Stuttering & Suicide: Our Experiences & Responsibilities

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Judy Kuster

Judith Kuster, CCC-SLP, Minnesota State University, Mankato, emeritus professor, M.S. Speech-Language Pathology UW-Madison and M.S. in Counseling MSU, Mankato, ASHA Fellow, SIG 4's steering committee associate coordinator, Stuttering Home Page web weaver and chair of 16 online fluency disorders conferences. She has received ASHF's DiCarlo, IFA's Distinguished Contributor, ISA's Outstanding Contribution, ASHA's Distinguished Contributor, and NSA's Hall of Fame awards.

Objectives

After completing this activity, participants will be able to

- identify a relationship between suicide and stuttering
- identify risk factors of suicide
- discuss our professional responsibilities regarding suicide prevention and possible role in postvention (dealing with the needs of individuals left after a suicide has been completed).

- On the 2011 ISAD online conference I asked panel of 25 professionals who specialize in fluency disorders and teach at universities: "Do any of your training programs have a required course where suicide ideation, threats or attempts in clients is discussed?" The silence was deafening.
- One of the 25 responded affirmatively. Another responded she was now planning to register for a workshop on suicide.
- After the conference concluded, two more wrote privately and said they had added a section about suicide to their Counseling and Communication Disorders courses.

I hope after today, the answer to the question I posed will be more encouraging and also that ASHA will soon recognize the importance of a required course in counseling.

“. . . the suffering caused to the stammering child is an ever-present torment that so gnaws into the soul that in many recorded cases it has in later life driven its victims to suicide.”

W. J. KETLEY 1876

Stuttering texts

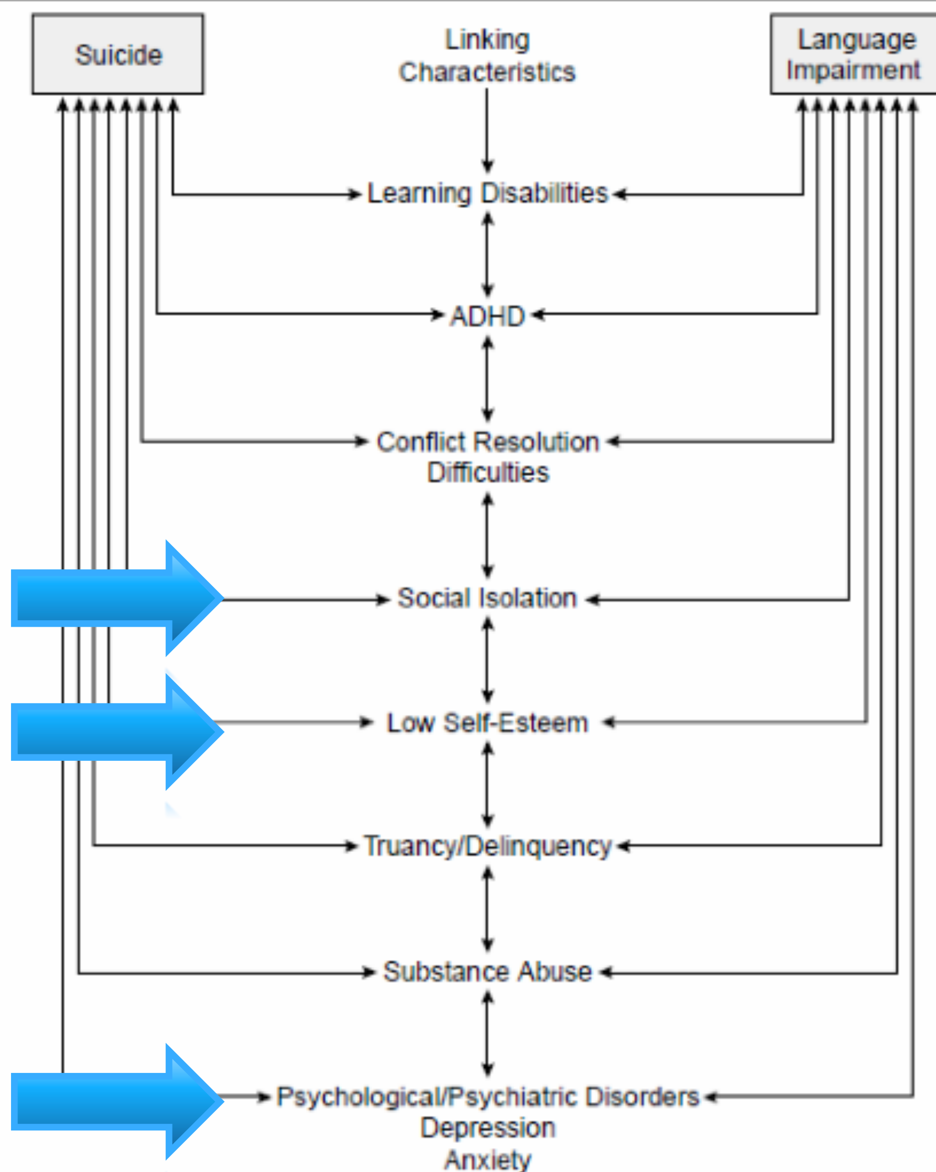
- I checked 20 of the most popular fluency disorders texts – current and historical
- Started with Charles Van Riper
- Checked them all for keyword "suicide" in the index
- May have been included *somewhere* without putting it in the index.
- Found ZERO references.

Robert Schum, (1986) Counseling in Speech and Hearing Practice, Clinical Series 9 (edited by Eugene Cooper), published by NSSLHA

- "....Indicators of suicide are to be taken seriously. Clinicians need to do two things in such cases. First, the clinician should maintain contact with the client, so the client believes there is someone who is interested, that the client is not alone. Second, the clinician needs to refer the client to a mental health professional, making sure that the appointment is kept." p. 46

Counseling and Communicative Disorders texts

- Suicide ideation in our clients is NOT just a "stuttering" issue.
- Checked the keyword "suicide" in five popular texts used in Counseling and CDis courses and didn't find "suicide" in the index.
- DID find reference to suicide in
  - Shipley, K.S. and Roseberry-McKibbin, C. (2006) Interviewing and Counseling in Communicative Disorders: Principles and Procedures Austin Texas: Pro-Ed p 255-256
  - Tanner, D.C. (2003) The Psychology of Neurogenic Communication Disorders: A Primer for Health Care Professionals. USA: Pearson Education Inc.
  - Flasher, L.V. and Fogle, P.T. (2011) Counseling Skills for Speech-Language Pathologists and Audiologists. Canada: Thompson Delmar Learning



Illustration

Reed, V.A. (2011) An Introduction to Children With Language Disorders (4th ed.) Upper Saddle, .J: Pearson Education

Suicide ideation

- It may be expressed directly or in more "hidden" statements.
- We must listen not only with our ears! Chinese symbol that means "to listen"
- Is NOT limited to only our clients who stutter

“Reports of suicidal intentions are the main predictors that a patient may ultimately take his or her own life. These statements should not be ignored.” Tanner, p. 74

Although most people who stutter are not suicidal

There is evidence that many have considered suicide at some point in their lives, and some have died by suicide.

Charles van Riper

"I was a very severe stutterer with many long blockings accompanied by facial contortions and head jerks that not only provoked rejection by my listeners, but also made it almost impossible for me to communicate. Once when I asked a girl for a date her answer was, 'I'm not that hard up.' I felt not only helpless but hopeless. I felt naked in a world full of steel knives. I thought of suicide and tried it once but failed at that, too."

Several additional examples
ages 6-50’s - ideation
ages 12-40’s - completion

Lisa Scott

Lisa A. Scott, PhD CCC-SLP is Director of Clinical Education at Florida State University, the Vice President for Education for the Stuttering Foundation, and is a consultant for the Florida Agency for the Healthcare Administration's Bureau of Medicaid Services.

FloridaState UNIVERSITY

Suicide & Mental Illness

- Suicide is the 10th leading cause of death in the U.S.
  - Third leading cause of death among individuals ages 15-24
  - Men are 4 times more likely than women to die by suicide
- Greatest risk factor is a prior history of suicidal behaviors/attempts
- Over 90% of individuals who are successful at suicide were previously diagnosed with a mental illness

Facts About Mental Illness

National Alliance on Mental Illness (2013)

- **25% of adults and 20% of teens (ages 13-18) experience a mental illness during a given year**
- **One in 17 adults lives with a serious mental illness**
- **50% of all chronic mental illnesses begin by age 14, 75% by age 24**
  - **60% of adults with mental illness and 50% of individuals ages 8-15 go without services in a given year**

Common Mental Health Diagnoses

- Anxiety disorders
  - Generalized Anxiety Disorder
  - Obsessive-compulsive disorder
  - Panic disorder
  - Phobias
  - Post-traumatic stress disorder
- Mood disorders
  - Dysthymia
  - Depression
  - Bipolar disorder
- Eating disorders
  - Anorexia
  - Bulimia
- Other
  - Schizophrenia
  - Borderline personality disorder

Stuttering & Mental Illness Diagnoses

- **Anxiety has been observed as a common characteristic associated with stuttering**
  - c.f., Blumgart et al (2010); Gunn et al (2013); Iverach et al (2009a, b); Manning & Beck (2013)
- **Evidence of depression is mixed**
  - Higher levels of depression in individuals who stutter: Liu et al, 2001; Tran et al 2011
  - Individuals who stutter are no more likely to be depressed: Bray et al, 2003; Miller & Watson, 1992; Manning & Beck, 2013
- **Gunn & colleagues (2013) report that in their sample, adolescents who stutter had twice the rate of occurrence of a mental health diagnosis as compared to the general population of adolescents**

We've recognized the affect of stuttering for a long time!

Signs & Symptoms to watch for

- Depression
  - Low mood, crying
  - Confused thinking, difficulty concentrating, making decisions
  - Feeling helpless/hopeless or that life has no meaning
  - Loss of pleasure, interest in typical activities
  - Dramatic changes in eating/ sleeping habits
  - Loss of energy
  - Thoughts of suicide

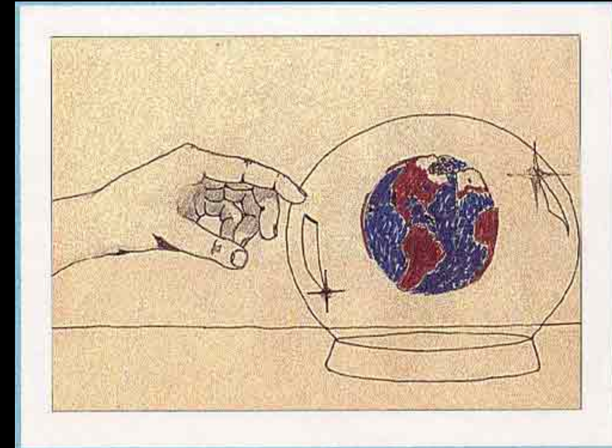
Signs & Symptoms to watch for

- Depression
- Anxiety
  - Significant fear of
    - Humilation
    - Embarrassment
    - Negative evaluations by others

Both depression and anxiety are treatable mental health issues

Signs & Symptoms to watch for

- Depression
- Anxiety
- Social withdrawal



- Increased self-centeredness
- Consistent late arrivals or frequent absences
- Lack of cooperation or a general inability to communicate with others
- Frequent complaints or evidence of fatigue/ unexplained pains
- Decreased interest / involvement in general

Case study

Rod Gabel

Rodney Gabel, Ph.D., CCC-SLP, BRS-FD is an Associate Professor at the University of Toledo. He teaches courses in stuttering and directs the Northwest Ohio Intensive Stuttering Clinics. He conducts research exploring outcomes of stuttering therapy and psychosocial impacts of stuttering. Gabel has presented multiple papers and published many articles all dealing with aspects of stuttering.

My Experience as a Teenager Who Stutters

Rodney Gabel, Ph.D., CCC-SLP, BRS-FD

The University of Toledo

- **It is very difficult to reflect on my personal experiences, since stuttering for me is so much less an issue than it was at one time.**
- **I have mostly overcome many of my negative feelings and attitudes about stuttering. I have very little disruption in my speech.**
  - ***That is not to say that stuttering has not greatly impacted who I am, how I approach situations, and certainly still "haunts" me to an extent.***

My life….

- I grew up in a small town in Ohio
- My family was fairly close, but I was different in many ways.
  - Youngest
  - Saw the world very differently
  - Sensitive and anxious kid
  - Stuttering
- Never talked about stuttering, due to the advice of a speech-language pathologist
  - Also helped my parents in a way. Not sure they could have handled facing my stuttering.
  - My stuttering, was a source of ridicule at times within my family.

Support System

- Very nice SLPs, not that any helped much
- My family loved me, but were not much help with my stuttering.
  - Very much encouraged me to do well and maximize my potential
  - Be like the other kids
  - Do well at school
  - Speak for yourself
  - Books
- I went to a small school and had very good friends
  - I always was a leader
- I always had very nice teachers, who included me in class, did not punish me in any way for my speech
  - One exception

The General Consensus

- *Your stuttering is not a problem, nobody really cares that you stutter. We all think your great.*
- *No one is going to care that you stutter, you still have to do well.*
- *Your stuttering is just your cross to bare.*

- This made me feel protected, but I was also not allowed to really discuss stuttering in any detail or depth.
  - Conspiracy of silence……I was okay because everyone else said I was.

The Wonderful Teenage Years

The Dichotomy of my Life

- Good athlete
- Good student
- Class officer
- Friends
- Perfectionist
  - Overcompensation

- At times, I simply could not speak
- Self Doubt
- Low self-esteem
- Terrible hard on myself
- Anxious
- Depressed
- Isolated
- Bullied
- Lonely (in a crowd)

The mismatch in perceptions

- In my mind, I was struggling and being left behind in many ways that I valued
  - Not speaking well or at all in class
  - Losing friends
  - Not able to or willing to try dating
- In the minds or actions of others, the overwhelming thought was probably: *What the heck is his problem??*
  - No one else saw the problem
  - I was doing better than most, but not well at all if one considered stuttering

Emotional Upheaval

- Many of the symptoms of anxiety disorders and major depression overlap quite a bit. And major depression can lead to anxiety and conversely, anxiety can lead to major depression. So we're talking about a very tight relationship here in terms of diagnosis.
- Individuals with depression and anxiety tend to not only have a sad mood and a decrease in their ability to derive pleasure from life, but they tend to be nervous and irritable and agitated and tense. They often experience difficulties with sleep, difficulties with falling asleep and difficulties with maintaining sleep.

I didn't realize this at the time, but I definitely was suffering from anxiety and major depression. Something I still deal with today. I am fairly certain that the anxiety related to stuttering played a major part in the development of this condition.

Suicidal Ideations

- It became physically difficult to stutter and to deal with the large amount of stress and disappointment going on in my life.
  - I felt constantly on edge, could not relax, and did not enjoy any of my activities or accomplishments.
- The loss of sleep and feeling alone became really problematic.
  - No one to fully talk to about stuttering. Nor was I willing.
  - I did not hang out with friends much, not sure why, but the phone stopped ringing and I certainly did not want to use the phone.
- I thought about suicide often, this was very distressing.
  - Thinking about all sorts of means for doing it, planning, but never fully ready to go through with it. Not sure why.

Outcome

- I was able to sort of get to a stable place, with no real improvement in how I saw myself, in my stuttering, nor did I experience a release in emotions.
- I attended Boys State, which allowed me to see that the world (or at least the state of Ohio) was a big place. Something beyond my current world.
- I started to see college as a place to get help for my speech but also an escape. It was this, but my problems did not go away.
  - At least I had the means to face them.
  - Through therapy, cognitive-behavioral counseling, and growth, I started to change and make strides. The process continued and still does.

Scott Palasik

Scott Palasik PhD,CCC-SLP University of Akron, Assistant Professor. Scott teaches courses, supervises graduate students, and performs social cognition research with unconscious and conscious attitudes toward stuttering, and the social and physical effects of background sounds on eating. He is also developing the Mindfulness ACT Somatic Stuttering (MASS) treatment approach.

.The. University of Akron

Personal Story

text attached at

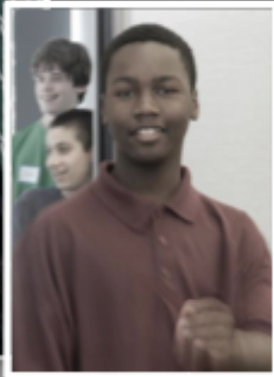
http://www.mnsu.edu/comdis/kuster/asha2013presentation/scott.html

Joe Donaher

Joseph Donaher, Ph.D., is the Academic/Research Program Director of the Center for Childhood Communication at Children's Hospital of Philadelphia and an Assistant Professor at University of Pennsylvania. He is the Editor of *Perspectives on Fluency Issues*, Chair, of the Research and Publications Committee of the IFA, a Board Recognized Fluency Specialist and maintains a fluency caseload.

Not everyone who stutters is at risk for suicide

But how do you know who is?



At least 80% of people who die from suicide have given clues

Evaluating suicidal risk is NOT in SLP's scope of practice

How do I know if they are serious?

Will I make it worse by addressing it?

What could I do?

SLPs are mandated reporters

- SLPs should not attempt to conduct a full suicide evaluation
- All disclosures of suicidal ideation must be reported immediately to a mental health professional
    - Regardless of the clinician's impressions of the level of suicidal risk
- Then mental health professional to determine the level of risk

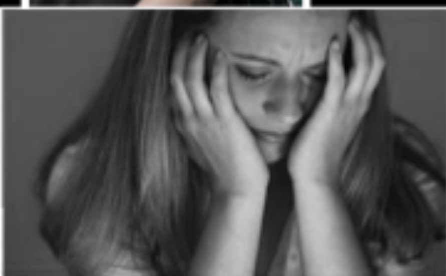
Flasher & Fogle, 2011. Counseling Skills for Speech-Language Pathologists and Audiologists (2011)

SLPs are mandated reporters

- Know how to respond to suicide threats
- Recognize suicidal risk factors
- Refer to mental health professional

Today's Goals

1. Review Suicidal Risk-Factors
2. Discuss what you should do
3. Present Case Studies



A speech-language pathologist is in a key position to:

- Observe a student's behavior
- Listen and truly hear the individual
- Understand the real-life impact of a communication disorder
- Act when a student demonstrates "risky behaviors"
- Provide information to other professionals and/or families

Risk Factors

Are associated with an increased probability of suicidal behavior

- Health Related
- Life Stressors
- Behavioral
- Family Based
- Personal
- Environmental

No single factor or combination of factors perfectly predicts vulnerability to suicide

Vulnerability is increased with multiple factors

Professional awareness and judgment are ultimately your best tools

Recognize Suicide Risk Factors

Warning Signs
IS PATH WARM

I	Ideation (Thoughts about suicide)
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

The American Association of Suicidology

Suicide Risk Factors

Verbal Clues

"I'm going to kill myself"
"I wish I were dead"
"I'm going to commit suicide"
"I'm going to end it all"
"If (such and such) doesn't happen, I'll kill myself"

Indirect Verbal Clues

"My family would be better off without me"
"Who cares if I'm dead anyway"
"I just want out"
"I won't be around much longer"
"Pretty soon you won't have to worry about me"

Patti Agatston: Cobb County School District

Suicide Risk Factors

Behavioral Health Issues/Disorders

- Depression, Anxiety & Personality Disorders
- Substance abuse or dependence
- Conduct/disruptive behavior disorders
- Previous suicide attempts
- Self-injurious behaviors

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of being a burden

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or other relative
- Limited family support

Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669.

Suicide Risk Factors

Environmental Factors

- Negative social and emotional school environment
- Discriminatory practices
- Lack of acceptance of differences
- Victimization and bullying by others
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students

Env. Factors Cont.

- Limitations in school physical environment, including lack of safety and security
- Weapons on campus
- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion

Risky Behaviors

- Alcohol or drug use
- Delinquency
- Aggressive/violent behavior
- Revenge seeking behavior
- Recklessness
- Risky sexual behavior

Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669.

Suicide Risk Factors

Adverse/Stressful Life Circumstances

- Difficulties with peer relationships (i.e. Dating or social group issues
- Disciplinary or legal problems
- Bullying - either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work, not going to college)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669.

What a SLP can do

You're not responsible for preventing someone from taking his or her own life

but your intervention may help the person see that other options are available to stay safe and get treatment….

1998-2013 Mayo Foundation for Medical Education and Research (MFMER).

What a SLP can do

- Assess the individual for risk of suicide
- Listen to the individual without judging or debating whether suicide is the answer
- Do not let fear stop you from opening up the conversation
- Do not leave the individual alone
- Collaborate with behavioral health professionals
- Do not minimize or ignore statements, i.e. “everyone likes you, don’t be crazy”

What a SLP can do

- Do not swear secrecy – *I won't tell anyone*
- Do not say "everything will be all right" or "don't think like that"
- Do not delay dealing with the situation
- Notify and involve the parents/legal guardians
  - Be sensitive to cultural differences regarding suicide & mental health services

What a SLP can do

ASK the Question **Or** **Find someone who can**

You have been very depressed lately, are you thinking about hurting yourself?

From what you are saying, it sounds like you thinking about suicide – Are you?

Asking about suicidal thoughts will not push someone into doing something self-destructive. In fact, offering an opportunity express feelings may reduce the risk of on suicidal thoughts

Case Study

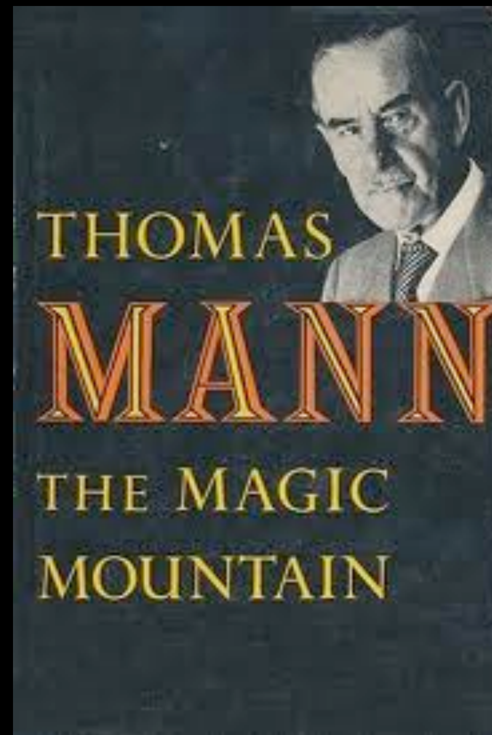
Charlie Healey

- E. Charles Healey is a professor of speech-language pathology at the University of Nebraska-Lincoln and has been on faculty there for 35 years. He is an ASHA Fellow and a Board Recognized Specialist in Fluency Disorders. He has presented and published extensively in the area of stuttering.

UNIVERSITY OF
Nebraska
Lincoln

Thomas Mann, The Magic Mountain, 1977, p. 532

- "It is fact that a man's dying is more the survivor's affair than his own."
- This is true for any death.
- Perhaps that statement is even more resounding to those who are survivors of an individual's suicide



Case Study

The Postvention Process

What are our responsibilities?

- Although counseling persons who are suicidal is not part of the scope of practice for speech-language pathologists or audiologists, professionals (in fact everyone) should have basic knowledge of what to do when someone expresses suicidal ideation and how to lend support to survivors left behind if a suicide has been completed.
- The purpose of this invited session was to create awareness of potential suicide ideation in some of our clients and to provide information about what to do.

Basics

- Be alert to suicide ideation in any client (or friend)
- Watch for signs of depression
- Question, persuade and refer (Quinette)
- Know referral resources

Thank You

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

A 3-page handout of references, many of them freely-available online, is available at

http://www.mnsu.edu/comdis/kuster/asha2013presentation/suicidehandout.docx

- General resources
- Crisis Hotlines
- Online support resources
- Depression resources
- Postvention resources