

*Defense Centers of Excellence for Psychological Health and
Traumatic Brain Injury (DCoE) Webinar*

Evidence-based Management of Suicide Risk Behavior: A Guideline Perspective

December 15, 2016
1 – 2:30 p.m. (ET)



Presenter, Moderator



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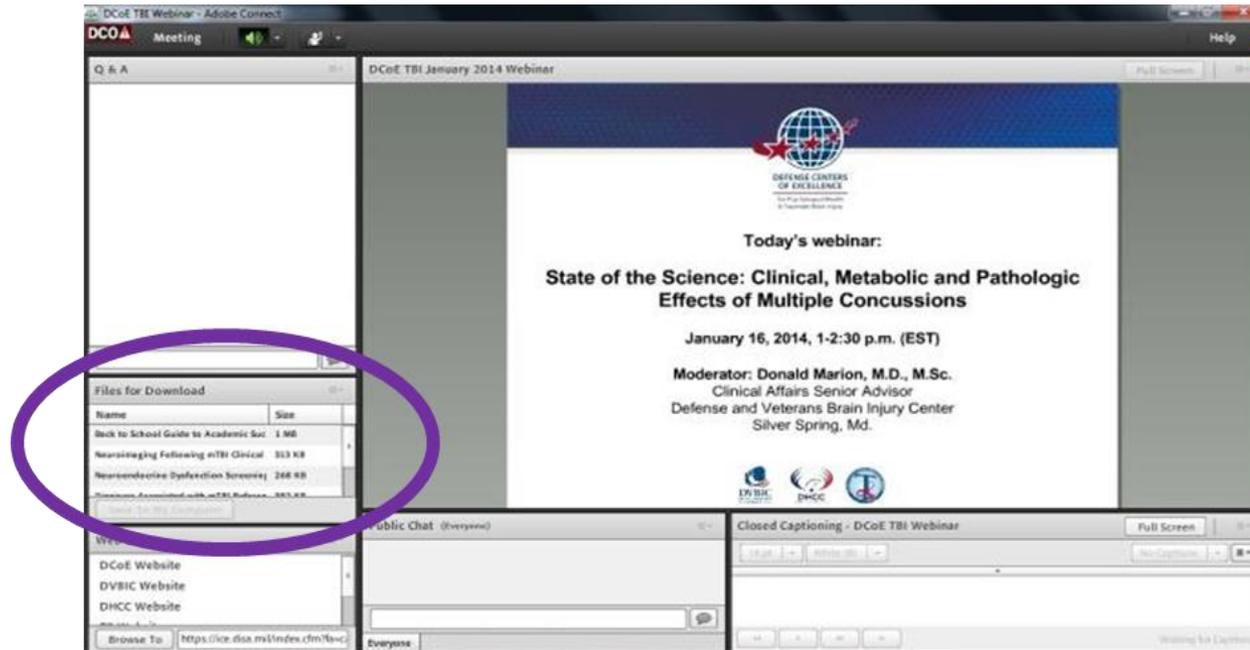
MAJ Demietrice L. Pittman, Ph.D., MS (moderator)

“Medically Ready Force...Ready Medical Force”

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"Medically Ready Force...Ready Medical Force"

Webinar Details



- Live closed captioning is available through Federal Relay Conference Captioning (see the “Closed Captioning” box)
- Webinar audio is not provided through Adobe Connect or Defense Collaboration Services
 - Dial: CONUS **888-455-0936**
 - International **773-799-3736**
 - Use participant pass code: 2431998
- Question-and-answer (Q&A) session
- Submit questions via the Q&A box

Continuing Education Details



- All who wish to obtain continuing education (CE) credit or certificate of attendance, and who meet eligibility requirements, must register by **3 p.m. (ET) December 15, 2016** to qualify for the receipt of credit.
- DCoE's awarding of CE credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official.
 - Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Accreditation

(continued)



- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- Credit Designations include:
 - 1.5 AMA PRA Category 1 credits
 - 1.5 ACCME Non Physician CME credits
 - 1.5 ANCC Nursing contact hours
 - 1.5 CRCC
 - 1.5 APA Division 22 contact hours
 - 0.15 ASHA Intermediate level, Professional area
 - 1.5 CCM hours
 - 1.5 AANP contact hours
 - 1.5 NASW contact hours
 - 1.5 CPE contact hours
 - 1.5 COPSKT contact hours/0.15 CEU's

Continuing Education Accreditation

(continued)



Physicians

This activity has been planned and implemented in accordance with the essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). Professional Education Services Group is accredited by the ACCME as a provider of continuing medical education for physicians. This activity has been approved for a maximum of 1.5 hours of *AMA PRA Category 1 Credits*™. Physicians should only claim credit to the extent of their participation.

Nurses

Nurse CE is provided for this program through collaboration between DCOE and Professional Education Services Group (PESG). Professional Education Services Group is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity has been approved for a maximum of 1.5 contact hours of nurse CE credit. Nurses should only claim credit to the extent of their participation.

Occupational Therapists

(ACCME Non Physician CME Credit) For the purpose of recertification, The National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Occupational Therapists may receive a maximum of 1.5 hours for completing this live program.

Physical Therapists

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Continuing Education Accreditation

(continued)



Psychologists

This Conference is approved for up to 1.5 hours of continuing education. APA Division 22 (Rehabilitation Psychology) is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22 maintains responsibility for this program and its content.

Physical Therapists

Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 1.5 hours for completing this live program.

Rehabilitation Counselors

The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this activity for 1.5 clock hours of continuing education credit.

Speech-Language Professionals

This activity is approved for up to 0.15 ASHA CEUs (Intermediate level, Professional area).

Pharmacists and Pharmacy Technicians

This activity is approved for a maximum of 1.5 contact hours.

Case Managers

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 1.5 clock hours. PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

Continuing Education Accreditation

(continued)



Nurse Practitioners

Professional Education Services Group is accredited by the American Academy of Nurse Practitioners as an approved provider of nurse practitioner continuing education. Provider number: 031105. This course is offered for 1.5 contact hours (which includes 0 hours of pharmacology).

Physician Assistants

This Program has been reviewed and is approved for a maximum of 1.5 hours of AAPA Category 1 CME credit by the Physician Assistant Review Panel. Physician Assistants should claim only those hours actually spent participating in the CME activity. This Program has been planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.

Social Workers

This Program is approved by The National Association of Social Workers for 1.5 Social Work continuing education contact hours.

Kinesiotherapists

This activity has been accredited by the Council on Professional Standards for Kinesiotherapy (COPSKT) for 1.5 contact hours/0.15 CEU's.

Other Professionals

Other professionals participating in this activity may obtain a General Participation Certificate indicating participation and the number of hours of continuing education credit.

Questions and Chat



- Throughout the webinar, you are welcome to submit technical or content-related questions via the Q&A pod located on the screen. **Please do not submit technical or content-related questions via the chat pod.**
- The Q&A pod is monitored during the webinar; questions will be forwarded to presenters for response during the Q&A session.
- Participants may chat with one another during the webinar using the chat pod.
- The chat function will remain open 10 minutes after the conclusion of the webinar.

Webinar Overview



The Department of Defense (DoD) and Department of Veterans Affairs (VA) formed a partnership in 1998 called the VA/DoD Evidence-based Practice Work Group which develops clinical practice guidelines to improve the quality of care and health management across both the Veterans Health Administration and the Military Health System. Active participants in the group include multi-disciplinary experts from DoD, Army, Navy, Air Force and the VA. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) plays an integral role in this joint work group, mainly by developing clinical support tools to promote provider compliance with clinical practice guidelines for psychological health conditions. In January 2015, DoD and VA released four clinical support tools to promote compliance with the 2013 “VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide.” The tools feature evidence-based practices to help health care professionals treat military members, and their families, at risk for suicide. This webinar will focus on how to access, implement and disseminate these tools.

At the conclusion of this webinar participants will learn to:

- Understand the joint partnership purpose
- Evaluate the role of the joint work group
- Analyze clinician input in evidence-based guideline development
- Know where to find implementation tools and education resources
- Examine challenges to implementation

M. Eric Rodgers, Ph.D., FNP-BC



Dr. Rodgers has over 30 years of experience in the field of nursing. Presently, he is Veteran's Affairs Central Office, Office of Quality Safety and Value, Evidence-based Practice Program and the Acting Senior Nurse Executive for the Office of Quality, Standards and Programs.

James Sall, Ph.D., FNP-BC



Dr. Sall served 28 years in the U.S. Army. He became a Nurse Practitioner in 2000. After retiring in 2013, he joined the DoD Office of Evidence Based Practice. Dr. Sall is also on the faculty of Texas A&M-Corpus Christi and San Antonio College. He has worked for the VA Central Office for 4 months and worked on VA/DoD Clinical Practice Guidelines for four years.

CDR Angela Williams, Psy.D.



CDR Williams is a licensed Clinical Psychologist. She is prior Air Force enlisted and has served in the United States Public Health Service since 2006. She's worked within the DoD since 2008 and arrived at DCoE in 2012. CDR Williams currently serves as the Evidenced Based Practice Chief at DHCC

Evidence-Based Management of Suicide Risk Behavior: A Guideline Perspective

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Disclosure Statement

We have no current affiliation or financial arrangement with any grantor or commercial interest that might have direct interest in the subject matter of this CE program

Objectives

- Understand the VA and DoD evidence-based practice partnership
- Evaluate the role of the Evidence-Based Practice Work Group
- Analyze clinician input in evidence-based guideline development
- Investigate where tools for implementation and education resources can be found
- Examine challenges to implementation

VA/DoD Evidence-Based Practice Work Group (EBPWG)

- Since 1998, VHA and DoD have enjoyed a meaningful partnership in regard to guideline development and implementation designed to improve the quality of care and health management across both the Veterans Health Administration and the Military Health System
 - Originally, this partnership was titled the VA/DoD Clinical Practice Guideline Working Group
 - Now the partnership is titled the VA/DoD Evidence-Based Practice Work Group (EBPWG)

VA/DoD Evidence-Based Practice Work Group (EBPWG)

The EBPWG:

- Collaborates on clinical guideline development and implementation to improve the quality of care and health management across both organizations
- Identifies guidelines to be developed, updated, or adapted/adopted
- Oversees the development process
- Assures timely revision of existing guidelines
- Reports to the VA/DoD Health Executive Council

Clinical Practice Guidelines

**IOM Report,
March 2011**

- Recommendations are actionable statements based on a systematic review of the evidence
- Consider the benefits and harms of alternative care options

Lack of Trust in CPGs

**IOM Report,
March 2011**

- Recommendations are actionable statements based on a systematic review of the evidence
- Consider the benefits and harms of alternative care options

Credible Clinical Practice Guidelines

**IOM
Report,
March
2011**

- Systematic review of the existing evidence
- Multidisciplinary panel of experts
- Eliminate/control conflicts of interest
- Include patient input

Credible Clinical Practice Guidelines

**IOM Report,
March 2011**

- Provide clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the quality of evidence and strength of recommendations
- Be reconsidered and revised as appropriate when important new evidence warrants modifications of recommendations

VA/DoD Guideline Development Process

- Strict approach to conflicts of interest
- Multidisciplinary development teams
- Identification of key questions
- Evidence review for key questions
- Groups review evidence, apply grading
- Development of recommendations and treatment algorithms
- Review from trained external & internal subject matter experts
- Final CPG reviewed and approved by VA/DoD EBP Work Group

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Current VA/DoD Guidelines

(June 2016)

Chronic Condition-Related

- Asthma
- Chronic Heart Failure (CHF)
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus (DM)
- Dyslipidemia (LIPIDS)
- Hypertension (HTN)

- Obesity and Overweight (OBE)
- Osteoarthritis (OA)
- Tobacco Use (MTU)

Pain-Related

- Opioid Therapy for Chronic Pain (COT)
- Lower Back Pain (LBP)
- Post-Operative Pain (POP)

DoD Website:

<https://www.QMO.amedd.army.mil>

Current VA/DoD Guidelines

(June 2016)

Mental Health-Related

- Major Depressive Disorder (MDD)
- Bipolar Disorder in Adults (BD)
- Posttraumatic Stress Disorder (PTSD)
- Substance Use Disorder (SUD)
- Suicide (SRB)

Military- Related

- Chronic Multi-symptom Illness (CMI)

Rehabilitation-Related

- Concussion/mTBI
- Lower Limb Amputation
- Stroke Rehabilitation
- Upper Extremity Amputation (UEAR)

Women's Health

- Pregnancy

VA Website:

<http://www.healthquality.va.gov>

VA/DoD Clinical Practice Guideline

VA/DoD Clinical Practice Guideline

Bipolar Disorder

2001



VA/DoD Clinical Practice Guideline

VA/Do

**Management of
Major Depressive
Disorder**

2009



VA/DoD Evidence Based Practice

VA/DoD Clinical Practice Guideline

**Management of
Concussion/mild
Traumatic Brain Injury**

2008



VA/DoD Evidence Based Practice

VA/DoD Clinical Practice Guideline

Management of Suicide

2001



VA/DoD Evidence Based Practice

VA/DoD Clinical Practice Guideline

**Management of
Substance Use Disorder**

2002



VA/DoD Evidence Based Practice

VA/DoD Clinical Practice Guideline

**Management of
Post-Traumatic Stress**

2010



VA/DoD Evidence Based Practice

www.healthquality.va.gov
www.qmo.amedd.army.mil

The Suicide

CPG Working Group

VHA	Janet Kemp Ira Katz	COL (Ret) John Bradley LTC (P) Brett Schneider	DoD
Bradley, John Brenner, Lisa Brown, Richard Burgo, Lucille Chippis, Joan Conner, Ken Conwell, Yeates Crews, Kathryn	Currier, Glenn Haas, Gretchen Iqbal, Samina Katz, Ira Kemp, Janet Pomerantz, Andrew Semla, Todd	Abdul, Muhammad Castro, Carl Chavez, Bonnie Crow, Bruce Gauron, Michael Haggray, Warren Hill, Jeffrey Holloway, Marjan	Ireland, Robert Johnson, Ann Peterson, Carl Sall, Jim Schneider, Brett Wallace, David Weber, Eve
<p><u>Consultants:</u> Berman Alan McKeon Richard Rudd David Craig Tom</p>			
<p>VHA Office of Quality and Safety Carla Cassidy, M. Eric Rodgers</p>		<p>US Army Medical Command Ernest Degenhardt James Sall</p>	
<p>Guideline Facilitator: Oded Susskind, MPH</p>			

Scope of the Problem

- Suicide is the leading cause of death in DoD
 - Surpassing combat deaths
- Suicide is the leading cause of lost productivity in DoD
- Suicide is the leading cause of preventable death in young adults
 - Surpassing all accidents and homicide
- Veterans account for approximately 20% of suicide deaths in the U.S. (CDC)

- Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2013, 2011) National Center for Injury Prevention and Control, CDC (producer). Available from <http://www.cdc.gov/injury/wisqars/index.html>.

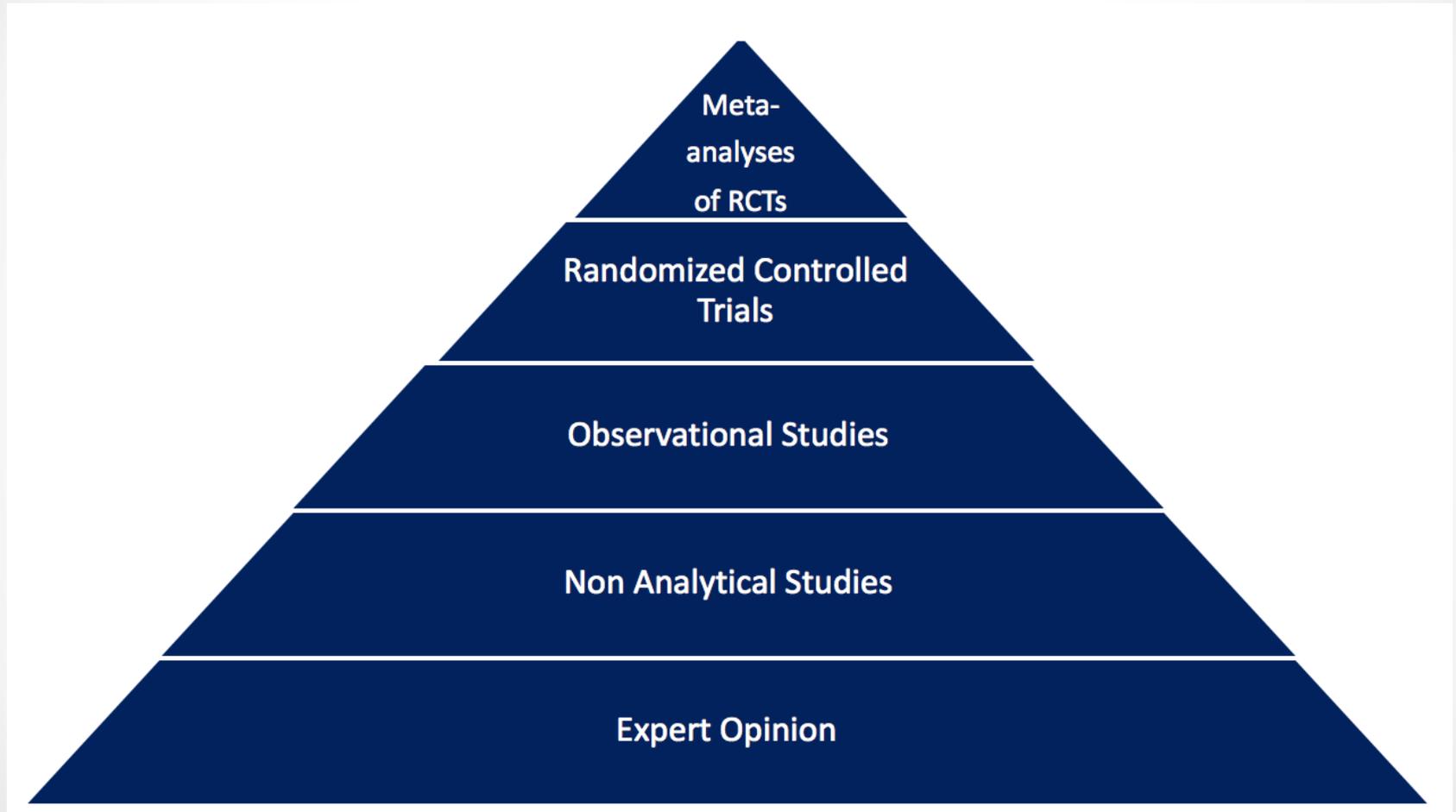
VA/DoD Guideline Development Process

- **P**opulation – Characteristics of target population
- **I**ntervention – Exposure, diagnostic or prognosis
- **C**omparison – Intervention, exposure or control used for comparison
- **O**utcome – Outcomes of interest

VA/DoD Guideline Development Process

- Systematic Review of Literature
 - Disinterested Party Quality Enhanced Research Initiatives (QUERI)
 - Explicit, reproducible methods
- CPG Work Group Evidence Chaperone
 - Ensures conformity to standards
- Grade Quality of Studies
 - GRADE

Evidence Hierarchy



Recommendations are explicitly linked to the supporting evidence and graded according to the strength of that evidence

Example of Evidence Hierarchy - Therapy

Evidence Rating Scale for Therapeutic Studies

Level of Evidence	Qualifying Studies
I	High-quality, multi-centered or single-centered, randomized controlled trial with adequate power; or systematic review of these studies
II	Lesser-quality, randomized controlled trial; prospective cohort or comparative study; or systematic review of these studies
III	Retrospective cohort or comparative study; case-control study; or systematic review of these studies
IV	Case series with pre/post test; or only post test
V	Expert opinion developed via consensus process; case report or clinical example; or evidence based on physiology, bench research or “first principles”

Source: Council of Medical Specialty Societies. *Principles for the Development of Trustworthy Specialty Society Guidelines*, 2011.

Quality of the Evidence

GOOD
(High)

- Further research is unlikely to change confidence in the estimate of effect.

FAIR
(Moderate)

- Further research is likely to have important impact on our confidence in the estimate of effect and may change the estimate.

POOR
(Low/Very Low)

- Confidence in the estimate of effect and is likely to change with further research. Any estimate of effect is very uncertain.

**FROM QUALITY OF EVIDENCE
TO GRADED RECOMMENDATIONS**

GRADE: Rating the Quality of Evidence

Table: GRADE's approach to rating quality of evidence (aka confidence in effect estimates)

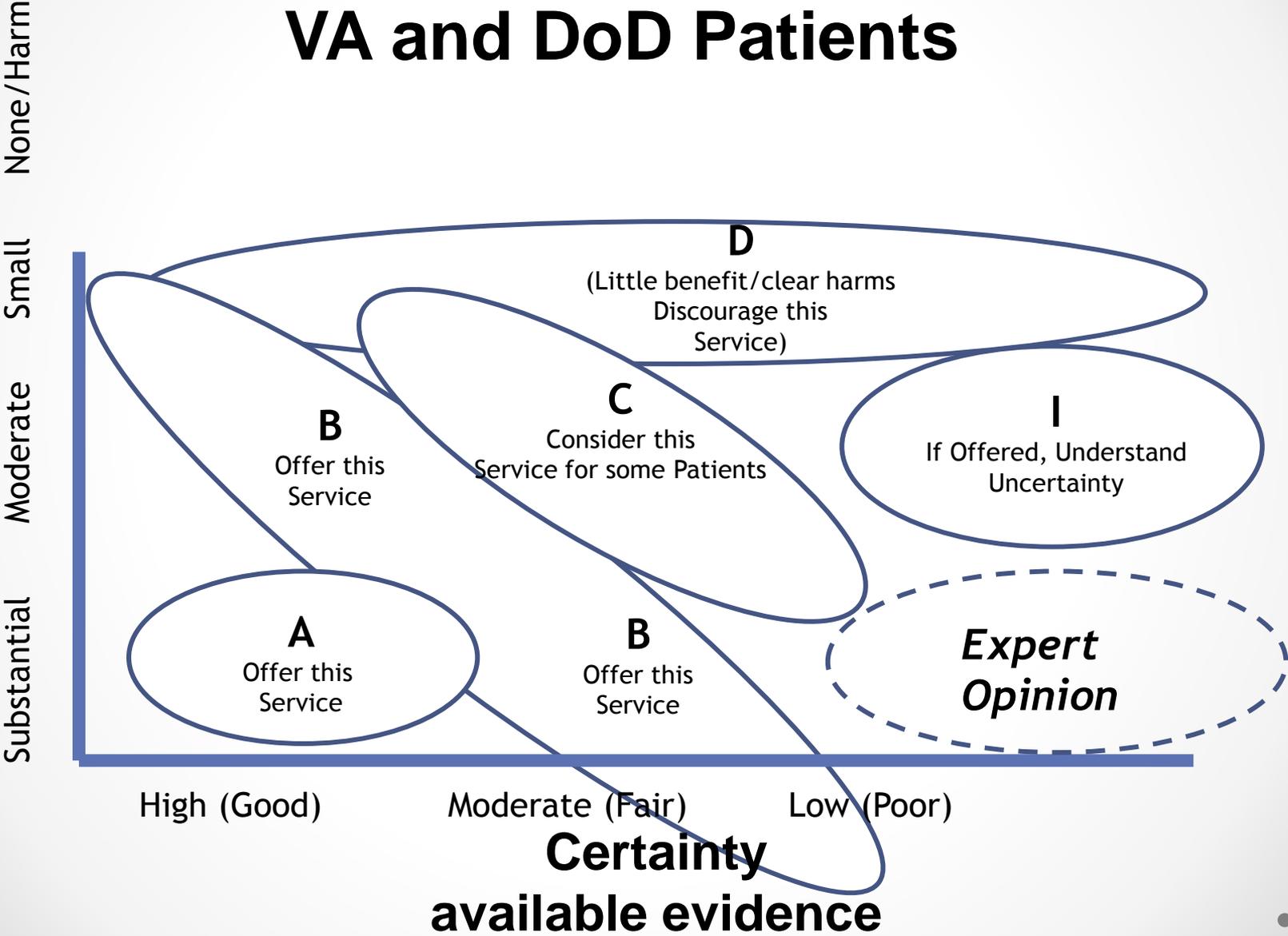
For each outcome based on a systematic review and across outcomes (lowest quality across the outcomes critical for decision making)

1. Establish initial level of confidence		2. Consider lowering or raising level of confidence		3. Final level of confidence rating
Study design	Initial confidence in an estimate of effect	Reasons for considering lowering or raising confidence		Confidence in an estimate of effect across those considerations
Randomized trials →	High confidence	↓ Lower if	↑ Higher if*	High ⊕⊕⊕⊕
		Risk of Bias	Large effect	
		Inconsistency	Dose response	Moderate ⊕⊕⊕○
Observational studies →	Low confidence	Indirectness	All plausible confounding & bias	
		Imprecision	• would reduce a demonstrated effect or	Low ⊕⊕○○
		Publication bias	• would suggest a spurious effect if no effect was observed	Very low ⊕○○○

*upgrading criteria are usually applicable to observational studies only.

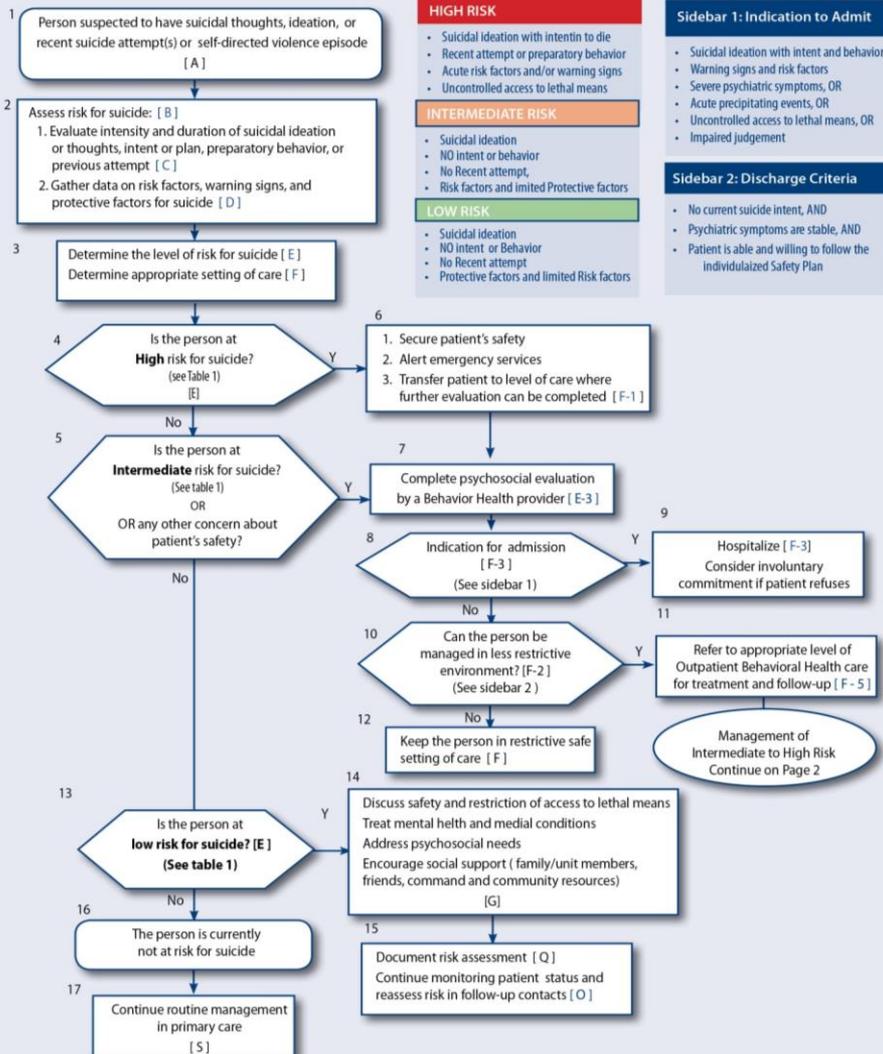
Source: GRADE Working Group, 2012. See, e.g.: Balshsem H, et al. GRADE guidelines: 3. Rating the quality of evidence. *J Clin Epidemiol* 2011(64):401-6.

Agreement Net Benefit for VA and DoD Patients

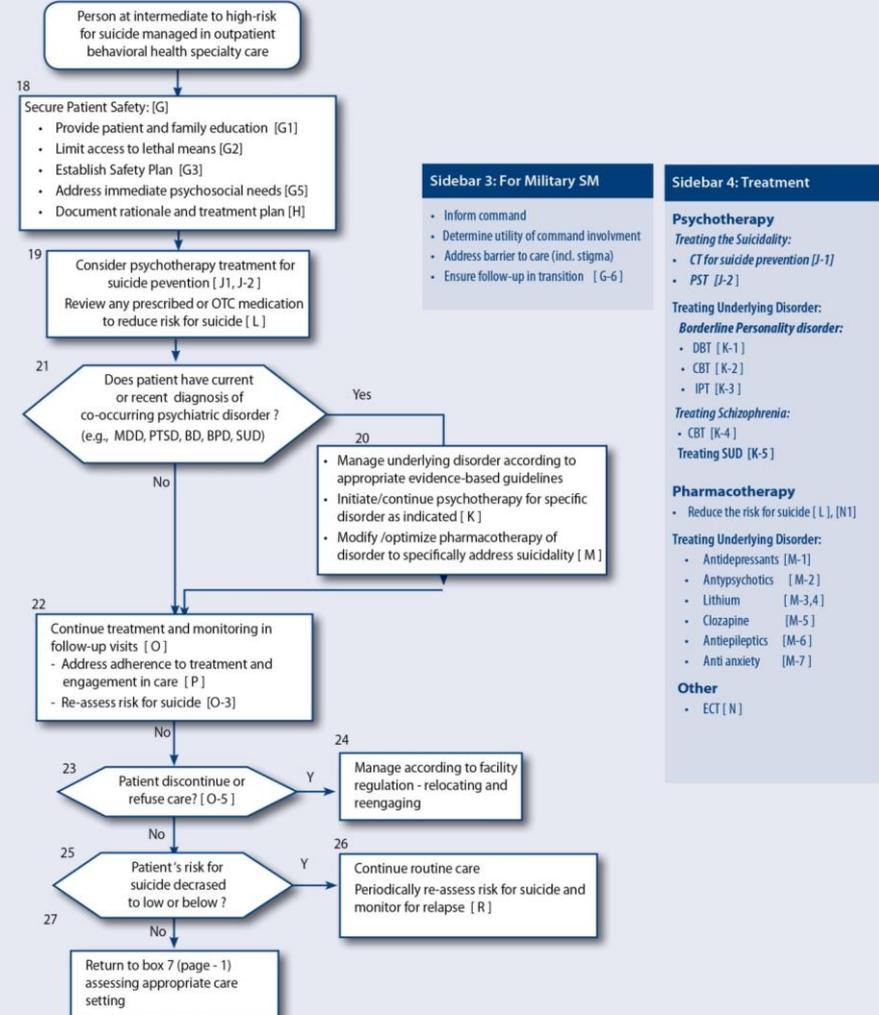


Assessment & Management Algorithm

ASSESSMENT OF RISK FOR SUICIDE



MANAGEMENT OF INTERMEDIATE TO HIGH RISK FOR SUICIDE



Implementation

- The guideline and algorithms are designed to be adapted by individual facilities in consideration of local needs and resources
- The algorithms serve as a guide that health care teams can use to determine best interventions and timing of care to optimize quality of care and clinical outcomes

Guideline Tool Kit

- VA/DoD Clinical Practice Guidelines Website
 - <http://www.healthquality.va.gov/>
- Quality Management Office Home Page
 - <https://www.qmo.amedd.army.mil/>
- Metrics
- Provider Material
- Pharmacy Material
- Patient Information
- Implementation
- Resource Material
- Helpful Links
 - Link CPGs to CPRS Tool Bar (Local CAC)

Implementation

- Champion Manual - Manual for Facility Clinical Practice Guideline Champions
- DoD Rand Manual - Putting Practice Guidelines to Work in the Department of Defense Medical System
- VA Manual - Putting Clinical Practice Guidelines to Work in the VHA

VA/DoD Clinical Practice Guidelines

- Routinely updated every 3-5 years
- VA and DoD Champions (SMEs) can identify need for update based on literature at any time
- Immediate Update
 - Any recommendation identified as harmful
 - Pharmaceutical recall/black box
 - Device recall

VA/DoD Assessment and Management of Suicide Risk Clinical Support Tools

Outlines critical decision points in the risk management of suicide as well as provides evidence-based recommendations on suicide warning signs, protective factors, safety planning and treatment

VA/DoD CLINICAL PRACTICE GUIDELINE
Assessment and Management of Patients at Risk for Suicide

KEY ELEMENTS OF THE SUICIDE RISK GUIDELINE

ASSESSMENT AND DETERMINATION OF RISK

- Identify warning signs for suicide
- Assess for suicidal ideation, intent, and behavior
- Assess risk and protective factors affecting suicide risk
- Evaluate patients at intermediate and high risk for suicide by behavioral health providers

INITIAL MANAGEMENT OF PATIENT AT RISK FOR SUICIDE

- Determine level of risk for suicide attempt
- Determine appropriate care setting
- Educate patient and family on risk and treatment options
- Limit access to lethal means
- Establish a Safety Plan

TREATMENT OF PATIENT AT HIGH RISK FOR SUICIDE

Interventions addressing the suicide risk

- Suicide-focused psychotherapies shown to be effective in reducing the risk for repeated self-directed violence
 - Cognitive therapy for suicide prevention (CT-SP)
 - Problem-solving therapy (PST) addressing the risk for suicide behaviors

Interventions addressing the underlying conditions

- Optimize treatment for any mental health and medical conditions that may be related to the risk of suicide
- Modify care for the relevant condition-focused treatments to address the risk of suicide
- Provide psychotherapy/pharmacotherapy interventions for co-occurring mental disorders to reduce the risk of suicide

FOLLOW-UP

- Close follow-up after discharge from acute care setting
- Ensure continuity of care and reassessment of continued risk for suicide

Access to full guideline and toolkit:
<http://www.healthquality.va.gov>
<https://www.qmo.amedd.army.mil>
 February 2016

Suicide Prevention: Overcoming Suicidal Thoughts and Feelings

Stressful events, demanding life situations, physical and emotional problems, and other factors can build to a crisis of suicidal thoughts and behaviors which may lead directly to self-harm. There are steps you can take to manage challenges, strengthen your coping skills and improve your overall psychological health, allowing you to get past suicidal thoughts and feelings.

1. Manage Your Risks. And Vulnerabilities: Suicide can be an impulsive act. Secure dangerous items to prevent a fleeting suicidal impulse from turning tragic. Remove firearms, ammunition, medications and household poisons, or ask a family member to keep them in a safe place for now.

2. Build Up Your Inner Sources of Strength: There are certain personal qualities and resources that can help protect you from suicidal thoughts, feelings and actions. These "protective factors" help you:

- Increase resilience
- Improve your coping skills
- Motivate yourself towards growth, stability and health
- Increase your likelihood of suicidal behavior

Protective Factor	What You Can Do to Strengthen Your Distinctions
Strong Social Support System	<ul style="list-style-type: none"> Work to build and maintain strong bonds to family/members and the community Keep a list of people who can offer support or distraction in times of crisis Reach out. Some people with depression or suicidal thoughts isolate themselves from others. Make the effort to reconnect. It could save your life. Identify your sources of strength
Positive Personal Traits	<ul style="list-style-type: none"> Keep a positive attitude toward seeking help when needed Learn to improve impulse control, problem-solving, coping and conflict resolution Use leisure time constructively. Make time for the activities that you enjoy
Access to Health Care	<ul style="list-style-type: none"> Make an effort to participate in therapy or treatment Maintain your general health and wellness

3. Recognize Your Warning Signs: Warning signs signal an increase in the chance that a person may engage in suicidal behavior in the near future. The most dangerous warning signs are the presence of suicidal thoughts and actions. These are signs that you need help immediately! Strive for a zero-tolerance of suicidal thinking. Other warning signs that might indicate a cause for concern include:

- Increase in substance use (alcohol, drugs, cigarettes)
- Feeling hopeless, like there is nothing you can do to improve your situation
- Feeling no sense of purpose, no reason for living
- Anger, rage, seeking revenge
- Reckless or risky behavior
- Feeling trapped or stuck in a bad situation, with no way out
- Staying away from family and friends
- Sudden changes in mood, no interest in things you usually like to do
- Trouble sleeping or sleeping too much
- Quit or shame

Safety Plan Worksheet

Purpose: Providers and patients complete Safety Plan together, and patients keep it with them

When I need to talk about how I'm feeling, I will contact my social supports:

- Friends: _____
- Family: _____
- Command: _____

Emergency Contacts:

- Friends and Family (name and phone number): _____
- Professionals (name and phone number): _____

Military Crisis Line:
 Call 1-800-273-8255 (press 1 for military) or text 838255 or text chat at <http://military.crisisline.net> for 24/7 crisis support

If I feel overwhelmed and/or depressed I will call the nearest hospital emergency department for help 24/7:

- What might stop me from implementing this Safety Plan? _____
- Who will I share this plan with? _____
- Where will I keep this plan? _____

To help help myself, I will remove or safely store things I could use to hurt myself:

- Firearms: _____
- Medications: _____
- Household objects: _____
- Sharp or other dangerous objects: _____

I can sometimes anticipate when I need to take extra care of myself. These are the people, places and situations that trigger the most stress for me:

1. _____
2. _____
3. _____

These are my warning signs that things are starting to get out of control:

- Thoughts: _____
- Feelings: _____
- Behaviors: _____
- Symptoms: _____

My most effective coping strategies:

- These things work to help calm me or change my thoughts: _____
- These are healthy activities I can use to distract myself: _____

Suicide Prevention: A Guide for Military and Veteran Families

If you think a loved one is suicidal, you may be feeling scared and hopeless. But you and other family members are often able to tell when a loved one is in crisis, because you know that person best. And there are ways you can help. This guide will help you recognize when someone is at risk for suicide and understand the actions you can take to help.

1. Be supportive, calm and aware

Helping a person through a suicidal crisis is a team effort. Professionals can provide your loved one with guidance and therapy. Your role is to:

- Be aware of warning signs
- Be supportive and non-judgmental to your loved one
- Don't lose contact, especially help when needed
- Stay focused, ask questions and express your concerns to professionals

2. Know the Common Warning Signs for Suicide

There are warning signs that help that a person has an increased chance of attempting suicide in the near future. If you see one or more of these REDIRECT warning signs, your loved one needs to see a professional right away.

These REDIRECT warning signs are most suggestive:

- Feeling hopeless
- Feeling trapped or stuck in a bad situation, with no way out
- Feeling no sense of purpose, no reason for living
- Anger, rage, seeking revenge
- Reckless or risky behavior
- Feeling overwhelmed or stuck in a bad situation, with no way out

These signs are even more dangerous if the person:

- Has talked about suicide before
- Has a history of suicidal thoughts or behavior
- Has a plan to harm themselves or others
- Has access to lethal means
- Has a history of suicidal thoughts or behavior
- Has a history of suicidal thoughts or behavior

Other REDIRECT warning signs that should cause concern include:

- Substance use - increase or excessive use of alcohol, drugs, cigarettes
- Hopelessness - like nothing can be done to improve a situation
- Purposelessness - feeling no sense of purpose, no reason for living
- Anger - rage, seeking revenge
- Recklessness or risky behavior
- Feeling trapped or stuck in a bad situation, with no way out
- Social withdrawal - staying away from family and friends
- Activity - agitated or irritable
- Mood changes - no interest in things they usually like to do
- Sleep disturbances - trouble sleeping or sleeping too much
- Quit or shame

If you need one shows ANY of the REDIRECT warning signs or you are concerned about REDIRECT warning signs, you should:

- Call 911 or the Military/Veteran Crisis Line at 1-800-273-8255 (press 1)
- There is only chance that someone might get hurt
- Remove yourself or others from your danger
- If possible, remove items the person can use in a suicide attempt
- Get professional help



To download tools visit:
<http://www.healthquality.va.gov/guidelines.MH/srb/>
 Or the "Health Care Team" tab at:
<https://www.qmo.amedd.army.mil/suicide/suicide.htm>

Intent of Tools

- Promotes health care team compliance with the 2013 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide
- Brings together evidence-based practices to help health care professionals identify and treat service members and their families at risk for suicide
- Facilitates standardized treatment processes and decisions for the health care team and patients who present with suicide risk
- Increases suicide prevention knowledge for the health care team, patient and family member



Assessment and Management of Patients at Risk for Suicide Pocket Guide cont.

- Primary and specialty health care team tool
- Double-sided accordion style pocket guide
- Outlines the key elements of the suicide risk guideline to include:
 - Assessment and management of suicide risks within primary care
 - Identifies warning signs, risk and protective factors
 - Outlines discharge and safety planning
 - Addresses evidence-based treatments to reduce suicidal behavior

Suicide Prevention: Overcoming Suicidal Thoughts and Feelings

Suicide Prevention: Overcoming Suicidal Thoughts and Feelings

Stressful events, demanding life situations, physical and emotional problems, and other factors can build to a crisis of suicidal thoughts and behaviors which may lead directly to self-harm. There are steps you can take to manage challenges, strengthen your coping skills and improve your overall psychological health, allowing you to get past suicidal thoughts and feelings.

Manage Your Risks And Vulnerabilities: Suicide can be an impulsive act. Secure dangerous items to prevent a fleeting suicidal impulse from turning tragic. Remove firearms, ammunition, medications and household poisons, or ask a family member to keep them in a safe place for now.

Build Up Your Inner Sources of Strength: There are certain personal qualities and resources that can help protect you from suicidal thoughts, feelings and actions. These "protective factors" help you:

- Increase resilience
- Motivate yourself towards growth, stability and health
- Improve your coping skills
- Decrease your likelihood of suicidal behavior

Protective Factor	What You Can Do to Strengthen Your Protection
Strong Social Support System	<ul style="list-style-type: none"> • Work to build and maintain strong bonds to family/unit members and the community. • Keep a list of people who can offer support or distraction in times of crisis. • Reach out! Some people with depression or suicidal thoughts isolate themselves from others. Make the effort to reconnect, it could save your life. • Identify your sources of strength.
Positive Personal Traits	<ul style="list-style-type: none"> • Keep a positive attitude toward seeking help when needed. • Learn to improve impulse control, problem-solving, coping and conflict resolution. • Use leisure time constructively. Make time for the activities that you enjoy.
Access to Health Care	<ul style="list-style-type: none"> • Make an effort to participate in therapy or treatment. • Maintain your general health and wellness.

Recognize Your Warning Signs: Warning signs signal an increase in the chance that a person may engage in suicidal behavior in the near future. The most dangerous warning signs are the presence of suicidal thoughts and actions. These are signs that you need help immediately! Strive for a zero tolerance of suicidal thinking. Other warning signs that might indicate a cause for concern include:

- Increase in substance use (alcohol, drugs, cigarettes)
- Feeling hopeless, like there is nothing you can do to improve your situation
- Feeling no sense of purpose, no reason for living
- Anger, rage, seeking revenge
- Reckless or risky behavior
- Feeling trapped or stuck in a bad situation, with no way out
- Staying away from family and friends
- Feeling anxious or irritable
- Sudden changes in mood, no interest in things you usually like to do
- Trouble sleeping or sleeping too much
- Guilt or shame

Department of Veterans Affairs and Department of Defense employees who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education.

- Patient tool
- One page double-sided tool
- Health care team can use tool to educate patients on:
 - risk management
 - strategies to build inner sources of strength
 - how to recognize warning signs
 - effective coping strategies
 - importance of treatment engagement

Safety Plan Worksheet

- Health care team driven patient tool
- Single-paged and -sided tool
- Allows for collaboration between health care team and patient to identify:
 - stressful triggers and warning signs
 - sources of support
 - coping strategies and ways to access health care assistance

Safety Plan Worksheet

Purpose: Providers and patients complete Safety Plan together, and patients keep it with them

When I need to talk about how I'm feeling, I will contact my social supports:

- Friends: _____
- Family: _____
- Command: _____

Emergency Contacts:

- Friends and Family (name and phone number): _____
- Professionals (name and phone number): _____

Military Crisis Line:
Dial 1-800-273-8255 (press 1 for military) or text 838255 or live chat at <http://militarycrisisline.net> for 24/7 crisis support.

If I still feel suicidal and out-of-control, I will go to the nearest hospital emergency department or call 911:

- What might keep me from implementing this Safety Plan? _____
- Who will I share this plan with? _____
- Where will I keep this plan? _____

In order to keep myself safe, I will remove or safely store things I could use to hurt myself:

- Firearms: _____
- Medications: _____
- Household poisons: _____
- Sharp or other dangerous objects: _____

I can sometimes anticipate when I need to take extra care of myself. These are the people, places and situations that trigger the most stress for me:

1. _____
2. _____
3. _____

These are my warning signs that things are starting to get out of control:

- Thoughts: _____
- Feelings: _____
- Behaviors: _____
- Symptoms: _____

My most effective coping strategies:

- These things work to help calm me or change my thoughts: _____
- These are healthy activities I can use to distract myself: _____

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Safety Plan Worksheet cont.

- Worksheet should be completed during a face-to-face visit with patient by health care team
- Worksheet will be available within AHLTA and hard copy
- Copy of completed worksheet should be given to patient and included in the electronic medical record

Suicide Prevention: A Guide for Military and Veteran Families

- Family tool
- One page double-sided tool
- Health care team can use tool with family members to educate about:
 - suicide warning signs
 - how to access care
 - appropriate treatments
 - ways to best help a loved one who is suicidal or in crisis

**Suicide Prevention:
A Guide for Military and Veteran Families**

If you think a loved one is suicidal, you may be feeling scared and helpless. But you and other family members are often able to tell when a loved one is in crisis, because you know that person best. And there are ways you can help. *This guide will help you recognize when someone is at risk for suicide and understand the actions you can take to help.*

1. Be Supportive, Active and Aware
Helping a person through a suicidal crisis is a team effort. Professionals can provide your loved one with guidance and therapy. Your role is to:

- Be aware of warning signs
- Know how to contact emergency help when needed
- Be supportive and non-judgmental to your loved one
- Stay involved, ask questions and express your concerns to professionals

2. Know the Common Warning Signs for Suicide
There are sometimes signs that warn that a person has an increased chance of attempting suicide in the near future. If you see one or more of these **DIRECT** warning signs, your loved one needs to see a professional **right away**.

Three DIRECT warning signs are most suggestive.	These signs are even more dangerous if the person:
<ul style="list-style-type: none"> • Writing or talking about suicide, a wish to die, or death • "I would be better off dead." • "I have no reason to live." • "Everyone would be happier if I weren't here." 	<ul style="list-style-type: none"> • Has attempted suicide before • Has a family member or close friend or battle buddy who died by suicide and/or • Plans to use, and has access to, an effective method (e.g., gun)
<ul style="list-style-type: none"> • Buying or storing things that can be used for suicide • The purchase or collection of medications, guns and ammunition, or other weapons • Searching the internet for methods of suicide 	
<ul style="list-style-type: none"> • Preparing for their own death • Making sure that children, pets, elderly parents will be cared for • Updating wills, making financial arrangements for paying bills • Saying goodbye to loved ones • Giving away possessions 	

Other **INDIRECT** warning signs that should cause concern include:

- Substance use - increase or excessive use (alcohol, drugs, cigarettes)
- Hopelessness - like nothing can be done to improve a situation
- Purposelessness - feeling no sense of purpose, no reason for living
- Anger - rage, seeking revenge
- Recklessness or risky behavior
- Feeling trapped or stuck in a bad situation, with no way out
- Social withdrawal - staying away from family and friends
- Anxiety - agitated or irritable
- Mood changes - no interest in things they usually like to do
- Sleep disturbances - trouble sleeping or sleeping too much
- Guilt or shame

If your loved one shows **ANY** of the **DIRECT** warning signs or you are concerned about **INDIRECT** warning signs, take action:

- Call 911 or the Military/Veteran Crisis line at 1-800-273-8255 (press 1)
- If there is any chance that someone might get injured:
 - Remain calm
 - Remove yourself or children from any danger
 - If possible, remove items that the person can use in a suicide attempt
- Get professional help



Access to Suicide Prevention Clinical Support Tool

- The U.S. Army Medical Command website under the “Health Care Team” tab:
<https://www.qmo.amedd.army.mil/suicide/suicide.htm>
- The U.S. Department of Veterans Affairs website:
<http://www.healthquality.va.gov/guidelines/MH/srb/>
- Hard copies are available for order on the U.S. Army Medical Command shopping cart website:
<https://www.qmo.amedd.army.mil/QMOCPGShopCart/cart.asp>

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Questions

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