Skills Training for Evaluation and Management of Suicide (STEMS) Introduction Material

Learning Objectives

At the conclusion of this training the participant should be able to:

1. Engage Veterans in a discussion about suicide risk.
2. Evaluate for, and determine, the level of acute and chronic suicide risk.
3. Implement effectively a treatment plan to manage acute and chronic risk for suicide.

Suicide Facts and Figures

- Suicide is the 10th leading cause of death in the US:
  - There were 47,000 deaths by suicide in the US in 2017.
- Of those who attempt suicide and live, 10-20% will make an additional attempt within one year.
- The suicide rate for Veterans is 1.5 times higher than the rate for non-Veteran adults.
- Among Veterans, self-inflicted firearm injury was the most frequent cause (69.4%) of death by suicide.
- Congress passed the Joshua Omvig Veterans Suicide Prevention Act in 2007 to create a comprehensive suicide prevention program.

Audience

- Suicide prevention has been VA's top clinical priority since 2017.
- As VA clinicians, it is our collective responsibility to contribute to suicide prevention.
- This course was created to develop critical, core skills that are applicable across a wide range of clinical disciplines and settings.
- The skills can be applied to suicide screening and evaluation.
- These skills can also be highly valuable for each of us as members of a larger community in our interactions with family members, friends, and others who may be in distress.

Screening and Evaluation

- Early identification of suicidal ideation affords the best opportunity to reduce the risk of a suicide attempt and death.
- VA has implemented a population-based suicide risk screening and evaluation strategy for suicide prevention. More information can be found on the Suicide Risk Identification Risk (link available in "Resources").
- **Suicide Risk Screening:**
  - Brief process to identify Veterans who may be at increased risk of suicide and may need further evaluation and/or treatment.
- **Suicide Risk Evaluation:**
  - Process by which a clinician gathers information to evaluate a Veteran's acute and chronic risk for suicide to develop individualized risk mitigation strategies.

Key Points

- Suicidal ideation and behavior are "transdiagnostic," i.e., they are not limited to a single medical, mental, or behavioral health diagnosis. They affect a wide array of Veterans across different clinical settings.
- It is therefore important to evaluate suicide risk among Veterans who have no known mental or behavioral health diagnosis.
- Evaluation should not be limited to mental and behavioral health settings.
- Let's start with the key components of a comprehensive risk evaluation.

What to Evaluate

What to Assess:

Risk Factors – Psychological

The following psychological risk factors should be evaluated as part of a comprehensive suicide risk evaluation:

- Current suicidal ideation and the availability of means of self-harm, e.g., firearms
- Prior suicide attempt(s)
- Current mental health conditions, e.g., mood disorders and substance use disorders
- Current mental health symptoms, e.g., agitation, hopelessness, insomnia
- Prior mental health hospitalizations

Risk Factors – Social

The following social risk factors should be evaluated as part of a comprehensive suicide risk evaluation:

- Stressful life events, e.g., loss of a relationship, illness of a family member, death of a loved one
- Financial problems, e.g., unemployment, excessive debt, unstable housing
- Legal problems, e.g., criminal charges
- Lack of social support, e.g., geographic isolation, poor interpersonal relationships

Risk Factors – Medical

The following medical risk factors have been found to increase risk of suicide regardless of presence of mental health illness or substance use. Having more than one of these conditions substantially increases suicide risk:

- Traumatic Brain Injury
- Chronic pain
- New diagnosis of a major illness
- Worsening medical illness/Increased functional limitation

Protective Factors

- Collaboratively evaluate values and reasons for living with the Veteran. This can include using validated approaches to evaluation.
- It is important to evaluate protective factors often. Protective factors are dependent on the person and cannot always be generalized.
- Common protective factors can include spiritual, religious, or moral beliefs about suicide, children in the home, work place obligations, the desire to contribute to one's community.
- Sometimes factors thought to be protective (e.g., having children, a relationship with a significant other, spiritual or religious beliefs) can increase suicide risk if they are a source of stress.

Warning Signs for Suicide

- Warning signs are signals indicating that a person may engage in suicidal behavior in the immediate future. They represent changes in a person's level of suicide risk.
- Warning signs can occur in the absence of expected risk factors.

Common Warning Signs for Suicide:

Changes in Behavior

- Medication nonadherence
- Changes in eating habits
- Changes in sleep patterns
- (Increased) substance use
- (Increased) isolation, e.g., not responding to texts, calls, disengaging from social medial, or staying in a secluded area
- (Increased) verbal or physical aggression

- Preparatory behavior, e.g., selling belongings, making estate plans, researching ways of dying by suicide, or collecting items for suicide attempt (e.g., hoarding medications or purchasing a firearm)

Changes in Thoughts

Includes both, the type of thoughts, and the way the person is experiencing the thoughts, e.g., getting stuck on particular thoughts:

- More frequent passive suicidal thoughts, e.g., "I would be better off dead"
- Active suicidal thoughts, e.g., planning, fantasizing
- Increased “tunnel vision,” i.e., not being able to think of anything but death/suicide
- Experiencing many thoughts rapidly
- Feeling overwhelmed such that they are not able to notice any thoughts, e.g., “my mind went blank”
- Desire for a sense of peace or control that may be facilitated by suicidal ideation and/or behavior

Changes in Emotions

Increased:

- Irritability (“agitation”)
- Sadness
- Hopelessness
- Shame
- Guilt
- Anger
- Sadness
- Anxiety

Limited access to the following because the person is stuck in other emotions and thoughts:

- Happiness
- Pride
- Self-compassion

Changes in Bodily Sensations

- Increased tightness in chest, feeling of heat in different parts of the body, increased heart rate.
- Feeling disconnected, lethargic, heavy, cold.
- Feeling sick to stomach, like stomach is dropping.

Many may have panic-like symptoms noted above.

It is important to evaluate for the specific symptoms that occur in the context of suicidal ideation and behavior.

How to Evaluate

Guiding Therapeutic Approach to Evaluation:

It's Not Just What You Evaluate, But Also How You Evaluate

- Our guiding therapeutic approach serves to guide the suicide prevention intervention.
- These are some helpful considerations when asking about suicide risk and reasons for living during a comprehensive evaluation.

Open-Ended Question

- Use open-ended questions to collect information nonjudgmentally.
- Starting with open-ended questions will help you elicit more information.
- Closed-Ended questions often elicit single word (e.g., yes/no) responses and are most useful when clarifying information.
- Examples of open-ended questions:
    - What do your suicidal thoughts look like?
    - How do you know when you're thinking about suicide?
- Examples of closed-ended questions:
    - Are you having thoughts of wanting to kill yourself?
    - Have you made preparations to kill yourself?

Summarize

- Summarize the Veteran's comments using their language.
- Summary statements with reflections reinforce that you are listening and are prepared to collaboratively understand the Veteran's experience.
- Additionally, summarizing may facilitate more trust and dialogue with the Veteran.
- Examples of summary statements:
    - I hear you saying that you are feeling hopeless and have been feeling down.
    - What does it mean for you to feel down?

Validate the Experience

- The Veteran's experience of their psychological pain is valid and important to acknowledge.
- This applies to any experience they have, including suicidal ideation and behavior.
- Validation underscores the importance of the Veteran's experience without judging their behavior.
- While the Veteran's experience of their pain is valid, their pattern of responding to the psychological pain may not be consistent with their values and long-term goals, i.e., it does not support their well-being.

Directly Ask about Suicide

- Be direct and ask the Veteran specifically about their experience.
- While being direct with the Veteran, maintain a collaborative style, for example:
    - Use the Veteran's language for reflective statements and in documentation of the evaluation
    - Work as a team with the Veteran to evaluate suicide risk, e.g., "could you help me fill in the gaps between getting in a fight with your wife and attempting suicide?"

Responding to Information about Suicide

- At the beginning of your work together, let the Veteran know how you will respond to the information they may give to you, e.g., confidentiality discussion and when confidentiality will need to be broken.
- For instance, express to the Veteran that if they tell you about suicidal thoughts alone it does not necessarily warrant hospitalization.

- Let the Veteran know that you would consider hospitalization only when there is concern about imminent risk of harm to themselves or others. This means they have imminent intent to act on suicidal or homicidal thoughts.
- If you work with the Veteran routinely, it is not necessary to have the conversation about confidentiality in every meeting, but at least at the start of your work together and when the Veteran may be at increased risk for suicide.

Risk Stratification

- To understand the Veteran's level of risk for suicide during a meeting (particularly among Veterans who have a history of suicidal behavior), it is important to classify their acute and chronic risk.
- Risk stratification improves understanding and communication of the Veteran's current circumstances, strengthens documentation, and improves treatment planning.
- When stratifying risk, both acute and chronic risk for suicide should be assessed separately as described in the following slides.

Risk Stratification: Acute Risk

- To determine the level of acute risk, assess:
  - Current suicidal ideation
  - Plan
  - Intent
  - Behavior
  - Access to lethal means
- Based on the information gathered, determine whether the acute risk level is low, intermediate, or high:
  - **High acute risk:** Suicidal ideation with plan and intent to die by suicide. Veteran is unable to maintain safety alone.
  - **Intermediate acute risk:** Veteran may have suicidal ideation and a plan to die by suicide, but can maintain safety independently.
  - **Low acute risk:** There is no current intent to die by suicide. If a plan for suicide is present, it is likely to be vague and without preparatory behaviors. Veteran can maintain safety independently.

Responses to Acute Suicide Risk

- **High acute risk:**
  - Typically requires psychiatric hospitalization to maintain safety.
  - Veteran may need to be directly observed in an environment with no access to lethal means until transferred to a secure unit.
- **Intermediate acute risk:**
  - Outpatient management should be intensive and include: frequent contact and a well-articulated safety plan.
- **Low acute risk:**
  - Management may continue on an outpatient basis.
  - Outpatient referral to mental healthcare may be indicated.

Risk Stratification: Chronic Risk

- To determine the level of chronic risk, assess:
  - History of suicidal behavior over an individual's lifetime
  - Reasons for living
  - Access to coping skills
  - Persistent psychosocial stressors (e.g., relationship, occupational, financial)
  - Chronic medical conditions
- Based on the information gathered, determine whether chronic risk level is low, intermediate, or high:

- **High chronic risk:** There is a history of suicide attempt(s), presence of chronic conditions that elevate risk (e.g., substance use, chronic pain), few coping skills, limited reasons for living, and significant chronic psychosocial stressors (e.g., persistent relationship distress or financial and housing stressors).
- **Intermediate chronic risk:** The Veteran may have a history of chronic conditions that elevate risk for suicide (e.g., depression, substance use, chronic pain), risk factors are balanced with access to coping skills and ability to endure crisis using these skills, reasons for living and engagement in care.
- **Low chronic risk:** The Veteran has a history of managing life stressors without relying on suicidal ideation.

Safety Plan Example – Scenario 1

MY SAFETY PLAN

Please follow the steps described below on your safety plan.
If you are experiencing a medical or mental health emergency, please call 911 at any time.
If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at **1-800-273-8255 (press 1).**

Step 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. Not showering, eating, or getting out of bed
2. Thinking about the miscarriage, like "it was my fault…I should have taken better care of myself."
3. Increasing my alcohol use (drinking more than 2 drinks at a time)
4. Suicidal thoughts, like "the world would be better off without me…I just want to end it."

Step 2: Internal Coping Strategies

Things I can do on my own to distract myself and keep myself safe:

1. Pray
2. Watch a funny TV show
3. Use the Virtual Hope Box
4. Listen to music
5. Do a yoga video

Step 3: People and Social Settings that Provide Distraction

Who I can contact to take my mind off my problems/help me feel better:

1. Name: Pastor John Allen Phone: 555 555 5456
2. Name: Jenny (friend) Phone: 555 678 0301

Public places, groups, or social events that help me feel better:

1. Attend church and activities at church
2. Play with my daughter
3. Text Kim
4. Go to the library and check out spy novels
5. Got to the movies with Mom

Step 4: Family Members or Friends Who May Offer Help

Who I can tell that I am in crisis and need support:

1. Name: Kim (best friend) Phone: 555 675 1234
2. Name: Diane (Mom) Phone: 555 867 5309
3. Name: Phone:

Step 5: Professionals and Agencies to Contact for Help

Mental Health professionals or services I can contact for help:

1. Name: Dr. Jones Phone: 555 123 4567
2. Name: Dr. Garcia Phone: 555 234 5678
3. Name: Phone:

Veterans Crisis Line: 1-800-273-8255, press 1

VCL Text Messaging Service: Text to 838255

VCL Chat: https://www.VeteransCrisisLine.net/Chat

Dial 911 in an emergency

If I need to go to an emergency room or urgent care,

I will go to: VA ER

ER Address: 1 Main Street

ER Phone: 555 123 4567

Step 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

1. Put picture of my daughter on the fridge to stop from drinking
2. Buy less alcohol (instead of a case of beer, buy 6-pack of low alcohol beer)
3. Lock alcohol in cabinet or remove from house
4. Download yoga video on my phone and computer so that I remember to practice this skill

These are the people who will help me protect myself from having access to dangerous items:

1. Name: Kim (best friend) Phone: 555 675 1234
2. Name: Diane (Mom) Phone: 555 867 5309

Other Resources:

Virtual Hope Box Smartphone App	www.MakeTheConnection.net
My3 Safety Plan Smartphone App	www.VetsPrevail.org

Safety Plan Example – Scenario 2

MY SAFETY PLAN

Please follow the steps described below on your safety plan.
If you are experiencing a medical or mental health emergency, please call 911 at any time.
If you are unable to reach your safety contacts or you are in crisis, call the Veterans Crisis Line at **1-800-273-8255 (press 1).**

Step 1: Triggers, Risk Factors, and Warning Signs

Signs that I am in crisis and that my safety plan should be used:

1. Not sleeping at night
2. When suicidal thoughts like "my family would be better off without me. I should just end it all." happen daily
3. Suicidal thoughts keep me from focusing on taking care of myself
4. Feeling like I want to crawl out of my skin
5. I don't leave the house
6. Not taking medication as prescribed

Step 2: Internal Coping Strategies

Things I can do on my own to distract myself and keep myself safe:

1. Going for a walk
2. Listening to music to lift my mood
3. Watching a game show on TV
4. Taking a hot shower and noticing the sensations of the water on my skin
5. Practice holding ice to bring myself back into the moment
6. Practice progressive muscle relaxation or a breathing exercise

Step 3: People and Social Settings that Provide Distraction

Who I can contact to take my mind off my problems/help me feel better:

1. Name: Pastor Jim Phone: 555 555 5456
2. Name: Dave (best friend) Phone: 555 678 0301

Public places, groups, or social events that help me feel better:

1. Attend church and activities at church
2. Hang out with my children
3. Going to visit my best friend
4. Go to the gym
5. Watch movies

Step 4: Family Members or Friends Who May Offer Help

Who I can tell that I am in crisis and need support:

1. Name: Linda (wife) Phone: 555 675 1234
2. Name: Mary (sister) Phone: 555 867 5309
3. Name: Phone:

Step 5: Professionals and Agencies to Contact for Help

Mental Health professionals or services I can contact for help:

1. Name: Dr. Howard Phone: 555 123 4567
2. Name: Dr. Younis Phone: 555 234 5678
3. Name: Phone:

Veterans Crisis Line: 1-800-273-8255, press 1

VCL Text Messaging Service: Text to 838255

VCL Chat: https://www.VeteransCrisisLine.net/Chat

Dial 911 in an emergency

If I need to go to an emergency room or urgent care,

I will go to: VA ER

ER Address: 1 Main Street

ER Phone: 555 123 4567

Step 6: Making the Environment Safe

These are the ways I will make my environment safer and barriers I will use to protect myself from lethal means:

1. No firearms in the house
2. No medications other than the ones I'm prescribed
3. Give Linda my medications to hold
4. Hang a copy of my safety plan on my bathroom mirror
5. Download a mindfulness app on my phone so that I have it when I need it
6. Set a recurring alarm reminding me to take my medication each day

These are the people who will help me protect myself from having access to dangerous items:

1. Name: Linda (wife) Phone: 555 675 1234
2. Name: Mary (sister) Phone: 555 867 5309

Other Resources:

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