Navigating the Shadows: Integrative Approaches to Chronic Suicidality

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What Is Chronic Suicidality?

Background thought or urge

General response to stress and sorrow

May or may not be acute

Passive vs. Acute

Passive:

1. Coping mechanism
2. Source of comfort and control
3. Lacks intent

“I wish I was dead. I **could** kill myself.”

Acute:

1. Suicide serves as a final answer
2. Without intervention, they believe they will die by suicide
3. Has intent

“I am going to die. I **will** kill myself.”

"Suicidal ideation is not simply a desire to die—it is a desperate search for an exit from unbearable suffering. Our role is not to erase the darkness, but to help reimagine the paths beyond it."
— Dr. Mala

Unique Risks of Chronic Suicidality

1. Higher attempt likelihood.
2. Desensitization.
3. Often becomes a part of someone’s identity.

Is Hospitalization the Best Answer?

✅ **Safety and stabilization**

✅ **24/7 monitoring and access to care**

✅ **Crisis intervention and medication management**

✅ **Opportunity for structured psychiatric evaluation**

✅ **Short-term relief for overwhelmed caregivers**

⚠️ **Can feel traumatic or punitive to the patient**

⚠️ **Potential for loss of autonomy**

⚠️ **Limited therapeutic depth**

⚠️ **Risk of reinforcing shame or fear around help-seeking**

⚠️ **Disruption to work, family, or school**

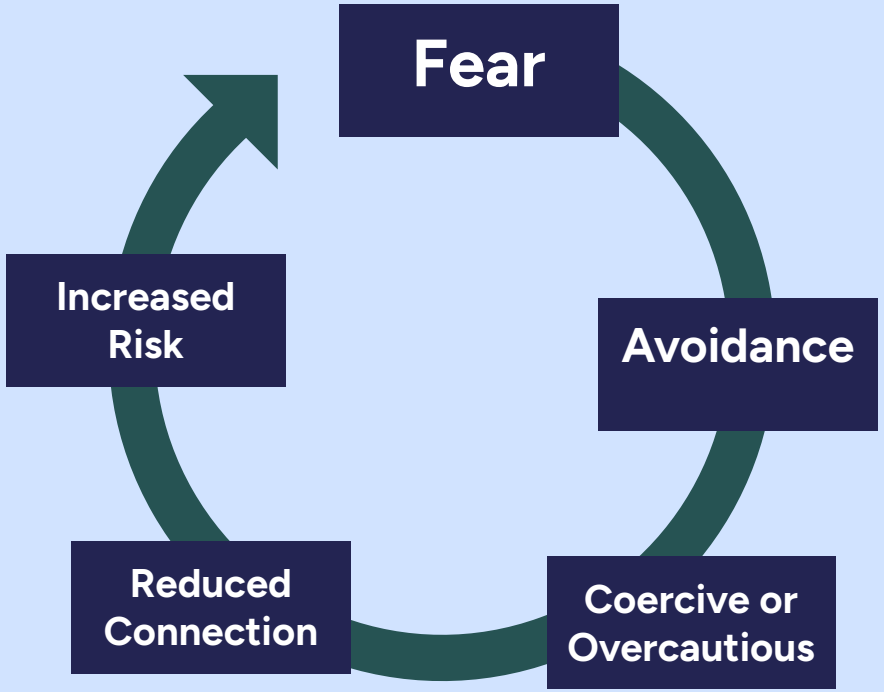
Addressing Fear

Practical Strategies for Providers

- Collaborative Safety Planning
  - Lean in to supervision and team consultation to avoid fear-based liability
  - Stanley Brown Safety Plan
- Take the “Threshold Test”
  - Would I feel ethically and legally secure if I didn’t hospitalize this person right now–and something happened?
  - What would I want a colleague to do in this exact situation?
    - Use these to normalize high-quality, transparent decision-making rather than over deferring to ER’s

The Vicious Cycle of Provider Distress

Fear can trigger a cycle that impacts both provider and patient well-being.



Exercise: **The Internal Case Conference**

🎯 Objective:

To help us explore how our internal dialogue—particularly fear—can shape the way we approach suicide risk, and to reflect on what an internal "consultation" with our wiser, grounded self might reveal.

✍️ Imagine this: You're in a private "case conference," but not with a supervisor or a team.
Instead, you're meeting with three parts of yourself:

1. **Your Present Self** (the one who faced the client today)
2. **Your Fearful Self** (who reacts to risk, liability, uncertainty)
3. **Your Wise Self** (the one who remembers your training, your humanity, and your values)

Write a conversation among the three. You can start with a prompt like:

"Today I sat across from someone who told me they didn't want to be here anymore..."

- What did your Present Self feel or do?
- What did your Fearful Self want to say or avoid?
- What would your Wise Self like to remind you of?

Effective Care

Hope and motivation

Support and honesty

Long-term stability

Talk About Suicide, Even When It’s Uncomfortable

Talking about SI can open patients up to deep healing.

Expect Resistance

💬 Normalize the Discomfort

- Patients may resist giving up suicidal thoughts — it may feel like losing a coping strategy.

🤝 Validate Without Pushing

- Acknowledge the purpose these thoughts may have served without forcing immediate change.

🧭 Stay Steady

- Meet resistance with compassion, not correction. This builds trust and opens space for growth.

CBT, DBT, and Medications

Cognitive Therapy for Suicide Prevention (CT-SP)

DBT for distress tolerance

Behavioral Chain Analysis (BCA)

Psychoeducation

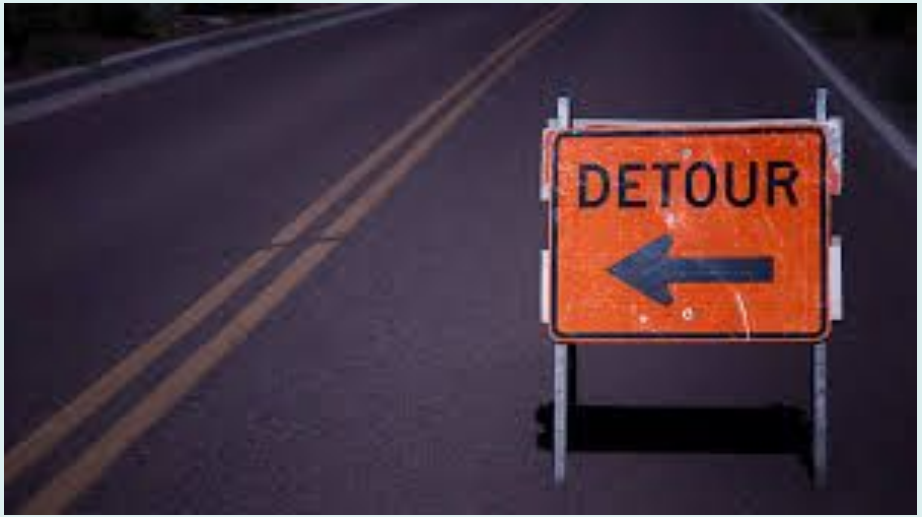
Medications

- Clozapine used for chronic suicidality (treatment-resistant schizophrenia)
- Lithium
- SSRIs, SNRIs
- Antipsychotics / Atypical

Tools & Tips  

Replacement Skills and Redirects

Redirects include a thought or activity that redirects the energy put into suicidal ideation.



Replacement Skills and Redirects, cont.

Redirects include:

- Identifying personal strengths and self-efficacy.
- Correcting thought distortions.
- Change mental energy into physical or creative.
- Opposite action.
- Distress tolerance skills.
- Create a skills contract.
- Review progress and make adjustments.

The LLL Approach - Right Away & Long Term

Listen, Learn, Liberate...

...To create...

Trust, Relief, Hope

HOPE

“Approaching suicide as problem-solvers can give the hope many need to overcome it—fear, apprehension, and silence only confirm the beliefs required for a suicide attempt.”
-Grace Ogren

"When we meet suicidality with compassion, collaboration, and curiosity—not fear—we create the conditions for hope to re-enter. Recovery isn’t born from silence or avoidance; it’s built moment by moment through understanding, empowerment, and unwavering human connection."
— Dr. Mala

Thanks!

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