

Preventing and Healing Stress, Suicide, and Addiction

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Statistics of Mental Health and Suicide

- The construction and extraction industries have the second-highest rate of suicide – 53.3 per 100,000 workers
- For men between the ages of 25 and 54, suicide is the second biggest cause of death.
- 21 Veterans per day die by suicide
- Construction workers are responsible for the highest percentage of opioid-related deaths in several states

Biological Responses to Stress

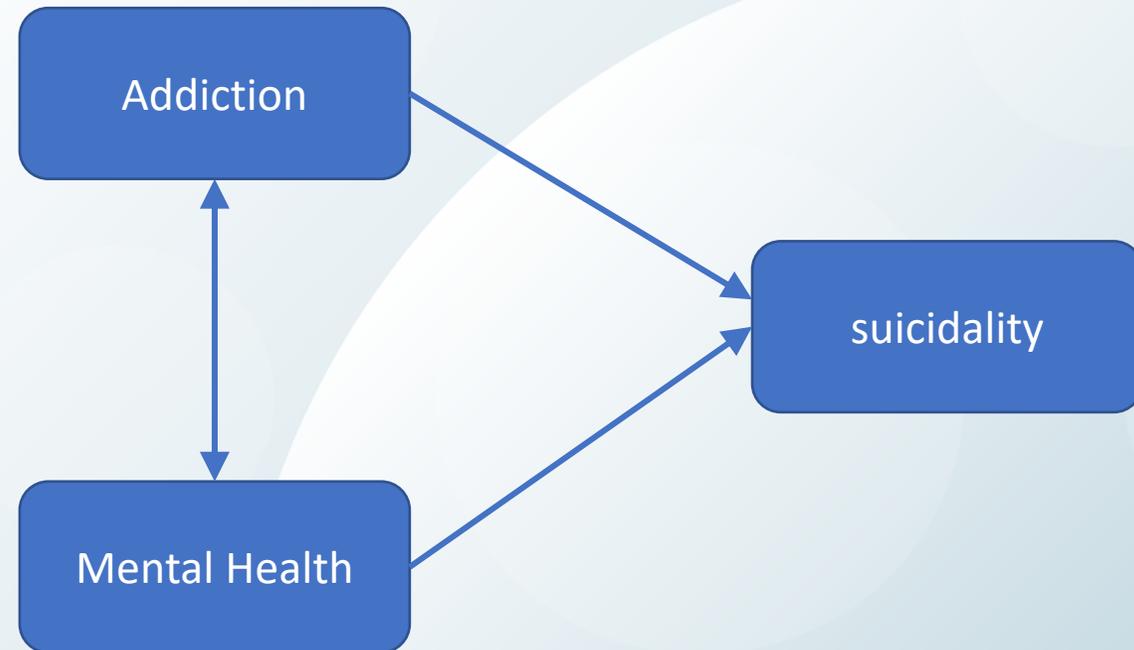
- Primary objective is to escape threat – fight/flight/freeze
- There are two sides of the nervous system: 1) sympathetic (gas pedal), and 2) parasympathetic (brake)
- Gas pedal activates you, brake pedal calms you down
- Gas pedal
 - Stress hormones flood the body for energy surge
 - The rational brain gets tuned down, and limbic system (emotional system) takes over.
 - Some of the main functions of emotions are tied to safety, and safety-seeking, along with threat detection
- Brake pedal
 - Rest and digest
 - This is what calms our body down, gets us back to a relaxed state
 - The problem can come when we're unable to press the brake pedal or it essentially isn't able to switch on, if you think about it like a light switch

Gas Pedal and Emotion Regulation

- Emotion can be the lead foot that keep the gas pedal down
- Emotions can also be the brake
- When emotions are unchecked, and going out of control, they essentially press the gas pedal for the body's stress response system
- There are responses to emotion that exacerbate the problem
 - Suppressing emotion – keeping it all in, suffering in silence
 - Over-expressing emotion – this is when everything comes out. It's often not the actual primary emotion, and it's usually directed at another person or yourself
- The key is to actually talk about the stuff that's bothering you, or that you're struggling with (can be with a trusted friend, or a professional, or simply writing about it in a journal)
 - Think about it like a pressure gauge. Suppressing emotion is like keeping the pressure confined to a small space...eventually it explodes.
 - If you talk about the emotion that's bothering you, it's like you're letting a little pressure out of the confined space
 - It actually activates the brake pedal

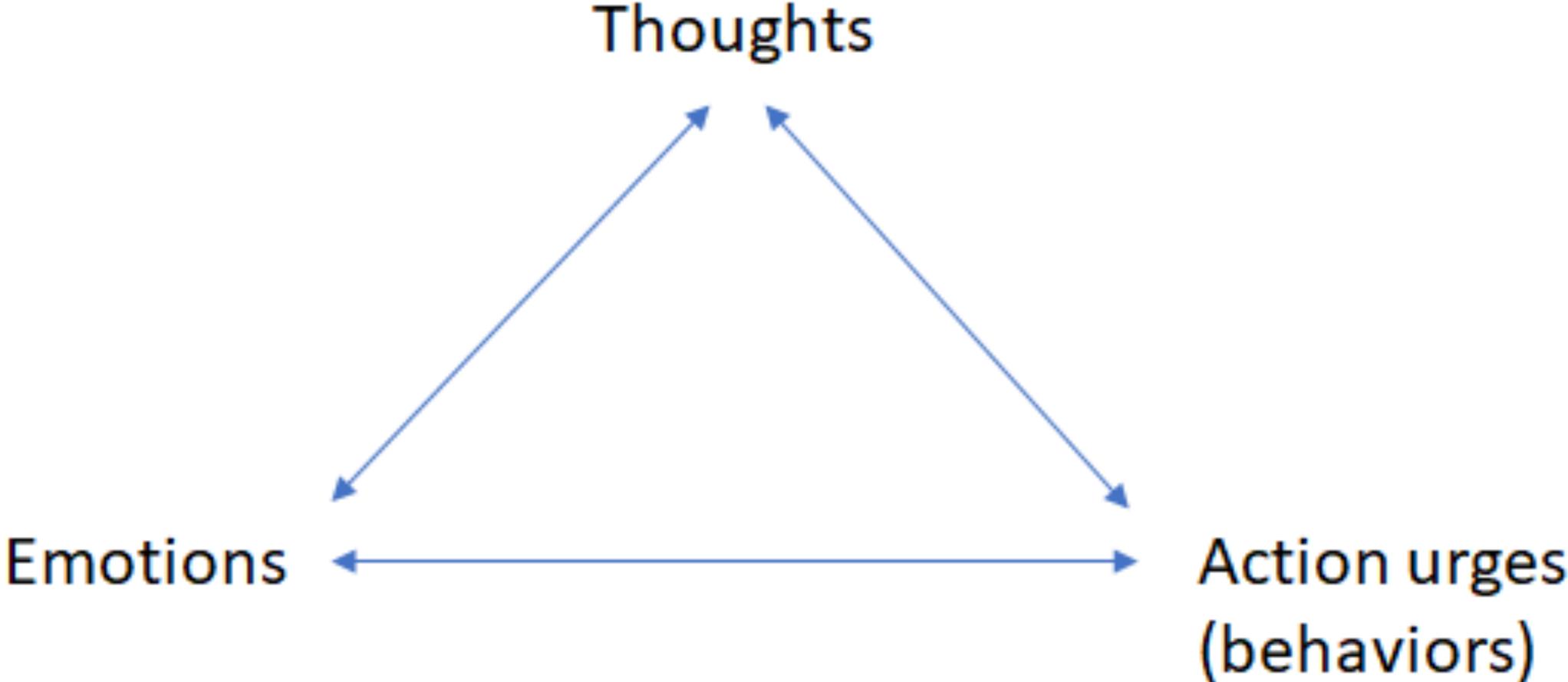
Suicidality, Addiction, and Mental Health

- Addiction and mental health disorders are both risk factors for suicidality
- There is an inter-relationship between all three
- Substance use is often used as a coping strategy for psychological and physical pain, and addiction is when the use becomes unmanageable
- Opioid use in particular is nefarious because of its numbing capacity and its intense effects on dopamine (reward center of the brain).
 - Addiction is a combination lock of genetics, biology, environment, and habituation
- Mental health disorders are often explained in terms of the diathesis-stress paradigm, where again, it's the combination lock of genetic and biological predisposition with the right stressor or series of stressors that results in onset of a mental health disorder.
- We know that PTSD in particular is associated with dose-response, where the higher the dose of trauma, the higher the likelihood of PTSD onset.



- In all, the 3 are inter-related and often exacerbate each other

The Cognitive Triad - CBT



Models of Suicidality

- Most comprehensive and perhaps most applicable model for understanding is the Interpersonal-psychological theory
- It states that suicide = desire to die + ability (and means) to die
 - Think of it like a combination lock that has multiple combinations to unlock
- Desire to die composed of two constituent parts
 - 1) Perceived burdensomeness
 - 2) Low belongingness or social alienation
- Ability to die
 - Something that is acquired over time through something we call habituation
 - This habituation can take the form of repeated self-injury, or continual exposure to physical and/or emotional pain
 - It forms a sort of numbing effect that is intricately balanced with avoidance and fear of more pain
 - Also thought to relate to phenomenon of suicide contagion

Models of Suicidality continued

- There is a distinction between two types of suicide
 - Premeditated
 - Emotionally dysregulated (Impulsive)
- Premeditated is thought to generally follow the interpersonal-psychological model, whereas impulsive is thought to fall more in line with Bio-social (DBT), in which suicidality is conceptualized as a person's attempt to solve a problem – intense emotional pain that the person feels unable to control or tolerate.
- Also predicated on having access to lethal means to carry out the act

Psychic Numbing & Dissociation

- Psychic numbing is this adaptive way of not feeling or fully registering on an emotional level the sort of threat or, in some ways, the traumatic experience that is occurring. It's a defense mechanism to get through and continue
- Dissociation is a sense of something not feeling real. It often occurs when someone is in so much pain that the mind distances itself. Think of it like being in shock
- Each of these can be a reaction to trauma and successive pain/other traumas
- Each of these is important when it comes to suicidality and they can be exacerbated by substance use

Emotional Pain – Shame and Guilt

- PTSD and addiction are commonly associated with intense feelings of shame and guilt
- These emotions can fuel many behaviors that exacerbate addiction, mental health symptoms, and suicidality
- Shame and guilt are distancing emotions, meaning that they can cause a person to distance themselves from social support and lead to withdrawal and isolation
- That's why it's important to have a framework and a culture that can make these things acceptable to talk about, otherwise they lead to further isolation

Suicide Risk Factors

- History of suicide attempts
- Addiction
- Mental health diagnosis
- **Access to means**
- Knowing someone who suicided
- Social isolation
- Chronic disease and/or disability
- Lack of access (or stigma barriers) to mental health care

The Suicide Safety Plan

- A best practice at the VA is the suicide safety plan
- The goal of the plan is to 1) increase belongingness, 2) distract from the suicidal thoughts, 3) reduce burdensomeness, and 4) remove means to suicide
- It is a written out plan that the person can reference when things get difficult. There are 6 parts:
 - **Warning signs:** Basically getting the person to have an early detection system for when they are getting to a bad place
 - **Internal coping strategies:** What are the things you can do on your own to distract yourself? What are your go to things that make you feel good?
 - **Social contacts who can distract you from the crisis:** Who are the people that you can call to make you feel more connected?
 - **Family and friends that can offer help:** Who are the family and friends that are there for you and would come over and stay with you at a moment's notice?
 - **Professionals you can contact for help:** what are the safety contacts? What are the emergency numbers you can call when things get really bad
 - **Making the environment safe:** Does the person have things in their house or environment that can be lethal? If so, is it possible to put safeguards or remove the items temporarily (i.e., guns, rope, pills, etc.)?

The Role of Faith

- It can be difficult to make sense of a suicide or suicidal behavior in the context of faith
- Even though it's often against religion to suicide, there appear to be elements that override that belief
 - Could be shame/guilt
 - Psychic numbing
 - Something that leads to a lapse and incongruence with faith, perhaps an unworthiness or burdensomeness
- No matter what the override is, it blocks everything else out

Social Learning Theory

The basis of social learning theory is simple:

People learn by watching other people. We can learn from anyone—teachers, parents, siblings, peers, co-workers, YouTube influencers, athletes, and even celebrities. We observe their behavior and we mimic that behavior. In short, we do what they do. This theory is also known as social cognitive theory.

Social Learning Theory continued

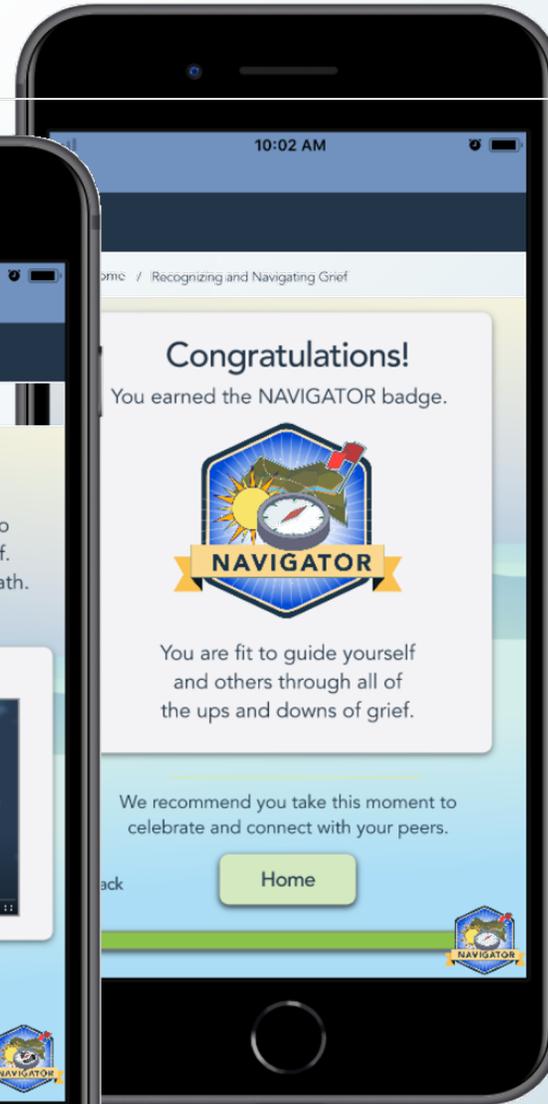
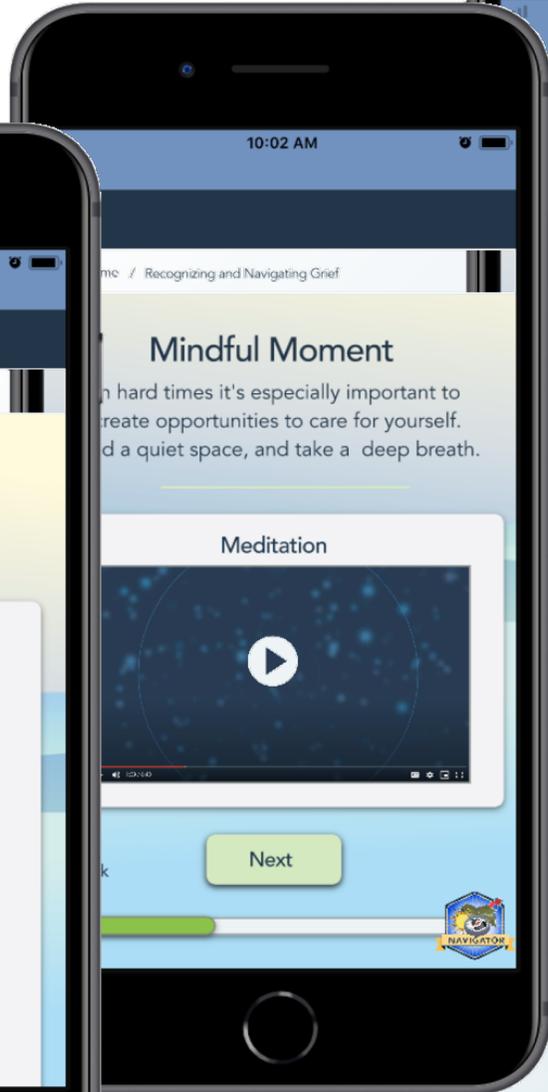
- The social learning theory of Albert Bandura emphasizes the importance of observing and modeling the behaviors, attitudes, and emotional reactions of others. Bandura (1977) states: “Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do.
- Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action.”
- Bandura’s Social Learning Theory posits that people learn, from one another via observation, imitation and modeling.

Normalizing Feelings

- Normalization is a central process within cognitive behavioral therapy (CBT) model
- Peer Groups help you normalize you are not alone in feeling shame or guilt
- Peer Groups are a place of support, feedback, and connection
- Peer Groups help you find your voice - Miller defined voice as “becoming aware of your own feelings and needs and expressing them.”
- Peer Groups help you relate to others and yourself in healthier ways.
- Peer Groups engage in Social Learning, developing long term tools for mental health and well-being.

Facilitation Matters for Social Healing

- Facilitation skills promote experiential learning.
- Group facilitation addresses the needs of diverse individuals.
- Facilitation guides groups through different stages of development.
- Facilitative leadership fosters inclusive, empowering, purposeful, ethical, and process-oriented relationships within a group.
- Facilitative leadership fosters an inclusive and non-hierarchical approach to the educational process.



Questions?

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