

# COPING WITH THE DEATH OF A PARTICIPANT

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- Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# Acknowledgements

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# The Survey

- A survey of drug court staff conducted with NADCP permission during 2018 NADCP conference
- A convenience sample from several audiences who came to Dr. Meyer's presentations
- 16 questions pertaining to traumatic exposures
- 403 out of 500 (80%) surveys returned

**AND THE  
SURVEY  
SAYS...**



# The Survey



- How many of you have been exposed in your work to:
  - Details of traumatic stories?
  - People who have tried to kill themselves?
  - People who have committed suicide while in your program?
  - People who have tried to kill others while in your program?
  - People who have committed homicide while in your program?
  - People who have overdosed?
  - People who have died from overdose?
  - Team members who have hurt themselves or died?

# Primary Survey Results

- 99% (399/403) had at least one “yes” response
- 1% (3/403) had all “yes” responses
- The most common “yes” response was to the item “Hearing details of traumatic stories””: 98.5% said “yes”
  - 32% said that participants had killed themselves while in the program
  - 7.7% said that participants had killed others while in the program
  - 44% said that participants had died from overdoses
  - 2.7% said that team members had killed themselves
  - 80% said that team members had experienced burnout

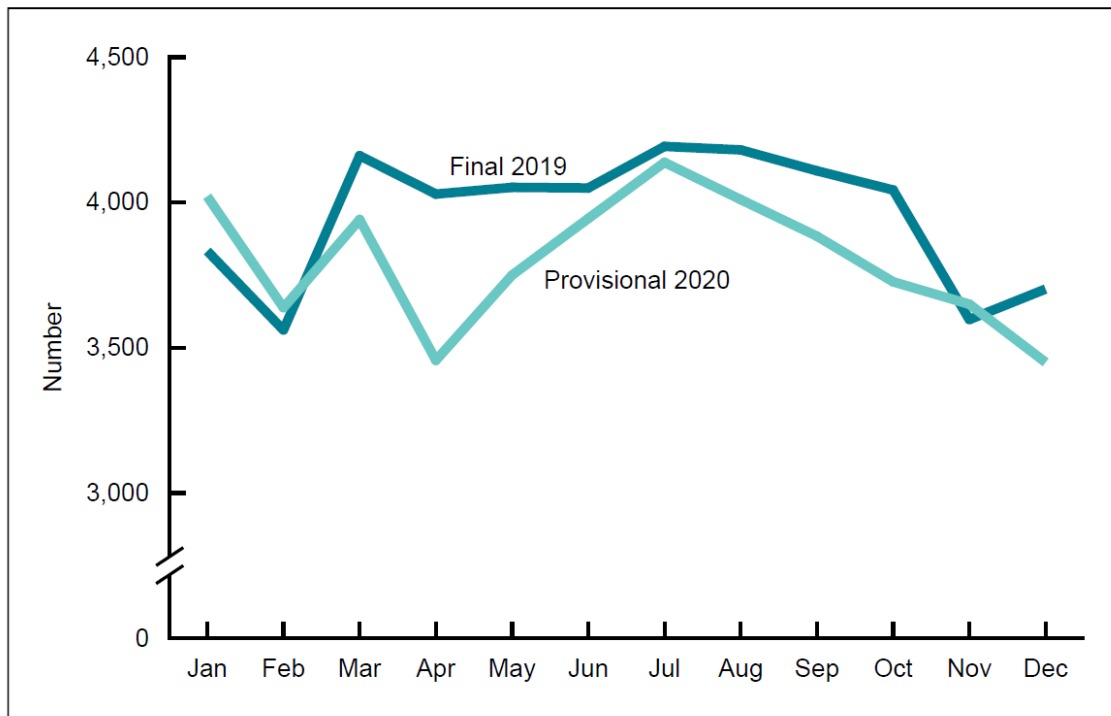
# The Pandemic Increased Risk of Death among Court Participants

- Increased isolation
- Increased mental health problems
  - A survey of over 5,400 adults in June, 2020, (CDC, MMWR, 9/14/20) found that:
    - Nearly 41% reported at least one mental health symptom
    - Nearly 31% reported symptoms of anxiety or depression
    - Over 26% reported symptoms of traumatic stress
- Increased drug overdoses
  - Overdose deaths increased by approximately 28.5 % to over 100,000 in 2020 (CDC, 2021)



# Suicides Declined by 3% in 2020

Figure 1. Number of suicides, by month: United States, final 2019 and provisional 2020

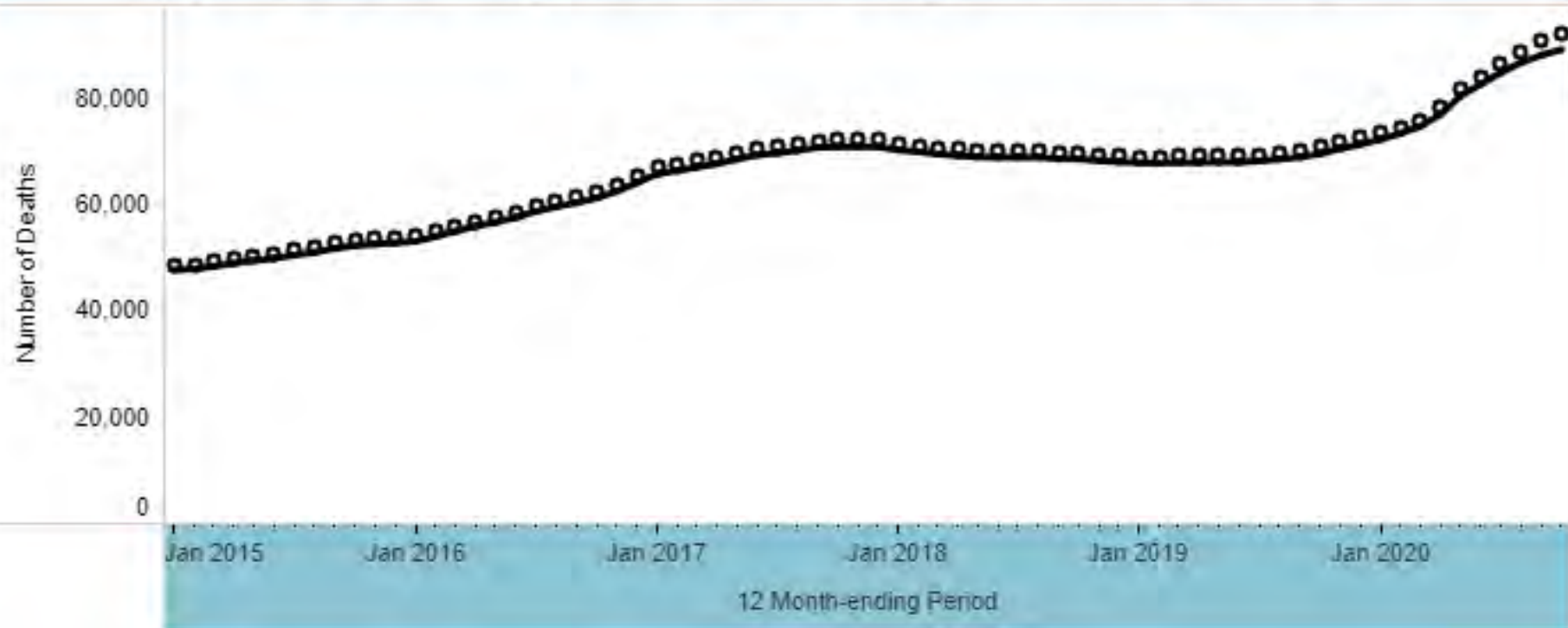


NOTE: Suicides are identified with *International Classification of Diseases, 10th Revision* codes U03, X60–X84, and Y87.0.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

A  
SURPRISE:  
SUICIDES  
DECLINED  
IN 2020

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



# **What to Do If a Suicide or Overdose Happens among Your Court Participants**

# After a Suicide or Overdose



With participants:

- Check in on all participants in the docket to prevent contagion
- Ask them who was closest to the person who overdosed or died
  - Spend extra time with those people
- Be careful not to over-eulogize a person who has died

# After a Suicide or Overdose

With treatment court staff:

- Engage in a *time-limited* analysis of the events leading up to the event
- No finger-pointing or self-flagellation
- Determine if there are lessons to be learned
- Apply those lessons in the team going forward



# After a Suicide

With treatment court staff: engage in group acknowledgement

- Avoiding the fact of the event or death will make it more painful
- Therefore, the team must engage in some discussion about the event and how it is affecting them
- Each person is given an opportunity to say something, but no one has to
- This is not group therapy
- Rather, it is group mourning, like we do when someone dies
- Food is helpful
- It is time-limited



# After a Suicide or Overdose



With yourself:

- Try not to ruminate over events
  - This is something we often do to try to give ourselves a sense of control in the face of helplessness
- Try not to blame yourself
  - See above
- Practice self-compassion (meditation)

# Practice Radical Acceptance

Radical Acceptance is the willingness to experience ourselves and our life as it is. A moment of Radical Acceptance is a moment of genuine freedom.

*- Tara Brach, from Radical Acceptance*

- The refusal to accept emotional pain is the basis of suffering
- Accept reality as it is, not as we want it to be
- Neither fighting reality nor avoiding it
- Letting go of the desire to have things as we want them to be transforms suffering into ordinary pain, which is part of life
- Radical acceptance is an active choice that requires an inner commitment



# Engage in a Mourning Ritual

- Create a time and space for grief
- Collect a one-hour candle and any reminders you may have (pictures, music, etc.)
- Find a quiet place
- Spend one hour thinking of the person who died, using the candle as a timer
- You may want to write a letter to them; burn it at the end of the hour
- When the candle goes out, clean up and then go do something pleasant



**Now What?**

# **Build Resilience**

# What is Resilience?

- “Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...”
  - Ordinary, not extraordinary
  - It does not mean the absence of distress or emotional symptoms
  - Not a “trait” - involves thoughts, behaviors, and actions





**Fell years ago.**

**Never gave up.**

# Factors Involved in Resilience

1. Supportive relationships inside and outside of one's family.
2. The capacity to make realistic plans and take steps to carry them out.
3. A positive view of yourself and the confidence in your strengths and abilities.
4. Skills in communication and problem solving.
5. The capacity to manage strong feelings and impulses (i.e., distress tolerance).
6. Engaging in self-care

...In other words, **these are all things someone can cultivate within or for themselves.**

Never stop learning  
trust yourself  
always give 100 %  
all things are possible  
yes I can  
yes I will  
forgive yourself  
think positive  
take care of yourself  
know your friends  
know your enemy



# How Resilient are You?

The Resilience Inventory- rate yourself from 1 to 5.

		Strongly Disagree			Strongly Agree	
		1	2	3	4	5
1	I'm usually optimistic. I see difficulties as temporary and expect to overcome them.					
2	Feelings of anger, loss and discouragement don't last long.					
3	I can tolerate high levels of ambiguity and uncertainty about situations.					
4	I adapt quickly to new developments. I'm curious. I ask questions.					
5	I'm playful. I find the humour in rough situations and can laugh at myself.					
6	I learn valuable lessons from my experiences and from the experiences of others.					
7	I'm good at solving problems. I'm good at making things work well.					
8	I'm strong and durable. I hold up well during tough times.					
9	I've converted misfortune into good luck and found benefits in bad experiences.					
		<b>YOUR SCORE:</b>				

(The Resilience Advantage, 2015)

# Resilience Inventory Scoring Key

Convert your scores with the following key:

- **Less than 20: Low Resilience.** You may have trouble handling pressure or setbacks and may feel deeply hurt by any criticism. When things don't go well, you may feel helpless and without hope. Consider seeking some professional counsel or support in developing your resilience skills. Connect with others who share your developmental goals.
- **10-30: Some Resilience.** You have some valuable pro-resilience skills, but also plenty of room for improvement. Strive to strengthen the characteristics you already have and to cultivate the characteristics you lack. You may also wish to seek some outside coaching or support.
- **30-35: Adequate Resilience.** You are a self-motivated learner who recovers well from most challenges. Learning more about resilience and consciously building your resiliency skills will empower you to find more joy in life, even in the face of adversity.
- **35-45: High Resilient.** You bounce back from life's setbacks well and can thrive even under pressure. You could be of service to others who are trying to cope better with adversity.

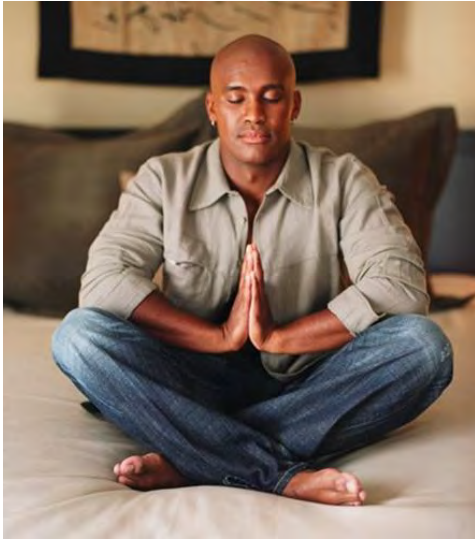


# **Ways to Increase Resilience in Yourself and in Your Court Team**

# Mindfulness

Mindfulness shifts the brain into a state of calm.

Regular practice shifts the nervous system baseline.



Find more free guided meditations from the University of Florida Psychiatry Department here:

[https://www.youtube.com/playlist?list=PLJWuMBoY4jMpVTEXe\\_cWU2f8SvDV5ZnXc](https://www.youtube.com/playlist?list=PLJWuMBoY4jMpVTEXe_cWU2f8SvDV5ZnXc)

## THE BENEFITS OF MINDFULNESS

### Physical

- ✓ Boost energy levels
- ✓ Improves sleep
- ✓ Reduces chronic pain
- ✓ Improves heart function
- ✓ Helps with digestive problems

### Mental

- ✓ Relieves stress
- ✓ Reduces anxiety
- ✓ Improves mood and happiness
- ✓ Boosts concentration and focus
- ✓ Improves self-esteem

# Mindfulness



Mindful Breath Activity (developed by Dr. Andrew Weil)

## 4-7-8 Breathing Technique

- Exhale completely through your mouth, making a whoosh sound
- Close your mouth and inhale quietly through your nose to a mental count of four
- Hold your breath for a count of seven
- Exhale completely through your mouth, making a whoosh sound to a count of eight
- This is one breath. Now inhale and repeat the cycle three more times for a total for four breaths

# Distress Tolerance (DBT)

- Short term relief for painful situations.
- Help to minimize impulsive responses/behaviors

## The ACCEPTS Skill



Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). New York, NY, US: Guilford Press.

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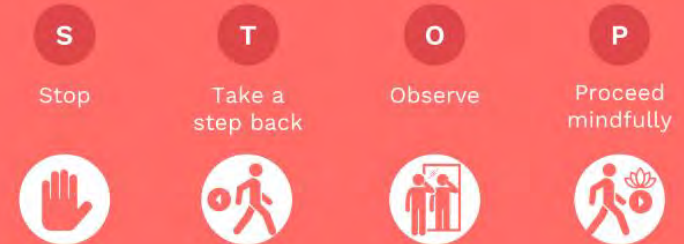
## The TIP Skill



Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). New York, NY, US: Guilford Press.

Psychotherapy  
Academy

## The STOP Skill



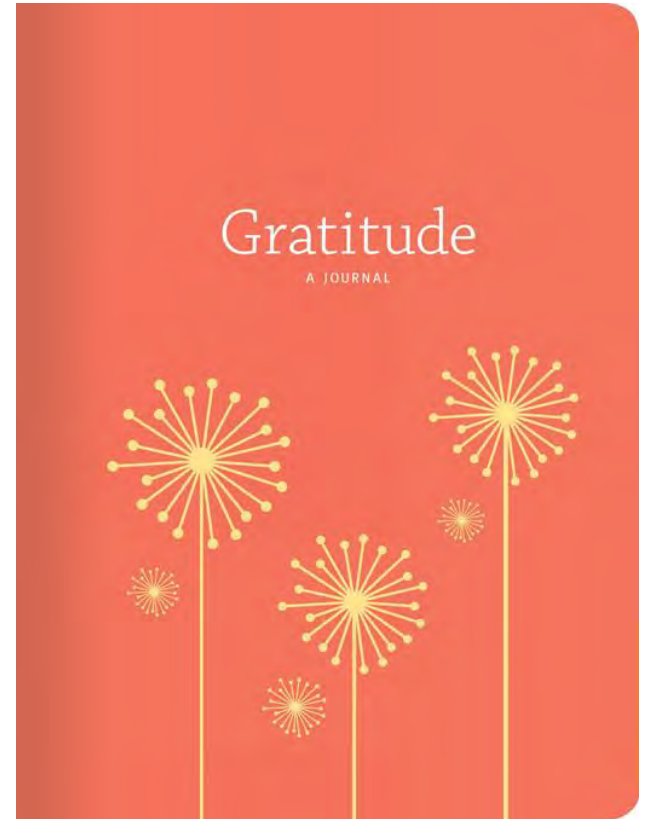
Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). New York, NY, US: Guilford Press.

Psychotherapy  
Academy

(PsychotherapyAcademy.org)

# Some Resilience Activities

- Start a gratitude journal, writing down what you are grateful for each day
- Perform random acts of kindness
- Figure out what gives you purpose and meaning in your life, and do more of it
- Find the silver linings in difficult experiences
- Make a list of things you enjoy doing and try to do one each day
- Create a self-care action plan



# Integrate Resilience Exercises into Your Meetings

Open every docket – and every staff meeting - with a brief activity that staff and/or participants can do to build resilience.



[https://www.youtube.com/playlist?list=PLJWuMBoY4jMpNeM6cv\\_NoZx59RbQftqgC](https://www.youtube.com/playlist?list=PLJWuMBoY4jMpNeM6cv_NoZx59RbQftqgC)

# Resilience Can Be Cultivated



**What Can You Do to Reduce the  
Likelihood that It Will Happen Again?**



# **Learn about Suicide and Overdose Risk Factors**

# Myths about Suicide

1. Asking about suicide may lead a person to take his/her life.

Reality: Asking does not create suicidal thoughts. It gives permission to talk.

2. Some people talk and some people act.

Reality: Most people who commit suicide have given a clue or some form of warning.

3. If someone wants to die, there's nothing you can do about it.

Reality: Risk for suicide is time-limited. If you can help someone through the crisis and connect them with treatment, you may save a life.

4. He won't kill himself because...

Reality: The intent to die can override rational thinking. Suicidal thoughts or intent must be taken seriously.

# Risk Factors for Suicide

- According to the National Institute of Mental Health, the main risk factors include:
  - A prior suicide attempt
  - Recent thoughts about suicide
  - Hopelessness
  - Depression and other mental health disorders
  - Substance abuse disorder
  - Family history of mental health disorders, substance abuse, or suicide
  - Being in prison or jail
  - Being exposed to suicidal BEHAVIOR (friends, family, media figure)
  - Medical Illness
  - Being between the ages of 15-24 or over 60
  - Chronic pain



# Risk Factors for Suicide

- Having a gun in the home is related to an increase in suicide
  - Studies have found that suicides are 2-10 times more likely in homes with firearms.
    - Variations are seen re: age of population in study and the method for storing firearms.
  - Increase risk is not isolated to the gun owner, but anyone living in the house (i.e. spouse, children).



# Warning Signs That Suicide Might Be Imminent



- Talking about suicide
  - “I’m going to kill myself.”
  - “I should just take all my medicine and go to sleep forever.”
- Obtaining the means- buying a gun, getting pills
- Withdrawing from social contact
- Have severe mood swings
- Preoccupation with death, dying, or violence
- Feeling trapped or hopeless

# Warning Signs That Suicide Might Be Imminent



- Increasing use of drugs or alcohol
- Doing reckless things- using drugs, self- destructive behaviors, driving recklessly
- Giving away personal belongings or getting affairs in order
- Saying goodbye to people as if they won't be seen again
- Developing personality changes or being severely anxious or agitated

# Risk Factors for Overdoses

- Co-occurring mental health and substance abuse problems
- Comorbid mental and medical disorders
- Middle age
- History of substance abuse, including prescription and illicit drugs and alcohol
- Polysubstance abuse
- High opioid dose (particularly with added benzodiazepines)
- Opioid naïvety
- Methadone use



# Risk Factors for Overdoses

- Benzodiazepine co-prescribing
- Antidepressant co-prescribing
- Unemployment
- Recent release from prison or jail
- Recent release from abstinence-based addiction treatment
- Sleep apnea
- Heart or pulmonary complications (e.g., respiratory infections, asthma)
- Moderate-high pain intensity





# **Change Your Intake Screen and the Clinical Assessment**

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk



Any **YES** indicates the need for further care. However, if the answer to **4, 5 or 6** is **YES**, **immediately ESCORT** to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

**DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP**

# COLUMBIA -SUICIDE SEVERITY RATING SCALE

Conduct the C-SSRS screen at intake

# C-SSRS Clinical Assessment

## COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann  
© 2008 The Research Foundation for Mental Hygiene, Inc.

### RISK ASSESSMENT VERSION

(\* elements added with permission for Lifeline centers)

Conduct this  
during Clinical  
Assessment if  
C-SSRS screen  
is positive

<b>Instructions:</b> Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.			
Suicidal and Self-Injury Behavior (Past week)		Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Aborted attempt	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	Lifetime
<input type="checkbox"/>	Self-injury behavior w/o suicide intent	<input type="checkbox"/>	Lifetime
<b>Suicide Ideation (Most Severe in Past Week)</b>		<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Wish to be dead	<input type="checkbox"/>	Helplessness*
<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	Feeling Trapped*
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Suicidal intent (without specific plan)	<input type="checkbox"/>	Mixed affective episode
<input type="checkbox"/>	Suicidal intent with specific plan	<input type="checkbox"/>	Command hallucinations to hurt self
<b>Activating Events (Recent)</b>		<input type="checkbox"/>	Highly impulsive behavior
<input type="checkbox"/>	Recent loss or other significant negative event	<input type="checkbox"/>	Substance abuse or dependence
		<input type="checkbox"/>	Agitation or severe anxiety
		<input type="checkbox"/>	Perceived burden on family or others
		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (AIDS, COPD, cancer, etc.)
		<input type="checkbox"/>	Homicidal ideation
		<input type="checkbox"/>	Aggressive behavior towards others

# Increase Detail in Clinical Assessments



- Assess risk factors for suicide and overdose listed in previous section
- Ask for family history regarding mental health and substance abuse
  - Suicide and overdose history in family and social network
  - This helps understand genetic vulnerabilities and modeling
- Compare chronic risk vs. acute risk
  - High acute risk requires Emergency Dept. assessment

# Increase Detail in Clinical Assessments

- Assess whom they live with and their social network
- Participant history of self-harm
- Participant history of accidental and intentional overdoses
- Ask about other high risk behaviors
  - Trading drugs for sex
  - Illegal activity to obtain funds for substances



A lifebuoy with two white stripes is floating in the middle of a dark blue, rippling ocean. The text "CREATE A CRISIS SAFETY PLAN" is overlaid in white, bold, sans-serif font. A thin white horizontal line is positioned below the text.

# CREATE A CRISIS SAFETY PLAN

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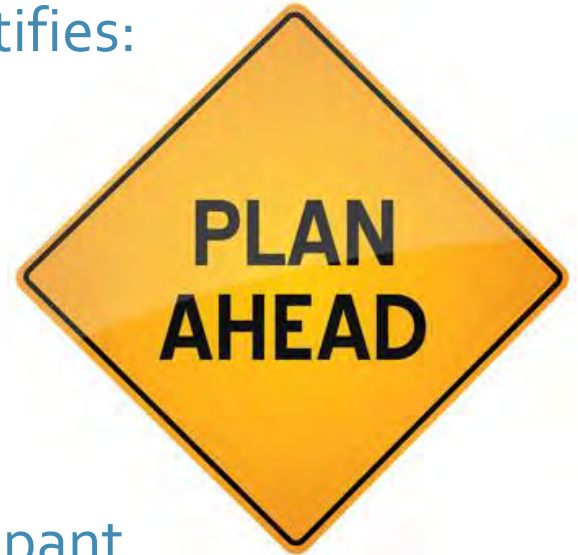
# Every Court Participant Needs a Safety Plan

The plan should include:

1. A comprehensive list of mental health, trauma, and substance use triggers
2. Internal resources (i.e., coping that can be done alone)
3. External resources (i.e., coping that can be done in public or with others)
4. Making the environment safer (i.e., removing means of self-harm, substance use, suicide, and/or violence)
5. Personal supports (i.e., a list of people who will be supportive)
6. Professionals (i.e., a list of healthcare professionals, self-help/support group meetings, and crisis management services available)

# The Safety Planning Intervention

- SPI is crisis response planning developed for emergency rooms and crisis settings (Stanley & Brown, 2011)
- It is a 20-45 minute intervention that identifies:
  - Warning signs
  - Internal coping strategies
  - Social support activities
  - Help-seeking behaviors
  - Means restriction
- Developed collaboratively with the participant





# Suicide Safety Plan

## Patient Safety Plan Template

### Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Step 3: People and social settings that provide distraction:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

### Step 4: People whom I can ask for help:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

### Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local Urgent Care Services  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

### Step 6: Making the environment safe:

1. \_\_\_\_\_
2. \_\_\_\_\_

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrown@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

\_\_\_\_\_

# Increase Naloxone Availability



- Naloxone has saved nearly 27,000 lives (CDC, *MMWR*, 6/19/2020)
- Laws surrounding Narcan/Naloxone vary by state
- Buy and distribute Naloxone to users, family members, and friends
- Make it available in all substance use programs

Find the laws in your state here:

<https://www.safeproject.us/naloxone-awareness-project/state-rules>

# Increase Use of Medication-Assisted Treatment



**MAT saves lives!**

- Buprenorphine and Methadone reduce mortality rates by two-thirds (Sordo et al, 2017)
- Naltrexone also saves lives (Krupitsky et al., 2013)
- MAT is available in only 41% of private addiction treatment facilities (SAMHSA, 2016)
- MAT can be provided in primary care, too

Name: .....

### My Personal Recovery Safety Plan

Congratulations on your commitment and efforts to maintain sobriety!

Let's work together to develop and write down a plan which will help support you and prepare for tough times should you hit bumps.

These are top reasons which I choose to be sober today:

- .....
- .....
- .....

Here are a few things that I do regularly to stay sober:

- .....
- .....
- .....

These are actions I can take if and when I have cravings: (examples: call a support, eating if hungry, going to a meeting, reading recovery material, reminding myself that cravings can be intense but pass, or thinking of the consequences of using)

- .....
- .....
- .....
- .....

Places I can go which provide positive distraction (like 12-step meetings, a coffee shop, the library, or specific family or friends etc).

- .....
- .....

My Triggers or Early Warning Signs - Things I need to look out for include: (examples could be, cravings, changes in attitude towards recovery, or behaviors)

- .....
- .....
- .....
- .....

Here are a few people I can call who support my recovery:

Name	Number
.....	.....
.....	.....
.....	.....

# Overdose Prevention Plan

# Share Overdose Prevention Tips

# Overdose Prevention Tips

- Use less after any period of abstinence
- After even a short time without using drugs, your tolerance goes down – this significantly increases the risk of overdose
- Do not mix drugs, prescriptions, and/or alcohol
- Use a less risky method (i.e., snort instead of smoke or inject)
- Test the strength of the drug before you do the whole amount
- Is the “Tester shot” effect what you were expecting?



**Give out a copy of this set of tips!**

Institute for Family Health, NY

# Overdose Prevention Tips, cont.



- Keep a Naloxone “Narcan” Kit with you and learn how to use it
- Seek medical attention after an overdose, even if you were given Narcan
- Develop an overdose plan with your friends or partner
- Do not use alone; one of you should test and the other should hold Narcan and use it if necessary
- Do not share or reuse needles
- Do not use when having thoughts of suicide

**Give out a copy of this set of tips!**

# **Learn How to Discuss Suicide**



# Conversations about Suicide

- Talking about suicide does not increase suicidal ideation or suicide attempts
- Talking about suicide and acknowledging suicidal thoughts may help to:
  - Reduce the stigma
  - Reduce suicidal ideation
  - Improve mental health in treatment seeking populations



Dazzie et al., 2014; de Beurs et al, 2015; Gould et al, 2005

# How to Talk about Suicide



- Remember, suicidal ideation is not a permanent situation; it is a sign that an individual is suffering and needs treatment (Fuller, 2020)
  - If you are not a mental health professional, remember that it is not your job to manage the situation
  - If you are a mental health professional, and you are unsure what to do, seek consultation from a peer or supervisor

(Mayo Clinic Staff, 2018)

# How to Talk about Suicide

- Be sensitive, but direct
- If you fear that a person is in immediate danger:
  - Do not leave them alone
  - Call the Suicide Prevention Hotline with them
  - Call 911

(Mayo Clinic Staff, 2018)



# How to Talk about Suicide

- Ask:
  - How are you doing with what's been happening in your life?
  - Are you feeling hopeless?
  - Are you thinking about dying?
  - Are you thinking about hurting yourself?
  - Are you thinking about suicide?
  - When did you have these thoughts, and do you have a plan?
  - Have you ever thought about suicide before, or tried to harm yourself before?
  - Do you have access to weapons or objects that can be used to harm yourself?
  - What's causing you to feel so bad?
  - What would make you feel better?



(Mayo Clinic Staff, 2018; VA, 2019)

If they answer “yes” to any of the first three questions in red, you may have to act to help them stay safe.

# How to Talk about Suicide

- Offer Support
  - National Suicide Prevention Hotline 1-800-273-8255
  - Encourage them to seek treatment from a professional
  - Offer to help them find help. Directly ask how you can help them
  - Encourage them to continue to talk to you
  - Keep your tone, facial expressions, and body language neutral
  - Be respectful, not patronizing or judgmental
  - Avoid statements like, “You’re not thinking about killing yourself, are you?”
  - If possible, remove potentially dangerous items from a person’s home
  - Find someone like a family member or friend who can temporarily hold these items



(Mayo Clinic Staff, 2018)

# How to Talk about Suicide

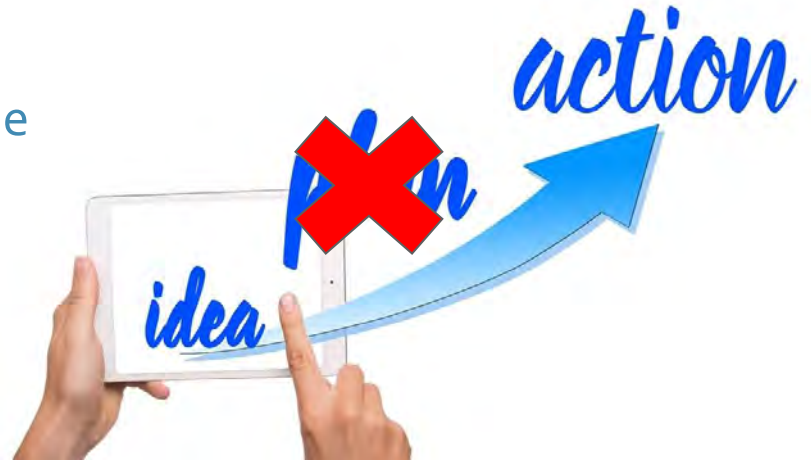


- Do not:
  - Promise to keep someone's suicidal thoughts a secret
  - Dismiss a person's feelings.
  - Try to talk them out of their feelings
  - Be patronizing or judgmental
    - "Things could be worse."
    - "You have everything to live for."

(Mayo Clinic Staff, 2018)

# Impulsive Suicides

- 33-80% of suicide attempts are impulsive (Miller & Hermenway, 2008)
- A 2001 study about near lethal suicide attempts by Simon et al. found that
  - 24% took less than 5 minutes between deciding to kill themselves and actually attempting it
  - 70% took less than an hour.
- A 2015 study in South Korea found that nearly 87% of near lethal suicides were impulsive (Kim et al, 2015)
- Do not blame yourself for impulsive suicides



**Increase Connections**



# The Rat Park Studies

- Early studies suggested that rats in a cage preferred cocaine-laced water to plain water
- A series of studies by Bruce Alexander (c.f., Alexander et al., 1981)
- Alexander showed that rats placed in an environment with other rats and given stimulation rarely drank the cocaine-laced water
- Those that did drink it rarely and did not show signs of addiction





**ALL  
HANDS  
ON  
DECK!**

---

# All Hands on Deck

- Isolation is a critical risk factor for suicidal behavior and overdoses



- Treatment court teams need to surround the participant with treatment, caring, and structure





# All Hands on Deck

- Everyone on the team has a role to play
- Psychologically, we hold the participant gently but firmly
- Talk with and get to know each participant as an individual
- Each person seeks to establish a connection with the participant, so that s/he is surrounded by and involved in multiple relationships
- That allows the participant to connect with anyone, or at least someone, to tell them about urges to harm themselves or use substances
- Being told is an opportunity, a test, and an honor

# Check in with Participants

- Assign team members to do this (case managers, peer support/mentors, etc.)
- Consider slowing withdrawal of support between phases
  - For example, schedule phone check-ins when decreasing frequency of court appearances
- Reach out to and utilize community supports (homeless shelter staff, sober living houses, community IOPs) to do check-ins
  - Note that this requires good relationships before you ask

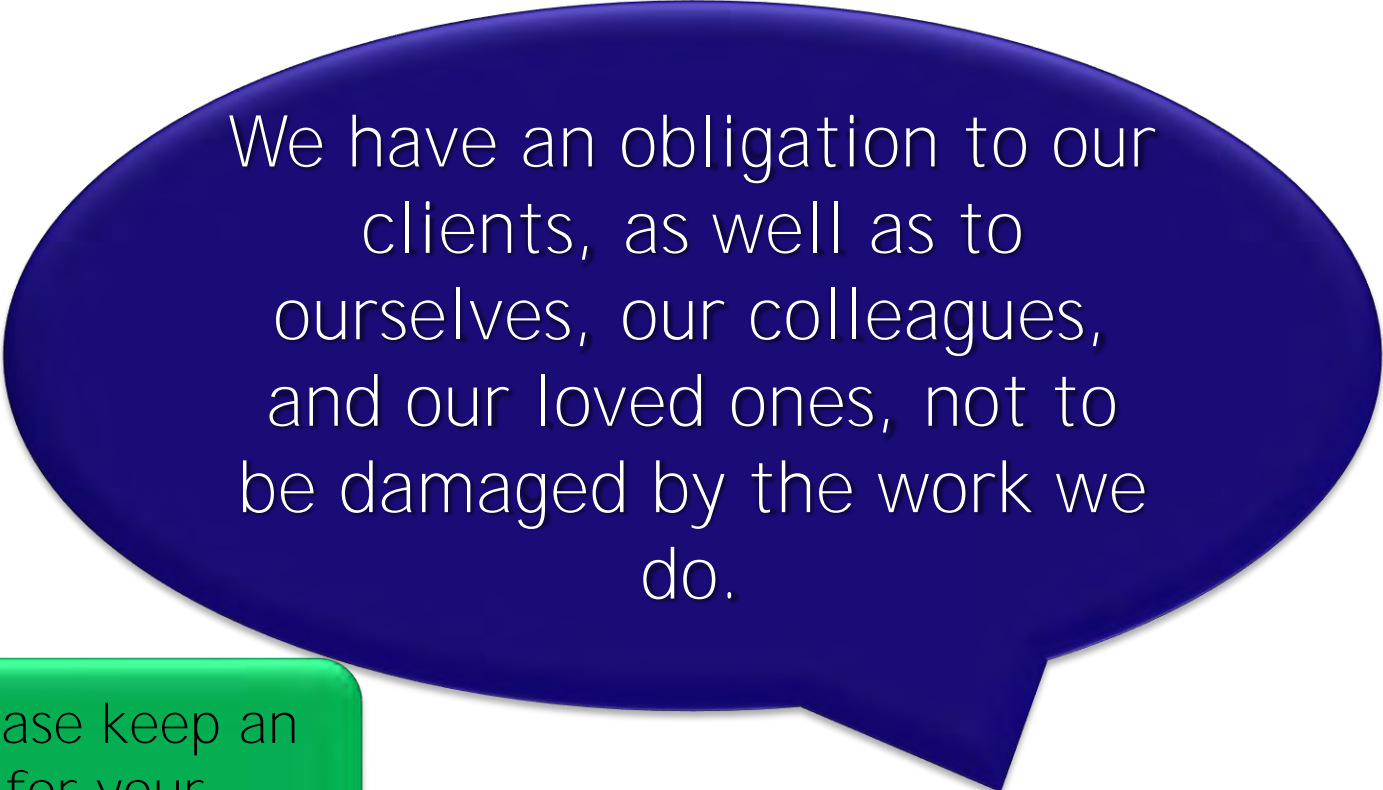


# Increase Access to Treatment by:




- Utilizing CARES Act funding to pay POs and Sheriffs to increase community supervision (twice weekly check-ins)
- Utilizing CARES Act funding to purchase technology (smart phones or tablets) with pre-paid video and data to increase access to treatment
- Using state funds for transportation and community housing
- Encouraging participants to use public wifi in parking lots (libraries, restaurants, etc.)

# Final Thoughts



We have an obligation to our clients, as well as to ourselves, our colleagues, and our loved ones, not to be damaged by the work we do.



P.S. Please keep an eye out for your colleagues, too.

Karen Saakvitne and Laurie Pearlman, 1996



**YOU HAVE ONLY FOUR DAYS TO  
START BUILDING RESILIENCE**

---

**...BEFORE YOU FORGET**

# RESOURCES

# Resilience Building Strategies

Find ideas here: <https://positivepsychology.com/resilience-activities-exercises/>

Find more ideas here:

[https://www.youtube.com/playlist?list=PLJWuMBoY4jMpNeM6cv\\_NoZx59RbQftqgC](https://www.youtube.com/playlist?list=PLJWuMBoY4jMpNeM6cv_NoZx59RbQftqgC)

# Dealing with Trauma Exposure

- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura van Dernoot Lipsky
- *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen Saakvitne and Laurie Pearlman
- *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions, 3<sup>rd</sup> Edition* by Thomas Skovholt and Michelle Trotter-Mathison

# Dealing with Trauma Exposure

- Self-Care Workbook:

[http://www.figleyinstitute.com/documents/Workbook\\_AMEDD\\_SanAntonio\\_2012July20\\_RevAugust2013.pdf](http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAntonio_2012July20_RevAugust2013.pdf)

- When Compassion Hurts:

[https://www.beststart.org/resources/howto/pdf/Compassion\\_14MYo1\\_Final.pdf](https://www.beststart.org/resources/howto/pdf/Compassion_14MYo1_Final.pdf)

- Secondary Traumatic Stress in child-serving systems:

[http://www.nctsn.org/sites/default/files/assets/pdfs/secondary\\_traumatic\\_tress.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf)

# Self-Care Workbooks

- Self-Care Workbook:

[http://www.figleyinstitute.com/documents/Workbook\\_AMEDD\\_SanAntonio\\_2012July20\\_RevAugust2013.pdf](http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAntonio_2012July20_RevAugust2013.pdf)

- When Compassion Hurts:

[https://www.beststart.org/resources/howto/pdf/Compassion\\_14MYo1\\_Final.pdf](https://www.beststart.org/resources/howto/pdf/Compassion_14MYo1_Final.pdf)

# Free Mindfulness Resources

- Free online Mindfulness-Based Stress Reduction course:  
<http://palousemindfulness.com/selfguidedMBSR.html>
- Guided mindfulness meditations available at
  - <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>
  - <http://www.fammed.wisc.edu/mindfulness-meditation-podcast-series/>
  - <http://marc.ucla.edu/body.cfm?id=22>

# C-SSRS

- <https://cssrs.columbia.edu/wp-content/uploads/C-SSRS-Brochure-for-First-Responders-1.pdf>
- Longer version for assessment:  
<https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf>



# Prevention Plans

- Free Suicide Safety Plan at <https://www.scribd.com/doc/233889034/Safety-Plan-Template#download>
- Free Substance Abuse and Harm Reduction plans available at <https://drugfree.org/drug-and-alcohol-news/center-uses-harm-reduction-recovery-safety-plans-reduce-opioid-overdoses/#>

NATIONAL

SUICIDE  PREVENTION  
LIFELINE™

1-800-273-TALK (8255)

[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

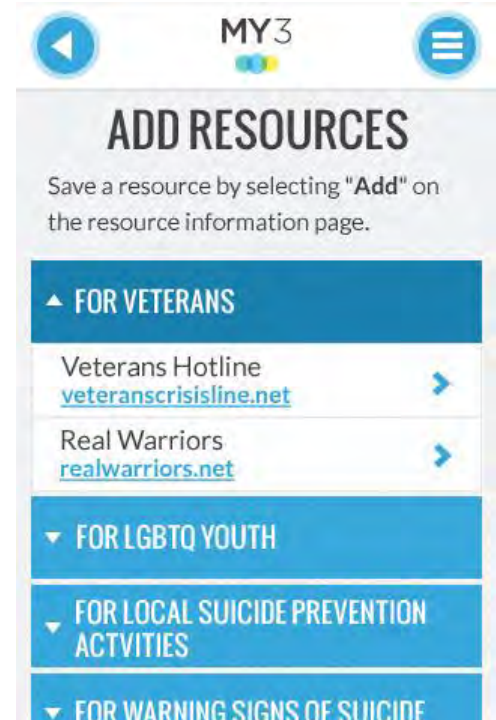
# Rat Park

- Ted Talk by Johann Hari

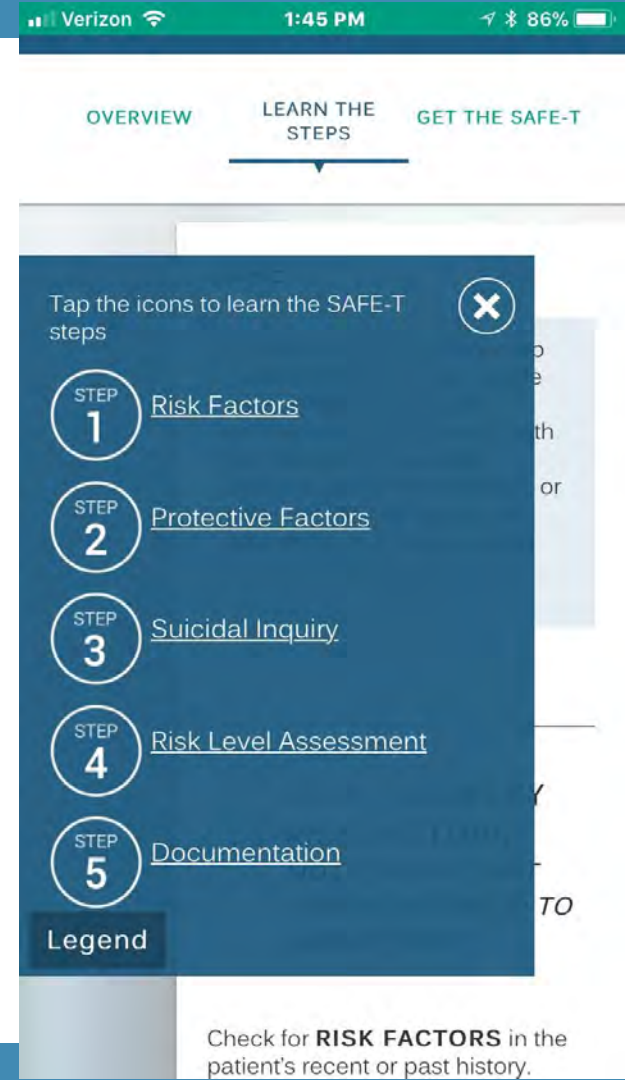
[https://www.ted.com/talks/johann\\_hari\\_everything\\_you\\_think\\_you\\_know\\_about\\_addiction\\_is\\_wrong#t-239084](https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong#t-239084)



# My 3 App



# Suicide Safe App for Providers




# Free Mindfulness App



healthline  
best APPS 2019  
Meditation

EMOTIONAL  
CHECK-INS  
EVERY DAY



Anxious  
Concerned

Confused  
Distressed

Anxious  
Apprehensive  
Clingy  
Concerned  
Disconnected  
Guarded

PERSONALIZED  
RECOMMENDATIONS

Meditation  
Sleep Tracks  
Breathing  
Yoga



Recommended Results Finish

BASED ON YOUR CHECK-IN,  
WE RECOMMEND YOU TRY:

- Body Scan  
8+ minute meditation  
Check in with your whole self!
- Mindful Breathing  
3+ minute breathing exercise  
Observe without judgment!
- Yoga for Stress  
15 minute yoga video  
Move your body, quiet your mind!
- Noting  
7+ minute meditation  
Strengthen your presence!

SEE MORE

46% REDUCTION  
in ANXIETY



78% INCREASE  
in POSITIVE  
FEELINGS  
after their FIRST SESSION



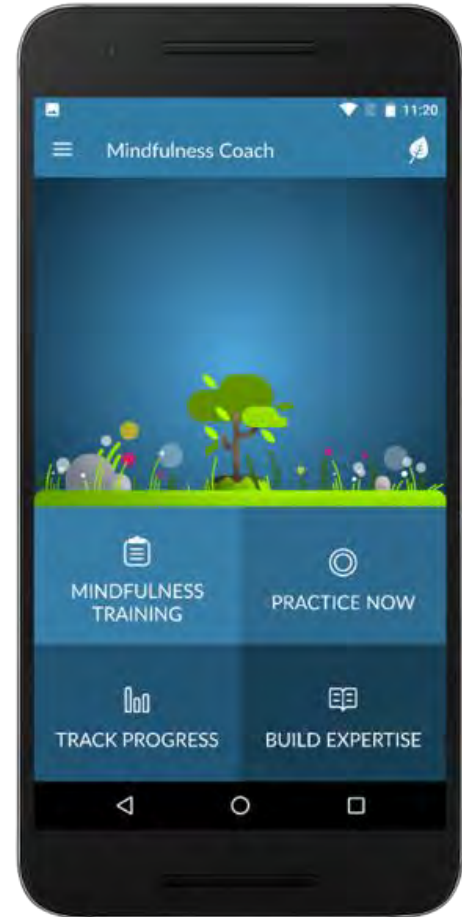
THERAPIST  
RECOMMENDED &  
PROVEN RESULTS

# Mindfulness Coach App

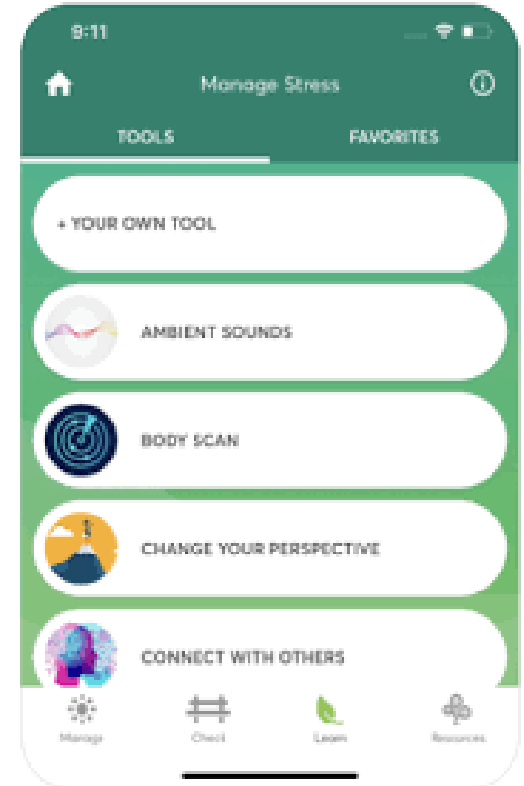
Designed to support independent mindfulness practice

Features:

- Mindfulness Training
- Practice Now
- Track Progress
- Build Expertise



# COVID Coach App

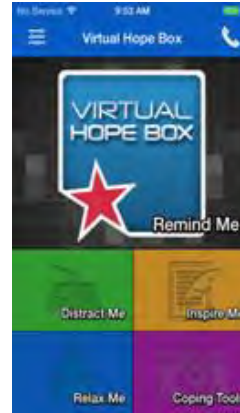




# Self-Help Mobile Applications

<http://www.militarymentalhealth.org/articles/media>

- Positive Activity Jackpot
- Virtual Hope Box
- Provider Resilience



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