

Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

This intensive 2-day module provides training in the assessment and treatment of suicidal ideation and behavior. Participants will receive in-depth training in cognitive-behavioral therapy for suicide prevention and will have the opportunity to practice assessment and intervention strategies. Video demonstrations and participant role-plays will be used in class to practice key assessment and treatment techniques. The module lays the foundation for working with suicidal patients by providing a detailed review of the epidemiology of suicide both in the civilian population and within the military/veteran community. Participants will be introduced to the Self-Directed Violence Classification System (SDVCS), a nomenclature supported by the DoD/VA for self-directed violence and suicidal behavior. In addition, a review of several theories of suicide will be covered as well as a risk and protective factors for suicidal behavior. The module is designed for behavioral health providers working with Service members and Veterans who are seeking in-depth training in empirically supported treatment options they can immediately incorporate into their clinical practice. The training will provide hands on practice activities and is geared towards an actively involved audience through discussion and in workshop activities. Participants must attend both days, as the course material is cumulative.

Target Audience: For behavioral health providers who treat military personnel, veterans, and their families. Specifically, this workshop is for Active Duty, GS-DoD, and contractor-DoD behavioral health providers who provide psychotherapy to Service members at a military facility. Nurses and nurse practitioners are also welcome as long as they meet those requirements.

Instructional Level: Intermediate

Learning Objectives:

Attendees will be able to:

1. Differentiate between rates of suicide in civilian and military populations and identify the clinical implications of these differences.
2. Categorize suicidal and non-suicidal thoughts and behaviors in relation to clinical assessment.
3. Communicate several warning signs for suicide that inform decisions about clinical interventions.
4. Apply at least one psychological theory of suicide to the process of clinical assessment and treatment planning.
5. Incorporate suicide risk and protective factors unique to military populations into overall risk assessment for suicide.

6. Scrutinize unique challenges associated with suicide risk assessment and prediction in the clinical setting.
7. Assess risk for suicide in a manner that is sensitive to both proximal and distal risk factors.
8. Collaborate with a patient to complete a safety plan.
9. Use means safety counseling in patient interactions to improve clinical outcomes.
10. Create a timeline of a patient's suicidal crisis for use in treatment.
11. Evaluate key negative thoughts associated with the intent to die by suicide as related to clinical practice.
12. Apply CBT formulation of suicide using the expanded case conceptualization model of the suicidal crisis.
13. Implement cognitive, behavioral and affective coping strategies utilized in CBT-SP to help patients cope with suicide urges.
14. Characterize the modifications to standard behavioral activation when applied within the CBT-SP protocol.
15. Utilize the guided imagery exercise as part of the relapse prevention protocol for CBT-SP.

TWO-DAY TRAINING AGENDA

Day One

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| 0730 – 0800 | Check-In |
| 0800 – 0815 | Introduction & Course Overview |
| 0815 – 0845 | Epidemiology of Suicide |
| 0845 – 0915 | Nomenclature |
| 0915 – 0945 | Risk and Protective Factors |
| 0945 – 1000 | Co-Morbid Conditions |
| 1000 – 1015 | Break |
| 1015 – 1040 | Theoretical Underpinnings: Interpersonal Psychological Theory of Suicide Risk –
Dr. Thomas Joiner |
| 1040 – 1100 | Theoretical Underpinnings: Three-Step Theory of Suicide –
Drs. David Klonsky and Alexis May |
| 1100 – 1130 | The Case of Katrina |
| 1130 – 1150 | Cognitive Therapy for Suicide Prevention – Empirical Support for CBT |
| 1150 – 1250 | Lunch |
| 1250 – 1330 | Intro to Cognitive Therapy for Suicide Prevention
Theory of CBT
Structure of treatment
Session structure |
| 1330 – 1340 | CBT for Suicide Prevention, Early Phase of Treatment – Overview |
| 1340 – 1400 | Fluid Vulnerability Theory |
| 1400 – 1415 | Break |
| 1415 – 1555 | CBT for Suicide Prevention, Early Phase of Treatment –
Conducting a Suicide Risk Assessment
Suicide Risk Assessment Role Play
Suicide Risk Assessment Template
Suicide Risk Continuum |

1555 – 1625 Narrative Description
1625 – 1630 Questions and wrap-up
1630 Adjourn

Day Two

0730 – 0800 Check-In
0800 – 0830 Nomenclature Homework Review
0830 – 0915 Crisis Intervention
Hospitalization Safety Planning Hope Box
0915 – 1015 Means Safety/Means Restriction Counseling
1015 – 1030 Break
1030 – 1100 Constructing a Timeline
1100 – 1145 Treatment Planning and Cognitive Case Conceptualization
1145 – 1245 Lunch
1245 – 1400 Intermediate Phase of Treatment
Behavioral Strategies Coping Strategies
1400 – 1415 Break
1415 – 1515 Intermediate Phase of Treatment Continued
Cognitive Strategies
1515 – 1615 Later Phase of Treatment –
Review and Consolidation of Skills Relapse Prevention
Review of Goals and Treatment Planning
1615 – 1630 Questions
1630 Adjourn



Location Information

Address:

Kadena AB, Japan (exact location TBD)

Date:

19-20 May 2020

Participate

Registration Information:

This workshop is for Active Duty, GS-DoD, and contractor-DoD behavioral health providers who provide psychotherapy to Service members at a military facility. Nurses and nurse practitioners are also welcome as long as they meet those requirements. Occasionally we may have a few seats available for non-DoD attendees such as VA or community clinicians – please contact the POC for availability.

For registration and logistics, please contact: MSgt David Garcia at david.j.garcia6.mil@mail.mil or 098-960-3272.

Cost/Refunds: Free

Special Accommodations:

If you require special accommodations due to a disability, please contact Ms. Kris Hannah at khannah@deploymentpsych.org at least 6 weeks prior to the training so that we may provide you with appropriate service.

Presenter

Erin Frick, Psy.D. is a clinical psychologist and Military Behavioral Health Psychologist at the Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. In this role, she provides EBP trainings, and assists in the development of EBP trainings and research. Dr. Frick graduated with her master's degree in mental health counseling from Purdue University in West Lafayette, IN and her doctorate in Clinical Psychology from Wright State University in Dayton, OH. She earned her bachelor's



degree in psychology from Manchester University (formerly Manchester College) in Indiana.

Dr. Frick first joined CDP in 2014 as an Evidence-Based Psychotherapy (EBP) Champion-Consultant working at Travis AFB in Fairfield, California, where she served as an advocate for evidence-based mental health treatment utilization, provided consultation services, engaged in clinic process improvement, and developed toolkits designed to expand access to and availability of evidence-based

psychotherapies. Prior to coming to CDP, she worked as a contract psychologist treating active duty military members at Travis AFB utilizing EBPs to include Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Insomnia, Cognitive Processing Therapy, Prolonged Exposure (including the use of Virtual Reality Therapy), and Cognitive Behavioral Couples Therapy for PTSD. Before this, she worked primarily in university counseling and community mental health centers.

Over the course of her career, Dr. Frick's clinical work has focused on dissemination and implementation of EBPs, developing group therapy services in mental health clinics, training and supervising staff, mindfulness-based treatment, and the assessment and treatment of trauma-related mental health conditions.

Continuing Education

The Center for Deployment Psychology is approved by the American Psychological Association to sponsor continuing education for psychologists. The Center for Deployment Psychology maintains responsibility for this program and its content.

The Center for Deployment Psychology offers attendees 14 credit hours for participation in this training. Participants attending events in person are required to sign-in at the start of the training and sign-out at the conclusion of the training in order to attain CE credit. Participant attendance data will be collected electronically during webinars. Partial credits cannot be issued. Inquiries regarding CE credits may be directed via email to Ms. Kris Hannah at khannah@deploymentpsych.org.

The CEs provided by the American Psychological Association are acceptable for most licensed professionals when renewing their license and it is our experience that APA CE credits have been recognized by most professional state license boards. However, please check with your board regarding the acceptability of APA CE credits for this activity.