

# Suicide Prevention Webinar

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## Presentation Disclaimer

- The views expressed in this presentation are those of the author and do not reflect the official policy or position of the Department of Defense, Department of the Navy, or the United States Government.
- I have no conflicts of interest to report.

## Learning Objectives

- This training will introduce strategies about how to assess, communicate with and engage at risk military service members, veterans and family members who are potentially at risk for harm to self or others.
  - Explore how to assess for risk to self-harm and others among military service members and veterans.
  - Discuss strategies for deescalating at risk military service members and veterans.
  - Identify anticipatory tactics, techniques and procedures that can be used to streamline crisis intervention work.
  - Develop a standardized approach about how to discuss gun and weapon ownership with at risk military service members and veterans.



## Where my motivation comes from...



## Perspective...

- Everything we do (and don't do) matters.

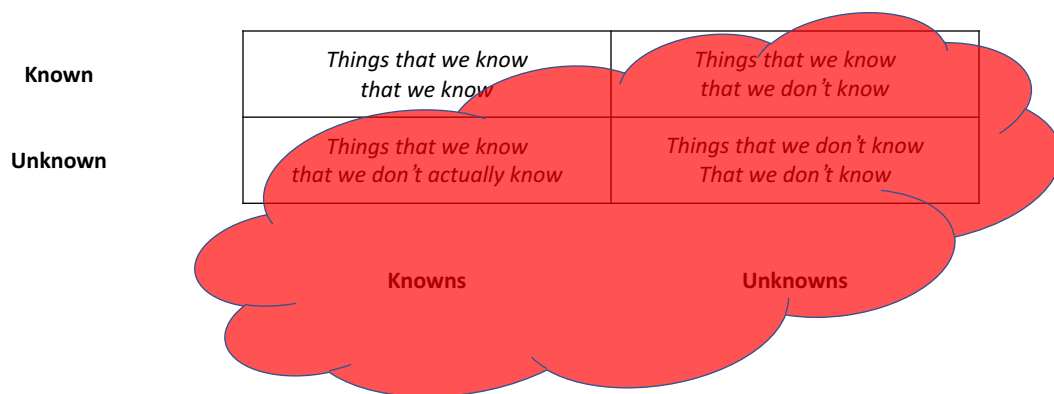


## Suicide Prevention Analogous to the Red Zone...

- Suicide is the distal projection of the problem
- Unidentified, untreated or undertreated mental illness is the proximal etiology of the problem
- Mental healthcare delivery system commonly hyper focus on the distal projection.
- Public health sector commonly hyper focus on the proximal etiology.
- Today's presentation is about the "red zone" of suicide but please don't forget about the other 98 yards!

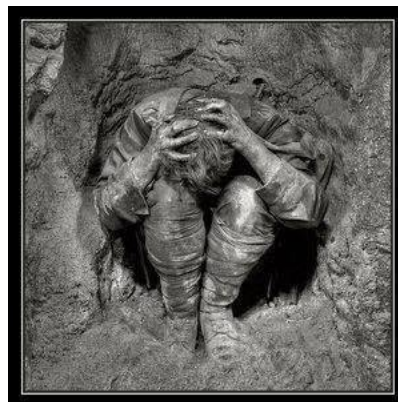


## Johari's Window



## Jody's Case

- 28 year old veteran with unreported MST history who is 9 months post service release (no VA/DoD filing) with dual diagnosis history (PTSD and AUD) presently adverse to DoD/Veteran care (alleged assaulter affiliated with military medicine).
- Trauma symptoms are profoundly functionally impairing making school, work and intimate relationships inconceivable.



## Viewing Jody's Case Through Johari's Window

<b>Known</b>	<ul style="list-style-type: none"> <li>Population Risk Factors</li> <li>Subjective History</li> <li>Mental Status Examination</li> <li>Safety Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Intentional Withholding of Relevant Clinical Data</li> <li>Incidental Withholding of Relevant Clinical Data</li> </ul>
<b>Unknown</b>	<ul style="list-style-type: none"> <li>Clinical Deficiencies/Myopias</li> <li>Counter Transference</li> </ul>	<ul style="list-style-type: none"> <li>Literally Everything Else</li> </ul>
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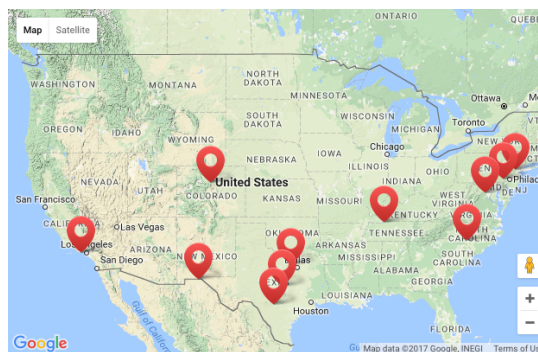
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## Risk Assessment

### Population Screening

- Patient population identification
- Developing granular knowledge of high volume population
  - Feeder Service/Commands
  - Military Occupational Specialties
  - Critical Service/Command History
- Reaching out to area Military Treatment and Veterans Affairs Facilities for population health data



# Risk Assessment

## Silo Effect

- Lack of information flowing between groups or parts of a system
- Reinforced by equal doses of privacy concerns and stigma
- Can occur at many different levels



# Risk Assessment

## Patient Screening

- Milieu messaging
- Family friendly messaging
- Patient health history
- Two factor screening
- Serial assessment
- Risk & protective factors
- HIPPA compliant patient portals
- Ancillary staff utilization
- Established crisis intervention plan

\* Instructions: Please answer all questions accurately \*

**Personal/Family History**

Born in (Location): \_\_\_\_\_ Raised in (Location): \_\_\_\_\_ Raised by: \_\_\_\_\_

*During my birth/infancy/childhood I...*

was premature Yes  No  missed developmental milestones Yes  No

born with birth complications Yes  No  received corporal punishment Yes  No

born with birth defects Yes  No  demonstrated behavioral problems Yes  No

had a drug dependent parent Yes  No  saw developmental specialists Yes  No

was not cared for by parents Yes  No  was abused and/or neglected Yes  No

Parents current marital status:  Married  Separated  Divorced  Widowed

Number of siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Step brothers \_\_\_\_\_ Step sisters \_\_\_\_\_

Your age when parent(s) died? Mother \_\_\_\_\_ Father  N/A Your age when parents divorced?  N/A

*Prior to this evaluation, I was...*

In Foster Care Yes  No  Arrested/Incarcerated Yes  No

Adopted Yes  No  Under Court Mandated Care Yes  No

Homeless Yes  No  in a Residential Group Home Yes  No

In Juvenile Detention Yes  No  In Drug Rehabilitation Yes  No

*I have experienced problems with the following ...*

Behavior	Answer	Ages	Behavior	Answer	Ages
Slutting	Yes <input type="checkbox"/> No <input type="checkbox"/>		Bullying/threatening behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bed Wetting	Yes <input type="checkbox"/> No <input type="checkbox"/>		Physical cruelty to animals	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Unreasonable Fears	Yes <input type="checkbox"/> No <input type="checkbox"/>		Physical cruelty to people	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Nightmares	Yes <input type="checkbox"/> No <input type="checkbox"/>		Starting fires for amusement	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Sleepwalking	Yes <input type="checkbox"/> No <input type="checkbox"/>		Violation of the law	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Depression	Yes <input type="checkbox"/> No <input type="checkbox"/>		Destruction of property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>		Used weapons intent to harm	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inattention	Yes <input type="checkbox"/> No <input type="checkbox"/>		Experienced abuse/trauma	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Impulsivity	Yes <input type="checkbox"/> No <input type="checkbox"/>		Obsessive Compulsive Behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Self-Mutilation	Yes <input type="checkbox"/> No <input type="checkbox"/>		Paranoid & Suspicious Thoughts	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hallucinations	Yes <input type="checkbox"/> No <input type="checkbox"/>		Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hyper Sexuality	Yes <input type="checkbox"/> No <input type="checkbox"/>		Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Prior to today, I received the following mental health care:*  N/A

Type of Care	Answer	Treatment Dates	Reason(s) for Care
Individual/School Counseling	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Psychiatric Medication Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Psychiatric Crisis Intervention	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Inpatient Psychiatric Hospitalization	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Court Mandated Psychiatric Care	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Psychiatric Day Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Eating Disorder Treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Inpatient Substance Rehabilitation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Outpatient Substance Rehabilitation	Yes <input type="checkbox"/> No <input type="checkbox"/>		

*In either the past or presently, I have experienced...*  N/A

Problem	Answer	Time Period Occurred	Current Status
Suicidal Thoughts	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Suicidal Behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Suicide Attempt	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Intentional Self-Mutilation	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Aggressive Behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Homicidal Thoughts	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Homicidal Behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Homicide Attempt	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>
Intentionally Reckless Behavior	Yes <input type="checkbox"/> No <input type="checkbox"/>	-	Resolved <input type="checkbox"/> Unresolved <input type="checkbox"/>



## Risk Assessment

### *Screening Instruments*

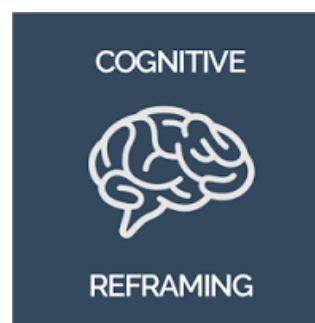
- Outcome Questionnaire 45.2 (OQ<sup>®</sup>-45.2)  
<https://www.oqmeasures.com/measures/adult-measures/oq-45/>
- Suicide Assessment Five-step Evaluation and Triage (SAFE-T)  
<https://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-SMA09-4432>
- Ask Suicide Screening Questions (ASQ)  
[https://www.nimh.nih.gov/news/science-news/2013/file\\_143902.pdf](https://www.nimh.nih.gov/news/science-news/2013/file_143902.pdf)
- Columbia – Suicide Severity Rating Scale (C-SSRS)  
<http://www.cssrs.columbia.edu/documents/C-SSRSClinicalPracticeScreeners.docx>



## Risk Assessment

### *Bottom Line Up Front (BLUF)*

- Reticence to ask the question(s) is unintentionally stigmatizing
- Distinguishing suicidality as a symptom to treat, rather than a state of being
- Reframing suicidality in non absolute terms
- Clinically acting on intent, rather than presence



## De-escalation Strategies

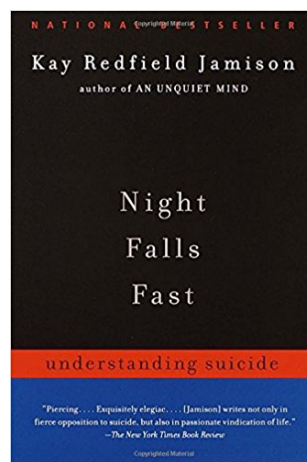
### *Suicide Contracts*



## De-escalation Strategies

### *Kay R. Jamison's Locus of Control*

- Suicide as the ultimate manifestation of control
- Resisting the urge to take control from the patient
- Alternatively shifting the risk to the right and "reshuffling the deck."
- Employing a strategy to realign efforts in pursuit of living rather than dying



## De-escalation Strategies

- Cognitive Restructuring
- Emotional Regulation
- Collaborative Assessment and Management of Suicide (CAMS)
- Safety Planning



## Warrior Ethos



## Mental Illness Stigma

### Sussman's Mental Illness Stigma Quiz

- 1. There's no real difference between the terms "mentally ill" and "has a mental illness."*
- 2. People with mental illness tend to be dangerous and unpredictable.*
- 3. I would worry about my son or daughter marrying someone with a mental illness.*
- 4. I've made fun of people with mental illness in the past*
- 5. I don't know if I could trust a co-worker who has a mental illness.*
- 6. I'm scared of or stay away from people who appear to have a mental illness.*
- 7. People with a mental illness are lazy or weak and need to just "get over it."*
- 8. Once someone has a mental illness, they will never recover.*
- 9. I would hesitate to hire someone with a history of mental illness.*
- 10. I've used terms like "crazy," "psycho," "nut job," or "retarded" in reference to someone with a mental illness.*

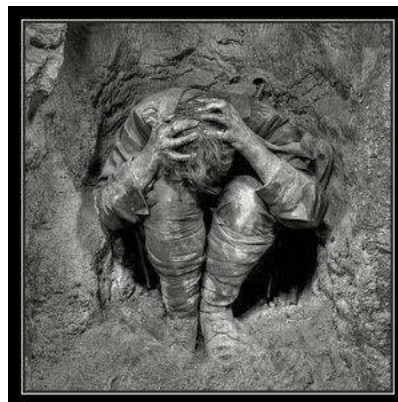


<http://davidsusman.com/2015/04/30/5-simple-steps-to-reduce-stigma-about-mental-illness/>

## Risk Assessment Vignette

### *Jody's Assessment*

- Purposeful use of patient centered space
- On line patient health history gave insight into symptoms prior to patient's evaluation
- Ancillary staff screening (by algorithm) sensitized provider to present focused risks prior to evaluation
- Jody was actively suicidal with intent, means and plan.



## Risk Assessment

### *Gun & Weapon Safety*



## Risk Assessment

### *Gun & Weapon Safety*

#### **That Which We Can Potentially Control**

- Thoroughness of assessment
- Ability to ask difficult questions
- Understanding our roles, responsibilities and limitations
- Collaboratively managing risk
- Documentation
- Staying up to date with law

#### **That Which We Cant Necessarily Control**

- State & federal gun laws
- The patient



## Clinical Pearls

- Remember the patient's remote control and mute button
- Johari's Window can help you grow the green of your *known knowns*
- A community health assessment represents an investment into your patient's health and wellbeing as well as your quality of life
- Better utilizing ancillary staff improves outcomes and saves time
- When it comes to suicide contracts, just say no
- Resist the urge to try to control suicide, rather shift the risk to the right

## De-escalation Strategies

*Warrior Ethos*

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