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POLL

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Available Resources

https://learn.extension.org/events/1712

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Evaluation & CE Credit Process

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**Must complete evaluation and pass post-test with an 80% or higher to receive certificate.*

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Suicide Risk Assessment and Prevention

Dr. Edgar J. Villarreal, Ph.D.

Dr. Edgar J. Villarreal, Ph.D.
PTSD Clinical Team (PCT)
Psychologist

Disclosure

This presentation does not represent the views of the Department of Veterans Affairs or the United States Government.

Objectives

1) Prevalence
2) Risk Factors
3) Warning Signs
4) Assessing Risk
5) Mitigating Risk
6) Documentation
7) Continuity of Care

Suicide Prevalence Rates

General Suicide Statistics

- Suicide and suicide behavior are a major public health concerns in the United States and around the world. [1]
  - 4th leading causes of death, ages 18-65, in the U.S. [1]
  - 105 suicides per day, one suicide every 14 minutes or 11.3 suicides per 100,000 populations. [1]
  - Globally, one million people die by suicide each year, more than are lost to homicide or to war combined. [2]
  - Suicide has increased by 60% worldwide over the last 45 years and is one of the top three leading causes of death. [2]

Centers for Disease Control, 2008 [1]; World Health Organization, 2000 [2]

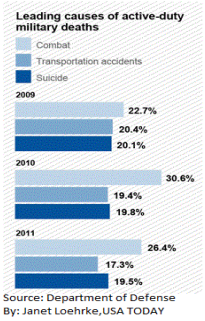
Suicide and Veterans

- Veteran suicide rate 2-3X general population's. [1,2]
- 20% of 38,000 US deaths from suicide/ year are Veterans. [3,4]
- 18 Veterans die from suicide per day. [4]
- 1000 suicide attempts per month among Veterans receiving care in VHA. [5]

[1] Thompson, 2002; [2] Kaplan, 2007; [3] Centers for Disease Control and Prevention; [4] National Violent Death Reporting System; [5] VA National Suicide Prevention Coordinator

Suicide and the Military

- Second leading cause of death in the U.S military. [1]



[1] Mahon, Tobin, Cusak, Kelleher, & Malone, 2005

Identifying Suicide Risk Factors

What are Risk Factors?

- Specific, research based, factors that may generally increase risk for suicide
- **Distal** to suicidal behavior
- May or may not be modifiable
- Risk factors do not predict individual behavior

Static Risk Factors

- Chronic in nature and generally unmodifiable
- Informed by research
- Age specific risk
- Gender specific risk
- Previous psychiatric diagnoses
- Previous history of suicidal behavior
- History of family suicide
- History of abuse

Military Specific Risk Factors

- Negative performance evaluation
- Loss of a relationship
- Substance abuse
- Reintegration from a long field training or isolated tour
- Leaving old friends
- Being alone with concerns about self or family
- Financial stressors
- New military assignments
- Unit environment
- Recent interpersonal losses
- Loss of esteem/status
- Humiliation
- Rejection (e.g., job, promotion boy/girlfriend)
- Disciplinary or legal difficulty
- Suicide of a friend or family member
- Discharge from acute care
- Decreased sense of purpose due to discharge, retirement, or medical board

Mental Health Risk Factors

The presence of mental disorders has been identified as one of the most significant risk factors for suicidal behavior. [2]

- Approximately 90% of suicides analyzed had a diagnosis of mental disorder. [3]
- Individuals with PTSD are more likely to die by suicide than those without PTSD. [4]
- 14.9 times more likely to attempt suicide. [5]

[1] Lambert & Fowler, 1997; [2] Cavanaugh , 2003; [3] Arsenult-Lapierre, Kim, & Turecki, 2004; [4] Bullman & Kang, 1994; [5] Davidson, Hughes, Blazer, & George, 1991

Identifying Suicide Warning Signs

What are Warning Signs?

- Person-specific emotions, thoughts, or behaviors precipitating suicidal behavior.
  - Thoughts of suicide
  - Thoughts of death
  - Suicide plan
  - Sudden changes in personality, behavior, eating or sleeping patterns
- **Proximal** to the suicidal behavior and imply **imminent risk**.

Rudd et al. 2006

Risk Factors	Warning Signs
•Chronic/Distal •Psychiatric diagnoses •Physical illness •Childhood trauma •Cognitive features •Demographic factors •Access to means •Substance abuse •Poor therapeutic relationship •Chronic Pain	•Proximal/Imminent •Ideation •Plan with intent •Seeking access to means •Talking/writing about suicide •Self-harm behavior •No reason for living; no sense of purpose in life •Helpless/Hopelessness •Decreased functioning (isolation, sleep, food intake, etc.)

Assessing Suicide Risk

Homicidality

Share overlapping risk factors and may have similar etiological pathways. Suicide risk assessment may serve dual purpose to assess for HI.

- *"Are you currently having thoughts of hurting or killing someone?"*
- *"Is this outside of your role of killing enemy forces?"*
  - *Preventing false positives*

- In 2004, 425 soldiers were evaluated at Forward Operational Base Speicher during OIF.
  - 127 endorsed suicidal ideation; 81 w/plan; 26 w/intent
  - 67 had homicidal ideation; 36 with a plan; 11w/intent
  - 75 required immediate intervention;5 were evacuated

Hill et al 2006

Step-1: Ideation

- Create safe environment and set the tone:
  - *"It is not uncommon for people to think of death or suicide during difficult times."*
- Be clear, direct, and ask the question!
- *"Are you currently having thoughts of hurting or killing yourself?"*
- *"Tell me what, specifically, you have been thinking?"*
- *"Have you had these thoughts before? When was the last time? How long do they last?"*

Content of Ideation

- Differentiate between ***suicidal ideation*** from ***morbid ideation*** without suicidal intent
- Lack of differentiation can lead to misunderstanding and/or unnecessary hospitalization (false positives)
- Improper screening and assessment can damage the therapeutic relationship
- Patients may be more willing to accept interventions when you are able to articulate the difference between the two and respond accordingly

Morbid vs Suicidal Ideation

Morbid Ideation	Suicidal Ideation
• Existential thoughts about death • Wishing one were dead w/o suicidal content • "I wonder what things would be like if I wasn't here." • "I just wish it would all be over."	• Thoughts about being dead • Wishing one were dead WITH suicidal content • "I think about killing myself at least once a week." • "I think about driving off the interstate into traffic."

Step-2: Intent

- Ask questions about suicide directly with the goal of understanding the "functional role."
- *"What would be the goal of attempting suicide?"*
- *"When you have these thoughts do you mean to die?" "What makes you want to die?"*
- *"Have you thought about suicide as a means of coping?"*

Future Intent & Expectations

Assess potential of intent changing in near future…

- *"What are some of the things happening in your life or likely to happen in your life right now that would either make you more or less likely to want to hurt yourself? "*
- *"How do you think people who know you would react if you killed yourself? "*
  - *"What would they say, think, or feel?"*

Step-3: Suicide Planning

- *Have you thought about how you might kill yourself?*
- *When you think about suicide, do the thoughts come and go, or are they so intense you can't think about anything else?*
- *Have you practiced [method] in any way, or have you done anything to prepare for your death?*
- *Do you have access to [method]?*

Step-4: Past Behavior

- Establish a baseline for risk based on past behaviors.
- Strongest predictor of suicide. Individuals with 2 or more attempts are classified as being at **chronic risk.**
- Differentiate between:
  - Non-suicidal self-injury(NSSI)
  - Preparatory Behaviors
  - Failed or aborted suicide attempts

(Rudd, Joiner, & Rajab, 2001).

Past Behavior History-Taking

- *Have you ever tried to kill yourself before?*
- *Have you ever cut yourself, burned yourself, held a gun to your head, taken more pills than you should, with the intent to die?*
- *Did you hope you would die, or did you hope something else would happen?*
- *Were you glad or disappointed you survived?*
- *When and where did this occur?*
- *What did you do?*
- *How did you survive? What stopped you?*

(Brown, Steer, Henriques, & Beck, 2005).

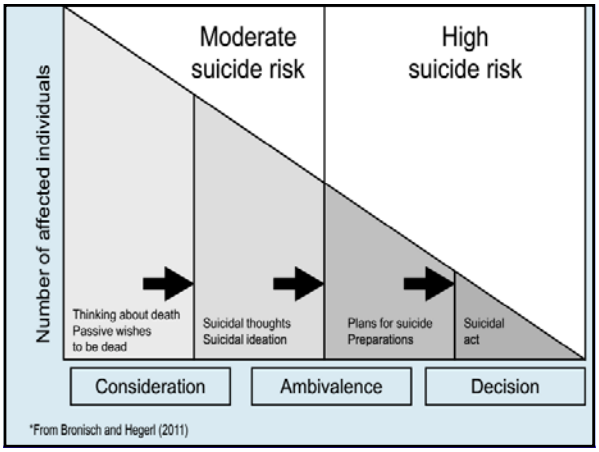
Step-5: Protective Factors

- May require more prompting and guidance when patients are in crisis.
- "What is keeping you alive right now?"
  - History of help seeking behavior
  - Restricted access to means
  - Strong connections to family/support
  - Support through ongoing treatment relationships
  - Personal strengths or problem solving skills
  - Cultural and religious beliefs
  - Future oriented thinking/planning
  - Sense of responsibility towards others

Use of Evidence-Based Measures

Patients often more comfortable disclosing sensitive information through self-report measures:

1. Suicidal Ideation - Beck Scale for Suicide Ideation
2. Depressive Symptoms – Beck Depression Inventory II
3. Hopelessness - Beck Hopelessness Scale
4. Thoughts about the future - Suicide Cognitions Scale
5. History of Suicide Related Behaviors - Self-Harm Behavior Questionnaire
6. Protective Factors - Reasons for Living Inventory



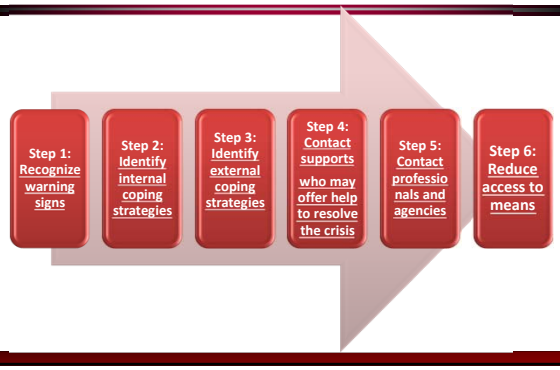
MITIGATING SUICIDE RISK

What is Safety Planning?

- A brief clinical intervention
- Follows risk assessment
- A hierarchical and prioritized list of coping strategies and sources of support
- To be used during or preceding a suicidal crisis
- Involves collaboration between the patient and clinician

Stanley, B., & Brown, G.K., 2008

6 Steps of Safety Planning



SAFETY PLAN

Step 1: Warning signs:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person:

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5:Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services _____
   Urgent Care Services Address_____
   Urgent Care Services Phone _____
5. Suicide Prevention Hotline Phone: 1-800-273-TALK (8255), push 1 to reach a Mental Health Provider

Developing a Safety Plan

- Make it a collaborative and therapeutic process
  - Sit side-by-side
  - Use a paper form
  - Allow the patient to write in order to commit to memory
  - Brief instructions using the patient's own words
- Use a strength based problem-solving approach
- Address barriers: "What would keep you from using this plan?" "What would make it more likely you would use it?"
- Reinforce if patient uses it in future crisis
- Model its use: "You may carry a copy of this plan with you" "Share it with a friend or family member" "Update it as you learn coping skills throughout treatment."

Stanley, B., & Brown, G.K., 2008

Focus on Modifiable Factors

- Static, non-modifiable, risk factors help stratify level of risk, but are typically of little use in treatment; can't change age, gender, or history.
- Modifiable risk and protective factors are key in addressing long-term or chronic risk.
  - Sense of responsibility to family/others
  - Cultural/religious beliefs
  - Positive coping skills/problem-solving skills
  - Enhanced social support
  - Medical factors (pain management)
  - Decrease substance use
  - Positive therapeutic relationships
  - Means reduction

Means Reduction

- Insulate, limit or create barriers between a person and means of harm.
  - Firearms are most lethal & most commonly used method and are fatal 85% of the time.
  - Remove or secure weapons and firearms (gun locks, safes, give weapons to others)
  - Prescription drug monitoring
    - Decrease frequency/amount of meds per refill
    - Administration of medication

Integrating Social Support

- Social support is one of the most robust protective factors
- Negative family environment associated with worse outcomes
- Education on diagnosis/treatment may reduce ambient stress
- Decrease stigma and improve effects of treatment
- Enhance motivation for change
- Increased accountability to address early drop-out

Batten et al., 2009; Tarrier et al., 1999; Calhoun et al., 2000; Brewin et al., 2000

Integrating Social Support

- Decrease isolation increasing contact with family/friends
- Normalize feelings of helpless for caregivers
- Encourage patience – recovery nonlinear and life-long process
- Encourage self-care for caregivers
- **Teach patient AND supports how to ask, give, and receive help**

Batten et al., 2009; Tarrier et al., 1999; Calhoun et al., 2000; Brewin et al., 2000

"No-Suicide Contracts"

- Suicide contracts are **NOT** safety plans and should not be used.
- No-suicide contracts ask patients to promise to stay alive without telling them **HOW** to stay alive.
- No-suicide contracts may provide a false sense of assurance to the clinician.
- Legal Implications in their use

Documentation & Continuity of Care

Importance of Documentation

Suicide-related malpractice claims are based on the following areas:

- ***Foreseeability***
- ***Treatment planning***
- ***Continuity of care***

(Jobes & Berman, 1993)

Foreseeability

- Be specific. Include direct "quotes" from client/patient. If it isn't documented, it didn't happen.
- Conduct a thorough risk assessment
- Consider using assessment instruments
- Seek and document consultation
  - Obtain release of information
- Adequately document assessment information
- Make an overall clinical judgment of suicide risk (Acute vs Chronic Risk)

Documentation

Client denied current SI, intent, or plan. Denied hx of suicide attempts. Reported non-suicidal morbid ideation, "I sometimes just wish I wouldn't wake up", but adamantly denied any thoughts of wanting to kill him/herself, stating "I would never hurt myself." Client stated several protective factors, including her spouse, children, faith, close friends, and was future-oriented.

"Patient's current risk factors place him/her at ***low acute/imminent*** risk for suicide. Additionally, their static risk and protective factors place them at ***low chronic risk*** for suicide throughout his/her lifetime."

Documentation

Client endorsed current SI without a plan. Endorsed hx of two suicide attempts in 2008. Denied any subsequent attempts or current preparatory behaviors since. Client reported motivation for tx and denied intent to act on current plan. Stated several protective factors, including her spouse, children, faith, close friends, and was future-oriented. Client agreed to safety plan."

"Given current risk factors the patient is at ***low acute/ imminent*** risk for suicide. Due to static risk factors this patient is also at ***moderate chronic risk*** for suicide throughout his/her lifetime."

Treatment Planning

- Use overall risk to inform and shape treatment plan.
  -Follow standard of care
- Identify both short- and long-term treatment goals
- Consider various safety contingencies
- Routinely revise and update treatment/safety plan
- Adequately document treatment information and mutually agreed upon safety/crisis plan
- Utilize "Commitment to Treatment" statement
  - States the patient is making a *commitment to living* by engaging in treatment, using safety plan and accessing emergency services if needed.

(Rudd, Mandrusiak, & Joiner, 2006).

Continuity of Care

- Adequately document follow-up/follow through
  - Document phone call attempts and conversations
- Make sure treatments are being implemented
- Continue SI screening throughout treatment
- Coordinate care with others, as needed
  - Ensure clinical coverage, when unavailable
- Follow-up letters or phone calls leads to reduced suicide rates over a 5-year period, as compared to no contact.

(Motto & Bostrum, 2001).

Key Takeaways

- Differentiate risk factors & warning signs
- Differentiate modifiable & non-modifiable factors impact on risk and safety planning
- 5 Steps for Suicide Risk Assessment
- 6 Steps for Safety Planning
- Implement and help enhance social support
- Determine acute and chronic risk
- Thoroughly document
- Follow up and follow-through

Thank you!

Questions or Comments?

Evaluation & CE Credit Process

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Military Caregiving
Upcoming Event…

Medicaid & Military Families: An Introduction

Date: December 10, 2014
Time: 11:00 a.m. Eastern
Location: https://learn.extension.org/events/1698

For more information on MFLN–Military Caregiving go to:
http://www.extension.org/pages/60576

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