

Online Tier Three (CBT-SP) July 28-29, 2020

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.



Star Behavioral Health Providers Tier Three (CBT-SP) Training July 28-29, 2020

Agenda

DAY ONE

0900 - 0930	Check-In
0930 – 0945	Introduction & Course Overview
0945 – 1015	Epidemiology of Suicide
1015 – 1045	Nomenclature
1045 – 1115	Risk and Protective Factors
1115 – 1130	Co-Morbid Conditions
1130 – 1145	Break
1145 – 1210	Theoretical Underpinnings: Interpersonal Psychological Theory of Suicide Risk –
	Dr. Thomas Joiner
1210 – 1230	Theoretical Underpinnings: Three-Step Theory of Suicide –
	Drs. David Klonsky and Alexis May
1230 – 1300	The Case of Katrina
1300 – 1320	Cognitive Therapy for Suicide Prevention – Empirical Support for CBT
1320 – 1420	Lunch
1420 - 1500	Intro to Cognitive Therapy for Suicide Prevention
	Theory of CBT
	Structure of treatment
	Session structure
1500 – 1510	CBT for Suicide Prevention, Early Phase of Treatment – Overview
1510 – 1530	Fluid Vulnerability Theory
1530 – 1545	Break
1545 – 1625	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
1625 – 1655	Narrative Description
1655 – 1730	Questions and wrap-up
1730	Adjourn



DAY TWO

0900 – 0915	Check-In
0915 – 0945	Nomenclature Homework Review
0945 – 1030	Crisis Intervention
	Hospitalization Safety Planning Hope Box
1030 – 1130	Means Safety/Means Restriction Counseling
1130 – 1145	Break
1145 – 1215	Constructing a Timeline
1215 – 1300	Treatment Planning and Cognitive Case Conceptualization
1300 – 1345	Lunch
1345 – 1500	Intermediate Phase of Treatment
	Behavioral Strategies Coping Strategies
1500 – 1515	Break
1515 – 1615	Intermediate Phase of Treatment Continued
	Cognitive Strategies
1615 – 1715	Later Phase of Treatment –
	Review and Consolidation of Skills Relapse Prevention
	Review of Goals and Treatment Planning
1715 – 1730	Questions
1730	Adjourn



Location Information

Location Platform: Zoom

Date: July 28-29, 2020

Time: 9:00am – 5:30pm Eastern

Participate

Registration Information:

https://militaryfamily.secure.force.com/Tier3RegistrationForm?sState=Online

Cost/Refunds: Free

Special Accommodations:

If you require special accommodations due to a disability, please contact Chris Myers at christina.myers.ctr@usuhs.edu 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, Ph.D. is a Senior Military Internship Behavioral Health Psychologist with the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences in Bethesda, Maryland. Located at Wright Patterson Medical Center in Ohio, she is a faculty member and the assistant training director in the APA-approved doctoral Psychology internship training program. Her primary responsibilities include assisting with the management of the Psychology internship program, training Psychology interns and other mental health staff on military mental health issues, providing clinical supervision, and seeing patients. Outside of her duties at Wright Patterson Medical Center, Dr. Shillinglaw teaches military mental health topics such as Suicide Prevention to military and civilian mental health professionals in various locations.

Prior to joining the CDP, 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 the 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. Shilinglaw'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 Chris Myers at christina.myers.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.