

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. Video demonstrations and participant role-plays will be used in class to practice key treatment techniques. In addition to treatment interventions, this workshop lays the foundation by providing a brief review of the following: 1) epidemiology of military suicide; 2) theories of suicide; and 3) suicide risk assessment. The module integrates relevant information from the Air Force Zero Suicide Systems Approach Pilot Project. The module is designed for behavioral health providers working with Service members who are seeking in-depth training in empirically supported treatment options they can immediately incorporate into their clinical practice. The training is geared towards an actively involved audience and participants must attend both days, as the course material is cumulative. Attendance on both days is required. There is a 30-day post-training time period to complete CE requirements.

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 – 0745	Check-In
0745 – 0800	Introduction & Course Overview
0800 – 0820	Epidemiology of Suicide
0820 – 0900	Nomenclature
0900 – 0930	Risk and Protective Factors
0930 – 0950	Theoretical Underpinnings: Interpersonal Psychological Theory of Suicide Risk – Dr. Thomas Joiner
0950 – 1010	Theoretical Underpinnings: Three-Step Theory of Suicide – Drs. David Klonsky and Alexis May
1010 – 1025	Break
1025 – 1045	Cognitive Therapy for Suicide Prevention – Empirical support for CBT
1045 – 1130	Intro to Cognitive Therapy for Suicide Prevention Theory of CBT Structure of treatment Session structure
1130 – 1150	CBT for Suicide Prevention, Early Phase of Treatment – Overview
1150 – 1250	Lunch
1250 – 1325	Fluid Vulnerability Theory
1325 – 1455	CBT for Suicide Prevention, Early Phase of Treatment – Conducting a suicide risk assessment Suicide risk continuum Suicide risk assessment role play
1455 – 1510	Break
1510 – 1540	Narrative Description
1540 – 1615	Constructing a Timeline
1615 – 1630	Questions and Wrap-up
1630	Adjourn

Day Two

0730 – 0800	Check-In
0800 – 0830	Nomenclature Homework Review
0830 – 0930	Crisis Intervention Hospitalization Safety planning Crisis response plan Hope Box
0930 – 0945	Break
0945 – 1115	Means Safety Counseling Means Safety Counseling Role Play
1115 – 1200	Treatment Planning and Cognitive Case Conceptualization
1200 – 1300	Lunch
1300 – 1415	Intermediate Phase of Treatment Behavioral strategies Coping strategies
1415 – 1430	Break
1430 – 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:

Via Zoom webinar for Fort Stewart, GA

Date:

19-20 November 2020 from 0800-1630 EST

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. Non-DoD seats will not be available for this training. For registration and logistics, please contact CDR Sara Pulliam at sara.e.pulliam2.mil@mail.mil.

Cost/Refunds: Free

Special Accommodations:

If you require special accommodations due to a disability, please contact Ms. Kris Hannah at kristin.hannah.ctr@usuhs.edu at least 4 weeks prior to the training so that we may provide you with appropriate service.

Presenters

Sharon Birman, Psy.D., is a Military Behavioral Health Psychologist working with the Military Training Programs at the Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. In this capacity, she develops and presents trainings on a variety of EBPs and deployment-related topics, as well as providing consultation services. She has traveled widely across the United States and OCONUS providing continuing education to civilian and military behavioral health providers teaching a variety of courses including Cognitive Therapy for Suicide Prevention, Cognitive Behavioral Therapy for Depression, Cognitive Behavioral Therapy for Chronic Pain, Assessment of PTSD, Traumatic Brain Injury, Military Sexual Assault and Military Family Resilience.

She joined the CDP in 2014 after completing her postdoctoral fellowship at Harbor-UCLA Medical Center, where she was actively involved in CBT and DBT intervention, supervision and education. She completed her predoctoral internship at Didi Hirsch Mental Health Center, focusing her training suicide prevention and evidence-based interventions for the treatment of individuals with severe, chronic mental illness. Dr. Birman received her bachelor's degree in psychology from the University of Southern California and her master's and doctorate degrees in clinical psychology from Pepperdine University.

Regina Shillinglaw, PhD is a Senior Military Behavioral Health Psychologist with the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Primary responsibilities include developing training experiences and teaching military mental health topics such as Suicide Prevention to military and civilian mental health professionals.

Previously in her role with CDP, between 2008 and 2020, Dr. Shillinglaw worked at Wright Patterson Medical Center as a faculty member and Assistant Program Director for the Air Force Psychology doctoral internship program. Prior to joining CDP in 2008, Dr. Shillinglaw was in private practice where she treated adult trauma survivors, patients with depression and/or anxiety disorders, and families in the process of divorce. She also conducted forensic evaluations pertaining to custody matters.

Dr. Shillinglaw is a Veteran of the United States Air Force and was active duty from 1997-2001. She completed her internship at Wright Patterson Medical Center in 1998 and then went on to serve as Chief of Psychological Services at Robins AFB, Georgia for three years. At Robins AFB, she was also the leader of the Disaster Mental Health Team and the Suicide Prevention Team.

Dr. Shillinglaw's primary interests are military mental health, suicide prevention, and Psychology training issues.

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. There is a 30-day time limit post-training to complete all CE requirements. Partial credits cannot be issued. Inquiries regarding CE credits may be directed via email to Ms. Kris Hannah at kristin.hannah.ctr@usuhs.edu.

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.