

PREVENTING OVERDOSES AND SUICIDES IN TREATMENT COURTS

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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

Increased Mental Health and Substance Abuse Problems during COVID-19

The combination of COVID-19, economic problems, racial protests, and political division in 2020 has resulted in:



We are facing a national mental health crisis that could yield serious health and social consequences for years to come.

American Psychological
Association, 10/12/20

Factors That Exacerbate Mental Health Problems and Substance Abuse during COVID-19

- Economic problems
- Job loss
- Isolation
- Loss of support system
- Grief
- Decreased access to treatment
 - Closures
 - The digital divide
- Interpersonal violence
- Trauma
- Wear and tear on professional supports

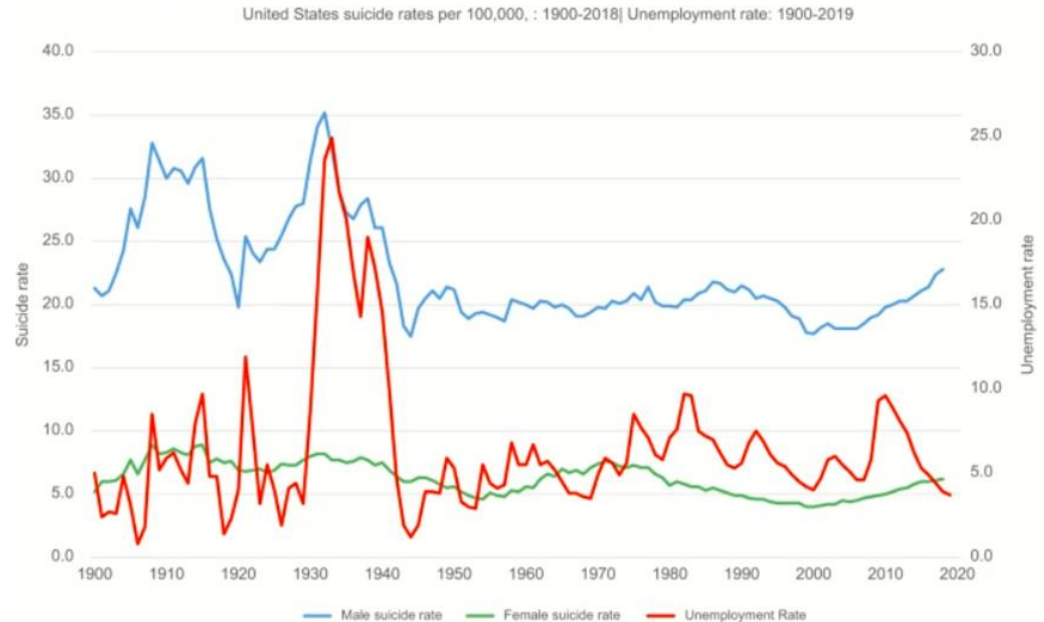
Increased Opioid Overdoses

- There were 93,000 overdose deaths in 2020 (CDC, 2021)
 - This was a 29% increase over the previous year
- Deaths from opioids accounted for almost 70,000 of these
- Fentanyl was present in 60% of all drug overdose deaths

Suicides

- Concerns about increased suicide rates due to the combination of economic stress, social isolation, barriers to receiving mental health treatment, and increased levels of national anxiety.
- Historically, economic recessions are associated with increases in suicide, specifically for working age men.

Fig. 1: USA age adjusted suicide rates and unemployment rates since 1900.



USA age-adjusted suicide rates per 100,000 for total persons, males and females between 1900 and 2018 and unemployment rates 1900 to 2019 (see [Supplementary file](#) for data sources).

(Bastiampillai et al., 2020)

Suicides



- Despite predictions otherwise, suicides decreased 5% in 2020 (CDC, 2021)
- There has been a great deal of discussion about why they did not increase as expected
 - Factors that usually exacerbate suicide rates, such as job loss, eviction, unemployment benefits running out, and inability to repay student loans were tempered
- However, suicides among BIPOC increased

In Our Treatment Courts

Lack of in-person contact +

Loss of incentives like handshakes and hugs +

Greater difficulty forming a peer support group among participants +

The digital divide +

Sharing the same stresses as our participants =

Decreased connections

What can we do?

Factors That Exacerbate Mental Health Problems and Substance Abuse during COVID-19

The Digital Divide and Access to Treatment

- Many areas of the country already have a shortage in mental health providers
- Pandemic has caused an increase in those seeking counseling
- Many providers were not prepared to transition to online platforms
 - Learning curve caused delay in some treatment
- Issues on the patient's end:
 - Lack of technology
 - Internet availability
 - Lack of privacy for online treatment sessions and meetings
 - Increased concern for homeless patients.





Some Treatment Access Improvements

- Changes in insurance policies regarding telehealth coverage has led to an increase in treatment availability in some rural areas
- Since March 2020, laws surrounding the distribution of methadone and buprenorphine have been changed to allow for more access to treatment during the pandemic (Priest, 2020)

Residential Treatment Centers Shrank or Closed



- Double occupancy rooms switched to single occupancy
- People are more hesitant to stay in an inpatient/residential settings because
 - Risk of infection
 - Strict visitor policies during pandemic
- Financial Concerns
 - Decreased occupancy and treatment services caused financial problems, especially for smaller programs
 - Increased costs associated with PPE and safety/cleaning protocols



Grief and Covid-19

- Any type of loss can trigger grief (Cherry, 2020)
 - Job
 - Family, friend, or loved one
 - Health
 - Daily habits and routines
 - Future plans
 - College, weddings, vacations, family reunions, holiday gatherings

Grief and Covid-19

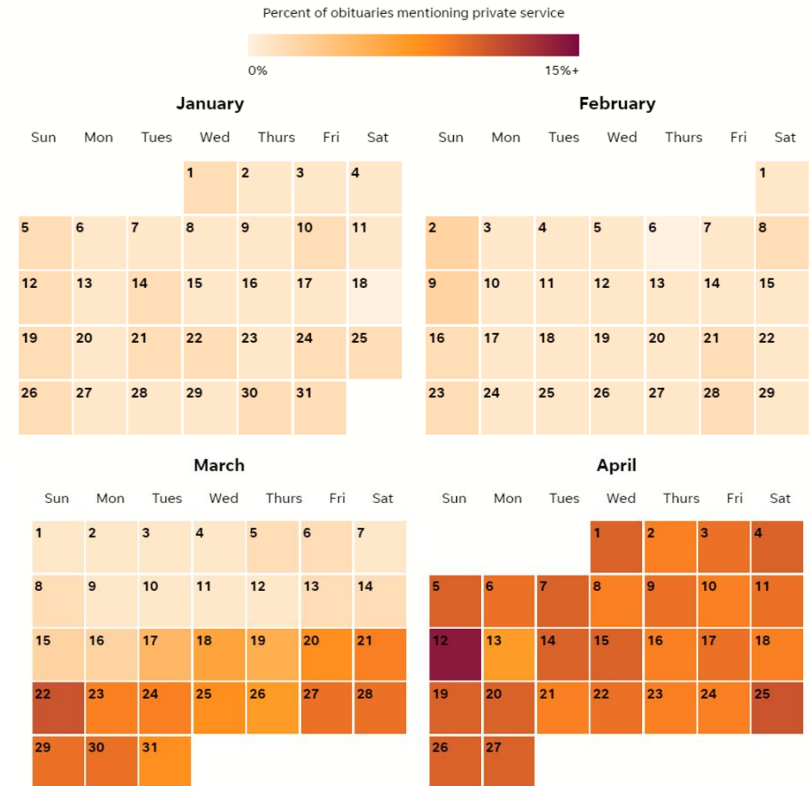
- The pandemic has led to increased loss and grief
- Data from August 10, 2021 indicated that 613,000 people have died in the US since the start of the pandemic
- Illness rates are much higher
- Increased overdoses and relapses amongst friends and family during the pandemic



Grief and Covid-19

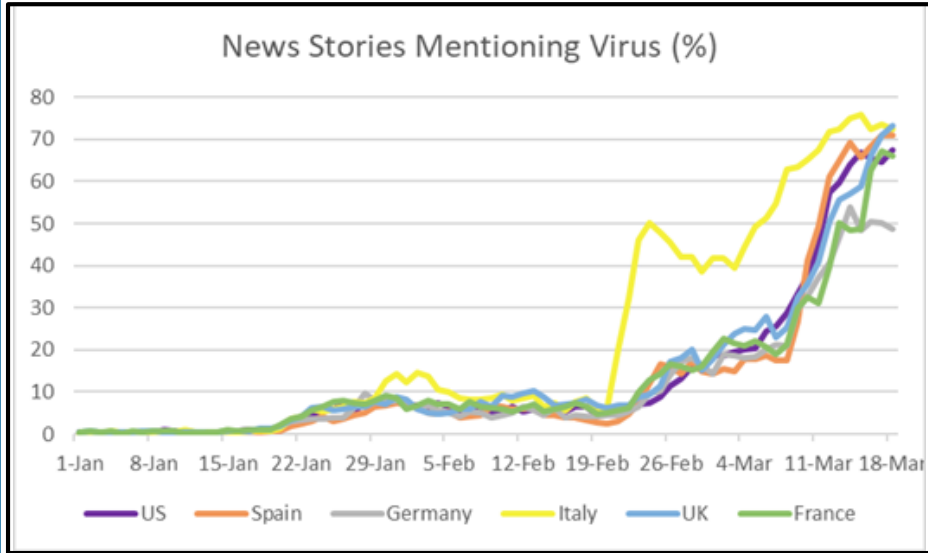
- The pandemic has changed the way that we grieve death
 - Being with people who are sick/dying in hospitals and long term care facilities
 - Lack of closure
 - Grieving in isolation
 - Funerals and other end of life traditions
 - Loss, delay, or change of important traditions
 - According to the National Funeral Directors Association, in 2020 cremations have increased and burials have decreased
 - Change of language in obituaries
 - Emphasis on private gatherings

Obituary data shows increase in private funeral services



SOURCE USA TODAY analysis of Gannett newspaper obituaries

Increased Exposure to Trauma



- News coverage (Bermejo, 2020)
 - Coverage of the pandemic dominated the news globally.
 - By the end of March, over 60% of news coverage in the US was about the pandemic

Increased Exposure to Trauma



- Hospital and Healthcare workers (Mock, 2020)
 - Increased number of critically ill patients
 - Witnessing first hand the high death rate associated with Covid-19
 - Lack of needed supplies
 - Decrease in support systems due to self-isolation/quarantining
 - Fear of personally contracting Covid-19

SOLUTIONS

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 the 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.

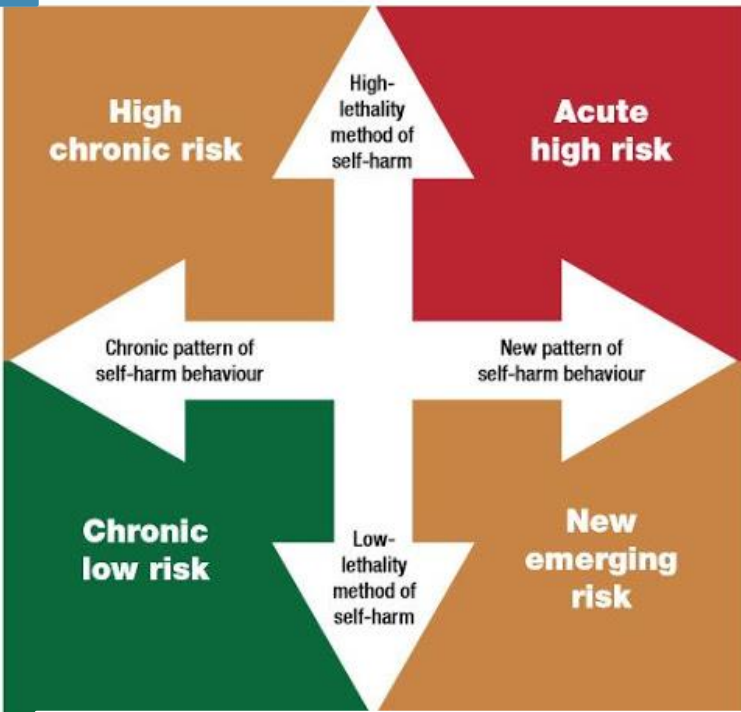
RISK ASSESSMENT VERSION

(* elements added with permission for Lifeline centers)

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

Instructions: 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
Suicide Ideation (Most Severe in Past Week)		<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
Activating Events (Recent)		<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 white stripes is floating in the center of a blue, rippling body of water. The text 'CREATE A CRISIS SAFETY PLAN' is overlaid in white, bold, sans-serif font across the middle of the image. A thin white horizontal line is positioned below the text.

CREATE A CRISIS SAFETY PLAN

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:

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:

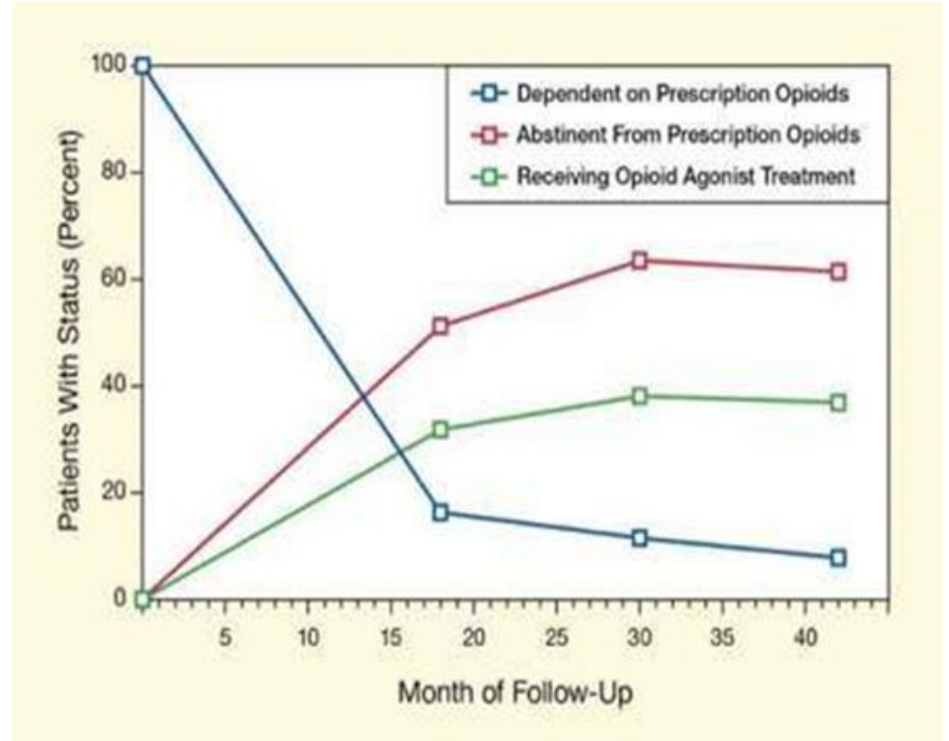
Name	Number
.....
.....
.....

Overdose Prevention Plan

Harm Reduction

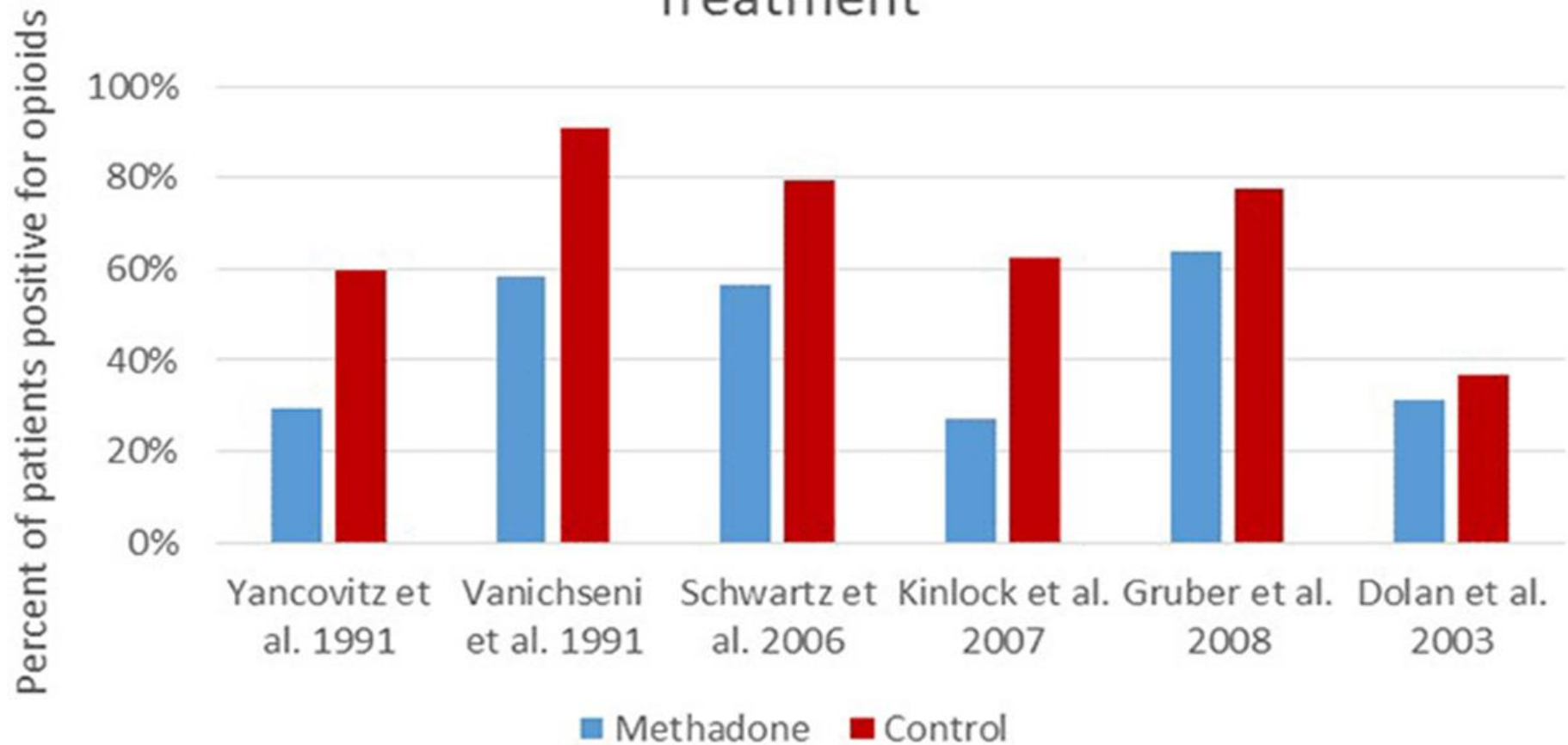
Medication Assisted Treatment (MAT)

- MAT is effective
- MAT is a form of harm reduction that saves lives
- MAT increases treatment retention
- It decreases illicit opiate use and other criminal activity in people with Substance Use Disorders (SUDs) (Krebs et al., 2017)
- It increases patients' abilities to gain and maintain employment
- It improves birth outcomes among pregnant women with SUDs
- It can lower a person's risk of contracting HIV or Hepatitis C by reducing the potential for relapse (NIDA, 2012)
- It is cost effective and provides more health benefits than treatment without medication (Connock et al., 2007)

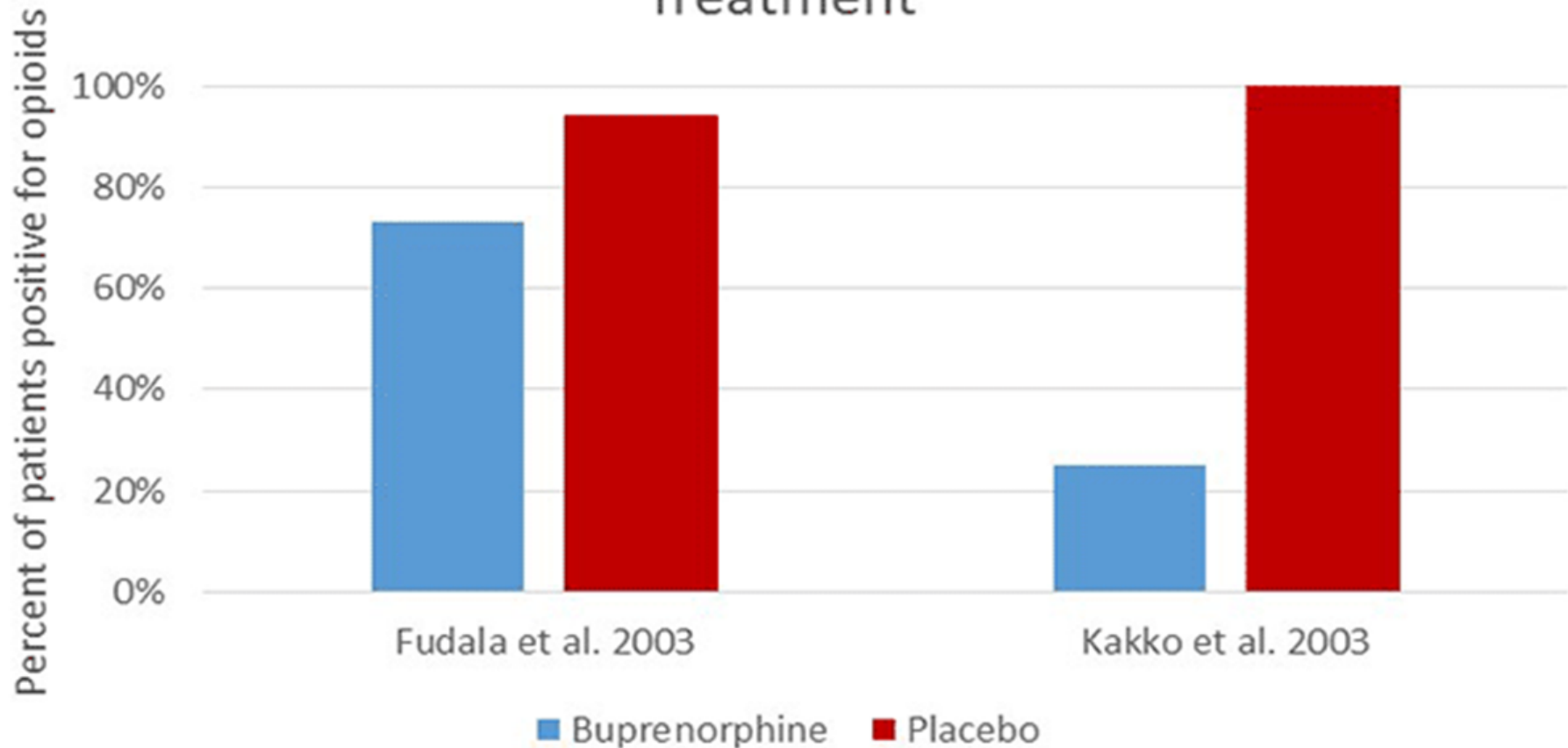


(Weiss et al., 2015)

Opioid Use With or Without Methadone Treatment



Opioid Use With or Without Buprenorphine Treatment



Medication Assisted Treatment (MAT)



MAT saves lives!

- Buprenorphine and Methadone save lives (Wikner et al., 2014)
- Buprenorphine and Methadone reduce mortality rates by two-thirds (Sordo et al, 2017)
- 11 clinical trials involving 1,969 people, methadone improved treatment retention and reduced heroin use compared with nonmedication treatment (Mattick, Breen, Kimber, & Davoli, 2009)
- If all eligible offenders were offered methadone treatment, 3.3 million nondrug crimes could be averted (Bhati, Roman, & Chain, 2008)
- Every dollar spent on ongoing methadone treatment yields almost \$38 in benefits through reduced crime, better health, and gainful employment (Zarkin, Dunlap, Hicks, & Mamo, 2004)
- Naltrexone also saves lives (Krupitsky et al., 2013)

Syringe Services Programs (SSPs)

- Also called syringe exchange programs (SEPs) or needle exchange programs (NEPs)
- According to the CDC, SSPs provide:
 - Referral to substance use disorder treatment programs
 - Screening, care, and treatment for viral hepatitis and HIV
 - Education about overdose prevention and safer injection practices
 - Vaccinations, including those for hepatitis A and hepatitis B
 - Screening for sexually transmitted diseases
 - Abscess and wound care
 - Naloxone distribution and education
 - Referral to social, mental health, and other medical services

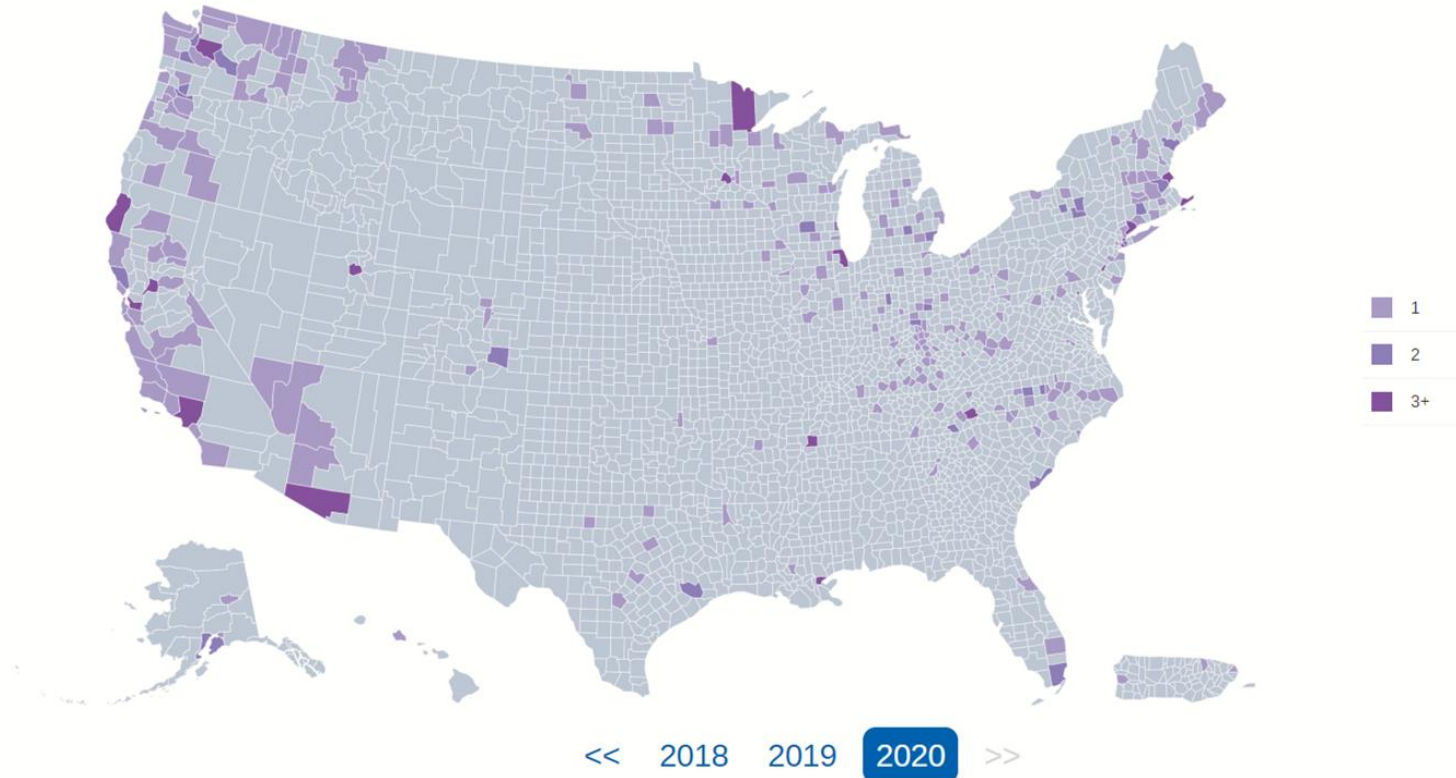


Syringe Services Programs (SSPs)

- SSPs have been shown to:
 - Help prevent transmission of blood-borne infections
 - Help stop substance use
 - Help support public safety



SSPs in the United States by County



(https://opioid.amfar.org/indicator/num_SSPs)

Find a SSP Near You

Interactive Map found at www.nasen.org/map/

COVID-19 Response

Black Lives Matter

NASEN

A DAVE PURCHASE INITIATIVE

OPERATORS

LOCATIONS

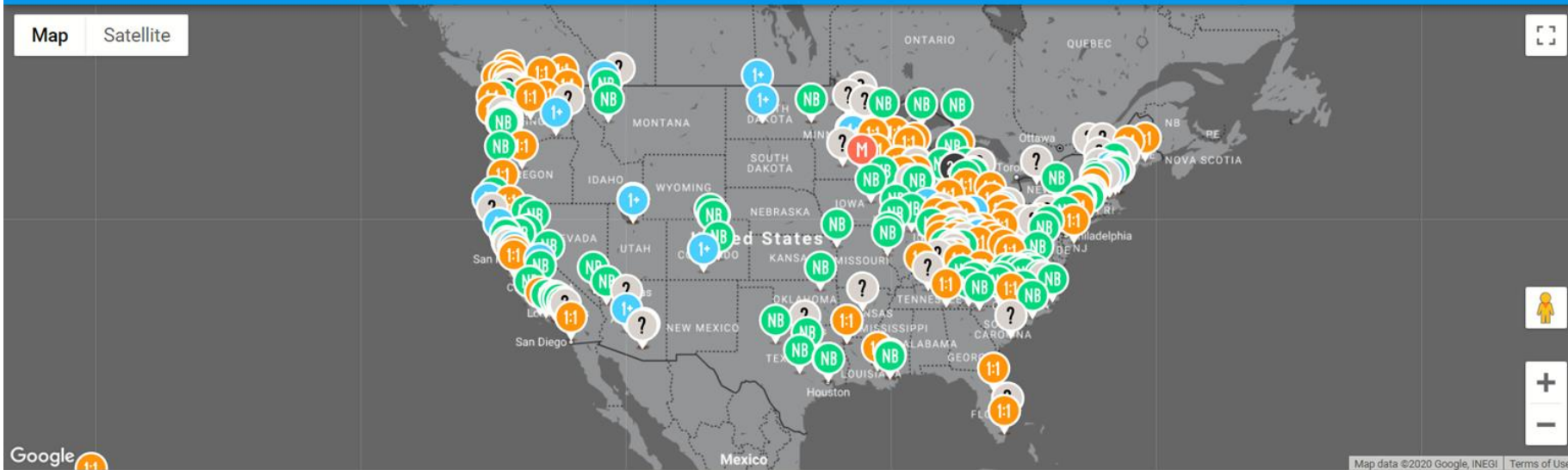
CONTACT

FAQS

DONATE

Map

Satellite



Google

Map data ©2020 Google, INEGI | Terms of Use

?

Undisclosed

1:1

One to One

1+

One Plus

NB

Need-based

2nd

Secondary

M

Mobile

Select Language

Powered by
Google Translate

Narcan Availability



- Laws surrounding Narcan/Naloxone vary by state
- Third Party Prescribing Laws
 - Allow a prescriber to write a prescription to someone so that they can give the medication to someone else
 - Ex: Friend/family of drug user might obtain a prescription so that they can give the medication to their loved one if they overdose
 - States with no law: Kansas, **Minnesota**
- Standing Order Laws
 - When a prescriber writes a prescription that covers a large group of people
 - Essentially makes it legal for a pharmacist to dispense the medication to anyone that asks for it
 - States with no law: Idaho, Nebraska, Oregon

Find the laws in your state here:

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

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!

**The Opposite of Isolation
Is Connection**

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.)

Discussing 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
- 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)



suicidepreventionlifeline.org

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

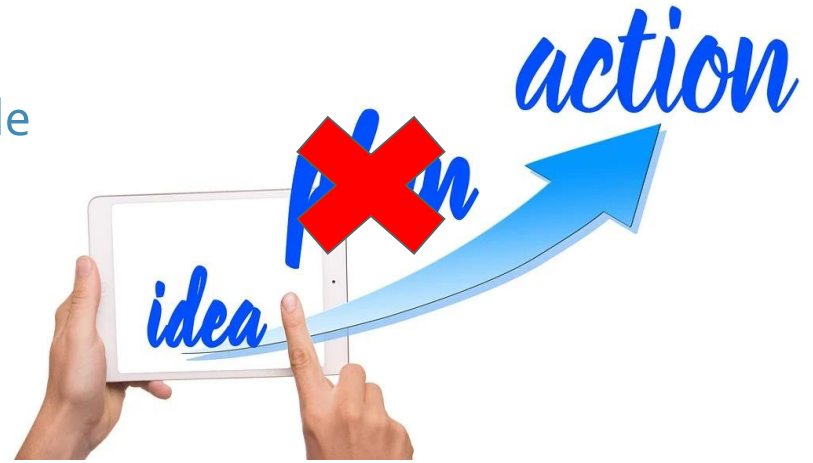


- Do not:
 - Promise to keep someone's suicidal thoughts a secret
 - Dismiss a person's feelings.
 - Try to talk them out of their feelings
 - Be patronizing or judgmental
 - "Things could be worse."
 - "You have everything to live for."

(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





EVALUATE YOUR COURT FOR EQUITY AND INCLUSION

Procedural Unfairness

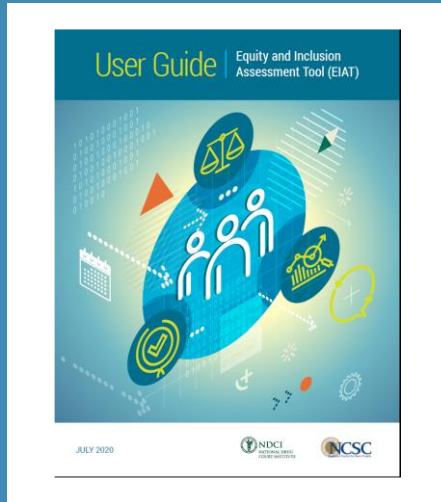
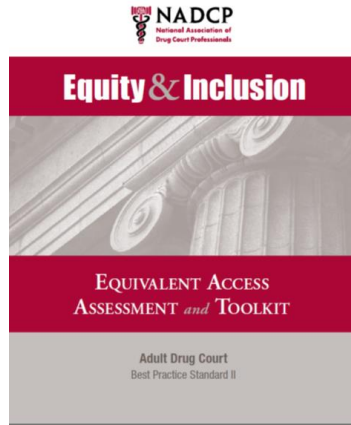
- There is a long history of inequity in the criminal justice system for minorities (Alexander, 2010; Duvernay, 2016)
- This occurs at every step, including being stopped, arrested, jailed, charged, convicted, and sentenced (cf., Nicosia et al., 2013)
- As a result, black, Indigenous, Hispanic, and other people of color are highly distrustful of the criminal justice system



Procedural Unfairness



- One state found that for 50% of Blacks who were excluded from treatment courts, the reason was “unsuitability” (NADCP, 2020)
- Because of certain characteristics (e.g., violence), Blacks may be excluded more from participation in treatment courts, even though there is no difference in recidivism between violent and non-violent participants (Carey et al., 2012)
- Therefore, there is reason to examine your court’s procedural fairness to enhance equity and provide inclusion (NADCP, 2020)



EQUIVALENT ACCESS

NADCP's 2020 *Equivalent Access Assessment and Toolkit* provides methods for your court to assess how well it meets Adult Drug Court Practice Standard II: Equity and Inclusion, as well as detailed lists of ways to improve your performance.

Resources to Help Navigate Practical and Economic Concerns

Financial Assistance

www.needhelppayingbills.com

- State and local aid programs
- Rent assistance
- Mortgage assistance
- Electric & heating bill aid
- Medical bills
- Debt help
- Extra work and work from home job ideas and resources
- Tips for reducing your expenses
- Tips for dealing with debt
- Help finding low cost or free clinics along with other medical care and prescriptions





Unemployment Resources

- Department on Labor
 - <https://www.dol.gov/general/location>
 - Interactive map with links to statewide resources
 - Includes a link to apply for unemployment in every state

Medicaid & CHIP

- Children's Health Insurance Program (CHIP)
 - Program name is different in each state
 - Find **Minnesota** here:
<https://www.healthcare.gov/medicaid-chip-program-names/>
 - Children who qualify come from families whose:
 - Income is too high to qualify for Medicaid
 - Income is too low to afford private insurance
- Covid 19 specific resources available through Medicaid and CHIP:
 - <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>



Applying for Medicaid



Go to:

<https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/>

Using the national Health Insurance Marketplace may be easier and faster than going through your state Medicaid agency

All information is sent directly to the state agency as needed



Apply for Medicaid and CHIP 2 ways

1. Through the Health Insurance Marketplace

Fill out an application through the Health Insurance Marketplace.

- If it looks like anyone in your household qualifies for Medicaid or CHIP, we'll send your information to your state agency. They'll contact you about enrollment.
- When you submit your Marketplace application, you'll also find out if you qualify for an individual insurance plan with savings based on your income instead. Plans may be more affordable than you think.

[Create an account](#) to start a Marketplace application.

2. Through your state Medicaid agency

You can also apply directly to your state Medicaid agency. Select your state below for your Medicaid agency's contact information.

Select Your State

SUBMIT

Low Cost Internet, Devices, and Training for Access to Treatment, School, and Resources



Go to

<https://www.everyoneon.org/find-offers>

Search by your zip code and household characteristics to find:

- Internet Offers
- Device Offers
- Digital Literacy Training Locations

STEP 2: DO ANY OF THESE APPLY TO YOUR HOUSEHOLD?

Check all that apply, then scroll down to view offers.

- Low-income (household of four: at or below \$49,000 annual income)
- Live in public housing
- Have a K-12 student or college student in your household
- Participate in the National School Lunch Program (free or reduced lunch at school)
- Participate in Supplemental Nutrition Assistance Program (food stamps or CalFresh)
- Participate in Temporary Assistance for Needy Families Program - TANF (or CalWorks)
- Participate in Supplemental Security Income (SSI)
- Participate in Medicaid or Medi-Cal
- Participate in Veterans Pension and Survivor Benefits
- Participate in Community Eligibility Provision (CEP)
- Bureau of Indian Affairs

Household
Characteristics

Finding Internet Hotspots for Free WiFi

- Use an app on your phone:
 - Wi-fi Map
 - Wefi
 - Wi-Fi Masterkey
- Common places that offer free wi-fi:
 - McDonalds
 - Starbucks
 - Public Libraries
 - Hospitals



Food Kitchens and Pantries



Websites that allow you to look for food pantries in your area:

<https://www.feedingamerica.org/find-your-local-foodbank>

<https://www.foodpantries.org/>

<https://ampleharvest.org/find-pantry/>

<https://www.homelessshelterdirectory.org/foodbanks/>

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



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.					
		YOUR SCORE:				

(The Resilience Advantage, 2015)

Resilience Inventory Scoring Key

Convert your scores with the following key:

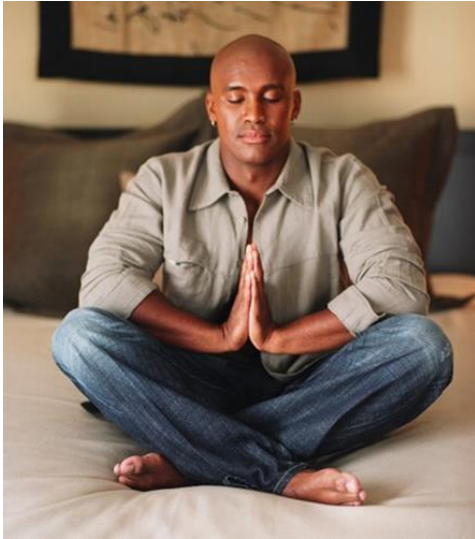
- **Less than 20: Low Resilience.** You may have trouble handling pressure or setbacks and may feel deeply hurt by any criticism. When things don't go well, you may feel helpless and without hope. Consider seeking some professional counsel or support in developing your resilience skills. Connect with 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

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)

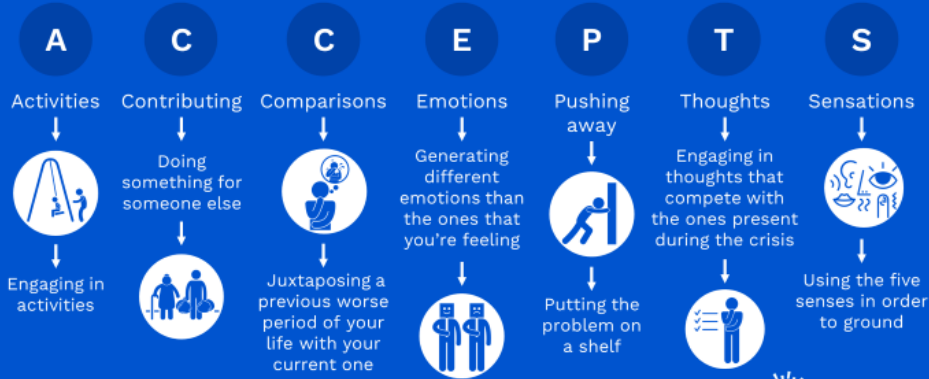
4-7-8 Breathing Technique

- 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.

Psychotherapy Academy

The TIP Skill



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

Psychotherapy Academy

The STOP Skill



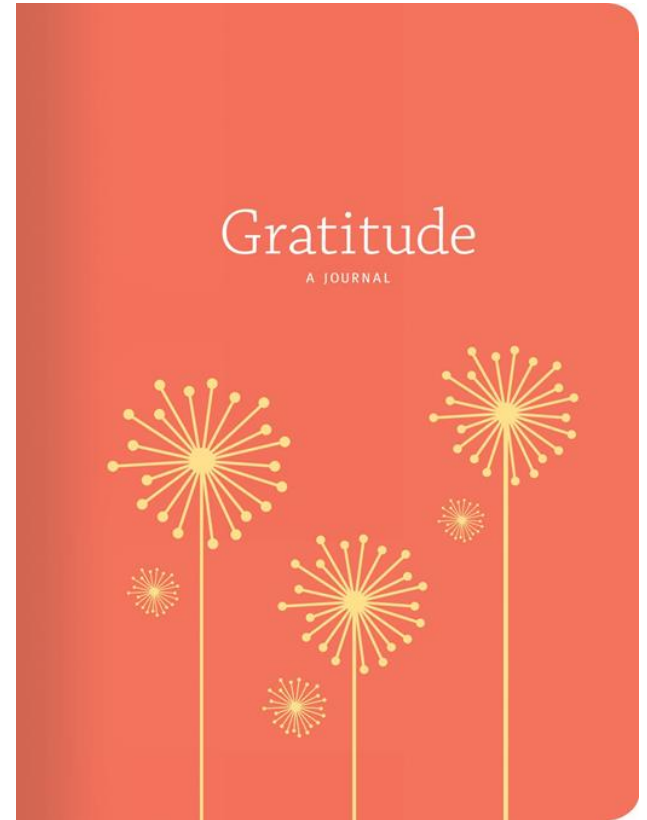
Linehan, M. M. (2015). DBT® skills training manual (2nd ed.). New York, NY, US: Guilford Press.

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

Resilience Can Be Cultivated



What 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



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

Narcan Training

Online trainings:

<https://www.getnaloxonenow.org/#gettraining>

<https://www.trilliumhealth.org/testing-treatment-and-prevention/opioid-overdose-prevention-and-naloxone-narcan-training>

Also, search in your area for other available Narcan Trainings.

If you are not sure about the laws surrounding MAT, Narcan Availability, SSP, and other related issues, visit <https://opioid.amfar.org/>

You can search by state and county using the interactive maps.



Syringe Service Programs

- More information about SSPs on the CDC website: <https://www.cdc.gov/ssp/index.html>
- Find a SSP location: <https://www.nasen.org/map/>

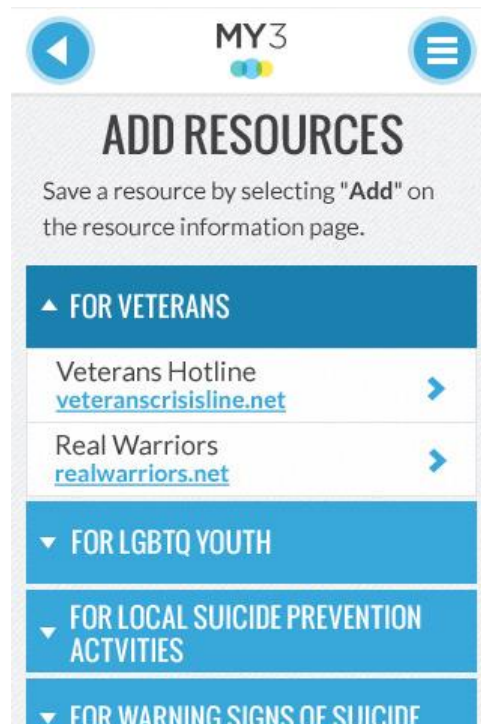
C-SSRS

- <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>

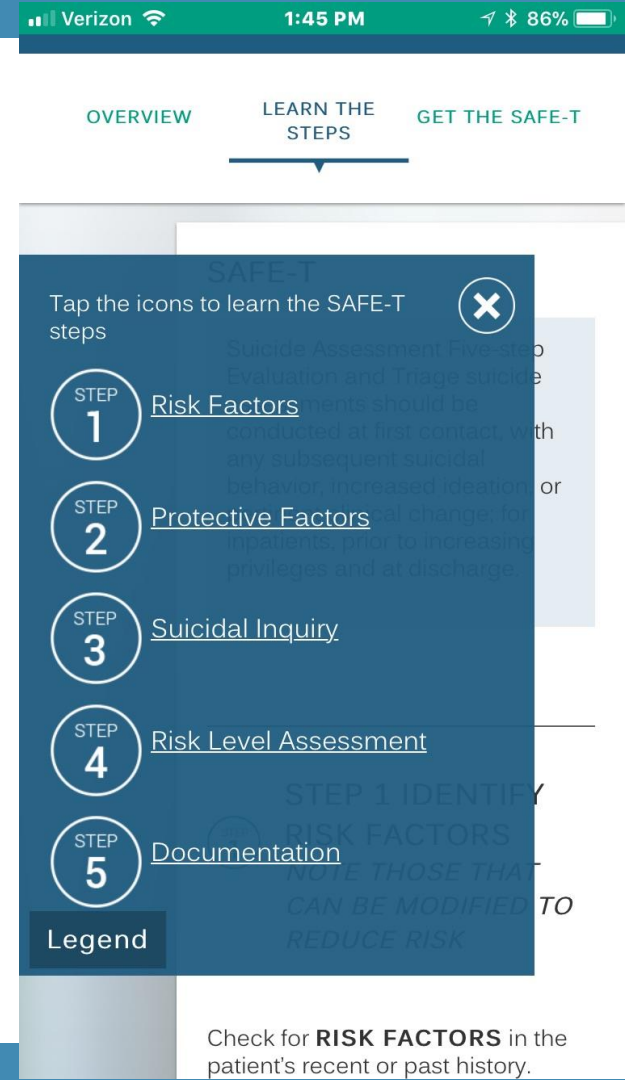
Prevention Plans

- 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/#>

My 3 App



Suicide Safe App for Providers



NATIONAL

SUICIDE  PREVENTION
LIFELINE™

1-800-273-TALK (8255)

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



Finding Providers that Accept Medicaid

Medicaid



Go to the specific website for your state's Medicaid program.

Call your state's Medicaid or your health plan. The phone number should be on the back of your card or on your eligibility letter.

Procedural Fairness

- NADCP *Equity & Inclusion: Equivalent Access Assessment and Toolkit*, available at <https://www.ndci.org/wp-content/uploads/2019/02/Equity-and-Inclusion-Toolkit.pdf>
- *Just Mercy* by Bryan Stevenson
- *The New Jim Crow* by Michelle Alexander
- Ava Duvernay's documentary *13th* (available on Netflix)



Resilience Building Strategies

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

Find more ideas here:

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, 3rd 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

- When Compassion Hurts:

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

Self-Care Workbooks

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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

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>

Free Mindfulness App



healthline
best APPS 2019
Meditation

EMOTIONAL
CHECK-INS
EVERY DAY

PERSONALIZED
RECOMMENDATIONS

Meditation
Sleep Tracks
Breathing
Yoga

46% REDUCTION
in ANXIETY

78% INCREASE
in POSITIVE
FEELINGS
after their FIRST SESSION

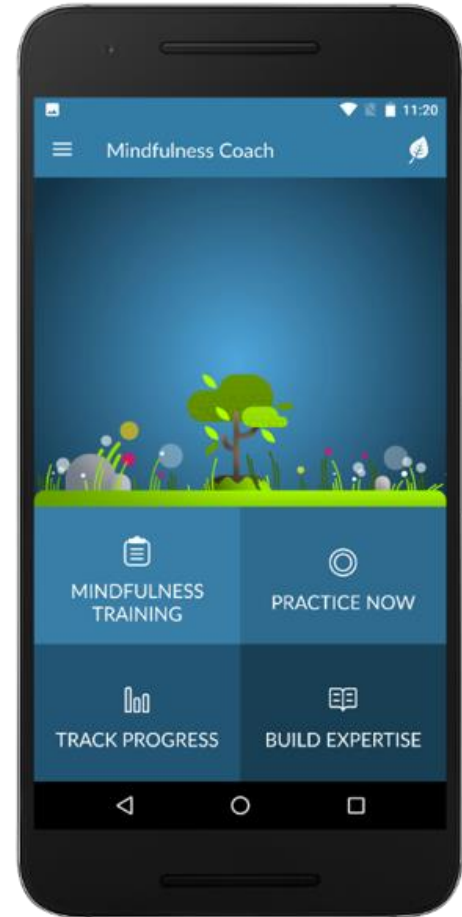
THERAPIST
RECOMMENDED &
PROVEN RESULTS

Mindfulness Coach App

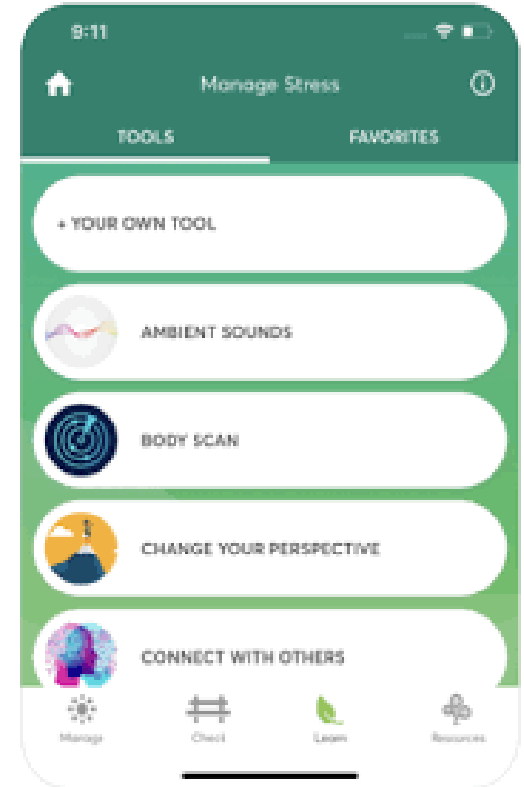
Designed to support independent mindfulness practice

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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