

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

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:

Camp Lejeune, NC (exact location TBD)

Date:

8-9 April 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: Tiffany Cutrone-Scales at tiffany.cutronescale@usmc.mil or (910)450-6663.

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

Libby Parins, Psy.D., is the Assistant Director of Training and Education at the Center for Deployment Psychology (CDP). Dr. Parins has worked at CDP since 2007, serving in many different capacities including as a faculty member on APA-accredited psychology internship programs, and as a project developer and trainer in military and civilian programs. She began her professional career as a Naval Officer where she served in San Diego, California and Bremerton, Washington as a psychologist. Her clinical expertise is military psychology with foci on depression, anxiety, suicide, and trauma. Dr. Parins clinical career has focused on treating active duty Service members as a clinician in military hospitals.

As a CDP faculty member Dr. Parins has traveled widely across the United States, Europe, and Asia providing continuing education to civilian and military behavioral health providers. The courses she teaches include Prolonged Exposure Therapy for PTSD, Cognitive Therapy for Suicide Prevention, ethics, depression, TBI, sleep disorders, substance abuse in military populations, Military Culture and the Deployment Cycle. Currently, she is based in North Carolina.

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.