

Preventing Suicide Using Motivational Interviewing



Brad Lundahl, PhD

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Agenda

Introduction

The Problem of Suicide

Motivational Interviewing



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Who am I? Brad Lundahl, PhD

**PhD in Clinical Psychology
Northern Illinois University**

**Tenured Professor:
University of Utah**

**Clinician, Business Owner
www.cccslc.com**

MINT Trainer



- **Research MI**
- **Practice MI**
- **Supervise MI**
- **Train on MI**
- **Trying to enhance learning
MI via www.esympro.com**

Fortunate to have learned and worked with MI's co-founders

Bill Miller



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Stephen Rollnick

Suicide = Pain

● Suicide is tragic

Individual

Families

Communities



● Too Common
(NIMH, 2017)

- 2nd Leading cause of death: Ages 10-34
- 4th Leading cause of death: Ages 35 – 54
- 10th Leading cause of death overall

Predictors of Suicide

Emotional/Psychological Predictors

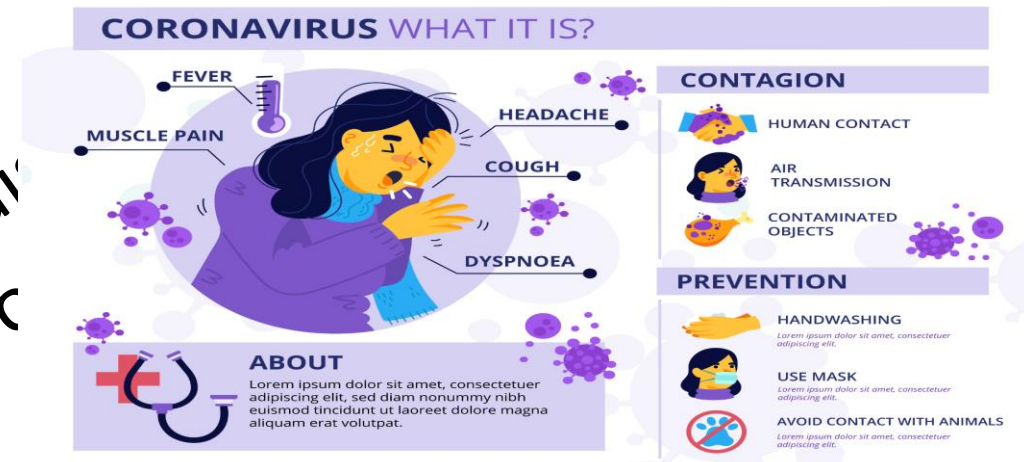
(partial list; complex issue; see NIMH for more info)

Feeling Trapped

Hopelessness

Stress, Pressure

Loss, Hurt, Anger



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Spring, 2020

Who Interacts with Suicide?

Medical Professionals

Educators

Social Workers,
Case Managers

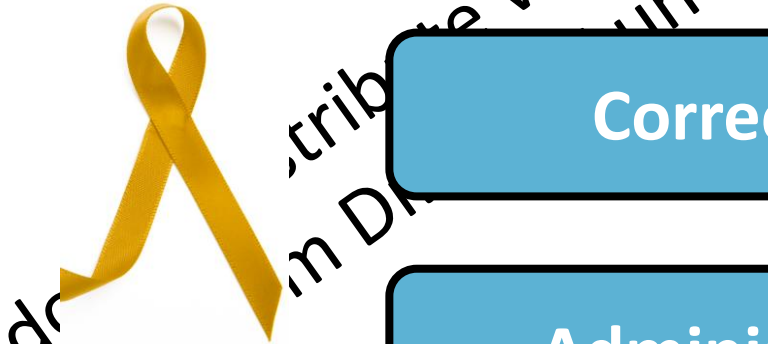
Corrections

Front-line Workers

Administrators

All of Us

Families



Transitioning to M.I.

Can M.I. help prevent suicide?



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If yes, how?

Research - Motivational Interviewing in Response to Suicide

A Randomized Controlled Trial to Engage in Care of Adolescent Emergency Department Patients With Mental Health Problems That Increase Suicide Risk

Jacqueline Grupp-Phelan, MD, MPH,* Leslie McGuire, MSW,† Mathilde M. Husky, PhD,‡ and Mark Olfson, MD, MPH§

Results: A total of 204 families were enrolled. Overall, 24 adolescents (12%) screened positive for suicide risk factors and were randomized to the intervention (n = 11) or standard referral (n = 13) groups. The groups did not significantly differ on several measures of screen acceptability. **As compared with the standard referral group (15.4%), the intervention group (63.6%) was significantly more likely to attend a mental health appointment during the follow-up period (Fisher exact test, P = 0.03).** There was also a nonsignificant trend toward greater improvement of depressive symptoms in the intervention than standard referral group ($t = 1.79, df = 18, P = 0.09$).

Emerging Evidence is:
Promising

Motivational Interviewing-Enhanced Safety Planning for Adolescents at High Suicide Risk: A Pilot Randomized Controlled Trial

E. K. Czyz, C. A. King, and B. J. Biermann
Department of Psychiatry, University of Michigan

Motivational Interviewing to Address Suicidal Ideation: A Randomized Controlled Trial in Veterans

PETER C. BRITTON, PhD, KENNETH R. CONNER, PSYD, MPH, BENJAMIN P. CHAPMAN, PhD, MPH AND STEPHEN A. MAISTO, PhD

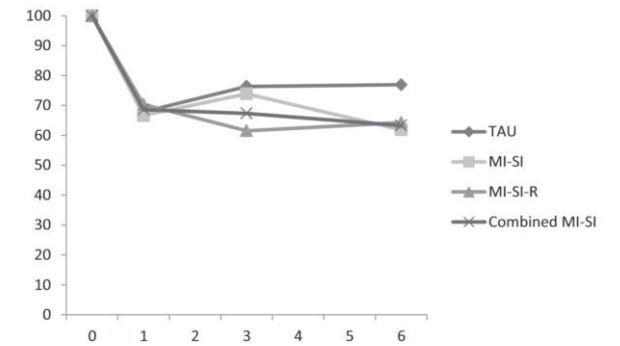


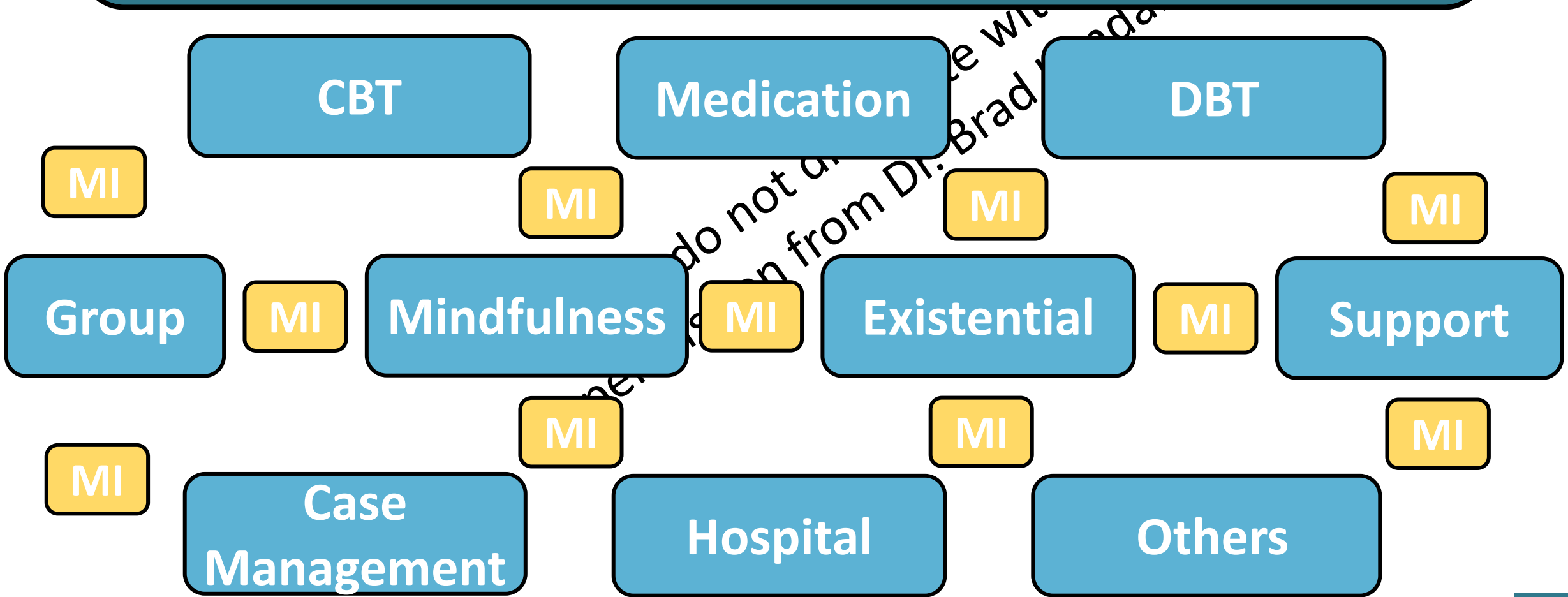
Figure 2. Presence of suicidal ideation on the Beck Scale for Suicidal Ideation (SSI) by treatment.

Preliminary Proximal Outcomes

Results from mixed-effects models of daily data (Table 2) revealed several notable findings. Teens in the intervention group reported significantly higher self-efficacy to refrain from suicide attempts ($B = 1.15, p = .030$; Cohen's $d = 0.25$) and greater likelihood of using coping relying on self (i.e. distraction, relaxation, thinking about reasons for living; odds ratio = 4.69, $p = .042$). These effects were not moderated by time. With regard to coping relying both on self and support from others, both groups were as likely to use this combination of strategies.

Suicide is Complex, Treatment is Complex

Brick (other treatments) & Mortar (MI)



Four Processes of MI x Positioning Conversations on Suicide

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PROMOTE ENGAGEMENT

LOWER 'RESISTANCE'

2

Focus / Goal

WHAT

3

Motivation

WHY

4

Credible Plan

HOW

Assess: Context, Culture, Symptoms, Patterns, History, Etc.

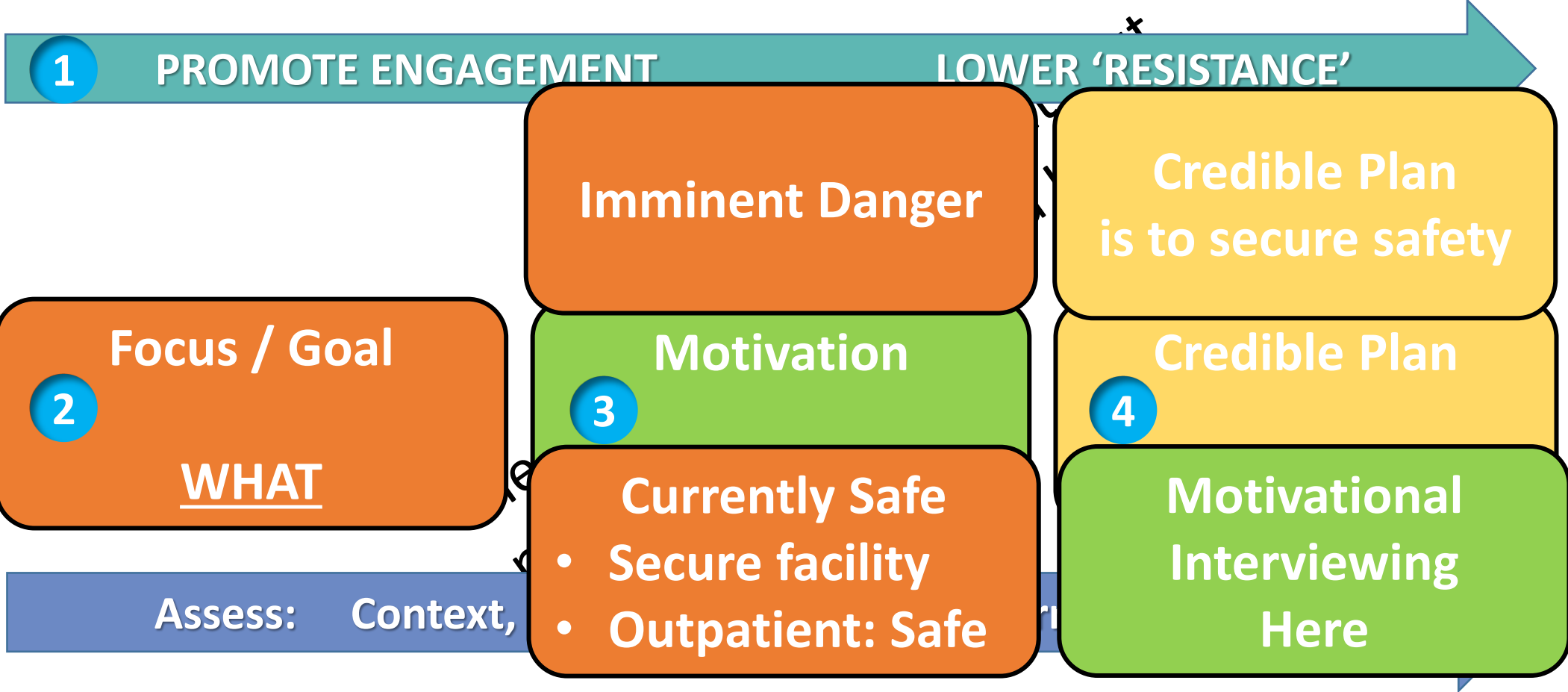
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Four Processes of MI x Positioning Conversations on Suicide

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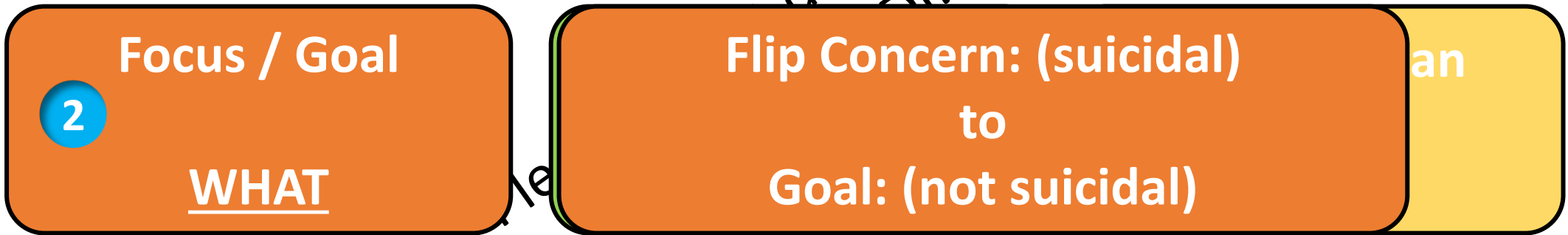


Securing Agreed Upon Goal: Focusing

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1 PROMOTE ENGAGEMENT LOWER 'RESISTANCE'



Assess: Context, Culture, Symptoms, Patterns, History, Etc.

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What Land: Flipping Concerns & Complaints into Goals – Lemons to Lemonade

- 1 Notice/Hear the concern – Person is thinking of taking their life.
- 2 Empathy through perspective-taking:
What is their experience? Imagine their situation. Walk a mile in their shoes.
- 3 Think: What is the opposite of the concern? Wanting to live, vitality, purpose.
- 4 Repeat concern(s) “You have suicidal thoughts; you contemplate taking your life.”
- 5 Provide genuine empathy as appropriate ... “Since the loss, you have felt sad and depressed. And, that makes sense. Loss is challenging. You wonder if you can go on.”
- 6 Say: Bid to work together to accomplish the opposite of the concern [insert #3]
“Can we work together to find a way that you would want to live? That is, can we work on helping you feel hopeful, to have vitality, and purpose again?”



What Land: Flipping Concerns & Complaints into Goals – Examples



Concern

I'm depressed

Hopeless

Trapped

End everything, suicide



Possible Goal

You want to feel alive, to have purpose & energy

See promise, believe things will work out

Path forward, options to realize your goals

Feel alive, vitality, purpose, want to live

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What Land: Flipping Concerns & Complaints into Goals

1 Hear Concern

2 ? Empathy ?

3 ? Opposite ?
? Empowered?

4 State concern

5 Offer empathy

6 Flip to
possible goal

1 Wants to die.

2 Might feel hopeless; anxious; uncertain; trapped; stressed.

3 Feel hope, purpose, meaning, path forward, alive, vitality.

4 Say: "You have thought about taking your life."

5 You feel immense loss and lack of purpose, even depressed.

6 "TOGETHER, CAN WE explore methods of helping you feel purpose and meaning again? To respond to this loss and feel alive again?" Would that be okay?

Lifting motivation for life

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1 PROMOTE ENGAGEMENT LOWER 'RESISTANCE'

2 Focus / Goal
WHAT

3 Motivation
WHY

Motivation Toward Life

Assess: Context, Culture, Symptoms, Patterns, History, Etc.

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Lifting Motivation for Life

Sustain Talk

Client says:

**What do you
Say?**



I'm not sure I want to live, I've even thought of suicide. But, I know it would hurt my kids and my family. I want to get back on track. I'm just hurting so bad and lack confidence.

Change Talk

Symptoms, Explanations

Lifting Motivation for Life

Change Talk

Client says:

**What do you
Say?**



I fear dying. I fear that if I try to kill myself I'll fail and be paralyzed and that would be worse. And, it will hurt lots of people. **But, I just cannot stand to live anymore. I'm so tired.**

Sustain Talk

Lifting Motivation for Life

Client says:

What do you
Say?



I want to be happy again. To have purpose.
I'm not sure I can do it though. I'm scared
to try again. I know what it is like to feel
alive, and I want to get there again. I'm
just not sure I can. I'm willing to give
treatment a try.

Promoting Change Talk to Supporting Client's Value for Life

Change Talk x 3 Activities

1

See it:
Recognize Change Talk



2

Further it:
Get Greedy!!

3

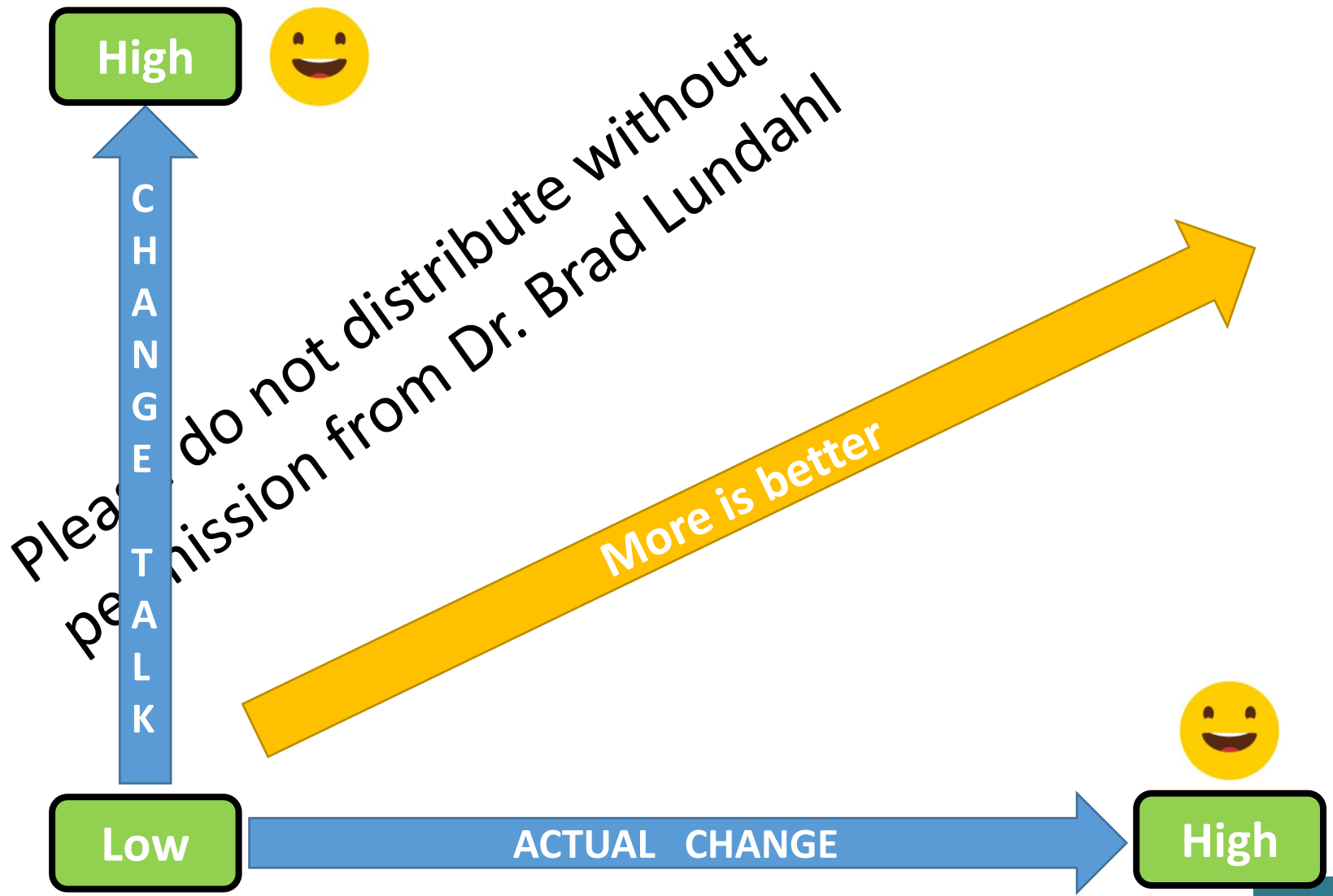
Cultivate it:
Evoke Change Talk

- **Desire**
- **Ability**
- **Reason**
- **Need**

- **Commitment**
- **Taking Steps**

Focusing on Change Talk Promotes Client's Motivation

Key Idea:
Change talk frequency linked to actual change
More = Better



Promoting Change Talk to Support Client's Value for Life

Change Talk x 3 Activities

1

See it:
Recognize Change Talk

2

Further it:
Get Greedy!!

3

Cultivate it:
Evoke Change Talk

Promoting Change Talk

How to extend & evoke change talk?

Easy ... 2 Steps

Focus on client's change talk

Commit to explore change talk



How to extend & evoke change talk?

Focus on client's change talk

O.A.R.S

Open-ended Questions: Promotes Volume (more to come)

Affirmations: Notice strengths, encourage client to explore

Reflections: Simple, Complex, Double-Sided ... 5:1 ration

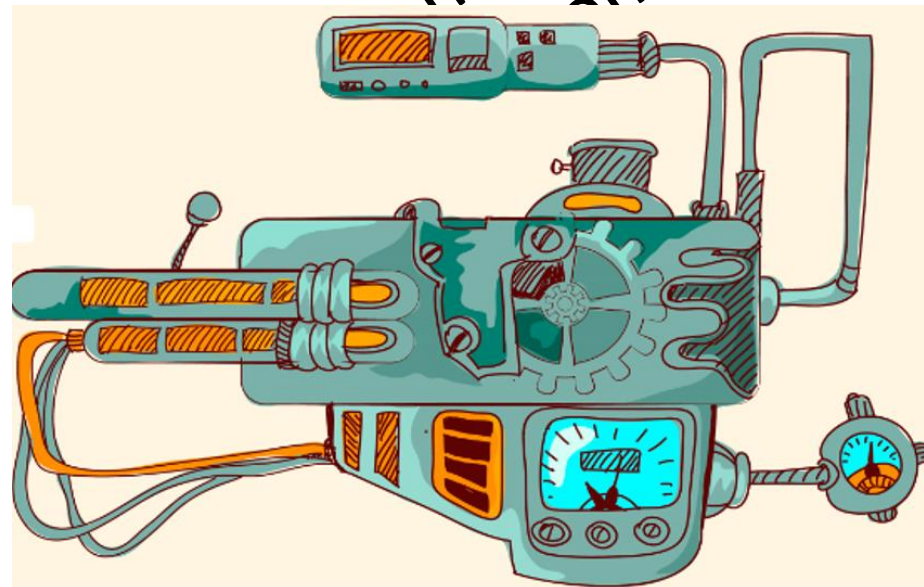
Summaries: Lets client hear again their change talk



Evoking Change Talk for Life ... Get Curious

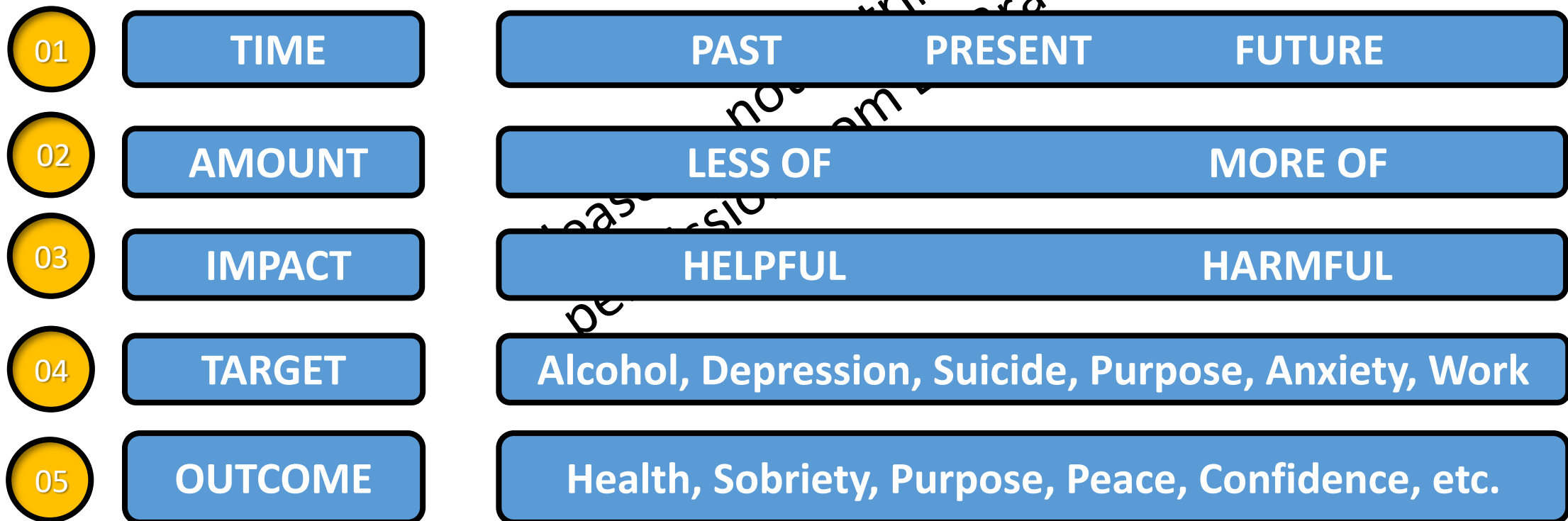
CHANGE-TALK-A-NATOR 2021!!! Curiosity Assistant

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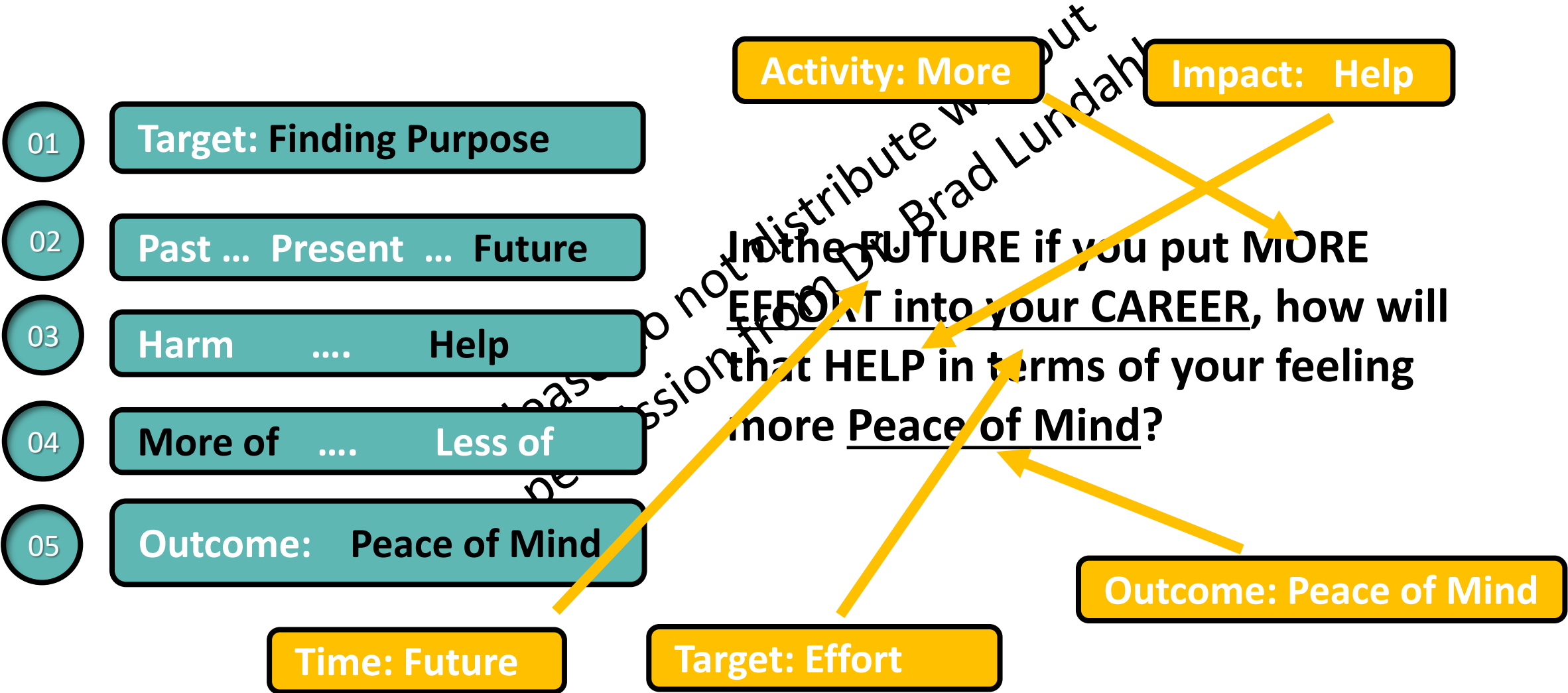


The Change-Talk-A-Nator

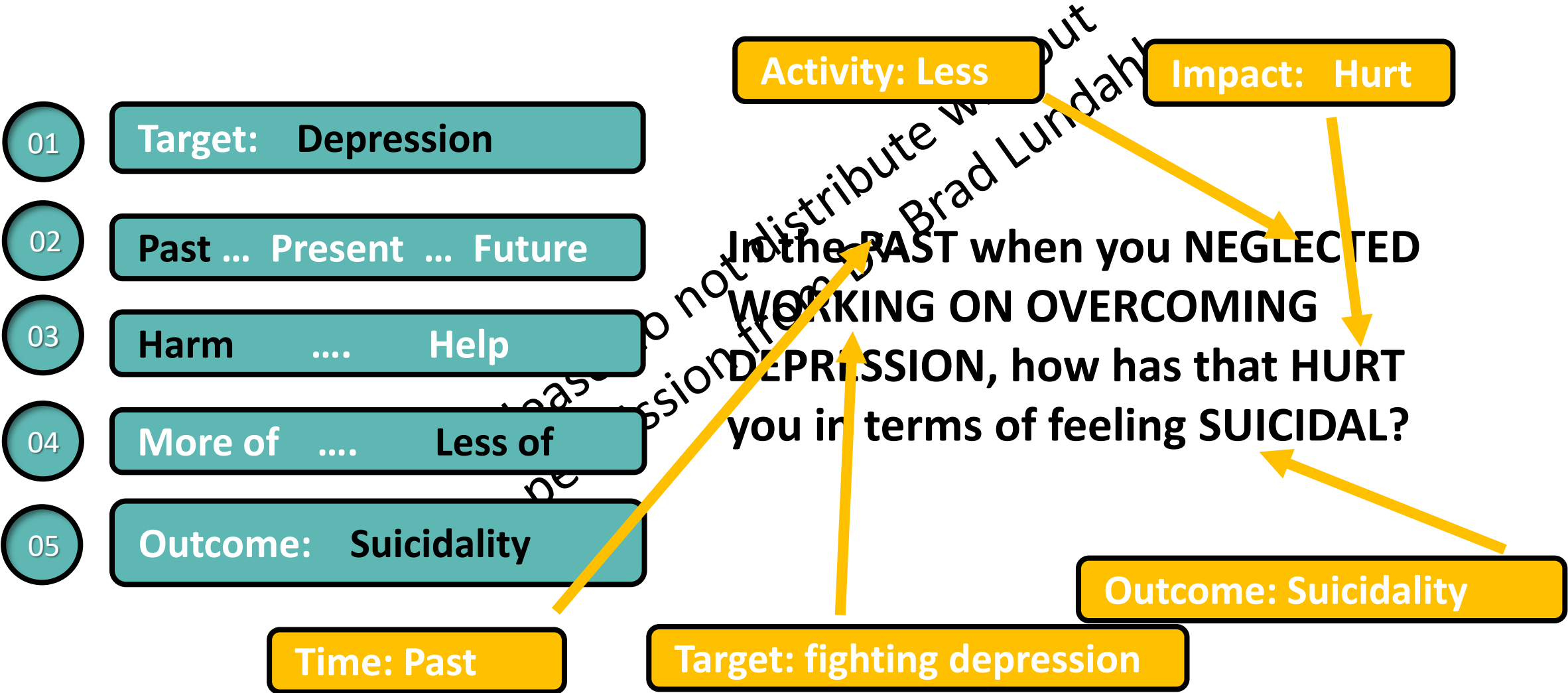
Five Dimensions Combined = Curious Exploration of Change Talk



Curiously Extending or Evoking Change Talk



Curiously Extending or Evoking Change Talk



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Curiously Extending or Evoking Change Talk

- 01 Target: Depression
- 02 Past ... Present ... Future
- 03 Harm Help
- 04 More of Less of
- 05 Outcome: Suicidality

Activity: More Impact: Help

In the PAST when you FOCUSED MORE on OVERCOMING DEPRESSION THROUGH CBT, how has that HELPED you in terms of feeling SUICIDAL?

Time: Past

Target: fighting depression

Outcome: Suicidality

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Summary

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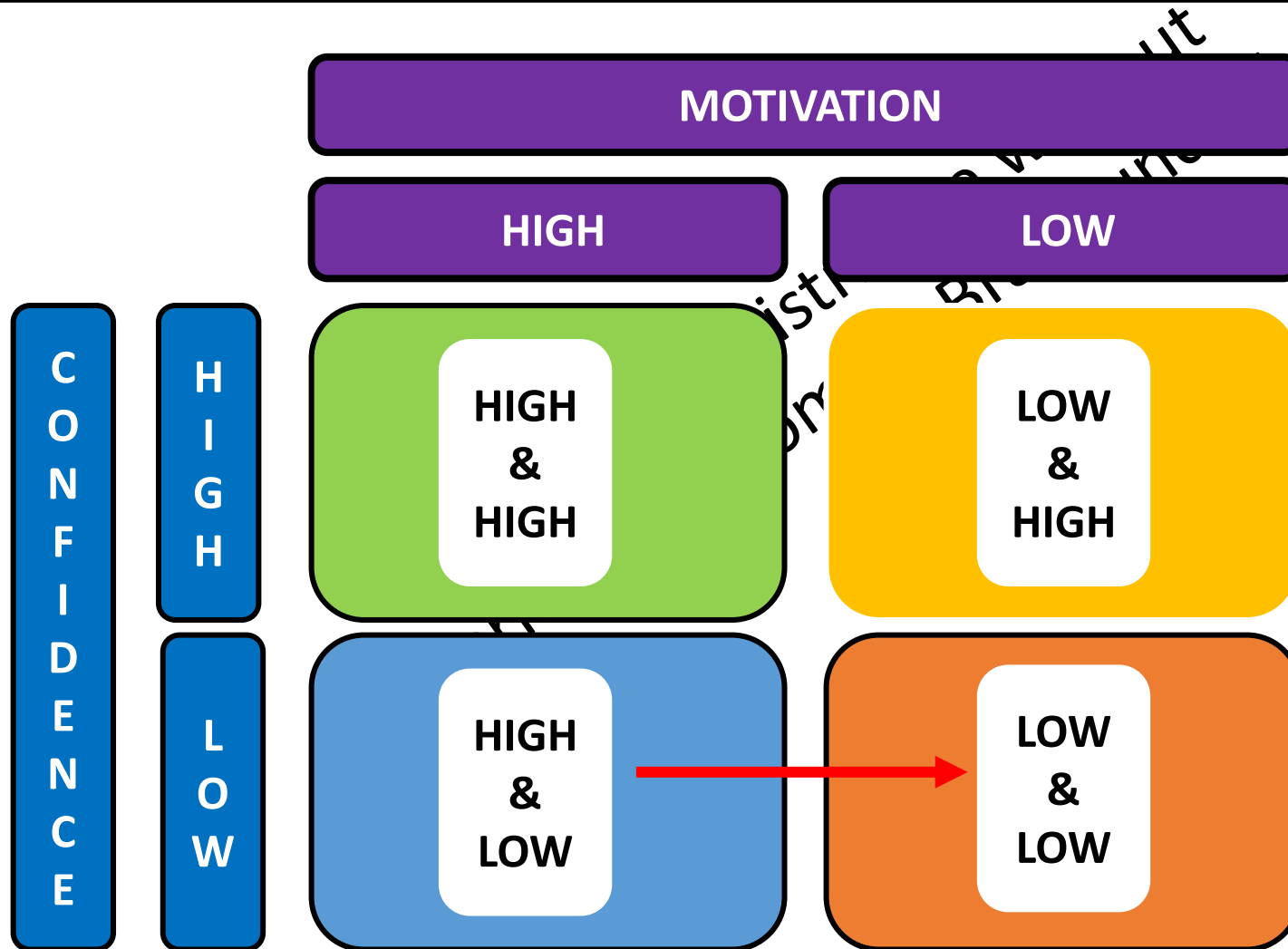
Assess: Context, Culture, Symptoms, Patterns, History, Etc.

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Motivation & Confidence in Relation to Suicide

Working thru pain, anxiety, depression, despair ...



Hope & Confidence Model

Brad Lundahl, PhD

- Feels good
- Helps us move forward in life
- Motivates
- Overcome challenges

Opposites Stink

- Despair
- Futility
- Hopelessness

We don't want to reside here!

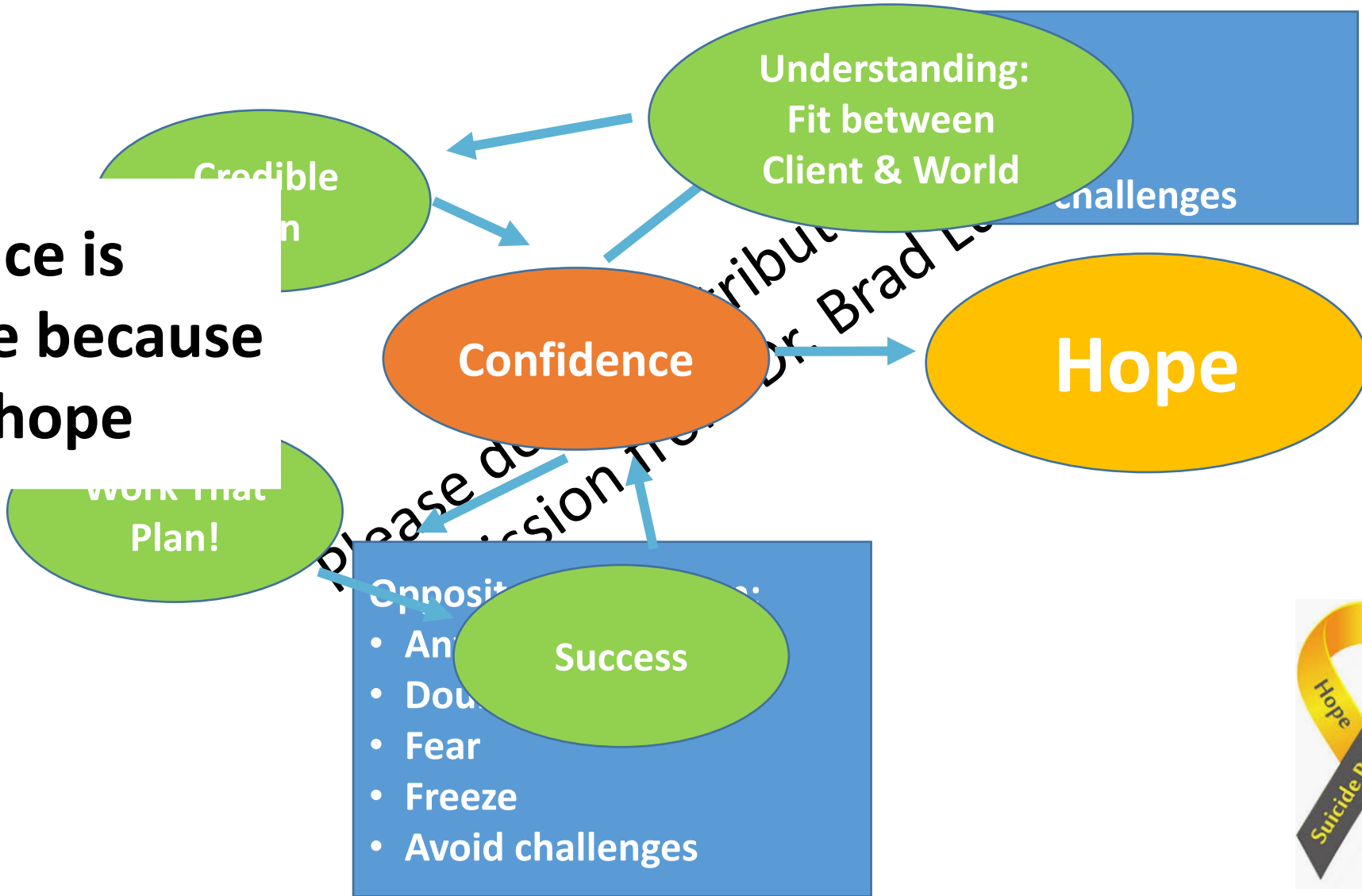
Hope
is awesome
because...

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Hope & Confidence Model

Brad Lundahl, PhD

Confidence is awesome because it drives hope



Thanks!

I hope this information helps in your important work

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Future Webinars

- Responding to Uncertainty
- Developing Credible Plans: Motivational Interviewing and Solution Focused Therapy

Transitioning: Why Land to How Land

Examples

1

Summarize client's motivation

2

Ask if client is ready to start talking about HOW the client might achieve their goal



Example:

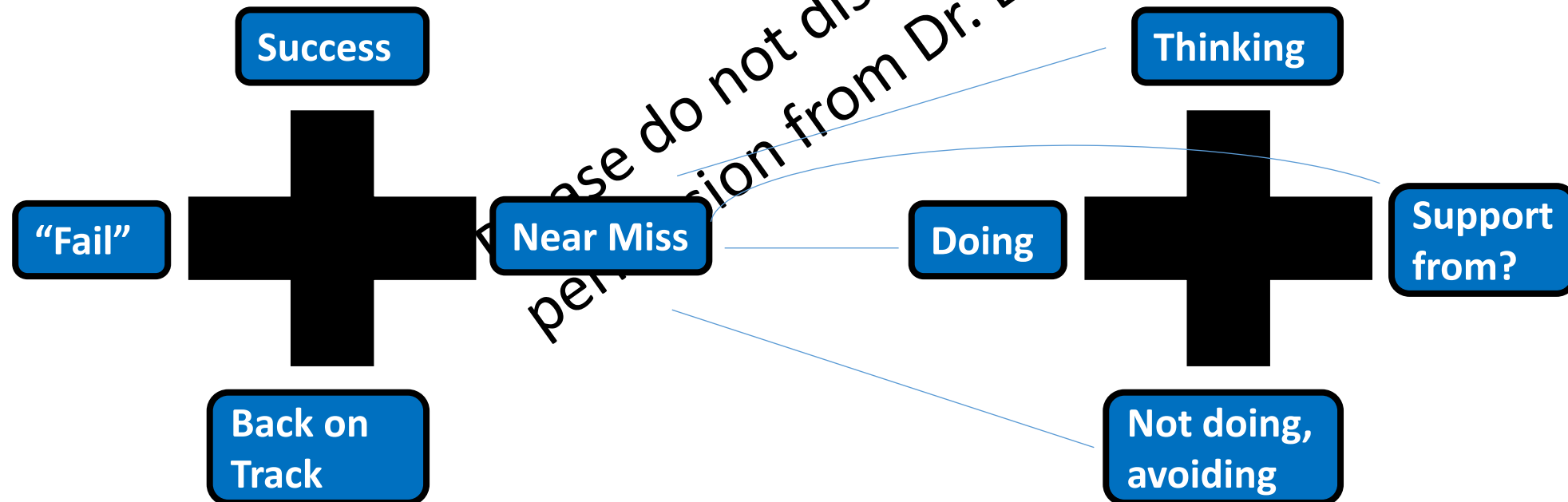
For you, fighting suicidal thinking will help you find peace and help you to be more available for your family. Plus, you know what it is like to be happy. Are these reasons enough for us to begin talking about HOW you can successfully fight suicidal thinking?



Solution Focused Method → Empowerment

Empowerment through Learning → What Client has Experienced

Client's Past Experience with "topic"



What was the client ...

