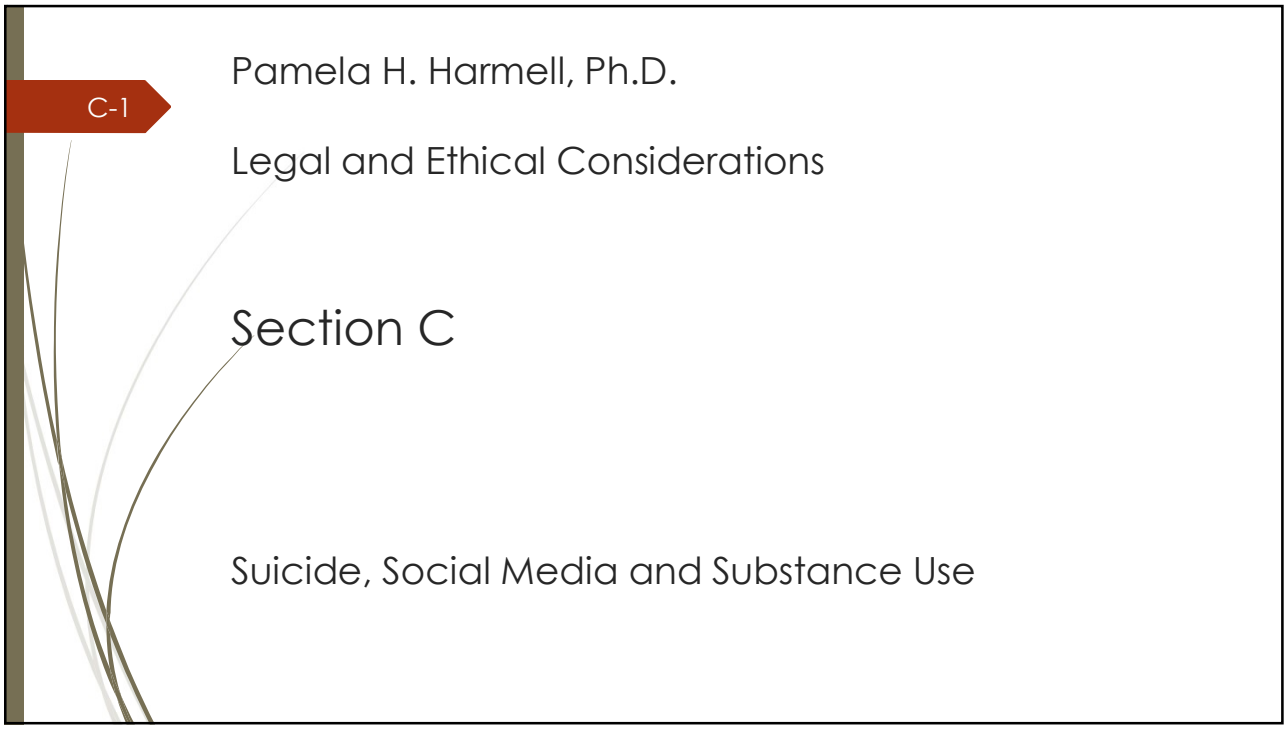
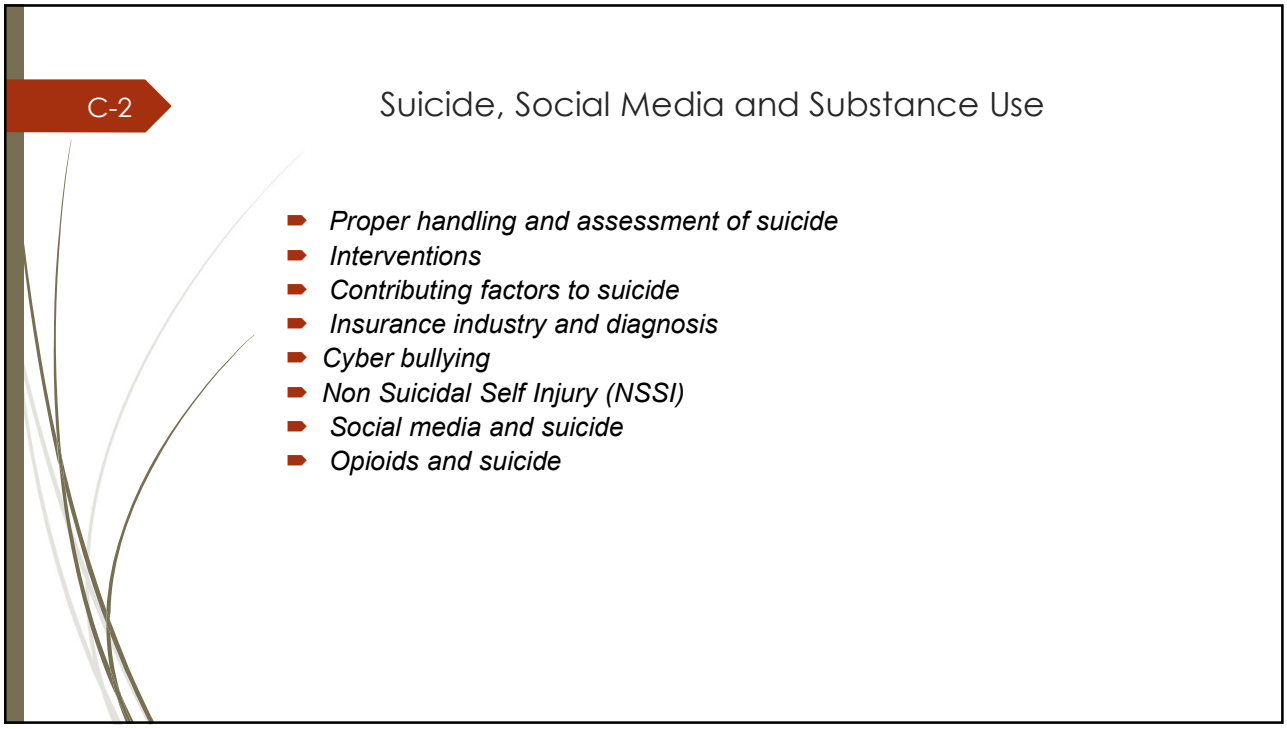

C-1
Pamela H. Harmell, Ph.D.
Legal and Ethical Considerations
Section C
Suicide, Social Media and Substance Use

1


C-2
Suicide, Social Media and Substance Use
Proper handling and assessment of suicide
Interventions
Contributing factors to suicide
Insurance industry and diagnosis
Cyber bullying
Non Suicidal Self Injury (NSSI)
Social media and suicide
Opioids and suicide

2

C-3

Suicide and Proper Terminology
Caruso, 2019

Suicide and Terminology

- *"Committed Suicide" is eliminated*
- *Criminals "commit" crimes*
- *Suicide is not a crime*
- *A much better term is: "Died by Suicide"*
  - *Kevin Caruso, Executive Director, Suicide.org*
- *Why suicide rates and statistics are invalid*
  - *Insurance*
  - *Stigma*

3

C-4

Suicide Risk Interventions
Firestone, 2019
www.psychalive.org

What Therapist's Need to Know (about suicide)
APA Education Directorate
https://www.apa.org/education/ce/suicide.pdf

4

C-5

Suicide Risk Interventions
Firestone, 2019

1. Engage the Person

- *Show you are paying attention*
- *Help the person feel accepted*
- *Maintain eye contact*
- *Sit forward, lean toward the person,*
- *Convey empathy*
- *Try to see and feel things from the person's perspective*

5

C-6

Suicide Risk Interventions
Firestone, 2019

2. Identify if Person is Suicidal

- *Ask if person is thinking about suicide*
- *Be direct but sensitive*
- *Encourage person to talk about suicidal thoughts or plans*

6

C-7

Suicide Risk Interventions
Firestone, 2019

3. Assess for Suicide

Potential Tool: SAD PERSONAS (more later)

- *Ask if the person has a plan*
- *"Have you thought of how you might kill yourself"? Is there a gun in the house? How soon are you planning to do it?*
- *Previous attempts*
- *Err on the side of caution*

7

C-8

Suicide Risk Interventions
Firestone, 2019

4. Develop and Document an Action Plan

- *Patient involvement in treatment planning*
- *Be specific*
- *Clarify how both are committed to the plan*
- *How you will apply the plan*
  - *Example: Likert scale; support system; meds*

8

9

Suicide Assessment
Bongar & Sullivan, 2013, p. 106

"No empirically validated suicide risk assessment procedure exists."

9

D-10

Suicide Assessment
Empirical Validation?

Runeson, et al, 2017, notes:

"Most suicide risk assessment instruments were supported by too few studies to allow for evaluation of accuracy. Among those that could be evaluated, none fulfilled requirements for sufficient diagnostic accuracy." p. 2

Murray (2018) notes:

"Some experts recommend abandoning suicide risk assessment as it is so inaccurate." p. 1

References:

Runeson, B. et al, (2017). Instruments for the assessment of suicide risk: A systematic review evaluating the certainty of the evidence, PLoS One, online https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0180292

Murray, D. (2018). Is it time to abandon suicide assessment? BJ Open, 2(1), e1-e2. https://doi.org/10.1192/bjpo.bp.115.002071

10

11

Suicide Assessment
Empirical Validation

Specific to the Columbia

Claims are made that it has "evidence for prediction of suicide attempts" however there is no actual proof that the method is "evidence based." However there are further studies that the Columbia is one of the best assessment methods. For further information, see

http://cssrs.wpengine.com/the-columbia-scale-c-ssrs/evidence/

For research on the Columbia see below

https://cssrs.columbia.edu/wp-content/uploads/CSSRS_Supporting-Evidence_Book_2020-01-14.pdf

11

12

Suicide Assessment
Empirical Validation

Conclusions

The language is tricky: It does not conclude the measure is "evidence based" but certainly is "suitable." These findings suggest that the C-SSRS is suitable for assessment of suicidal ideation and behavior in clinical and research settings.

Conclusions

These findings suggest that the C-SSRS is suitable for assessment of suicidal ideation and behavior in clinical and research settings.

12

D-13

Suicide Assessment Empirical Validation?

Bongar & Sullivan, 2013, p. 106:

"No empirically validated suicide risk assessment procedure exists."

Chu et al, 2015:

Empirically informed suicide risk assessment frameworks are useful ... however, ***it has not yet been empirically validated.***

Chu et al. (2015). Routinized Assessment of Suicide Risk in Clinical Practice: An Empirically Informed Update. J of Clin Psych, 71(12). DOI: 10.1002/jclp.22210

- *Columbia Assessment Tool: "Evidence Supported"*

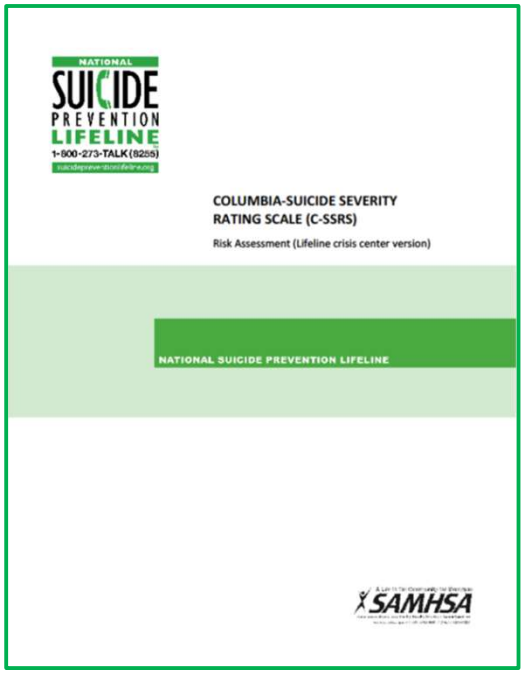
13

D-14

Columbia Suicide Severity Scale (2008)

https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf

"EVIDENCE SUPPORTED"



14

C-15

Principles of Suicide Risk
Granello, 2010

Err On Side Of Caution

- ***False positives*** *are common and less dangerous*
  - *Assessment falsely shows person IS suicidal*
- ***False negatives*** *are dangerous*
  - *Assessment falsely shows person is NOT suicidal*
- *These errors can be fatal*

15

C-16

Suicide Assessment Factors
Especially with Adults

KNOW THE DIFFERENCE

WARNING SIGNS

Episodic and Variable

- *Mood, life events,*
- *Change from day to day*

RISK FACTORS

Static and Enduring

- *Age, demographics,*
- *Fam hx of suicide*
- *Do not change*

16

C-17

Assessment of Carmine… Post Hoc

17

S *(sex)* ***YES***

A *(age)* ***NO***

D *(depr)* ***YES***

P(previous attempt) **NO**

E(ethanol abuse) **NO**

R(rational thinking loss) **NO**

S(social support lacking) **NO**

O(organized plan) **YES**

N(no significant other) **NO**

Minors; Negligent family

A – Access to Means YES

S(sickness) **YES**

Minors: School problems

SAD PERSONS Scale (SPS)
Patterson et al, 1983; Juhnke, 1994
Campbell, W. (2004). Revised SAD PERSONS helps assess suicide risk. Current Psychiatry, 3(3), 102.

ADULTS
Yes
No

MINORS
10 to Zero
0 - 100

18

Adapted – SPS Juhnke, 1996
Adapted for Children & Adolescents

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
Pennsylvania Chapter

Endorsed by American Academy of Pediatrics
Intervention guidelines based upon
total points received
RANGE = 0 to 100

19

The Adapted SAD PERSONS:
A suicide assessment scale
Designed for use with
children and adolescents

Endorsed by American Academy of Pediatrics, 2010

FOR THOSE OF YOU WORKING WITH MINORS

20

C-21

Suicide and Risk Management
Jobes, Rudd, Overholser, & Joiner (2008)

Adequate Assessment

"If clinicians adequately assess suicide risk, have a suicide-specific treatment plan, consult with colleagues, and document their work, the prospect of being successfully sued for malpractice is significantly reduced." (p. 407)

21

C-22

Legal and Ethical Issues

Therapist Self-Care

HUMOR as self care

22

C-23

Suicide
Where do drug over-doses fit in?
Further discussion upcoming

23

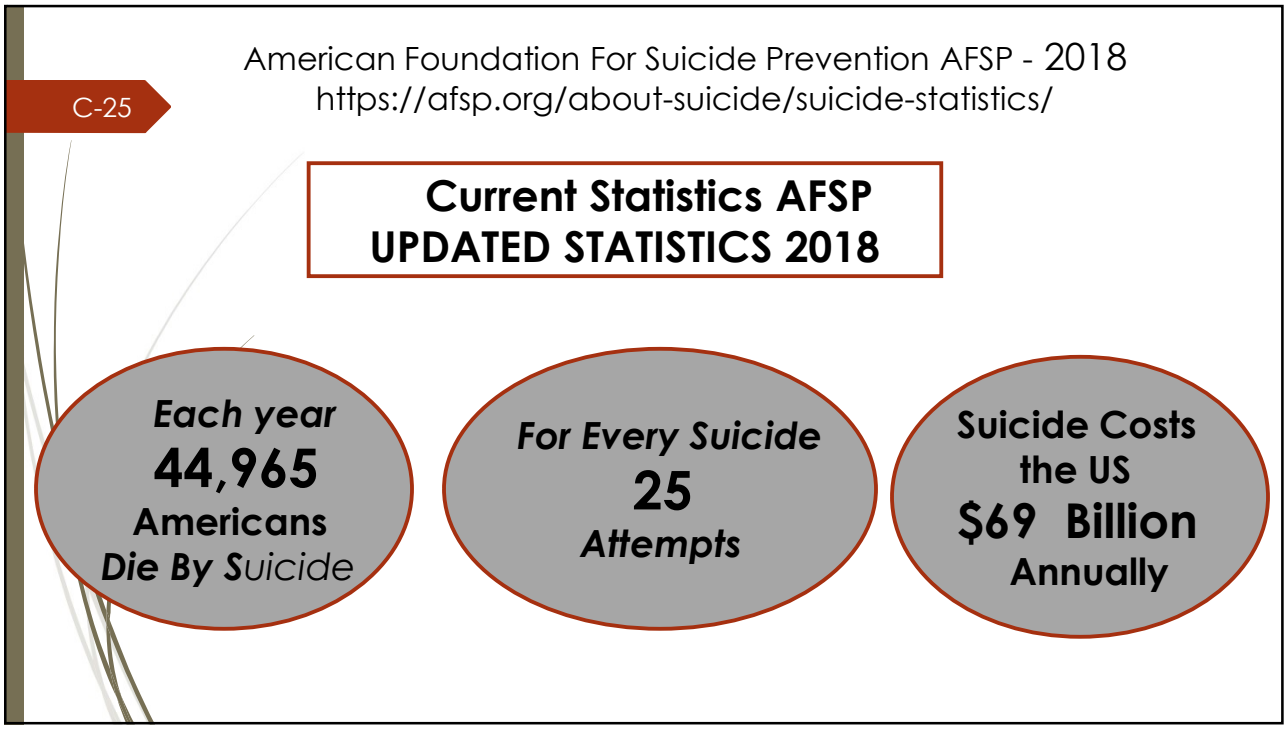
C-24

Published 2018
Statistics

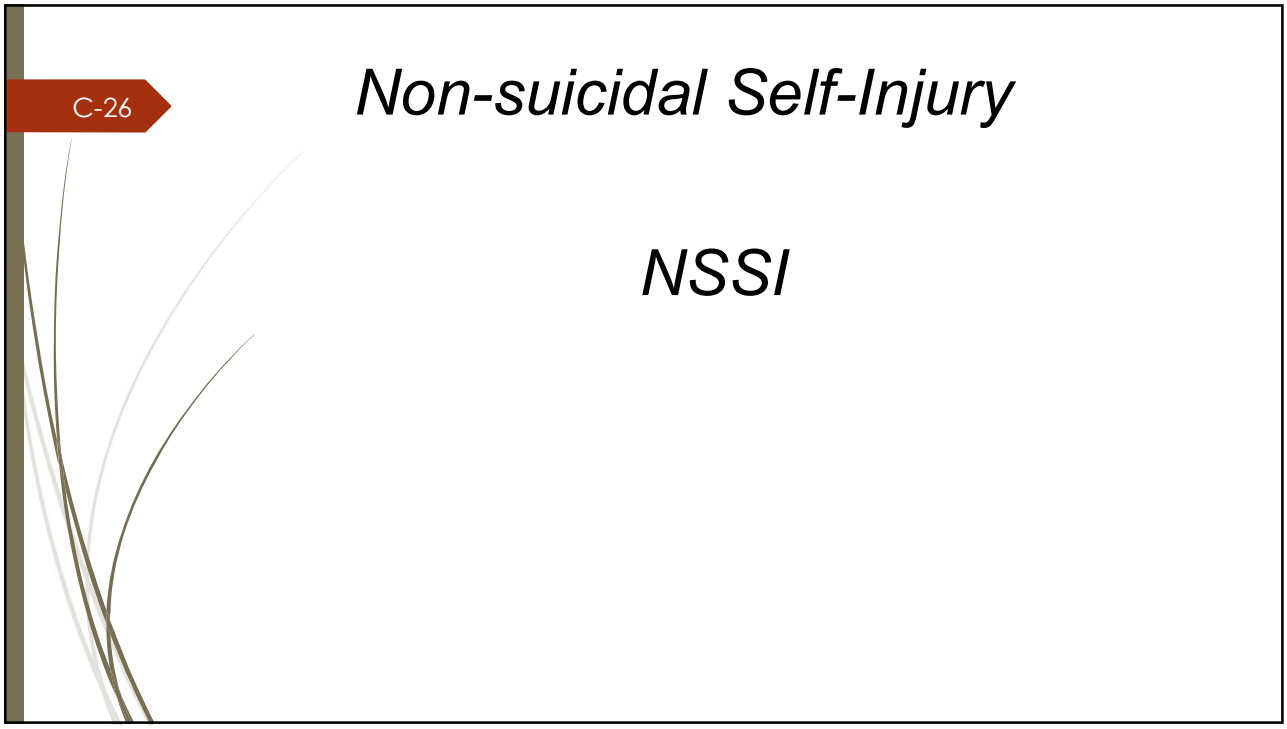
American Foundation for Suicide Prevention

https://afsp.org/about-suicide/suicide-statistics/

24


C-25
American Foundation For Suicide Prevention AFSP - 2018
https://afsp.org/about-suicide/suicide-statistics/
Current Statistics AFSP
UPDATED STATISTICS 2018
Each year
44,965
Americans
Die By Suicide
For Every Suicide
25
Attempts
Suicide Costs
the US
$69 Billion
Annually

25


C-26
Non-suicidal Self-Injury
NSSI

26

CONDITION FOR FURTHER STUDY

Nonsuicidal Self-Injury

D. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and is not restricted to picking a scab or nail biting.
E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.
F. The behavior does not occur exclusively during psychotic episodes, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypies. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lesch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder).

or cultural ritual) and is not restricted to picking a scab or nail biting.
E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.
F. The behavior does not occur exclusively during psychotic episodes, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypies. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lesch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder).

READ pp. 923-4: R45.88 or Z91.52

27

Changes to DSM-5-TR RELATED TO NSSI

28

Published Online:24 Feb 2022https://doi.org/10.1176/appi.pn.2022.03.3.28

Q. *How can the new ICD-10-CM codes for suicidal behavior and nonsuicidal self-injury be used?*

READ PAGE 923-4: R45.88 or Z91.52

A. Because suicidal behavior may be helpful to track or flag for clinical attention and care of individuals, ICD-10-CM codes are now available for use by any clinician and do not require a mental disorder diagnosis. The suicidal behavior ICD-10-CM codes can be used for individuals who have engaged in potentially self-injurious behavior with at least some intent to die as a result of the act. Evidence of intent to end their life can be explicit or inferred from the behavior or circumstances. A suicide attempt may or may not result in self-injury.

The nonsuicidal self-injury ICD-10-CM codes can be used for individuals who have engaged in intentional self-inflicted damage to their body that is likely to induce bleeding, bruising, or pain (for instance, by cutting, burning, stabbing, hitting, or excessive rubbing) in the absence of suicidal intent.
These codes appear in the Section II chapter "Other Conditions That May Be a Focus of Clinical Attention"; conditions, behaviors, circumstances, and problems in this chapter do not represent mental disorders but can affect the diagnosis, course, prognosis, or care of a disorder

28

CONDITION FOR FURTHER STUDY

Nonsuicidal Self-Injury

Proposed Criteria

A. In the last year, the individual has, on 5 or more days, engaged in intentional self-inflicted damage to the surface of his or her body of a sort likely to induce bleeding, bruising, or pain (e.g., cutting, burning, stabbing, hitting, excessive rubbing), with the expectation that the injury will lead to only minor or moderate physical harm (i.e., there is no suicidal intent).

Note: The absence of suicidal intent has either been stated by the individual or can be inferred by the individual's repeated engagement in a behavior that the individual knows, or has learned, is not likely to result in death.

that is difficult to control.

3. Thinking about self-injury that occurs frequently, even when it is not acted upon.

D. The behavior is not socially sanctioned (e.g., body piercing, tattooing, part of a religious or cultural ritual) and is not restricted to picking a scab or nail biting.

E. The behavior or its consequences cause clinically significant distress or interference in interpersonal, academic, or other important areas of functioning.

F. The behavior does not occur exclusively during psychotic episodes, delirium, substance intoxication, or substance withdrawal. In individuals with a neurodevelopmental disorder, the behavior is not part of a pattern of repetitive stereotypies. The behavior is not better explained by another mental disorder or medical condition (e.g., psychotic disorder, autism spectrum disorder, intellectual disability, Lesch-Nyhan syndrome, stereotypic movement disorder with self-injury, trichotillomania [hair-pulling disorder], excoriation [skin-picking] disorder).

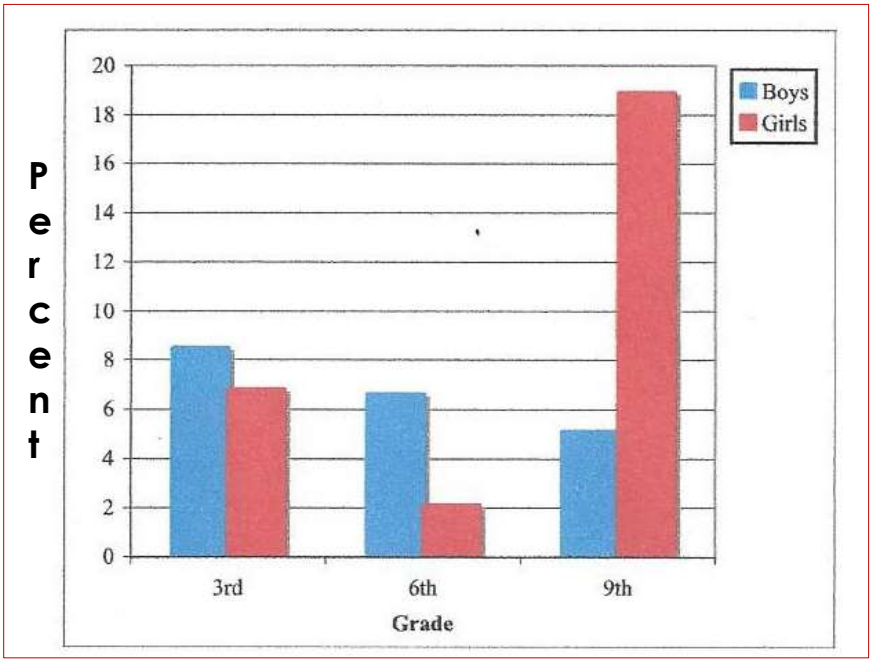
29

C-30

When does it all begin?

Rates of NSSI for girls and boys in 3rd, 6th, and 9th grade separately

Barrocas et al., 2012



30

C-31

Predictors of Suicide
Rensko, 2017; Wilkinson et al., 2011

Non-suicidal self-injury (NSSI)

- *NSSI better predictor of suicide attempts than depression, BLPD, hopelessness*
- *Clients performing NSSI can "accidentally" die by suicide*
- *NSSI related to clients*
- *Counter transference reactions to such patients…*

31

C-32

NSSI Research Article
Rensko, 2017

See Additional Research Document

Countertransference Reactions to a Suicidal Patient

Mary-Catherine Rensko

Published Online:26 Jan 2017https://doi.org/10.1176/appi.ajp-rj.2017.120106

32

C-33

Rensko, 2017; Peterson J, Freedenthal S, Sheldon C, Andersen R. Psychiatry (Edgmont). 2008 Nov;5(11):20-6.

NSSI

- *Nearly half of clients who engage in NSSI may not meet criteria for depression, anxiety, eating disorder, substance use disorder, or other major psychiatric disorders*
- *NSSI is a common **nonspecific psychiatric** symptom found in a variety of disorders as well as those without a specific psychiatric diagnosis*

33

C-34

Awareness of CT with NSSI Clients
Rensko, 2017; Peterson, et al. 2008

Awareness of Counter-transference

- *The interpersonal functions that NSSI sometimes serves challenges the therapeutic alliance.*
- *Clinicians experience a wide range of negative reactions to patients engaging in NSSI*
- *Terms such as "gamey, manipulative, attention-seeking, or borderline" are used by frustrated clinicians.*
- *These terms can indicate the need a **professional consultation***

34

C-35

No-Harm Agreement – yes or no
Social Media and Suicide
Opioids and Suicide

35

C-36

Recommended Suicide Interventions
Hartwell-Walker, 2015; Bongar & Sullivan, 2013

Use of Safety Agreement

*(aka "No-Harm ~~Contract~~") **AGREEMENT***

1. *Only use if you determine it has clinical value*
2. *Use affirmative statements from client:*
   - *"I want to battle this depression…"*
   - *"I know people care about me…"*
3. *Collaboratively with client*

36

C-37

Recommended Suicide Interventions

Hartwell-Walker, 2015; Bongar & Sullivan, 2013

Use of Safety Agreement

*"Obtaining a suicide prevention ~~contract~~ **AGREEMENT** establishes that the patient is at risk for suicide. It does not establish that suicide risk has been assessed." p. 175*

37

C-38

Recommended Suicide Interventions

Hartwell-Walker, 2015; Bongar & Sullivan, 2013

Use of Safety Agreement

- *Widely used but overvalued*
  - *No real supporting evidence*
  - *Has no legal standing*
  - *No demonstrated protection from malpractice liability*
- *False sense of security*

38

C-39

Social Media and Suicide
Luxton et al, 2012; Hinduja & Patch, 2010

Research

- *Survey given to 2000 young people*
- *Victims of cyberbullying*
  - *Two times more likely to attempt suicide*
- *Offenders who cyberbully*
  - *1.5 times more likely to attempt suicide*

Conclusion: Cyberbullying and social media can increase the risk of suicide

39

C-40

Social Media and Suicide

Primary Question:

Is there an association between social media and suicide rates

Answer:

Prevalence of suicide is positively related to social media use

40

C-41

Social Media and Suicide
Luxton et al., 2012, p. 195

"There is increasing evidence that the Internet and social media can influence suicide-related behavior."

41

C-42

Social Media and Suicide
Luxton et al., 2012; Shah, 2010

Cyberbullying

- *AKA "Cyberbullicide"*
  - *Emailing*
  - *Texting*
  - *Facebook*
  - *Imessage*

42

C-43

Social Media and Increased Risk
Luxton et al, 2012; Hinduja & Patch, 2010

"Cyberbullicide"

- *Cyberbullying / harassment*
- *Reminder from earlier slide:*
- *Victims = 2 times more likely to attempt suicide*
- *Offenders = 1.5 times more likely to attempt suicide*
  - *Feelings of isolation*
  - *Instability*
  - *Hopelessness*

43

C-44

Social Media and Increased Risk
Hinduja & Patch, 2010

Cybersuicide Pacts

- *Agreement between two or more people*
- *Difference: pact is between two strangers*
  - *Use of chat rooms*
  - *Virtual bulletin boards and forums*
  - *Unmediated avenue for like-minded vulnerable people*

44

C-45

Social Media and Increased Risk
The Economist, 2007

Documented Online Suicide Pacts

- *First reported event in Japan, 2000*
- *Currently more common*
  - *Increased from 34 in 2003 to 91 in 2005*
- *2007: Korea had highest suicide pact rates in the world*
- *U.S. has not kept statistics yet*

45

C-46

Social Media and Increase Risk
Luxton et al., 2012; Shah, 2010

Cybersuicide

- *Method to obtain "how-to" descriptions*
- *Unregulated on-line pharmacies*
  - *Outside U.S. no need for Rx*
  - *National Association of Boards of Pharmacy*
    - *Fight against unregulated online pharmacies*

46

C-47

Social Media and Increase Risk
Luxton et al., 2012; Shah, 2010

Cybersuicide

- *Message boards*
- *Use of hydrogen sulfide gas became well known*
- *Japan, 2008*
  - *220 Cases of attempted suicide*
  - *208 actually died by suicide*

47

C-48

Social Media and Increase Risk
Dunlop et al., 2011

Media Contagion and Suicide

- *Recent study*
- *719 individuals aged 14-24*
  - *79% reported exposure to content through family, newspapers*
  - *59% reported exposure to content through Internet sources*

48

C-49

Social Media and Suicide
National Association of Boards of Pharmacy, 2011

Internet How-To Descriptions

- *Unregulated on-line pharmacies*
- *Sell drugs without a prescription*
- *Message boards and forums give instructions*

49

C-50

Social Media and Suicide
Website Monitoring, 2010

Video Sharing

- *Showing self-harm and suicide*
- *May "normalize" suicide and NSSI (more next slides)*
- *Research:*
  - *Using keywords: "self-injury" or "self-harm" to search*
  - *Top videos had more than 2 million viewers*
    - *58% had no restriction for who could view*

50

C-51

Social Media and Suicide
Luxton et al., 2012

Legal Issues

- *Complexities associated with privacy*
  - *Monitoring and filtering content on Internet sites*
  - *Debate about who should be responsible for monitoring*
  - ***Issues about freedom of speech and First Amendment rights***
- *Conclusion*
  - *Internet is an "open gateway"*
  - *Very few restrictions on content or who can access*

51

C-52

Social Media and Suicide
Luxton et al., 2012, p. 195

Conclusion once again:

"There is increasing evidence that the Internet and social media can influence suicide-related behavior."

52

C-53

Opioid Use Disorders and Suicide
Bohnert et al, 2017

33,000 opioid deaths in 2015

- *Prescription drugs, heroin, fentanyl (synthetic opioid)*
- *Many are NOT accidental*

"A diagnosis of any current SUD and the specific current diagnoses of alcohol, cocaine, cannabis, opioid, amphetamine and sedative use disorders were all associated significantly with increased risk of suicide for both males and females." (p. 1193)

53

C-54

Opioid Use Disorders and Suicide
Bohnert et al, 2017

Research:

- *5 million veterans*
- *Diagnosis of Opioid Use Disorder (OUD)*
- *Increased the risk of suicide*
  - *Males = 2 times greater risk*
  - *Females = 8 times greater risk*

54

C-55

Opioid Use Disorders and Suicide
Bohnert et al, 2017

Research 2014 Study:

- *41,053 participants in general population*
- *Prescription opioid use associated with 40-60% increased risk of suicide*
- *Weekly opioid use increased risk of completed suicide by 75%*
- *Attempted suicide at rate of 200% greater than non opioid users in study*

55

C-56

Opioid Use Disorders and Suicide
Bohnert et al, 2017

Research Conclusions:

- *People with OUD are highly stigmatized*
- *Feel undeserving of treatment*
- *When hopelessness eventually sets in suicide may seem like only option*

56

C-57

Sum Up Question

"No empirically validated suicide risk assessment procedure exists."

ANSWER:

TRUE FALSE

57

C-58

Sum Up Question

What does the current literature suggest is the strongest predictor of teen suicide attempts (separate from drugs)?

ANSWER:

58

C-59

Sum Up Questions

What is the difference between "risk factors" and "warning signs" in the assessment of suicidality?

ANSWER:

Risk Factors:

Warning Signs:

59

C-60

Sum Up Questions

Which "error" in dangerousness assessment is more dangerous to the patient?

ANSWER:

FALSE POSITIVE	*FALSE NEGATIVE*

60

C-61

Bibliography

Arensman E. & Rezaeian M. (2019). National Suicide Prevention Strategies – Progress and Challenges The Journal of Crisis Intervention and Suicide Prevention, 40(2):75-8

Asay, P., & Lal, A. (2014). Who's googling whom? Trainees' internet and online social networking experiences, behaviors, and attitudes with clients and supervisors. Training and Education in Professional Psychology, 8(2), 105-111.

Bilsen, J. (2018). Suicide and youth: risk factors. Front Psychiatry, 9, 540.doi: 10.3389/fpsyt.2018.00540

Bohnert KM, Ilgen MA, Louzon S, McCarthy JF, & Katz IR. (2017). Substance use disorders and the risk of suicide mortality among men and women in the US Veterans Health Administration. Addiction.112(7):1193-1201. doi: 10.1111/add.13774. Epub 2017 Mar 16.

Dunlop SM, More E, Romer D. (2018).Where do youth learn about suicides on the Internet, and what influence does this have on suicidal ideation? J Child Psychol Psychiatry. 2011;52(10):1073–1080[PubMed]

61

C-62

Bibliography

Eggertson, L. (2015). Social media embraces suicide prevention, CMAJ.JAMC, 187(11),E333

Facebook. National Suicide Prevention Lifeline "1-800-273-TALK (8255)." Available at:http://www.facebook.com/home.php#!/800273TALK. Accessed November 9, 2011.

Firestone, L. (2019). *How You Can Help Someone At Risk for Suicide*

Downloaded 2/28/19 https://www.psychalive.org/how-you-can-help-someone-at-risk-for-suicide-by-lisa-firestone-ph-d/

62

C-63

Bibliography

Harris, S. & Kurpius, S. (2014). Social networking and professional ethics: Client searches, informed consent, and disclosure. Professional Psychology: Research and Practice, 45(1), 11-19.

Hinduja S, Patchin JW. Bullying, cyberbullying, and suicide. Arch Suicide Res. 2010;14(3):206–221[PubMed]

HIPAA and informed consent: http://www.hhs.gov/ocr/private/hipaa/faq/index.html/

Hom, M., P.odlogar, M., Stanley, E. & Joiner, T. (2017) Ethical Issues and Practical Challenges in Suicide Research Collaboration With Institutional Review Boards Crisis, 38(2), 107–114 DOI: 10.1027/0227-5910/a000415

Kahn, A. (2015). Ethical Issues in Social Networking Research

DOI: 10.13140/RG.2.1.4289.6080

63

C-64

Bibliography

Kanga, (2016).To text or not to text: Texting under HIPAA. The LuxSci FYI Blog. https://luxsci.com/blog/to-text-or-not-to-text-sending-text-messages-under-hipaa.html

Kaiser Foundation, 2014 (Emily Rappleye) downloaded 1/4/18

https://www.kff.org/other/state-indicator/opioid-overdose-deaths/

Klannin, D., & Scott, N. (February, 2014). Best Practices for an online world. The Monitor. Washington, DC: APA.

Korte, L. Youth suicide rates are rising: School and the Internet may be to blame. The Cincinnati Enquirer, Published 6:16pm, May 30, 2017 Downloaded 9/26/17 usat.ly/2sbFVtV

LARKR Blog (2018). The pros and cons for using health insurance for mental health care. Feb 12, 2018. Larkr Blog. Retrieved 4/3/19

https://larkr.com/pros-cons-using-health-insurance-mental-health-care/

64

C-65

Bibliography

Luxton, D., June, J., & Fairall, J. (2012). Social media and suicide: A public health perspective, Am J of Public Health, 102,195-200. doi:10.2105/AJPH.2011.300608

Madden, M. & Zickuhr, K. (2011). 65% of online adults use social networking sites. Pew Research Center.

Downloaded 729/15 http://www.pewinternet.org/2011/08/26/65-of-online-adults-use-social-networking-sites

Mathias, . C.W. et al. (2012). What's the Harm in Asking About Suicidal Ideation? Suicide and Life Threatening Behavior, 42, 341-351.

https://doi.org/10.1111/j.1943-278X.2012.0095.x

65

C-66

Bibliography

McKaya, T. et al., (2019). Suicide etiology in youth: Differences and similarities by sexual and gender minority status. Children and youth services review. 10, 79-90.

McNaughton, M. (2012, Jan 13). Social networking stTS: Facebook to reach one billion users by August. Retrieved 10/4/12 from http://therealtimereport.vom/2012/01/13/social-networking-stats-facebook-to-reach-one-billion-by-august-rltm-scoreboard/.

Mishara BL, Weisstub DN. Ethical, legal and practical issues in the control and regulation of suicide promotion and assistance over the Internet. Suicide Life Threat Behav. 2007;37(1):58–65 [PubMed]

66

C-67

Bibliography

Millan, F. (May/June 2012). Guidelines for Telepsychology: What's on the Horizon? The Monitor, Wash DC: APA

Mitchell, L. (2017). Suicide and social media, Healthfeed. Downloaded 9/26/17 healthcare.Utah.edu/healthcare/posting

National Association of Boards of Pharmacy 5,000 Web sites selling prescription drugs outside of pharmacy laws and practice standards. Available at: http://www.nabp.net/news/5000-web-sites-selling-prescription-drugs-outside-of-pharmacy-laws-and-practice-standards. Published December 28, 2009. Accessed July 7, 2011

67

C-68

Bibliography

Pomerantz, A. (2012). Informed consent to psychotherapy (empowered collaboration). In S. Knapp, M. Gottlieb, & VandeCreek, L. APA handbook of ethics in psychology (Vol. 1, pp. 311-33). Washington, DC: APA

Rimes, K., et al. (2019). Research Trends Psychosocial Factors Associated With Suicide Attempts, Ideation, and Future Risk in Lesbian, Gay, and Bisexual Youth The Youth Chances StudyCrisis 40(2), 83–92 https://doi.org/10.1027/0227-5910/a000527

68

C-69

Bibliography

Robinson, A. (June 3, 2020). Are You Unintentionally Committing Insurance Fraud? Therapy Notes. Downloaded 12/22/2020

https://blog.therapynotes.com/are-you-unintentionally-committing-insurance-fraud

Social Media Guidelines for Mental Health Promotion and Suicide Prevention. Team Up. Downloaded 1/5/18

http://www.eiconline.org/teamup/wp-content/files/teamup-mental-health-social-media-guidelines.pdf

Schatman, M. & Webster, L. (2015). The health insurance industry: perpetuating the opioid crisis through policies of cost-containment and profitability, J of Pain Research, 8, 153-158.

Shah A. The relationship between general population suicide rates and the Internet: a cross-national study. Suicide Life Threat Behav. 2010;40(2):146–150 [PubMed]

69

C-70

Bibliography

Sturm, C. (February, 2012). Record keeping for practitioners: APA's guidelines help psychologists steer through the sometimes murky waters of how best to document and protect patient information. American Psychologist, Vol 43, No. 2, 70.

Wasserman, D.(2019) Review of health risk behaviors, mental health problems and suicide behavior in youth. Psychiatry Pol. 50(6), 1093-1107

Webb, R. & Widseth, J. (2012).The erosion of aloneness. Journal of College Student Psychotherapy, 26, 165-167.

WHO Global Health Observatory. Geneva: World Health Organisation; (2017). Available online at: http://www.who.int/gho

Wilcox HC, Conner KR, & Caine ED. (2004). Association of alcohol and drug use disorders and completed suicide: an empirical review of cohort studies. Drug Alcohol Depen. Dec 7;76 Suppl:S11-9.

70