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# ACAM - NEWSLETTER

KEEPING YOU CONNECTED AND INFORMED



## UPCOMING EVENTS:

- April 4th - 6th, Annual conference in Independence MO, Stoney Creek Hotel and conference center. 20 CEUs.

## THINGS TO KNOW:

Consider submitting an article, case study, book review, or other for the newsletter

Your ACAM board is ready to hear from you and support you.

2 CEUs regarding suicide prevention are now required for licensure renewal!

## SAFETY PLANS FOR SUICIDAL INDIVIDUALS: MAKING THEM EFFECTIVE

WRITTEN BY JAMES SMITH, M.ED, LPC, NCC

Missouri currently ranks 17th in the United States in number of suicides. There are a little over 18 suicides per 100,000 people in the population of Missouri. Suicide is the second leading cause of death for Missourians aged 10-34, and the 10th leading cause of death for all age groups. For adults age 18 and over, suicide by gun is the most common means accounting for 57% of suicides in Missouri. 22% of suicides were by suffocation and 16% of suicides were completed by poisoning. One of the most common and expected ways for counselors to

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respond to suicidal ideation in our clients is by completing a safety plan. There is mounting evidence, however, that these plans are not effective in preventing suicide. The primary reason that safety plans are not effective is because counselors do not use them effectively. In this article, I will provide information based on the Zero Suicide Model for suicide prevention to discuss how mental health professionals can collaborate with suicidal individuals to create safety plans that are more effective.

The National Action Alliance for Suicide Prevention developed the Zero Suicide Model in response to the increasing epidemic of suicides in the United States. The Zero Suicide Model is a research developed, evidence-based program that offers guidance to mental health professionals in three key areas, suicide assessment, intervention, and monitoring. As part of the intervention piece, the Zero Suicide Model provides guidance on creating safety plans with individuals experiencing suicidal ideation that are effective. There are 5 primary pieces of a suicide plan that should be included and steps clinicians can take to intervene with individuals experiencing suicidal ideation.

**Element 1: Restrict Access to Lethal Means:** The first piece of an effective safety plan is to have the client identify how to restrict their access to lethal means. If the client plans on using a gun, where can the gun be stored that prevents the client's access. If the client plans on taking pills, where can the client dispose of or store medication that would make



it more difficult to access. The clinician and the client can explore who will have access to the lethal means to help the client if the client must have access to medication or other materials.

**Element 2: Identify Specific Warning Signs of Suicidal Ideation:** The mental health professional works with the client to identify what kinds of warning signs the client might experience prior to developing suicidal ideation. These warning signs are identified as explicitly as possible and written into the safety plan so clients can self-identify when they are starting along the pathway that leads them to suicidal thoughts.

**Element 3: Identify Specific Exercises That Help The Client Work Through These Thoughts:** The clinician helps the client identify strategies that

## **"CLINICIANS AND CLIENTS SHOULD TAKE OUT THE SAFETY PLAN AND DISCUSS IT AT EVERY MEETING UNTIL THE SUICIDAL CRISIS IS RESOLVED"**

work for the client to address suicidal ideation. These are things that clients can do for themselves. Whether the clinician uses CBT, DBT, Mindfulness based approaches, the clinician helps clients identify what works for them.

Element 4: Identify Social Supports Who Can Help: The clinician then helps clients identify people to whom they can turn for support. There are two levels of social support. One group of persons are people the clients know, but who the clients don't necessarily need to let know they are struggling. These are friends and acquaintances to whom the client can turn for distraction. They can go out to eat, see a movie, hang out at a park or coffee shop. The second group of people are individuals that clients identify who the clients will inform of their struggle with suicidal ideation. These are the group of friends that clients will tell when they are having suicidal ideation and will ask for help. Clinicians can encourage clients to bring these people into a therapy session where they can have an honest and educational conversation about how to help their loved one.

Element 5: Identify National Suicide Hotlines: Sometimes those people whom the clients identify simply won't be available or maybe won't know how to help. Putting the National Suicide Hotline Numbers on the actual safety plan so the client has them handy is important.

Besides these 5 elements of a safety plan, there are specific actions a clinician should take that make the use of these plans more effective. Clinicians should photocopy the plan, providing one to the client and keeping the other for the clinical record. Clinicians and clients should take out the safety plan and discuss it at every meeting until the suicidal crisis is resolved.

They can collaborate on what is working and not working in the plan and revise it at each meeting. Clinicians should increase their contact with clients by scheduling more frequent appointments, perhaps for shorter periods. Rather than meeting once a week for an hour, the clinician could meet three times per week for 20 minutes apiece or perhaps meet for one hour and then two shorter meetings of 15 minutes apiece. At the very least, the clinician should ensure phone contact with the client between meetings to check on the client. Clinicians and clients should enlist the assistance of a few, trusted family members or friends who can provide support and help as the first, natural line of support for clients.

Following these guidelines can make safety plans more effective at saving our clients' lives. Suicide prevention begins in the assessment process, which is an important part of fostering the connection with the client. Interventions and monitoring are important elements in ensuring client safety. Understanding that suicide intervention is a comprehensive process fosters in clinicians greater awareness of their role in helping this vulnerable client population.

# FEED YOUR STARVING SOUL... BE REFRESHED

WRITTEN BY PAUL LOOSEMORE

Is your soul starving? Have you read a good book lately?

I mean, gotten off of the Internet, taken some time out for your soul, and really read something?

Many people I have sat down with tell me just how much their life was changed when they slowed down and soaked in something rich and rewarding... "it spoke to me", "it made me see it all differently", "I feel more courage".

Just like savoring every mouthful of a delicious handmade sandwich is different from cramming in the next protein bar so you don't get hungry. Good books are like food for the soul that can be savored, enjoyed, and allowed to enrich your life. If you are frantic, tired, overstressed, anxious or grumpy you can't afford NOT to slow down and read something refreshing.

The best minds of our time can only be glossed over or gobbled up in short presentations and articles, but their books—well that's a different story. You get to lose yourself in mystery, detail, understanding, and enjoy soul food.

But what is worth that commitment? What should I read!?

Well it depends on where you find yourself. Many of us need help, guidance, and someone to reorient us in our ways of seeing problems.

I have put together a short-list of books that I have seen and heard changing lives. Not a gimmicky "self-help" style, but a substantive life altering kind of thing. Of course, some of us need time and space to enjoy a good fiction book and let someone else's drama take center stage for a while! But if you are in need of meat for the soul, here are a few recommendations:

1. "A Failure of Nerve" by Edwin Friedman.  
If you wrestle with the world, how to contribute, or how to lead your practice, this one will be a "shining light" to your feet. Not prescriptive, but paradigm shifting and life giving.
2. "The Social Animal" by David Brooks.  
Our humanness has been researched, studied and documented; Brooks impressively synthesizes a mountain of data and understanding into a flowing narrative that unravels many of life's mysteries. This book will help you peel back the surface of our human existence and watch it's mechanism at work. You will be awed and changed—I have no doubt.
3. "The Whole-Brain Child" by Dan Siegel  
Even if you don't have kids, you should get this book! It will help you understand how we grow and what shapes us. This is critical knowledge that changes how we have compassion for ourselves, and how we can think about relationships. Especially if you are raising young ones, this book is a must have—it will likely give you something you missed in your own life that you can give to your kids. Your relationships will be changed, and you will be so glad you took the time!



## A WORD FROM THE EXEC.

WRITTEN BY DEANNA BRAUER

ACAM's Annual Conference planning is in full swing and I am personally excited about the energy that occurs when therapists get together. Our conferences are highlighting different parts of the state. Last year's was held in the Lake of the Ozarks and 2019's conference will take place in Kansas City (Independence, MO) at the Stoney Creek Hotel & Conference Center.

2019's Conference theme is "Promoting Wellness-Engaging the Whole Person". In the spirit of this theme, we are working to secure key note speakers and workshops that promote wellness

## HERE FOR YOU...

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<https://chrome.google.com/webstore/detail/newsletter-creator-for-gm/cihaednhfbocfdiflmpccekcmjpcnmb?hl=en>

especially the benefits of humor on health both for counselors and our clients.

The Missouri Counseling Board recently sent out information that in order to renew LPC licenses, that counselors must complete 2 hours of CEUs about suicide assessment, referral, treatment and management training. To help LPCs meet this requirement, we will be offering presentations during the conference to. And of course, we will offer 20 hours of CEUs. Information about the conference is available on our website,

[www.counselingmissouri.org](http://www.counselingmissouri.org).

We look forward to seeing you there!

Oh, and if you want to write a longer or shorter contribution for our newsletter please do! We can support one another with clinical knowledge, case studies, and more.

**WE WELCOME YOUR FEEDBACK IN RESPONSE TO OUR NEW NEWSLETTER.**