



National American Indian and Alaska Native

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



IOWA

SAMHSA
Substance Abuse and Mental Health
Services Administration

Wellness: Mind ~ Body ~ Spirit

Signs & Symptoms of Suicide Ideation

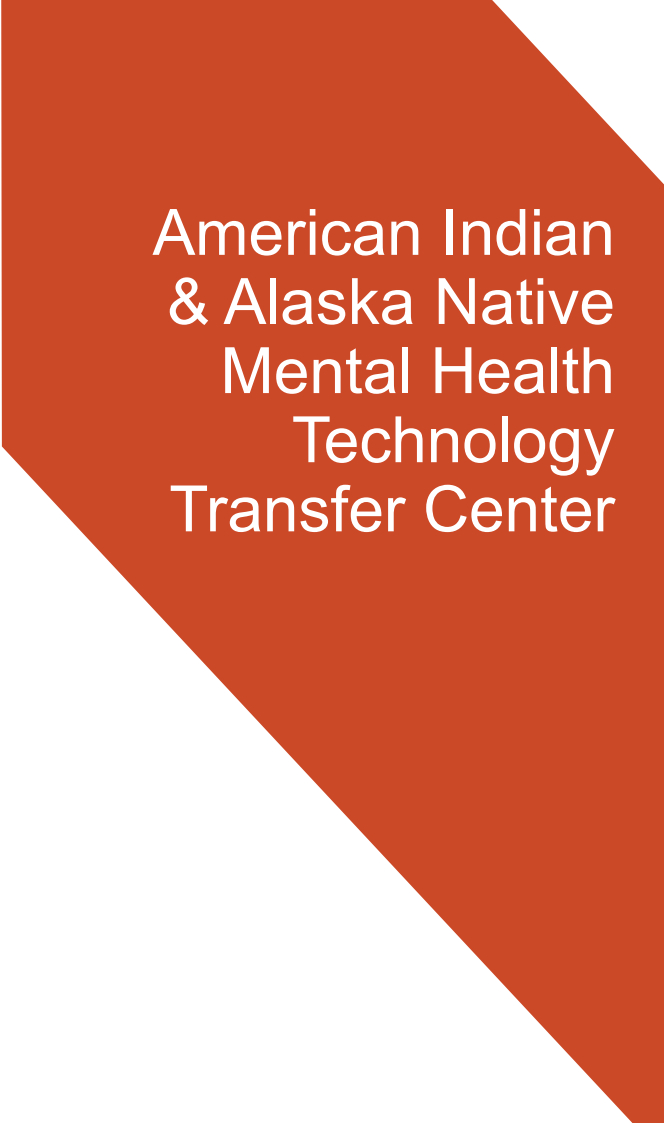
July 25, 2023



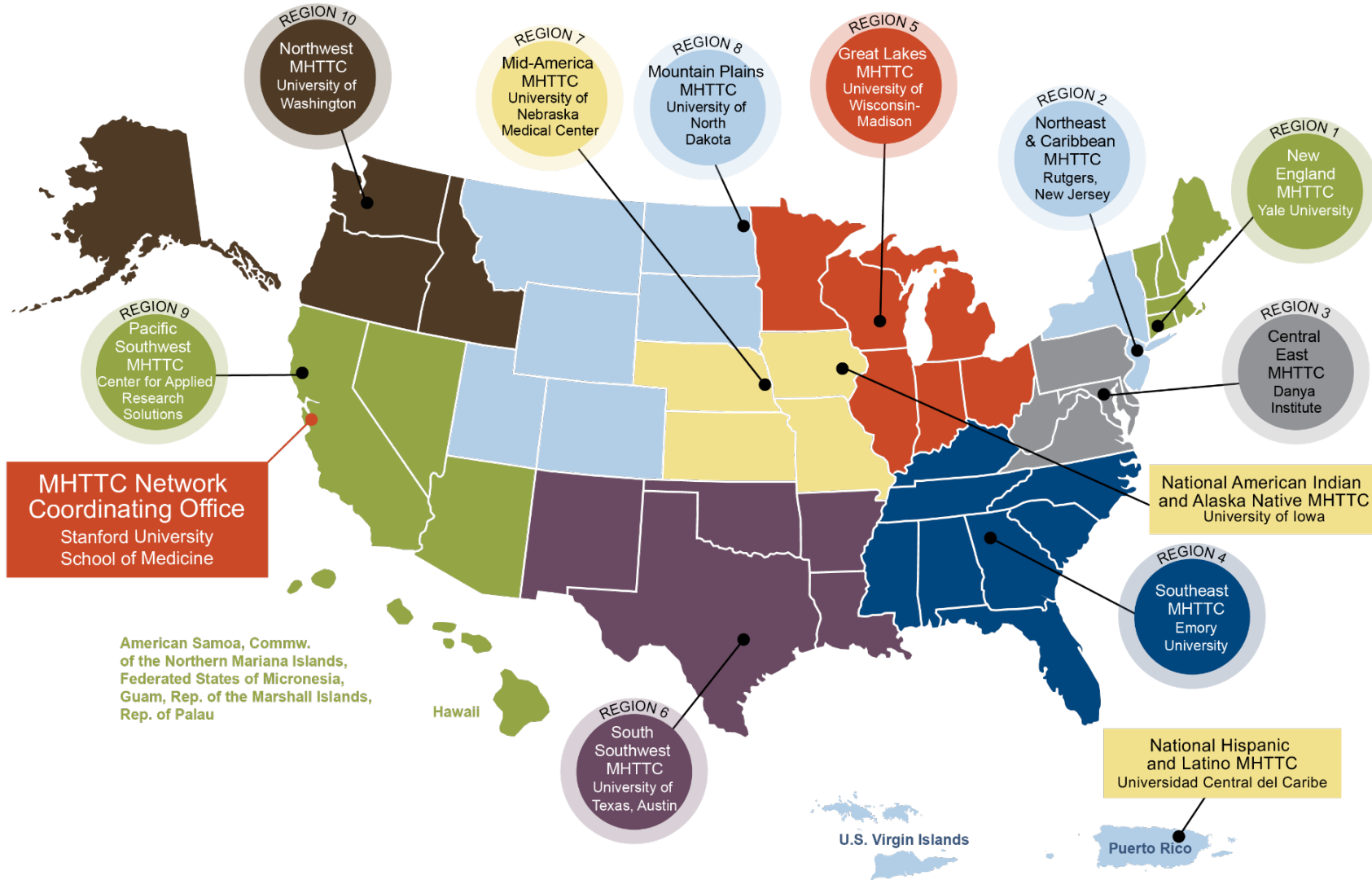
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**American Indian & Alaska Native
Mental Health
Technology
Transfer Center**



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Services Administration

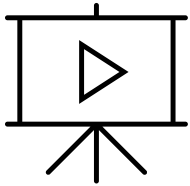
The National American Indian and Alaska Native Mental Health Technology Transfer Center is supported by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The content of this event is the creation of the presenter(s), and the opinions expressed do not necessarily reflect the views or policies of SAMHSA, HHS, or the American Indian & Alaska Native MHTTC.

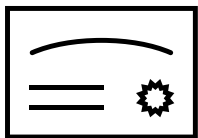


Follow-up

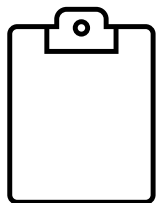
Following today's event, you will receive a follow up email, which will include:



Links to the presentation slides and recording, if applicable



Information about how to request and receive CEUs if applicable



Link to our evaluation survey (GPRA)



Land Acknowledgement

We would like to take this time to acknowledge the land and pay respect to the Indigenous Nations whose homelands were forcibly taken over and inhabited.

Past and present, we want to honor the land itself and the people who have stewarded it throughout the generations.

This calls us to commit to forever learn how to be better stewards of these lands through action, advocacy, support, and education.

We acknowledge the painful history of genocide and forced occupation of Native American territories, and we respect the many diverse indigenous people connected to this land on which we gather from time immemorial.

While injustices are still being committed against Indigenous people on Turtle Island, today we say thank you to those that stand with Indigenous peoples and acknowledge that land reparations must be made to allow healing for our Indigenous peoples and to mother earth, herself.

Dekibaota, Elleh Driscoll, Meskwaki and Winnebago Nations

Ttakimaweakwe, Keely Driscoll, Meskwaki and Winnebago Nations

Ki-o-kuk, Sean A. Bear, 1st. Meskwaki



- The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) is a program of the Albuquerque Area Indian Health Board (AAIHB), a tribally designated, non-profit organization. Established in September 2006, AASTEC's mission is to collaborate with 27 American Indian Tribes across New Mexico, Southern Colorado, and West Texas to provide high quality health research, surveillance, and training to improve the quality of life of American Indians. We offer diverse health promotion and prevention education programs, as well as specialized public health services. Our goal is to positively impact the health and well-being of the communities we serve.



Today's Speakers:

Ray Daw (Diné, Navajo), MA, is a Native behavioral health consultant. His career has been largely within and around the Navajo Nation, Native non-profits, and most recently in rural Alaska, in both inpatient and outpatient settings. His work in behavioral health has been geared heavily towards developing Native trauma-appropriate approaches that are healing and effective in tribal behavioral health prevention, intervention, and treatment services. Ray has extensive experience as a consultant with SAMHSA in program development and evaluation, culturally based prevention and intervention services, public policy, grant reviewing, and AI/AN modalities, along with training in motivational interviewing and historical trauma.



- Charlene Poola, PhD, LCSW is a clinical research associate at the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC). She is Hopi-Tewa and Navajo and is from First Mesa, Polacca, Arizona. For the past 20 years, Charlene provided counseling, suicide, and substance abuse prevention services to AI communities in the Southwest. She has collaborated with tribes and tribal organizations in New Mexico, focusing on the development of behavioral health programs and systems change. Charlene utilizes community engagement strategies to build partnerships with tribes and tribal organizations while adhering to principles associated with Community-Based Participatory Research (CBPR). This work included creating a comprehensive tribal needs assessment to identify resources, types of therapy provided, and the range of support that would enable tribes and tribal organizations to build and strengthen their programs.
- She was responsible for working with tribal organizations to facilitate data interpretation and dissemination in culturally appropriate ways, compiling and presenting feedback to ensure understandability and usability, facilitated partnerships with academic collaborators to develop and implement needed resources to enhance behavioral health service delivery in tribal communities. In addition, Charlene supported tribes and tribal organizations to successfully apply for state and federal funding to enrich their workforce through organizational development and continuing education. Her health services research focuses on the impacts of behavioral health disparities on Indigenous communities, and she provides technical assistance to tribal communities to establish culturally congruent interventions based on Indigenous wisdom, values, and traditions to enhance the well-being of AI communities.



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- American Indian, Dan was born and raised in the West. He served as an Army Sergeant, 1969-71. He graduated from Willamette University, Salem OR, then on to his Doctorate (PsyD) from Baylor University in 1980. He received an MS in Clinical Psychopharmacology in 2011. He was a collegiate, national and international athlete.
 - He retired after 37 years of Federal Service, to include employment with the Bureau of Prisons and Indian Health Service. He was the first National Director of the Bureau of Prisons Drug Abuse Programs, overseeing drug treatment, behavioral health, forensic and psychiatric inpatient programs during his tenure.
 - His final 23 years, he served with the Indian Health Service at two locations, in Montana and South Dakota. He served in various supervisory, management and administrative roles with the BOP and IHS, working primarily in hospital and clinic settings.
 - He and his wife, a Ph.D. in psychology and American Indian, adopted numerous children, including special needs children. They contributed to the development of American Indian Graduate Education in Clinical Psychology. They have been advocates, research consultants, and educators as well. They live a Traditional and Ceremonial Life in contemporary times.



Objectives

- Signs and Symptoms of suicidal ideation
- What traditional approaches exist to deal with suicidal ideation?
- What Euro-American ways exist to help someone coping with suicidal ideation?
- What resources are available locally to assist those with suicidal ideation?



DSM-5 TR

MHS		Review of the DSM-5-TR Revisions	
Disorder	Revisions in the DSM-5-TR	Relevant MHS Assessment	Impact
Autism Spectrum Disorder	Criterion A was clarified to indicate that all symptoms are required.	<ul style="list-style-type: none"> Autism Spectrum Rating Scales™ (ASRS®) Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®) 	No impact on test items, test scores, or test interpretation as the ASRS and Conners CBRS.
Bipolar and Related Disorders	The criteria and specifiers for Bipolar and Related Disorders have been edited for clarification, including changes to facilitate differential diagnostic decisions regarding psychotic disorders.	<ul style="list-style-type: none"> Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®) 	No impact on test items, test scores, or test interpretation on Conners CBRS.
Depressive Disorders	The criteria for Depressive Disorders have been edited for clarification, including changes to facilitate differential diagnostic decisions regarding psychotic disorders.	<ul style="list-style-type: none"> Children's Depression Inventory 2nd Edition (CDI 2®) Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®) 	No impact on test items, test scores, or test interpretation for the CDI 2 and Conners CBRS.
Post-Traumatic Stress Disorder	A redundant description under Criterion A for children was removed.	<ul style="list-style-type: none"> Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®) 	No impact on test items, test scores, or test interpretation on existing screener items.
Suicidal Behavior and Non-suicidal Self-Injury	Codes added to <i>Other Conditions That May Be a Focus of Clinical Attention</i> .	<ul style="list-style-type: none"> Conners 4th Edition (Coming soon) Conners Comprehensive Behavior Rating Scales™ (Conners CBRS®) 	No impact on test items, test scores, or test interpretation. Items on the Conners 4 and Conners CBRS can be used to help screen for suicidal behavior and non-suicidal self-injury.

DSM-5-TR

- In the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, text revision (DSM-5-TR), diagnostic codes were added for suicidal behavior and nonsuicidal self-injury in section 2 of DSM-5-TR, “other conditions that may be a focus of clinical attention” chapter. Rationale for Change The “other conditions that may be a focus of clinical attention” chapter includes conditions, behaviors, and psychosocial or environmental problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of an individual’s mental disorder. The conditions, behaviors, and problems listed in this chapter are not mental disorders.



DSM-5-TR (cont.)

- The inclusion of codes for suicidal behavior and nonsuicidal self-injury in DSM-5-TR is meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a useful systematic listing to clinicians in documenting these issues. This addition will help improve documentation of these behaviors, which can serve to estimate risk factors for future suicide attempts or death. These codes can also help clinicians record suicidal behavior and nonsuicidal selfinjury when occurring with other mental health conditions. Finally, adding these codes will encourage research targeting their treatment specifically rather than simply addressing these behaviors as symptoms of an associated condition such as major depressive disorder



DSM-5-TR (cont.)

- Suicidal Behavior and Nonsuicidal Self-Injury are additions in the *DSM-5-TR* as conditions of clinical attention (*DSM-5-TR*, p. 822) with several *ICD-10* codes each to indicate if the client is currently engaged in suicidal behavior or nonsuicidal self-injury or has a history of such behavior. These additions, part of the symptoms in many diagnostic categories, will help the counselor document suicidal and nonsuicidal self-injury behaviors as part of the client's *DSM* diagnosis list and treatment plan. A mental disorder is not also required to list either condition.



DSM-5-TR (cont.)

- **Suicidal Behavior** is defined as "potentially self-injurious behavior with at least some intent to die as a result of the action" (*DSM-5-TR*, p. 822). Codes for Suicidal Behavior:
- 91A Suicidal Behavior, Initial encounter (At intake session the client has suicidal behavior.)
- 91D Suicidal Behavior, Subsequent encounter (The client has previously received treatment while having suicidal behavior and now is presenting for treatment again while having suicidal behavior.)
- 51 History of Suicidal Behavior (Suicidal behavior has occurred during the client's lifetime.) Note that this is a "life-time" diagnosis that remains permanently listed as part of the client's diagnosis list.



DSM-5-TR (cont.)

- **Nonsuicidal Self-Injury** is the behavior of intentionally inflicting damage to one's body that will "likely induce bleeding, bruising or pain" (*DSM-5-TR*, p. 822). Codes for Nonsuicidal Self-Injury:
 - 88 Current Nonsuicidal Self-Injury (Client is actively engaged in self-injury without being suicidal.)
 - 52 History of Nonsuicidal Self-Injury (Intentional self-injury has occurred during the client's lifetime.) This is a life-time diagnosis.



What traditional approaches exist to deal with suicidal ideation?

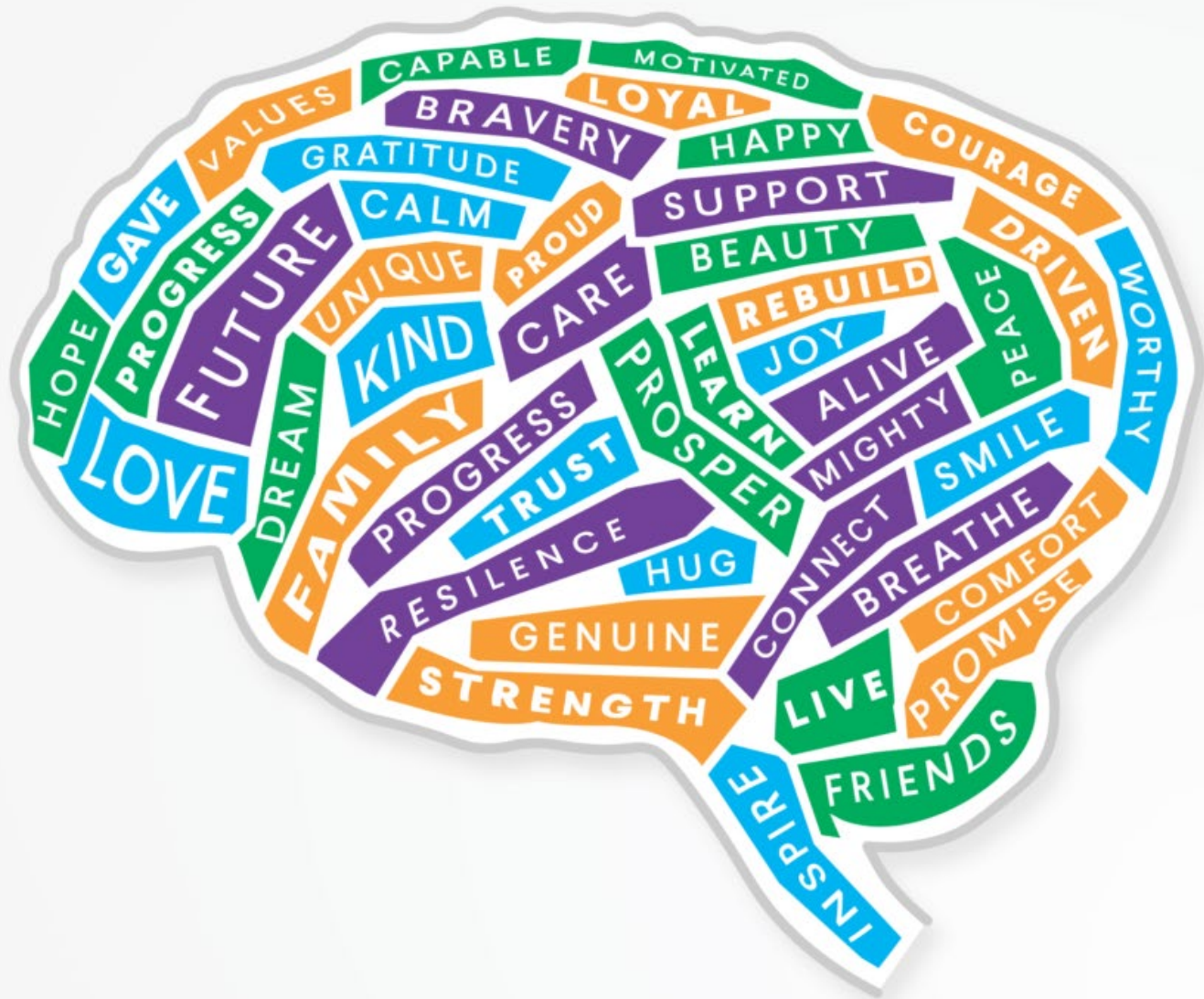
- Prayer
- Diagnosis
- talking to a trusted relative
- seeking for help
- Fitness
- Songs
- Meditation/mindfulness



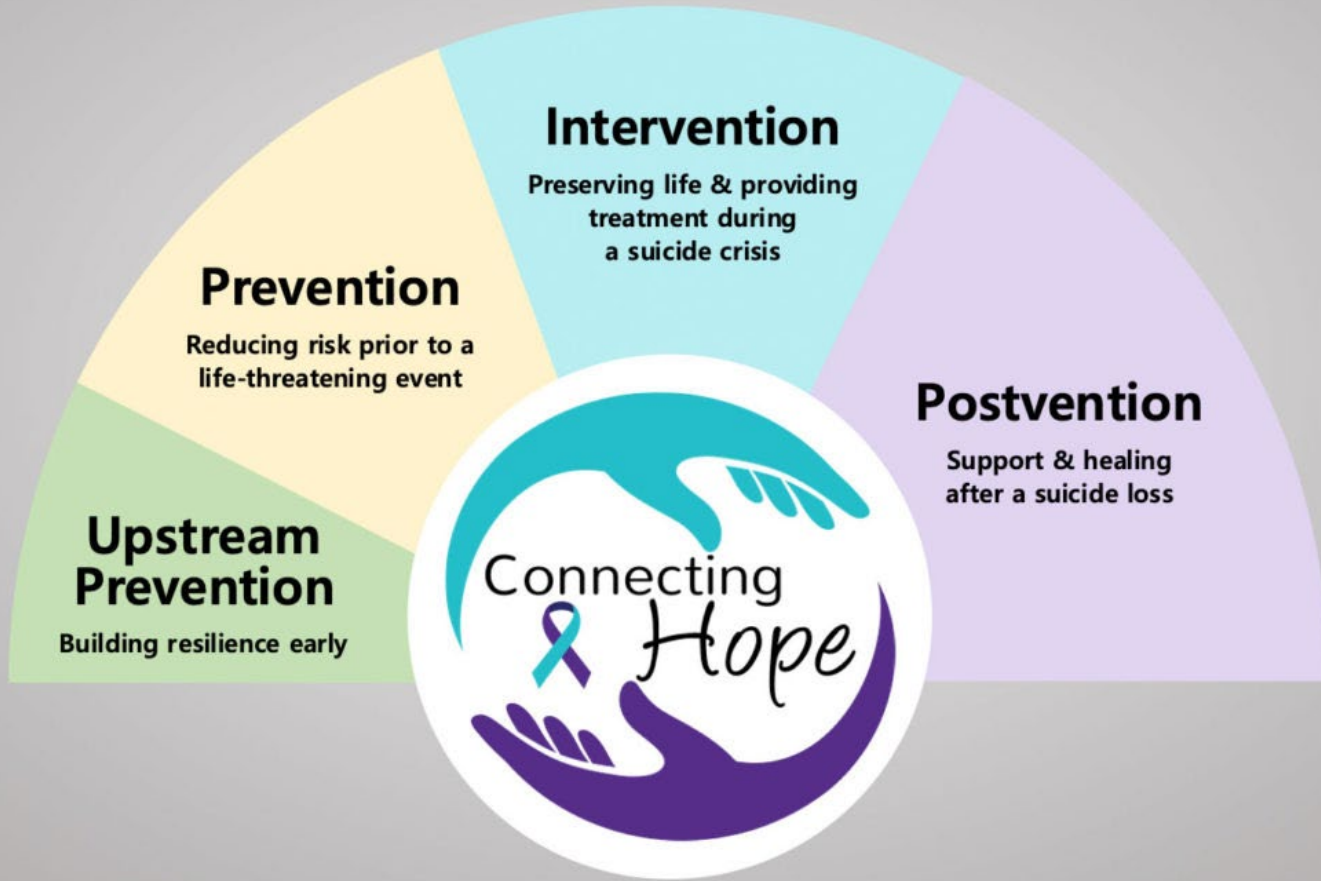
What traditional approaches can be applied?



What Western ways exist to help someone coping with suicide ideation?



Spectrum of Suicide Prevention



Preventsuicidega.org

Upstream Prevention

- Upstream Prevention is a term used to describe activities that work to build individual and community resilience, or the ability to bounce back from or deal with hardships early on – before a person has considered suicide. These approaches generally focus on building positive connections, developing personal assets, and promoting wellness and healthy coping.
- A few examples of upstream prevention programs used by various communities and agencies in Georgia include:
 - Sources of Strength
 - Mindful Self-Compassion
 - Trauma Sensitive Yoga



Prevention

- Prevention refers to a range of activities that are intended to reduce the risk of suicide attempt and death for people who are at risk or are considering suicide. Strategies in this category focus identifying and responding to individuals at risk to help them stay safe and get proper care and support.
- Examples of prevention programs used by various communities and agencies in Georgia include:
 - [Question. Persuade. Refer. \(QPR\) Suicide Prevention Gatekeeper Training](#)
 - [Applied Suicide Intervention Skills Training \(ASIST\)](#)
 - Counseling on Access to Lethal Means (CALM)
 - Conversations on Access to Lethal Means (Convo CALM)
 - Listen-Learn-Lead© (L3) Suicide Intervention Training
 - [Yellow Ribbon Suicide Prevention Program](#)
 - [AFSP Talk Saves Lives](#)



Intervention

- Intervention refers to strategies that are designed to provide comprehensive, appropriate, and compassionate treatment for people who are considering suicide.
- Examples of Intervention strategies used by various communities and agencies in Georgia include:
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)
- Assessing and Managing Suicide Risk (AMSR)
- [Collaborative Assessment and Management of Suicidality \(CAMS\)](#)
- Dialectical Behavior Therapy (DBT) Skills Training
- Attachment-Based Family Therapy (ABFT)



Postvention

- Postvention refers to activities, resources, and support provided to individuals and communities after a suicide loss to support grief and recovery and help reduce risk of suicide.
- Survivors of Suicide (SOS) support groups
- [Suicide Bereavement Support Groups](#)
- [Suicide Bereavement Clinician Training](#)
- [American Foundation for Suicide Prevention \(AFSP\) Healing Conversations](#)

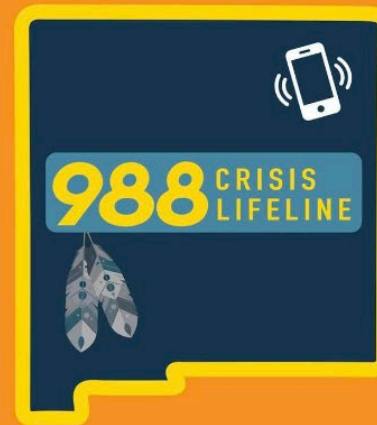


What resources
are available
locally to assist
those with
suicidal
ideation?

September is
**SUICIDE
PREVENTION
AWARENESS
MONTH**



FIND RESOURCES AT
[SUICIDEPREVENTIONLIFELINE.ORG](https://www.suicidepreventionlifeline.org)



Call, Text, or Message

9888

For Mental Wellness

-  988 NM Crisis Support
 -  988nmcrisissupport
 -  988nmcrisissupport
- <https://988nm.org/>

ental Health Services Divis



Life is beautiful

Case Study

Matthew is a 17-year-old male who lives on the reservation with his mom and two younger sisters. Mom recently separated from her husband because he was drinking heavily and loss his job. Matthew and his dad are close but since the separation he has seen his dad intermittently. Dad continues to drink.

- Matthew was diagnosed with depression last year after his cousin died by suicide. They were close and he had no idea his cousin was in pain. He felt guilty he did not help him. It took a long time to finally get Matthew to socialize. His grades were coming up and he's started to date a 16-year-old female at school. He is ready to take it to the next level and have sex with his girlfriend. He comes to the clinic asking for condoms. The nurse practitioner provides the safe sex talk, and he walks out with his brown bag of condoms. Matthew has dated Connie for 5 months.
- Matthew goes to a party with friends and sees his girlfriend kissing another guy. He confronts her and she said she wants to break up. He begs her not to leave him. He starts to stalk her even though she made it clear she does not want to be with him. He calls her after drinking with friends and said he's going to kill himself, if she doesn't get back with him. Connie immediately feels bad and tells her mom. Connie's mom calls 911 but does not know where Matthew is at.
- What are some strategies the parents can use to ensure Matthew is safe?

Webinar Training Calendar

4th Tuesday of every month; 9am-10:30am (MST)

August 22 Signs and Symptoms of substance use and abuse; Ask audience what signs they see with their clients who are using alcohol and other drugs. Is opioid misuse (prescription drugs and fentanyl) prevalent in their communities. How are they addressing it? What traditional approaches exist to deal with substance use; What Western ways exist to help someone coping with thoughts of suicide (counseling, peer support workers, AA meetings, Red Road to Wellbriety; White Bison; tribal BH programs). What local resources are available to help those with substance use issues (988, peer support, AA programs, trusted family member, tribal BH programs, etc...)

August 25 is the last session. Close out in a good way with a quick review on what we learned. Remember the strengths in our community and the power of cultural teachings and how to incorporate that in the work we do. Ray and Dan – please add to this section.



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