

The Three-Step Theory of Suicide: Applications for Suicide Prevention and Clinical Practice

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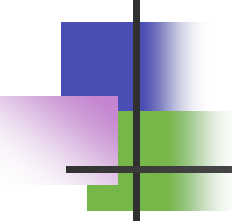
Agenda

- I. The Three-Step Theory (3ST) of Suicide
- II. When Do Suicidal Crises Occur?
- III. Application to Your Practice and Prevention



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- I. **The Three-Step Theory (3ST) of Suicide**
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Three-Step Theory of Suicide (3ST)

Klonsky and May (2015; International Journal of Cognitive Therapy)
Klonsky, May, & Saffer (2016; Annual Review of Clinical Psychology)



Step 1: When does suicidal ideation develop?

When two necessary conditions combine:

1. **Pain** (Shneidman's psychache, Linehan's emotional misery)
2. **Hopelessness** (that things will get better) (Beck)

Not additive, the combination is what matters



Step 2: When does ideation becomes active?

Ideation escalates if **pain** > **connectedness**

(Durkheim; Joiner)

Connection can be to:

- people, role, interest, job, project, purpose, or sense of meaning

Is your connection to life greater than your pain?



Step 3: When does ideation lead to action?

Strong ideation progresses to action when there is the **capacity** to make an attempt:

1. **Acquired** (Joiner's IPT)
2. **Dispositional**
3. **Practical**
 1. Access to lethal means
 2. Knowledge and comfort with lethal means

Does total capacity make an attempt possible?

1) Are you in pain and hopeless?

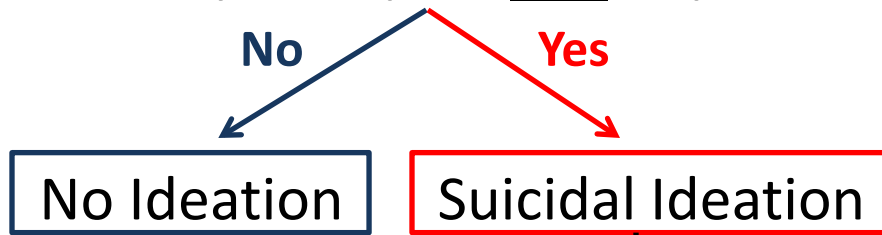
No

Yes

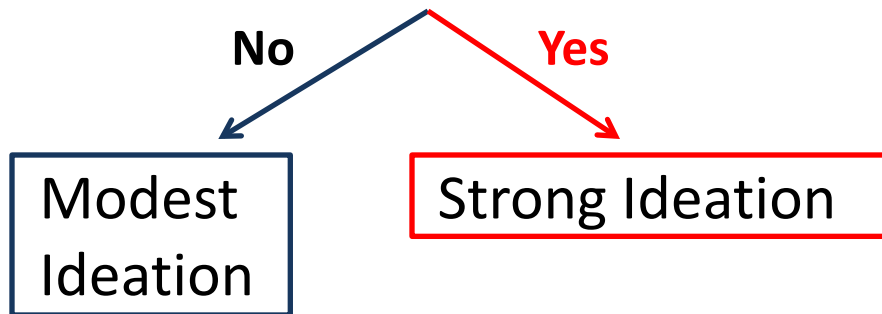
No Ideation

Suicidal Ideation

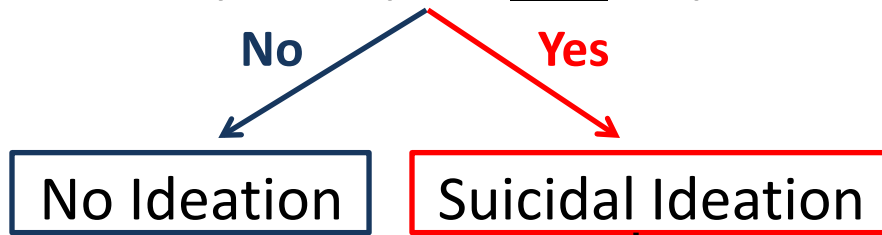
1) Are you in pain and hopeless?



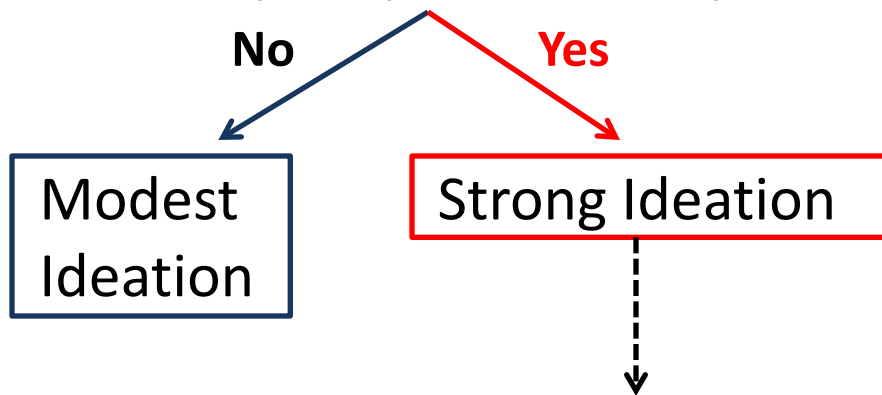
2) Does your pain exceed your connectedness?



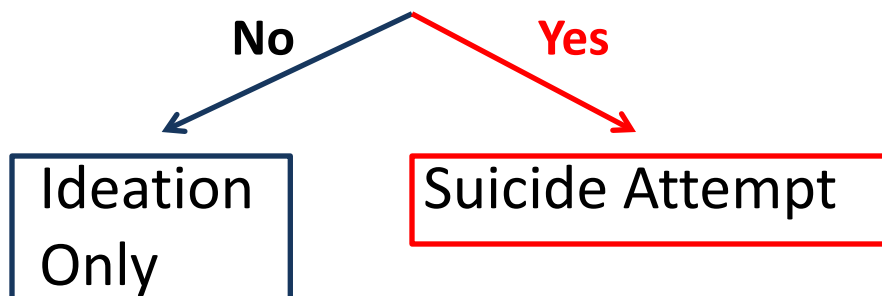
1) Are you in pain and hopeless?



2) Does your pain exceed your connectedness?



3) Do you have the capacity to attempt suicide?





Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capacity



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capacity
Psychache			
Depression			
Anxiety			
Emotion Dysregulation			
Mental Disorders			
General Distress			



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capacity
Psychache	Hopelessness		
Depression	Pessimistic Outlooks		
Anxiety	External Locus		
Emotion Dysregulation	Learned Helplessness		
Mental Disorders	Self-Efficacy		
General Distress	Future Orientation		



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capacity
Psychache	Hopelessness	Social Isolation	
Depression	Pessimistic Outlooks	Loneliness	
Anxiety	External Locus	Poor Social Support	
Emotion Dysregulation	Learned Helplessness	Low Belongingness	
Mental Disorders	Self-Efficacy	Burdensomeness	
General Distress	Future Orientation		



Organizing Model for Suicide Risk

Pain	Hopelessness	Connectedness	Capacity
Psychache	Hopelessness	Social Isolation	Acquired Capability
Depression	Pessimistic Outlooks	Loneliness	Access to Means
Anxiety	External Locus	Poor Social Support	Knowledge of Means
Emotion Dysregulation	Learned Helplessness	Low Belongingness	Dispositional Capability
Mental Disorders	Self-Efficacy	Burdensomeness	
General Distress	Future Orientation		



4 Clear Targets for Intervention

- 1) ↓Pain
- 2) ↑Hope
- 3) ↑Connection
- 4) ↓Capability



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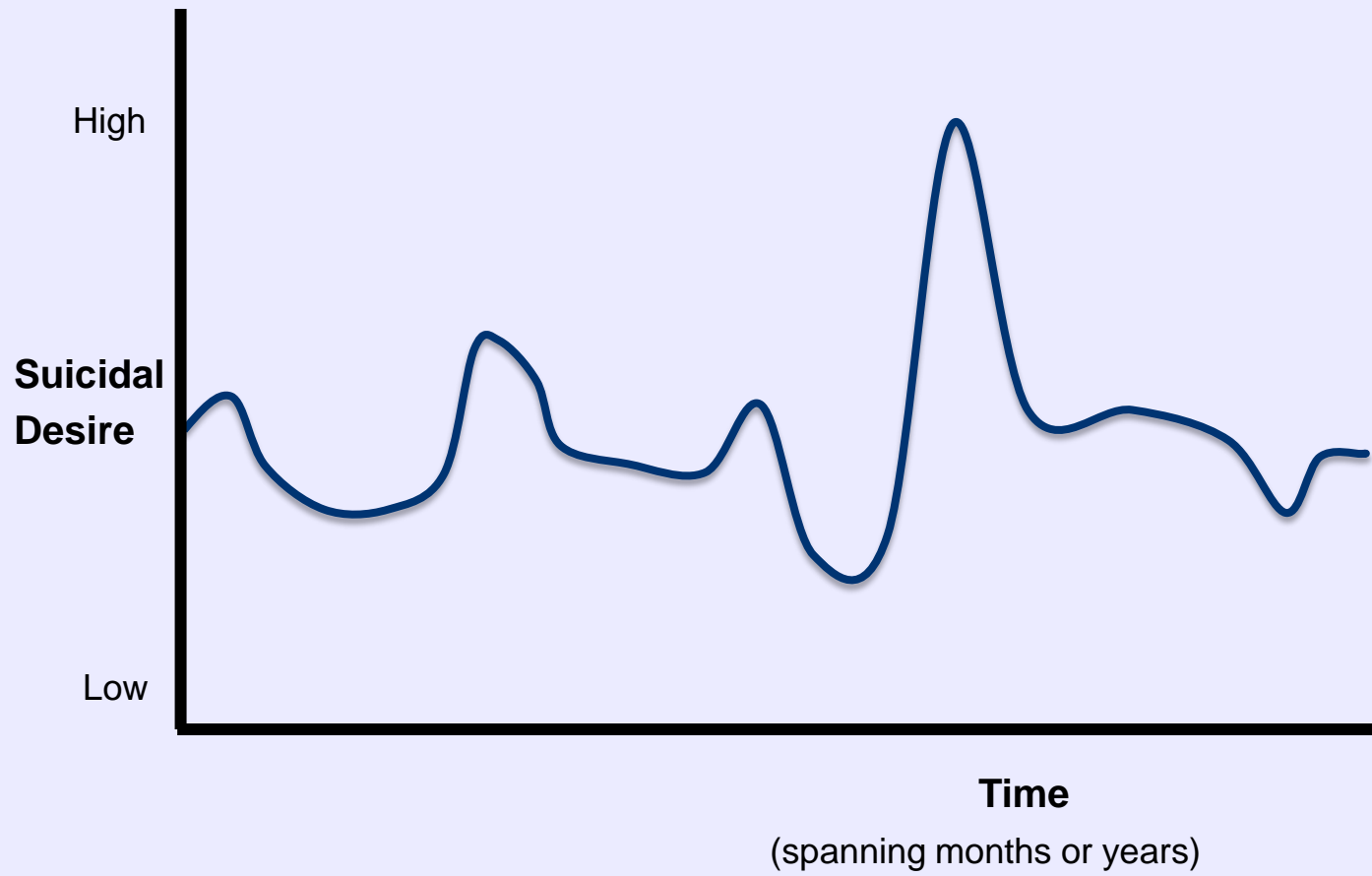
Plotting Trajectories of Desire and Capability Helps Explain...

- When suicidal crises occur
- Why means restriction saves lives
- Why some attempters re-attempt but others never again



What Is the Trajectory of Suicidal Desire Over Time?

- Ebb and flow
- Peaks and valleys

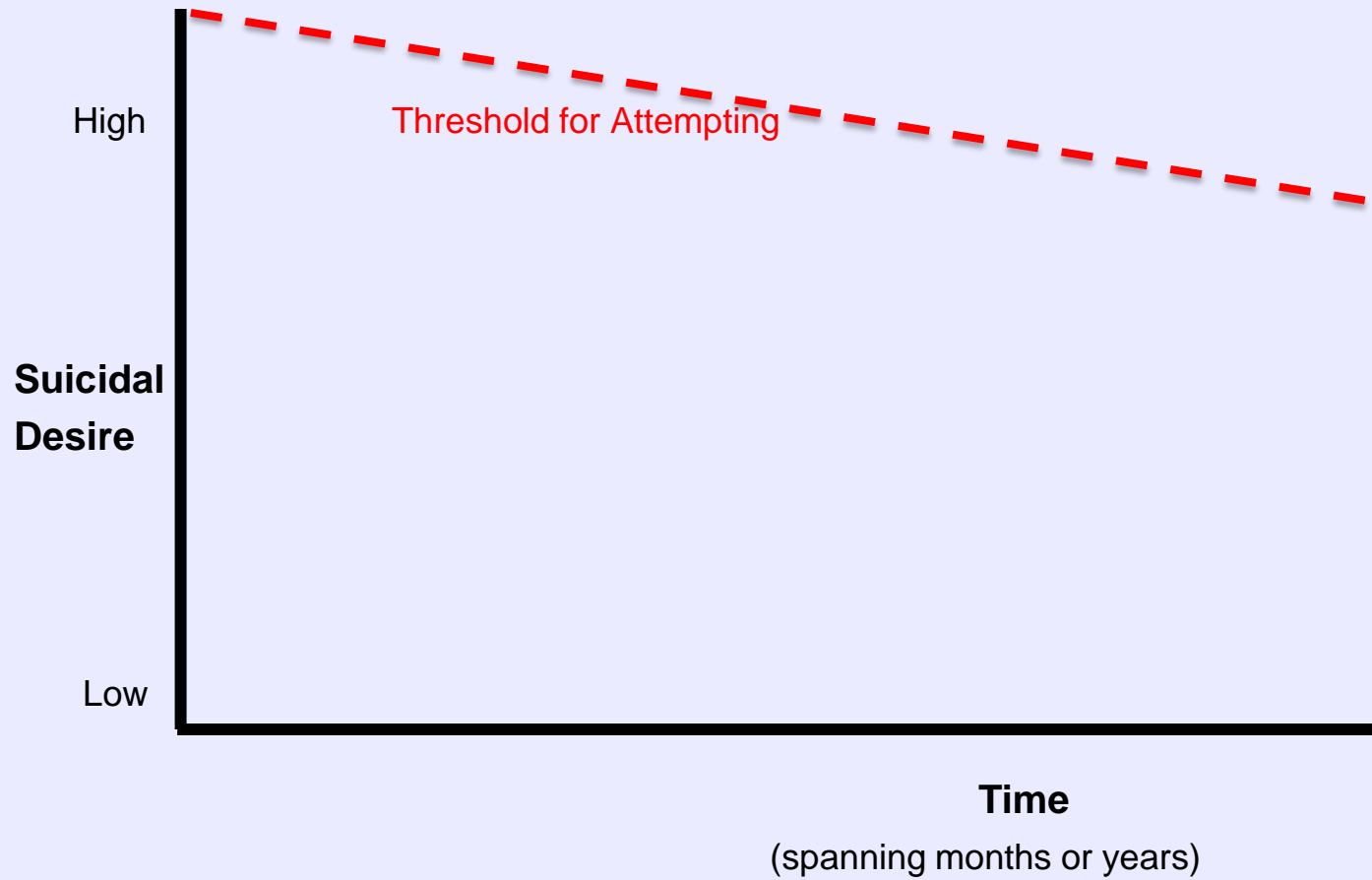


What Is the Trajectory of Suicidal Capability Over Time?

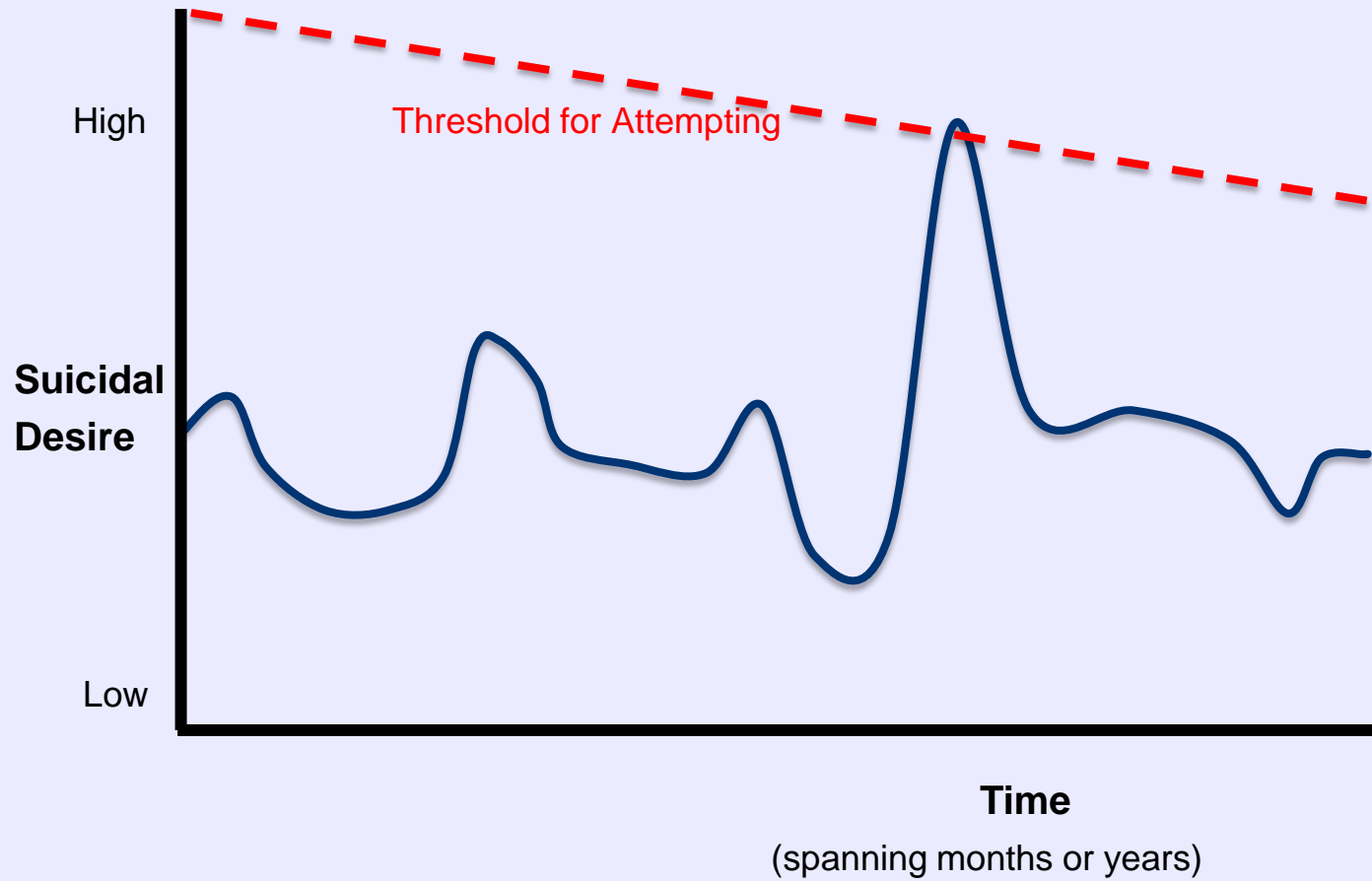
If life is painful and provocative ...

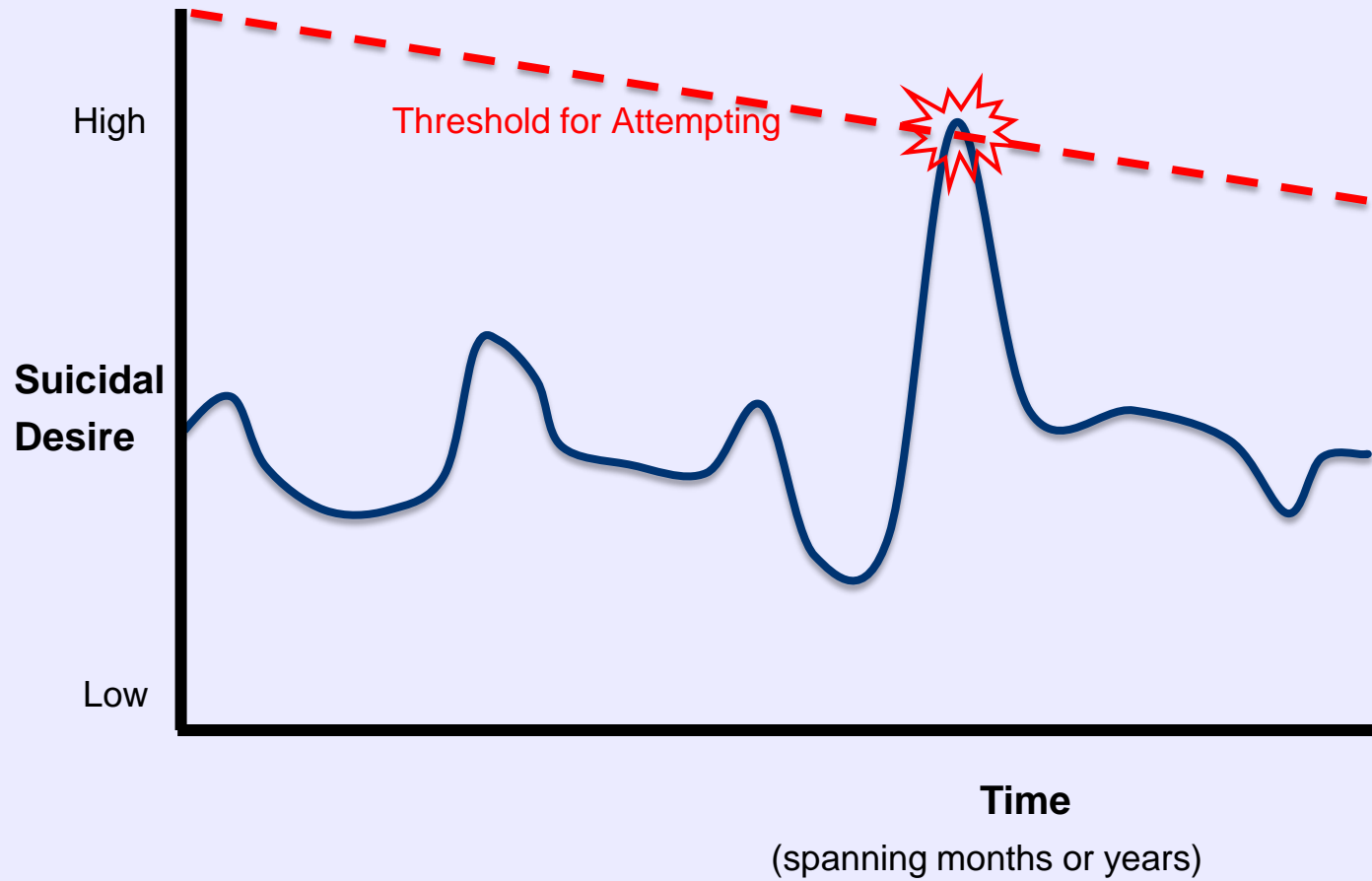
... capability will steadily increase over time, and thus

...threshold for acting on suicidal desire will steadily decrease

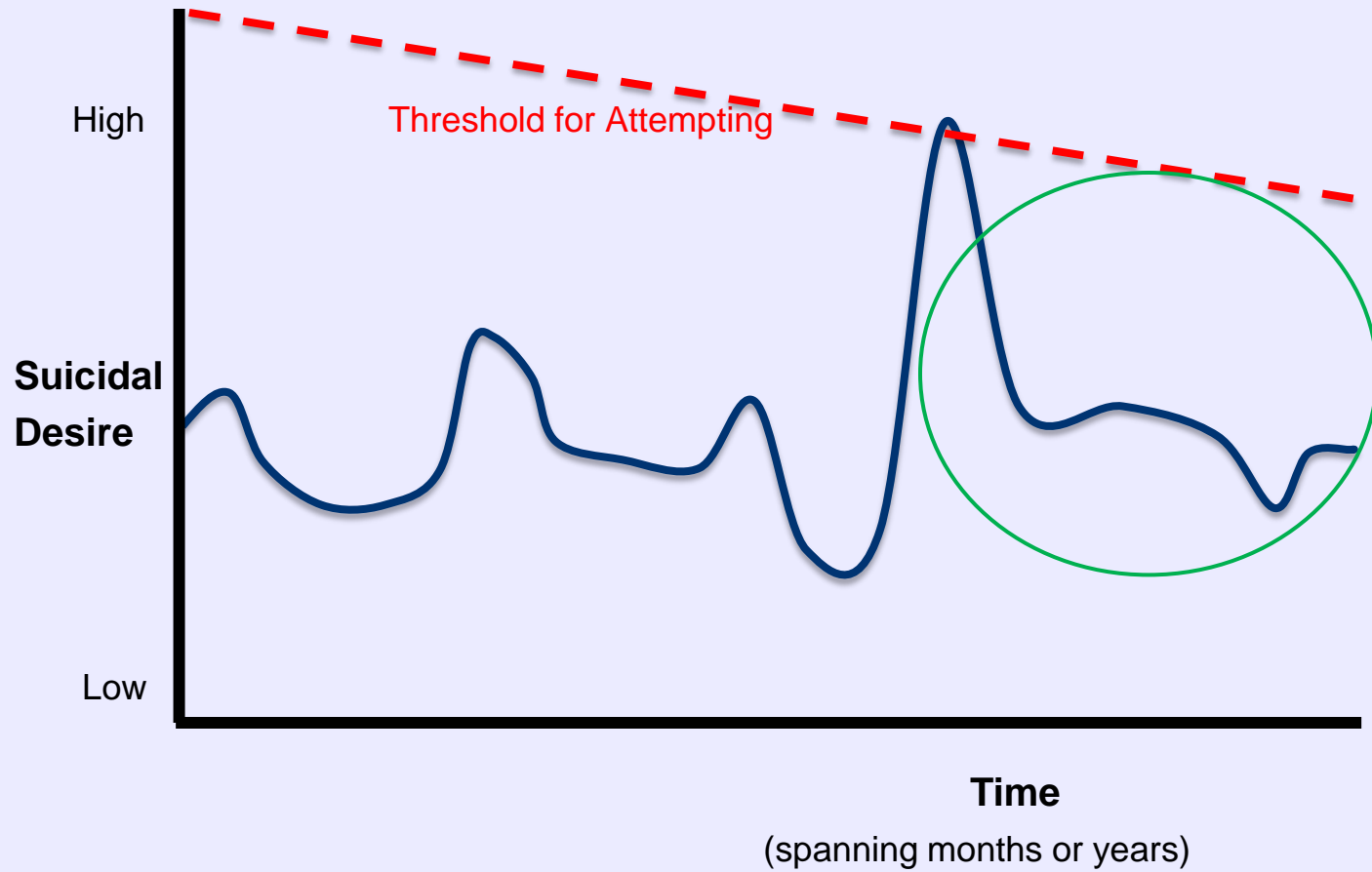


Plot Desire and Capability
Together Over Time...



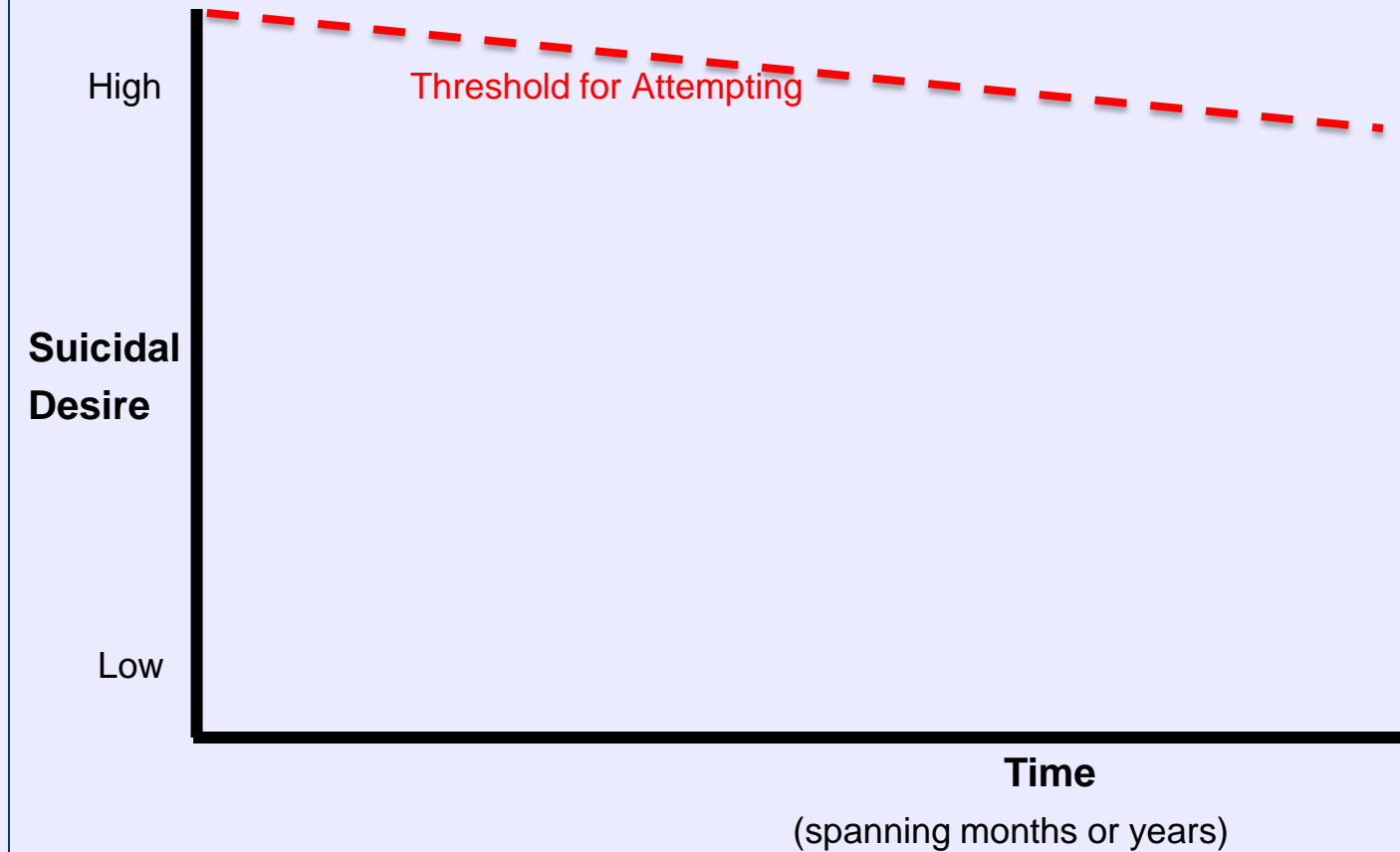


What if person is blocked from
making the attempt?

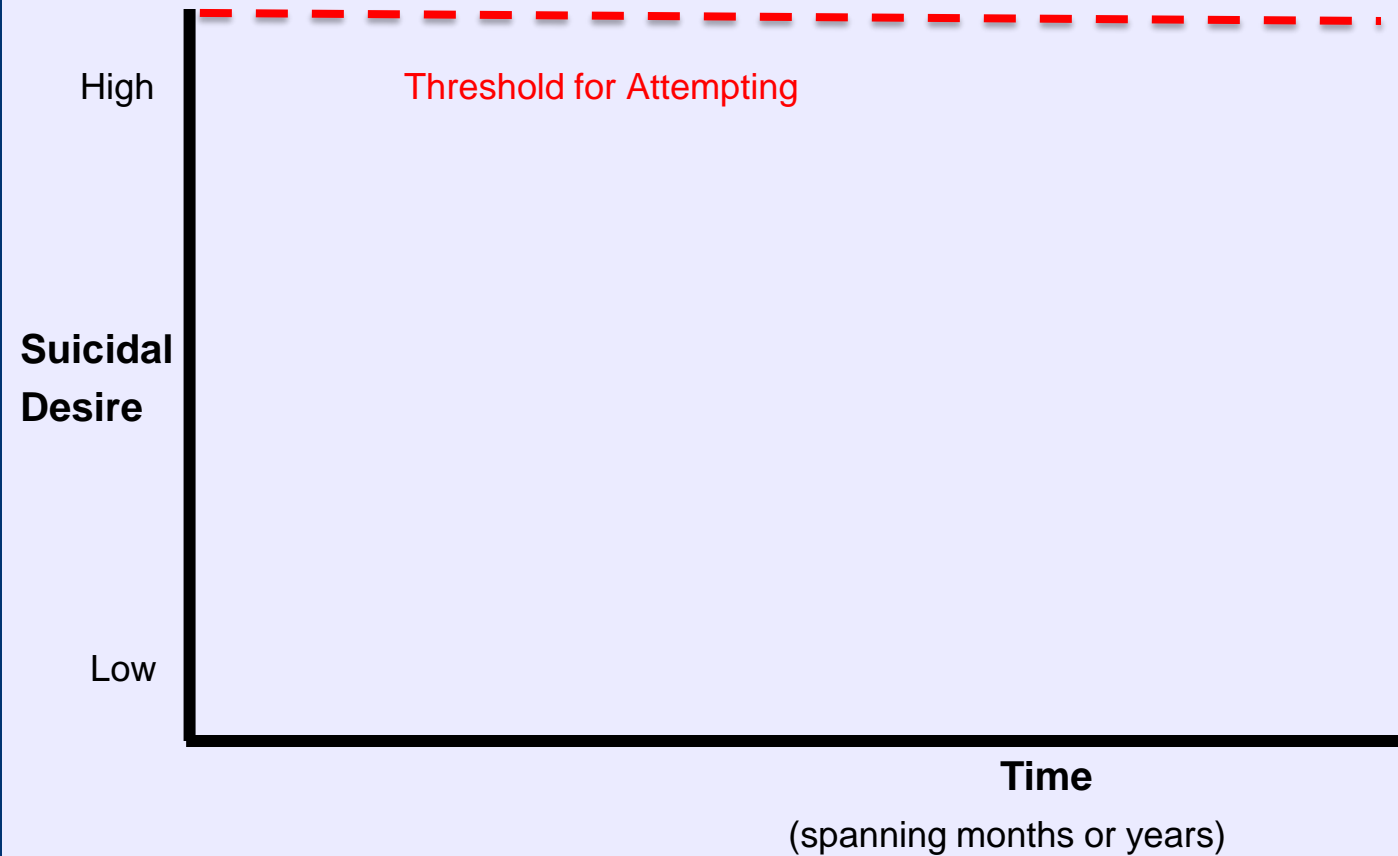


What if person experiences 3
healthy years?

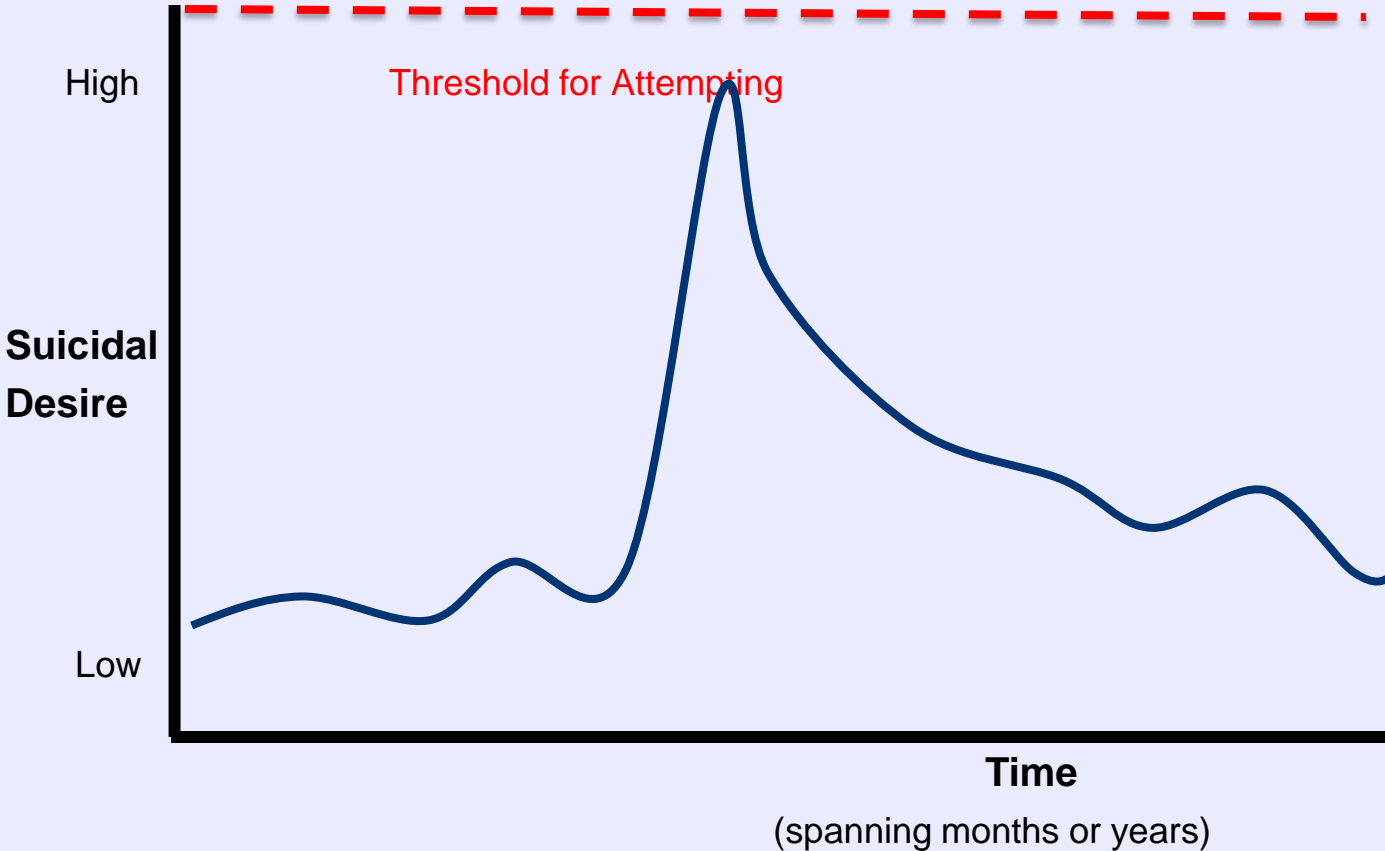
Original Threshold



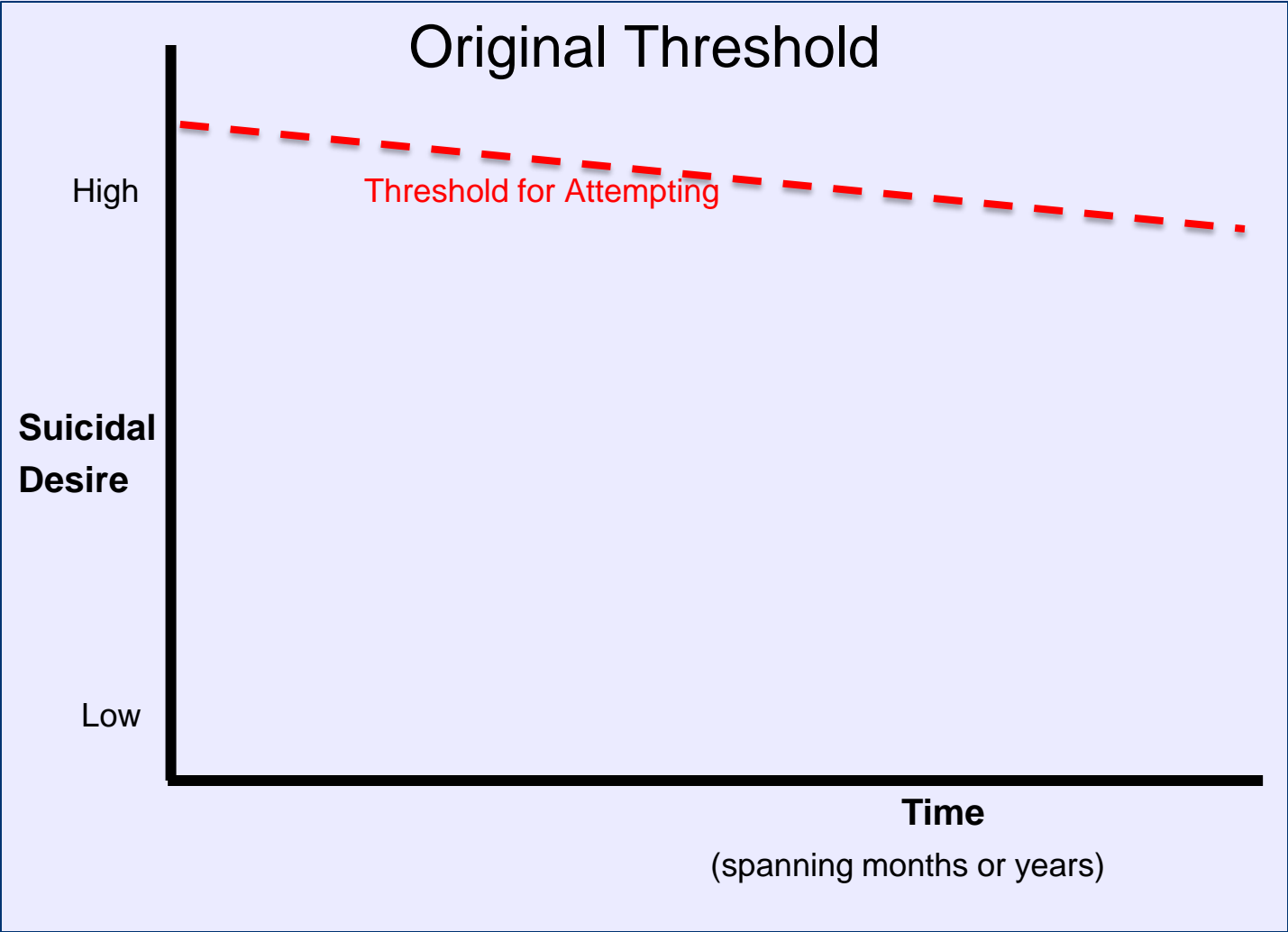
3 Healthy Years Later



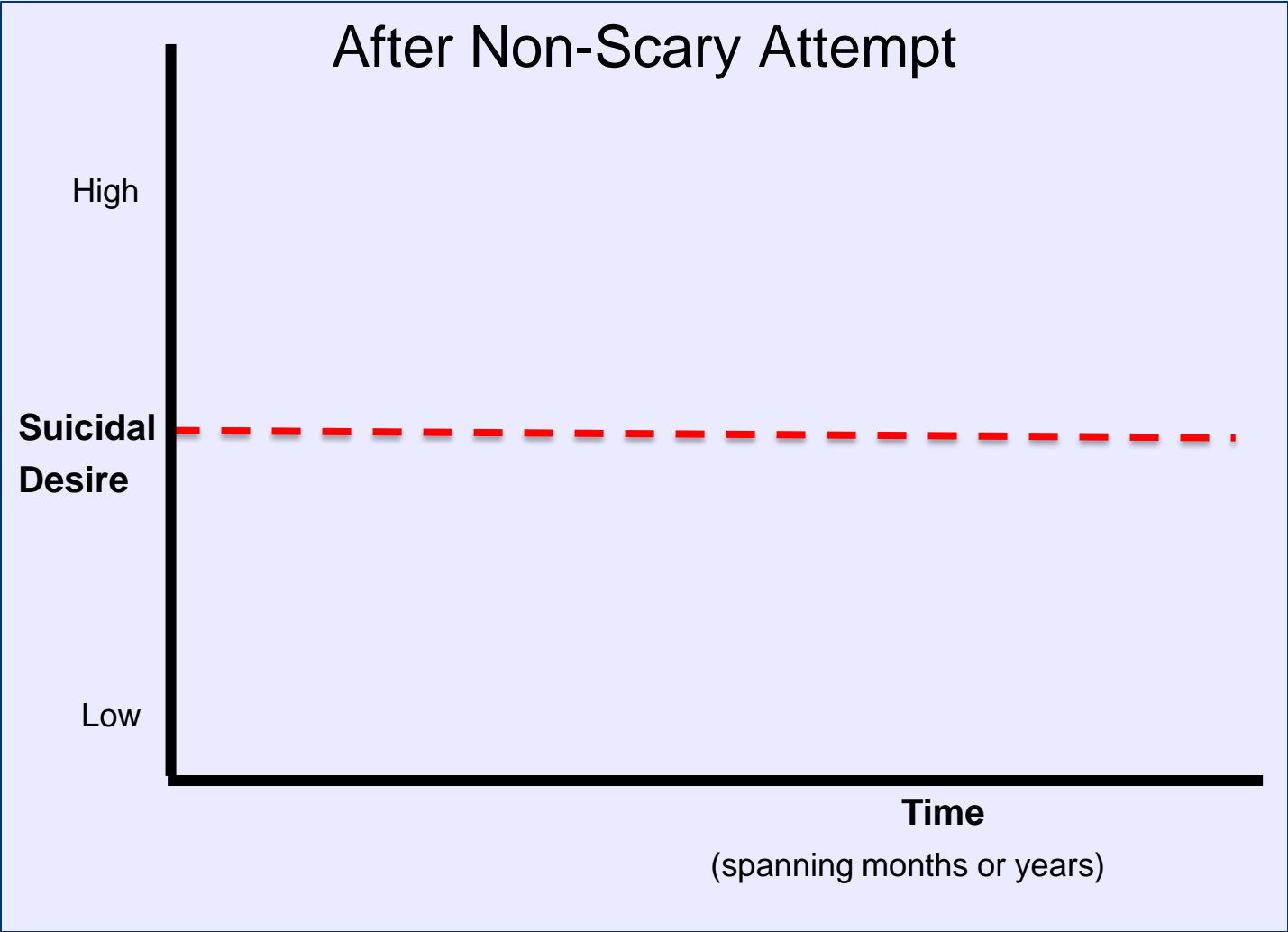
3 Healthy Years Later



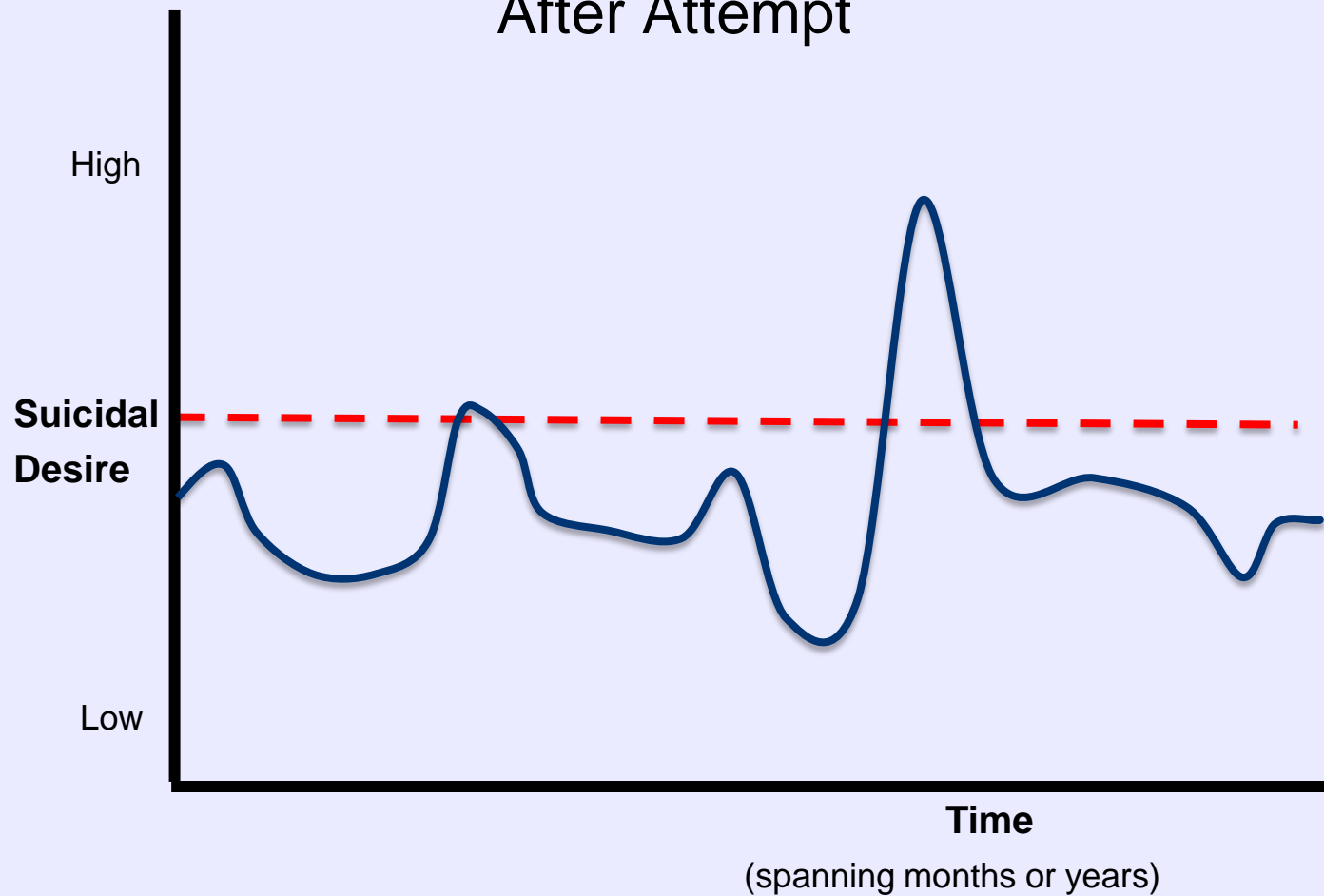
If the suicide attempt was not
scary...



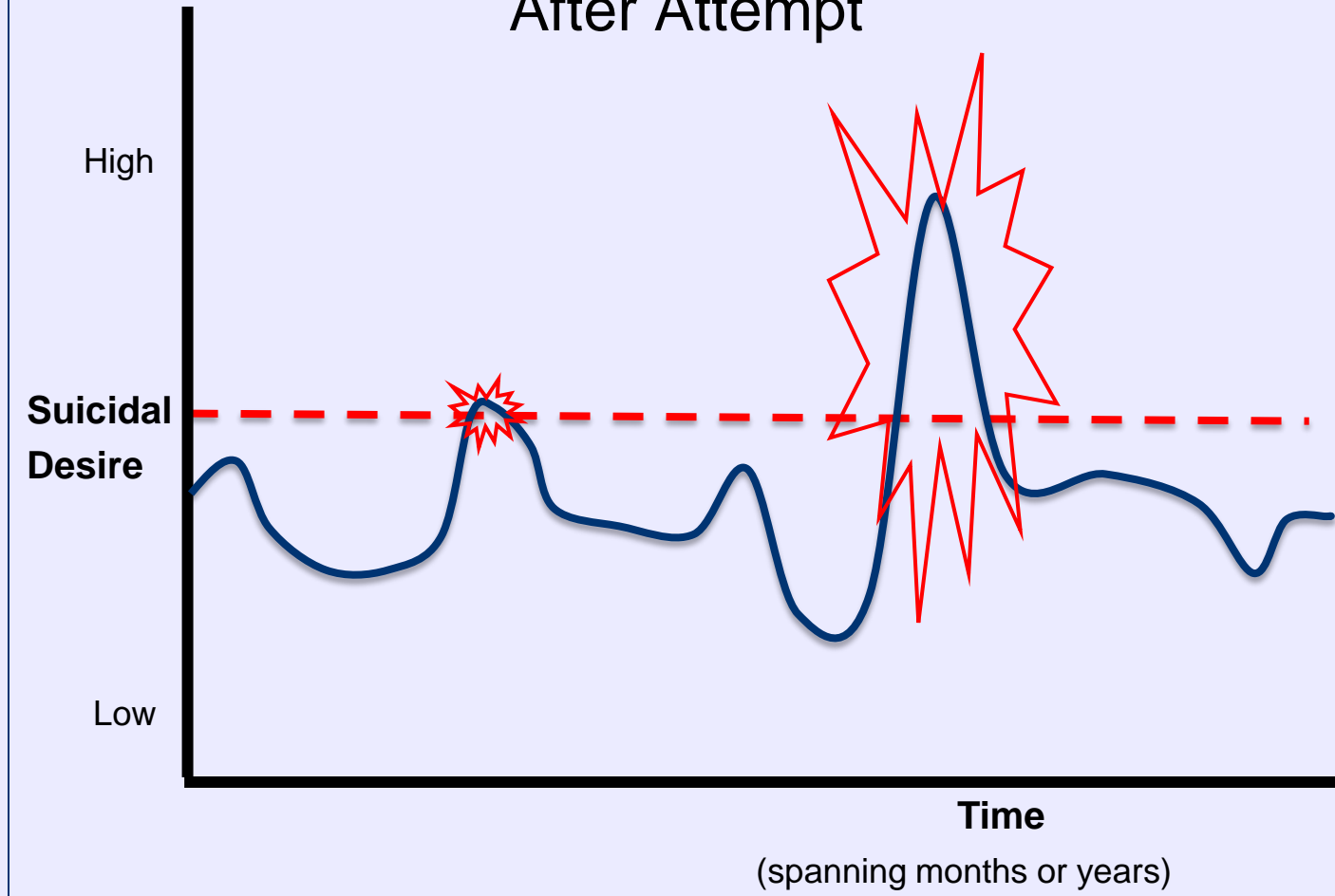
After Non-Scary Attempt



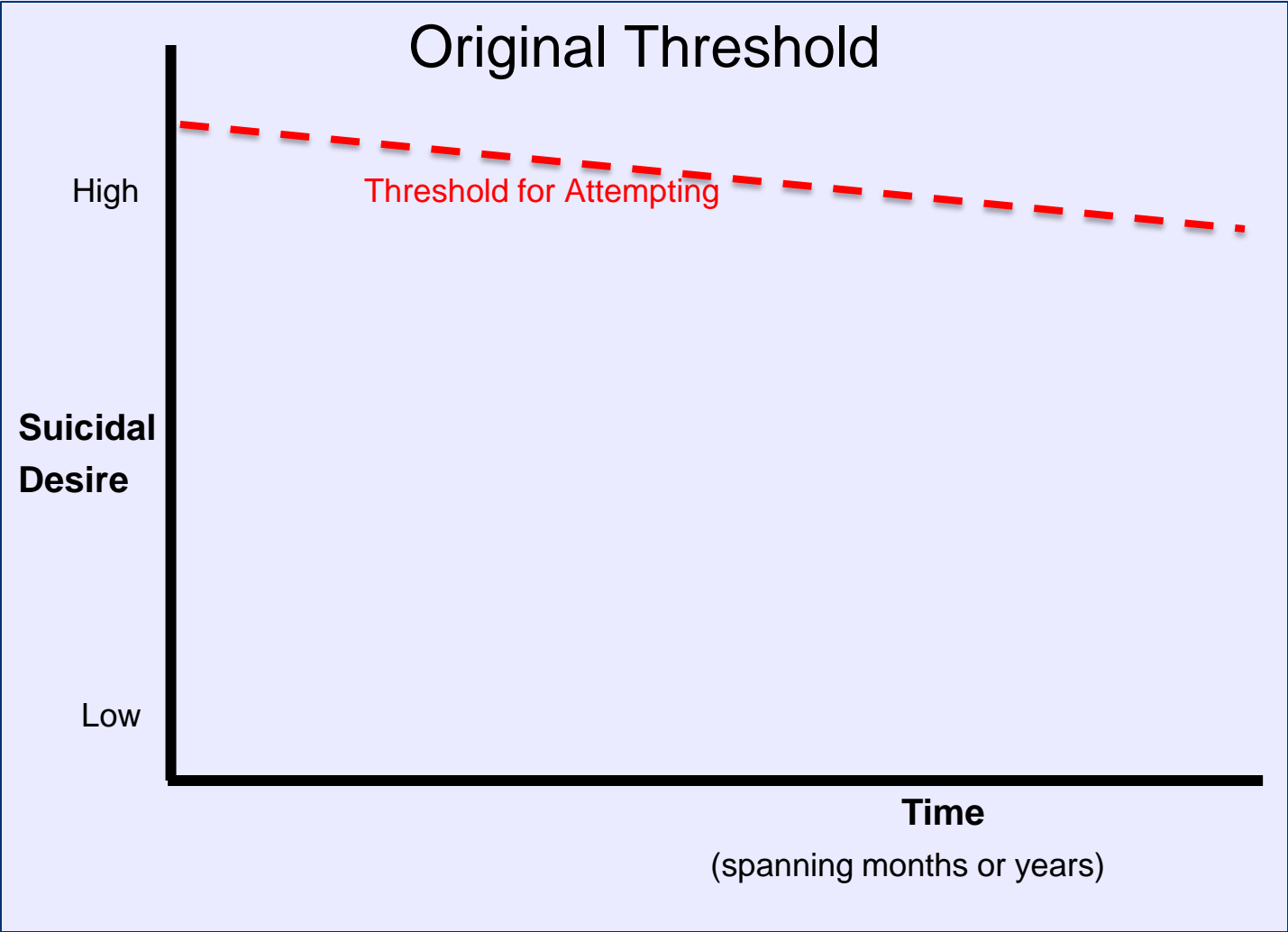
After Attempt

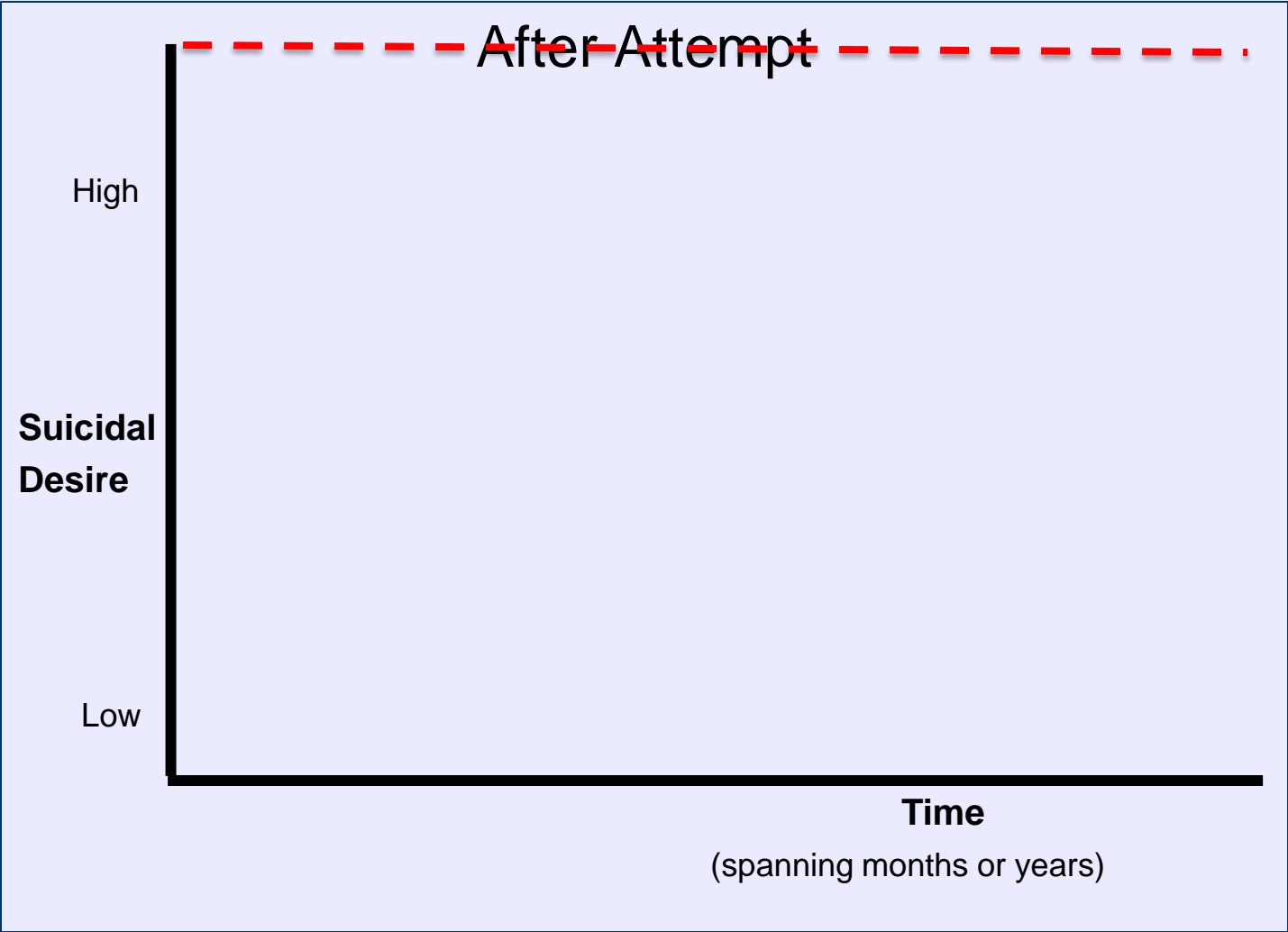


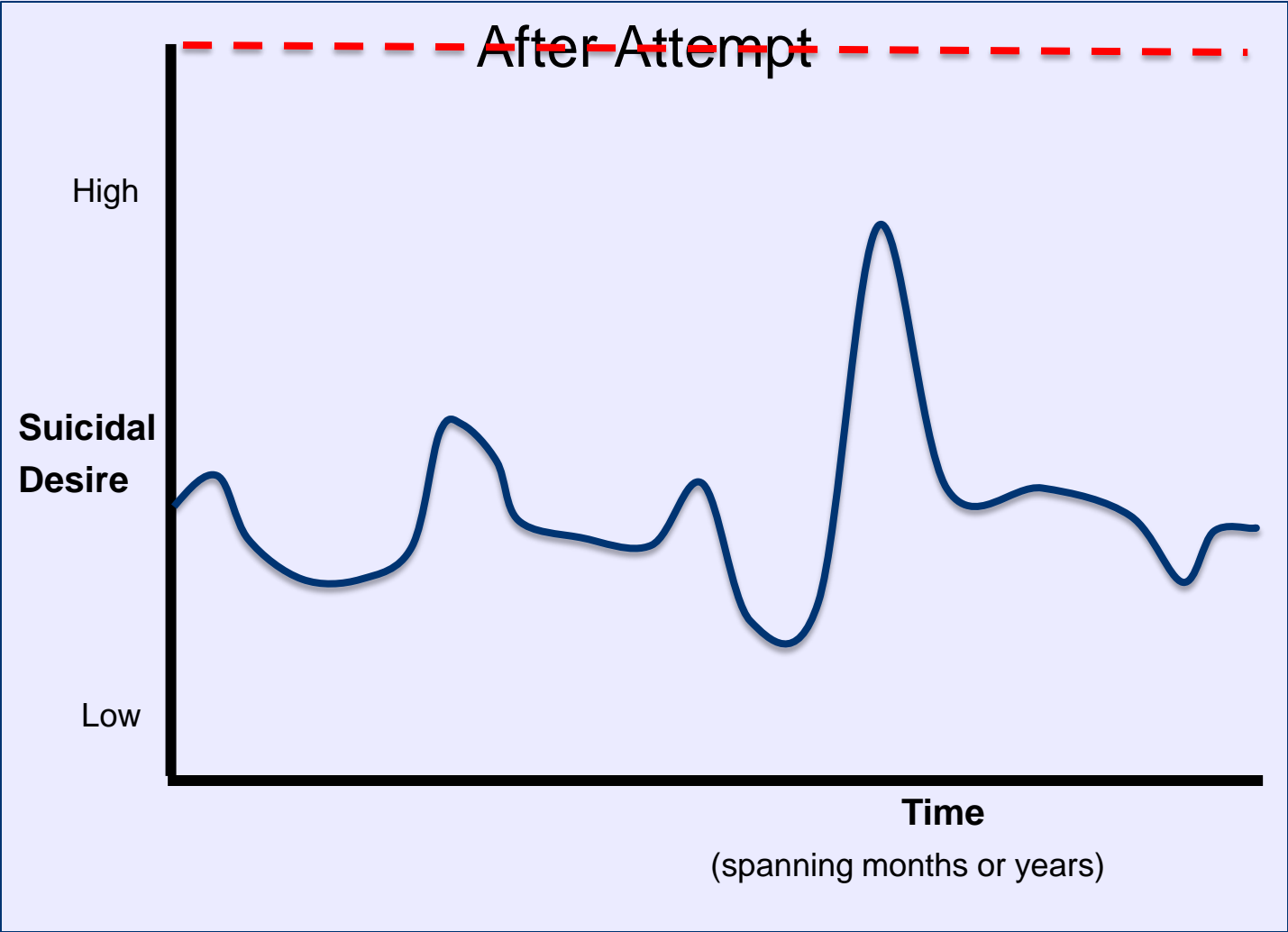
After Attempt



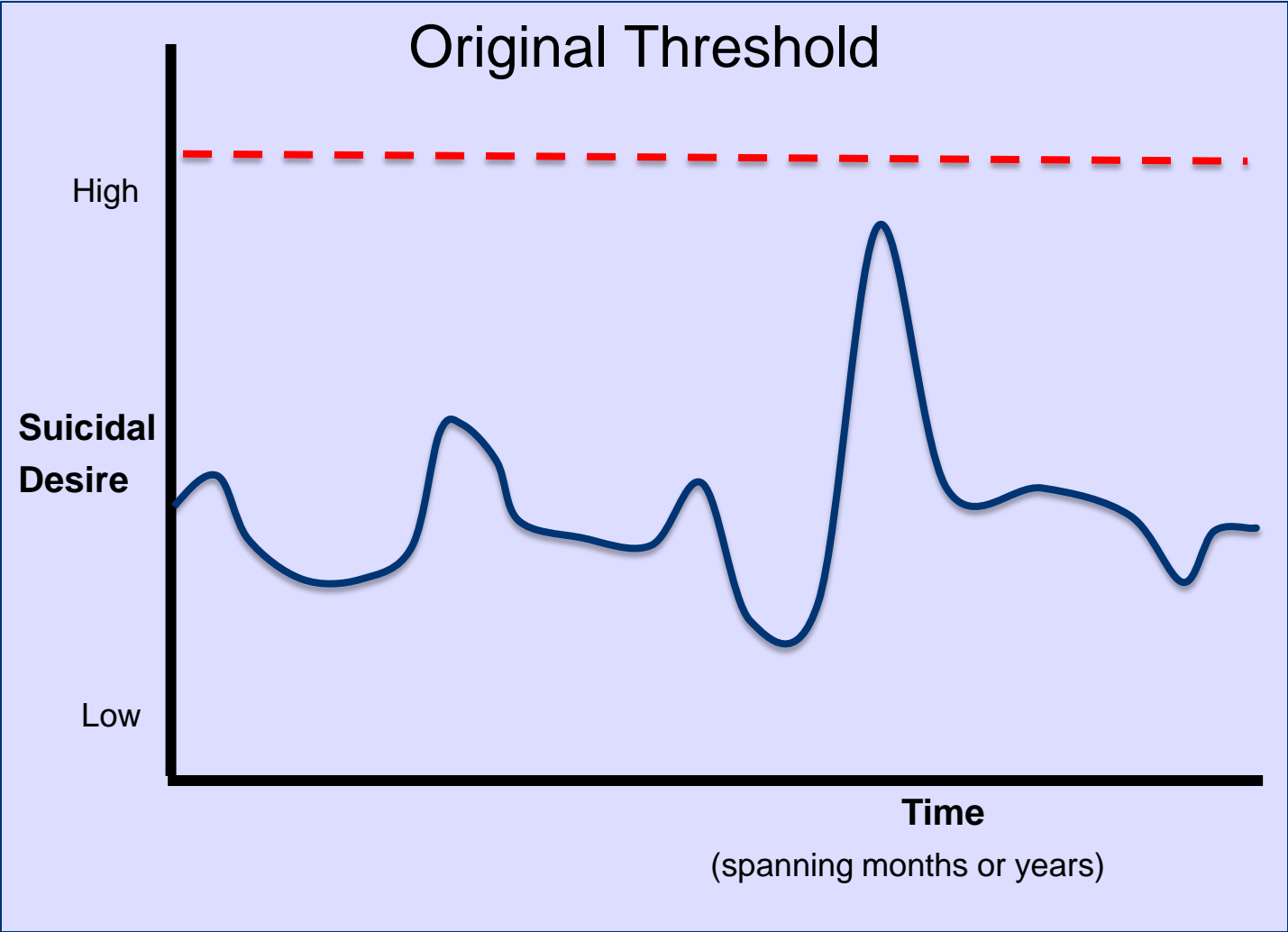
If the suicide attempt
was very scary...



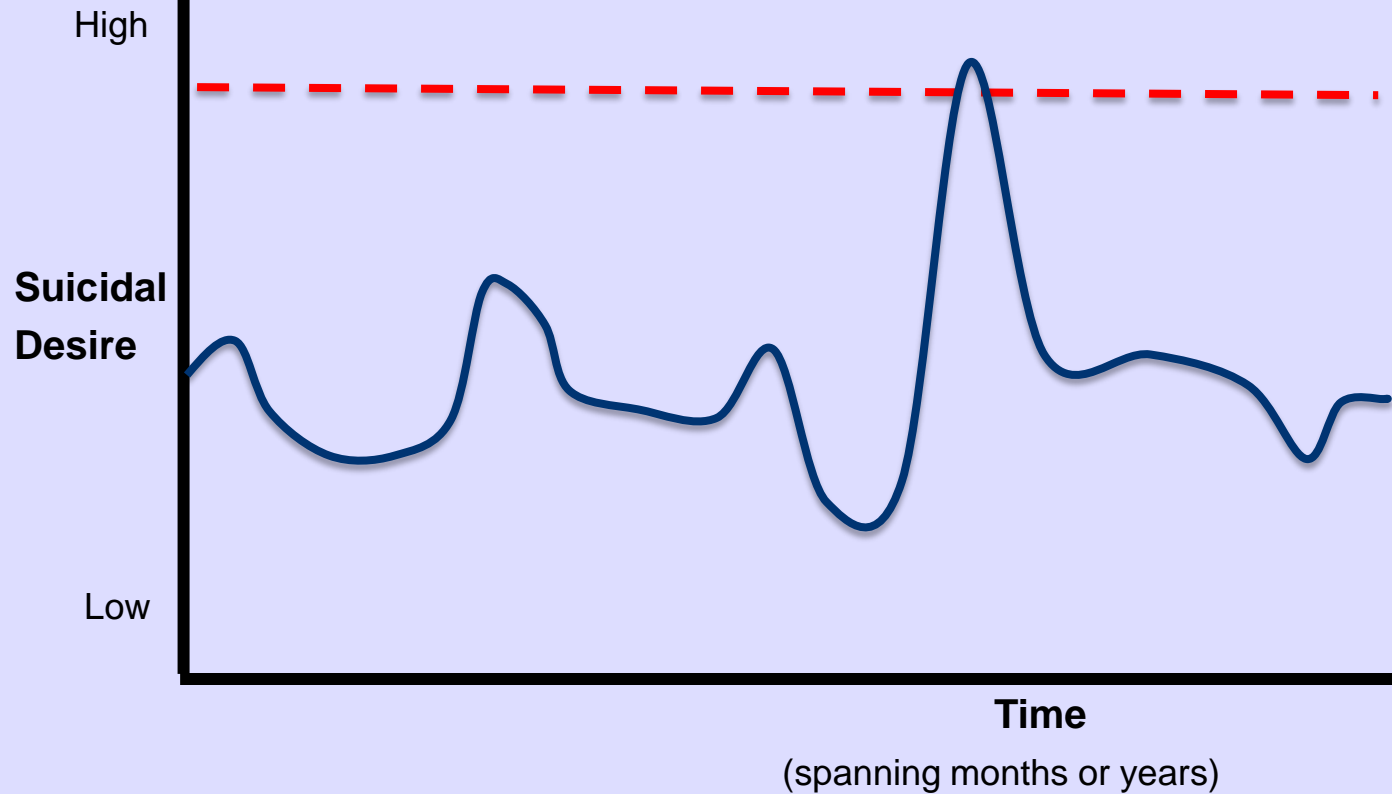




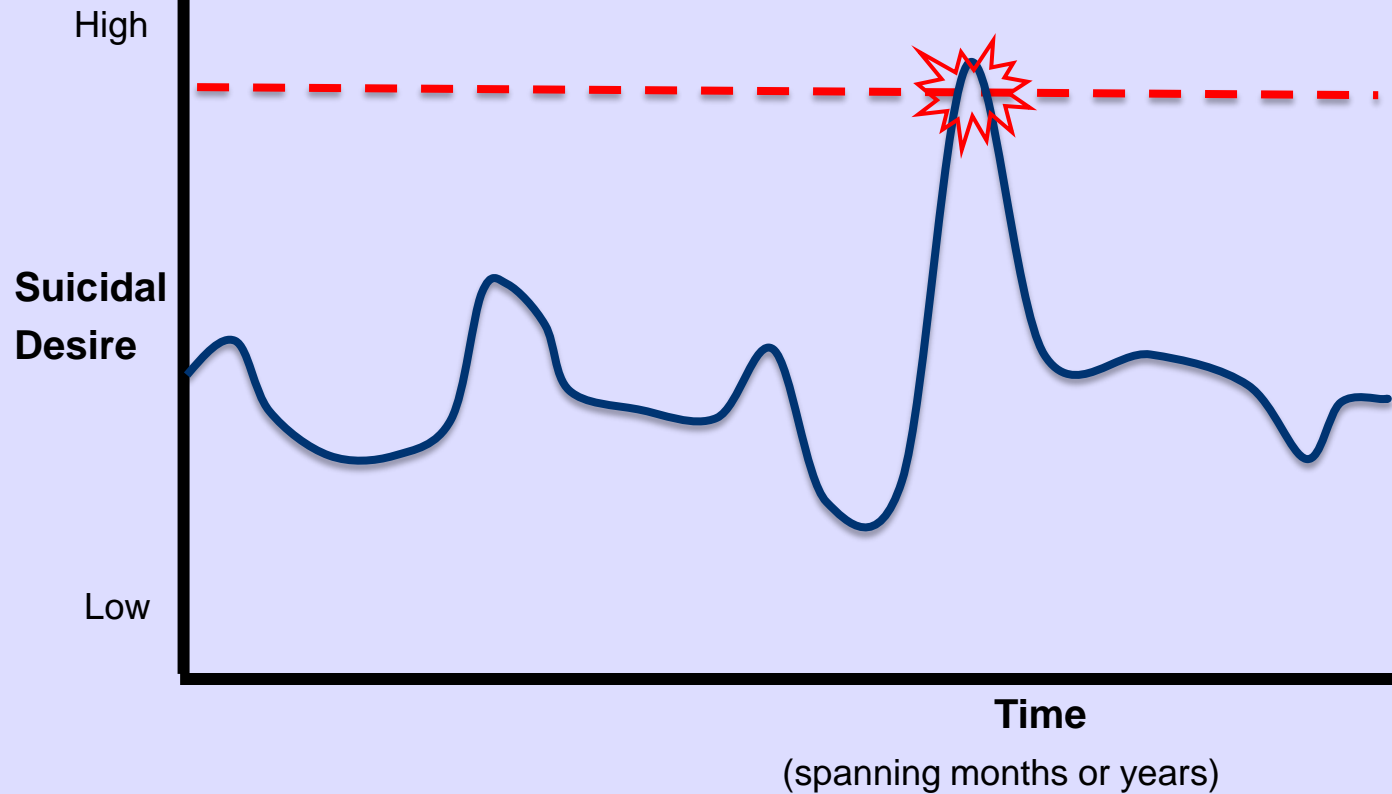
What if an adolescent learns of
a peer's suicide ...



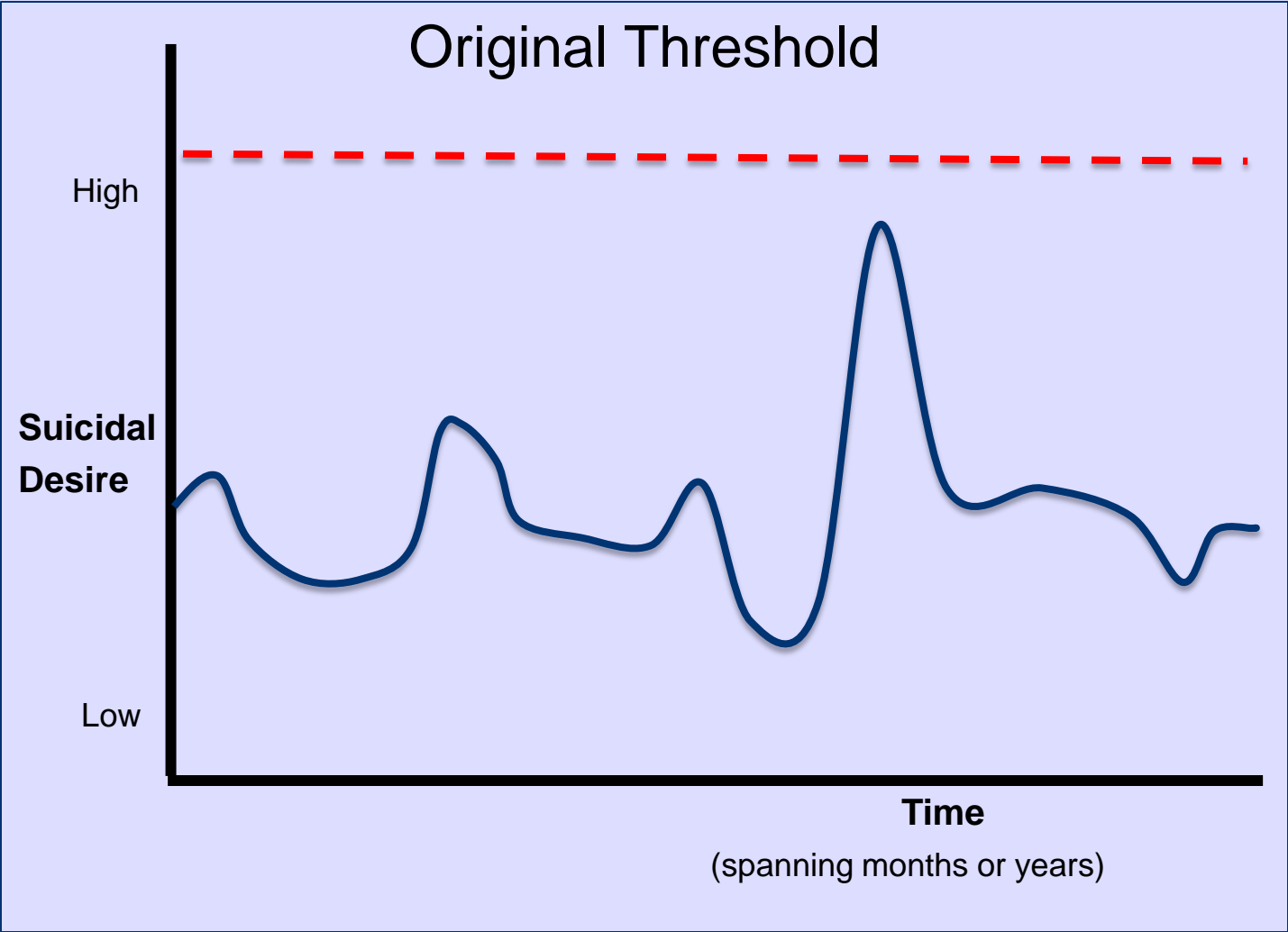
After Suicide Exposure/Contagion



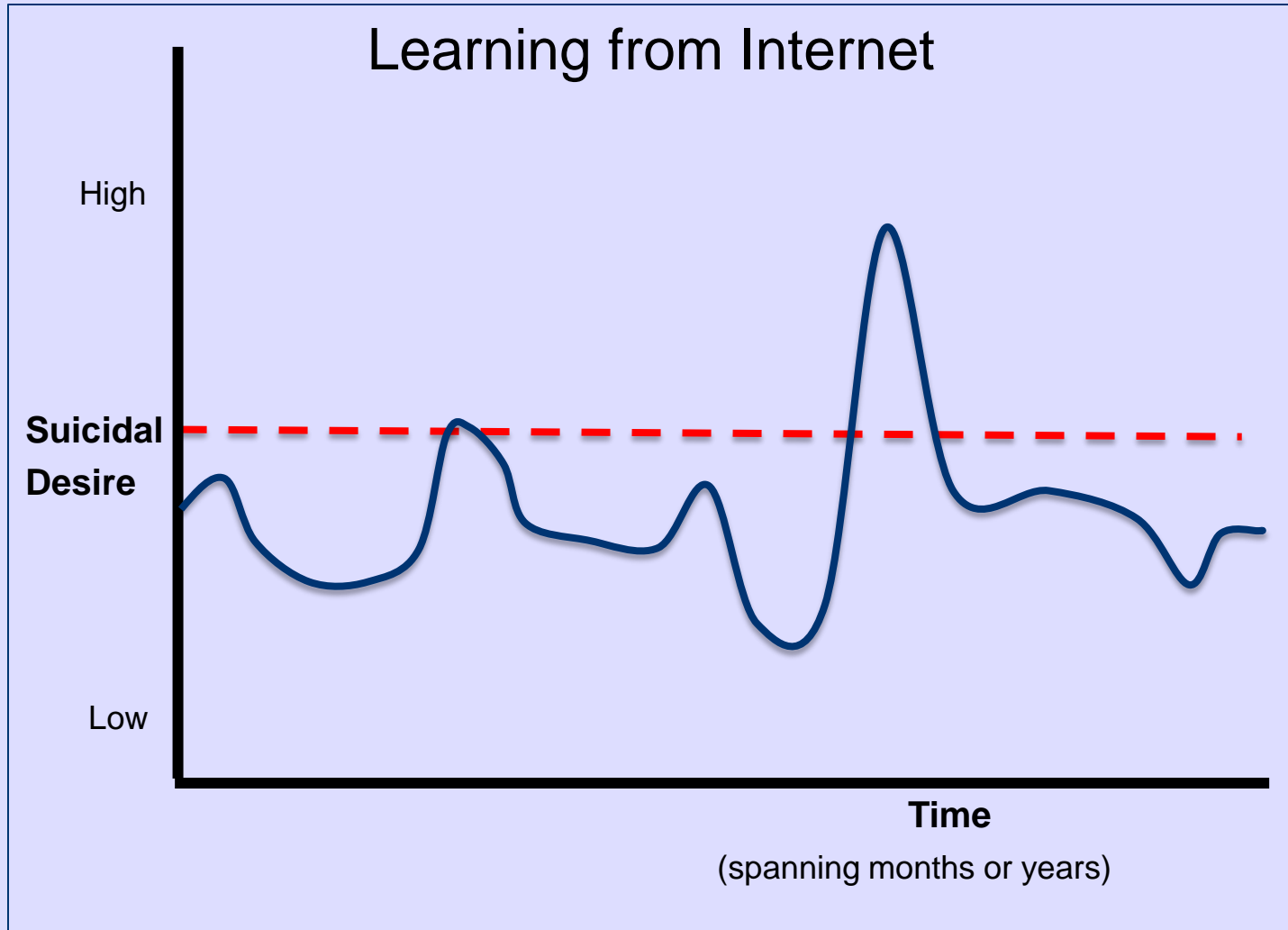
After Suicide Exposure/Contagion



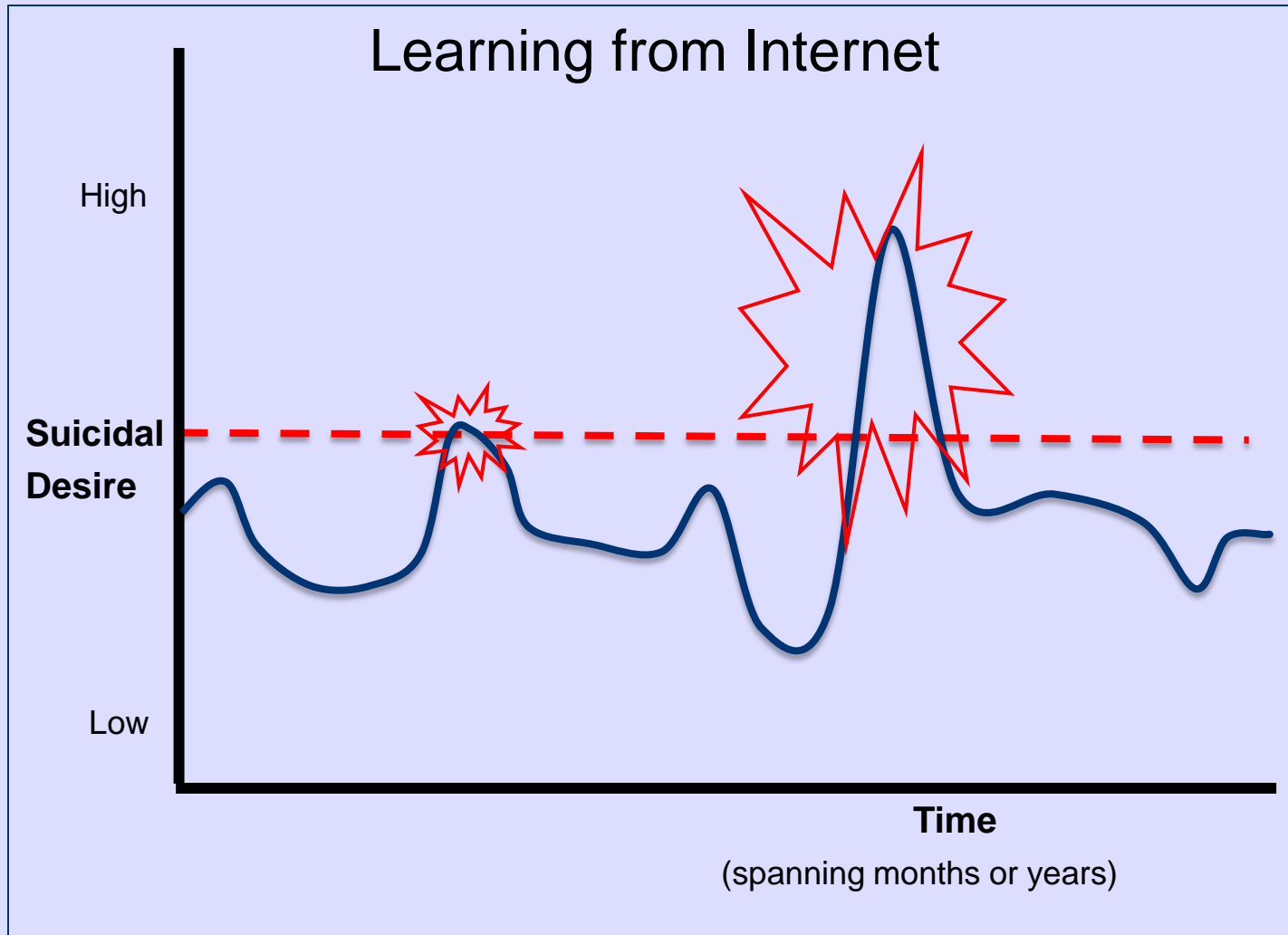
What if an adolescent googles
that Tylenol can be lethal ...



Learning from Internet



Learning from Internet





Some Conclusions

1. Blocking attempts saves lives
 - Teach people to recognize and intervene
 - Make crisis information readily accessible
 - Means restriction in all forms
2. Risk for additional attempts
 - Assess experience of first attempt
3. Applications for:
 1. Public Policy/Health
 2. Crisis Centres
 3. Hospitals
 4. Outpatient Treatment
 5. Schools



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Breakout Session

Prevention Targets:

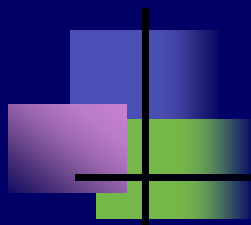
1. ↓ **Pain**
2. ↑ **Hope**
3. ↑ **Connection**
4. ↓ **Capacity**

Question 1 (~10 minutes)

How does your current practice address these targets?

Question 2 (~10 minutes)

Within the scope of your current practice, how could you better address these targets?



Thank You!!