THE UNIVERSITY OF UTAH
College of Social Work

Bridging the Gaps between Lived Experience, Evidence-Based Care, and Common Practices with People with Suicidal Thoughts and Behaviors

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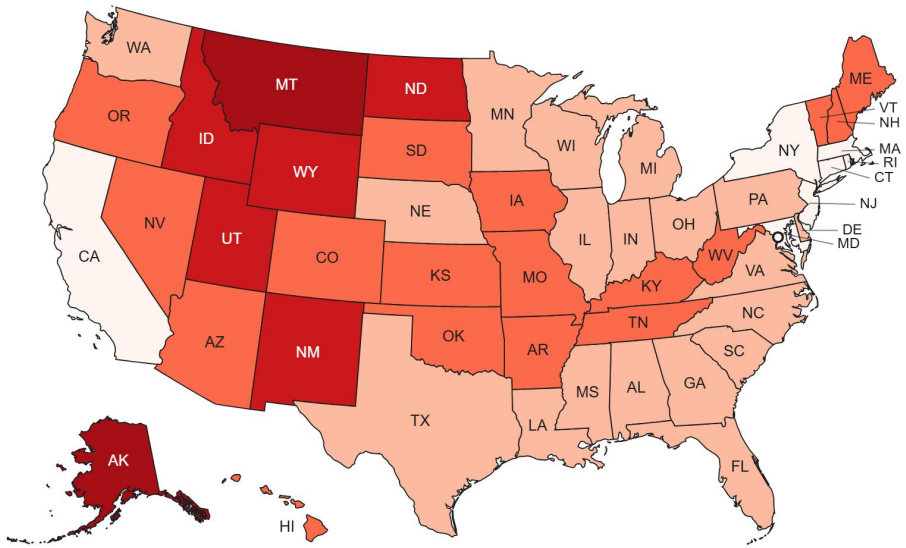
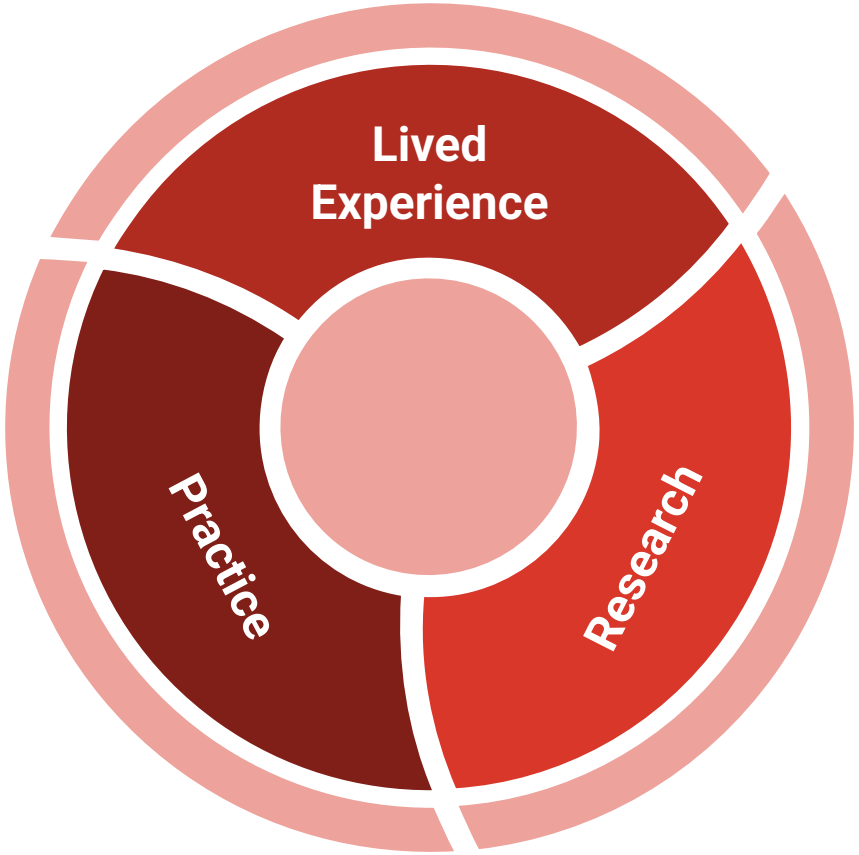
Understanding Suicide in our Community

- In 2022, 5.2% of US adults reported having serious thoughts of suicide, 0.6% attempted (CDC, 2024)
- Utah ranked 7th in the US for suicide death rate of 22.1, and 696 suicide deaths reported in 2023 (UT DHHS, 2024)
- 9% of UT high school students attempted suicide in past 12 months (2023 Youth Risk Behavior Survey)
- Disparities indicate higher prevalence for AI/AN communities, white men, individuals aged 25-44, LGBTQ+ communities; with trends indicating growing risk for POC youth (Ramchand et al., 2021)



Addressing the Needs of People with Suicide Risk



- Suicide is stigmatized experience existing within societal norms and perspectives, leading to:
  - Barriers to people with suicidal thoughts and behaviors participating in research and services
  - Barriers to those with open lived experience participating in practice and research
  - Barriers to providers understanding and applying evidence-based care
- Suicidal desire is lethal and prevelant, leading to a loss of the wisdom from those who have died by suicide

Objectives

- Understand disparities existing in the social work and mental health field between lived experience, research, and intervention for people with suicidal thoughts and behaviors
  - Disclosure of suicidal desire
  - Individual confidentiality and autonomy
  - Care navigation and intervention
- Explore practice considerations for providers, driven by the intersection of lived experience, research, and intervention

Disclosure of Suicidal Desire

- While people with suicidal thoughts and behaviors (STB) are more likely to disclose STB to psychotherapists than to friends, family, partners, or health professionals, roughly only 50% do (Husky et al., 2016)
  - Risk of non-disclosure increases for men aged 70+, those with less social connectedness, and POC (Husky et al., 2016; Morrison & Downey, 2000)
  - Younger adults, higher level of education, and more severe ideation or past attempts correlated with higher disclosure rates
  - POC and cisgender youth 1.5x less likely to disclose STB (Shin et al., 2025), and youth are more likely to disclose to peers (Fox et al., 2022)

Lived Experience of Disclosure Factors

- Being asked directly about suicidal ideation and behavior greatly increases likelihood of disclosure for both adults and adolescents (Fox et al, 2022; McGillivray, 2022)
- Common barriers to disclosure with mental health professionals:
  - Fear of involuntary hospitalization
    - Loss of autonomy and financial hardship
  - Stigma
  - Medication use
  - Fear of rejection
  - Worrying support system
- Adolescents specifically name disclosure of STB to parents as barrier and 25% of adolescents did not disclose STB even when asked directly (Fox et al., 2022)

Provider Perspectives on Assessment

- Research shows that many providers struggle with suicide assessment, including:
  - Feeling unsure of the “correct” way to ask about suicide
  - Reluctance to ask about suicide
  - Not asking at all, regularly, or directly
  - Worries about giving client ideas about suicide
  - Assessing with focus on liability management

(Brodsky et al., 2018; Ford et al., 2021; Hadsell, 2024; Hawgood et al., 2022; Roush et al., 2017, Sommers-Flanagan & Shaw, 2017)

Disclosure of STB: Practice Considerations

- Assess for STB with *all* clients and ask assessment questions directly, and regularly for those with risk factors
- Assess risk factors that may increase barrier to STB disclosure, including past experiences and perceptions of STB disclosure
- Apply cultural considerations and factors in assessment, utilizing tools like the Cultural Assessment of Risk for Suicide (CARS)
- Provide suicide resources, psychoeducation, and normalization even when STBs are denied
- Prior to assessment, provide clear communication regarding informed consent for confidentiality and response to disclosure of STBs

Lived Experiences with Confidentiality & Autonomy

- In a 2022 study, 48% of adolescents with history of suicidal ideation/behaviors reported "**at least one experience in which a mental health provider either forced them to tell a parent/guardian about their SITB or told their parent/guardian without their permission**" (Fox et al.)
- Suicidal adolescents who experienced a non-collaborative breach in confidentiality reported negative impacts on the therapeutic relationship, decreased trust in mental health services, decreased willingness to disclose future STBs, increased depressive symptoms, increased STB urges, and decreased self-worth (Fox et al., 2022)
- Survivors of suicide attempts have indicated common negative factors influencing their percpetion of care includes loss of autonomy with hospitalization and/or medication management (Hom et al., 2020)

Confidentiality & Autonomy

- Involuntary hospitalization is associated with greater hopelessness, loss of autonomy, loss of connection, and an overall potential for increased STBs upon release
- History of breaches in confidentiality decreases likelihood of disclosing STBs in future contact with providers
- Research indicates that involuntary hospitalization for suicide risk is linked with:
  - **Higher risk of suicide death after discharge**
  - Post-traumatic stress
  - Felt loss of connection
  - Increased hopelessness
  - Financial hardship
  - Poorer mental health outcomes

(Wang & Colucci, 2017; Ward-Cielsielski & Risvi, 2021; Ross et al., 2024)

Confidentiality & Autonomy: Practice Considerations

- Clarify informed consent for confidentiality breach and hospitalization
  - If discussing hospitalization, consider orienting to risk of stigma/response from providers, orient to expectations of hospitalization, plan for discharge, financial/insurance considerations, support system pre/during/post hospitalization
- Consider maintaining confidentiality as an evidence-based, ethical consideration
- If confidentiality breach or higher level of care is determined to be necessary, utilize clinical tools to increase willingness for voluntary collaboration
- Weigh the risks of confidentiality breach and involuntary treatment in clinical decision-making

Lived Experiences on Suicide Care Interventions

- **Emergent/Crisis Services**
  - 41% of people with STBs utilizing emergency departments found services harmful or unhelpful (Simon et al., 2016)
  - Over 60% of people seeking support for suicidal thoughts/behaviors in emergency departments reported feeling stigmatized by providers (Frey, Hans, & Cerel, 2016)
  - Estimated that about 1/3rd of people with suicidal thoughts & co-occurring mood disorders use crisis hotlines (Simon et al., 2016)

Lived Experiences on Suicide Care Interventions

- **Family Intervention**
  - Family support is often seen as harmful/unhelpful as emergency services for people with STBs (Simon et al., 2016)
    - Families report struggles in understanding clarity of their role, hypervigilance about suicidal risk, lack of collaboration in discharge (Wayland et al., 2021)
  - Nearly 1/3rd of family members of a suicidal person felt stigmatized by healthcare staff (Cerel et al., 2006)
  - After a suicide attempt, family members can be seen as a protective factor in reducing risk for future attempts (Grant et al., 2015; Morgan et al., 2013)
    - Family/social support can be crucial for access to means counseling, seen as one of the most impactful interventions for suicide risk

Lived Experiences on Suicide Care Interventions

- **Peer Support Services**
  - Peer support is used by a minority of people with suicidal thoughts and behaviors, but is often seen as a highly useful intervention by those who utilize it, and reported as a desired resource by those who don't have access to peer support (Simon et al., 2016; Hom et al., 2020)

Lived Experiences on Suicide Care Interventions

- **Mental Health Services**
  - Factors associated with positive experiences by those with STBs include:
    - Collaboration in treatment planning process (Shand et al., 2018)
    - Increased social support, supportive medication management, trustworthy providers, and being appropriately challenged (Hom et al., 2020)
    - Being able to openly talk about suicidal desire with empathy and lack of stigma (Berglund et al., 2016)
  - Factors associated with negative experiences:
    - Inadequate assessment, provider stigma or belittling of suicidal desire, prescribing without thorough assessment, discomfort with suicidal desire/attempts, and lacking adequate referrals/LOCs (Hom et al., 2020)

Care Navigation & Suicide Intervention: Practice Considerations

82% of suicide attempt survivors endorsed having at least one negative experience with mental health care services, only 14% reported only positive experiences (Hom et al., 2020)

- Normalize and validate suicidal desire
- Allow space to discuss suicidality openly
- Utilize ethical decision-making over liability to inform assessment, intervention and referral - *assessment can be open, conversational, collaborative*
- Explore non-traditional interventions for social support and safety planning

Evidence-Based Interventions

Assessment:

- Ask Suicide Questionnaire
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Cultural Assessment for Suicide Risk

Safety Planning:

- CAMS Stabilization Plan
- Counseling on Access to Lethal Means
- Crisis Response Plan
- Safety Planning Intervention

Intervention:

- Brief Cognitive Behavioral Therapy (CBT)
- Collaborative Assessment and Management of Suicide (CAMS)
- Cognitive Therapy - Suicide Prevention (CT-SP)
- Dialectical Behavior Therapy (DBT)

Liability Management

- Ethical and evidence-based practice **IS** liability management
  - Along with sufficient documentation of evidence based care, consultation, and demonstration of competence
- Provide informed consent on:
  - Evidence-base for treatments
  - Confidentiality
  - Treatment expectations
  - Access to contact with provider(s)
  - Use of contact with others/involvement of others planning

Questions?

Thank you!

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References

Berglund, S., Åström, S., & Lindgren, B. M. (2016). Patients' experiences after attempted suicide: A literature review. *Issues in mental health nursing*, *37*(10), 715-726.

Cerel, J., Currier, G. W., & Conwell, Y. (2006). Consumer and family experiences in the emergency department following a suicide attempt. *Journal of Psychiatric Practice®*, *12*(6), 341-347.

Frey, L. M., Hans, J. D., & Cerel, J. (2016). Suicide disclosure in suicide attempt survivors: Does family reaction moderate or mediate disclosure's effect on depression?. *Suicide and life-threatening behavior*, *46*(1), 96-105.

Fulginiti, A., & Frey, L. M. (2019). Exploring suicide-related disclosure motivation and the impact on mechanisms linked to suicide. *Death studies*, *43*(9), 562-569.

Grant, C., Ballard, E. D., & Olson-Madden, J. H. (2015). An empowerment approach to family caregiver involvement in suicide prevention: Implications for practice. *The family journal*, *23*(3), 295-304.

Hadsell, K. (2024). *Therapists' Perspectives of Suicide Assessment and Treatment Practices and Implementation of New Strategies* (Doctoral dissertation, Grand Canyon University).

Hawgood, J., Spafford, S. G., Evans, A., Webster, A., & Koo, Y. W. (2022). Suicide risk assessment fears, attitudes and behaviours of lifeline crisis supporters. *Health & Social Care in the Community*, *30*(6), e5083-e5094.

Hom, M. A., Albury, E. A., Gomez, M. M., Christensen, K., Stanley, I. H., Stage, D. R. L., & Joiner, T. E. (2020). Suicide attempt survivors' experiences with mental health care services: A mixed methods study. *Professional Psychology: Research and Practice*, *51*(2), 172.

Hom, M. A., Stanley, I. H., Podlogar, M. C., & Joiner Jr, T. E. (2017). "Are you having thoughts of suicide?" Examining experiences with disclosing and denying suicidal ideation. *Journal of clinical psychology*, *73*(10), 1382-1392.

Husky, M. M., Zablith, I., Fernandez, V. A., & Kovess-Masfety, V. (2016). Factors associated with suicidal ideation disclosure: Results from a large population-based study. *Journal of affective disorders*, *205*, 36-43.

Jobes, D. A., & Barnett, J. E. (2024). Evidence-based care for suicidality as an ethical and professional imperative: How to decrease suicidal suffering and save lives. American Psychologist.

Love, H. A., & Morgan, P. C. (2021). You can tell me anything: Disclosure of suicidal thoughts and behaviors in psychotherapy. *Psychotherapy*, *58*(4), 533.

McGillivray, L., Shand, F., Calear, A. L., Batterham, P. J., Chen, N. A., Rheinberger, D., ... & Torok, M. (2022). Profiles of passive and active suicidal ideation and attempts among secondary school students in Australia: a cross-sectional analysis. Archives of suicide research, 26(4), 1880-1894.

References

Molock, S. D., Boyd, R. C., Alvarez, K., Cha, C., Denton, E. G., Glenn, C. R., ... & Miller, A. B. (2023). Culturally responsive assessment of suicidal thoughts and behaviors in youth of color. *American Psychologist*, *78*(7), 842.

Morgan, S., Rickard, E., Noone, M., Boylan, C., Carthy, A., Crowley, S., ... & Fitzpatrick, C. (2013). Parents of young people with self-harm or suicidal behaviour who seek help–a psychosocial profile. *Child and adolescent psychiatry and mental health*, *7*, 1-10.

Morrison, L. L., & Downey, D. L. (2000). Racial differences in self-disclosure of suicidal ideation and reasons for living: implications for training. *Cultural Diversity and Ethnic Minority Psychology*, *6*(4), 374.

Ross, Eric L., Robert M. Bossarte, Steven K. Dobscha, Sarah M. Gildea, Irving Hwang, Chris J. Kennedy, Howard Liu et al. "Estimated average treatment effect of psychiatric hospitalization in patients with suicidal behaviors: A precision treatment analysis." *JAMA psychiatry* 81, no. 2 (2024): 135-143.

Roush, J. F., Brown, S. L., Jahn, D. R., Mitchell, S. M., Taylor, N. J., Quinnett, P., & Ries, R. (2017). Mental health professionals' suicide risk assessment and management practices. *Crisis*.

Simon, G. E., Specht, C., & Doederlein, A. (2016). Coping with suicidal thoughts: A survey of personal experience. Psychiatric services, 67(9), 1026-1029.

Shand, F. L., Batterham, P. J., Chan, J. K., Pirkis, J., Spittal, M. J., Woodward, A., & Christensen, H. (2018). Experience of health care services after a suicide attempt: Results from an online survey. *Suicide and Life-Threatening Behavior*, *48*(6), 779-787.

Shin, K. E., Spears, A. P., Zhang, R., & Cha, C. B. (2025). Suicide-related disclosure patterns among culturally minoritized youth: Examining differences across race, ethnicity, gender identity, and sexual orientation. *Suicide and Life-Threatening Behavior*, *55*(1), e13026.

Sommers-Flanagan, J., & Shaw, S. L. (2017). Suicide risk assessment: What psychologists should know. *Professional Psychology: Research and Practice*, *48*(2), 98.

Wang, D. W. L., & Colucci, E. (2017). Should compulsory admission to hospital be part of suicide prevention strategies?. *BJPsych bulletin*, *41*(3), 169-171.

Ward-Ciesielski, E. F., & Rizvi, S. L. (2021). The potential iatrogenic effects of psychiatric hospitalization for suicidal behavior: A critical review and recommendations for research. *Clinical Psychology: Science and Practice*, *28*(1), 60.

Wayland, S., Coker, S., & Maple, M. (2021). The human approach to supportive interventions: The lived experience of people who care for others who suicide attempt. *International journal of mental health nursing*, *30*(3), 667-682.