SUICIDE ASSESSMENT, TREATMENT AND MANAGEMENT.

By:

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  veteran of Operations in Somalia, Bosnia and Haiti 1992-1996
- BA Psychology
- MA Organizational Leadership with concentration on Servant Leadership
- MSW with concentration on Mental Health and Military Families
- Phi Alpha Honor Society Member
- Married, father of three daughters, ages 18,17 & 11
- Founder and Director,
  Operation Vet-Fit, Inc.

Overview

Today's presentation will provide guidance on the standardized assessment tools currently at our disposal for use in calculating suicide risk and treatment frequency.

Potentially, well **before** clients suffer a mental health crisis or suicidal ideation.

CAMS Suicide Status Form-4 (SSF-4)

Collaborative Management and Assessment of Suicidality (CAMS)

- Assessment and review of suicide risk
- Treatment planning together
- Gain greater understanding of personal suicidal drivers
- Determine and use problem-focused interventions that treat drivers
- Develop and engage with reasons for living

Links to SSF-4 Form and CAMS Resources:

https://psychotherapymatters.com/wp-content/uploads/CAMS-SSF.pdf

https://afsp.org/therapies/#collaborative-management-and-assessment-of-suicidality-(cams)

https://cams-care.com/

CAMS SUICIDE STATUS FORM–4 (SSF-4) INITIAL SESSION

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

Section A (*Patient*):

Rank	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)
_____	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: _____
_____	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: _____
_____	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: _____
_____	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: _____
_____	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: _____
N/A	6) RATE OVERALL RISK OF SUICIDE: **Extremely low risk: (will *not* kill self) 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 feeling 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

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: _____

Section B (*Clinician*):

Y N Suicide ideation — Describe: _____
- Frequency — _____ per day _____ per week _____ per month
- Duration — _____ seconds _____ minutes _____ hours

Y N Suicide plan — When: _____ Where: _____ How: _____ Access to means Y N How: _____ Access to means Y N

Y N Suicide preparation — Describe: _____

Y N Suicide rehearsal — Describe: _____

Y N History of suicidal behaviors
- Single attempt — Describe: _____
- Multiple attempts — Describe: _____

Y N Impulsivity — Describe: _____

Y N Substance abuse — Describe: _____

Y N Significant loss — Describe: _____

Y N Relationship problems — Describe: _____

Y N Burden to others — Describe: _____

Y N Health/pain problems — Describe: _____

Y N Sleep problems — Describe: _____

Y N Legal/financial issues — Describe: _____

Y N Shame — Describe: _____

Section C (*Clinician*): **TREATMENT PLAN**

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*Stabilization Plan Completed* ☐	
2				
3				

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature Date Clinician Signature Date

CAMS STABILIZATION PLAN

Ways to reduce access to lethal means:

1. _____
2. _____
3. _____

Things I can do to cope differently when I am in a suicide crisis (consider crisis card):

1. _____
2. _____
3. _____
4. _____
5. _____
6. **Life or death emergency contact number:** _____

People I can call for help or to decrease my isolation:

1. _____
2. _____
3. _____

Attending treatment as scheduled:

Potential barrier: Solutions I will try:

1. _____
2. _____

Section D (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT OTHER: _____

MEMORY: GROSSLY INTACT OTHER: _____

REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ **LOW (WTL/RFL)** **Explanation:** _____

☐ **MODERATE (AMB)** _____

☐ **HIGH (WTD/RFD)** _____

CASE NOTES:

_____

_____

_____

_____

_____

_____

Next Appointment Scheduled: _____ Treatment Modality: _____

Clinician Signature Date

CAMS SUICIDE STATUS FORM–4 (SSF-4) TRACKING/UPDATE INTERIM SESSION

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

Section A (*Patient*):

Rate and fill out 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: (will *not* kill self) 1 2 3 4 5 :Extremely high risk (will kill self)**

In the past week:
Suicidal Thoughts/Feelings Y ___ N ___ Managed Thoughts/Feelings Y ___ N ___ Suicidal Behavior Y ___ N ___

Section B (*Clinician*):

Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings ☐ 1st session ☐ 2nd session
Complete **SSF Outcome Form at 3rd consecutive resolution session**

Patient Status: **TREATMENT PLAN UPDATE**

☐ Discontinued treatment ☐ No show ☐ Cancelled ☐ Hospitalization ☐ Referred/Other: _____

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*Stabilization Plan Completed* ☐	
2				
3				

Patient Signature Date Clinician Signature Date

Section C (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT OTHER: _____

MEMORY: GROSSLY INTACT OTHER: _____

REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ **MILD (WTL/RFL)** **Explanation:** _____

☐ **MODERATE (AMB)** _____

☐ **HIGH (WTD/RFD)** _____

CASE NOTES:

_____

_____

_____

_____

_____

_____

Next Appointment Scheduled: _____ Treatment Modality: _____

Clinician Signature Date

CAMS SUICIDE STATUS FORM–4 (SSF-4) OUTCOME/DISPOSITION FINAL SESSION

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

Section A (*Patient*):

Rate and fill out 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: (will *not* kill self) 1 2 3 4 5 :Extremely high risk (will kill self)**

In the past week:
Suicidal Thoughts/Feelings Y ___ N ___ Managed Thoughts/Feelings Y ___ N ___ Suicidal Behavior Y ___ N ___

Where there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

Section B (*Clinician*):

Third consecutive session of resolved suicidality: ___ Yes ___ No (If no, continue CAMS tracking)

**Resolution of suicidality, if for third consecutive week: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

OUTCOME/DISPOSITION (Check all that apply):

___ Continuing outpatient psychotherapy ___ Inpatient hospitalization

___ Mutual termination ___ Patient chooses to discontinue treatment (unilaterally)

___ Referral to: _____

___ Other. Describe: _____

Next Appointment Scheduled (if applicable): _____

Patient Signature Date Clinician Signature Date

Section C (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (Circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

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REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

PATIENT'S OVERALL SUICIDE RISK LEVEL (Check one and explain):

☐ **LOW (WTL/RFL)** **Explanation:** _____

☐ **MODERATE (AMB)** _____

☐ **HIGH (WTD/RFD)** _____

CASE NOTES:

_____

_____

_____

_____

_____

_____

_____

Clinician Signature Date

Going Beyond the Suicide Assessment:

- How the **Biopsychosocial assessment**, when utilized with the **GAD7**, **PHQ9**, **PCL-5** and **UPAT**, help to:
    - Provide a quantitive tool for reducing the global suicide epidemic.
    - Calculate potential future suicide risk.
    - Identify origins of root causes.
    - Enable the formulation of effective treatments in advance of ideation.

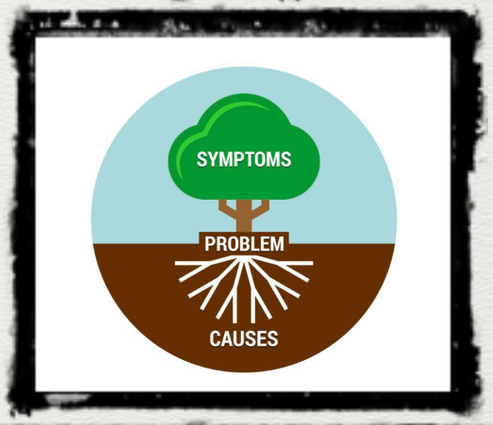
14 Years - Zero Suicides

Following 14 years of treating those at risk, without suffering a single suicide, we've noticed a pattern.

Observation

The mental health arena is typically treating the symptoms following a mental health crisis rather than the root causes in advance.

- Lazy therapy - Not using standardized assessment tools.
- Over reliance on pharmaceuticals to treat symptoms.
- Lack of emphasis on root causes.
- Failure to incorporate fitness and nutrition into treatment plans.



Biopsychosocial Assessment

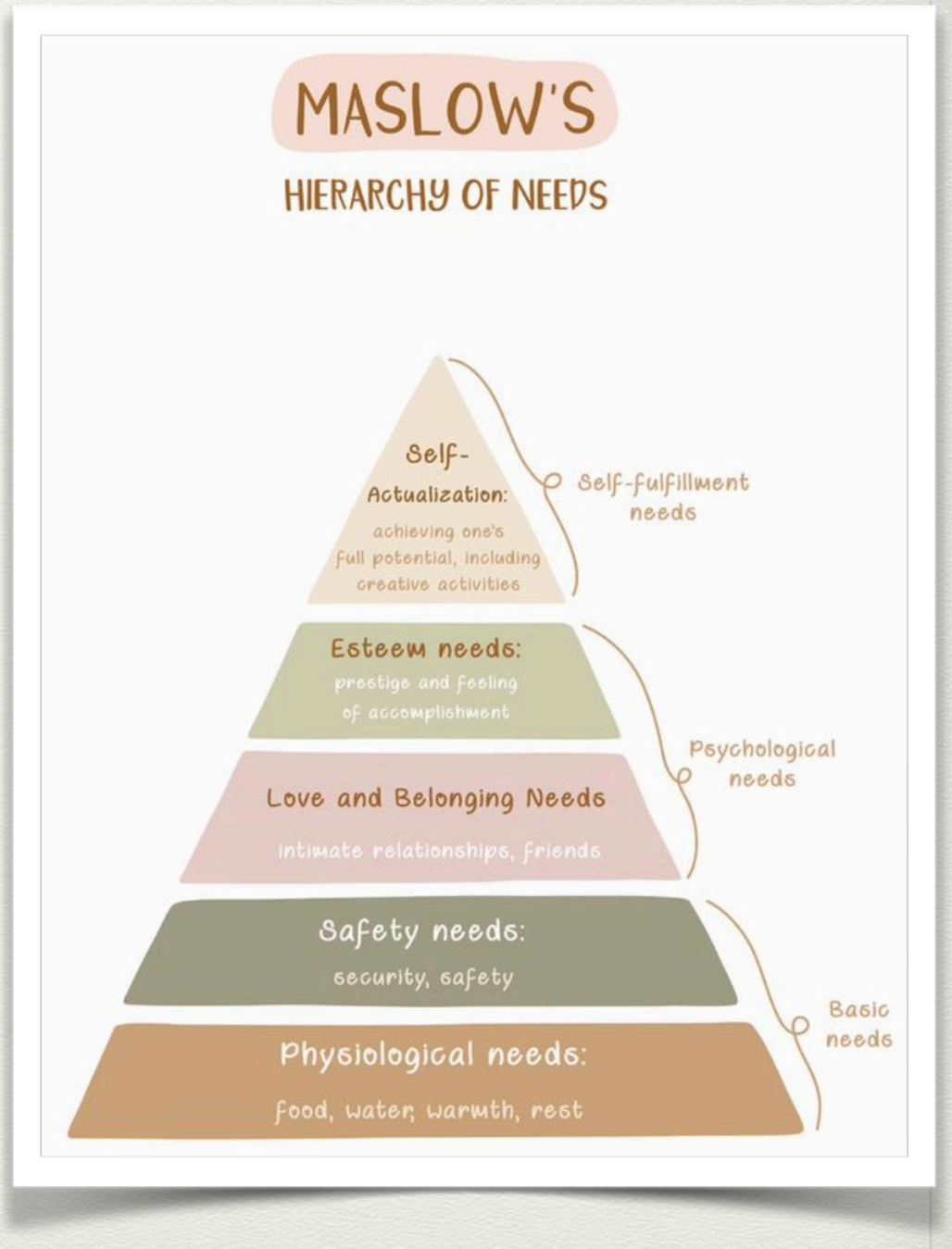
Are YOU conducting this for all of your clients?

The biopsychosocial assessment provides a **whole-person view** of someone's situation.

Instead of looking only at symptoms or a diagnosis, it considers how biological, mental, and social factors interact and influence each other.

Unfortunately, many licensed therapists are skipping it, as reported by the majority of clients coming from other practices.

Leaving major blind spots and reducing the effectiveness of therapy.



Biopsychosocial Assessment

Biopsychosocial Assessment

1. Presenting Problem:

Begin typing here...

2. Signs and Symptoms (DSM-V-TR based) resulting in impairment(s): (Include current examples for treatment planning, e.g., social, occupational, affective, cognitive, physical)

Begin typing here...

3. History of Presenting Problem (Events, precipitating factors, or incidents leading to need for services):

Begin typing here...

Frequency/duration/severity/cycling of symptoms:

Begin typing here...

Was there a clear time when Sx worsened?

Begin typing here...

Family mental health history:

Begin typing here...

Biopsychosocial Assessment

4. Current Family and Significant Relationships

Strengths/support:

Stressors/problems:

Recent changes:

Changes desired:

Comment on family circumstances:

5. Childhood/Adolescent History (Developmental milestones, past behavioral concerns, environment, abuse, school, social, mental health)

Begin typing here...

6. Social Relationships

Strengths/support:

Stressors/problems:

Recent changes:

Changes desired:

7. Cultural/Ethnic

Strengths/support:

Stressors/problems:

Beliefs/practices to incorporate into therapy:

Biopsychosocial Assessment

8. Spiritual/Religious

Strengths/support:

Stressors/problems:

Beliefs/practices to incorporate into therapy:

Recent changes:

Changes desired:

9. Legal

History:

Status/impact/stressors:

10. Education

Strengths:

Weaknesses:

11. Employment/Vocational

Strengths/support:

Stressors/problems:

12. Military

Current impact:

Biopsychosocial Assessment

13. Leisure/Recreational

Strengths/support:

Recent changes:

Changes desired:

14. Physical Health

Summary of health:

Physical factors affecting mental condition:

15. Chemical Use History

Summary of use:

Patient's perception of problem:

16. Counseling/Prior Treatment History

Summary of prior treatment:

Benefits of previous treatment:

Setbacks of previous treatment:

GAD-7

General Anxiety Disorder - 7
Measures severity of anxiety

GAD-7 Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Column totals _____ + _____ + _____ + _____ =

Total score _____

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Source: Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD-PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at ris8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission

Scoring GAD-7 Anxiety Severity

This is calculated by assigning scores of 0, 1, 2, and 3 to the response categories, respectively, of “not at all,” “several days,” “more than half the days,” and “nearly every day.”
GAD-7 total score for the seven items ranges from 0 to 21.

0–4: minimal anxiety

5–9: mild anxiety

10–14: moderate anxiety

15–21: severe anxiety

The Depression PHQ-9 Severity Scale

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

PHQ-9 Scoring

Interpretation:

- Total scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively.
- Note: Question 9 is a single screening question on suicide risk. A patient who answers yes to question 9 needs further assessment for suicide risk by an individual who is competent to assess this risk.

Interpretation

Provisional Diagnosis and Proposed Treatment Actions

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

PCL-5

Post Traumatic Stress Disorder (PTSD) screening assessment tool

Used Prior to Clinician-Administered PTSD Scale (CAPS-5)

- Intrusion
- Avoidance
- Negative alterations in cognitions and mood
- Arousal and reactivity

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then select one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

Your worst event: _____

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
2. Repeated, disturbing dreams of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0 ○	1 ○	2 ○	3 ○	4 ○
4. Feeling very upset when something reminded you of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0 ○	1 ○	2 ○	3 ○	4 ○
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0 ○	1 ○	2 ○	3 ○	4 ○
8. Trouble remembering important parts of the stressful experience?	0 ○	1 ○	2 ○	3 ○	4 ○
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0 ○	1 ○	2 ○	3 ○	4 ○
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0 ○	1 ○	2 ○	3 ○	4 ○
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0 ○	1 ○	2 ○	3 ○	4 ○
12. Loss of interest in activities that you used to enjoy?	0 ○	1 ○	2 ○	3 ○	4 ○
13. Feeling distant or cut off from other people?	0 ○	1 ○	2 ○	3 ○	4 ○
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0 ○	1 ○	2 ○	3 ○	4 ○
15. Irritable behavior, angry outbursts, or acting aggressively?	0 ○	1 ○	2 ○	3 ○	4 ○
16. Taking too many risks or doing things that could cause you harm?	0 ○	1 ○	2 ○	3 ○	4 ○
17. Being "superalert" or watchful or on guard?	0 ○	1 ○	2 ○	3 ○	4 ○
18. Feeling jumpy or easily startled?	0 ○	1 ○	2 ○	3 ○	4 ○
19. Having difficulty concentrating?	0 ○	1 ○	2 ○	3 ○	4 ○
20. Trouble falling or staying asleep?	0 ○	1 ○	2 ○	3 ○	4 ○

PCL-5: Scoring & Interpretation

Source: https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp

Administration and Scoring

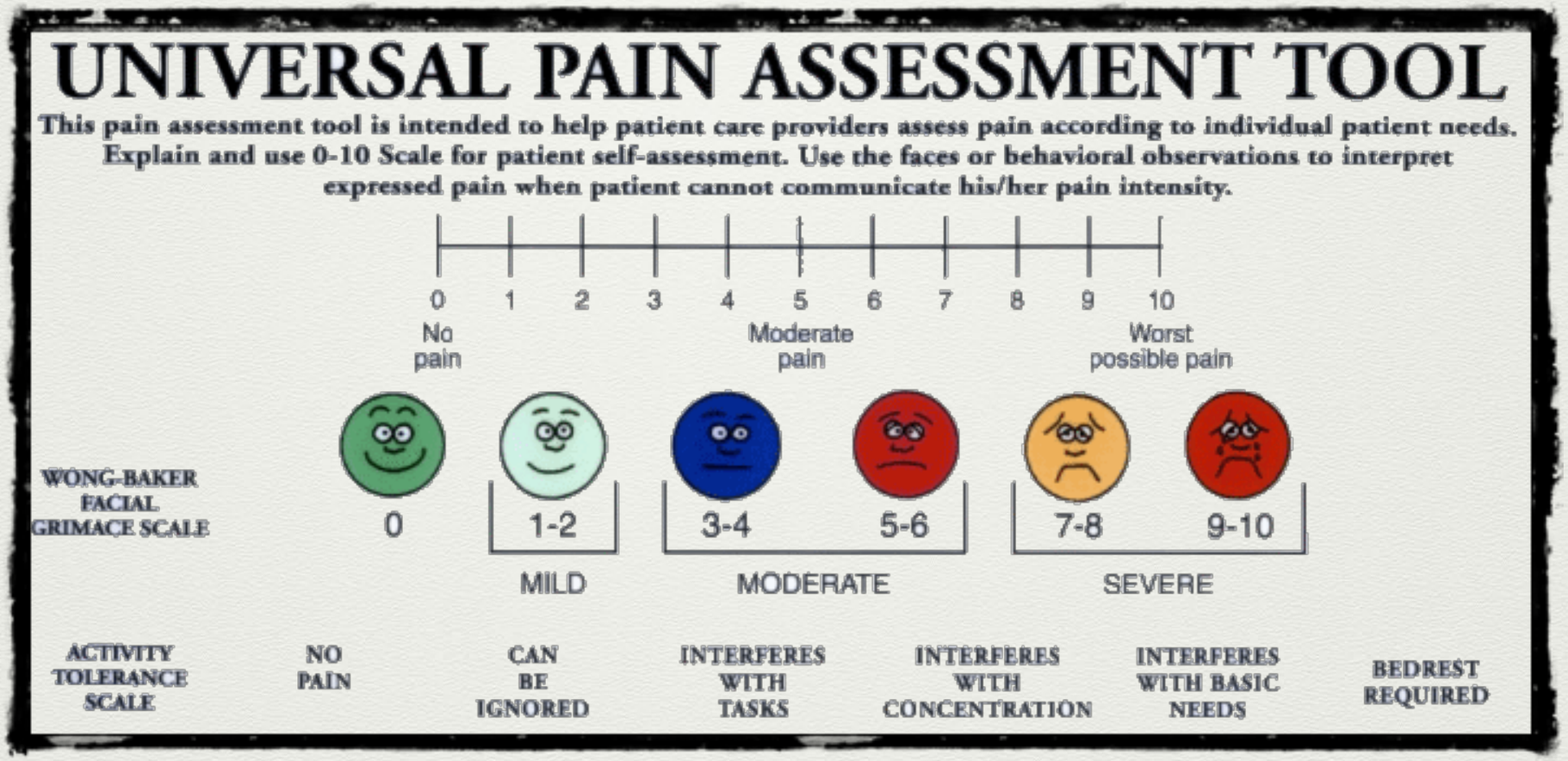
The PCL-5 is a self-report measure that can be completed by patients in a waiting room prior to a session or by participants as part of a research study. It takes approximately 5-10 minutes to complete. The PCL-5 can be administered in one of three formats:

Interpretation of the PCL-5 should be made by a clinician. The PCL-5 can be scored in different ways:

- A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.
- DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).
- A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).
- Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, users are encouraged to consider both of these factors when choosing a cutoff score.

UPAT

Universal Pain Assessment Tool

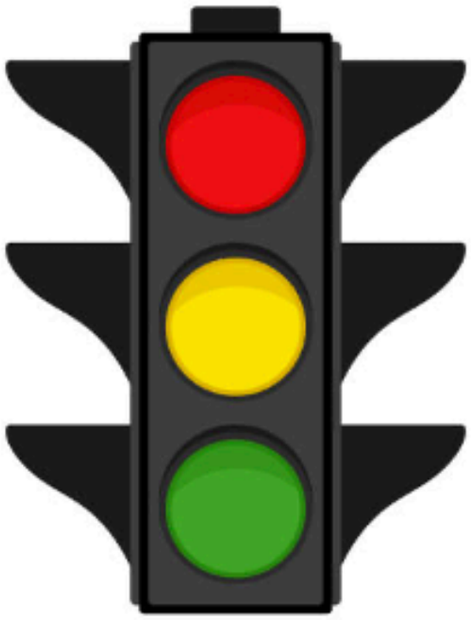


Wong-Baker FACES® Pain Rating Scale. https://pmc.ncbi.nlm.nih.gov/articles/PMC5217503/

Formula For Suicide Risk Assessment

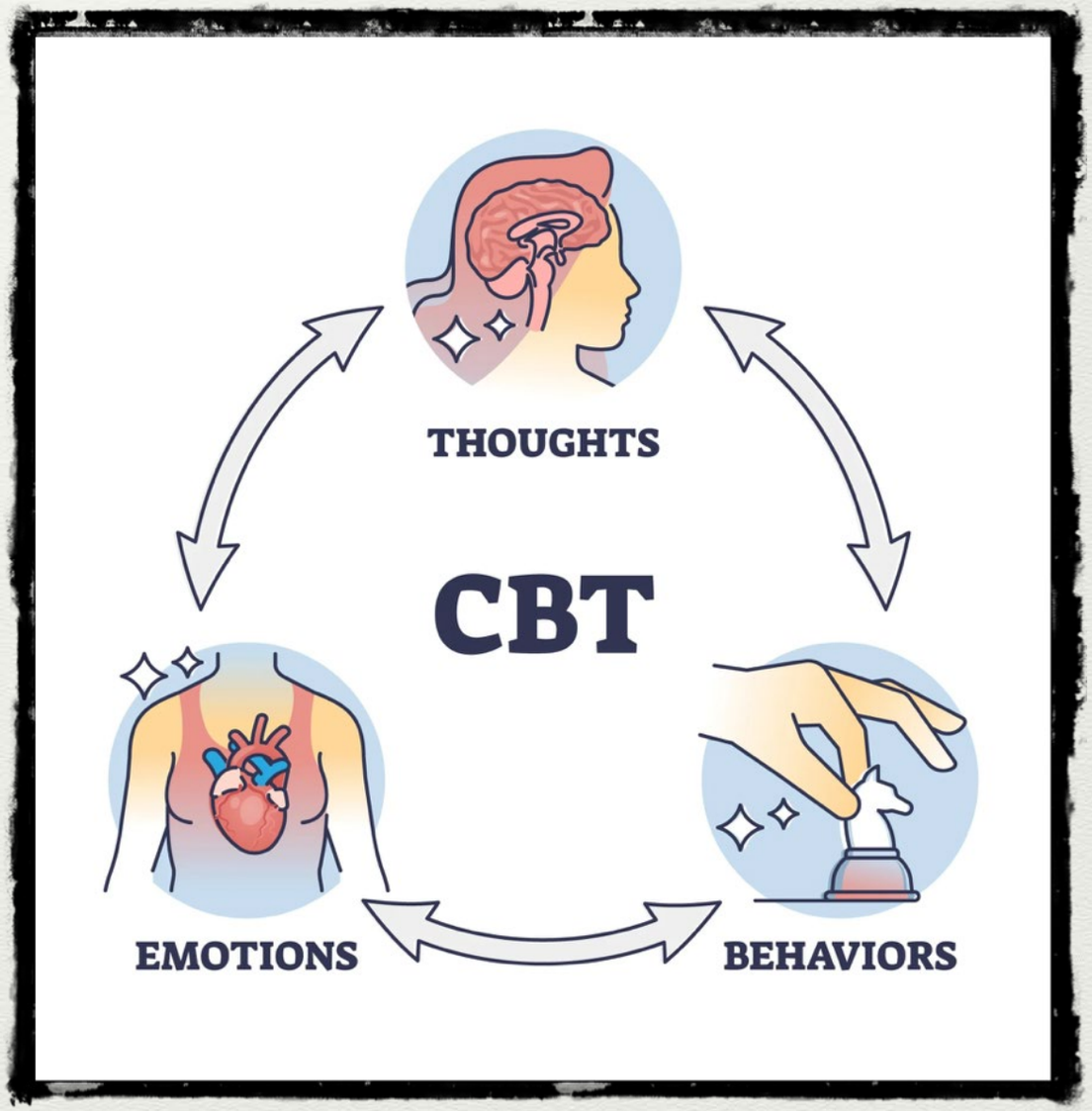
Scale	GAD 7	PHQ-9	UPAT	PCL-5	Risk Level Sum Scores	Color Code
Severity Level	Anxiety	Depression	Pain	PTSD		Treatment Frequency
Minimal	4	4	1	20	29	OK
Mild	9	9	3	35	56	Qrtly
Moderate	12	14	5	50	81	Monthly
Severe	15	19	7	65	106	Weekly
Severe+	21	27	9	80	137	Daily

Example Client: John Doe	Scale	Scale Scores at Intake	Treatment Frequency at Start
	Gad 7	15	
	PHQ-9	19	
	UPAT	5	
	PCL-5	60	
Risk Level Sum Scores		**99**	**Weekly**



Treatment Modalities For Suicide

Cognitive Behavioral Therapy (CBT) & for Suicide Prevention (CBT-SP/ CT-SP)



Common CBT-SP strategies include:

- Monitoring activities to work towards activities and actions that make life better
- Restructuring thinking, especially in suicidal crises
- Considering the pros and cons of decisions to improve decision-making
- Use of Coping Cards to serve as reminders of helpful strategies and thoughts in a crisis
- Developing a Hope Kit filled with reminders of their personal reasons for living

Treatment Modalities For Suicide

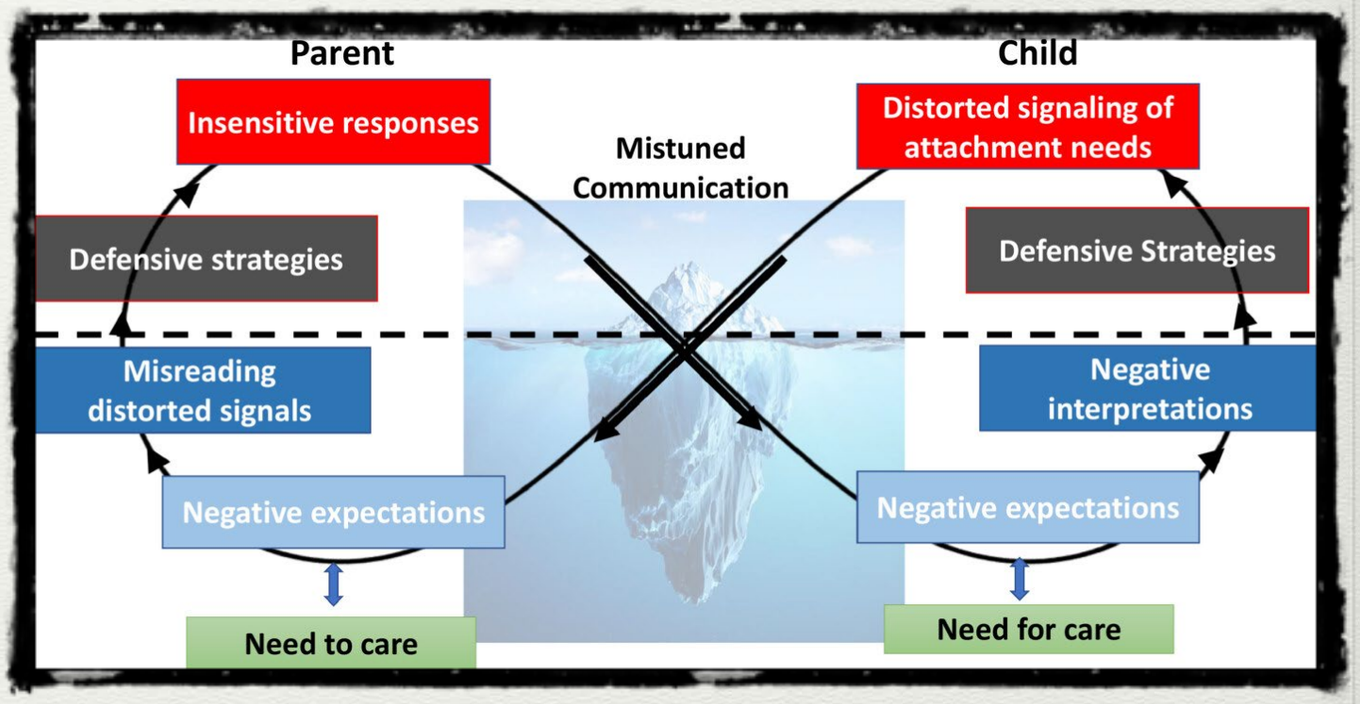
Dialectical Behavior Therapy (DBT)

The goals of DBT include:

- Skill training to solve problems
- Mindfulness to be in the moment
- Emotion regulation to decrease feelings of being overwhelmed
- Interpersonal effectiveness to promote social skills
- Distress tolerance to make it through crises and acknowledge reality

Treatment Modalities For Suicide

Attachment Based Family Therapy (ABFT)

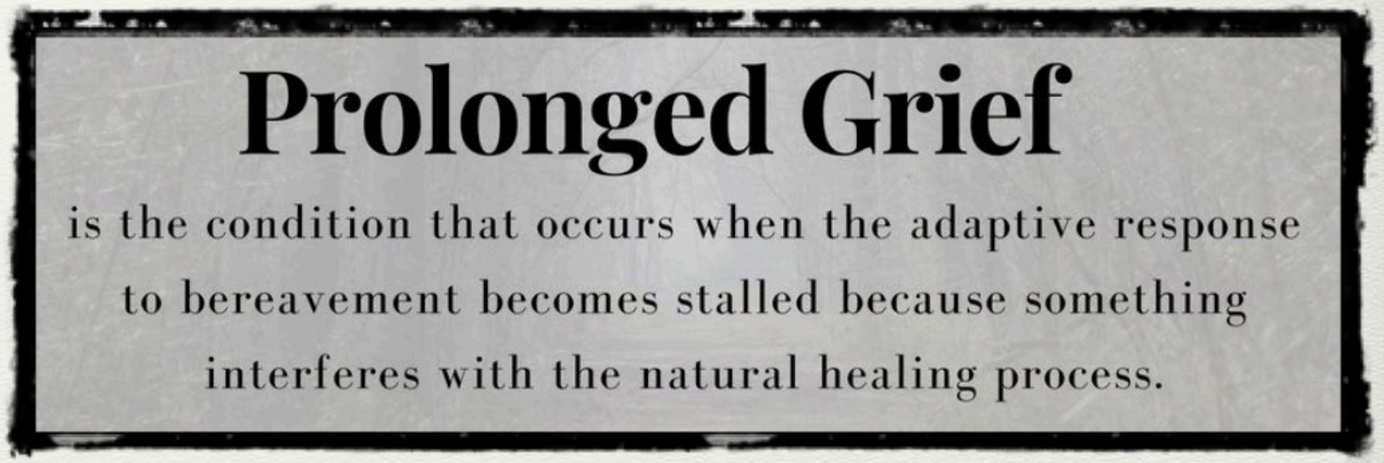


ABFT includes the following:

- Emotional experiences are validated
- Negative emotions are accepted
- Vocabulary for emotions is developed by teen
- Parental emotion is expressed
- Negotiation and compromise are used to resolve conflicts

Treatment Modalities For Suicide

Prolonged Grief Therapy (PGT)



PGT includes:

- Information about normal and prolonged or complicated grief
- Balancing grief, adjusting to loss, coping, and personal life goals
- Addressing trauma associated with loss
- Restoration

Treatment Modalities For Suicide

Interpersonal Therapy (IPT) for Suicidal Tendencies

IPT includes the following:

- Focus on present issues
- Current problems
- Using hope and support to motivate positive change
- Working with problematic relationships
- Forming new, healthy relationships with themselves

Treatment Modalities For Suicide

Psychodynamic Therapy:

Includes the following:

- Delves into subconscious motives
- Works on unresolved conflicts to improve self-awareness
- Understanding of the influence of their past on their present behavior
- Healing the underlying causes of depression, anxiety, and distress

Treatment Modalities For Suicide

Mindfulness and Meditation Techniques: Coping Mechanisms

- Helps patients become more grounded in the present, reducing intense emotional pain.
- Breathing techniques, focusing their attention on the now, and erasing all past and future worries from their minds.
- Increase their self-awareness, understand the mind-body connection better, and practice noticing and dismissing unhelpful thoughts and emotions within themselves.
- The main benefit of both of these practices is stress reduction. When combined with other types of therapy and prescription medications, mindfulness and meditation are highly effective co-treatments for people experiencing suicidal thoughts and behaviors.

Exercise For Mental Health

Gaita, D.R. (2022)

🧠 Mental Health Benefits of Regular Physical Exercise

- Reduces **stress and anxiety.**
- Exercise lowers levels of stress hormones, like **cortisol.**
- Boosts production of **endorphins**, which act as natural mood lifters.
- Improves **mood.**
- Regular movement can alleviate symptoms of **depression.**
- Even short bouts of activity (like a 10-minute walk) can have **mood boosting effects.**
- Enhances **sleep quality.**
- Helps **regulate sleep patterns** and improves deep sleep.
- Reduces **insomnia** symptoms over time.

Exercise For Mental Health

Gaita, D.R. (2022)

- Boosts **brain health and memory.**
- Exercise **increases blood flow to the brain,** improving cognitive function.
- Stimulates growth of new brain cells and connections **(neurogenesis)**.
- Improves **self-esteem and confidence.**
- Achieving fitness goals can boost your **self-worth.**
- Promotes a more **positive self-image**.
- Helps with **ADHD and focus.**
- Enhances concentration, motivation, and memory by increasing **dopamine, norepinephrine, and serotonin** levels.

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Nutrition For Mental Health

(Grajek, et al., 2022)

- **Enhanced Mood and Emotional Well-Being**

Omega-3 fatty acids, B vitamins, and amino acids help regulate mood and may reduce symptoms of depression and anxiety.

- **Improved Concentration and Cognitive Function**

A brain fueled by nutrient-dense foods functions better, aiding in memory, focus, and mental clarity.

- **Stress Reduction**

Stable blood sugar levels and certain nutrients (like magnesium and vitamin C) can help the body cope with stress.

- **Decreased Risk of Mental Disorders**

Healthy diets are associated with a lower risk of cognitive decline and mental disorders like Alzheimer's and depression.

- **Stable Blood Sugar = Stable Mood**

Eating at regular intervals with balanced macronutrients helps prevent irritability, fatigue, and brain fog.

Recent Studies on Nutrition & Mental Health

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