

Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

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. 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

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| 0800 – 0830 | Epidemiology of Suicide |
| 0830 – 0910 | Nomenclature |
| 0910 – 0940 | Risk and Protective Factors |
| 0940 – 0955 | Theoretical Underpinnings: Interpersonal Psychological Theory of Suicide Risk –
Dr. Thomas Joiner |
| 0955 – 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 – 1200 | CBT for Suicide Prevention, Early Phase of Treatment – Overview |
| 1200 – 1300 | Lunch |
| 1300 – 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

0800 – 0830	Nomenclature Homework Review
0830 – 0930	Crisis Intervention 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 – 1435	Intermediate Phase of Treatment Behavioral strategies Coping strategies Cognitive strategies
1435 – 1450	Break
1450 – 1620	Later Phase of Treatment – Review and consolidation of skills Relapse prevention Review of goals and treatment planning
1620 – 1630	Questions
1630	Adjourn

Location Information

Address:

Via Zoom webinar for Fort Bliss, TX

Date:

18-19 August 2021 from 0800-1630 Mountain Time

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 CPT Juan “Johnny” Tellez at juan.f.tellez2.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

Erin Frick, Psy.D. is a clinical psychologist serving as a Senior 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 Evidence-Based Psychotherapy (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 EBP Champion-Consultant working at Travis AFB in Fairfield, California, where she served as an advocate and consultant for EBPs, engaged in clinic process improvement, and developed toolkits designed to expand access to and availability of EBPs. Prior to coming to CDP, she worked as a contract psychologist treating active duty military members at Travis AFB utilizing multiple EBPs. 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.

Marjorie Weinstock, Ph.D. is a Senior Military Behavioral Health Psychologist at the Center for Deployment Psychology (CDP) at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. She joined the CDP in 2009 as a Deployment Behavioral Health Psychologist at the Naval Medical Center San Diego. Prior to joining the CDP, Dr. Weinstock spent three years working for the Navy's Fleet & Family Support Program, where she provided counseling services to military members and their families.

Dr. Weinstock is a graduate of Emory University and received her doctorate in Counseling Psychology from the University at Buffalo. She completed her internship at the Brockton, Massachusetts VA Medical Center and a two-year postdoctoral fellowship in clinical research and addictive disorders at the Brown University Training Consortium.

As the spouse of a recently retired Service member, Dr. Weinstock has a first-hand understanding of the demands of military service on the family. In her current role she is engaged in the development and presentation of trainings for behavioral health clinicians to

improve their competency in working with both Service members and their families. Her professional interests include deployment-related mental health issues, cognitive behavioral therapy, suicide prevention, and the impact of military life on the family.

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.