Cognitive-Behavioral Models for Suicide Prevention

Welcome

Moderator

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Director, Professional Education

Tragedy Assistance Program for Survivors

Learning Objectives

- Discuss the problem of U.S. Military suicide and the impact of military culture.
- Learn the fundamental assumptions of fluid vulnerability theory.
- Describe models of cognitive-behavioral therapy for suicide prevention (CBT-SP) in working with suicidal service members.

Continuing Education Credits

- Certificates of Attendance will be provided for those who attend the entire program and complete the evaluation.

- Please check with your state licensing board for your professional discipline requirements for continuing education.

Approved CE Providers

- **Chaplains:** The Association for Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.

- **Social Workers:** This program is approved by the National Association of Social Workers, Provider # 886505639, for 1.0 continuing education contact hours.

- **LPC:** Provider approved Licensed Practical Counselor (LPC) Credits for 1.0 continuing education contact hours through the ***Grief, Loss and Life Transitions Graduate Certificate Program, Counseling Department, The George Washington University, Washington, D.C.***

Evaluation

- ALL participants seeking continuing education credits MUST fill out the online evaluation within 30 days of the program.

- You MUST provide your state and license number, as well as your email address, on your evaluation in order to receive credit. CE certificates will be sent to you via email within 3-7 weeks of completion of the program. If you do not receive your certificate, please contact Jessica Duane at education@taps.org or jessica@taps.org.

- The evaluation will appear instantly after today's program. The form can also be found on www.taps.org/professionaleducation under the program title.

Discussion

If you have any questions during the webinar, please submit them through the webinar toolbar located at the bottom left of your screen. Time at the end of the program will be dedicated toward questions and answers.

To **download** a copy of today's PowerPoint presentation, click on the toolbar to the left of your screen to **PRINT DOCUMENTS** and **VIEW LINKS.**

TAPS MISSION

- TAPS is ***survivors helping survivors heal*** – we continue the healing journey for life.
- TAPS is connected to the leading grief and trauma resources and care across America AND connected to the military community.
- Families are talking to another mom, another brother, another widow who is now trained to help them survive the loss of their loved one. The healing continues as families help each other.

TAPS MISSION

- The mission of TAPS is to honor our men and women who have made the ultimate sacrifice in service to America by ***caring for all those who they loved and left behind.***

- TAPS carries on and expands upon the immediate support provided by the Casualty Officer in the first few days by giving survivors a comprehensive array of support services, available 24/7.

TAPS SERVICES

Four core services:

Peer-based **emotional support** providing comfort and care for all who are grieving the death of a soldier.

Case work assistance, including pro bono legal assistance, emergency financial resources, benefits.

Community based grief support, including connection to unlimited free clinical counseling; grief and trauma resources; local area support groups.

Help and Resource Line, 24/7/365 with comfort and care from peer professionals; case work follow up; and community based response.

Guest Speaker

Craig Bryan, PsyD, ABPP

Assistant Professor
Research Director of Education, STRONG STAR Trauma Fellowship, Department of Psychiatry, University of Texas Health Science Center at San Antonio

Cognitive behavioral models for suicide prevention

Tragedy Assistance Program for Survivors (TAPS)

Craig J. Bryan, PsyD, ABPP
Assistant Professor, Department of Psychiatry
Director of Education, STRONG STAR Trauma Fellowship
University of Texas Health Science Center at San Antonio

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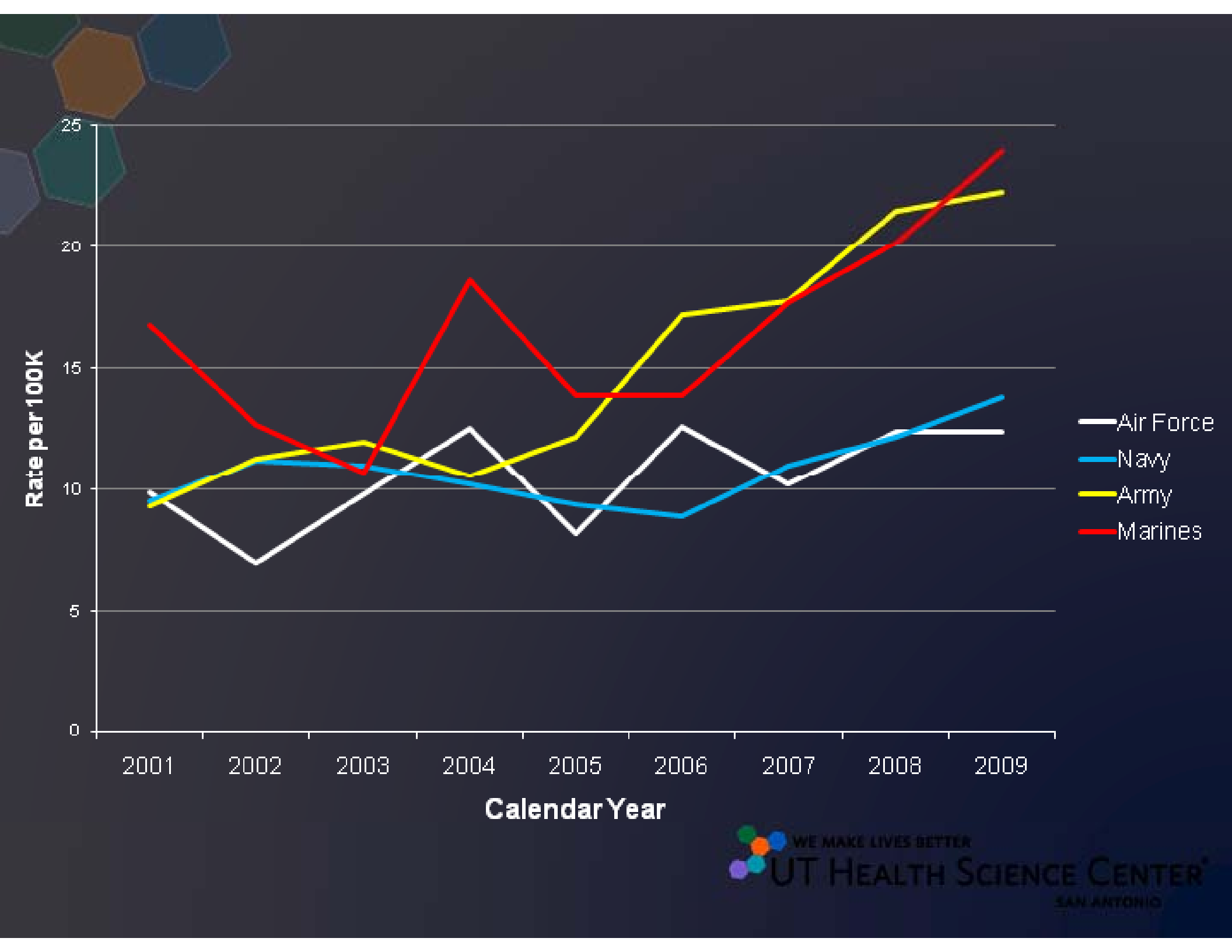

The problem of military suicide…

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Culture:

"…all those things that people have learned in their history to do, believe, and enjoy. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born"

(Sue & Sue, 2003)

Mental health stigma within the military is due in part to the inherent clash between the warrior and mental health cultures

Warrior culture

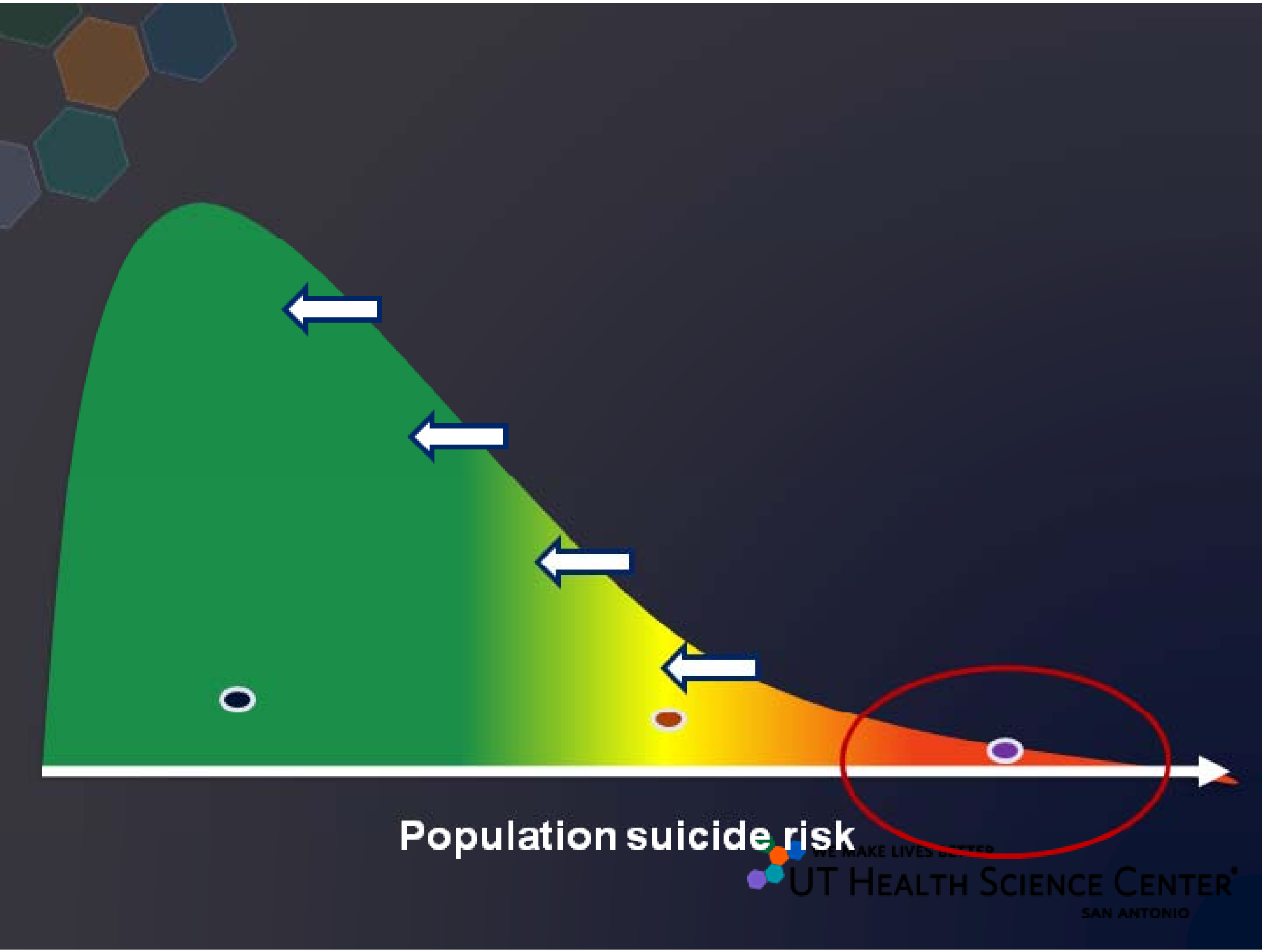
- Strength, resilience, courage, personal sacrifice
- Elitism, superiority
- Mental toughness
- Collectivism, group identity
- Inner strength, self-reliance

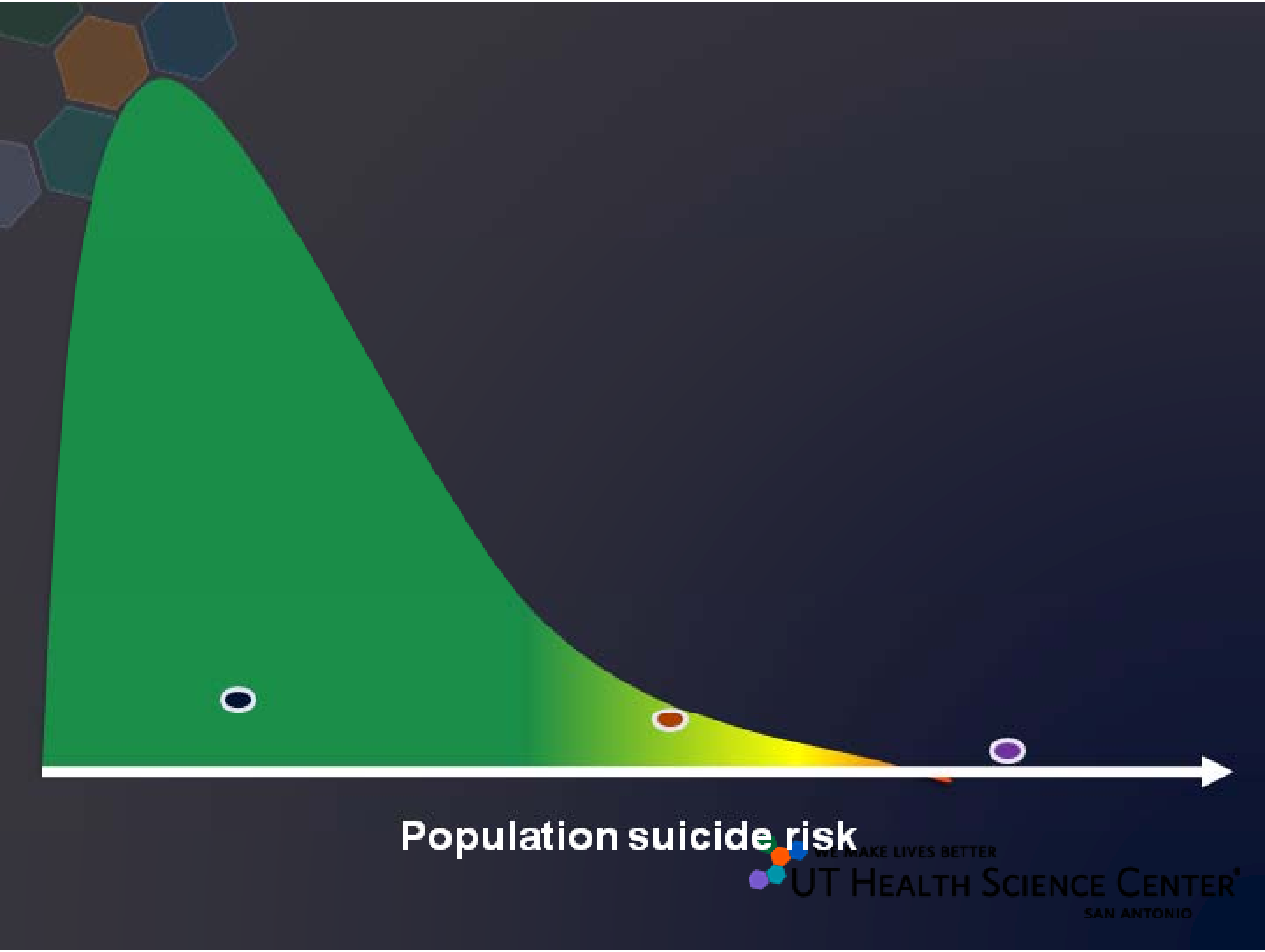
Mental Health culture

- Illness, clinical, deficiency-oriented
- Injury , problems, disorders
- Emotional vulnerability
- Individualized, one-on-one
- Seek help from others

Traditional outreach and antistigma efforts seek to convince warriors to reject their core identity and belief system:

"It's okay to admit to problems and leave your group to get help from outsiders when you can't fix your problems yourself"





Fluid vulnerability theory

Fluid vulnerability theory

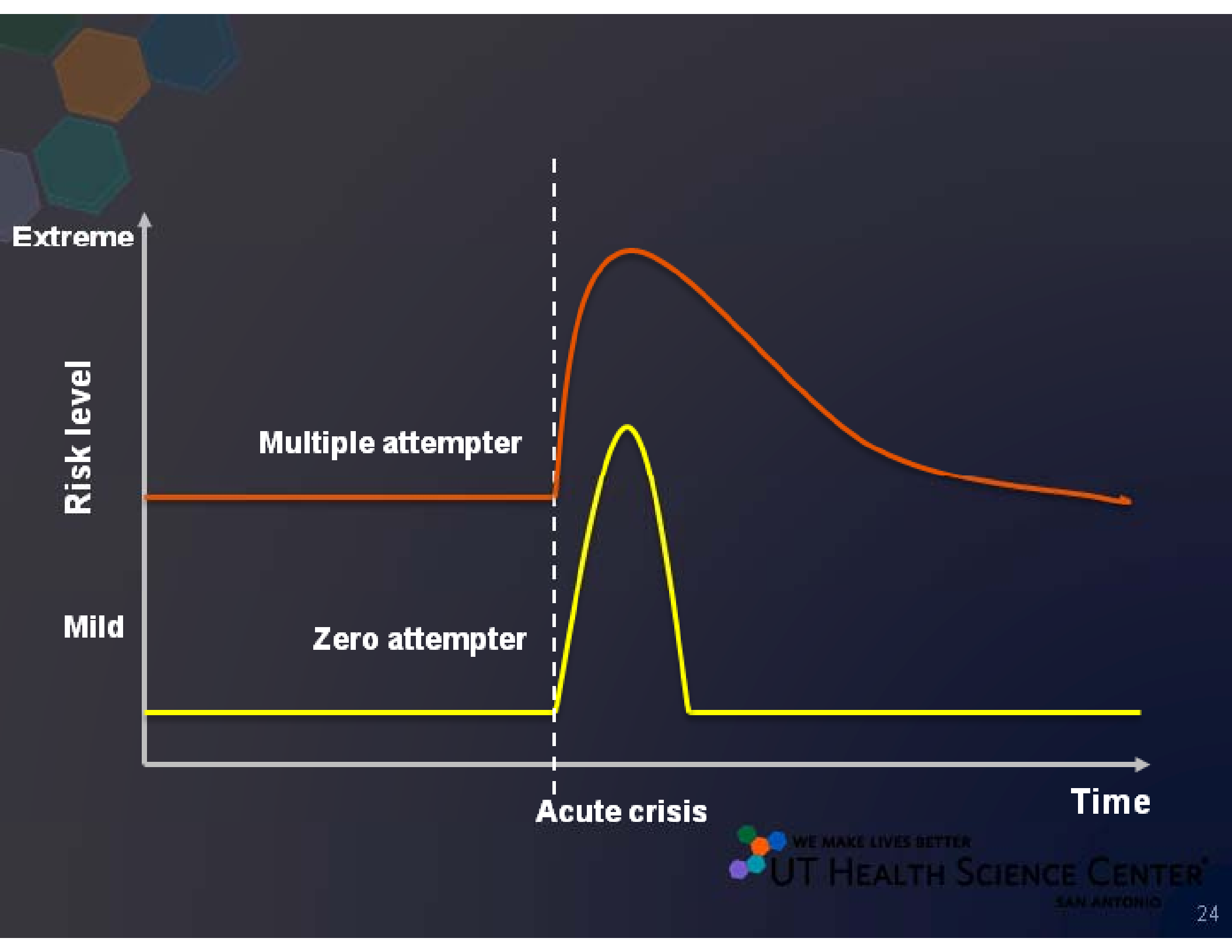
Fundamental Assumptions (Rudd, 2006):

- Baseline risk varies from individual to individual
- Baseline risk is determined by *static* factors
- Baseline risk is higher and endures longer for multiple attempters (2 or more attempts)
- Risk is elevated by aggravating factors
- Severity of risk is dependent on baseline level and severity of aggravating factors

Fluid vulnerability theory

Fundamental Assumptions (cont'd):

- Risk is elevated by aggravating factors for limited periods of time (hours, days, weeks), and resolves when risk factors are effectively targeted
- Risk returns to baseline level only
- Risk is reduced by protective factors
- Multiple attempters have fewer available protective factors (support, interpersonal resources, coping/problem-solving skills, etc.)



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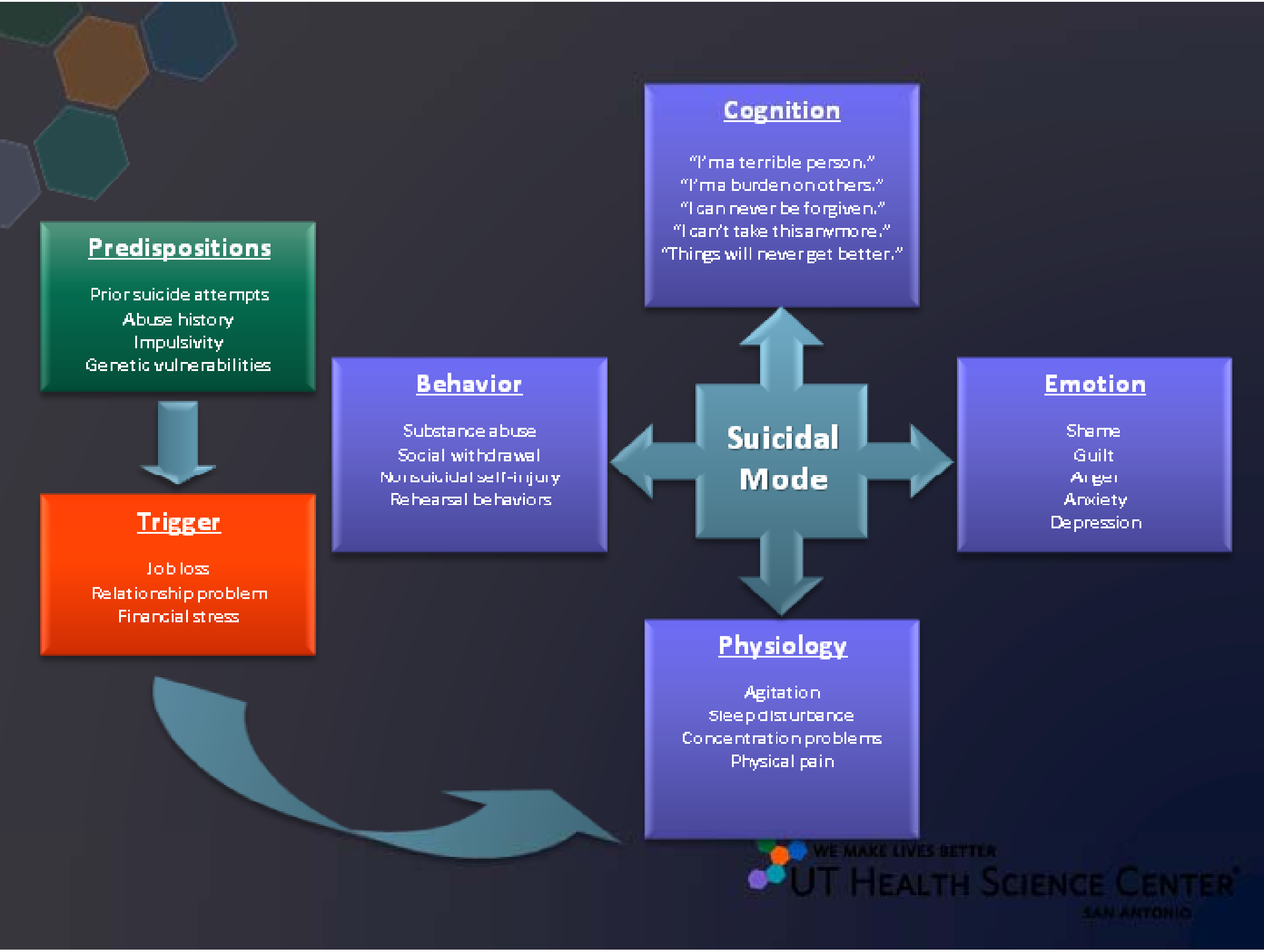
Predispositions
Prior suicide attempts
Abuse history
Impulsivity
Genetic vulnerabilities
Trigger
Job loss
Relationship problem
Financial stress
Cognition
"I'm a terrible person."
"I'm a burden on others."
"I can never be forgiven."
"I can't take this anymore."
"Things will never get better."
Behavior
Substance abuse
Social withdrawal
Non-suicidal self-injury
Rehearsal behaviors
Suicidal Mode
Emotion
Shame
Guilt
Anger
Anxiety
Depression
Physiology
Agitation
Sleep disturbance
Concentration problems
Physical pain
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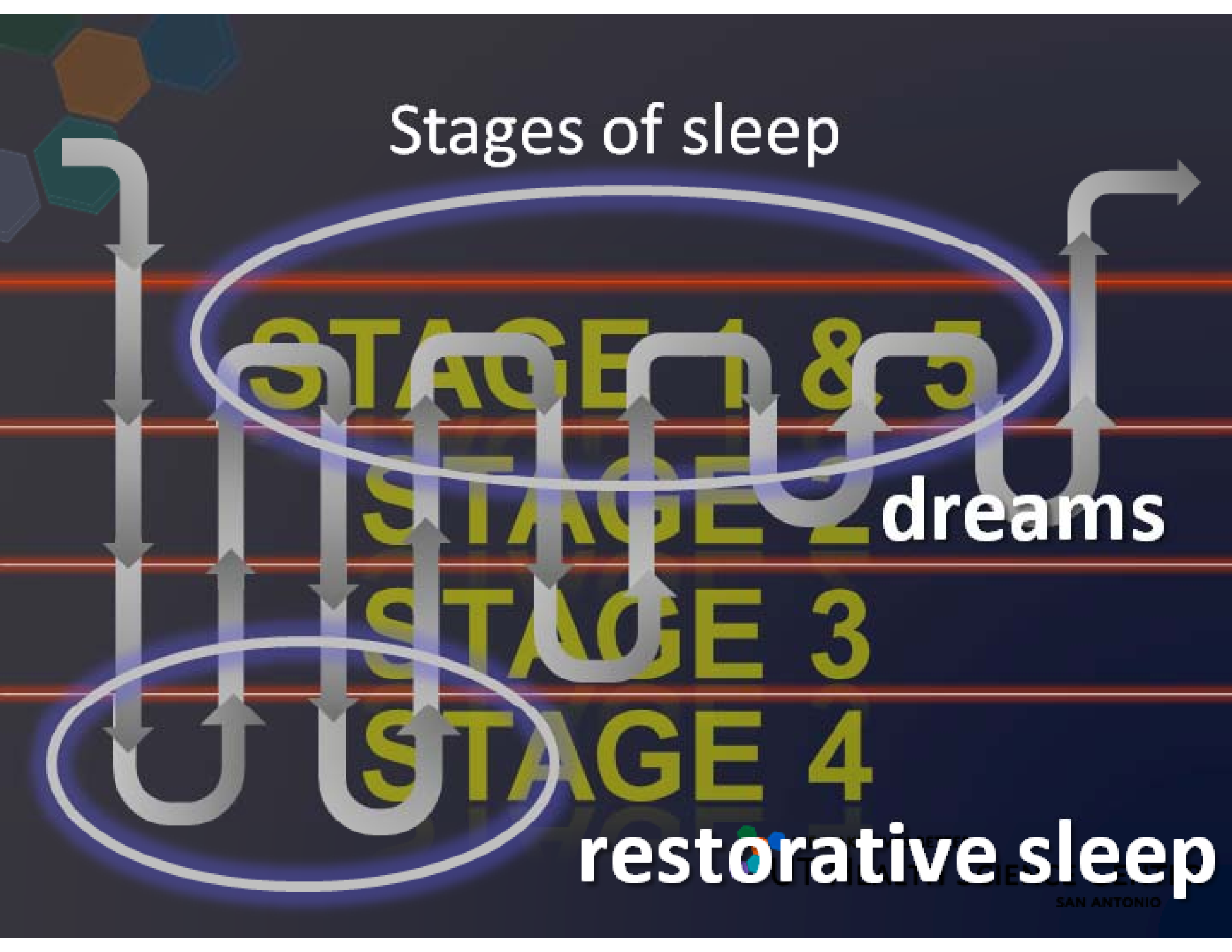
Population-based approaches: Sleep enhancement

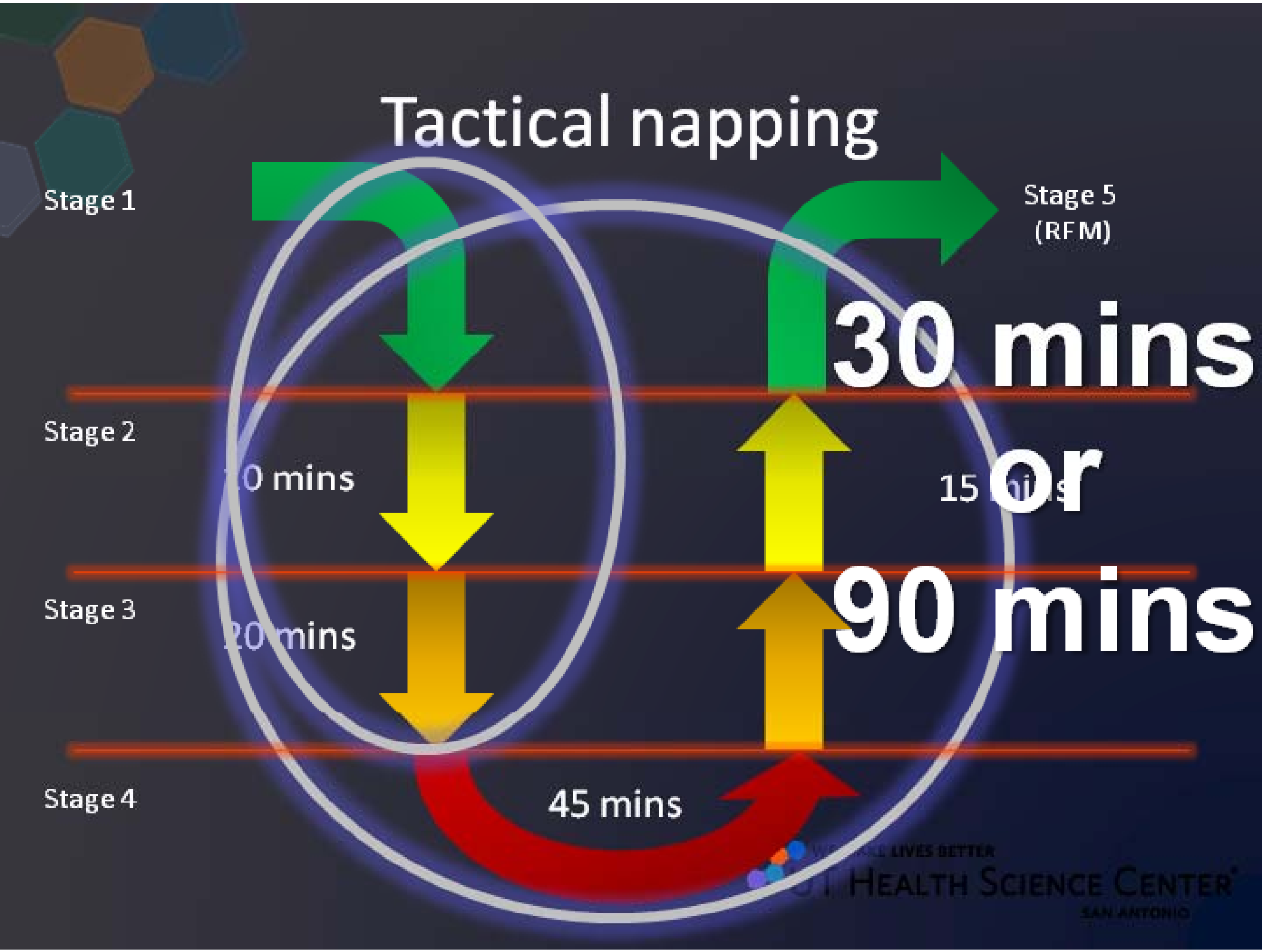
Insomnia

- Consistently predicts depression, anxiety, substance abuse/dependence, and other psychological disorders (Taylor, Lichstein, & Durrence, 2003)
- Direct risk factor for suicide risk over and above effects of comorbid psychological conditions (Agargun et al., 1997; Barraclough & Pallis, 1975; Bernert et al., 2005; Fawcett et al., 1990; Liu, 2004; Paffenbarger et al., 1994)
- Nightmares appear especially problematic (Agargun et al., 2004; Bernert et al., 2005)

Insomnia

- Daily benign stressors during deployment contribute to insomnia above and beyond traumatic events
- Enhanced stress inoculation training among convoy operators contributed to decreased sleep problems across predeployment training


Stages of sleep
STAGE 1 & 2
dreams
STAGE 3
STAGE 4
restorative sleep


Tactical napping
Stage 1
Stage 5
(RFM)
30 mins
Stage 2
or
Stage 3
90 mins
Stage 4
45 mins

Fatigue countermeasures

Preparing for sleep

- 4-6 hrs before bedtime:
  - **No caffeine**
- 1 hr before bedtime:
  - **No nicotine**
  - Limit activity
- Darkness (get blindfolds)
- Quiet!!!
- Comfortable sleeping area
  - Pillows / linens
  - Temperature

ROEs

- **Bed is for sleep and sex only**
  - No reading, talking, computers, studying, etc
- Only go to bed when tired
- If you're not asleep in 15 mins, **get out of bed**

Caffeine dosage (mg)

Coffee (5 oz)

- Drip method 90-150
- Percolated 64-120
- Instant 40-100

Energy drinks

- Red Bull 80
- Rip-It 100

Tea (5 oz) 25

Soda (12 oz)

- Cola 42
- Mountain Dew 54

Optimal dosing:

200 mg every 4 hrs if sleep deprived

400-600 mg every 4 hrs if adapted to caffeine

Population-based approaches: Distress tolerance & purpose

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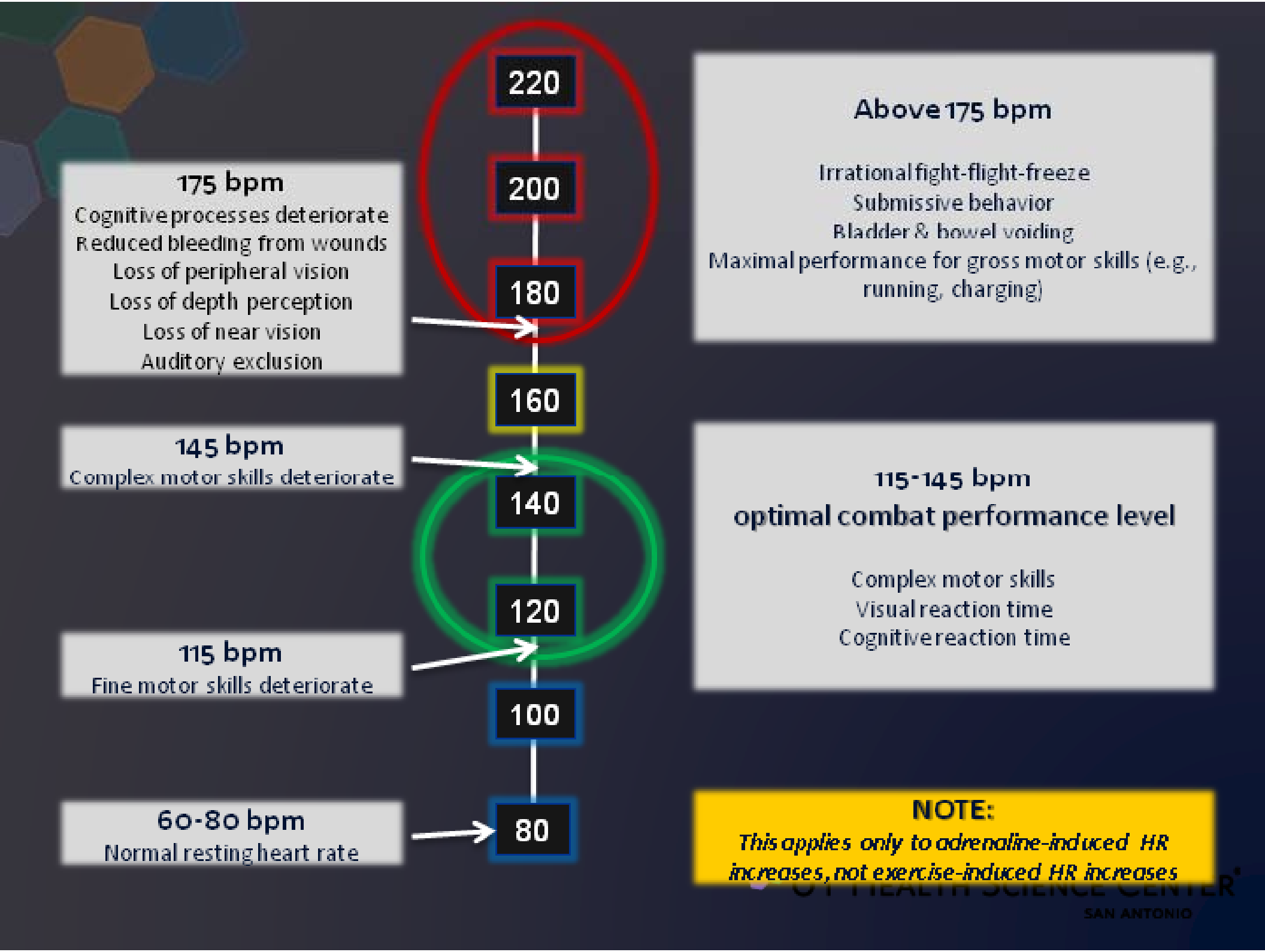
Distress tolerance (emotion regulation)

- Related to nonsuicidal self-injury, suicidal ideation, and suicide (Anestis et al., in press; Kessler, et al., 1999; Lynch et al., 2004; Nock & Mendes, 2008; Orbach et al., 2007; Paris & Zweig-Frank, 2001; Wilcox et al., 2004)
- Associated with impulsive, dysregulated behaviors that contribute to suicide risk (e.g., binge eating/purging, drug use, smoking, gambling, borderline personality disorder, mood & anxiety disorders) (Anestis et al., 2007, Bomovalova et al., 2008; Brown et al., 2005; Buckner et al., 2007; Daughters et al., 2005a, 2005b; Marshall-Berenz et al., in press)

Distress tolerance (emotion regulation)

- Effective treatments for suicidal behaviors explicitly incorporate emotion regulation training, including relaxation and mindfulness
- Relaxation and mindfulness are equally effective at reducing subjective distress and symptoms
- Mindfulness reduces rumination, and is effective in preventing relapse among chronic depression and suicidal behavior


DANGER
Brain
HPA Axis
Adrenaline release
Perspiration
↑ Heart rate
Rapid breaths
↓ Digestion
Blood flow to large muscles
Adrenaline effects


220
200
180
160
140
120
100
80
175 bpm
Cognitive processes deteriorate
Reduced bleeding from wounds
Loss of peripheral vision
Loss of depth perception
Loss of near vision
Auditory exclusion
145 bpm
Complex motor skills deteriorate
115 bpm
Fine motor skills deteriorate
60-80 bpm
Normal resting heart rate
Above 175 bpm
Irrational fight-flight-freeze
Submissive behavior
Bladder & bowel voiding
Maximal performance for gross motor skills (e.g., running, charging)
115-145 bpm
optimal combat performance level
Complex motor skills
Visual reaction time
Cognitive reaction time
NOTE:
This applies only to adrenaline-induced HR increases, not exercise-induced HR increases
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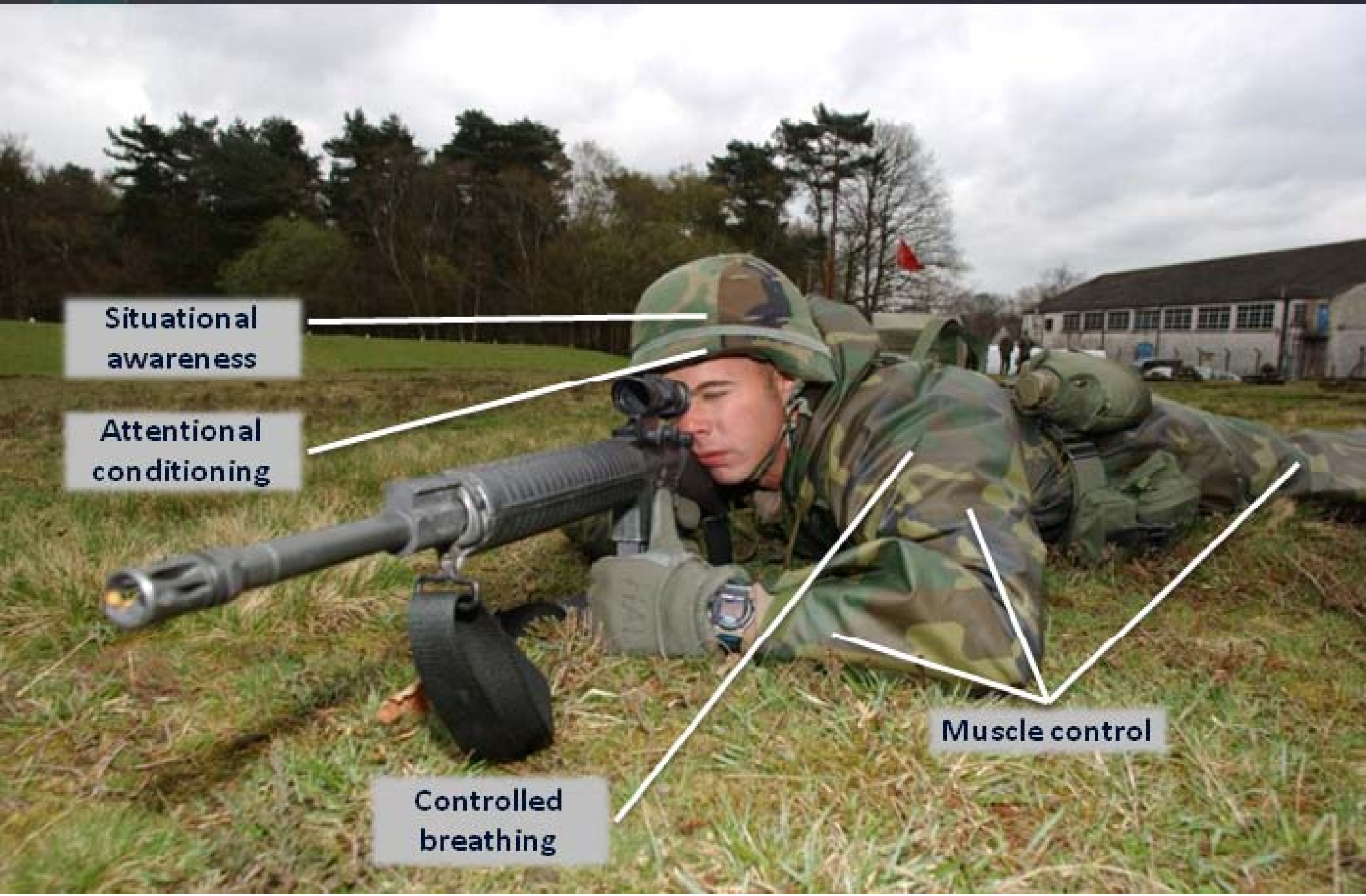
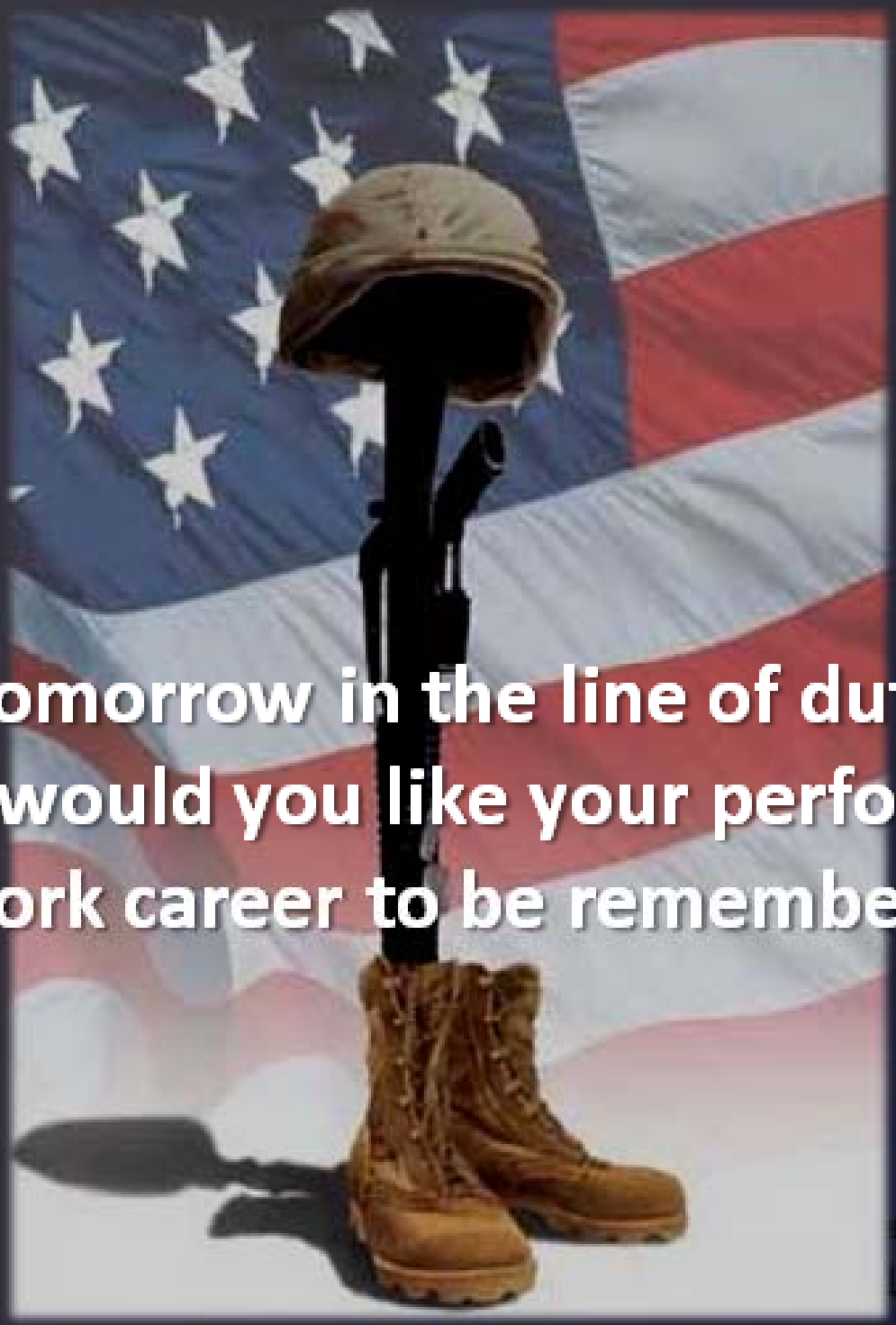
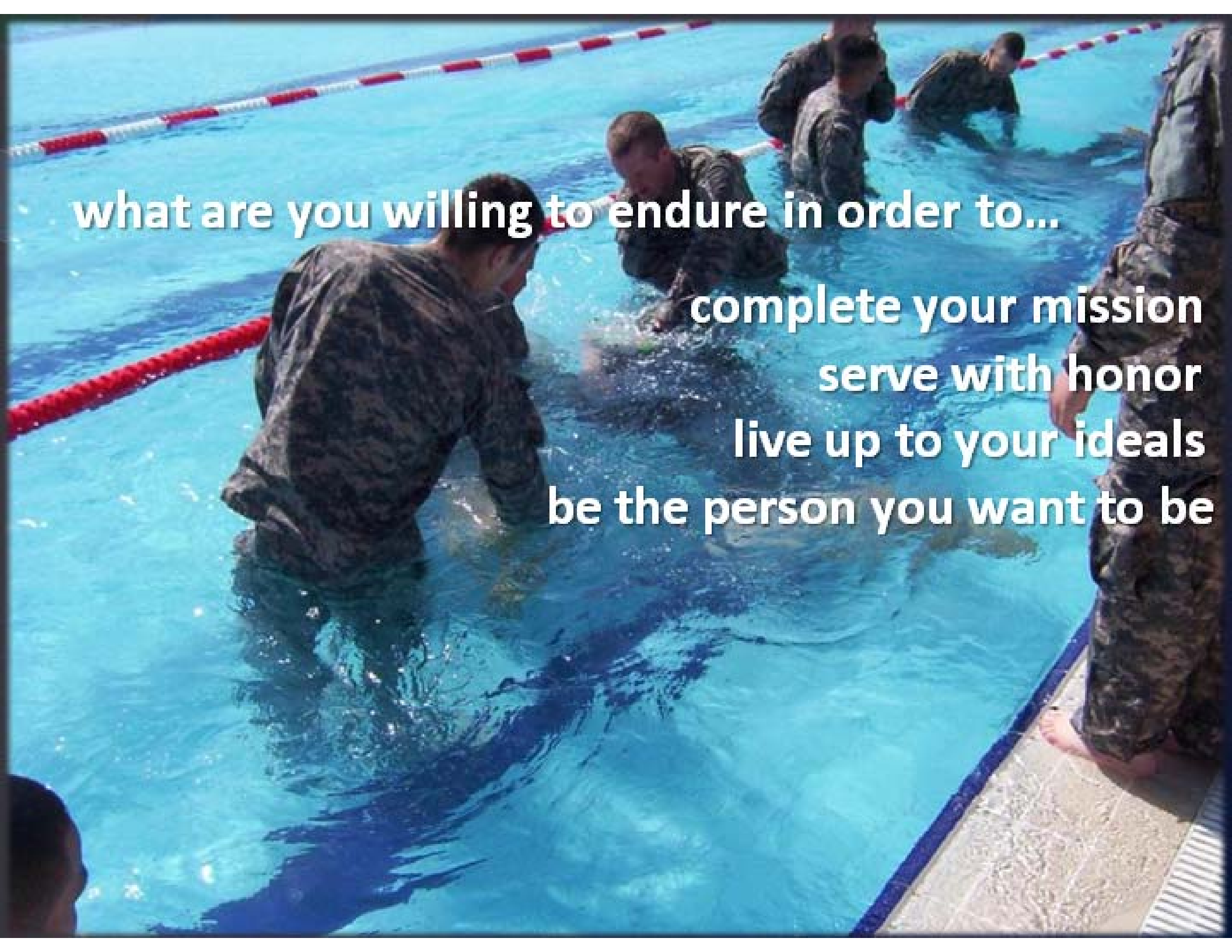
Managing adrenaline flow





If you die tomorrow in the line of duty, for what and how would you like your performance and work career to be remembered?


what are you willing to endure in order to...
complete your mission
serve with honor
live up to your ideals
be the person you want to be

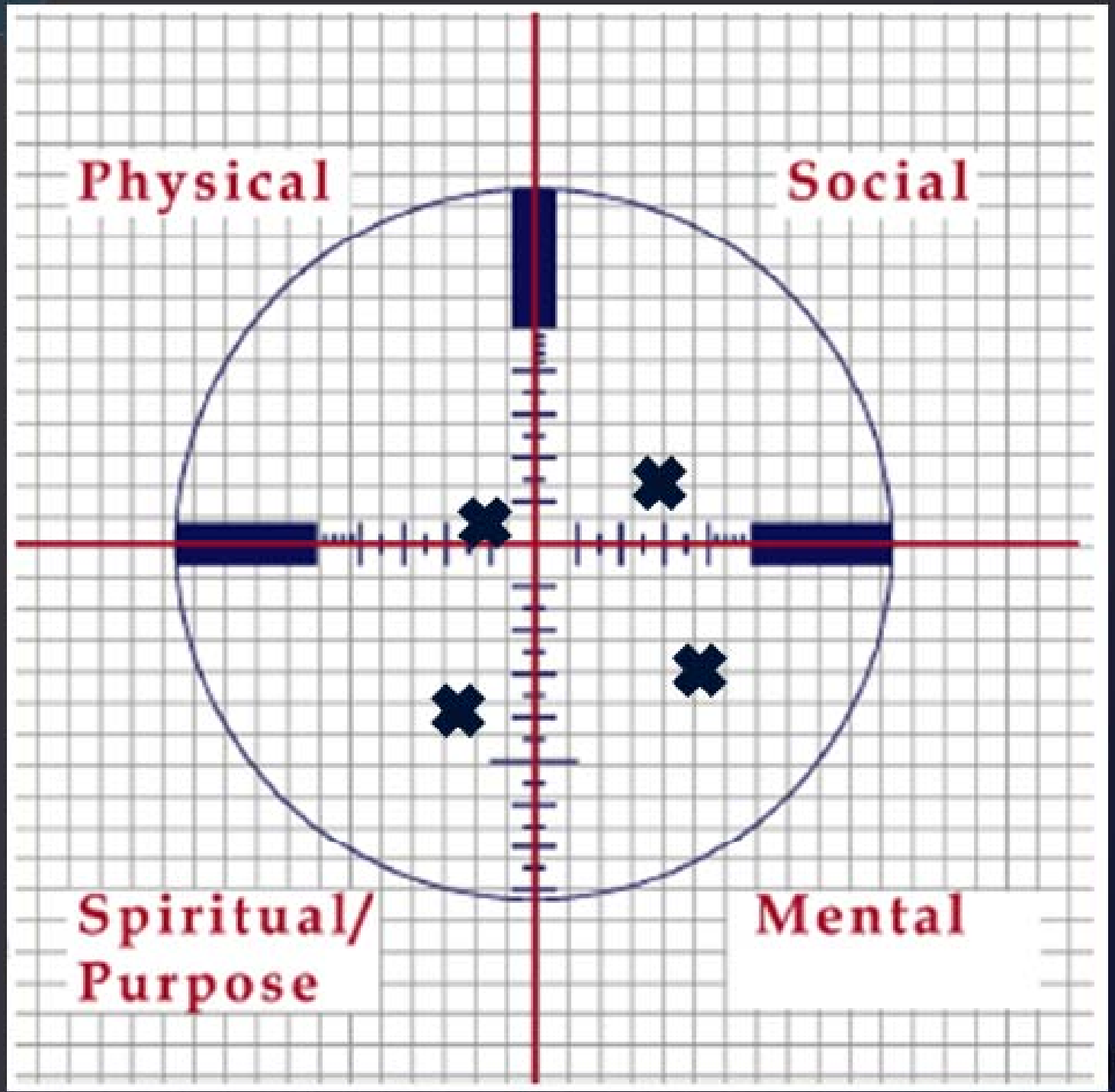
Population-based approaches: Problem solving

Problem solving

- Suicidal individuals experience cognitive rigidity & failed problem solving (MacLeod, 1994; MacLeod et al., 1993)
- Impaired ability to consider reasons for why undesirable events will not occur (MacLeod, 1994; MacLeod et al., 1993)
- When reasons for why undesirable events are listed, hopelessness drops (Schotte & Clum, 1982)
- When desiring suicide, problem solving entails generating and choosing alternatives to suicide

Problem solving

- The speed with which an individual can list alternatives appears to be more important than the total number of alternatives
- Effective treatments train suicidal patients how to quickly generate and select options


Physical
Social
Spiritual/
Purpose
Mental

Specific	Simple and straightforward; emphasize intended outcome
Measurable	Trackable in some way
Attainable	Short-term goals to mark progress towards long-term goals
Realistic	Doable given current resources
Timely	Deadline or timeline

Population-based approaches: Role of leadership

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One single individual can affect the health of hundreds, if not thousands, of individuals on a daily basis

Suicide is prevented every single day by addressing daily quality of life issues

Insomnia

- Eliminate or restrict shift work
- Plan tasks or missions in a way maximizes rest
- Enforce policies that protect sleep (e.g., quiet hours in sleeping quarters)
- Encourage teamwork to support good sleep habits
- Discourage heavy caffeine use and tobacco use

Distress tolerance

- Incorporate basic emotion regulation skills into exercises, drills, operations, etc.
- Support physical training regimens
- Quickly address / resolve daily quality of life issues

Problem solving

- Model optimism
- Catch people in the act of doing things well
- Support creativity and ingenuity
- Link group mission to individuals' personal values and goals
- Use SMART goal-setting approach in routine operations and decision-making

Questions?

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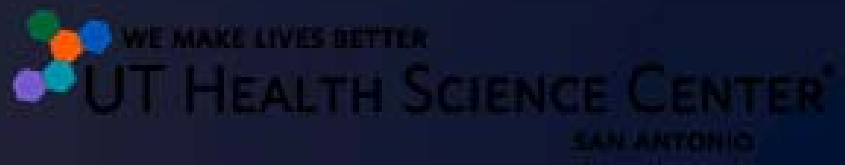

Thank You for Joining Us

TAPS is the organization caring for your surviving families. For more information:

www.taps.org | 800-959-TAPS (8277)