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Applying ACT processes and self-compassion to develop psychological flexibility with survivors of suicide

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Disclosure

- Fernando Parada Zelada is currently studying for his Ph.D. at the Universidad de Chile
- I have an independent private practice in Québec City and frequently collaborate as Clinical Advisor for Institut de formation en thérapie comportementale et cognitive (IFTCC), as well as Trainer and Supervisor for Contextual Psychology Institute (CPI), throughout the province of Québec.
 - We do not currently receive commercial support for workshops, writings, or any professional activities (besides FL's practice) directly related to the contents of this workshop.

Last-minute disclosure



Our histories...

- « Our » experiences with suicide
 - As persons or therapists
 - Nearly unavoidable
- Same for numerous clients
- Due to universality principle :
 - Can be both
 - More difficult to fully welcome the grieving client's experience
 - Easier to demonstrate empathy in its presence



“Local” statistics

- Number of suicides in Canada every year:
 - Approximately 4000
 - ± 11 per day
 - 11.5 per 100k people per year
 - Suicides account for 24% of all deaths among Canadians aged 15-24 and 16% of all deaths for Canadians aged 25-44.

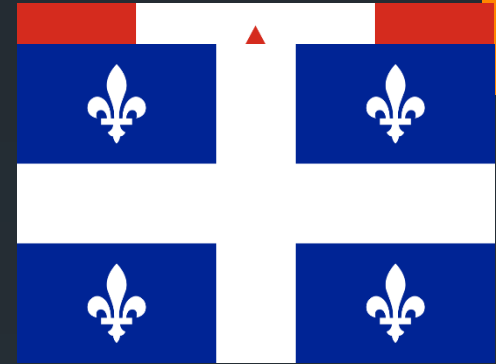
Source : Statistics Canada, <http://www.statcan.gc.ca/eng/help/bb/info/suicide>

- Approximately 3 suicides per day in Québec
 - 1125 deaths by suicide in 2014
 - 13.4 per 100k people per year

Source : AQPS, <http://www.aqps.info/comprendre/documents-statistiques.html>

- Number of suicides in the USA every year:
 - Approximately 44 200
 - ± 120 suicides per day
 - 13.26 suicides per 100k people per year

Source : American Foundation for Suicide Prevention, <https://afsp.org/about-suicide/suicide-statistics/>



“International” statistics



- Most common cause of violent death in the world:

Suicide: 49.1%

(Homicide: 31.3% ; War-related: 18.6%)

Source: Kirby, M. & Keon, W. (2004). Report 1, Mental health, mental illness and addiction: Overview of policies and programs in Canada (Chapter 5). Interim report of the Standing Senate Committee on Social Affairs, Science and Technology.

- Rate of suicide all over the world: WHO states approximately **one million suicides per year** worldwide (one suicide every 40 seconds).

- Rate is expected to be 1 per 20 seconds by 2020.

Source: Fact Sheet, Suicide statistics. Available at:

www.ontario.cmha.ca

- 10.7 per 100k people in 2015, worldwide

(http://www.who.int/gho/mental_health/suicide_rates/en/)

- Recent estimates state **48 million-500 million people experience suicide bereavement every year, worldwide** (Pitman, Osborn, King, & Erlangsen, 2014).

Bereavement vs suicide

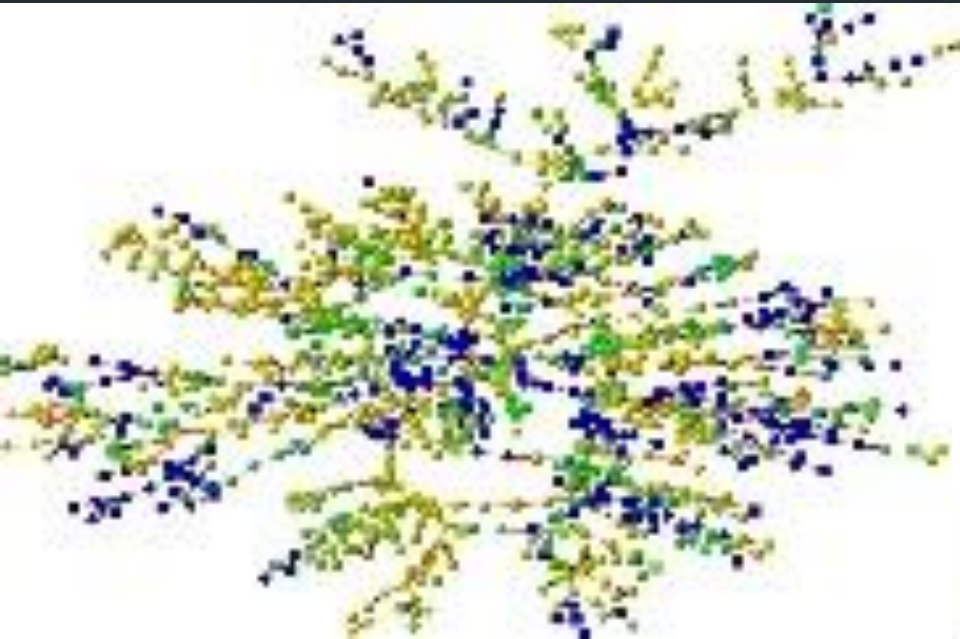
- Sadness, regret, anger, guilt, shame, rejection, etc.
- Closeness of deceased → generally more painful
- Social support → main buffer to suffering
 - Especially close one who « knows how I feel »
- On the surface, suicide survivors appear very functional, BUT
 - Frequently, anhedonia, dysthymia, avoidance of intimacy, low motivation, weak contact with values
- Tendency to idealize deceased person
- Tendency to rationalize their decision
- 65% more at-risk of attempting suicide than relatives grieving after a non-suicide death (Pitman, Osborn, Rantell, & King, 2016)



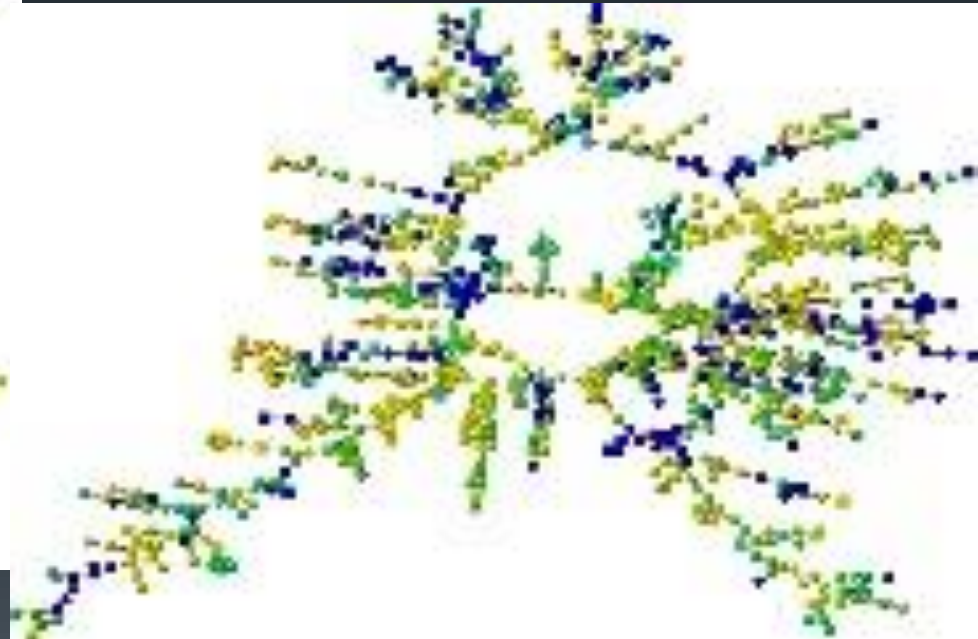
Fowler & Christakis (2008) Happiness networks



1996



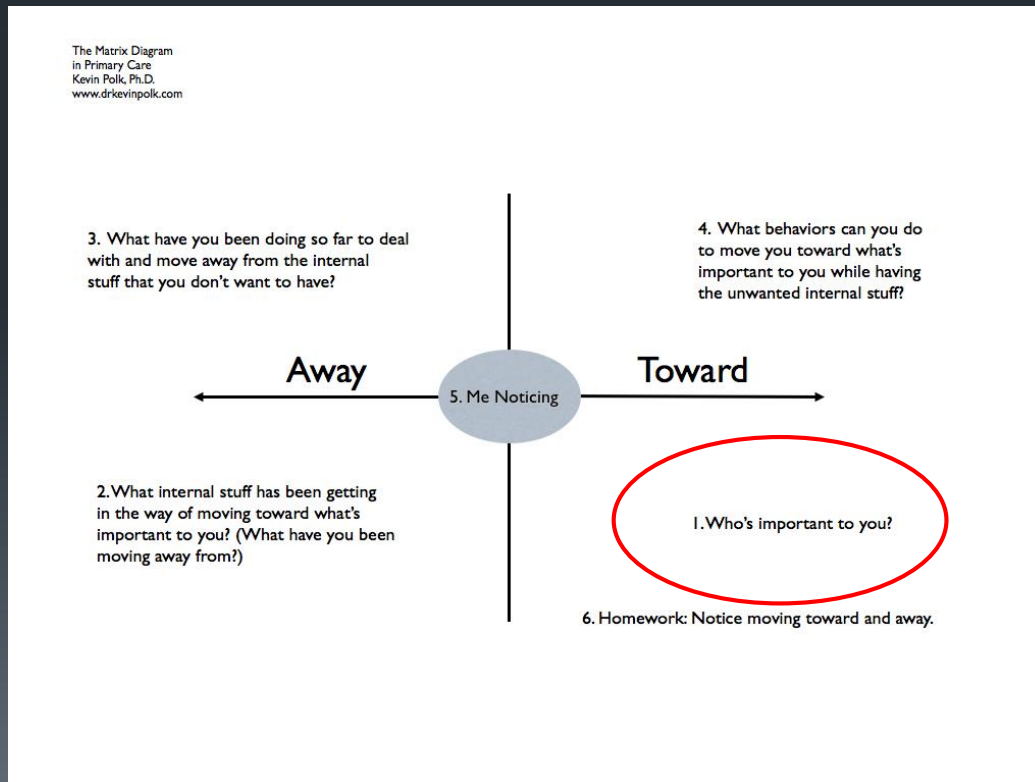
2000



- “Happiness” spreads to up to 3 degrees of separation
- Effects of one suicide on a “Mood Network”?

ACT Matrix

- First question?
- « WHO's important to you ? »
- How to work when the client's (only?) most important person is gone...?

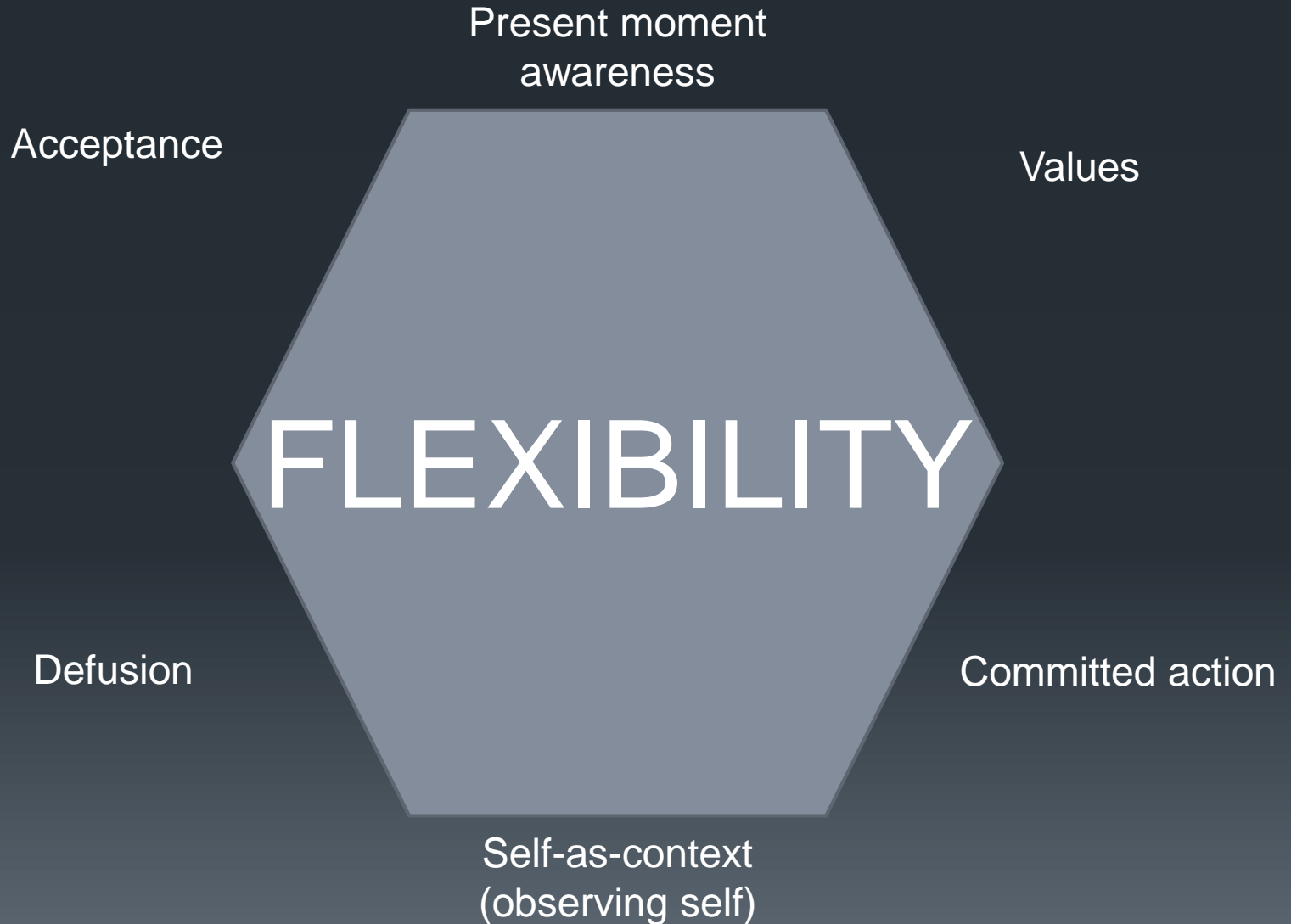


Important note...

- Validation : key for applying any other intervention
- Many clients mainly come to receive it
 - Sometimes only for it...
- As mentioned earlier, can be somewhat easy AND somewhat difficult to connect with suicide survivor's pain.
- For clients who need a little bit « more »...

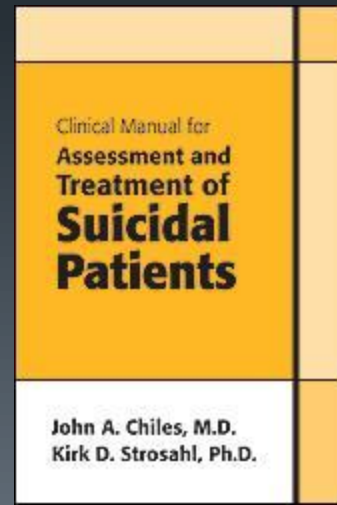


Hexaflex



Robinson (2005) in Chiles & Strosahl, Clinical manual for assessment and treatment of suicidal patients pp. 273-303

- 1. Awareness of story and acceptance of impact
 - Present-moment awareness, acceptance
- 2. Reforming story and creating more behavioral flexibility
 - Cognitive defusion, self-as-context
- 3. Applying new story to the world
 - Values, committed action



Step 1: awareness and acceptance

- Identify, write down suicide story
 - Who? What? When? How? Why? And therefore...
 - Current impacts of story on life
- Identifying unwanted emotions
- Man in the hole/ball in the pool
- « Rebound » from cognitive/emotional avoidance
 - Camel/white bear/pink elephant
 - Polygraph (ball in the pool)
- Benefit-to-cost ratio of story
 - Impact of attachment to story on life choices



Step 1, continued

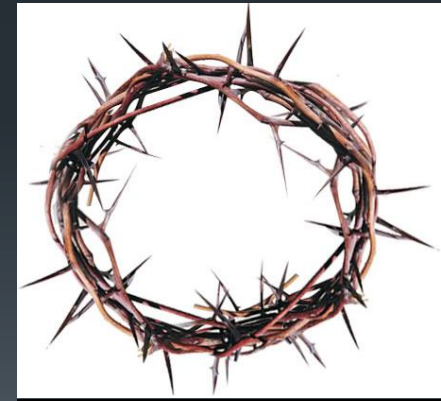
- Re-exposure to emotion through reading of story
 - Functioning of emotions (rebound effect)
 - Allow client to experience emotions
- Identify « facts » in the story
 - Question, confront facts:
 - Contact friends, relatives; learn of other versions of story
 - Fill memory blanks, address black-and-white caricatures



Step 2 : Reforming and flexibility



- Milk VS Milk, milk, milk...
 - Guilt/self-blame/shame (description) VS Repeated+++ ?
 - Mind as a crown of diamonds and thorns
 - Diamonds: build precise stories, better functioning
 - Thorns: pull from present moment (choice and behavior control) ;
draws closer to memories or anticipated trauma (+ tendency to repeat vitality-draining behaviors)
- After data collection...
 - Rewrite story and fully acknowledge memories and emotions
 - Fill in the holes
- Compare versions considering pros and cons
- Write new and improved story (if need be)



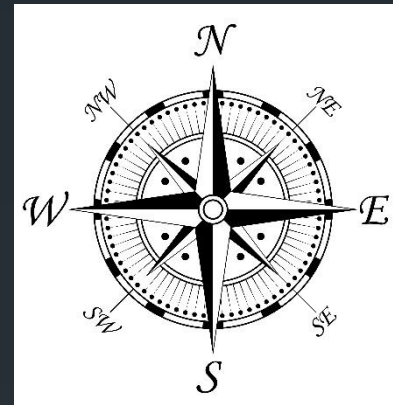
Step 2, continued

- Keep new story in mind
 - While experiencing new behaviors
- Chessboard
 - Pick a side vs the story (which one is true...do I prefer...is the BEST?)
 - Notice what the mind offers
 - Ensuing struggle?
 - Similar to chess game...?
 - Client = a side in the war, or rather the board?
 - Learn to go from chess pieces to chessboard
- OR...passengers on the bus
 - Classic ;)



Step 3 : Apply new story to the world

- Psychoeducation on values vs objectives
 - Twins metaphor
 - « Failures » in the context of a goal-focused life
 - Values improve resiliency
 - A values-focused action plan improves congruency between daily activities and values
- Values clarification
- In my new story...
 - What gifts can I offer others/myself as a survivor?
 - What are my strengths?
 - What are the underlying directions I want for my life? Can I act in accordance with them...?



Step 3, continued

- Mountain path metaphor
 - Valued life, similar to going up a mountain path
 - Steep path : down to go up?
 - Exclusive focus on road ahead to assess progress?
 - (Develop the skill of having an overview)
 - Cultivate the ability to assess own progress (see yourself as if you're standing on neighboring mountain)
- Bike riding metaphor
 - Remain sensitive to peaks and valleys in progress, to NORMAL falls (learning process)
 - Learn to self-correct while riding, in order to fall less often
 - Several micro-movements required to keep balance ; no one, gigantic effort allows to keep balance
- Intimacy, vulnerability
 - Develop plans for life-changing behaviors and apply



Addition...

- Self-compassion/self-care
That is...allowing yourself to be a best friend/loving parent for yourself
 - Compassionate bodyscan
 - Compassion postures
 - Compassionate inner speech
- In short...
- Softness, kindness, being compassionate toward oneself (as with much-appreciated friend)
- Universality of human suffering (aren't we all on the same boat?)
- Mindfulness of one's own experience (reduce self-judgments)

inside this moment.

A CLINICIAN'S GUIDE *to*
PROMOTING RADICAL CHANGE
USING ACCEPTANCE *and*
COMMITMENT THERAPY



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Merci! Gracias! Thank you!

- Questions?

