Attitudes and Ethics in Suicide Prevention

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Section One:

Attitudes and Interventions
Today’s Objectives

• Participants will evaluate their attitudes toward suicide and suicide behaviors.
• Participants will examine how attitudes shape interventions toward people at risk for suicide.
• Participants will utilize three different ethical positions to explore involuntary commitment processes.
What is an “Attitude”

• a position assumed for a **specific purpose**
  – a **threatening attitude**

• a **mental position** with regard to a fact or state
  – a **helpful attitude**

• a **feeling or emotion** toward a fact or state
  – a **negative attitude** an **optimistic attitude**

• Is “neutral” the **absence** of an attitude?

• Merriam-Webster: https://www.merriam-webster.com/dictionary/attitude
Let’s Explore Our Attitudes

• How do these reflect:
  – Values
  – Personal Experiences
  – Ethics
  – Laws
  – Autonomy/Guidance
  – Hope/Pessimism
  – Respect
  – Normalization
  – Taboo
  – Desperation
  – Empathy
Attitudes and Interventions

• How do our attitudes shape our interventions?
  – Personally and Professionally?
  – What are our boundaries?
    • How do these boundaries change with context?

• How do our attitudes benefit individuals at risk?
• How might they have a negative impact?

• What influences whether it is a benefit or if it is negative?
Section Two:

Ethical Models
What’s our Context?

- Increasingly risk averse and risk driven
- Social media and the court of public opinion
  - Social service blame
  - Implicit biases
- Data overload
  - Risk profiling
  - Innumerable measures
  - Varying standards
- Complex Communication and Charting
  - Layers
  - Multiple media – text, email, phone, IM, intra-record
  - Different disciplines with varying priorities
• Marcus is a 32 year-old African American police officer. He is a veteran, who served in Afghanistan, and who has had symptoms of PTSD. Marcus has no prior mental health treatment, but did grow up in a home where he was exposed to both physical abuse, parental substance abuse, and intimate partner violence. He has noted that he joined the military to find his way to a better life, and that he had several ‘near misses’ with the police as a teen that ‘could’ve ended it for me’

• The police were called to Marcus’s home tonight. His girlfriend reports he was drinking before bed and woke up in the night. He didn’t seem to know who she was and was ‘acting like he was over there.’ She stated he was verbally aggressive, got out a gun, and then shoved her out of the bedroom, down the stairs. He said he didn’t want to hurt her, but he was ‘talking crazy.’

• The police talked Marcus into coming with them to the hospital, but he’s not sure he wants help. He says he is safe now, but he says he thinks about killing himself regularly, and has several guns, including his service revolver. He can’t think of what keeps him safe and says he will ‘check out’ when it’s ‘my time’
Reactions?

• What’s the initial ‘gut’ reaction of what you want to do?

• What are the potential and actual risks (Safety Square)
  – Client
  – Staff
  – Agency
  – Community

• Let’s look through a variety of lenses
Greatest Good in OUTCOMES for the Greatest Number by adhering to rules supportive of the majority and its order

- The idea is that rules take care of poor judgment calls by limiting discretion
- It also limits the negative consequences when we do not follow the rules
- There is an underlying idea that we can have exceptions

Critics:
- ‘rule worship’
- devolves into act utilitarianism anyway, as people make exceptions – there may be ways to prevent this
- It can seem to lose a moral compass
Potential Outcomes

- Greatest good because we satisfy our work, do our documentation
- Great good because we ‘protect the public’
- Immediate, theoretical life saving
- Could we hurt someone who is a minority differently this way?
- Job loss or turnoff from the system may prevent voluntary services being sought.
• Focused on how **individual** actions create Greatest Good in OUTCOMES for the Greatest Number - supportive of the majority and its order

• *We have infused this with a strict libertarian viewpoint in this example*

• *The focus here is the individual*

• Critics
  – Can lead to actions that conflict with deeply held moral beliefs
  – “Undermines Trust” by being *relative*
  – Fails to consider that people do not consider the interests of others equally (e.g. minorities, personal beliefs)
Potential Outcomes

- Greatest good because we avoid creating additional costs to Marcus, or job loss
- Greatest good because he does not want help, so his rights are maintained
- Greatest good because we ‘protect the public’ insofar as Marcus has not expressed a plan to harm others
- Greatest good as we do not harm the reputation of police or veterans
- Greatest good as he remains economically independent

- Freedom can yield risks
- Is Marcus in the right frame of mind? Conversely, if he is, what are his rights?
Egalitarian Liberal: *Hospitalize Marcus, even against his will*

- This view is similar to libertarians, however, the idea is that *basic rights sometimes have to be protected so that the ‘higher rights’ can be exercised.*
  - Everyone should be treated equally “under the rule”
  - We make decisions based on preserving rights, promoting rights
  - We may compare groups to try to treat them more equally
    - Strict protocols
    - “What would you want for your own family?”
    - The ‘look back’ – people are often grateful for help

- Critics
  - You might want to preserve the ‘right’ of health, *but what if the person is unhealthy?*
  - Not everyone is grateful – *what about them?*
Potential Outcomes

• Protects rights – Marcus can exercise his rights fully
• Provides an opportunity for him to reconsider his current state of mind/decisions
• Equitable - we utilize the same strategy, even if the consequences for Marcus can be more dire.

• Marcus rejects help after his experience
• Marcus loses his job, thus, he is not ‘equal’ to others who may have unequal risks
• Marcus’s rights are taken away and he has increased expense
Communitarianism – *Hospitalize Marcus, even against his will*

- This view recognizes that the *decision maker* has values that are situated in the *community*.
  - There are different views – a ‘right’ community and a *more relative approach*
    - In the US, we do not embrace suicide, we have procedures to prevent it and socialize prevention (“right community”)
    - It can be especially abhorrent in healthcare, where we want to ‘save lives’
  - This focuses on *relationship of community*

- Critics
  - This can support the dominant view and edge out minority views (relative approaches)
  - A “right” community = fundamentalism or dictatorship
Potential Outcomes

- Marcus is ‘embraced’ by his community and its desire to preserve his life
- The decision maker is sanctioned with social policy, regulations, and also a sense of doing the ‘right thing’
- The ethic of care and interdependence is reinforced.

- Marcus rejects help after his experience or Marcus thanks us?
- Marcus loses his job, thus, he is theoretically ejected from his social network and supports.
- Marcus’s personal values may be violated.
• Views are constructed by many elements:
  – Lived experiences
  – The “business” of mental health
  – Religious, education, and families – institutions overall

• This challenges us:
  – Who ‘wins’ in these ways we define things, e.g. the pain of depression vs. the pain of cancer?
  – Who decides if life is ‘worth’ living?
  – How must we ‘other’ someone to justify the radical decisions we make? A person is ‘crazy’ – this has implications for how ‘they’ are treated, how we see ‘them’ and how ‘they’ define themselves

• Critics
  – It’s all too relative
  – It’s paying attention to the wrong things at the wrong time
What’s a “Cleaner” Way to Look at This?

• **1.14 Clients Who Lack Decision-Making Capacity**
  – When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

• c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

• **1.01 Commitment to Clients**
  – Social workers’ primary responsibility is to promote the well-being of clients. In general, clients’ interests are primary. However, social workers’ responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

• **1.02 Self-Determination**
  – Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients’ right to self-determination when, in the social workers’ professional judgment, clients’ actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.
Ethical Framework: Lowenberg & Dolgoff in Cummins

- This is to help guide decisions
- 1. protection of life
- 2. equality and inequality
- 3. autonomy and freedom
- 4. least harm
- 5. quality of life
- 6. privacy and confidentiality
- 7. truthfulness and full disclosure
Conclusions

- Values, Ethics, Laws, and Procedures are all different
- The codes we use might dictate our choices, *in theory*, but it is never as clear, as our judgment enters the room
- *Who gets to judge* is an important factor in outcomes
- *Preserving life is unequivocally my goal*, but exploring these positions challenges me to think of the self in the equation

- *Those at risk* also have positions on suicide, understanding this may help us engage them differently
References

- Living Works Education. Applied Suicide Intervention Skills Training.