



## **Cognitive Behavioral Therapy for Suicide Prevention**

This intensive two-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 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 toward an actively involved audience through discussion and in workshop activities. Participants must attend both days, as the course material is cumulative. Participants must attend using a separate computer rather than joining a group of people viewing via one computer.

**Target Audience:** For behavioral health providers who treat military personnel, veterans, and their families.

**Instructional Level:** Intermediate

**Learning Objectives:**

Following the training, providers 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.

**Agenda:**

Day One:

0900 – 0930 Epidemiology of Suicide

0930 – 1010 Nomenclature

1010 – 1040 Risk and Protective Factors

1040 – 1055 Theoretical Underpinnings: Interpersonal Psychological Theory of Suicide Risk – Dr. Thomas Joiner

1055 – 1110 Theoretical Underpinnings: Three-Step Theory of Suicide – Drs. David Klonsky and Alexis May

1110 – 1125 Break

1125 – 1145 Cognitive Therapy for Suicide Prevention – Empirical support for CBT

1145 – 1230 Intro to Cognitive Therapy for Suicide Prevention  
Theory of CBT  
Structure of treatment  
Session structure



1230 – 1300 CBT for Suicide Prevention, Early Phase of Treatment – Overview

**1300 – 1400 Lunch**

1400 – 1425 Fluid Vulnerability Theory

1425 – 1555 CBT for Suicide Prevention, Early Phase of Treatment –  
Conducting a suicide risk assessment  
Suicide risk continuum  
Suicide risk assessment role play

1555 – 1610 Break

1610 – 1640 Narrative Description

1640 – 1715 Constructing a Timeline

1715 – 1730 Questions and Wrap-up

1730 Adjourn

**Day Two**

0900 – 0930 Nomenclature Homework Review

0930 – 1030 Crisis Intervention  
Safety planning  
Crisis response plan  
Hope Box

1030 – 1045 Break

1045 – 1215 Means Safety Counseling  
Means Safety Counseling Role Play



1215 – 1300 Treatment Planning and Cognitive Case Conceptualization

1300 – 1400 Lunch

1400 – 1535 Intermediate Phase of Treatment  
Behavioral strategies Coping  
strategies  
Cognitive strategies

1535 – 1550 Break

1550 – 1720 Later Phase of Treatment –  
Review and consolidation of skills  
Relapse prevention  
Review of goals and treatment planning

1720 – 1730 Questions

### **1730 Adjourn**

Please note that break times are approximate and subject to change.

**0900 - 1730 minus 1.5 hours = 7 hours per day**

**Thursday, April 8<sup>th</sup>, 2021 from 0900 ET- 1730 ET**

**Friday, April 9<sup>th</sup>, 2021 from 0900 ET- 1730 ET**

## **Location Information**

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This training will be held online via **Zoom Video Communications**.

Thursday, April 8<sup>th</sup>, 2021 from 0900 ET - 1730 ET

Friday, April 9<sup>th</sup>, 2021 from 0900 ET - 1730 ET

A functioning microphone is MANDATORY to attend, in order to hear the presenters and participate in the role-play sessions. Headphones are HIGHLY RECOMMENDED to reduce audio feedback and echoing effects.



## Participate

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### Registration Information:

Participants are able to find registration information for this training on the CDP website: <https://deploymentpsych.org/training>. Registration is done through an event management system CE 21.

Direct registration link:

<https://deploymentpsych.ce21.com/item/cognitive-behavioral-therapy-suicide-prevention-cbtsp-zoom-66204>

### Cost/Refunds: Price: \$45

Registration fees will be refunded to participants who send a written cancellation via email to [aric.bowie.ctr@usuhs.edu](mailto:aric.bowie.ctr@usuhs.edu), or [christopher.adams.ctr@usuhs.edu](mailto:christopher.adams.ctr@usuhs.edu). If cancelled by March 22nd, 2021, registrants can receive a full refund. If cancelled by March 29th, 2020, registrants can receive a partial refund for \$22.50. Refunds will not be available for cancellations after 5:00 PM EST, March 29th, 2020.

### Special Accommodations:

If you require special accommodations due to a disability, please contact Aric Bowie ([aric.bowie.ctr@usuhs.edu](mailto:aric.bowie.ctr@usuhs.edu)) 4 weeks prior to the training so that we may provide you with appropriate service.

## Presenters

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**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.

**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.

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## Continuing Education

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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 Aric Bowie at [aric.bowie.ctr@usuhs.edu](mailto:aric.bowie.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.