DoD/VA Suicide Prevention Education Summit: Clinical Approaches – System Dynamics

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SYNOPSIS
Title: Clinical Approaches – System Dynamics

Purpose: This clinical education summit is designed to apply practical tools and solutions for implementing evidence-based assessment, management, treatment and after-care approaches in clinical settings.

Learning Objectives:
1. Identify actions to sustain recovery after crisis intervention care
2. Educate command teams in actions to enhance readiness in the aftermath of a suicide
3. Identify best clinical practices in postvention care for clinicians and family members
4. Understand alternate care options that support the Service member, families, and command teams

Welcome/Opening Remarks

Presenter:
Dr. Jan Kemp, RN, PhD, Veterans Integrated Service Network (VISN) 2 Center of Excellence (CoE), Department of Veterans Affairs (VA)

Bio: Janet Kemp has 20 years of experience working with Veterans. She currently serves as National VA Mental Health Director for Suicide Prevention. She also currently is the Chief of the Education, Training and Dissemination Core at the VISN 2 CoE in Canandaigua NY, having recently transferred from a similar position at the VISN 19 Mental Illness, Research and Education Clinical Center. In her CoE role, she is responsible for providing provider and patient education in the areas of suicide awareness and prevention, current assessment and treatment strategies and new findings in the area of suicide and assisting the Center Director in the implementation of Suicide Prevention Programs throughout the VA system.

Title: Patient-Centered Care for Behavioral Health
Subtopics:
- Coordinated Care: Assessment and Management of Suicide Risk in DoD Primary Care Behavioral Health Programs;
- Care Transitions: A Critical Focus For Suicide Prevention

Presenters:
CDR Anne Dobmeyer, Primary Care Behavioral Health Proponent, DoD Deployment Health Clinical Center, Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury (TBI)
Dr. Richard McKeon, Suicide Prevention Advisor, Substance Abuse and Mental Health Services Administration
Bios:
CDR Anne Dobmeyer is a clinical health psychologist in the US Public Health Service. Her current position is the Primary Care Behavioral Health Proponent on the DoD Deployment Health Clinical Center’s Primary Care Behavioral Health Implementation Team. In this role, she provides consultation, training, and program evaluation support for integrated primary care programs across the DoD. CDR Dobmeyer has been actively involved in implementation and training in collaborative care for the past 12 years. She has established fully integrated primary care behavioral health services in family medicine, internal medicine, and women’s health clinics in several major medical centers. She has extensive experience conducting national presentations, workshops, and trainings on primary care behavioral health. Her publications focus on training models and clinical implementation. She is a co-author of the book *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention.*

Richard McKeon Ph.D., MPH received his doctorate in Clinical Psychology from the University of Arizona and a Masters of Public Health in Health Administration from Columbia University. He has spent most of his career working in community mental health, including 11 years as director of a psychiatric emergency service and 4 years as Associate Administrator/Clinical Director of a hospital based community mental health center in Newton, New Jersey. He established the first evidenced-based treatment program for chronically suicidal borderline patients in the state of New Jersey, utilizing Marsha Linehan’s Dialectical Behavior Therapy. In 2001, he was awarded an American Psychological Association Congressional Fellowship and worked for United States Senator Paul Wellstone, covering health and mental health policy issues. He spent 5 years on the Board of the American Association of Suicidology as Clinical Division Director and has also served on the Board of the Division of Clinical Psychology of the American Psychological Association. He is currently Chief for the Suicide Prevention Branch in the Center for Mental Health Services, of the Substance Abuse and Mental Health Services Administration, where he oversees all branch suicide prevention activities, including the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Campus Suicide Prevention grant programs, the National Suicide Prevention Lifeline, the Suicide Prevention Resource Center, and the Native Aspirations program.

Abstract:
Coordinated Care:
Department of Defense (DoD) primary care clinics provide an opportune setting for identification of individuals at heightened risk of suicide. 3.3 million beneficiaries receive their primary medical care through military primary care clinics. To better meet the behavioral health needs of the enrolled population, the DoD has integrated behavioral health personnel and programs into primary care clinics using two models of collaborative care in a blended approach. These models incorporate screening, monitoring, and care management for behavioral health conditions, and the integration of psychologists and social workers into primary care as consultants. Data related to suicide risk screening from the Army’s collaborative care program, RESPECT-Mil, will be highlighted. Current and future directions for management of suicide risk in primary care will be discussed.
Care Transitions:
Care transitions are the time of highest risk for suicide for those receiving health or behavioral health services, including the period after discharge from both Emergency Departments and inpatient hospitalizations. Both the DOD Task Force on Suicide Prevention and the VA Blue Ribbon Work Group recommended this as a critical area of focus. Randomized control trials have documented the effectiveness in preventing deaths by suicide and non-fatal attempts of interventions incorporating proactive follow-up during care transitions. Clinical intervention strategies and the evidence for their effectiveness, along with relevant tools and resources, will be reviewed.

Title: “Their Care; My Healing”

Presenter:
SFC Jennifer Powers, U.S. Army Reserve

Bio:
Sergeant First Class Jennifer Powers is an Active Guard Reserve member in the U.S. Army. SFC Powers has personally struggled with depression and thoughts of suicide while in high school in 1997 and after returning home from her first tour in Iraq in 2004. She has participated in two of the ‘Out of the Darkness Walks’ sponsored by the American Foundation for Suicide Prevention — one Overnight Walk and one Community Walk both this year in Washington, D.C. During the Overnight Walk, 16.4 miles, she walked with her 55-pound 'ruck sack' as a symbol of the weight of life's trials and tribulations. She walked for herself, for her Brothers and Sisters in Arms, and to honor the memory of the son of a close mentor who died by suicide in March 2013. As the First Sergeant of her unit, SFC Powers is committed to ensuring that all soldiers are aware of resources for preventing suicide.

Abstract:
Stigma in the military still exists with regards to seeking help from a counselor. The focus of counselors should be to make themselves known to units nearby; maintain the connection once a connection is made to the Soldiers; and express the need to improve the communication between the military and VA, yielding enhanced care for all Veterans.

Title: DoD/VA Suicide Prevention Clinical Practice Guidelines

Presenter:
Ms. Joan Chipps, Suicide Prevention and Emergency Services Manager, Veterans Affairs Western New York Healthcare System (WNYHS)

Bio:
Joan began working with Veterans in 1995 after receiving her Masters in Social Work from Fordham University in New York. She was the senior social worker for inpatient psychiatry at the Manhattan VA for 10 years, before returning to Buffalo in 2005 to be closer to family. Joan assumed the position of Suicide Prevention Coordinator at the VA WNYHS in 2007 and has
developed the program in her facility from its inception, creating structure, policies and procedures to provide enhanced care and support for Veterans in crisis. In addition to this most vital role, she oversees mental health care in the Emergency Department as well as inpatient psychiatry, assuring seamless continuity of care and support for Veterans. Joan also provides education to staff, Veterans and the community to increase awareness and encourage interventions for people at risk for suicide. She was a member of the work group who developed the VA/DoD Clinical Practice Guidelines for Suicide Prevention, and is also currently Principal Investigator on a joint VA/DoD study aimed at increasing evidence based interventions for people with thoughts of suicide.

Abstract:
The Suicide Prevention Clinical Practice Guideline for VA/DoD is the product of over two years of work by a combined workgroup of VA, DoD, and National experts in the field of Suicide Prevention. It represents an exhaustive review of literature, research, and current and evolving evidence-based practices for prevention of suicide and self-directed violence. Ms. Chipps will introduce the Guideline, provide some background on the development, and discuss the usefulness in the VA and DoD for treatment of Veterans and/or Active Duty personnel, who may be at risk.

Title: Caring For The Caregiver

Presenters:
Dr. Joan Beder, Professor, Yeshiva University
Dr. Michelle Cornette, Uniformed Services University of the Health Sciences (USUHS)

Bio:
Dr. Beder is Professor of Social Work at Yeshiva University. She has researched and worked with Veterans and behavioral health specialists on numerous issues and published extensively on a variety of aspects of Veteran and social worker care. She is the author of Advances in Social Work Practice with the Military (Routledge, 2012).

Michelle Cornette, PhD, is Research Assistant Professor and Subject Matter Expert: Military Suicide, at the Center for Deployment Psychology, Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences. She developed a suicide prevention evidence-based psychotherapy workshop for military mental health providers and co-authored the CDP's online suicide prevention course. The former was one of nine workshops designated among Dr. Bersoff’s 2013 APA Presidential Initiatives. Dr. Cornette previously worked at the Zablocki VA Medical Center, where she was Suicide Prevention Team Leader, Mental Health Division Research Lead, and VISN 12 Suicide Prevention Director. In the latter capacity, she was responsible for overseeing suicide prevention activities at the 7 VA facilities in VISN 12. She also chaired the hospital-wide suicide prevention committee. She has also maintained an active research program on suicide risk, funded by the National Science Foundation, the American Foundation for Suicide Prevention, the Charles E. Kubly Foundation, the DoD, and VA HSR&D. She has published a number of articles and book chapters, and has presented extensively on veteran/military suicide.
Abstract:  
This presentation will look at the challenges for clinicians who serve suicidal clients and the potential for compassion fatigue, a common reaction to this cohort. The challenges associated with losing a patient to suicide will also be discussed. Interventions and strategies for addressing compassion fatigue and for facilitating coping with the loss of a patient to suicide will be discussed.

Title: Crisis Intervention

Presenters:  
Dr. Kimberley Mullen, Clinical Care Coordinator for the Crisis Line and Chat Service  
Dr. David Rudd, Provost, Distinguished University Professor, University of Memphis

Bios:  
Dr. Mullen is a licensed clinical psychologist and the Clinical Care Coordinator for the National Veterans Crisis Line (VCL), a key component of the Department of Veterans Affairs suicide prevention program. At the VCL, she oversees the clinical training and supervision of more than 250 crisis line Responders who answer the organization's phone, text, and online chat services. Dr. Mullen discovered her passion for working with Veterans with trauma histories and suicidal behavior during her pre-doctoral internship at the Denver VA Medical Center in 2006. Upon completion of her internship, she continued to provide family therapy for Veterans with posttraumatic stress disorder and/or serious and persistent mental illness in outpatient mental health for 3 years before accepting her current position with the VCL.

M. David Rudd is Provost at the University of Memphis. He also continues his affiliation with the National Center for Veterans Studies at the University of Utah, as co-founder and scientific director. Prior to moving to Memphis, he was dean of the College of Social & Behavioral Science at the University of Utah. He is a member of the Institute of Medicine (National Academies of Science) committee for the Assessment of Resiliency and Prevention Programs for Mental and Behavioral Health in Service Members and their Families. His undergraduate degree is from Princeton University. He completed his doctoral training at the University of Texas-Austin and completed a post-doctoral fellowship in cognitive therapy at the Beck Institute in Philadelphia under the direction of Aaron T. Beck. He is a Diplomate of the American Board of Professional Psychology and a Fellow of three professional societies, including the American Psychological Association (Division 12 and Division 29), the International Association of Suicide Research, and the Academy of Cognitive Therapy (a founding fellow). He was recently elected a Distinguished Practitioner and Scholar of the National Academies of Practice in Psychology. He currently serves on the Institute of Medicine/National Academies of Science Committee on Assessment of Resiliency and Prevention Programs for Mental and Behavioral Health in Service Members and their Families. He has served as a consultant to many organizations nationally and internationally, including the United States Air Force, the U.S. Army, the Department of Defense and the Beijing Suicide Prevention and Research Center.
Abstract:
From its inception when it was questioned whether those steeped in military culture would pick up the phone to call for help, to the millionth call answered in October 2013, the Veterans/Military Crisis line has proven to be an incredible resource for Veterans, Service Members and those who care about them. This presentation will review some of the lessons learned about providing crisis intervention for this population, including similarities to civilian crisis response as well as some characteristics unique to this population.

Dr. Rudd’s presentation will review a brief cognitive behavioral therapy (BCBT) for the treatment of suicidal behavior. A phased approach to treatment will be discussed, with a focus on core competencies and skill development. Initial results from a randomized clinical trial will be summarized, with initial 18 and 24-month follow-up data, indicating a 50% in post-treatment suicide attempt rates relative to a treatment as usual control, along with significant reductions in PTSD symptoms.

Title: Clinical Lessons: Psychological and Behavioral Autopsy

Presenters:
Dr. Lanny Berman, American Association of Suicidology;
Dr. Caitlin Thompson, Deputy Director, Suicide Prevention, VA Mental Health Services (10P4M)

Bios:
Dr. Berman is Executive Director of the American Association of Suicidology (AAS). He is a Past-President of the AAS (1984-1985) and their 1982 Shneidman Award recipient (for Outstanding Contributions in Research in Suicidology). In 2006, Dr. Berman received the AAS’s Louis I. Dublin Award for outstanding service and contributions to the field of suicide prevention. Dr. Berman holds a B.A. degree from the Johns Hopkins University and a Ph.D. from the Catholic University of America. From 1969 to 1991, he taught at the American University where he attained the rank of tenured full professor. In 1991, Dr. Berman changed his appointment to that of Distinguished Adjunct Professor when he was named Director of the newly established National Center for the Study and Prevention of Suicide at the Washington School of Psychiatry, a position he held until accepting his current role with the AAS in January, 1995. A Diplomate in Clinical Psychology (American Board of Professional Psychology) and a Fellow of the American Psychological Association, Dr. Berman maintains a part-time private practice of psychological and forensic consultation in Washington, D.C. He currently serves on three Task Forces of the National Action Alliance for Suicide Prevention and as advisor to a fourth.

Caitlin Thompson, Ph.D., is the Department of Veterans Affairs’ Deputy Director in Suicide Prevention. Prior to this role, she spent five years as the Clinical Care Coordinator for the National Veterans Crisis Line and Veterans Chat service. A licensed clinical psychologist, she is Assistant Professor at the University of Rochester Department of Psychiatry where she completed a post-doctoral fellowship in suicide research. Dr. Thompson completed her pre-doctoral internship and some post-doctoral work at the Denver VA Medical Center where she
became interested in suicidal behavior among Veterans. Last year, she spent five months detailed as the VA Liaison for the DoD’s Defense Suicide Prevention Office. Dr. Thompson completed her Bachelor’s degree in music at Brown University and her Master’s degree and Doctorate in clinical psychology at the University of Virginia.

**Abstract:**

This two-part session will provide an overview of Psychological Autopsy and the VA’s Behavioral Health Autopsy Program. The first part of the session will provide an overview of the Psychological Autopsy as a retrospective death investigation tool and preliminary data derived from a series of Psychological Autopsies of suicides of active duty members of the of USMC as compared to DoDSER data for the same decedents. During the second part of the session, we will discuss the Behavioral Health Autopsy Program that the VA is currently using to collect systematic data on all deaths from suicide. The VA's Behavioral Health Autopsy Program, informed by Psychological Autopsy methodologies, includes reviews of Veterans' clinical records, search of public records files, and interviews with family members and the last clinician on record.

**Title: Virtual Hope Box And The Safety Planning Intervention For Veterans And Military Service Members**

**Presenters:**

Dr. Pete Gutierrez, Clinical Psychologist at the VA VISN 19 MIRECC  
Dr. Greg Brown, Research Associate Professor of Clinical Psychology, Department of Psychiatry, University of Pennsylvania and VISN 4 MIRECC Investigator and Clinical Psychologist, Philadelphia VA Medical Center

**Bios:**

Peter M. Gutierrez, Ph.D. is a licensed Clinical Psychologist at the VA VISN 19 MIRECC. Dr. Gutierrez's clinical training was in child and adolescent psychology, with an emphasis on serious psychopathology and suicide. He is an Associate Professor of Psychiatry at the University of Colorado, School of Medicine. He has been studying suicide, focusing on screening, assessment, and intervention for almost 20 years. Dr. Gutierrez is a Past-President of the American Association of Suicidology (AAS). He was the 2005 recipient of the AAS Shneidman Award for outstanding contributions in research in suicidology. He is an Associate Editor of the journal Suicide and Life-Threatening Behavior and a consulting editor for Archives of Suicide Research, and regularly reviews for other psychology, psychiatry, and specialty journals.

Dr. Gregory K. Brown is a Research Associate Professor of Clinical Psychology in the Department of Psychiatry at the University of Pennsylvania and a VISN 4 MIRECC Investigator and Clinical Psychologist at the Philadelphia VA Medical Center. He is also the Director of the Center for the Prevention of Suicide at the University of Pennsylvania and serves on the Scientific Council for the American Foundation for Suicide Prevention. He is the Principal Investigator of an NIMH-funded randomized controlled trial that examines the effectiveness of Cognitive Therapy for suicidal older men. He is also the PI of several DoD-funded studies that investigate the effectiveness of Safety Planning Intervention for Veterans and Military Service
Members as well as a study that develops guidelines for the management of suicide-related events in deployed settings for the Army.

Abstract:

This two-part session will provide an overview of the Virtual Hope Box application and the Safety Planning Intervention. The first part of the session will provide an overview and update of a proof of concept study that is developing a “Virtual Hope Box” (VHB) smartphone application to deliver coping tools and resources to supplement therapy for service members and veterans at high risk of self-harm and suicide. The session will describe briefly the design and development of the VHB prototypes and report on pilot testing at the Portland VA Dialectical Behavior Therapy Clinic to examine acceptability and utility of the VHB in a clinical sample of military veterans. If the VHB proves successful, we will be able to deploy a hip-pocket device for easy and timely use for therapeutic homework and as a mobile crisis kit for service members and veterans.

In the second part of the session, the Safety Planning Intervention is a brief, easy to use, clinical tool that serves as a valuable aid to help individuals avert suicidal crisis. Specifically, a Safety Plan is a collaboratively developed, written or electronic document that consists of a hierarchically-arranged list of coping strategies identified for use during a suicidal crisis or when suicidal urges emerge. The Safety Plan includes these components: (1) Identification of warning signs that a suicidal crisis is emerging, (2) Internal coping strategies that help people distract themselves from their suicidal thoughts, (3) External coping strategies that includes contacting others and going to safe social settings as a way to distract themselves, (4) Seeking help and support from friends and family members, (5) Seeking professional help, and (6) Means restriction to make the environment as safe as possible. Preliminary research findings with Veterans and Military personnel will be discussed as well as recent developments in Safety Planning implementation.

References:


Title: Suicide Prevention Training Options for Providers: The Evidence-Based Approaches

Presenters:
Dr. Julie Goldstein, Director of Prevention and Practice, Suicide Prevention Resource Center, Center for the Study and Prevention of Injury, Violence, and Suicide Education Development Center
Dr. David Jobes, Professor of Psychology, Associate Director of Clinical Training, The Catholic University of America
Bios:
Julie Goldstein Grumet is the Director of Prevention and Practice at the Suicide Prevention Resource Center. Dr. Goldstein Grumet provides strategic direction to improve the effectiveness of behavioral health, clinical care, and primary care providers to recognize and respond to suicide emergencies. Additionally, Dr. Goldstein Grumet works closely with SPRC staff who provide technical assistance and training to the Garrett Lee Smith state, tribal and college youth suicide prevention grantees funded by SAMHSA. Dr. Goldstein Grumet serves as a liaison to the national Action Alliance for Suicide Prevention, a public-private partnership to help guide the implementation of the goals and objectives in the National Strategy for Suicide Prevention. In that capacity, Dr. Goldstein Grumet coordinates and leads a peer-based learning collaborative of state leaders who are implementing systems-wide approaches to suicide prevention, primarily through a transformation in their delivery of health care. Prior to joining SPRC, Dr. Goldstein Grumet managed several federal grants at the District of Columbia Department of Mental Health that focused on youth suicide prevention. She provided extensive mental health screening of youth, training to adults, consultation with community groups in the use of evidence-based programs, and oversaw the development of a social marketing campaign. Dr. Goldstein Grumet has published articles and presented nationally on the topics of youth suicide prevention and school-based mental health. Dr. Goldstein Grumet received her Ph.D. in clinical psychology from The George Washington University and completed a Postdoctoral Fellowship at The University of Maryland in school mental health. She received her B.A. from the University of Massachusetts at Amherst.

David A. Jobes, Ph.D., ABPP, is a Professor of psychology and Associate Director of Clinical Training at The Catholic University of America. His research and writing in suicide has produced numerous peer reviewed publications (including five books on clinical suicidology). As an internationally recognized suicidologist, Dr. Jobes is a past President of the American Association of Suicidology (AAS) and is the recipient of that organization’s 1995 “Edwin Shneidman Award” in recognition of early career contribution to suicide research. Dr. Jobes is also the recipient of the 2012 AAS “Dublin Award” in recognition of career contribution in suicidology. He has served as a research consultant to the Centers for Disease Control and Prevention and has been a consultant to the Institute of Medicine of the National Academy of Sciences, the FBI, the Department of Defense and Veterans Affairs. Dr. Jobes is Fellow of the American Psychological Association and he is board certified in clinical psychology (American Board of Professional Psychology). He maintains a private clinical and forensic practice at the Washington Psychological Center.

Abstract:
This presentation will focus on evidence-based clinical interventions for suicide risk. Specifically an overview to Dialectical Behavior Therapy, Cognitive Therapy for Suicide, Safety Planning, and the Collaborative Assessment and Management of Suicidality (CAMS) will be provided along with some new interventions that are emerging from clinical research. Guidance for training in these approaches will be provided as well.
Closing Remarks

**Presenter:** Ms. Jackie Garrick,

**Bio:**
Ms. Jacqueline Garrick is the Director of the Defense Suicide Prevention Office (DSPO). In that role, she heads all activities at DSPO, which oversees the strategic development, implementation, centralization, standardization, communication, and evaluation of DoD suicide prevention programs, policies, and surveillance activities. In 1992, she accepted a commission as a United States Army captain, and served as a social work officer at Walter Reed Army Medical Center. During that time, she managed programs for soldiers who had served in the Gulf War, Somalia, Bosnia, and Haiti and counseled soldiers, retirees, and their families on a myriad of issues and assisted with transition. Ms. Garrick served as Principal Director at DoD's Wounded Warrior Care and Transition Policy Office in 2009. She was then assigned as the Special Assistant in Reserve Affairs to oversee Resiliency, Readiness and Suicide Prevention. She has had responsibility for Recovery Care, Transition Assistance, Disability Evaluation and National Guard/Reserve Suicide Prevention activities in the community. Working in coordination with all the Service branches and key partners, such as the Department of Veterans Affairs, and the Department of Health and Human Services, (just to mention a few) Ms. Garrick has led DSPO efforts since its establishment in November 2011 to help Service members and their families overcome the risk of suicide and be mission ready, from initial entry to retirement or separation from the Service.