

## Overview of Suicide & the Older Adult

Education for Health Care Professionals

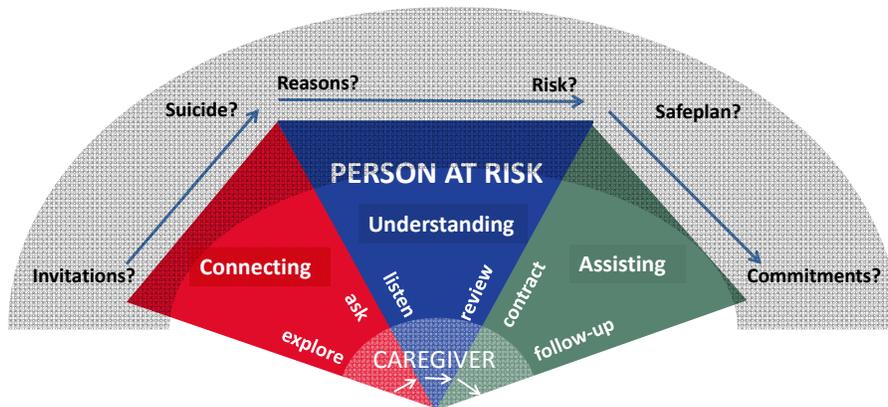
### Part 4: Suicide Intervention



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## ASIST Model



- Note that the person at risk has farther to travel through these steps than the caregiver. Remember to be patient.

(Livingworks, 2014)



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## ASIST Model - Phases

Dimension	Connecting	Understanding	Assisting	Description of Change
Existence	Death →	Ambivalence →	Life	Ambivalence is often experienced when the person at risk realizes that they want both life and death.
Time	Past →	Present →	Future	In order to live in the present the person at risk often needs to let go of the past.
Relationship	Alone →	Engaged →	Linked	Developing trust with the person at risk is integral to engaging and linking them with people who can help them.

- Each step and phase is needed to ensure that the person and the caregiver remain in sync through the process.
- Part of the assisting process can include creating self-care goals such as exercise, eating well, reading self-help books or spending time in nature.

(Livingworks, 2014)

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## The ASIST Model

(Applied Suicide Intervention Skills Training)

This model is intended for short term crisis – it is described as **Suicide First Aid**.

The first step in this model is to notice any “**invitations**”.

Examples of these **invitations** include but are not limited to:

- actions
- expression of particular emotions
- expression of particular thoughts
- physical signs and/or symptoms of distress

(Livingworks, 2014)

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## Actions

Examples of actions as “[invitations](#)” to help include but are not limited to:

- The person gives away their belonging
- The person withdraws from family, friends, social activities, school or work
- The person no longer shows an interest in hobbies
- The person abuses alcohol or drugs (prescription/non-prescription)
- The person begins to behave recklessly or impulsively or in ways that seem extremely different than normal
- The person hurts themselves (self-mutilation)

(Livingworks, 2014)

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## Feelings

Examples of feelings as “[invitations](#)” to help include but are not limited to the expression of feeling:

- Desperate
- Angry
- Guilty
- Worthless
- Lonely
- Sad
- Hopeless
- Helpless

(Livingworks, 2014)

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## Thoughts

Examples of thoughts as “[invitations](#)” to help include but are not limited to expressing:

- “I won’t be needing these things anymore”
- “I can’t do anything right”
- “I just can’t keep my thoughts straight anymore”
- “I just can’t take it any more”
- “I wish I were dead”
- “Everyone will be better off without me
- “All of my problems will end soon”
- “No one can do anything to help me now”
- “Now I know what they were going through”

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## Physical Signs/Symptoms

Examples of physical signs and or symptoms as “[invitations](#)” to help include but are not limited to:

- Lack of interest in appearance
- Change/loss in interest in sex
- Disturbed sleep
- Change/loss of appetite, weight
- Physical health complaints

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## What can we do to Help?

### Step 1: Connect

- **Explore** the persons' **invitations** for help.
  - By recognizing these invitations they will likely feel valued and are more likely to honestly answer questions related to suicide.
- **Ask** them if they have thought about suicide clearly and directly.
  - Their answer will help to identify their risk of suicidal behaviour. They are likely to feel relieved that someone cared enough to ask and will open up about what they have been going through.

(Livingworks, 2014)

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## What can we do to Help?

### Step 1: Connect

- IF the person has had thoughts about suicide then we will need to assess their risk for suicidal behaviour.
  - It is important to **ask them** if they have thought about:
    - how they would do it
    - if they have made preparations
    - how soon do they think they would attempt it

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## What can we do to Help?

### Step 2: Understanding

- In order to understand them we have to listen to their reasons for dying and reasons for living.
  - By talking about their reasons for wanting to die we can find out what they feel is worth living for.
  - This will assist everyone in achieving a realistic perspective on their current situation.
  - If they feel accepted, they are more likely to be receptive to acknowledging their reasons for living and move away from their suicidal thoughts.

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## What can we do to Help? >>

### Step 2: Understanding

- When we have explored their reasons for dying and living then it is important to review their current risk for suicidal behaviour.
  - Because we have spent the time listening to their reasons they will have a sense of being cared for and respected. This will help us work with them to develop a safeplan.

### Step 3: Assisting

- Now that we understand their risks we can work with them to develop a safeplan by coming to an agreement on what they will do to keep themselves safe from initiating suicidal behaviours.

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## What can we do to Help? >>

### Step 3: Assisting

**Safeplan:** an agreed upon plan to prevent the immediate risk of suicide.

A safeplan includes 4 components:

1. A promise to keep safe
2. Provide continuously-available safety contacts
3. A promise for safe or no use of alcohol/drugs
4. Link to other resources

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## Safeplan

### 1. A Promise to Keep Safe

- This means having the individual agree to not act upon their suicidal thoughts for a period of time. The period of time requested will be based upon how long they think they can keep themselves safe for.

### 2. Provide Continuously-Available Safety Contact(s)

- In case they feel that they cannot keep themselves safe it is important to select safety contacts who know that they are at risk and might call. While this is likely a friend or relative this can include a crisis line, which is available 7 days a week, 24 hours a day.

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## Safeplan

### 3. A Promise of Safe or Non-Use of Alcohol/Drugs

- The use of alcohol or other drugs can increase the likelihood of suicidal behaviour. It is important to get them to agree to avoid alcohol and drugs during they contracted period.

### 4. Link to Other Resources

- Contracting this part of the safeplan with them includes saying something like “Do you agree that we tell X about having suicidal thoughts so that they can help you if needed.”  
Examples of these resources are:

- Family and friends who can stay with them if needed
- Health care workers
- Emergency services

(Livingworks, 2014)

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## Follow-Up



- Ensure that the individual has been connected with the help he/she needs.
- Telephone follow-ups are a cost-effective way to stay in contact and help to foster the belief that people care.
- Just because a referral has been made doesn't mean the individual will show up for their appointment, particularly those suffering from depression and anxiety.

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### Conclusion & Recommendations

- We all have a role to play in reducing the stigma related to mental health and suicide.
- Older adults are a vulnerable population for suicide risk and behaviour.
- Understand the complex layering of risk factors and address them using a multi-disciplinary approach.
- Care providers should be assessing for risk regularly.
- Non-pharmacological interventions are recommended.
- Caution is advised if utilizing pharmacological treatments.
- Implement practices to support and improve protective factors.
- Leave the door open for older adults to reach out if they ever need help and let them know that they are not alone.
- Interventions are recommended that include community gatekeepers and promote healthy aging, resilience and other protective factors.



### Additional Resources

- Centre for Studies in Aging & Health. (2014). **15-item GDS**. Retrieved from <https://sagelink.ca/file/660/download?token=RYCDeLWq>  
*This assessment tool is used to screen for depression in older adults.*
- **LivingWorks ASIST Training**  
<https://www.livingworks.net/training-and-trainers/find-a-training-workshop/>  
*This webpage lists upcoming ASIST training workshops.*
- **Ontario Association for Suicide Prevention**  
<http://ospn.ca/>  
*This website includes information on suicide prevention, education and training as well as links to helpful resources.*

