



Using CAMS in a Group Format to Reduce Suicidal Ideation and Behaviors among Veterans

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JUNE 20, 2012

Agenda

- Rationale for the group
- Course of treatment
- Structure of each session
- Suicide-specific coping skills
- Initial outcomes (anecdotal feedback)
- Challenges to implementation
- Next steps

Rationale for the CAMS Group

- Need for suicide-specific treatment to manage risk in veterans enrolled in a VAMC Psychosocial Rehabilitation and Recovery Center (PRRC)
- Evidence-based treatments (Hawton et al., 2009):
 - Problem-Solving Therapy (PST)
 - Dialectical Behavior Therapy (DBT)
 - Cognitive Therapy for Suicide (CT)
 - Collaborative Assessment and Management of Suicidality (CAMS)

Group members

- Must be enrolled in PRRC
- Referrals from:
 - PRRC case manager
 - Individual psychotherapist
 - VAMC suicide prevention coordinator
 - Self-referred
- All members take part in an initial individual risk assessment and treatment planning session with one of the group facilitators
- Commit to 10 once-a-week group sessions

Overview of group's logistics

- Group size: 4 – 12 members
- Outpatient treatment
- 2 co-facilitators
- 60 minute sessions
- Sessions are held once a week for 10 consecutive weeks

Conceptualizing the course of treatment

6 cumulative phases:

1. Initial individual risk assessment, stabilization, and Tx plan
2. Understanding suicide and why a person can feel this way
3. What to do if a suicidal crisis occurs
4. How to identify and head off a crisis before it happens
5. Developing future-oriented thinking, hope, and a life worth living
6. Relapse prevention

The Suicide Status Form (SSF)

- Principal clinical tool used in CAMS for assessment and treatment
- A mixture of quantitative and qualitative assessments
- Theoretically grounded in valid and reliable suicide risk assessment constructs (Baumeister, 1990; Beck et al., 1974; Linehan et al., 1983; Shneidman, 1993)

Suicide Status Form-SSF II-R (Initial Session)

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (Patient):

Rate and fill out each item according to how you feel **right now**. Then rank in order of importance 1 to 5 (1=most important to 5=least important).

2	1) RATE PSYCHOLOGICAL PAIN (<i>hurt, anguish, or misery in your mind, not stress, not physical pain</i>): What I find most painful is: _____	Low pain: 1 2 3 4 5 :High pain
3	2) RATE STRESS (<i>your general feeling of being pressured or overwhelmed</i>): What I find most stressful is: _____	Low stress: 1 2 3 4 5 :High stress
5	3) RATE AGITATION (<i>emotional urgency; feeling that you need to take action; not irritation; not annoyance</i>): I most need to take action when: _____	Low agitation: 1 2 3 4 5 :High agitation
1	4) RATE HOPELESSNESS (<i>your expectation that things will not get better no matter what you do</i>): I am most hopeless about: _____	Low hopelessness: 1 2 3 4 5 :High hopelessness
4	5) RATE SELF-HATE (<i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i>): What I hate most about myself is: _____	Low self-hate: 1 2 3 4 5 :High self-hate
N/A	6) RATE OVERALL RISK OF SUICIDE: _____	Extremely low risk: 1 2 3 4 5 :Extremely high risk (will not kill self) (will kill self)

1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING
1	To see grandkids	3	It's not worth it.
		1	To escape the pain.
		2	There's no point

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
The one thing that would help me no longer feel suicidal would be: _____

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Standardized suicide risk assessments: The Suicide Status Form (SSF)

Suicide Status Form-SSF II-R (Initial Session)

Patient: [redacted] Clinician: [redacted] Date: [redacted] Time: [redacted]

Section A (Patient):

Rate and fill out each item according to how you feel right now. Then rank in order of importance 1 to 5 (1=most important to 5=least important).

Rank 4 1) RATE PSYCHOLOGICAL PAIN (hurt, anguish, or misery in your mind, not stress, not physical pain).
 Low pain: 1 2 3 4 5 : High pain
 What I find most painful is: not doing what I should do

Rank 2 2) RATE STRESS (your general feeling of being pressured or overwhelmed).
 Low stress: 1 2 3 4 5 : High stress
 What I find most stressful is: not being able to provide / take care

Rank 5 3) RATE AGITATION (emotional urgency; feeling that you need to take action; not irritation; not annoyance).
 Low agitation: 1 2 3 4 5 : High agitation
 I most need to take action when: at night when no one's around

Rank 3 4) RATE HOPELESSNESS (your expectation that things will not get better no matter what you do).
 Low hopelessness: 1 2 3 4 5 : High hopelessness
 I am most hopeless about: ever feeling useful again or not having their voice

Rank 1 5) RATE SELF-HATE (your general feeling of disliking yourself; having no self-esteem; having no self-respect).
 Low self-hate: 1 2 3 4 5 : High self-hate
 What I hate most about myself is: not being able to cope with things

N/A 6) RATE OVERALL RISK OF SUICIDE. Extremely low risk: 1 2 3 4 5 : Extremely high risk (will kill self)

1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
 2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING
1	Daughter	2	Not to feel pain anymore
3	God	1	Tired of these voices in my world
2	Grandkids	3	uselessness
4	Not wanting to go	4	no more blame

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
 I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much
 The one thing that would help me no longer feel suicidal would be: get out of these problems
I have

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Suicide Status Form-II-R (Initial Session—page 2)

Section B (Clinician):

N Suicide plan: When: Middle of night nobody around
 Where: 6th Bridge (Pavement + Intersections)
 How: Jump off the bridge Y N Access to means
 How: Shoot self in head, outside on pills Y Access to means

N Suicide Preparation Describe: Put everything in my daughter's room

N Suicide Rehearsal Describe: _____

N History of Suicidality Describe: "now I used to function and I'm not functioning any more"

- Ideation
 - Frequency 2 per day _____ per week _____ per month
 - Duration _____ seconds 10 minutes _____ hours
- Single Attempt Describe: _____
- Multiple Attempts Describe: Multiple since 15 years old; 2 attempts while alone @ home

N Current Intent Describe: included pills, will take pills, taking antidepressants, but sometimes I use h.c.p.

N Impulsivity Describe: "I get up and go"

N Substance abuse Describe: EtOH 1-2x per month 1 part GIs/walks; up to 1yr ago heroin

N Significant loss Describe: "my health"

N Interpersonal isolation Describe: "I change who I am"

N Relationship problems Describe: "everybody"

N Burden to others Describe: "my health"

N Health problems Describe: Diabetes, asthma, HTN

N Physical pain Describe: Back, knees, shoulders

N Legal problems Describe: _____

N Shame Describe: "not doing the things I should do"

TREATMENT PLAN (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	Self-Directed Violence	Safety and Stability	Crisis Response Plan <input checked="" type="checkbox"/> @ for a while @ consultation my art @ with the jazz @ Take shower @ Calm down	10 wks
2	"The Voices"	"Reduce the voices and get rid of them"	- Refer to inpatient psychiatry (cont. Rx w/ psych meds)	10 wks
3	"my guilt"	"Accept that I'm not at fault"	- Cont PRIL program specifically CBT+ACT groups - Inpatient Therapy	10 wks

YES Patient understands and concurs with treatment plan?
 YES Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature _____ Date _____ Clinician Signature _____ Date _____

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Structure of each session

1. The Suicide Tracking Form

- Immediate risk assessment at start of session
- Focuses group members on suicidality

2. Open discussion of current suicidality

- Processing these thoughts and feelings in a non-judgmental environment

3. Specific tools and skills

4. Treatment plan update on the Suicide Tracking Form

The Suicide Tracking Form

Suicide Tracking Form

Patient: [redacted] Clinician: [redacted] Date: [redacted] Time: [redacted]

Section A (Patient):
Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, not stress, not physical pain*):
Low pain: 1 2 3 4 5 :High pain

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
Low stress: 1 2 3 4 5 :High stress

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; not irritation; not annoyance*):
Low agitation: 1 2 3 4 5 :High agitation

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):
Low hopelessness: 1 2 3 4 5 :High hopelessness

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):
Low self-hate: 1 2 3 4 5 :High self-hate

6) RATE OVERALL RISK OF SUICIDE: Extremely low risk: 1 2 3 4 5 :Extremely high risk (will not kill self) (will kill self)

Section B (Clinician): Resolution of suicidality: 1st session 2nd session
**Complete Suicide Tracking Outcome Form after 3rd consecutive resolved session

Y N Suicidal Thoughts? Patient Status:
Y N Suicidal Feelings? Discontinued treatment No show Referral to: _____
Y N Suicidal Behaviors? Hospitalization Cancelled Other: _____

TREATMENT PLAN UPDATE

Problem #	Problem Description	Goals and Objectives Evidence for Attainment	Interventions (Type and Frequency)	Estimated # Sessions
1	Self-Harm Potential	Outpatient Safety	Crisis Response Plan: ① Go for walk ② Do my art ③ Listen to jazz ④ Take a shower ⑤ Call Crisis line 1-800-273-8255	6 wks
2	"My guilt"	"Accept that I'm not all at fault"	-Cont. Indiv therapy -Cont PRRC programming (CBT +ACT groups)	6 wks
3	"I feel useless"	"I want to start working again."	-Referral to PRRC social worker (CWT, TWS, etc?)	6 wks

Patient Signature: [redacted] Date: [redacted] Clinician Signature: [redacted] Date: [redacted]

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- A 4 or 5 on “Rate overall risk of suicide” warrants individual attention (Conrad et al., 2009)
- ~5 minutes at beginning of session

Processing suicidality in group

- Typically allow 20 – 25 minutes per session
- Initially, group predominately skills-focused
- Open forum for non-judgmental discussion seems to facilitate treatment engagement
- Realizing that other veterans suffer from similar thoughts and feelings aids in reducing isolation in program and at home

Suicide-specific coping skills and tools

- Typically allow 20 – 25 minutes per session
- Main skills covered:
 1. Understanding suicide: risk factors and warning signs
 2. Developing a crisis response plan
 3. Behavioral chain analysis
 4. Unfinished business in my life
 5. Building a hope kit
 6. Viktor Frankl's Meaning Triangle
 7. Relapse prevention

Closing the session with the Treatment Plan Update

Suicide Tracking Form

Patient: [redacted] Clinician: [redacted] Date: [redacted] Time: [redacted]

Section A (Patient):
Rate each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, not stress, not physical pain*):
Low pain: 1 2 3 4 5 :High pain

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
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2	"My guilt"	"Accept that I'm not all at fault"	-Cont. Indiv therapy -Cont PRRC programming (CBT, RACT groups)	6 wks
3	"I feel useless"	"I want to start working again."	-Refer to PRRC social worker (CWT, TWS, etc?)	6 wks

Patient Signature: [redacted] Date: [redacted] Clinician Signature: [redacted] Date: [redacted]

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- A 4 or 5 on “Rate overall risk of suicide” warrants individual attention
- Treatment plan often “No Change”
- ~10 minutes at end of session

Veterans' feedback

- “I used my crisis card last Friday...and it literally saved my life. This really works.”
- “Being somewhere I can be real, and talk about feeling suicidal, and not feel like I’m alone in this, or that everyone thinks that I’m crazy for feeling this way...that’s what I liked the best.”
- “This is like my ‘safe place’ where people will actually hear what I’m saying...and I can say it without ending up on 3D East.”

Initial outcomes

Suicide Tracking Form

Patient: [redacted] Clinician: [redacted] Date: [redacted] Time: [redacted]

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Low pain: 1 2 3 4 5 :High pain

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Patient Signature: [redacted] Date: [redacted] Clinician Signature: [redacted] Date: [redacted]

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Challenges to implementation

- Assessing and tracking risk for group members on an outpatient basis
- Time intensive for the facilitators
- Documentation in AHLTA / CPRS
- Adjusting to individual group member's circumstances over the brief, 10-session protocol
- Running an “Open” versus “Closed” group

Next steps

- Adjust length of protocol as needed
- Open group to veterans outside of PRRC
- Make materials and literature for group available to interested providers
- RCT of similar treatment to be conducted at VAMC in Louisville, KY

Thank you for your time!

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You can follow this year's conference on twitter: #suicideprevention