

Suicide and Violence Prevention Newsletters

2014

2014 March Newsletter

Nova Southeastern University

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Office of Suicide and Violence Prevention

Nova Southeastern University

Issue 10, March 2014

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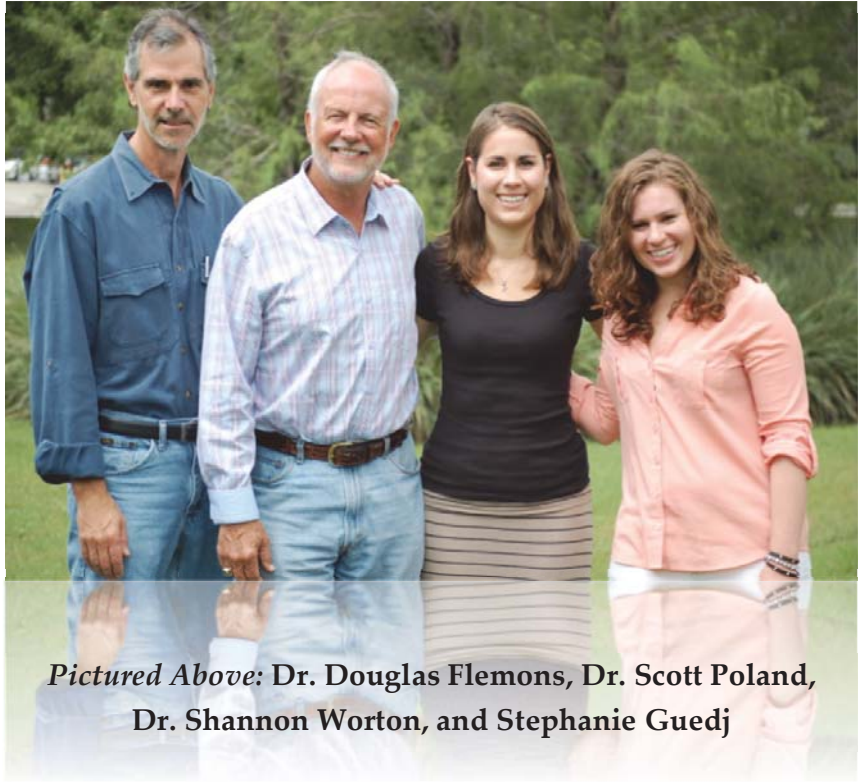
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Pictured Above: Dr. Douglas Flemons, Dr. Scott Poland, Dr. Shannon Worton, and Stephanie Guedj

Interview with:

Donald Meichenbaum, Ph.D.

Stephanie Guedj and Shannon Worton of NSU's Suicide and Violence Prevention Office were fortunate to have the opportunity to interview Dr. Donald Meichenbaum, Distinguished Professor Emeritus from the University of Waterloo, and current Research Director of the Melissa Institute for Violence Prevention in Miami, FL. During this interview, Dr. Meichenbaum shared what sparked his involvement in working with trauma and violence prevention, what his current endeavors are, recommendations he has to strengthen suicide prevention outreach, and advice for clinicians working with this population. Dr. Meichenbaum also recognizes Drs. Flemons and Poland as leaders in their field and encouraged the audience to read Dr. Flemons' most recent publication, co-authored by Leonard M. Gralnik, *Relational Suicide Assessment: Risks, Resources, and Possibilities for Safety*.

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For more information on Dr. Meichenbaum's most recent book, please visit: www.roadmaptoresilience.org



<http://www.cuny.cuny.edu/news/colin-powell-school-day.cfm>

How did Dr. Meichenbaum get involved in work with trauma and violence prevention? What is he currently working on?

As Dr. Meichenbaum shared with SVP, his mission has been to “get the message out on trauma and suicide.” As a clinical psychologist who worked on developing Cognitive Behavior Therapy, he was fortunate to work with a diverse range of clinical presentations. As he pointed out, many psychiatric clients have a history of victimization or trauma exposure; most recently Dr. Meichenbaum has focused his attention on working with combat veterans who have returned from active duty. However, the trauma that individuals have been exposed to can vary from natural disasters, to traumatic brain injuries, to childhood abuse. Dr. Meichenbaum highlights what has been fascinating about his work with this population, in that among individuals who are exposed to trauma, the most constant finding is that in most instances, 75% of the individuals are impacted, but go on to show resilience. The other 25% go on to develop some sort of psychological disturbance, including Post Traumatic Stress Disorder and Adjustment Disorders. He has since been interested distinguishing the factors that lead to resilience among the 25%, and indicated that a portion of those individuals go even beyond resilience to develop Post Traumatic Growth. Dr. Meichenbaum goes on to share that once he

retired from the University of Waterloo, he moved to Florida and became involved as the Research Director of the Melissa Institute, a foundation that was started after a young woman was brutally murdered as she was away at college in St. Louis. Dr. Meichenbaum shared that people often cope with such tragedies by transforming their pain into something good, which is where the Melissa Institute came from. The organization has since been working to bridge the gap between research findings, clinical applications, public policy, and educational practice.

What recommendations does Dr. Meichenbaum have to reach more individuals with regard to suicide prevention?

According to Dr. Meichenbaum, addressing stigma can be a challenging issue, and it is important to have a broad perspective. When selecting a prevention strategy, it is critical to identify the population you wish to focus on and target your interventions accordingly. A portion of Dr. Meichenbaum's work has focused on identifying gatekeepers. Through working with general practitioners, high school counselors, peers, etc., he has helped groups/individuals appreciate the red flags and warning signs for suicide so that they can engage in the referral process. However, as Dr. Meichenbaum pointed out, problems arise when individuals engage in the screening and identification of suicidal clients, but do not have an effective, efficient, and timely referral process; it's dangerous to raise concerns if you can't follow through. As a result, it becomes important to get the word out to professionals. On the Melissa Institute's website, under “Author Index” and “Meichenbaum, Donald H., Ph.D.”, professionals can find information on how to screen for suicidal ideation in a comprehensive manner. Additionally, Dr. Meichenbaum highlighted the need to provide psychoeducation, particularly to critical audiences, in an effort to reduce stigma of mental disorders and enhance the quality of care that people receive. Dr. Meichenbaum also highlighted the potential disadvantages to having a “suicide prevention” or “suicide” hotline. People have significant meaning attached to the word “suicide,” so he encourages

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professionals to talk about “crises” or “seeking help” rather than using the words “suicide hotline.” In looking at the meaning of the words that we use, Dr. Meichenbaum demonstrated that LGBT youth are at greater risk for suicide, and importantly pointed out that society should understand the toxic nature of their intolerance. Another important message that Dr. Meichenbaum relayed is the importance of involving computer technology. On reachout.com, teens can hear from other teens; it is important to create effective resources such as this that individuals can access in a protected fashion, but also get useful advice. It is also meaningful to keep in mind that peers are often more likely to know about the suicidal potential of an individual (as compared to their parents or professionals), and are interested in more technology based avenues.

What pieces of advice does Dr. Meichenbaum have to offer for therapists working with suicidal clients, particularly for self-care?

Working with suicidal clients is thought to be one of the most challenging clinical endeavors, and is likely a topic that most clinicians will face throughout their career due to the frequency with which clients present with suicidal ideation. Dr. Meichenbaum shared that as a graduate student at the University of Illinois, his very first patient died by suicide. As he pointed out, you can imagine the impact that has on a beginning student; he felt that he was responsible, had failed as a clinician, or had missed something. As noted by Dr. Meichenbaum, though clinicians cannot be held responsible for the death of a client by suicide, they can be held responsible if their practice does not meet gold standards regarding suicide assessment and treatment interventions. Dr. Meichenbaum has provided many resources on the Melissa Institute’s website regarding comprehensive suicide assessments and appropriate documentation, including how to identify both risk and protective factors of individual clients. Furthermore, he highlighted that in the psychoeducational process, it is valuable to help individuals understand the chain of thought processes and accompanying feelings that may increase the likelihood of suicidal acts, and indicated that these are red flags for family members, peers, and mental health workers.

For more information on the Melissa Institute, as well as access to suicide/violence prevention resources, visit:
<http://www.melissainstitute.org/index.html>

(Visit the “Home” page and click on the Author Index [left-hand side] and scroll to Meichenbaum to open articles on suicide and related topics)

Prevention: The Melissa Institute



<http://www.melissainstitute.org>

The Melissa Institute is a non-profit organization that promotes the awareness and prevention of violence, as well as providing assistance to victims. It was founded in 1996 in memory of Melissa Aptman, who was murdered just two weeks away from when she was expected to graduate from Washington University. The Melissa Institute has grown tremendously over the years, and has reached many communities throughout the United States. Today, they offer educational programs, engage in community service efforts, and provide research scholarships and consultation services. The Institute’s mission is to prevent violence and promote safer communities through education and application of research-based knowledge. The Melissa Institute's educational efforts also include major conferences, seminars, training sessions, and programs for youth. On their Board of Directors is Dr. Donald Michenbaum, a leading professional in the field of psychology and Distinguished Professor Emeritus.

SUICIDAL THOUGHTS

30%
OF ALL VETERANS
HAVE CONSIDERED
SUICIDE



Source: Iraq & Afghanistan Veterans of America Survey, 2013

BRYAN FERRY/CNN

Staggering Numbers: Suicide Rates Among Veterans

A recent article published by *Time's* Denver Nicks highlighted astonishing statistics regarding the rate of suicide among veterans. According to the article,

“The number of male veterans under 30 ending their own lives jumps by 44 percent in two years;”

a number that reaches near two young veterans per day (Time, 2014). More staggering than this is the total number of veterans who die by suicide *each*

day, a number that CNN reported reaches 22 and is significantly higher than that of the civilian population. Further information indicated that although we don't know with 100% certainty the causal factors leading to these statistics, there have been implications regarding a variety of variables, including combat stress, Post Traumatic Stress Disorder, military sexual assaults, and challenges with re-entering civilian life.

Although the rates of suicide among young veterans has been rising, suicide rates among the veteran population ages 50 and older have long since been a concern, with over 69% of all veteran suicides falling within this demographic group (CNN, 2013). Although many factors have been implicated in this finding, it is believed that the higher rates among this age group can in part be attributed to the idea that “these men give up on life after their children are out of the house or a longtime marriage falls apart,” and that they are “also likely to be Vietnam veterans, who returned from war to a hostile public and an unresponsive VA” (CNN, 2013).

Although there is much to still be done in the area of suicide prevention, there have been many steps toward progress, including a statement made by President Barack Obama in which he highlighted the need to “end this epidemic of suicide among our veterans and troops.” Moreover, it is reported that in 2013, President Obama “announced \$107 million in new funding for better mental health treatment for veterans with post-traumatic stress and traumatic brain injury, signature injuries of the wars in Afghanistan and Iraq” (CNN, 2013). Additionally, between “October 2006 and June 2013, the Veterans Crisis Line received more than 890,000 calls,” a number which demonstrably highlights the prevalence of crises among the veteran population and the significant need for suicide prevention resources and efforts.

Resources:

<http://time.com/#304/report-suicide-rate-soars-among-young-vets/>

<http://www.cnn.com/2013/09/21/us/22-veteran-suicides-a->

For more information about the Veterans Crisis Line, visit:

<http://veteranscrisisline.net/>

-OR-

Call **1-800-273-8255**

-OR-

Text **838255**



Confidential help for
Veterans and their families

http://www.saltlakecity.va.gov/features/Veterans_Crisis_Line.asp



<http://ganleyfoundation.org>

The Ganley Foundation

The Ganley Foundation is a non-profit organization whose mission is to inform communities about depression, debunk its stigmas, and advocate for appropriate intervention and treatment. It was established in 2005 in memory of Jimmy Ganley, who died by suicide at 22 years old due to undiagnosed depression. The Ganley Foundation offers educational presentations, trainings, and curriculums in suicide prevention and intervention to schools and community organizations. They provide information and trainings on such topics as mental health, stress reduction, depression, and suicide prevention. Notably, SVP's very own Dr. Scott Poland serves on the organization's advisory board. For more information about the Ganley Foundation as well as access to suicide prevention resources, visit:

<http://ganleyfoundation.org/>

Interview with Grace Carricarte, Executive Director of the Ganley Foundation

The Ganley Foundation, a non-profit organization based out of Miami, FL, aims to “[educate] communities about depression and [challenge] the stigmas that prevent proper intervention and treatment.” As Grace Carricarte (Executive Director of the Ganley Foundation) pointed out in a one-on-one interview with NSU’s Suicide and Violence Prevention Office, their mission is to “break the silence.” With prevention efforts being emphasized, Mrs. Carricarte shared words of wisdom with regard to breaking the stigma of suicide, working within the area of crisis intervention, and promoting proper self-care.

Addressing Stigma

The thought provoking question posed by Ms. Carricarte, “How do we define health?”, discreetly highlights the stigma that has been tied to mental illness for centuries. Society has long since separated physical health from mental health. While one would be hard pressed to find opposition to preventive measures for cancer, heart disease, and diabetes, the same cannot be said for prevention measures directed at mental illness. In a world where prevention is key, it’s difficult to understand why the stigma tied to mental health and mental health services is so strong. However, given this challenge that all mental health professionals face (as well as those struggling with mental health issues), the dissemination of knowledge becomes crucial. The idea, “catch it early”

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(continued) ... affords clinicians the opportunity to assist others in identifying the warning signs of depression and suicide before those warning signs become more severe.

Working within the World of Crisis Intervention

Suicidality can be scary not only for the individual experiencing thoughts of death, but also for the clinician serving as their living safety network. To build strength and resilience, Ms. Carricarte suggests “accepting our humanity, praising the courage of and recognizing what the individual is sharing, and reminding our self that they are feeling what they are feeling for a reason.” While working with individuals experiencing suicidality can evoke a sense of anxiety, it is important to consider the notion that if we (clinicians) can’t have the conversation about suicide, who can? Ms. Carricarte suggests that clients will give you as much information as they think you can handle. Moreover, while the anxiety experienced on the part of the clinician can surface for a variety of reasons, it is important to remember that “asking the questions and providing support to someone never hurt.” To be present, and to be there in the space with the individual, will foster a sense of connectedness, an experience that can benefit any individual, not just someone experiencing thoughts of death. Finally, when asked how to further help clinicians with their own anxiety, Ms. Carricarte encouraged that clinicians seek counseling themselves, further highlighting that “we can all do better with a coach.” In taking the role of a helper, it is crucial to take care of ourselves. We are all human, and therefore all susceptible to burn out.

“The clinician’s experiences bring them so much wisdom...great gifts come with the difficulties.”

-- Grace Carricarte

How do you Remember the Warning Signs of Suicide? Here’s an Easy-to-Remember Mnemonic:

IS PATH WARM?

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

Warning Signs of Acute Risk (for suicidal behavior):

- Threatening to hurt or kill him or herself, or talking of wanting to hurt or kill him/herself
- Looking for ways to kill him/herself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying or suicide, when these actions are out of the ordinary

These might be remembered as expressed or communicated **IDEATION**. If observed, seek help as soon as possible by contacting a mental health professional or calling 1-800-273-TALK (8255) for a referral.

Suicide Assessment



SVP Webpage Spotlight

The NSU Suicide and Violence Prevention website provides a variety of training materials for colleges across the nation and abroad. Among the resources available are several training videos, including a comprehensive educational video depicting SVP's Dr. Flemons conducting a suicide assessment. The suicide assessment video, which is ideal for mental health professionals, highlights the process of identifying risk; assessing for suicidal ideation, plan, and intent; and the development of a strong and effective safety plan. The suicide assessment video can be found by going to the SVP webpage (www.nova.edu/suicideprevention) and clicking on the following links:

Training Videos → Training Videos for NSU OR Training Videos for All Colleges → Suicide Assessment

Visit the Suicide and Violence Prevention's webpage at:

www.nova.edu/suicideprevention

SVP Spotlights

- ❖ Dr. Poland was recently invited to provide assistance after a number of youth suicides in Volusia County, FL. He provided training sessions for all school administrators and school support personnel. He also provided an evening session for parents that emphasized safeguarding their children and building resiliency skills. In addition, he met with small groups of students at New Smyrna Beach High School who have been impacted by the suicides.
- ❖ Dr. Poland consulted with Project Recovery Newtown CT on suicide and violence.
- ❖ Dr. Flemons conducted a workshop entitled *Psychiatric Emergencies: Relational Suicide Assessment and Involuntary Hospitalization* to the medical students at NSU's Health Provisions Division.
- ❖ Dr. Poland provided a keynote address on suicide and schools at Northwest Louisiana Suicide Prevention Coalition Meeting, and on suicide and violence prevention for the Idaho Department of Education.
- ❖ Dr. Poland conducted a workshop on self injury at the National Association of School Psychologists Convention in Washington, DC, and on legal issues and suicide for the American Association of Suicidology Convention.

National Suicide Prevention Lifelines

1-800-SUICIDE

– or –

1-800-273-TALK (8255)

Mobile Crisis Response Teams

Broward:

Henderson: 954-463-0911

Palm Beach:

North: 561-383-5777 South: 561-637-2102

Miami-Dade:

Miami Behavioral: 305-774-3627



Henderson

Student Counseling Services

What should every student know?

Students can participate in up to 10 sessions per year
FOR FREE!

The counseling relationship is strictly confidential!

An on-call counselor is available after hours in times of crisis.

Just call **(954) 424-6911** to make an appointment!

Hours of Operation

Monday..... 9:00 am - 5:00 pm
 Tuesday..... 9:00 am - 8:00 pm
 Wednesday..... 9:00 am - 8:00 pm
 Thursday9:00 am - 5:00 pm
 Friday9:00 am - 5:00 pm

Suicide Prevention Resources

Suicide Prevention Resource Center

www.sprc.org

Suicide Awareness Voices of Education

www.save.org

The Depression Center

www.depressioncenter.net

Yellow Ribbon International

www.yellowribbon.org

Florida Suicide Prevention Coalition

www.floridasuicideprevention.org

National Center for Injury Prevention and Control

www.cdc.gov/ncipc/dvp/suicide

National Mental Health Information Center

<http://mentalhealth.samhsa.gov/suicideprevention/>

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

Nova's Counselor in Residence



Meet...
MICHAEL PUSATERI

Supporter
 Motivator Mentor
 Resource

**NSU Counselor
 in Residence**

**Goodwin Residence Hall,
 Room 209B**

To schedule an appointment, please call (954) 262-8911
 or email mp1268@nova.edu.

Student counseling service also available through
 Henderson Student Counseling Center 24/7 by
 calling (954) 424-6911.

 NOVA SOUTHEASTERN UNIVERSITY
 Office of Residential Life and Housing
 Division of Student Affairs