



# THE **THRIVE** INTERVENTION

Reorienting suicide treatment around

*story, meaning, recovery,*

*& a relentless pursuit of practical feasibility*



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# WHO WE ARE

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# WHO WE ARE

# WHAT WORKS?

What helps people heal from a suicidal crisis and move towards a life worth living?





# TODAY: CSU

safe environment, medicine, groups,  
discharge planning



**BILL:  
WHY DO ANY  
OF IT?**



# Suicide Specific Treatment

how?



# WHAT WE HAVE

- The people
- The location
- The recovery focus
- The motivation

# WHAT WE DON'T HAVE

- The time
- The money
- The “fit”



# FIRST STEPS

Exploring 2 stories

# RESEARCH CONTEXT

People seek suicide treatment through emergency departments, *despite EDs not being suited for suicide-specific care.*

(Agency for Healthcare Research and Quality, 2017; Goldman-Mellor et al., 2019; Larkin & Beautrais, 2012).

**Crisis Stabilization Units** have a unique role to play in ED diversion and treating people at risk for suicide.

(Agar-Jacomb & Read, 2009; Saxon, et al., 2018).

**Crisis Stabilization Units** are a preferred outcome to ED's, yet outcome research is surprisingly scarce with mixed support.

(Adams & El-Mallakh, 2009; Boyer & Kane, 2010; Lloyd-Evans et al., 2009).

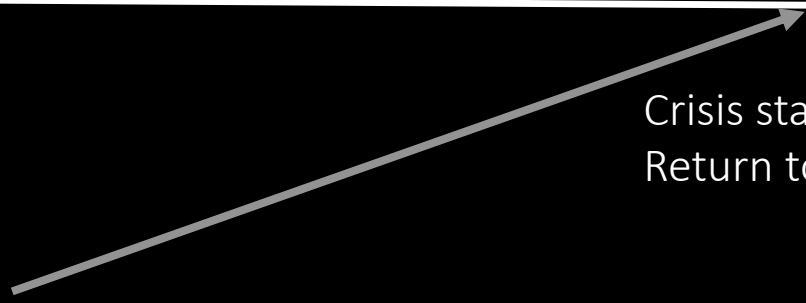


# NOVEL INTERVENTIONS NEEDED FOR CRISIS STABILIZATION UNITS

For CSU's to become a mainstream alternative, brief, effective, *recovery-oriented* interventions *that can decrease suicide attempts and deaths* are needed and do not exist.

baseline

Crisis stabilization/  
Return to baseline



# WHAT IS THRIVE?

## Toward Hope, Recovery, Interpersonal Relationships, Values, & Engagement

THRIVE draws on crisis-relevant techniques:

- **Narrative Exposure Therapy** (NET; Lely et al., 2019; Pabst et al., 2014; Steuwe et al., 2016)
- **Attempted Suicide Short Intervention Program** (ASSIP; Gysin-Maillart et al., 2016)

# WHAT IS THRIVE?

**Toward Hope, Recovery, Interpersonal Relationships, Values, & Engagement**

Developed and tailored via:

- **Comprehensive Literature Review**
- **Evaluation of current CSU outcomes (TN)**
- **Individuals with Lived Experience of Suicide (e.g., Qualitative Interviews)**



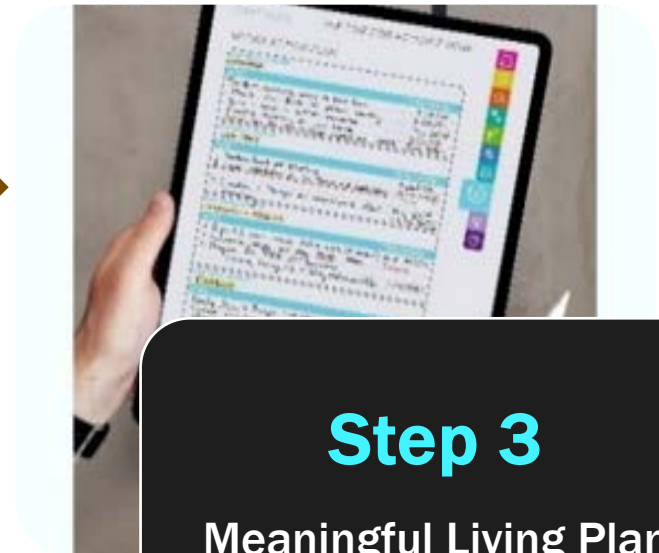
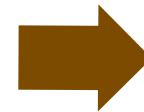
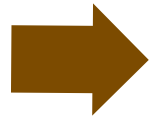
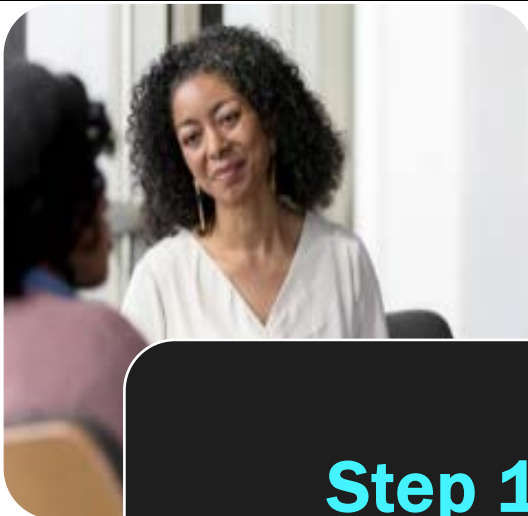
# CLINICAL TREATMENT TARGETS OF **THRIVE**

1. **Hope**
2. **Meaning Making**
3. **Self-Efficacy**  
to Prevent Suicide  
Attempts



# THRIVE

## CORE COMPONENTS



### Step 1

Narrative of Suicidal Crisis

*15 minutes*

Alliance, Meaning Made of Stress

### Step 2

Life Timeline (Lifeline)

*30 minutes*

Meaning Made of Stress & Hopefulness

### Step 3

Meaningful Living Plan

*15 minutes*

Self-Efficacy to Avoid Suicidal Action

# THRIVE

## WHAT MAKES IT UNIQUE?



**Brief**



**Appropriate  
for SI or SA**



**Suicide  
Specific  
Engagement**

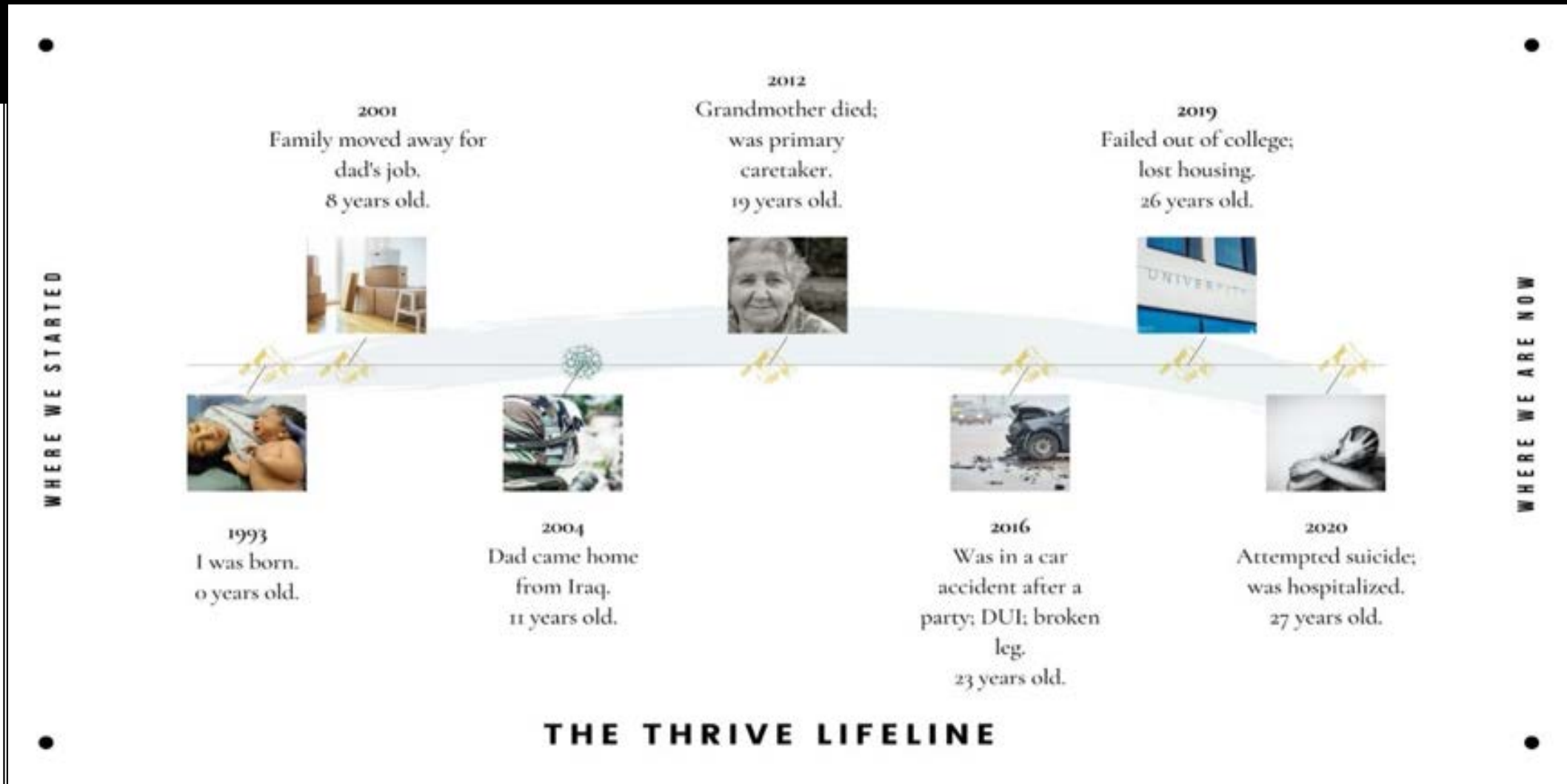


**Novel Target**



**Recovery  
Focused**

# THRIVE: SUICIDE NARRATIVE IN LIFE CONTEXT



# MEANINGFUL LIVING PLAN

20220003  
#33765739.0



## Meaningful Living Plan (MLP)

### Step 1: Recognizing My Important Needs:

**Occupational:** A career that is interesting, enjoyable, & meaningful.

**Physical:** Take care of your body for optimal health & functioning.

**Social:** Build personal relationships with others & deal with conflict.

**Spiritual:** Find meaning in life events, have individual purpose, life reflects values.

**Emotional:** Strong sense of self that supports ability to recognize & manage emotions.

**Financial:** Live within means & manage finances for short/long term.

**Intellectual:** Open to new ideas, creative, think critically.

**Environmental:** Observe & care for relationship between environment, community, & you.

**Core Needs:** Reliable access to food, water, warmth, safety, & shelter.

#### Critical Needs from My Life Story:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### First Action Step to Meet My Need:

\_\_\_\_\_

IRB Approved at the  
Protocol Level  
Mar 28, 2022

The most important need that I have that, if filled, would increase my desire to live is: \_\_\_\_\_

The most important action step I need to take next is: \_\_\_\_\_

### Step 2: Realizing My Personal Strengths:

### Step 3: Honoring My Life Values:

# **THRIVE: RESEARCH STUDY**

## **3 AIMS**

- 1. Feasibility & Acceptability in CSU's.**
- 2. Target Engagement**
- 3. Pilot RCT Effectiveness**  
***(THRIVE + TAU vs. TAU)***

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The content is solely the responsibility of the authors and does not necessarily represent the official views of the American Foundation for Suicide Prevention.

# AIM 1 HYPOTHESES

(COMPLETE)

- **75%** of clients will **complete** THRIVE within 60 minutes.
- **75%** rating of **acceptability** and **satisfaction**.
- **75%** of CSU providers will complete THRIVE at  $\geq$  **75% fidelity**.
- **75%** rating of THRIVE's **acceptability**, **validity** and **scalability** by CSU providers.

# SAMPLE CHARACTERISTICS

## Guests

- n = 50
- Mean Age = 38.66 (12.86)
- 44% Female, 56% Male



Acceptability

Appropriateness

Feasibility

Acceptability of  
Intervention  
Measure (AIM)  
Cronbach's  $\alpha = .799$

Intervention  
Appropriateness  
Measure (IAM)  
Cronbach's  $\alpha = .877$

Feasibility of  
Intervention Measure  
(FIM)  
Cronbach's  $\alpha = .765$

Average Completion Time: *53 Minutes*

# AIM 1

	Guests		
Measure	Aim I Goal	M	SD
Acceptable	96%	4.52	0.45
Appropriate	98%	4.47	0.46
Feasible	94%	4.32	0.46

# QUOTES FROM THRIVE GUESTS

*I felt comfortable participating because I got a chance to look at myself inside out. And I learned things I didn't know I needed to work on about myself.*

*I really enjoyed it. It helped me work through some thoughts I was having. I like that I have a plan now if I have suicidal thoughts in the future.*

# **THRIVE: RESEARCH STUDY**

## **3 AIMS**

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(*THRIVE + TAU vs. TAU*)**



# WILLIAM'S STORY

Love, Autonomy, and Building Cool Stuff

# THRIVE

Life Narrative

(5-8 Best & Hardest memories)

Suicidal Crisis  
Narrative

how does this fit  
or not fit?

Tangible Next Step

Next Chapter:  
Life

Next Chapter:  
Death

# William

*Admitted to CSU for SI*

“William, it’s a privilege to have the chance to talk with you. I know you came to CSU because suicide was on the table for you, and you choose to face a lot of pain and seek help here. I respect you for that. I have found that conversations here tend to be some of the best and most honest conversations I get to have, conversations about what really matters, about what could make life worth living. So, thank you for taking the time and being open to talk with me...

# William

...What I'd like to offer as a way to use our time, is to look at the story of what brought you to the CSU, look at that story in the broader context of your life, and from there explore how to make sense of the past couple of days and what a life worth living could possibly look like going forward. How does that sound?"

# William

## *Suicidal Narrative*

- **3 weeks ago:** Increased depression, off meds for a while
- **1 week ago:** Stopped drinking alcohol
- **2 days ago:** Relapsed, possibly took 2 doses of (physical) meds and woke up very hung over.

He grabbed a bottle of pills.



William

*Suicidal Narrative*

“What’s the point? I’ve lived a full life at 36.  
I was in a lot of pain, physically and psychologically.  
I had a choice, either overdose and end it or go to the  
hospital.  
I chose to go to the hospital.”

# William

## *Life Narrative*

- **Age 6:** Threat of being held back if could not tie his shoes. Father had him stand in the corner until he could tie his shoes. *“That pretty much set the tone of our relationship.”*
- **Age 17:** Father became physically assaultive, and William left home.
- **Age 23:** Earned Associate’s Degree, thrived as a computer software programmer. *“People counted on me.”*
- **Age 25:** Diagnosed with Bipolar Disorder, experienced as a relief. Purposely did not read about it, *“I didn’t want to be defined by others, be told what I could and couldn’t do because of the diagnosis.”*

# William

## *Life Narrative*

- *Age 29:* After wrestling with opioid addiction from age 25 (Percoset to Hydrocodone to Heroin), decided that he needed to stop heroin and so he did. Has been clean since.
- *Age 30:* Recruited by a firm in South Carolina, after a few months discovered that it was a shell corporation laundering millions of dollars and enabling child pornography. William turned informant to the FBI and gave documents to help bring down the company.
- *Afterwards:* Increase in mental illness symptoms, relational rockiness.
- *Age 35:* Pandemic hit, instability, unpredictability and anxiety all sky-rocketed, work and relationships were not working.

When did the pain begin to be so intense that suicide began to feel like a real option?

# William

## *Life Narrative*

Age 33:

Broke up with his long-time girlfriend

Stopped taking amphetamines (non-prescribed Adderall)

*“I realized that I had been using the amphetamines to keep from feeling, so after the breakup, when the Adderall was gone, I started to feel emotions.”*

# William

## *Life Narrative*

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# William

## *Life Narrative*

- **Age 30:** Recruited by a firm in South Carolina, after a few months discovered that it was a shell corporation laundering millions of dollars and enabling child pornography. William turned informant to the FBI and gave documents to help bring down the company.
- **Afterwards:** Increase in mental illness symptoms, relational rockiness.
- **Age 33:** Break up, Stopped Amphetamines, Started to feel again.
- **Age 35:** Pandemic hit, instability, unpredictability and anxiety all sky-rocketed, work and relationships were not working.

William  
*Life Narrative*

*Connection to current crisis?*

Feeling depression & shame of relapse?



# William

## *Life Narrative*

*Nope. It was being kicked out of the AirBnB*

William paid rent at an apartment with a couple of roommates, but for the past year had been staying at different Airbnb's. He liked the autonomy of having his own place and getting to move around. He more than liked it, actually. The ability to pay for and the autonomy from the Airbnb's was a part of his identity.

- Loss of girlfriend
- Loss of stable work
- Loss of ability to pay for and keep autonomy in how he lived.
- Thinking about designs for apps or games, gig work.

# William

## *Next Chapter: Death*

One in which the losses kept piling up, didn't know how many or how long, or how severe.

*"If I don't get a win or two under my belt, it won't be worth it to keep going."*

# William

## *Next Chapter: Life*

A life with:

- **Autonomy:** *housing*
- **Vocation:** *“I like to call my vocation building cool stuff.”*
- *“And really, now that I’m talking through it, if I were to name the one thing that would make life worth living right now, it’s a romantic relationship. Wow, I hadn’t realized how much that meant to me until talking through all this”*

# William

## *Strengths & Values*

- Self-awareness
- Determination
- Skill
- Relationships
- Autonomy
- Creating

# William

## *Tangible Next Steps*

- Do creative passion work of “building cool stuff” through software writing.
- Answer job recruiters to pursue a vocation that would give stability and autonomy.
- Solidify current relationships and reach out to meet new friends. “I have the numbers to call, I’ve just been making excuses.”

William

“This has been the best experience I’ve had all week. I feel like I can actually do this.”

**WHAT'S  
NEXT FOR  
THRIVE?**



# QUESTIONS?

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