

# Introduction to Suicide Prevention, Safety Planning and Contextual Behavior Science

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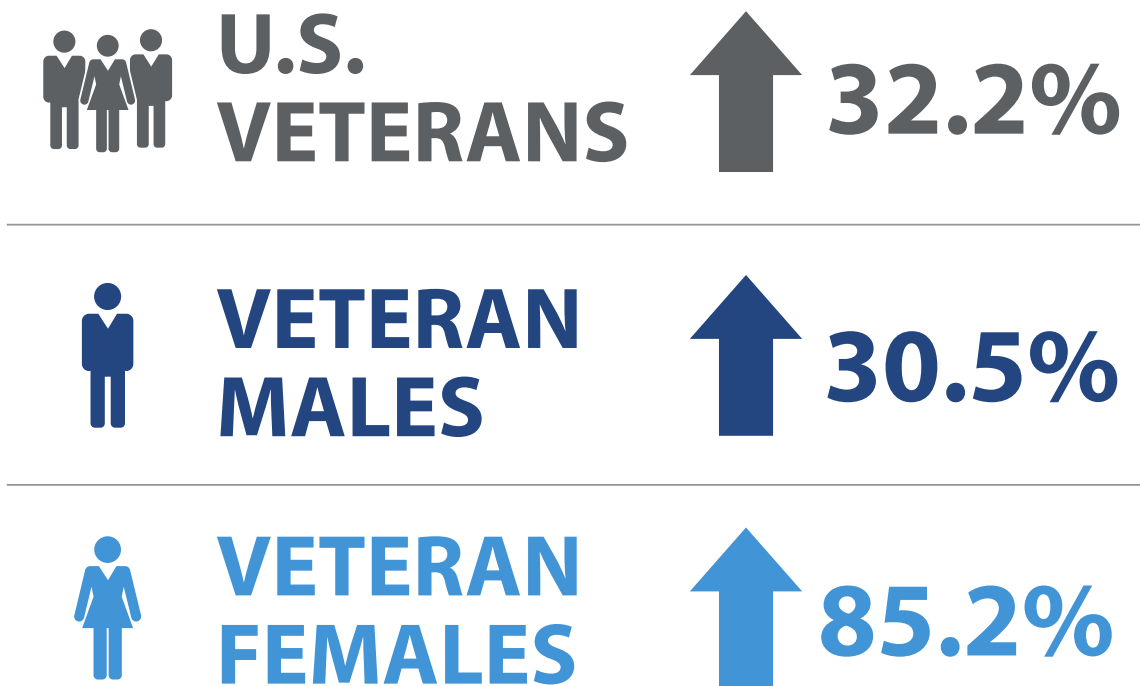
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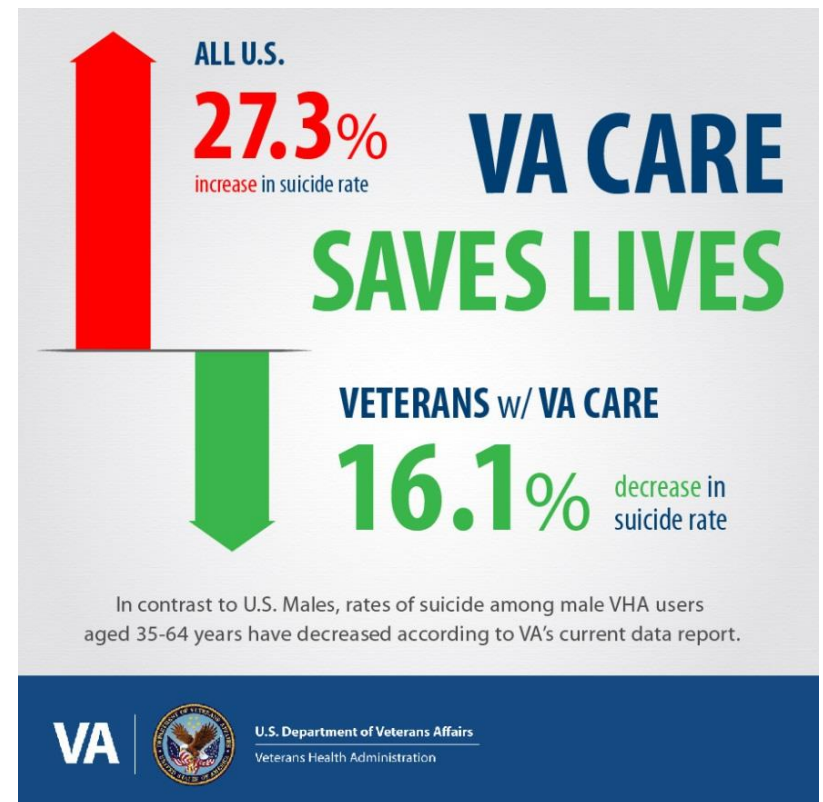
# VA's largest analysis of suicide data informs prevention strategies for high-risk Veterans

Between 2001-2014, the age-adjusted rate of suicide has increased.



# Suicide in the VA

- Veterans without a history of VHA service use are at particularly high risk of suicide
- 5 suicides vs. 22 suicides per day
- 17 of the 22 veterans who die by suicide are not receiving care at VA
- Suicide rates among VA Mental Health Service users have decreased
- Suicide rates among recent attempters receiving VA care have decreased



# Who's most at risk?

- 69% of all veteran suicide were among those aged 50 and older vs. 37% who were not identified as veterans.
- White males
- who are not currently connected to VHA care or any kind
- Who served less than 4yrs
- Have a less than honorable discharge
- Current substance abuse
- A previous suicide attempt

# Limitations of Prevention Science

- Suicide is a low base-rate event
- Risk and Protective factors are population level of analysis
- Has not yet translated into effective measures with any kind of clinical utility (Glenn& Nock, 2014b; Rudd et al., 2006; Silverman& Berman, 2014)
- Theoretical Models may hold promise
  - Thomas Joiner's Interpersonal Model (2005)
  - Experiential Avoidance (Hayes et. al., 1999)
- Means Reduction and Safety planning (Stanley, 2012)

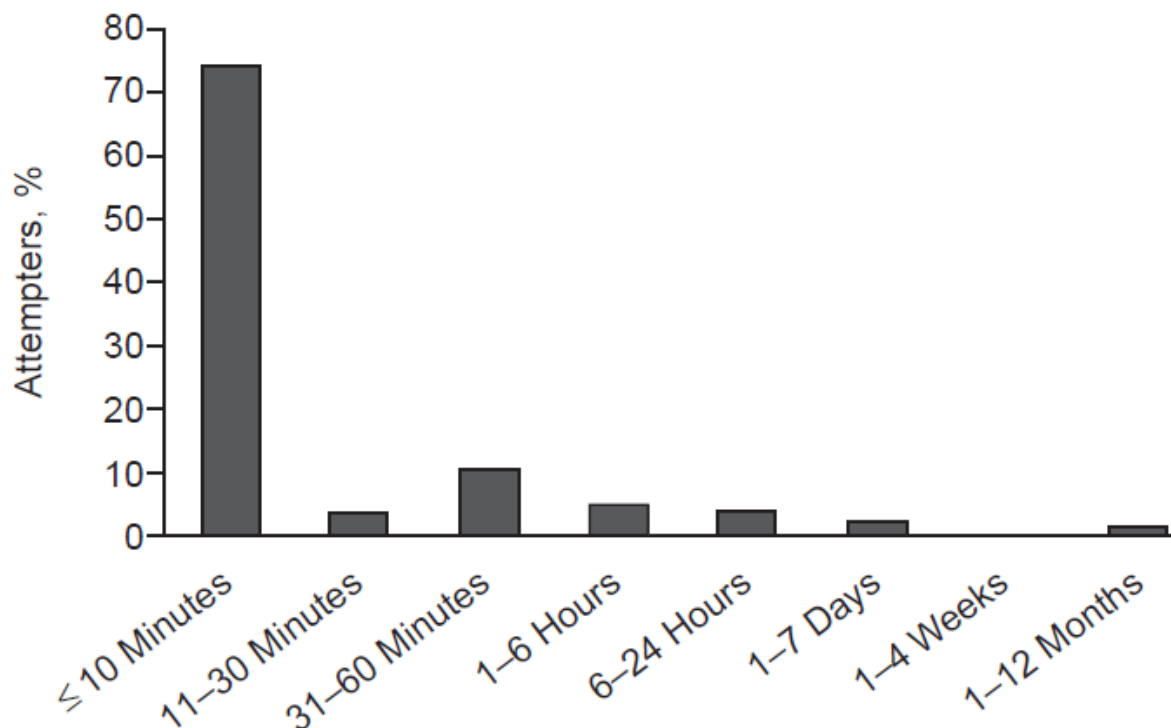
# Suicide Risk Assessment

- Self-report instruments
  - Columbia Scale, PHQ-9, BDI-II, OQ-45
  - Semi-structured interviews—SCID
  - Or simply asking the question
    - Have you been thinking about suicide?
    - Do you have a plan?
    - Do you have the means?
    - Have you set a time?
    - Have you done something already?

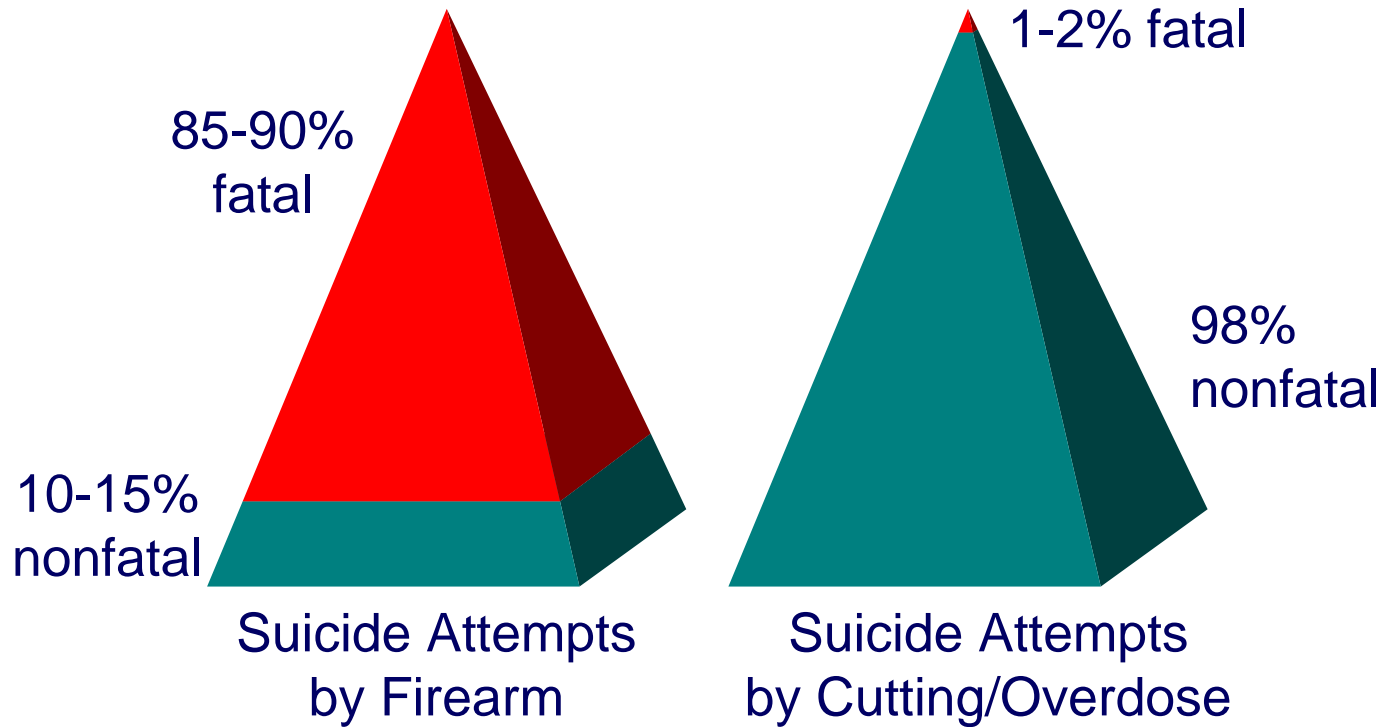
# Why Means Reduction?

- Suicidal Crises are often brief

Time Between Decision to Commit Suicide and Attempt



# Why Does Reducing Access Reduce Suicide Rates?





# Brief Exercise # 1

When everyone is standing

Now, you can sit....

only if you've never ever failed at  
anything in your life.

# Everyone is still standing

Keep standing if you'd like to be the first person to share your experience with failure and shame with the group.

If you don't want to go first, you may sit down.

Why is everyone  
sitting now?

# Safety Planning

# Step 1a: Awareness (is Aversive)

How does this question relate to your experience of shame and failure just now? Is it familiar?

Up to now, has this awareness of your own failures been one that needed to go away?

**What do you say to yourself when you catch yourself wanting a feeling to go away?**

Write down any feelings or sensations that go along with it.

# Step 1b: Signs you are feeling suicidal

- What is similar about your awareness of past failures and thoughts about suicide?
- Find partner or group of 3 and share
- Debrief
- How do we take this awareness and use it for something productive?

# Step 2a: What will you do with this awareness?

- Coping implies a frame of distinction with your current experience
- If this feeling/sense didn't have to go away in order for you to do something really important to you, what would that be?
- Discuss with partner and add under step 2



# Step 2b: Internal coping strategies

Some set piece questions when all else fails:

- Activities you're really good at
- Things that make you curious
- Topics you know a lot about
- Anything you can make
- What else?
- Share with partner

# Step 2c: Some set piece interventions

Some set piece interventions/activities:

- Holding an ice cube
- Mindful walking, meditation, prayer
- Exercise that changes body temperature
- Progressive Muscle Relaxation
- Categories
- Share your favorite forms of coping with a partner

# Step 3: The social context

- Who are some people in your life you can do things with?
- Where are some places you like to go with other people?
- The last time you had a moment of connection with another person what were you doing?
- What else?

# Steps 4-6

- Means restriction
  - Ask about firearms and expired/unused meds
  - Address planned or previous means for an attempt.
- Crisis hotlines
- Hospitals
- Getting a list of emergency contacts--step 3 will help with this.

How can we help  
veterans/students to  
reframe their  
perspective in a way  
that empowers  
them?

Focus Stickers

Think of a time when a learning or therapy experience went really well. It could be a class, an activity, or an assignment, or a learning experience outside of school.

List things you were doing during this experience.

Focus on what *you* were doing – not what someone else was doing, or what you weren't doing, or what the experience was like.

Mental actions, like thinking and wondering, count as doing.

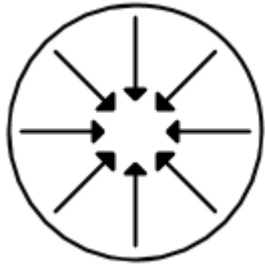


Find behaviors you could do in most of your settings.

Underline behaviors you could do in most of your settings or around different people.

Pick one behavior that you think is particularly important.

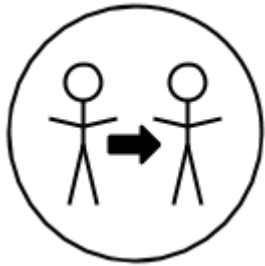
# Create a simple icon to represent the behavior.



paying close attention



taking the time to process and really understand



helping someone



checking to see what else needed to be done

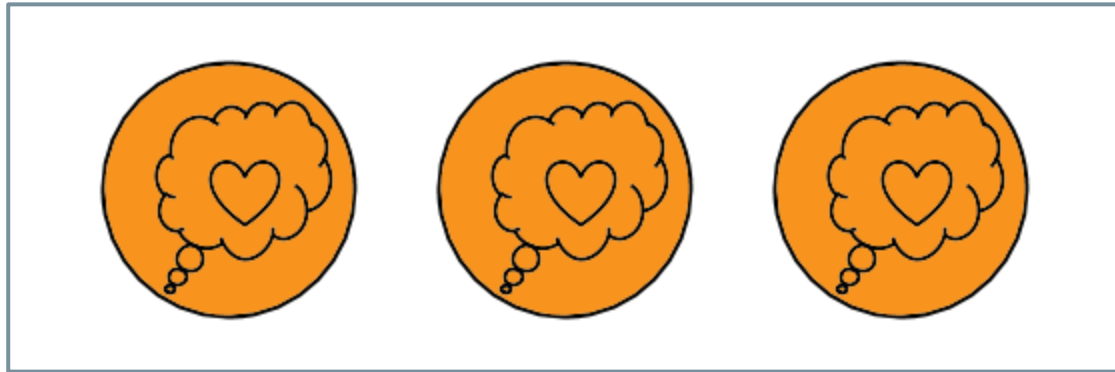


asking different people for their opinions



imagining the other person's feelings

With a black marker, draw the icon on dot stickers.



Stick them in places where you want reminders to do that behavior.

Binder

Locker

Planner

Folder

Calculator

Calendar

Book

Tablet

Notebook

Laptop

Phone

Pencil case

Instrument case

Desk at home

Athletic gear

# EMPOWER

your students



Tools to Inspire a Meaningful School Experience

Grades 6-12



lauren porosoff • jonathan weinstein



Thank you!

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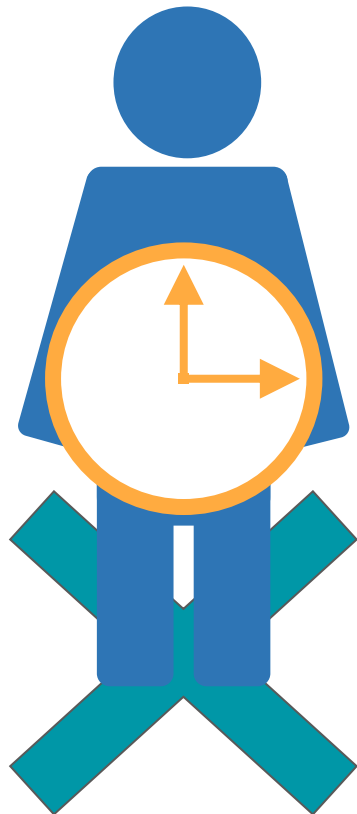
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# Deictic Framing

(Hayes, Barnes-Holmes, & Roche, 2001)



“I”

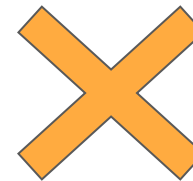
“now”

“here”

“they”

“then”

“there”



# Expanding Awareness of I-HERE-NOW Using Deictic Framing

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**I here now**

**I there now**

**I here then**

**they here now**

**I there then**

**they there now**

**they here then**

**they there then**

What do you notice in your body right now?

If you were at home, what would you be doing?

What were you thinking about ten minutes ago?

What would your colleague think of this?

What was your last training experience like?

What's going on at work today without you?

What will the person next to you say about this?

How will your veterans benefit from this?



# Expanding Behavioral Repertoires Using Deictic Framing – In Therapy

- What would quitting smoking mean to your partner? (they-there-then)
- How did you feel when you made dinner for your family? (I-there-then)
- If future you were here one year from now, what would he say about going back to school? (I-here-then)

# Suicide Prevention at VA Hudson Valley HCS

- Typical Referral Sources
  - HRF/REACH VET/Outpatient clinics
  - VCL Consults/Telephone triage
  - 4 CD
  - And You
- Events that trigger our attention
  - High Risk List – No Shows
  - Random phone calls
  - What other veterans report to us
  - Reports of SDV
  - And You

# **We can help develop recommendations for community response to suicide**

- **Link btw Suicide Prevention Hotlines and community crisis response**
- **Link to schools and college MH system**

# **Make recommendations in addressing roles and resources of county departments**

- **Discuss VA and Vet Center system**
  - **Housing**
  - **Vocational Development**
  - **Volunteer opportunities**
  - **Family and community resources**
  - **Returning Veterans**
  - **Caregiver Support**

# Disseminate information to front line workers, and tailor information to local needs and resources

- We can help with training
  - Risk and protective factors
  - How to evaluate
  - Planning for Safety
  - Linkages to further treatment

# **Task Force Mission: Training**

## **VA EBP Rollouts:**

**Depression – CBT-D and ACT-D**

**Substance Abuse – MI/MET, BCT-SUD**

**PTSD – PE, CPT**

**Sleep– CBT-I**

**Couples Therapy– IBCT, BCT**

# Resources

- Mental Health
  - VHA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. All mental health care provided by VHA supports recovery, striving to enable a person with mental health problems to live a meaningful life in the community and achieve his or her full potential.
  - For more information on VA Mental Health Services visit [www.mentalhealth.va.gov](http://www.mentalhealth.va.gov)
- Vet Centers
  - Vet Centers are VA community-based centers that provide a range of counseling, outreach, and referral services.
  - For more information about Vet Centers and to find the Vet Center closest to you visit [www.vetcenter.va.gov](http://www.vetcenter.va.gov)

# Resources

- Make the Connection
  - MakeTheConnection.net is a one-stop resource where Veterans and their families and friends can privately explore information about physical and mental health symptoms, challenging life events, and mental health conditions. On this site, Veterans and their families and friends can learn about available resources and support. Visit [www.MakeTheConnection.net](http://www.MakeTheConnection.net) to learn more.
- Post-Traumatic Stress Disorder (PTSD)
  - Each VA medical center has PTSD specialists who provide treatment for Veterans with PTSD. For more information about PTSD and to locate the VA PTSD program nearest you visit [www.ptsd.va.gov](http://www.ptsd.va.gov)
  - PTSD Coach App: The PTSD Coach application, allows phone users to manage their symptoms, links them with local sources of support, and provides information on PTSD. Visit [www.ptsd.va.gov/public/pages/PTSDCoach.asp](http://www.ptsd.va.gov/public/pages/PTSDCoach.asp)



# Resources

- Veterans Crisis Line/Chat/Text
  - 1-800-273-8255, Press 1
  - <http://www.veteranscrisisline.net/>
  - Text to 838255
- VA Suicide Prevention Coordinators
  - Each VA Medical Center has a suicide prevention coordinator to make sure Veterans receive needed counseling and services
  - Resource locator - <http://www.veteranscrisisline.net/>
- <https://www.mentalhealth.va.gov/studentveteran/studentvets.asp>