

Your Clients and Suicide

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Clinical Consultations aims to address real questions and dilemmas that practitioners encounter in their daily practice. Have a question or advice to share? Send your thoughts to Donovan Kuehn, Managing Editor, at dkuehn@naadac.org.

The question for this issue:

“What are the key factors professionals need to identify in suicidal ideation and assessment in our clients? What resources are available to professionals to help?”

Suicide and Drinking are Connected

First of all, it is important to remember that depression and SUD are often found in the same person. These are two separate, primary illnesses and both need to be treated. A person who has clinical depression will not automatically get over their depression when he or she achieves sobriety, nor will he/she automatically get over their addiction if the depression is successfully treated. A person can relapse on either disease, and ignoring one disease to treat the other will guarantee a relapse on the one you are treating.

There are several key factors that professionals need to be aware of in order to identify and assess for suicidal ideation in our clients. When a person talks about suicide, ending their life, wanting to be done with it, etc., this constitutes suicidal ideation and we need to take them seriously. We must assess the person to see if he or she has a plan and/or intent beyond the ideation, and whether they have access to the method in their plan. If they have intent, a plan, and a method available, they need to be hospitalized on a psychiatric unit immediately. A family member, friend, or the police, need to remove any and all potentially suicidal objects the person has in their home before he/she can safely return.

Similarly, a person who is intoxicated and talks about suicide needs to be hospitalized. The impairment in reasoning and judgment caused by the intoxication triples the risk that the person will follow through with their ideation. Seventy percent of suicides are committed by people who have been drinking. They are best

managed in a psychiatric inpatient unit rather than in a detox center, due to the specialized care needed.

Another factor that plays a significant role in suicidal behavior is trauma. The vast majority of our addictions clients have a significant trauma history. We not only need to assess for trauma at intake, but develop treatment protocols to address trauma as part of our normal treatment process. When studies show that around 85 percent of people with addictions also have significant childhood trauma, we must do a better job of treating trauma in our addictions programs. Doing so would have a solid impact on reducing suicides.

Most counties in the U.S. have a Community Mental Health Center to which we can refer people when they present with suicidal ideation. Many local governments also have a suicide hotline or suicide prevention coalition we can utilize. The Internet has multiple sites created by experts where professionals can gather a variety of good ideas on how to best help our clients with suicidal ideation and behaviors.



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Don't Ignore the Subtle Signs

Subtle signs of suicidal ideation are most perceptible when they comprise changes in behavior patterns. Some of these changes may not even appear to be typical of what is expected of someone contemplating suicide. For instance, many who have made the decision to take their lives may show sudden signs of happiness or contentment.

I'll never forget the time that, by chance, I ran into the teenage son of a colleague. The young man seemed overly eager to greet me. We weren't expected to meet and he was uncharacteristically overjoyed with the chance encounter. Though I liked the kid and was an acquaintance with his father, I thought his behavior a bit strange. Tragically, it became all too clear to me a week later when he committed suicide. It is important to keep in mind that for many who are serious about taking their lives, some plan ahead, get their affairs in order, and make it a point, in their own way, to say their good-byes.

When there is no other logical explanation for this type of behavior, it should not be ignored. In fact take it as a bright red flag if such actions follow struggles with major life difficulties, such as divorce, depression, loss of job, etc. The young man who took his life (and this was over 20 years ago) was struggling with his sexual orientation and felt he couldn't talk about it to anyone (no one had a clue — this came

out after his death through writings he left behind in a journal).

When we think about symptoms of suicidal ideation, the obvious signs usually come to mind — it's the subtle clues that tend to be ignored. Many times, individuals who have suicidal ideation feel trapped with no outlet of relief for the internal turmoil they may be experiencing. Relief can begin with an understanding ear. As therapists we need to be tuned in to the behavioral shifts in our clients that may be indications of such turmoil.

An understanding ear can often provide relief from internal turmoil such as what the young man I encountered was likely experiencing. In cases like the tragic suicide of the young man I referred to, having someone he could talk to about his internal turmoil, could have circumvented his tragic death.



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