

Train & Treat

For the 2020 Wisconsin Zero Suicide Training

Mental Health First Aid

- The adult Mental Health First Aid course is appropriate for anyone 18 years and older: it is available in both English and Spanish
- For anyone who wants to learn how to help a person who may be experiencing a mental health related crisis or problem.
- Topics covered include Depression and mood disorders - Anxiety disorders – Trauma – Psychosis - Substance Use disorders
- Mental Health First Aid helps participants learn how to assist someone experiencing a mental health or substance use-related crisis.
- Participants learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.
- Mental Health First Aid teaches about *recovery* and *resiliency* – the belief that individuals experiencing these challenges can and do get better, and use their strengths to stay well.

www.mentalhealthfirstaid.org

Youth Mental Health First Aid

- Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis.
- Topics covered common mental health challenges for youth including anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders.
- Participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan for how to help young people in both crisis and non-crisis situations:

Assess for risk of suicide or harm

Listen nonjudgmentally

Give reassurance and information

Encourage appropriate professional help

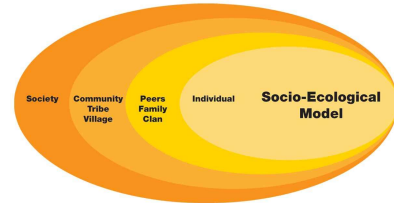
Encourage self-help and other support strategies

Connect Program

a nationally recognized suicide prevention program as a best practice and model program

There are a number of key concepts upon which **Connect** is based:

- Suicide is generally preventable
- Suicide is a public health problem
- We are all “gatekeepers”
- Importance of cultural effectiveness
- Youth play an important role in suicide prevention
- Evaluation is a critical component in an effective program
- Protocols will improve communication and trust between providers



<http://www.theconnectprogram.org/about-connect/community-based-approach-our-suicide-prevention-program-model>

Core Principles of Connect: -Suicide is generally preventable. It is essential for people to understand and believe that suicide is preventable. However, Connect intentionally uses the term “generally preventable” for two reasons. First, even the best circumstances do not guarantee a positive outcome. Second, it is important not to (indirectly) impart blame for past or future suicides. Recent national and statewide efforts in suicide prevention reflect a changed knowledge base about suicide, as well as an important shift in how we approach the issue of suicide as a society. Research demonstrates that many individuals who attempt suicide are ambivalent about death (and life) which leaves wide open the possibility of successful intervention efforts. In addition, mental illness and/or substance use disorders are present in 90% of individuals who die by suicide (National Institute on Mental Health) and research shows that both mental illness and substance abuse can be treated effectively. These illnesses may be diagnosed or undiagnosed, treated or untreated. Improved screening and recognition of these disorders, as well as access to treatment, are keys to successful suicide prevention efforts. Talking about suicide is the first step to preventing suicide. - Suicide is a public health problem. With over 36,000 suicides in the United States each year and estimated suicide attempts minimally 10 times that, suicide impacts all aspects of our society. Suicide is a complex issue, and preventing suicide takes a coordinated effort between faith leaders, family, friends, law

enforcement, mental health providers, neighbors, schools, social service agencies, etc. Connect addresses all aspects of suicide including: Prevention - education about early recognition of risk factors and warning signs Intervention - skills for responding to suicidal behaviors or attempts Postvention - appropriate response to promote healing and reduce risk for individuals, families, and communities after a suicide (Postvention becomes Prevention) Preventing suicide is the responsibility of the whole community. Everyone plays a part in suicide prevention. It is important that this concept be reinforced throughout the project. -We are all “gatekeepers”. Gatekeepers are family, friends, relatives, neighbors, coaches, librarians, hairdressers, bartenders, employers, etc., as well as key service providers. Having gatekeepers trained to recognize warning signs of suicide and how to connect with the individual and connect the individual with appropriate resources is the foundation on which Connect is built. All Connect protocols and training share gatekeeper concepts and language. Key service providers have protocols and training that is specific to their role. However, while key stakeholders may be trained in their profession, we are gatekeepers at all times. -Wide applicability of the Connect approach. Most of the protocols and information is easily applied across the lifespan. Connect’s intent is to promote early recognition of any risk factors (mental illness, substance use, child abuse, domestic violence, etc.) that can lead to suicide incidents. To that end, Connect collaborates with other community partners addressing these issues. -Importance of cultural effectiveness. We are a diverse society. Diversity can include race, ethnicity, religion, language, sexual orientation, and socioeconomic, rural/urban, and cultural characteristics of groups across the lifespan. Furthermore, cultural norms influence approaches to help-seeking and individuals at risk, including risk and resilience factors and access to health care. When implementing Connect, it is important to be mindful of cultural considerations. -Youth play an important role in suicide prevention. Despite the support systems and safety nets that adults provide for teens and young adults, the first line of defense in successful prevention efforts of youth suicide are youth themselves. Teens and young adults frequently bypass the adult world support systems and instead turn to their friends for help and understanding. Thus, it is imperative that youth be involved in recognizing signs of depression or increased risk for suicide and know how to turn to a trusted adult for help. Youth can also play an important role in suicide prevention across the lifespan by identifying adults in their lives who are at risk. The best research to date demonstrates that it is critical to first have a community of trained adults prepared to support and respond to youth. -Evaluation is a critical component to an effective project. Having a formal evaluation process in which outcomes are identified and measured is essential to understand the benefits of Connect. Evaluation results can strengthen Connect’s training by providing local feedback which may help tailor the curriculum for maximum local effectiveness. Careful monitoring and evaluation of the Connect process will also help improve implementation, sustainability, and replication of it in other communities. -Protocols will improve communication and collaboration

between providers. Disseminating profession-specific protocols will help increase understanding about what the roles and limitations of different disciplines/systems are in responding to suicide incidents. The discussions and the trainings on the protocols are intended to facilitate improved communication and a consistent response among different providers and stakeholders.

Connect Program (continued)

Training Programs offered:

- **Suicide Prevention/Intervention** - education about early recognition and skills for responding to attempts thoughts or threats of suicide.
- **Survivor Voices: Sharing Stories of Suicide Loss** - Survivors of suicide loss play an important role in reducing the shame, isolation and guilt felt by loved ones after a suicide death. Speaking privately and publicly about one's own loss provides insight that goes beyond traditional suicide prevention training.

Socio-Ecological Approach

Connect uses a socio-ecological approach as its theoretical construct. While suicide is generally the act of an individual, it occurs in the context of the individual's relationships, community, larger society, and culture in which we live. Certainly the suicide death of an individual can profoundly impact family, friends, coworkers, and community (and beyond for well-known, or high-profile deaths).

In developing **Connect**, we have been mindful of how to work within these multiple systems -often simultaneously. Effective change requires working within multiple environments which is why **Connect** is committed to promoting community-based implementation efforts.

Unique to **Connect** is our focus on working with communities to identify risk and protective factors and to bring the community and key stakeholders together to improve the response to suicide events. Working within the community offers the best opportunity for impacting multiple systems simultaneously. The protocols also focus on promoting Best Practices for working with individuals. The postvention protocols, in particular, are intended to improve the response to suicide survivors and to promote healing and suicide prevention

Connect Program (continued)

Training Programs offered:

- **Consultation** can be provided in the following areas:
 - assessing community readiness for suicide prevention programming
 - identifying and strengthening community risk and protective factors
 - bringing community members and resources together to build a safety net and promote healing
 - implementation of program activities and best practices in prevention and postvention
 - sustainability of suicide prevention efforts
- **Connect** staff are available provide conference presentations and keynote addresses on specialized topics.

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QPR Training

ASK A QUESTION, SAVE A LIFE

QPR stands for **Question, Persuade, and Refer**

(1) **Question** the individual's desire or intent regarding suicide, Question the person about suicide. Ask if they've had any thoughts about it, feelings, or even plans?

Do not be afraid to ask!

(2) **Persuade** the person to seek and accept help, listen carefully and then say, "Let me help" or "Come with me to find help!"

(3) **Refer** the person to appropriate resources. If it is a child or adolescent, contact any adult, parents, minister, teacher, coach, or a counselor

<https://qprinstitute.com>

QPR (continued)

People trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help

QPR can be learned in our “**Gatekeeper**” (someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide) course in as little as one hour

A “**Gatekeeper**” can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide

Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor.

QPR (continued)

As a QPR-trained **Gatekeeper** you will learn to:

- Recognize the warning signs of suicide
- Know how to offer hope and intervene with those at risk
- Know how to get help and save a life by referring them to an appropriate resource

Question, Persuade, Refer, and Treat (QPRT)

QPR Institute: <http://www.qprinstitute.com>

This program is an advanced training for mental health professionals based on QPR (Quinnett,1995), a one-hour gatekeeper training. QPRT teaches interviewing and assessment, especially at clinical intake, and provides a tool for documenting suicide risk and assessment for patients with mental health and/or substance abuse disorders. It provides instruction for using a guided protocol for interviewing and documentation. Trainees qualify for certification after passing a written 25-item exam and demonstrating competence through a role-play, which is rated by the instructor using a 16-item rating created by the developer for this purpose. QPRT is offered online through Eastern Washington University and in a face-to-face workshop, which is the subject of our survey.

Dialectical Behavior Therapy (DBT)

The term dialectical means a synthesis or integration of opposites, and in DBT, it refers to the seemingly opposite strategies of acceptance and change

The goal of DBT is to help clients build a life that they experience as worth living. In DBT, the client and the therapist work together to set goals that are meaningful to the client. Often this means they work on ways to decrease harmful behaviors and replace them with effective, life-enhancing behaviors

Enhance Motivation with Individual Therapy

DBT individual therapy is focused on enhancing client motivation and helping clients to apply the skills to specific challenges and events in their lives. In the standard DBT model, individual therapy takes place once a week for as long as the client is in therapy, and it runs concurrently with DBT skills training.

DBT (continued)

DBT has four components, although these may be adjusted in practice to suit specific circumstances:

- A skills training group meeting once a week for 24 weeks
- Individual treatment once a week, running concurrently with the skills group
- Phone coaching, upon request by the client
- Consultation team meetings—a kind of “therapy for the therapists”

DBT for Borderline PD, Marsha Linehan 1-2

<https://www.youtube.com/watch?v=FaQrBXCNaJ8>

<https://www.youtube.com/watch?v=JV81fmuvqol>

<https://afsp.org/now-matters-now-online-suicide-prevention-intervention>

What are the stages of treatment in DBT?

DBT is divided into four stages of treatment. Stages are defined by the severity of the client’s behaviors, and therapists work within this frame to support clients in achieving his or her individual goals. There is no set timeframe allotted to each stage; instead, a therapist and client will spend as much or as little time as needed, based on the client’s goals.

In **Stage 1**, the client is often miserable and their behavior is out of control: they may be trying to kill themselves, self-harming, using drugs and alcohol, and/or engaging in other types of self-destructive behaviors. When clients first start DBT treatment, they often describe their experience of their mental illness as “being in hell.” The goal of Stage 1 is for the client to move from being out-of-control to achieving behavioral control.

In **Stage 2**, clients may feel they are living a life of quiet desperation: their life-threatening behavior is under control, but they continue to suffer, often due to past trauma and invalidation. Their emotional experience may be inhibited. The goal of Stage 2 is to help the client move from a state of quiet desperation to one of full emotional experiencing. This is the stage in which post-traumatic stress disorder (PTSD) would be treated if part of the client’s diagnosis.

In **Stage 3**, the challenge is to learn to live: to define life goals, build self-respect, and

find peace and happiness. The goal is that the client leads a life of ordinary happiness and unhappiness.

Stage 4: For some people, a fourth stage is needed: finding a deeper meaning through a spiritual existence. Dr. Marsha Linehan has posited a Stage 4 specifically for those clients for whom a life of ordinary happiness and unhappiness fails to meet a further goal of spiritual fulfillment or a sense of connectedness of a greater whole. In this stage, the goal of treatment is for the client to move from a sense of incompleteness towards a life that involves an ongoing capacity for experiences of joy and freedom.

DBT (continued)

https://www.youtube.com/watch?v=Eec_SA6oSEA

Enhance Capabilities with DBT Skills Training

DBT skills training focuses on enhancing clients' capabilities by teaching them behavioral skills. Skills training is frequently taught in groups run like a class where the group leaders teach the skills and assign homework. The homework helps clients practice using the skills in their everyday lives. Groups meet on a weekly basis for approximately 2.5 hours, and it takes 24 weeks to get through the full skills curriculum, which is often repeated to create a 1-year program. Briefer schedules that teach only a subset of the skills have also been developed for particular populations and settings

There are four modules in skills training:

Mindfulness: the practice of being fully aware and present in this one moment

Distress Tolerance: how to tolerate pain in difficult situations, not change it

Interpersonal Effectiveness: how to ask for what you want and say no while maintaining self-respect and relationships with others

Emotion Regulation: how to change emotions that you want to change

DBT (continued)

Ensure Generalization with Coaching

DBT uses telephone coaching and other in vivo coaching to provide in-the-moment support. The goal is to coach clients on how to use their DBT skills to effectively cope with difficult situations that arise in their everyday lives. Clients can call their individual therapist between sessions to receive coaching at the times when they need help the most.

DBT (continued)

Structure the Environment with Case Management

Case management strategies help the client manage his or her own life, such as their physical and social environments. The therapist applies the same dialectical, validation, and problem-solving strategies in order to teach the client to be his or her own case manager. This lets the therapist consult to the patient about what to do, and the therapist will only intervene on the client's behalf when absolutely necessary.

Support Therapists with the DBT Consultation Team

The DBT consultation team focuses on the people who provide DBT, including individual therapists, skills training group leaders, case managers, and others who help treat the client or patient. The consultation team is intended to support DBT providers in their work; it's almost like therapy for the therapist. The consultation team is designed to help therapists stay motivated and competent so they can provide the best treatment possible. This is especially important when they are treating people with severe, complex, difficult-to-treat disorders so the team can help one another manage burnout and share their knowledge.