

Crisis intervention. Detection and psychotherapy of suicidal intentions

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2016.

Historical roots

1. Emergency psychiatry as a part of emergency medicine
2. Prevention of hospitalisation

Crisis and Psychiatric emergency

- Psychiatric emergency is an urgent and usually unexpected situation
- Emergency psychiatrists must be up-to-date on medicolegal issues and managed care
- The crises according to Lindeman(1944), Jacobson(1980), Caplan(1964) and Erikson(1970) are non-specific states of brief duration, characterised by distress, worry, tension, often with feelings of hopelessness, helplessness, sadness and futility

Three types of patients need acute psychiatric/psychosocial help

- Patients with acute psychiatric symptoms needing urgent medical attention (acute psychosis)
- Clients in acute psychosocial crisis
- Chronic psychiatric patients living in the community
- “Chronic” crisis patient

The process of crisis intervention

1. Initial contact/point of entry
2. Assessment of the problem
3. Transference/referral
4. Therapeutic intervention
5. Provision for aftercare

Crisis intervention

1. The method used to offer immediate
2. Short-term help to clients
3. It aims to reduce the intensity of an individual's emotional, mental, physical and behavioral reactions to a crisis
4. A major focus of crisis intervention is exploring coping strategies
5. Another central focus of crisis intervention is problem solving (Cognitive Behaviour Therapy CBT)

Suicide

- is not an illness
- is not a mental disorder (DSM-5 does not classify it among the diseases)
- is often the consequence of a mental disorder (i.e. Depression, Schizophrenia, Alcohol and Drug dependence)

Detection of suicidal intentions

Pre-suicidal Syndrome

Erwin Ringel 1949. - survey of 745 saved suicidal survivors

- Perspectives narrowed
- Supressed aggression and aggression aimed at the person's own personality
- Fantasies about suicide
- “Cry for help” (Farberow 1961.)

Narrowed perspective

- Situational narrowing – decreased number of options
- The individual feels that all his possibilities and aims in life are beyond reach

The last of the Mohicans (1992.) 4:14

Director: Michael Mann

- Alice belongs to those who undertake death because she is afraid of a possible anguish and suffering. Her only hope was Unkas, who could have provided a way out for her but died in front of her eyes..



Dynamic narrowing

- Rigid thinking, distorted information processing
- Fixated behaviour patterns, impaired ability to react
- Emotional narrowing (Time is fixated and the moment becomes an eternity for the individual)
- Increased inhibition of aggression

Decreased human relationships

The cause of total isolation can be:

- Real
 - Experienced
 - Chosen
- solitude
- Depreciation/debasement of personal values by:
 - Appreciation and reception of values is decreasing gradually
 - many areas of life lose their value
 - the value estimation of a certain act or thing becomes inadequate

Suppressed aggression or directed towards the individual's own personality

- anger directed against oneself
- aggression is insufficiently directed outside
- missing human relationships – the aggression has no reachable/accessible object

Suicidal Fantasies (Pre-suicidal symptoms)

- The concept of death emerges and the individual visions him\herself dead
- The next vision is that the individual kills herself
- The method of suicide is selected
- The concrete execution plan of the suicide

“Cry for help” - the last opportunity

Risk Factors of Suicide I.

1. Stress generating events and situations
 - the death of a loved person
 - - divorce, split up
 - - sudden unemployment
 - - grave disease
 - - bad treatment
 - - professional stress
 - - role conflicts

Risk Factors of Suicide II.

2. Changes in mood and thinking

- - sadness
- - frustration
- - anger
- - disgrace
- - hopelessness
- - dichotomous thinking

Risk Factors of Suicide III.

3. The use of alcohol and other drugs

- 60% of people committing suicide are under the influence of alcohol (Suokas, Lonqvist, 1995.)

4. Mental disorders

5. Following models

Ferenc Moksosy: Is there a geographic subculture of self-destruction?

Therapy after the suicidal attempt

- Medical aid/intervention
- Medication treatment
- Psychotherapy

Aims of the Therapy

- keep clients alive
- help the patient to eliminate suicidal thoughts
- improve the patient's self-efficacy in order to handle stress and problems more effectively

Types of therapy

- cognitive and behavioural therapy
- dynamic therapies
- person centered therapy
- group psychotherapy
- family therapy

Preventing Suicide

- USA Suicide preventing programme since 1955
- England – Samaritans' programme
- S.O.S. telephone service

Centre for Preventing Suicide Los Angeles (methodological model)

- Developing an intimate relationship
- Understanding and clarification of the problem
- Ascertaining the level of endangerment
- Mobilizing the caller's resources
- Elaboration of a therapeutic plan

Pro-life Arguments, Motivation Systems

- Belief in survival and in coping
- Responsibility felt towards the family
- Taking care/nurturing children
- Fear of suicide
- Disapproval of the community and social denouncement
- Moral objections

Thank you for your attention!