



2025



Intuition, Imagination and Innovation in Suicidology Conference

Virtual Conference
28–29 May 2025

Programme and Abstract Book



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Welcome Address

Dear intuitive, imaginative and innovative guest,

We were pleased to welcome you to the Intuition, Imagination, and Innovation in Suicidology Conference, hosted by the Slovene Centre for Suicide Research at the University of Primorska, Andrej Marušič Institute. This year marked the sixth consecutive edition of our conference held in a fully digital format, and we were delighted to welcome both new and returning participants from around the world.

Our aim is not only to advance understanding and knowledge about suicide but also to foster the development of effective suicide prevention and postvention strategies. Over the years, this conference has grown into a vibrant platform for meaningful dialogue among leading experts in the field of suicidology, while also serving as an encouraging space for young researchers and mental health professionals.

Though the event was held online via Zoom, our commitment to offering an engaging and interactive experience remained strong. The digital format has expanded our global reach, enabling a diverse audience to participate in valuable knowledge exchange and cross-cultural learning – without the need to travel. Participants had the opportunity to hear from and engage with some of the foremost suicidologists through thought-provoking presentations and lively discussions.

This year's programme centred on the theme 'Intervening with a Suicidal Person: What to Do and What to Avoid Doing,' with speakers addressing key issues in suicidal behaviour, suicide prevention, and intervention strategies. Our sessions were carefully designed to deepen understanding and promote meaningful dialogue.

We hope the Conference provided an opportunity for you to express and practice your intuition, imagination and innovative ideas.

Prof. Diego De Leo and Prof. Vita Poštuvan, Chairs
Vanja Gomboc and Lucia Rojs, Organising Committee



Diego de Leo



Vita Poštuvan



Vanja Gomboc



Lucia Rojs



Organizer

Slovene Centre for Suicide Research (UP IAM SCSR)

The Slovene Centre for Suicide Research (www.zivziv.si) was established in 2011 at the Andrej Marušič Institute, University of Primorska. The initiative to create an independent unit within the Institute was led by Prof. Diego De Leo and a group of former colleagues of the late Prof. Andrej Marušič, in honour of his legacy and to continue his important work.

The Centre's core mission focuses on the research and prevention of suicide, encompassing both clinical and academic activities. Through active participation in national and international projects, the Centre has become a driving force behind numerous innovative approaches in suicidology.

Its vision is to conduct high-quality research that enhances understanding of suicidal behaviour, thereby contributing to the development of effective strategies for suicide prevention, intervention, and postvention.

You are welcome to read more about us at zivziv.si!

Programme Outline

28 May 2025

- 9.00 Prof. Vita Poštuvan and Prof. Diego De Leo: 'Welcome'
- 9.15 Prof. Diego De Leo: 'What is Better to Avoid in Dealing with a Suicidal Patient'
- 10.30 Prof. Lorenza Entilli and Prof. Aurelio Castro: 'Erased and at Risk? Confronting Suicide Myths and Realities for Trans and Non-Binary Lives'
- 13.30 Dr. Meta Lavrič: 'How to Talk About Suicide in Prisons: Speaking Through Stories'
- 15.00 Prof. Peter Gutierrez: 'Post-Traumatic Stress Disorder Symptoms Role in Understanding Interrupted and Aborted Suicide Attempts among U.S. Military Service Members'

29 May 2025

- 9.00 Prof. Konrad Michel: 'What Is Special About the ASSIP Approach and Why Do We Need to Reach Beyond?'
- 10.30 Prof. Vita Poštuvan: 'Finding the Right Words: School-Based Suicide Prevention and Postvention Practices'
- 12.30 Group discussion: Prof. Vita Poštuvan and Prof. Diego De Leo with participants
- 14.00 Prof. Brian Mishara: 'How to React to Requests for Dying'
- 15.00 Prof. Vita Poštuvan and Prof. Diego De Leo: 'Closing Remarks'

What Is Better to Avoid in Dealing with a Suicidal Patient

Invited lecture · Diego De Leo

Prof. Diego De Leo (the Head of the UP IAM Slovene Centre for Suicide Research and Professor of Psychiatry at the Griffith University in Brisbane, Australia), is considered as one of top five world leading experts in suicidology by the international professional and scientific public. His research expertise includes definitional issues in suicidology, culture and suicide, international trends and national suicide prevention programmes. He has received numerous world-renowned awards for his scientific work. His bibliography includes over 420 peer-reviewed articles and 180 book chapters.

Abstract. Assessing or treating a suicidal patient represents probably the most challenging task clinicians face in their professional life, both intellectually and emotionally. Not many clinical interactions generate emotional responses quite as intense as dealing with an individual who has recently survived a serious suicide attempt or is contemplating a fatal act. There are multiple reasons behind these responses. Firstly, as clinicians, we have been trained to objectively and systematically assess symptoms and signs of illness to reach a sound diagnosis. On the basis of it – whether provisional or confirmed – we have the responsibility of formulating and evaluating an effective treatment plan. In the case of suicidality, what we are often faced with is not a diagnosable illness but a behaviour, to which many different psychiatric illnesses of various severities may contribute. In some cases, no detectable psychiatric illness is present. Secondly, as clinicians we have been invested with the responsibility of ensuring the well-being of our patients and, as much as possible, to avert complications arising from illnesses. In recent times, clinicians have experienced an increasing level of scrutiny into the validity of the diagnoses attributed to patients and the effectiveness of the treatment strategies implemented. The threat of litigation has greatly affected the way clinicians approach clinical interactions with their patients. As a result, being able to manage the countless issues surrounding the assessment and management of individuals presenting with suicide risk represents one of the fundamental skills clinicians have to develop and preserve throughout their professional life. In this presentation, I'll guide the attendees through the main obstacles and hazards that hinder the clinical

management of a suicidal person, from the initial approach to the assessment and therapy. Included is also a window on the possible admission to hospital and the hypothetical problems embedded to it. The presentation will also examine the experience of a contact with Emergency Department for those attempting suicide and their aftercare.

Erased and at Risk? Confronting Suicide Myths and Realities for Trans and Non-Binary Lives

Invited lecture · Lorenza Entilli and Aurelio Castro

Prof. Lorenza Entilli is a psychologist, Postdoctoral Fellow at La Sapienza University, Professor at the University of Padova, and a trainee at the ICoNa psychotherapy school at the Narrative-Constructivist Institute in Italy. As both a clinician and researcher, she explores the factors that shape help-seeking among minoritized groups, including LGBTQIA+ individuals.

Prof. Aurelio Castro is a Postdoctoral Researcher and Adjunct Professor at the University of Bologna, holding a Ph.D. in Social Sciences: Interactions, Communication and Cultural Constructions. As a social psychologist, his work focuses on sexuality, gender, social justice, and discrimination. Since 2015, he has led educational and training initiatives on LGBTQIA+ issues, using roleplaying and LARP to reduce prejudice and promote social change.

Abstract. Within the last decade, the LGBTQIA+ community received significant attention, both positive and negative, along with some tentative positive policies to support them against structural oppressions and health inequalities. While some measure, such as suicide prevention campaigns, have been necessary, they often stem from biased assumptions such as the idea that LGBTQIA+ populations are inherently fragile and by default at higher risk of suicide. These issues are better explained through the psychosocial outcomes of constant discrimination. In addition to the daily minority stress that marginalized individuals face, which impacts their access to healthcare, there is also a direct assault on these populations and healthcare systems fueled by the resurgence of authoritarian policies. First and foremost, to foster support for the LGBTQIA+ community it is essential to understand its history, especially of biased research and clinical practices towards them and their composition. Within this umbrella term exists diverse groups with different sexual orientations (i.e., asexuals, bi, gay, lesbians), gender and identity (trans and non-binary people), sex (intersex and DSD), and queer political stances. All these subjectivities may experience various degrees of discrimination, erasure and exclusion from healthcare professionals and the general hegemonic society, including sometimes within the larger LGBTQIA+ community itself. This is particularly true for the trans and non-binary communities, which have been especially targeted by discriminatory bills and conspiracy theo-

ries regarding their lives and existence. This presentation will cover the do's and don'ts when interacting with a trans and/or non-binary patient or client. It will begin by exploring the origins of these communities, addressing the challenges related to healthcare access for these individuals, and critically examining the false myths surrounding a supposed greater predisposition to suicide due to internal factors. The goal is to provide researchers and clinicians with practical tools for approaching trans health by the most up-to-date guidelines.

How to Talk About Suicide in Prisons: Speaking through Stories

Invited lecture · Meta Lavrič

Dr. Meta Lavrič has been a member of the Slovene Centre for Suicide Research at the University of Primorska, Andrej Marušič Institute since 2019. Her work focuses on the development and evaluation of psychological and public mental health interventions in the areas of suicide prevention and postvention. She has contributed to several national and international projects and has a particular research interest in storytelling as a supportive intervention for individuals affected by suicide.

Abstract. Correctional officers who are exposed to suicidal behavior in prison settings face an increased risk of developing post-traumatic stress disorder, burnout, and sleep disturbances. This highlights the need for interventions that can reduce the negative psychological impact of such encounters. One promising approach is psychological storytelling interventions. The primary aim of the presented study was to explore how correctional officers experience the process of sharing written stories-both from the perspective of the storyteller (writer) and the story recipient (reader) – with a particular focus on perceived effects on mental health and overall wellbeing. Specifically, we examined how correctional officers narrate their experiences of encountering suicidal behavior in their line of work, and how participation in a storytelling-based psychological intervention influences their mental health, both through the act of writing and reading stories. The intervention and study included 10 male correctional officers from five different prison facilities across Slovenia. Each participant wrote one personal story. In-depth, semi-structured interviews were conducted twice with each participant: first, as part of the storytelling intervention to support the creation of their story, and second, to explore their experience of participating in the intervention. The findings-through story analysis and interview data-provide insight into the psychological experiences of correctional officers when confronted with inmate suicidal behavior. Moreover, the interviews guide the development of tailored psychological interventions aimed at supporting correctional officers and offer an initial understanding of the potential appropriateness and impact of storytelling-based approaches in population of gatekeepers.

Post-Traumatic Stress Disorder Symptoms Role in Understanding Interrupted and Aborted Suicide Attempts among U.S. Military Service Members

Invited lecture · Peter Gutierrez

Dr. Gutierrez is a psychologist and Executive Vice President of Innovation at LivingWorks. With over 25 years in suicide prevention research, he has led major federally funded projects, including the Military Suicide Research Consortium funded by the U.S. Department of Defense. He is a past president of the American Association of Suicidology.

Abstract. This lecture is based on insights gained from a study of 1,044 active duty U.S. service members being treated for suicide risk. Participants in the larger study from which these data were drawn were recruited from military treatment settings at two large military installations in the southern and southeastern United States. Clinical research in other populations suggests that aborted and interrupted suicide attempts (SA) may convey risk above and beyond other known risk factors such as diagnosis and family history. There may also be differential risk conferred than that from surviving a suicide attempt. The prevalence of interrupted SAs, aborted SAs, and SAs in this clinical sample and the risk associated with each will be explored. Data from baseline and 3-month follow-up will be used to provide recommendations for clinical practice, focused primarily on the potential influence of specific symptoms of post-traumatic stress disorder (PTSD). It seems prudent to routinely assess patients in treatment for PTSD for history of SA, aborted SA, and interrupted SA, particularly if they are experiencing symptoms of anxiety sensitivity and hyperarousal. However, the focus of clinical assessment should be to guide treatment planning and track treatment improvement. No current assessment tools or methods are sufficiently sensitive or specific to predict future behaviors or on which to base disposition decisions.

What Is Special about the ASSIP Approach and Why Do We Need to Reach Beyond?

Invited lecture · Konrad Michel

Prof. Konrad Michel, Prof. Emeritus at the University of Bern, is a world-renowned psychiatrist and psychotherapist. He co-developed a person-centered approach to the suicidal individual, based on the notion that suicide and suicide attempts are actions that can be understood through personal narratives-offering a meaningful alternative to the traditional medical model.

Abstract. With ASSIP (Attempted Suicide Short Intervention Program) we introduced a radically new way to establish a working alliance with suicidal patients. The approach is based on the notion that suicide is an action for which suicidal persons have their reasons, in contrast to the medical model which understands suicide as a consequence of a mental disorder. The latter does not help patients to understand their own, very personal suicidal development and to learn to deal with it. In a RCT (2016) with 120 patients seen after a suicide attempt we showed that with only three sessions the ASSIP approach is extremely effective in reducing the risk of reattempts. The radically person-centred stance is meaningful to patients and leads to a therapeutic alliance, allowing people to successfully apply the jointly developed personal safety strategies. However, from my experience of teaching ASSIP internationally, I have come to the conclusion that – although brief treatments for high-risk patients are important – they are not enough. If we want to reduce suicidal behaviour in this world, we need find ways to reach out to people at risk who do not seek help. For instance, this could include developing strategies to promote a person-oriented suicide health literacy in the general public.

Finding the Right Words: School-Based Suicide Prevention and Postvention Practices

Invited lecture · Vita Poštuvan

Prof. Vita Poštuvan works as a researcher and Deputy Head of the Slovene Centre for Suicide Research (UP IAM) and Department of Psychology (UP FAMNIT) at the University of Primorska. She leads the work related to clinical-research and public-health interventions in suicidology, bereavement, crisis interventions and psychotherapy. She has participated in major European and Slovenian studies in the fields of (public) mental health, suicidology and psychology, which were published in international journals. She has worked at the National Center of Neurology and Psychiatry (NCNP) in Tokyo, Japan as well as in the Suicide Research Group, Department for Psychoanalysis and Psychotherapy, Medical University of Vienna, Austria, as a fellow researcher. Her professional work is also focused on psychological counselling, psychotherapy and prevention. She is a member of the national unit for psychological research within civil protection.

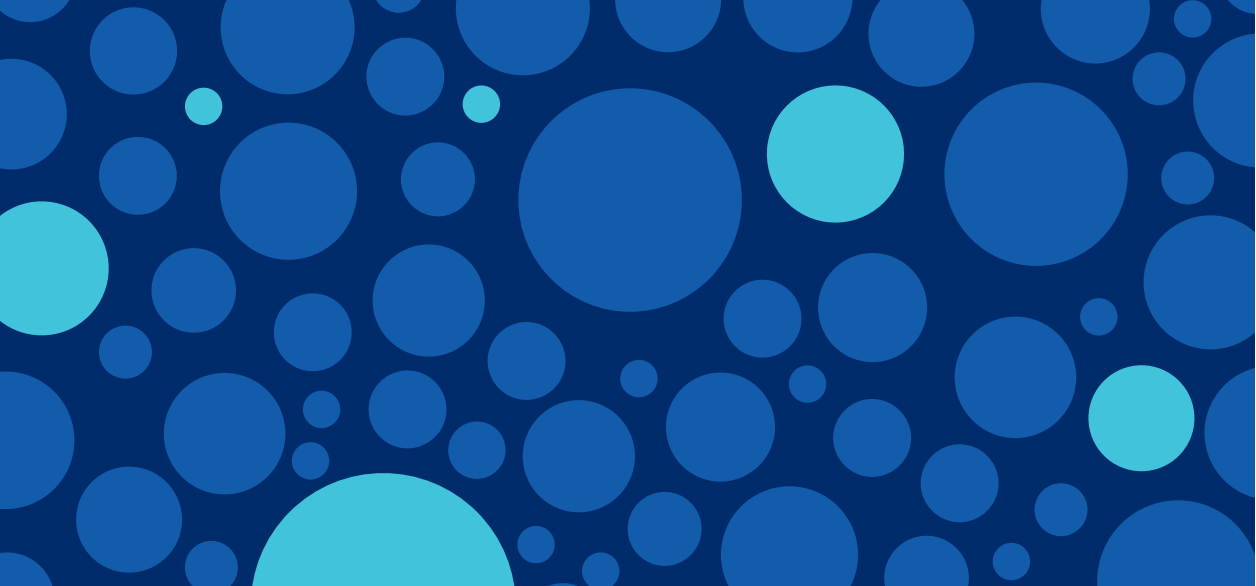
Abstract. The trends in youth suicides have changed in recent years. There were declining trends that began around the turn of the millennium in various parts of the world. But in recent years, sporadic increases have been observed in several countries. There are many possible reasons for this. Some believe that the increase in depression is the main cause of this rise. Other reasons could be related to changes in society, such as the COVID-19 pandemic, the economic crisis, increasing loneliness among young people and the associated increased use of social media, exposure to suicidal behaviour or even the decreasing feeling that the world is a safe and good place. In addition, data on adolescent development suggests that puberty is starting earlier, which could have an impact on mental health. These changes have implications for how we implement school-based prevention and postvention interventions, which we will present.

How to React to Requests for Dying

Invited lecture · Brian Mishara

*Prof. Brian Mishara is Director of the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE), and Professor of Psychology at the Université du Québec–Montréal. He has published extensively on topics including suicide, gerontology, ethical issues, and Medical Assistance in Dying (MAiD). In addition to his academic work, Prof. Mishara provides training and consultation for suicide prevention initiatives worldwide. His most recent book, co-authored with David Weisstub, is *Practical Ethics in Suicide: Research, Policy, and Clinical Decision-Making* (Cambridge University Press).*

Abstract. Persons and organizations devoted to suicide prevention generally adhere to the belief that one should always do their utmost to prevent premature intentional deaths by suicide, regardless of the characteristics of the suicidal individual, the reasons they give for wanting to die, and their chosen method. Their assumptions are that doing otherwise constitutes discrimination, and that they will venture into an ethical morass if they attempt to determine whether some lives are more worthy of saving than others. This belief can be justified ethically by religious and moral obligations to protect human lives or can be based upon pragmatic consequentialist arguments such as: people whose lives are saved, even against their expressed wishes, are generally thankful. Interventions can also be justified by the belief that mental illness, temporary intoxication from alcohol or drugs, and the transitory context of a crisis, compromise a person's ability to make good decisions, particularly the decision to live or die. However, in many jurisdictions medical assistance in dying has been legalized, meaning that euthanasia, or assisted suicide (or both practices) are an available legal option to people who are suffering and meet established criteria. We analyse whether one can differentiate between suicidal persons whose deaths we should try to prevent, and persons whose deaths by Medical Assistance in Dying (MAiD) should be accepted or even encouraged. We will discuss if there are justified distinctions between how to respond to people requesting MAiD and to suicidal individuals, examine whether suicide is sometimes rational and without ambivalence, and how respect for autonomy may be balanced against obligations to protect vulnerable populations. The presenter's personal response to these challenges will be presented as a model to discuss.

- 
- I follow my *intuition*,
 - I *imagine* more than ever,
 - I love to *innovate* ...



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