Gambling & Suicide: The Who, The Why, and What to Do

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- Alan Wykes, English writer

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Webinar Goals

1. Describe important demographic and clinical risk factors associated with suicidal ideation, suicide attempts, and suicide in the context of gambling disorder.
2. Identify risk assessment methods to help reduce the likelihood of a suicide attempt.
3. Discuss how to engage in safety planning with an individual who reports current suicidal ideation and/or intent.

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Suicide Terminology

Suicide
Suicide Attempt
Active Suicidal Ideation
Passive Suicidal Ideation
Preparatory Acts Toward Imminent Suicidal Behaviors
Non-Suicidal Self-Injury

Turecki & Brent (2016)

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Suicide Terminology

Suicide
- A fatal self-injurious act with some evidence of intent to die.

Suicide Attempt
- A potentially self-injurious behavior associated with at least some intent to die.

Turecki & Brent (2016)

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Suicide Terminology

Active Suicidal Ideation
- Thoughts about taking action to end one's life, including identifying a method, having a plan, or having an intent to act.

Passive Suicidal Ideation
- Thoughts about death or wanting to be dead without any plan or intent.

Turecki & Brent (2016)

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Suicide Terminology

Preparatory Acts Toward Imminent Suicidal Behaviors

- Behaviors that are consistent with following through with a plan to fatally self-injure oneself (e.g., purchasing a firearm, tying a noose).

Non-Suicidal Self-Injury

- Self-injurious behavior with no intent to die (e.g., cutting or burning oneself).

Turecki & Brent (2016)

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Prevalence of Thoughts, Plans, and Suicide Attempts

7% of individuals who attempt suicide do so without thoughts and plans

NHSDUH (2024)

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Gambling & Suicide: How It Can Happen

HBO Real Sports (2022)

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Gambling Disorder & Suicide Statistics

Inpatient Treatment for Gambling Disorder	Outpatient Treatment for Gambling Disorder	Gambling Helplines
• 80% endorse suicidal ideation in their lifetime • 40% reported an attempt in the lifetime	• 40% report recent suicidal ideation • 62% report lifetime ideation	• 11-25% of callers endorsed recent suicidal ideation • 6% reported an attempt in the past year

National Registry Study of Gambling Disorder	• 31% of all deaths were by suicide

Carr et al. (2018); Karlsson & Kakansson (2018); Kausch(2003); Ronzitti et al., (2017); Weinstock et al. (2014)

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Risk Factors for Suicide

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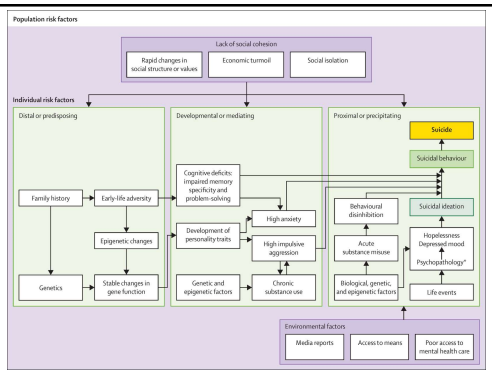

Model of Factors Contributing to Suicide

Turecki & Brent (2016)

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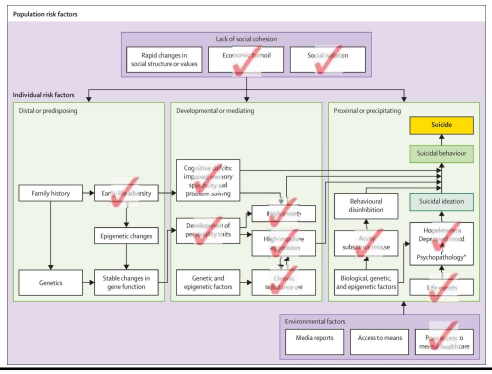

Turecki & Brent (2016)

= common in individuals with gambling disorder

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Clinician Attitude and Approach

1. Manage one's reaction to suicide (self-awareness, personal beliefs).
2. Reconcile the differences between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain and suffering via suicidal behavior.
3. Maintain a collaborative, non-stigmatizing interaction
4. Make a realistic assessment of one's ability and time to assess and care for a suicidal client.

Rudd, Cukrowicz, & Bryan (2008)

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How do we assess for suicide risk?

Suicide risk assessment refers to the establishment of a clinical judgment of risk in the near future.

The purpose of systematic suicide risk assessment is to identify modifiable and treatable risk factors that inform the patient's overall treatment and management requirements.

We are not good at predicting suicide-risk.

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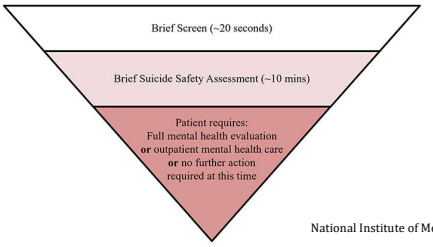
How do we assess for suicide risk?



National Institute of Mental Health

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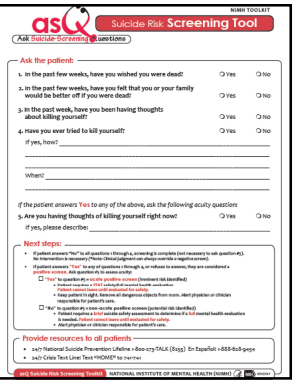
Ask Suicide-Screening Questions

Horowitz et al., (2020)



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Columbia Suicide Severity Rating Scale Screener (CSSRS)

A simple 6-item tool about suicidal thoughts and behaviors.

- Yes/No response format
- Color coded risk stratification
- Risk categorization then leads to next steps (i.e., triage)

https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

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Columbia Suicide Severity Rating Scale Screener (CSSR-S)

	Past 1 Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples:* Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.		High Risk

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Columbia Suicide Severity Rating Scale Screener (CSSR-S)

Table 1. Performance of the Columbia-suicide severity rating scale screener for predicting suicide after emergency department visit

	Bjureberg 2021 et al.		Simpson 2020 et al.	
Setting and participants	18 684 psychiatric ED patients in Stockholm, Sweden		92 643 general and psychiatric ED patients in Denver, Colorado, USA	
Timeframe for suicide outcome after ED visit	30 days	365 days	30 days	365 days
Sensitivity (95% CI)	53.9% (52.1–55.7%)	41.4% (40.5–42.4%)	18.2% (0–41.0%)	27.0% (16.0–38.0%)
Specificity (95% CI)	75.6% (75.5–76.7%)	75.6% (75.6–75.7%)	99% (99–99%)	96.4% (96.3–96.5%)
AUC (95% CI)	69% (59–79%)	62% (52–72%)	57% (40–75%)	62% (54–70%)

AUC, area under the receiver operating characteristic curve; CI, confidence interval; ED, emergency department.

Bottom line: CSSR-S has poor predictive validity. It is not a good tool.

Simpson, Loh, & Goans (2021)

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How do we assess for suicide risk?

PHQ-9 – Self-Harm Item

3.75% of individuals who endorse a 2 or 3 experience a fatal or self-harm event over the next 18-months.

We are not good at predicting suicide-risk!

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How do we assess for suicide risk?

An alternative approach:

When the constellation of symptoms suggest potential suicidal risk, **reframe the question!**

"You know it's interesting… you told me you had sleep problems, and stated you were feeling really sad and lonely, and having some anxiety. You know, most people that I talk with and report that are also having thoughts every once in a while, about suicide."

[pause and wait for the client to respond]

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Reconceptualizing Suicide Risk Assessment Screening

Need to think about suicide as two underlying facets:

1. **Chronic suicide risk** - enduring individual "baseline" vulnerability to suicide/risk of suicide.
2. **Acute episodes of risk** (e.g., time limited and driven by situational and contextual factors)

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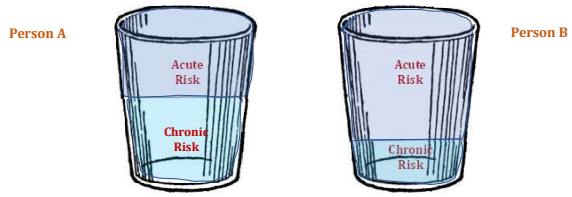
Reconceptualizing Suicide Risk Screening

1. **Acute episodes of risk**
2. **Chronic suicide risk**



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Defining Chronic Suicide Risk

Suicide Belief System or Schemas:

Core beliefs about oneself, situation, and future as "Un"

- **Un**lovable
- **Un**bearable
- **Un**solvable

What percentage of our gambling clients believe they are "un"?

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Chronic Risk Case Example
"Every Day…"

I got into grad school but had to defer a year because I had significant debt from gambling. I wouldn't be able to pay off while living off student loans. Just lost $6,000 this past Thanksgiving chasing loss after loss from sports betting where my bet would fail right at the end of the game. Now I'm just trying to get back on track and find a way to pay off debts while not enjoying anything I do 24 hours a day because of depression/destroying the reward pathways in my brain. I think about killing myself every day but still have some fear of death/don't want to hurt family/friends.

Source: Reddit.com/r/problemgambling; by u/Falandorn on 11/29/2020

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Reconceptualizing Suicide Risk Screening

Need to think about suicide as two underlying facets:

1. **Chronic suicide risk** - enduring individual "baseline" vulnerability to suicide/risk of suicide.

2. **Acute episodes of risk** (e.g., time limited and driven by situational and contextual factors)

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Acute Episode of Risk

From the decision to die to a suicide attempt:

36%

44%

73%

Paashaus et al. (2021)

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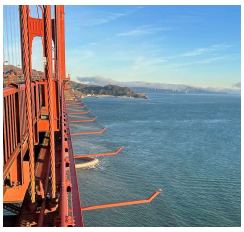
During Acute Episode of Risk

We need to build moments of "behavioral pauses"



In the year after nets were installed:

33% decrease in suicide attempts

73% decrease in deaths by suicide

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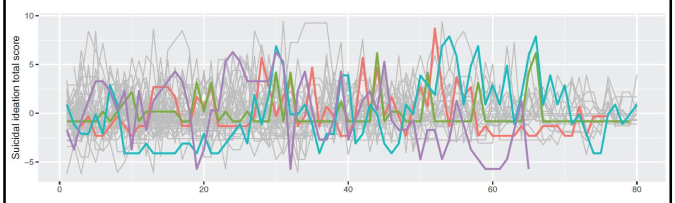
Daily Fluctuations in Suicidal Ideation



Take away: Suicidal ideation changes by the day/hour. Kleiman et al. (2017)

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Daily Fluctuations in Suicidal Ideation

Question: Thinking about individuals with gambling disorder, what are some situational or acute factors they may encounter that potentially contribute to an acute episode of risk for suicide?

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Acute Risk Case Example *"Sick of this Cycle"*

"So, I managed to stay gamble free from December 7th to the beginning of March. Then I fell into temptation and actually hit my biggest win ever, turned $400 into $30,000. Was absolutely ecstatic! Then I kept playing and lost it all.

The next day I deposited $3000 to try to get it back and IT WORKED. I was up to $45,000 at one point. Then I kept playing and I lost it all down to $3000, which I actually withdrew. So, in actuality I've only lost $400 but I feel like I've lost so much more. I'm so disappointed in myself. It's not even just about the money - it's the absolute anguish and self hatred and the constant fixation and OBSESSION with gambling that is back. And I HATE it. At a point after I quit on December 7th, there were actually days where I didn't even think about gambling…. Now there's nothing else that I can think about. I had started fantasizing about what to do with the $45,000. Imagine what I could've done with my family. I could've paid off all my debt. But instead, I'm on square one.

I've battled most addictions in my life - alcoholism, drug addiction, etc. - but gambling addiction is the only one that I've actually seriously considered suicide because of. I'm so [bleeping] done!"

Source: Reddit.com/r/problemgambling; by u/Barbapappz on 03/07/2022

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Alternative Methods for Screening

Assessing Acute and Chronic Risk: PHQ-9 + Brief Suicide Cognitions Scale

PHQ-9 (Acute)

- A measure assessing for the presence and severity of depression.
- A total of 9 items assessing past two weeks.
- **PHQ-9 item 9 assesses suicidal thoughts > Not at all (0)**
  - "Thoughts that you would be better off dead or of hurting yourself in some way"

Brief Suicide Cognitions Scale (Chronic)

- Six items scored on 1-5 Likert scale (strongly disagree -> strongly agree)
- **Scores ≥ 13 indicate high risk**

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PHQ-9 – Suicide Item

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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Brief Suicide Cognitions Scale

	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
1. I am completely unworthy of love	1	2	3	4	5
2. Nothing can help me solve my problems	1	2	3	4	5
3. I cannot cope with my problems any longer	1	2	3	4	5
4. I cannot imagine anyone being able to withstand this kind of pain	1	2	3	4	5
5. There is nothing redeeming about me	1	2	3	4	5
6. Suicide is the only way to end this pain	1	2	3	4	5

Scoring: A cut score of ≥13 = **high risk** for attempting suicide in next 6 months.

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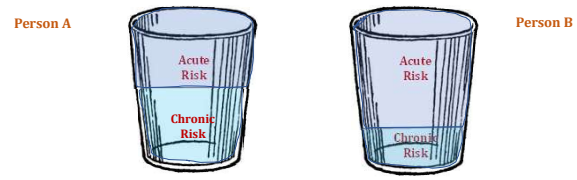
Reconceptualizing Suicide Risk Assessment

1. **Acute episodes of risk**
2. **Chronic suicide risk**



Does the conversation about suicide with a client look different between Person A and Person B?

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Risk Assessment After Screening

Screening is just the start of the conversation about suicide and the pain and suffering a client is experiencing.

Brief safety assessment is next, followed by an appropriate intervention.

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Summary

We need to reconceptualize brief suicide risk assessment along the dimensions of:

1. Chronic risk
2. Acute risk

Individuals with gambling disorder can present with both acute and chronic risk for suicide.

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Clinician Experience and Attitude

Clinician self-efficacy to work with a client endorsing suicidal ideation has impact upon effectively engaging with a client endorsing suicidal ideation.

Surveys of clinicians consistently find the greatest concern about their work is the prospect of losing a client to suicide.

Jobes (2006); Pope & Tabachnick (1993)

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Clinician Experience and Attitude

Clinicians must find a way to be "empathic of the suicidal wish" when talking with clients.

- Allows for connection and collaboration, without endorsing suicide as a means of coping with pain and suffering.

While it can be stressful to talk about suicide, clinicians must dive in and trust that if we can speak candidly, with competence and confidence, it can make all the difference.

Jobes (2006, 2020)

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Immediate Actions after Screening

Client Moderate to High Risk → Obtain Crisis Narrative → Psychoeducation about Suicide → Introduce Brief Intervention

Complete Brief Intervention → Plan Feasibility Check → Client Implementation → Ongoing Follow-Up

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Crisis Narrative Assessment

Obtain Crisis Narrative

Ask the client to describe the timeline of events for the suicidal episode that lead up to the crisis.

Clinician: "Let's talk about your suicide attempt/what's been going on lately."

Clinician: "Can you tell me the story of what happened?"

Assess events, thoughts, emotions, physical sensations, and behaviors

Clinician: "What happened next?"

Clinician: "What were you saying to yourself at this point?" Look for the "uns".

Clinician: "Did you notice any sensations in your body at that point?"

Stanley & Brown (2012); Rudd et al. (2009)

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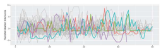
Suicide Psychoeducation

Psychoeducation about Suicide

Main points to cover:

1. Suicidal ideation (~40-50%) and attempts (~10-20%) are common in individuals with gambling problems.
2. Biopsychosocial model of suicidal behaviors – problems of emotion dysregulation, social connection or lack thereof, perceived burdensomeness, and fixed belief that these problems are unsolvable.
3. Crisis events heighten these feelings and onset of suicidal behaviors can occur.
4. Suicide behaviors regulate intense emotions, communicate distress to others, and solve problems.
5. This experience is temporary.



Gebhardt et al. (2021); Håkansson & Karlsoon (2020)

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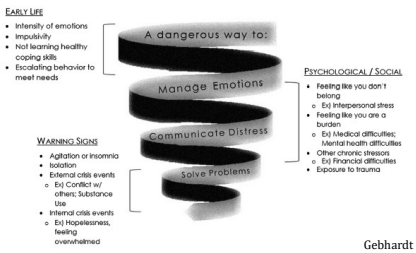
Suicide Psychoeducation

Psychoeducation about Suicide

Understanding Your Suicidal Thoughts and Behaviors



Gebhardt et al. (2021)

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Brief Intervention

Introduce Brief Intervention

Brief intervention is for individuals at moderate to high risk for suicide but not requiring immediate rescue.

What Not to Do:

- No harm/no suicide contracts

What to Do:

1. Brief Intervention around Safety Planning
   - Patient Safety Plan
   - Crisis Response Plan

Stanley & Brown (2012); Rudd et al. (2009)

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Patient Safety Plan Template

Patient Safety Plan Template

Step 1:	**Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**
1.	_____
2.	_____
3.	_____
Step 2:	**Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**
1.	_____
2.	_____
3.	_____

https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_StanleySafetyPlanTemplate.pdf

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Patient Safety Plan Template

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

www.mysafetyplan.org

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Patient Safety Plan Template

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

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Patient Safety Plan – Step 6

Making the Environment Safe:

Goal: Discuss how having easy access to lethal means places the individual at greater risk for suicide and does not allow enough time to use the coping strategies or sources of support listed on the Safety Plan.

For each method that is identified, determine the individual's access to the lethal means and collaborate **to find voluntary options** that reduce access to the lethal method and make the environment safer.

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Patient Safety Plan – Step 6

Pros/Cons list of taking or not taking action

- ***Example:***
  1. Giving my firearm and ammunition to my brother temporarily for safe keeping
  2. Keeping my loaded firearm in my bedside table

Giving firearm to my brother temporarily	
PROS	CONS

Keeping load firearm loaded in bedside table	
PROS	CONS

Using the chat feature, let's fill in these pros and cons charts as if we were working collaboratively with a client on Step 6.

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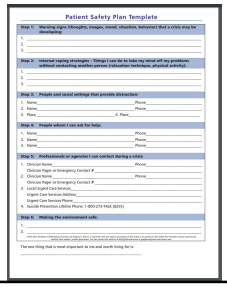
Patient Safety Plan Template


Patient Safety Plan Template

The most important question to ask a client at the end is, "On a scale of 1 to 10, how likely are you to use this plan?" The answer is extremely informative!

Where does a client keep this?
How accessible is it?

Review and revise over time!

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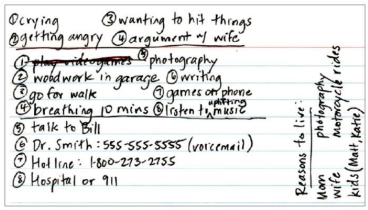
Crisis Response Plan



Bryan et al. (2017)

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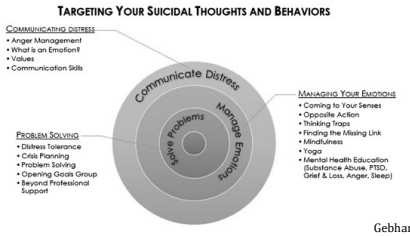
After Brief Intervention?

Provide treatment specifically targeting suicidal ideation and behaviors.



Gebhardt et al. (2021)

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After Brief Intervention?

Provide treatment specifically targeting suicidal ideation and behaviors is better than targeting depression and/or anxiety.

Collaborative Assessment and Management of Suicidality (CAMS)

- Suicide-specific therapeutic framework, emphasizing five core components of collaborative clinical care (~10-12 sessions)

Dialectical Behavior Therapy (DBT)

Cognitive Behavioral Therapy (CBT)

- Focused on suicidal cognitions and behaviors

Meerwijk et al. (2016);

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Thank you!

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National Suicide Prevention Resources

National 24/7 Suicide & Crisis Lifeline
- Call 988

National 24/7 Crisis Text-Line
- Text 741741

The Trevor Project – Suicide Hotline for LGBTQ Youth
- https://www.thetrevorproject.org/get-help/

Lock to Live – Firearm and Medication Safety Planning Decision Aid
- https://lock2live.org/#

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Documentation of Suicidal Ideation & Behaviors

Overall Level of Suicidal Risk (i.e., low, moderate, high)
➢ Provide information, including assessment tools used, to support this categorization of risk.

Prior history of suicide attempts
➢ Timing, lethality, circumstances, risk factors (acute and chronic)

Current intent, including the presence of a plan, and means
➢ Provide specifics of the current episode, details about the plan, and access.

Recommendations and treatment plan
➢ Next steps

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A recent podcast on suicide and addiction

https://creators.spotify.com/pod/profile/addiction-psychologist/
- **Episode with Dr. David Rudd – Suicide and Substance Use**

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