

Problem Solving Strategies for Suicidal Clients

Cory Cunningham, LCSW
Beth Brodsky, PhD



SP-TIE
Suicide Prevention-
Training Implementation Evaluation



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

Presentation Objectives

- To describe the suicide crisis in the United States
- To introduce problem solving therapy's theoretical foundation
- To outline a brief problem solving model for suicide prevention
- To demonstrate problem solving's clinical applications with one introductory case example and one challenging case role play
- To highlight the range of interventions this approach enhances

Suicide Crisis in the United States

➤ In 2016, 44,965 reported deaths by suicide.

- 10th leading cause of death for all ages
- 2nd leading cause of death among 10–34 year olds

(Centers for Disease Control and Prevention, 2018)

➤ Populations in mental health treatment are at particularly high risk:

- Up to **45%** of people who died by suicide in NYS in 2015 saw an outpatient behavioral health provider in the ***month*** before their death (NYS-OMH)
- Providing ***enhanced, suicide specific care*** can allow consumers to be occupy less restrictive settings than are traditionally considered.

Introduction to Problem Solving Therapy

➤ Problem Solving Therapy:

- Is a brief, evidence based treatment that seeks to alleviate distress related to insufficient problem solving skills. (NREPP, 2018)

➤ Its adaptations for suicidality:

- Postulate that suicidal individuals use suicide to solve problems. Thus, it seek to replace suicide, an unhelpful problem solving strategy, with more adaptive problem solving strategies. (Wenzel et al., 2009)
- Cognitive Therapy for Suicide Prevention uses a condensed problem solving model, I.T.C.H., as an intervention. (Wenzel et. al., 2009)

When to Use Problem Solving Strategies with Suicidal Clients

- Not recommended for clients at imminent risk of suicide
- Not recommended to enhance a client's immediate safety
- Recommended:
 - For ongoing clinical work with suicidal clients
 - As an enhancement to other suicide prevention strategies
 - For use in a variety of settings (e.g. residential and outpatient settings) and by a range of practitioners (e.g. mental health professionals, case managers, CASACs)

Problem Solving Therapy for Suicide Prevention: I.T.C.H. Model

Client and therapist use the I.T.C.H. model to:

- **Identify the problem**
- **Think of possible solutions**
- **Choose a possible solution**
- **How did it work? (evaluate)**

(Munoz et al., 2000)

I.T.C.H Model: Outcomes for Clients

- Problem solving skills taught via the I.T.C.H. Model:
 - Equip clients to de-escalate problems which may, historically, have triggered suicidal thoughts or behavior
 - Re-enforce for clients alternatives to suicidal behavior
 - Enhance suicidal clients' sense of self-efficacy and self-reliance (Brown G., Jayger-Hyman, S., 2017)

Problem Solving: Collaboration and Rapport

- Problem-solving strategies
 - Model the collaborative tools/spirit integral to suicide specific interventions
 - Reinforce the value of client-derived solutions
 - Enrich the therapeutic alliance by amplifying opportunities for validation and treatment evaluation

Problem Solving Strategies: Rationale for Clients

- Helpful introductions to the use of problem solving strategies can include:
 - Citing an example from the client's life of how solving a problem differently may have led to an outcome he/she desired more
 - Referring to discussions/interventions which highlighted improved problem solving skills as potentially helpful
 - Explaining (ideally with examples from the client's life) that unhelpful problem solving styles are learned, so helpful problem solving styles can also be learned

Problem Solving Strategies: Clinical Applications

➤ Problem Solving Skills Introductory Case Example:

Client Z, whose children are in ACS custody, is told that she cannot have home visits with them unless she passes an apartment inspection. Z knows her home is unsanitary but does not have funds to buy cleaning supplies. Believing that her children will never be allowed home, Z contemplates suicide.

Clinical Applications of the I.T.C.H Model: Identification of the Problem

➤ The I.T.C.H Model: **Identify** the Problem

- It is preferable for clients to identify and express problems in their own words
- For clinicians, assisting clients in problem identification entails eliciting the client's concept of the problem and encouraging the client to determine which dimensions of the problem are most susceptible to direct remedy

Identifying the Problem with Z

Z's initial concept of the problem: "ACS is never gonna let my kids come home."

Z and the clinician agree that "Not having cleaning supplies to get my apartment ready for the inspection" is the problem most easily targeted

(More detail on narrowing down problems will be offered later in this training)

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

➤ I.T.C.H Model: **Think** of Possible Solutions

At this stage, clients should be encouraged to generate as *many potential solutions* as possible regardless of viability. More solutions yield more choices and more opportunities to practice the model:

Thinking of Potential Solutions with Z:

Borrow cleaning supplies from neighbors, relatives or friends

Borrow money for cleaning supplies from neighbors, relatives or friends

Ask clinician to look up places that give away cleaning supplies

Ask neighbors, friends, relatives to come over and help clean

Cancel ACS inspection until apartment is clean

Hire a genie to blink the apartment clean (Even far-fetched solutions should be included. They encourage clients to think creatively/ consider many possibilities)

Clinical Application of the I.T.C.H. Model: Choose a solution

ITCH Model: **Choose** a Solution

Solution selection should be based on factors the client deems most important. These often include:

- Likelihood of the solution's success
- Ease of executing the solution
- Opportunity to test problem-solving approach

Clinical Applications of the I.T.C.H. Model: Z's choice of solution

Choosing a Solution with Z

Z's Criteria for a Solution: Likelihood of Success, Ease of Execution

Based on these criteria Z selects from her possible solution list:

- 1: Ask clinician to look up places that give away supplies
- 2: Ask neighbors to lend cleaning supplies

After doing research Z's first choice is ruled out; there are no places near her that give away free supplies

Z selects her 2nd choice: ask neighbors to lend cleaning supplies

Clinical Applications of the I.T.C.H. Model: How did it work?

➤ I.T.C.H. Model: **How** did it work?

It is important that after trying to enact a solution, clients reflect on what they learned from the attempt. Fruitful lines of inquiry are often:

- What was effective about the identified solution?
- What about the solution would I change?
- What were barriers to executing the solution?
- How can/did I problem solve those barriers? (Wenzel et. al, 2009)

Clinical Applications of I.T.C.H. Model: Z's evaluation of her solution

➤ Z responds to the **How** questions in the following ways:

- What was effective about the identified solution?

“It worked. My neighbor lent me the supplies”

- What about the solution would I change?

“My neighbor lectured me about cleaning which was annoying but didn't really matter 'cause I got what I needed.”

- What were barriers to executing the solution?

“I had to go knock on her door a few different times before she answered.”

- How can/did I problem solve those barriers?

“Waited to knock 'til I heard her come home from work.”

Clinical Applications of I.T.C.H. Model: Overcoming discouragement

To help clients avoid getting discouraged if a solution does not work:

- Validate their frustration/disappointment
- Compliment them for attempting the solution
- Elicit a brief narrative from the client about their attempt at enacting the solution
- Point out skills used to attempt the solution
- Identify which part of the solution was ineffective
- Problem solve around that facet
- Collaboratively formulate new plan to attempt that solution or other identified solution
- Ask client level of motivation to attempt new problem solving plan
- Use motivational enhancement techniques as indicated

Clinical Applications of I.T.C.H. Model: consolidation of skills to reduce suicidal crises

➤ From her use of the I.T.C.H Model, Z learns:

Problems can feel overwhelming, but she has the capacity to find a variety of solutions. Suicide is not the only solution

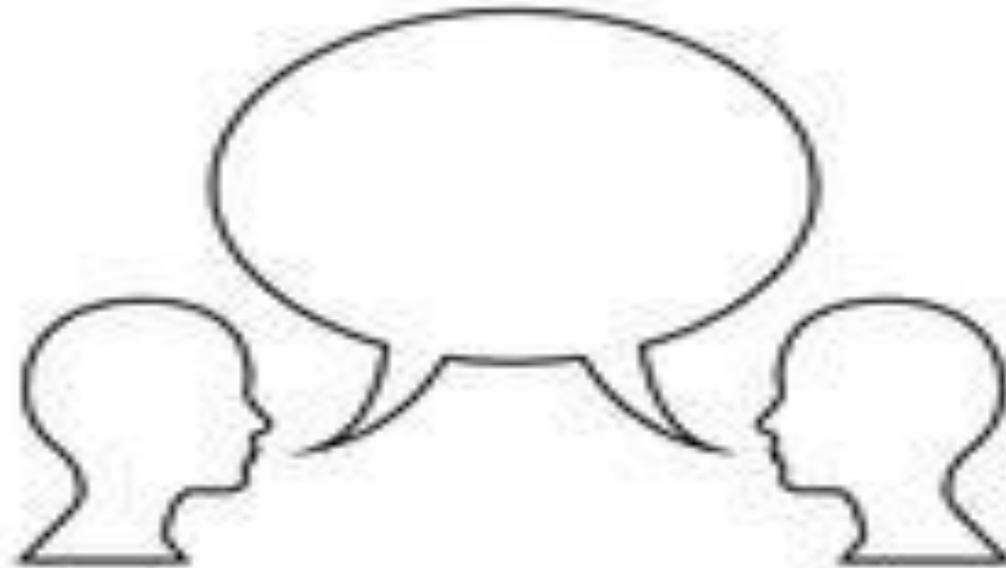
If Z has suicidal thoughts, she will use this framework as a coping tool to remind herself that she can generate choices besides suicide

In the future, Z will try to break problems down into the I.T.C.H. model before deciding how to react, reducing the likelihood that she will be triggered to suicidality by a problem

Problem Solving Therapy: Challenges, Case Demonstration

A 17 year old Caucasian female, *Sharon*, is told that she is failing out of school, will not graduate and must repeat 12th grade. Sharon tells her mother who shames her. Fearing that she will fail 12th grade again and remain living with her mother forever, Sharon attempts suicide.

Challenging Case Demonstration: Roleplay



shutterstock · 54695212

Clinical Applications of the I.T.C.H Model: Identification of the Problem, Challenges

➤ I.T.C.H. Model: **Identification** of the Problem

As a clinician conducts a functional analysis around S's attempt, she notices that S did not try to problem solve key precipitants: the prospect of failing 12th grade again and the prospect of living with her mother forever

The clinician asks S which problems stand out to her, she replies, "Which don't? My Mom's always screaming at me. My friends are about to go away to college. Once they leave, I'll have no friends and be stuck repeating the same classes I already failed. I'll never get a job and everyone will ditch me and I'll have to live without any people my age, listening to my mom yell at me until I die. So I guess the problem is, my life is crap but you jerks are forcing me to live it anyway."

Clinical Applications of the I.T.C.H Model: Identification of the Problem, Challenges

Clients frequently face a range of problems, all of which provoke distress and many of which seem to blend together.

- Questions that help clients choose or prioritize problems include:
 - “The entire situation sounds (applicable adjective.) What part of it do you want to get rid of the most?”
 - “If anything in the universe could be added to your life to make it bearable, what would that be?” (The lack of whatever the client names becomes the targeted problem.)
 - “Sounds like you’ve been dealing with (name chronic stressors) for a while. Which one pushed you over the edge?”

Clinical Applications of the I.T.C.H Model: Identification of the Problem, Challenges

The clinician asks S which “part she wants to get rid of the most.”

S replies, “ What part do you think? Getting crap grades and not being able to leave to college, being stuck with my Mom who makes me feel like a moron, having to go back to that school and failing again.”

Clinical Applications of the I.T.C.H Model: Identification of the Problem, Challenges

The clinician asks S if getting, “Getting crap grades and not being able to leave to college” is the problem she’d like solved most immediately

➤ Here the clinician puts the problem in S’s own words and links it to a dimension of the problem S can directly influence: her grades

S replies, “Yeah, good grades equal freedom and not feeling like a moron. So I’d like good grades. And don’t say just work hard. Believe it or not, I’ve actually tried that.”

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

➤ I.T.C.H Model: **Think** of Possible Solutions

- After S identifies poor grades as the first problem, the therapist prepares to move on to “thinking of possible solutions.”
- This transition can be delicate as some clients may perceive a question like, “What are possible solutions to that problem?” as dismissive of efforts they’ve already made to overcome the problem, condescending or silly.

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

- To foster buy-in for the “think” component of the intervention, try:
 - To preface the question with an acknowledgment of what the client has already tried. In S’s case this might be,
“You tried working hard and that didn’t cut it. What are your fantasy scenarios for getting better grades?”
 - Asking about times when they have overcome similar problems,
“Senior year sounds brutal. You passed freshmen, sophomore and junior year, though. How?”

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

The clinician chooses, “You tried working hard and that didn’t cut it. What are your fantasy scenarios for getting better grades?”

S says, “Teachers just randomly giving me As.”

“What would motivate them to give you As?”

“Delusions.”

“Yeah? What would those delusions make them think?”

“I dunno, that I work really hard and deserve extra credit projects and points. That my math teacher should show me stuff after class cause it sucks to ask questions in front of a room of younger kids who already get it.”

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

In the example above, the question “What’s your fantasy scenario?” is asked to overcome two common challenges to thinking of possible solutions (Nau & Shilts, 2000):

- Clients’ sense that solving a problem is impossible
- Clients’ difficulty imagining solutions
- Once the question elicits an improbable solution, “teachers becoming delusional” the clinician rolls with it:
- Treating the response as likely to yield a solution
- Guiding the client to concretize what would be helpful about that solution

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

Building on the solutions S just offered the clinician says, “So requesting extra credit assignments and help after class are two possible ways to get better grades. What helped you get good grades junior year?”

Client “My mom wouldn’t say they were ‘good’ she’d say they were ‘decent enough to pass.’”

Clinician, “Which sounds like a very irritating but separate problem we can come back to in a few minutes if that’s okay with you?”

Client, “Yep.”

Clinician, “So how’d you pass all those other years?”

Client, “My Aunt used to tutor me but she moved. I thought we could do it over video chat but she doesn’t have time.”

Clinical Applications of the I.T.C.H. Model: Think of Possible Solutions

In the example above the clinician stays focused on the identified problem, modeling for the client a means of:

- Solving one problem at a time
- Focusing on a problem that can be resolved directly
- Generating improbable solutions and then concretizing them until a realistic solution (or need) becomes clear

Clinical Applications of the I.T.C.H. Model: Challenges, Choosing a Solution

Clinician, “So you came up with a good solution and it didn’t work which sounds pretty frustrating. Part of your solution is still useful though: you know tutoring helps. Requesting extra help in math and extra credit projects in other classes might improve your grades?”

Client, “Maybe.”

Clinician, “Which one of those things do you want to try?”

Client, “None”

Clinician, “What’s getting in the way of asking the teachers for extra credit and help?”

Client, “The teachers seriously hate me. They’re not going to make more work for themselves, especially not for me.”

Clinician, “How would you get around that if you could?”

Client, “Make them see that I’m not some slacker.”

Clinical Applications of the I.T.C.H. Model: Challenges, Choosing a Solution

Clinician, “You’re not a slacker. Can you get them to see that?”

Client, “They should see it themselves, but I guess I could tell them. They probably won’t believe me, but I could see if my teachers from other years could tell them.”

Clinician, “Sounds worth a try. Think you will?”

Client, “I don’t really feel like it. I’d rather do something else.”

Clinician, “A second ago you said your Aunt was helpful as a tutor. What about looking for another one?”

Client, “Too expensive. My mom won’t pay for that.”

Clinician, “Ever checked out whether there are free tutors at school or in your neighborhood?”

S, “No I can google that before I bother the teachers for extra help.

And if I ask them, I’ll ask for extra credit projects first so they see I work.”

Clinical Applications of the I.T.C.H. Model: Challenges, Choosing a Solution

If none of the solutions elicited seem viable to a client:

- Maintain a curious stance about why the client believes they won't work
- Try framing obstacles to solutions as problems to be solved using the same model
- Use motivational enhancement techniques
- Draw on other interventions as indicated

Clinical Applications of the I.T.C.H. Model: Challenges, How did solutions work?

- It is important for a clinician and client to plan in detail how the client will attempt the proposed solution.

Effective plans often include:

- Review of reasons for client to attempt the solution
- Review of strategies for executing the solution
- Review of strategies for problem solving barriers to the solution.

Clinical Applications of the I.T.C.H. Model: Challenges, How did it work?

For S, planning to attempt her solution might entail:

The clinician asking “So what’s the plan for talking to your chem teacher about extra credit assignments?”

“Going up to her after class, asking when she next has a few minutes to talk, then explaining that I want to improve my grades and asking about the possibility of extra credit assignments.”

“Any obstacles you foresee?”

“Her saying she doesn’t have time to talk.”

“How can you problem solve that?”

“Asking when she does have time to talk.”

“Sounds good. Anticipate any barriers to that popping up?”

“Nope. She has to give me a time eventually. Its her job.”

Clinical Applications of the I.T.C.H. Model: Challenges, How did it work?

For S, evaluating How a solution worked might involve:

Referring to client-identified criteria for whether the solution was effective agreed upon before the solution was attempted.

➤ Asking standard evaluation questions:

- What was effective about the identified solution?
- What about the solution would I change?
- What were barriers to executing the solution?
- How can/did I problem-solve those barriers?
- Asking if he/she has any ambivalence remaining about the solution and evaluating reasons for it.

Clinical Applications of the I.T.C.H. Model: Challenges, How did it work?

For Clinician, “How’d asking your chem teacher for an extra credit project go?”

Client, “Meh.”

Clinician, “So last session we said asking her would be effective if: she gave you an assignment or gave you other opportunities for extra credit. Any of that happen?”

Client, “Yeah, she said there’d be extra credit points on tests and I could get extra participation points for helping set up for labs.”

Clinician, “So why the meh?”

Client, “The extra credit questions on tests are really hard and setting up labs is a lot of work. I thought she’d give me something easier.”

Clinical Applications of the I.T.C.H. Model: Challenges, How did it work?

Clinician, “Oh, okay. Like what you were thinking?”

Client, “I dunno like projects or something.”

Clinician, “Would those have been easy?”

Client, “Probably not. She’s a hard teacher.”

Clinician, “Harder than setting up for labs, do you think?”

Client, “No. Setting up for labs she probably tells me exactly what to do.”

Clinician, “How about time consuming?”

Client, “She says setting up for labs should take like 40 minutes and I can help with 3. Projects would probably have taken forever and who knows if I would’ve gotten the points.”

[Clinician might suggest a pro/con list here if time allows] or eventually summarize},

“So the outcome wasn’t totally what you were hoping for but does have the benefits of: giving you some guaranteed points and being predictable in terms of time and effort required. What’s your take away?”

Clinical Applications of the I.T.C.H. Model: Challenges, How did it work?

- In the example above the clinician did not argue with S's assertion that the extra credit assignments were, "a lot of work". Rather, the clinician:
 - Stayed with the client's evaluation of the solution
 - Modeled the sort of rational inquiry she could use, at that moment and in the future, to determine whether the solution was viable.
- You'll also note that throughout the roleplay the clinician used the ITCH model with the client rather than teaching it explicitly.
 - To foster-buy-in it may sometimes be indicated to first help the client experience the model's efficacy and then teach the client the steps necessary to use it on their own.

ITCH Model Challenges: Summary Slide

- *To overcome challenges to **Problem identification***, encourage the client to: identify as the targeted problem, the thing which has changed to make chronic stressors more difficult or the thing which, if taken away, would make their more lives bearable.
- *To overcome barriers to **Thinking of possible solutions***, encourage the client to: identify “which thing sucks most”, think of best case fantasy scenarios and narrow from improbable solutions to realistic ones, to recall solutions they’ve used in the past and identify those which could be helpful with the current problem

ITCH Model Challenges: Summary Slide

- *To overcome barriers to **Choosing a solution***, maintain a curious stance about why the client believes the solutions aren't viable, try framing barriers to execution as problems to be solved with model, use motivational enhancement and other interventions as needed.
- *To overcome barriers to **evaluating How solution went***, elicit from the client criteria for a successfully executed solution beforehand and refer to that criteria when evaluating the solution. Also formulate a plan for solution execution beforehand that includes rationale for solution and strategies for overcoming barriers to solution execution. Review this plan during evaluation of how things went.

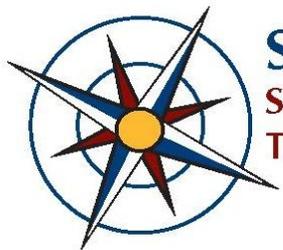
Problem Solving Skills: Applicability to other Interventions

In addition to serving as an effective brief intervention, problem solving skills may also improve the efficacy of suicide prevention strategies:

- The safety planning intervention (problem-solving identification of specific components, barriers to use, barriers to means reduction).
- Structured Follow-Up Monitoring (problem solving barriers to treatment attendance or rescue coordination)
- Behavioral/Functional Analysis (problem solving as skill to add in DBT solution analyses)

Problem Solving Skills: Generalization to Other Domains of Functioning

- When used consistently over time problem solving skills promote:
 - Improved emotion regulation
 - Improved frustration tolerance
 - Improved performance in professional settings
 - Improved interpersonal relationships



SP-TIE

Suicide Prevention-
Training Implementation Evaluation



Center for Practice InnovationsSM

at Columbia Psychiatry
New York State Psychiatric Institute

Building best practices with you.

Acknowledgments

- **SP-TIE team:** Barbara Stanley, Christa Labouliere, Yvonne Noriega, Aliza Spruch-Feiner
- **University of Pennsylvania:** Gregory Brown, Shari Jager-Hyman
- **Center for Practice Innovations:** Lisa Dixon, Nancy Covell, Melissa Hinds, Tiffany Rasmussen, Tamara Saydalimova
- **NYS OMH SPO:** Jay Carruthers, Sigrid Pechenik, and many others

• Questions?

- <http://practiceinnovations.org/I-want-to-learn-about/Suicide-Prevention>

Reference List

- Brown, G., Jager-Hyman., S. (2017, July) *Cognitive Therapy for Suicide Prevention: Problem Solving*, Institute for Family Health Cognitive Therapy for Suicide Prevention Training. New York, NY.
- Center for Disease Control and Prevention (CDCP). *10 Leading Causes of Death 1981-2016. Web-based Injury Statistics Query and Reporting System (WISQARS)*. webappa.cdc.gov/sasweb/ncipc/leadcause.html. Accessed April 16, 2018.
- Munoz, R. Ippen, C. Rao, S. Le, H., Dwyer, E. (2000). University of California, San Francisco School of Medicine. Manual for Group Cognitive Behavior Therapy of Major Depression. Activities, Instructor Class 3. <http://medschool2.ucsf.edu/latino/pdf/CBTDEN/instructor/act3.pdf>. Accessed May 14, 2018.
- Nau, D. S., & Shilts, L. (2000). When to use the miracle question: Clues from a qualitative study of four SFBT practitioners. *Journal of systemic therapies*, 19(1), 129-135.
- New York State Department of Health (NYS DOH), Bureau of Occupational Health and Injury Prevention. *Incidence of self-inflicted injuries and suicides: Deaths, hospitalizations, and emergency department visits, New York State residents, 2010-2012*. Available at: https://www.health.ny.gov/statistics/prevention/injury_prevention/docs/2010_2012_selfinflicted_all_plus.pdf. Accessed May 6, 2016.
- National Registry of Evidence Based Practices and Programs (NREPP), Substance Abuse Mental Health Services Administration. *Problem Solving Therapy: Program Description*. <https://nrepp.samhsa.gov/ProgramProfile.aspx?id=108>. accessed May 1, 2018.
- Wenzel, A., Brown, G. K., & Beck, A. T. (2009). *Cognitive therapy for suicidal patients: scientific and clinical applications*. Washington, DC. US American Psychological Association.