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Where is the Light? Fighting the Darkness of Substance Abuse and Suicide.

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Fighting the Darkness of Substance Abuse and Suicide.

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CERTIFICATE OF APPROVAL

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Where is the Light? Fighting the Darkness of Substance Abuse and Suicide.

This is to certify that the Capstone Project of

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Has been approved by the faculty advisor and the CE 695 – Capstone Project

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Abstract

Suicide is a universal health crisis. However, it is also a topic that is infrequently discussed. There is significant research regarding risk factors for suicide, gender, or population comparisons on the likelihood of suicidal ideation, attempts, and completions; but there is a lack of comprehensive research regarding the connection between suicidality and substance abuse. In addition, limited research is provided on the topic of initial suicide screening requirements at intake and during a residential stay in Treatment Centers, Hospitals, and Primary Care Clinics. This review of literature intends to answer the following questions: 1) How prevalent is suicidal ideation, attempts, and completions in the general public compared to those with substance use disorders? 2) What are the screening requirements of Treatment Centers, Hospitals, and Primary Care Clinics? 3) What methodologies are best suited and utilized for counseling for suicidal clients with substance use disorders?

Keywords: suicide, suicidal ideation, substance use disorders, suicide screening, suicide prevention

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Where is the Light? Fighting the Darkness of Substance Abuse and Suicide.

According to the Center for Disease Control and Prevention (2021), suicide is the 10th leading cause of death and 12 million Americans had suicidal ideation, 3.5 million of those individuals made a plan, and 1.4 million of them attempted suicide. Annually, over 800,000 of deaths by suicide are linked to suicide risk factors combined with substance use and intoxication (Li et al., 2021). The available research has provided a clear connection between suicidality and individuals with substance use disorders. However, there have been several limitations within research throughout the following areas of study, populations, time frames referenced, and participant dropout rates.

Review of Literature

The Substance Abuse and Mental Health Services Administration SAMHSA (2016) states:

> Suicide is a serious and preventable public health problem in the United States. Collaboration among prevention professionals across behavioral health fields has the potential to reduce suicidal rates. While multiple factors influence suicidal behaviors, substance use – especially alcohol use – is a significant factor that is linked to a substantial number or suicides and suicide attempts. (p.1)

The following review of literature intends to provide insight into how research has made connections between suicidality and individuals with substance use disorders. Additionally, the literature reviewed covers a myriad of topics including gender disparities within suicidality, screening requirements for Treatment Centers, Hospitals, and Primary Care Clinics, and best practice therapeutic interventions for suicidal clients.

What is Suicidality, its Risk Factors, and its Commonness?

The Department of Health (2009) defines suicidality as encompassing suicidal ideation or thoughts of suicide, suicidal plans, and suicide attempts. Suicidality and suicide completions in the general public have increased over 60% within the past 45 years (Jackson-Cherry & Erford, 2014). The rate in which individuals attempt suicide is 20 times as high as those who complete the act of suicide (Jackson-Cherry & Erford, 2014). Commonly, suicide occurs during two different age spectrums, 35-years-old and below or 65-years-old and above (Erford et al., 2020). Ultimately, suicide does not discriminate and takes the lives of too many (Mishara, 2006).

Most research on the topic of suicidality resulted in review and discussion of prominently identified risk factors. Risk factors identified are seen as applicable to any individual regardless

of gender, race, sexuality, etc (Bryan et al., 2009). Yuodelis-Flores and Ries (2015) report on how a previous suicide attempt is the most powerful indicator and risk factor of an individual's death by suicide. It is important to note the differences between a low-risk attempt, a moderate-risk attempt, and a high-risk attempt. According to a suicide assessment guide (Jackson-Cherry & Erford, 2014), a low-risk attempt is described as needing to obtain means, others are present, and the individual readily acknowledges a desire to live. A moderate-risk attempt involves having the means available or nearby, the presence of others will be expected, and the individual is aware of some desire to live (Jackson-Cherry & Erford, 2014). Lastly, a high-risk attempt consists of having the means in hand or in progress, being isolated from others, and the individual has no conscious ambivalence about death (Jackson-Cherry & Erford, 2014).

Further risk factors include previous suicidal ideation, risk-taking tendencies, and the presence of Mental Health diagnoses (Li et al., 2021). Suicidal ideation, also known as thoughts of suicide, is commonly experienced across the general public despite age or gender (SAMHSA, 2016). Thoughts of suicide can range from fleeting thoughts, commonly referred to as non-suicidal morbid ideation, to a specific and detailed plan of a suicide attempt (Bryan et al., 2009). Depending on severity level within one's ideations, the risk of attempt increases (Jackson-Cherry & Erford, 2014). Commonly, when suicidal ideation is evaluated, individuals are asked "within the past 12 months, at any time, have you ever seriously considered trying to kill yourself" (Li et al., 2021, p. 2). It is important to put emphasis behind the verbiage *seriously considered* [emphasis added], to differentiate non-suicidal morbid ideation from suicidal ideation in which has a higher risk for creating a plan or having intent to complete suicide (Bryan et al., 2009).

Li et al. (2021) reports risk-taking tendencies involve allowing oneself to engage in hazardous, reckless, or impulsive behaviors. An example of a risk-taking tendency would be

reckless driving. That type of behavior could be evaluated by inquiring about how often they engage in this behavior and how often they enjoy said behavior (Li et al., 2021).

Finally, the presence of Mental Health diagnoses is viewed as a risk factor for suicidality (Christiansen & Jensen, 2009). Harlow et al. (1986) noted that "Extended feelings of depression in a young adult may create a lack of purpose or meaning in life, which, in turn, may result in a preoccupation with thoughts of suicide" (p. 6). When individuals are struggling to find purpose or experience a general lack of interest in life/activities, their ability to have a positive outlook quickly diminishes (Harlow et al., 1986). Such negativity can lead to increased rumination on non-suicidal morbid ideation or thought process of *maybe it would be better if I wasn't here* [emphasis added] (Bryan et al., 2009). When there is no outside knowledge of one's thoughts or feelings there is limited opportunity for intervention and the overall risk of ideation turning into an attempt or completion increases (Harlow et al., 1986).

Prevalence of Suicidality in Different Populations

Like stated before, suicide does not discriminate against different populations, but research indicates notable differences. The prevalence of suicide and differences within suicidality addressed in this section are related to gender - male and female, adolescence, and adult populations.

For this literature review, the genders of male and female were compared in relation to commonality of suicidality. King et al., (2017) share particularly striking information on how more males in every age, racial, and ethnic group in the United States die by suicide than females. More specifically, the SAMHSA (2016) informs the rate of suicide completion in males is near to 4 times as high as women. Furthermore, "Although males are more likely than females to die by suicide, females are more likely to report suicidal thoughts and attempt suicide (King et

al., 2017, p. 2). Partial reasoning behind these statistics lies within the lethality of means chosen by the individual, use of a firearm vs. taking pills, and the aggressive nature behind the suicide attempt (Jackson-Cherry & Erford, 2014). Taking into consideration one's age, King et al. (2017) report females in 9th-12th grade have suicidality rates approximately twice as high as their male peers. Perkinson (2012) writes all clients, regardless of gender, enter through three phases of increasing lethality. The first phase occurs when the client experiences noticeable increase in suicidal thoughts (Perkinson, 2012). Progression to the second phase happens when the client has made a specific plan to attempt suicide (Perkinson, 2012). Lastly, the third phase is reached when the client has full intent to carry out their plan (Perkinson, 2012).

Over the past year, it has been recognized, due to unforeseen circumstances such as the COVID-19 pandemic, the public is experiencing several negative effects (Meyers, 2021). Narrowing in specifically to the adolescent population, the spike in overall Mental Health concerns has been more than noticeable (Meyers, 2021). Meyers (2021) writes:

> In addition, the report found that in this age group [adolescents], the mean weekly number of emergency room visits for suspected suicide attempts was 22.3% higher during the summer 2020 and 39.1% higher during winter 2021 than during the corresponding periods in 2019. This increase was more pronounced in girls; during winter 2021, suspected suicide attempt visits to the emergency room were 50.6% higher among girls ages 12-17 than during the same period in 2019 (p.23).

As society continues to navigate these unprecedented times, it is more critical than ever for people to be tuned into their own mental health as well as their loved ones'. Regardless of age or gender, suicidality can quickly become the result of negative impacts people experience due to their environment or circumstances (Harlow et al., 1986).

Substance Use Disorders and Suicide

Thus far, the suicidality statistics shared were in relation to the general public, proceeding forward the review will be focused on suicidality within individuals with substance use disorders. Once the concentration of research was confined, there was a level of limitation to the information available. Mino et al. (1999) offer insight into limited research:

> The most suitable study design to address this issue would be a large prospective study with a long period of observation. Such studies are difficult and expensive, and suffer in general from practical and ethical problems such as high dropout rates, or the impossibility of linking data on the same individual (p.33).

Regardless, a clear connection between substance use, substance use disorders/addictions, and suicidality was present (Li et al., 2021; Lynch et al., 2020; Mino et al., 1999; Poorolajal et al., 2015; Trezza & Popp, 2000; Yuodelis-Flores & Ries, 2015).

Fischer and Harrison (2018) provide the following definitions for addiction and substance abuse:

> Addiction: Compulsion to use alcohol or other drugs regardless of negative or adverse consequences. Addiction is characterized by psychological dependence and often, physical dependence (p.13).
>
> Substance abuse: The continued use of alcohol and/or other drugs in spite of adverse consequences in one or more areas of an individual's life (e.g., family, job, legal, financial) (p.13).

Like suicidality, substance abuse and addiction does not discriminate and severely impacts the lives of many (NIDA, 2021). According to the National Center for Drug Abuse Statistics (2021) within the last year, 165 million or 60.2% of Americans above the age of 12 have abused

substances including illicit drugs and alcohol. Substance abuse can look different for everyone and individuals who struggle with addiction are often at different levels of acceptance (DiClemente, 2004). DiClemente et al. (2004) report on the five stages of change individuals can be categorized by in reference to their motivation to change. The Precontemplation Stage is the first stage of change; individuals in this stage have little to no interest in changing their behavior (DiClemente, 2004). Following, is the Contemplation Stage; individuals notice a concern and contemplate changing (DiClemente, 2004). Next, the Preparation Stage and Action Stage; individuals make a commitment to change, create a plan, and take direct action to achieve it (DiClemente, 2004). Finally, the Maintenance Stage of change; when this stage is reached the new achieved behavior has become normal and the goal is to maintain consistent change (DiClemente, 2004). Despite the stage of change, level of acceptance, or ambivalence; an individual fighting a substance use disorder is at risk for experiencing suicidality (Yuodelis-Flores & Ries, 2015).

When compared to the general population, people with an alcohol addiction are 10 times as likely to die by suicide and those whose addiction involves injecting drugs are 14 times as likely to die by suicide (Yuodelis-Flores & Ries, 2015). To determine the presence of substance abuse in a suicide completion, medical records and psychological autopsies are conducted; both in which have indicated approximately 1 in 5 deaths by suicide involve the individual being legally intoxicated at the time of death (Trezza & Popp, 2000). A psychological autopsy involves all information about the deceased. Including their medical records, forensic examinations, and information collected from relatives, friends, and any care providers (King et al., 2017). Taking a closer look at gender, research has concluded an increased risk for both men women with substance use disorders, but the risk was found to be more pronounced among women (Lynch et

al., 2020). Due to such statistics, the presence of substance use disorders has become one of the established risk factors indicating concern for suicidality in both genders (Lynch et al., 2020). Jalal Poorolajal et al., (2015) conclude:

> Based on the current evidence, SUD is strongly associated with an increased risk of suicide ideation, suicide attempt and suicide death. Therefore, illicit drugs of any kinds can be considered important predictors of suicide and hence a great source of premature death (p.289).

Suicide Screening Requirements

The Joint Commission (2021), an organization which accredits health care organizations and programs, has set out specific requirements for suicide screening processes. These requirements are meant to be upheld by all general, psychiatric, and behavioral hospital/care facilities (Joint Commission, 2021). The screening process covers risk identification, immediate needs, safety planning, and resources available (Joint Commission, 2021). In addition to the required screening process, the Sentinel Event Alert and Zero Suicide Initiative have been created to ensure health care facilities are doing their due diligence within risk assessments and preventing suicide (King et al., 2017). King et al., (2017) write about the Zero Suicide Initiative, "The foundation of this initiative is the belief that suicide deaths are preventable in healthcare settings and the realization that healthcare systems often overlook suicidal patients due to the lack of appropriate infrastructure" (p.5). The result of this initiative led to the recommendation of suicide screening for all initial health care visits and continued follow up throughout any return visits (King et al., 2017). In order to collectively conduct best efforts for suicide prevention, the necessary training and protocol needs to be implemented across all Healthcare facilities,

Behavioral Hospitals, and Treatment Centers (King et al., 2017). This is a specific area of study lacking consistent research currently.

The Sentinel Event Alert provides information on evidence-based screenings that are commonly utilized by providers (King et al., 2017). Examples of screening tools include the Patient Health Questionnaire (PHQ-9), Suicide Behaviors Questionnaire (SBQ-R), Columbia Suicide Severity Rating Scale (C-SSR), and the Patient Safety Screener (PSS-3). When a client or patient presents with a positive suicide screening, it is imperative the required safety protocols are adhered to and the provider makes the necessary referrals or arrangements for the client (King et al., 2017).

In Christiansen and Jensen's (2009) study of suicide risk relating to psychiatric hospital discharges and substance abuse, they report their findings as:

> Almost a third (29.8%) of the persons who had attempted suicide had been hospitalized within 5 years prior to the attempt. Males (32.3%) had more hospitalizations than females (27.9%); 1.3% of the individuals who had attempted suicide were hospitalized as inpatients when they made the attempt. The suicide attempt risk was particularly high immediately after discharge from psychiatric hospital or department (p.134).

This information alone reiterates the magnitude of importance behind effective suicide screenings, beginning at the initial care visit, consistently throughout the duration of stay, and following with a continuation of care plan.

Therapeutic Interventions/Best Practices in Counseling for Suicidality and SUD

Sharf (2016) states, "To deal with suicidal patients is to deal with those who may choose death over life" (p.185). It is not uncommon for counselors, especially within the field of addictions, to have situations that involve suicidal patients or clients (Yuodelis-Flores & Ries,

2015). Therefore, it is critical for counselors to know how to help and navigate the client's situation appropriately to ensure safety. Additionally, it is imperative for counselors to provide psychoeducation on suicidality and utilize counseling techniques that support suicide prevention and harm reduction (Bryan et al., 2009).

Cognitive Behavior Psychotherapy for Suicide Prevention (CBT-SP) combines techniques from Cognitive Behavioral Therapy and Dialectical Behavioral Therapy to aid as a risk reduction and relapse prevention strategy for clients (Stanley et al., 2010). CBT-SP works off the stress-diathesis model of suicidality and takes into consideration all aspects of an individual's life, which is a key component within the counseling relationship (Stanley et al., 2010). When a counselor recognizes risk factors or has concern for their client regarding suicidality, this type of therapy can be utilized to help the client in understanding risk reduction and the importance of self-awareness within suicidality (Stanley et al., 2010).

Dialectical Behavioral Therapy (DBT) is an evidenced based therapy that has been utilized for suicidal patients over the course of many years (DeCou et al., 2019). DeCou et al. (2019) inform how DBT focuses on the thought of client's experiencing an underlying problem with emotion dysregulation that leads to thoughts and behaviors destructive to their well-being. When working with clients that have substance use disorders and suicidality, their level of destructive behaviors is already elevated; narrowing the focus to emotion dysregulation can be helpful to refocus and reframe the client's attention (DeCou et al., 2019).

Application to Clinical Mental Health and Addictions Counseling

Counselors in both Clinical Mental Health and Addictions counseling will likely encounter the topic of suicide (Yuodelis-Flores & Ries, 2015). Providers in the field should be able to address suicide in a way that is effective yet empathetic, and competency is key.

Understanding suicidality within different populations, risk factors, and evidence-based screenings that can be utilized is essential. Acknowledging a client's needs and applying therapeutic interventions such as CBT-SP and DBT can aid in harm reduction and suicide prevention (DeCou et al., 2019; Stanley et al., 2010). In addition, it is important to recognize when a referral may be warranted to ensure the client's best interests are at the forefront of treatment planning.

Conclusion

Suicide is a universal health crisis and a difficult topic, but it can also be prevented. This review of literature has provided insight into the prevalence of suicidality in different populations, risk factors associated with suicidality, and screening requirements for health care facilities.

Within this review, it was found that males are more likely to die by suicide, whereas women are more likely to report suicidal ideation or attempt suicide (King et al., 2017). There were limitations to the research as further gender identities could be explored in relation to suicidality, but the availability of studies was limited. Further exploration into the risk and prevalence of suicidality in minority populations would be beneficial for providers as they continue to care for a myriad of different clients. Research findings could provide further insight into different risk factors within certain populations and allow for a broader understanding of the need to individualize safety and treatment plans for each client.

Research provides a clear connection between suicidality and substance abuse as well as confirmed a higher prevalence for individuals with substance use disorders compared to the general public (Li et al., 2021; Lynch et al., 2020; Mino et al., 1999; Poorolajal et al., 2015; Trezza & Popp, 2000; Yuodelis-Flores & Ries, 2015). Substance use disorders are seen as a

primary risk-factor for suicidality and have been found to be prevalent within the reported statistics for completed suicides. Persons who struggle within the darkness of a substance use disorder are up against a battle they may not be willing to admit they want or need to fight (DiClemente, 2004).

Healthcare facilities, behavioral hospitals, and treatment centers are all expected to play a large role in suicide prevention, screenings, and safety planning. The requirements of initial suicide screenings and consistent follow up with clients aids in the Zero Suicide Initiative's belief of suicide deaths being preventable. Continued research and assessment of these requirements creates an opportunity for improvement across the board of health care facilities and providers. Gaining an understanding of what changes can be made to improve processes can lead to higher rates of suicide prevention and awareness.

Lastly, the stigma of suicide being a taboo topic needs to change. Counselors and providers have an opportunity to be the one of the main drivers behind that change. When the topic is approached in an uncomfortable manner or tip toed around, it allows for the stigma to remain and the likelihood of a client shutting down to increase. The need for effective suicidal screenings, counselor competence with suicidality, and continued care for those who are up against these battles is evident. The topic of suicide needs to continue to be prioritized, researched, and discussed within the field of counseling to spread awareness and provide the opportunity for prevention.

Author's Note

As someone who is an advocate for people understanding that mental health and addictions are often intertwined, I believe the topic of suicide to be one of the most critical. Suicide is a topic most people know about, but not a lot of people are comfortable talking about. My passion

stems from wanting to be a part of a needing change around the stigma of suicide and suicidality being a taboo topic.

As a counselor-in-training, I witness and conduct suicide screenings for individuals with substance use disorders as well as co-morbid disorders. Even with my limited experience, it has become increasingly apparent how frequently individuals with substance use disorders have a history of suicidality or current suicidality. As a result of recognizing this, it became increasingly concerning to learn only the initial screenings are in depth and follow up screenings become vaguer unless a client initially screens as positive for suicidality. This sparked my interest to look further into the connection between suicidality and addiction, the requirements of care facilities, and best practices for counseling. It is essential for providers of all kinds to understand and be cognizant of the risk-factors for suicidality as well as be aware of the safety protocols for when there is a moderate or high risk of suicidality. Further insight into suicidality that can be provided to mental health professionals as well as addictions counselors, allows for a higher level of care, suicide prevention, and empathic understanding for patients or clients.

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