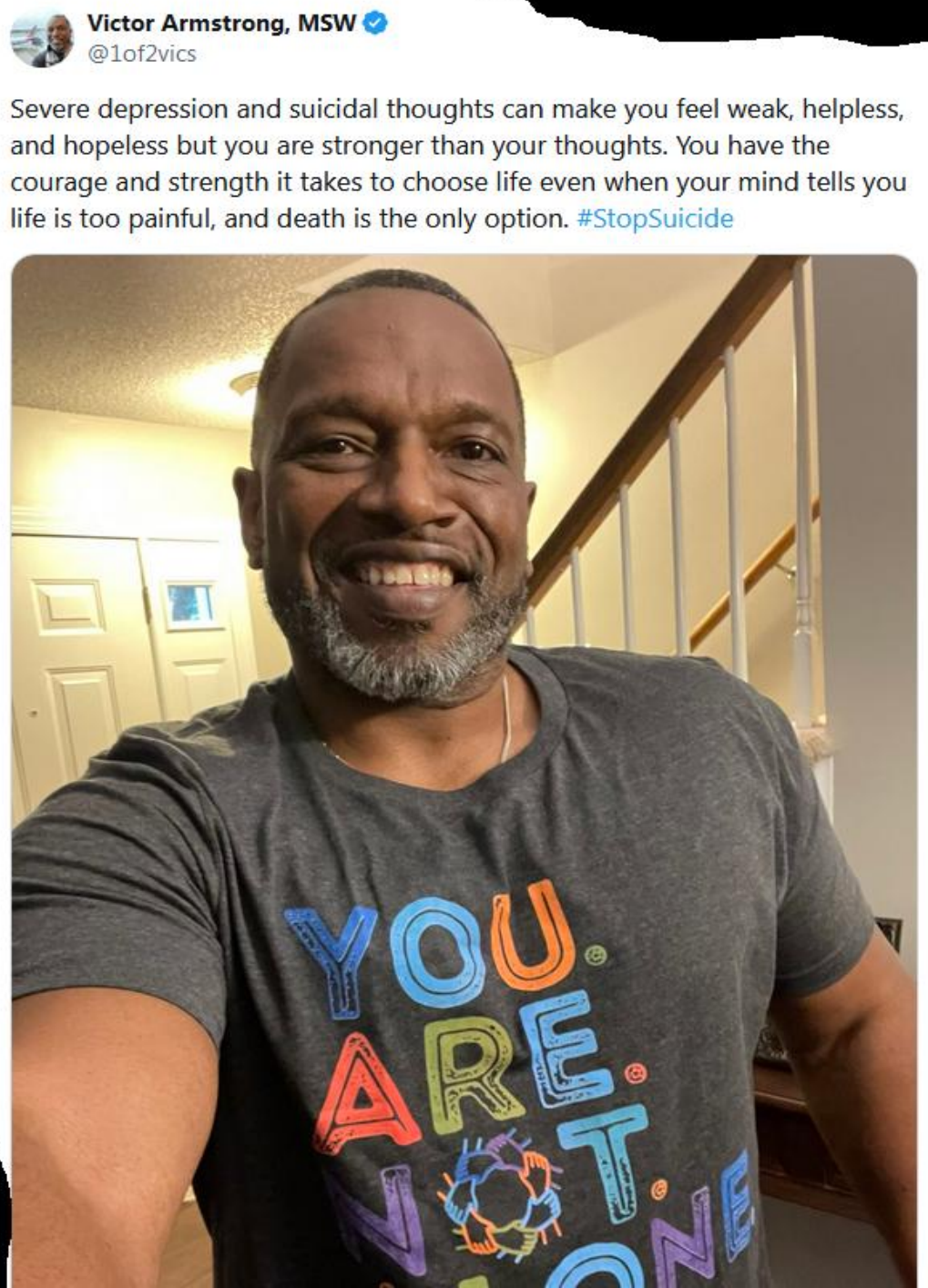
- Who gives you validation?
- “No one gives me validation.”
- Who is the most toxic person in your life?
- “Bill”
- Who’s the next most toxic?
- Michael
- Who’s neutral?
- Debbie



SOCIAL UNIVERSE SKILL

How might you use this **social universe assessment** therapeutically?

Building hope (continuum) from **the bottom up**



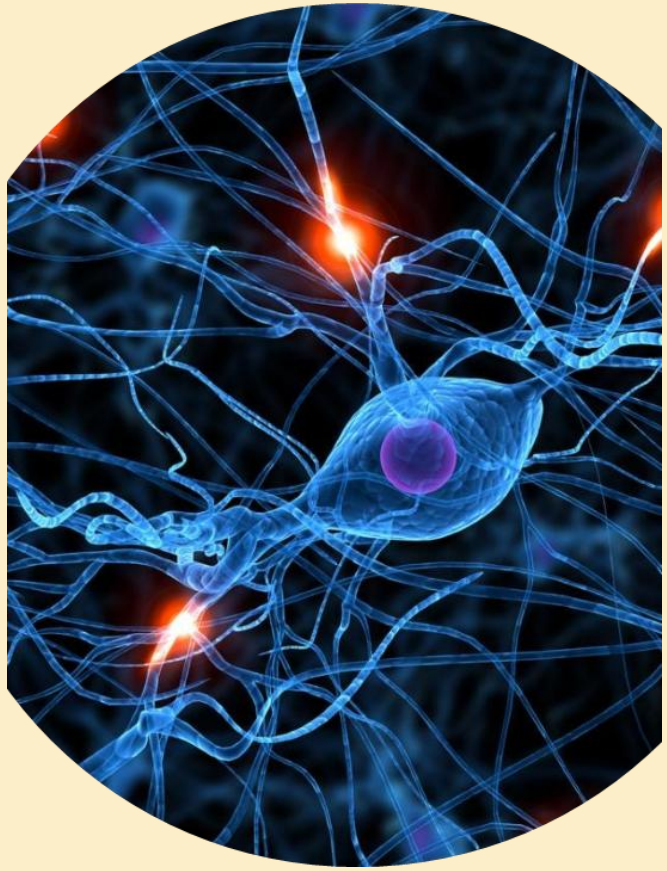
SOCIAL CONNECTION

Getting connected can be with you, in-person, or online.

Finding relatable people who generate hope is important.

This is Victor Armstrong who gives encouraging and insightful messages on Twitter (X).

4. Physical Dimension



Main Treatment Planning Targets:

1. Arousal-Agitation
2. Trauma, insomnia, nightmares
3. Physical symptoms of depression

THREE GOOD THINGS

- Insomnia/Sleep
- Rumination (natural, but unhelpful)
- Improved self-efficacy
- Focus on positive experiences (increased optimism)

THREE GOOD THINGS (CONT.)

- Seligman's signature technique
  - Before you go to sleep (or right now)
  - Write down (or think about) three good things that happened during the day (or last 24 hours)
  - Then track down in your mind **"Why" those things happened**
  - Seligman: After a week, you'll want to keep doing it (JSF: Maybe)

WHY 3 GOOD THINGS WORKS

- When you go to bed, you NATURALLY embark on a negative (depressive) review or anticipatory (anxiety) preview
- Three good things shifts your focus
- Identifying "Why" those things happened activates a brain search toward positive attributions

5. Cultural and Spiritual

Main Treatment Planning Targets

1. Cultural/Spiritual Disconnection
2. Meaninglessness
3. Shame (Emotional)

GRATITUDE DEMO [OPTION]

- Gratitude can be an interpersonal or a spiritual intervention

Gratitude PRACTICE

- Take a moment to think of one thing you're thankful for.

- Examples include a person, an event, something you're good at, goals you have achieved, where you live, or opportunities.

Gratitude – Homework

- Toward whom do you want to express gratitude?
- Write a postcard or letter or email or text or IM of gratitude to a person you value
- Or . . . Tell the person directly
- Results?? Not about the response.

6. Behavioral

Main Treatment Planning Targets

1.Suicide Desensitization

2.Lethal Means

3.Suicide Intent and Planning*

It's Your Turn – Pair/Share

Maya stops by the counselor’s office during lunch, looking worn down and mentioning she hasn’t been sleeping. She’s been overwhelmed by school and responsibilities at home, and lately her thoughts jump between worry, self-criticism, and moments when she wonders if people might be better off without her. She’s been withdrawing from friends because she doesn’t have the energy to “pretend everything’s fine,” and she feels guilty. Maya says she feels weary and is "letting everyone down."

Safety Planning (with Kennedy?)

- How Can I Make My Environment Safe?**
- My Unique Warning Signs
- My internal Coping Strategies
- People and Settings that Provide Support and Distraction
- Who Can I Ask for Help?
- Professionals or Agencies I Can Contact for Support
- How I Can Make My Environment Even Safer?

Safety Planning II

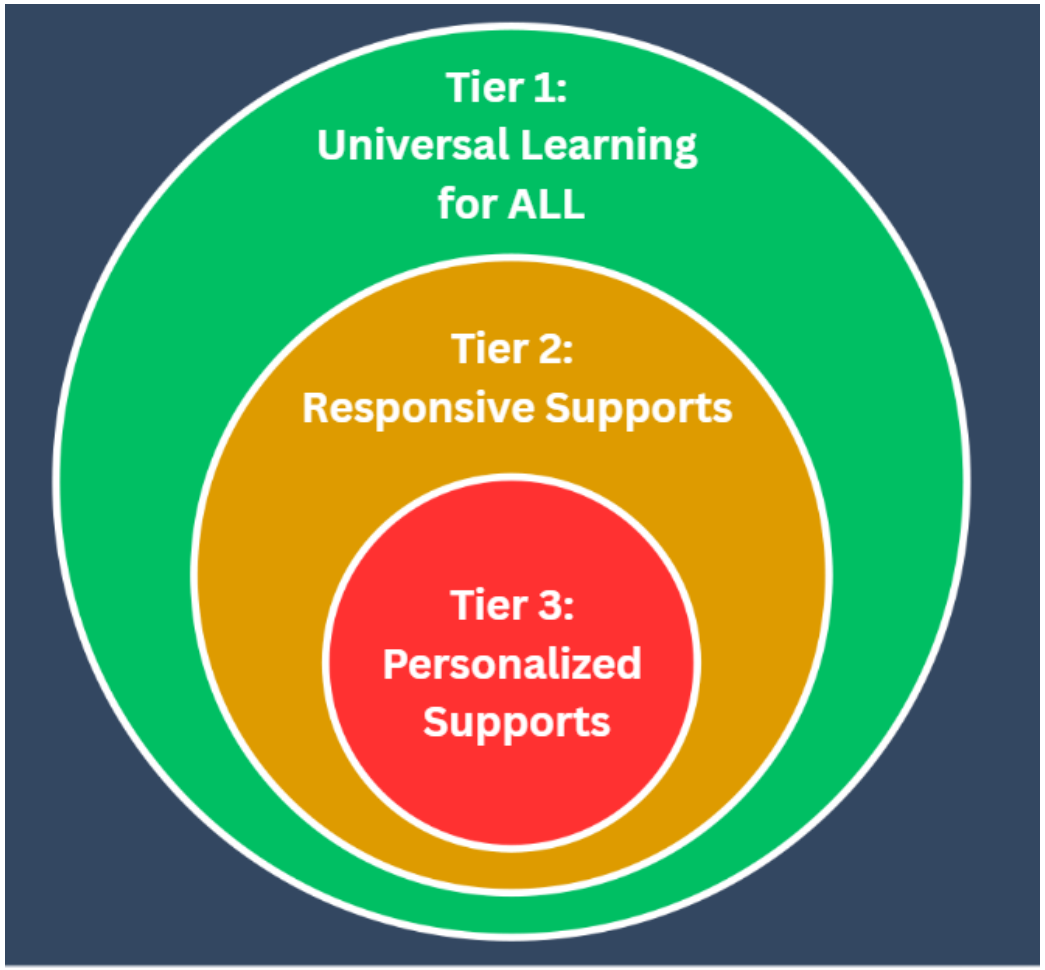
- Follow the Stanley and Brown SPI protocol – or whatever your school is using
- When you safety plan, be explicitly collaborative and compassionate
- To watch a safety planning example of JSF with Kennedy: https://johnsommersflanagan.com/2021/03/30/how-to-do-suicide-safety-planning-a-case-example/

Application and Integration Across the Tiers+

Shared Burden/Enhancement:

What is my role?

What are colleagues/ school/community's role?



In Closing

- What do you want to remember?
- What can implement soon?
- **Thanks for being you . . .**
- Monitor and take care of yourself and your colleagues

Conclusion: Reminders

- The mind is a terrible place to go . . . Alone
- Which is why we should keep on talking—directly to each other and to other friends, family, and community—about suicide and suicide prevention.
- Info at: johnsommersflanagan.com

Free Resources

https://montanahappinessproject.com/

https://johnsommersflanagan.com/