

CCB S2S Webinar Presentation
March 31, 2010

TIP 50
Addressing Suicidal Thoughts and Behavior in
Substance Abuse Treatment

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S2S
Science 2 Service
Learning Series



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Science 2 Service Webinar: TIP 50

- Introductions
- CCB Science 2 Service Initiative
- What is a TIP?
- TIP 50 Overview
 - Part 1 – Substance Abuse Counselors
 - Part 2 – Clinical Supervisors & Program Administrators
 - Part 3 – Literature Review
- Training using TIP 50
- Discussion

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Science 2 Service Webinar: TIP 50

- Introductions
 - Name
 - Agency
 - How did you hear about this Webinar?
 - What do you hope to gain from this presentation?
- Have you reviewed/read TIP 50?
 - Comments

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Challenges within the Behavioral Health Field

- SAMHSA and others have identified a "Workforce Development Crisis"
- Funding Challenges
- Science to Service Gap
- Education to Practice Gap
- Balancing Clinical Experience AND Science & Evidence-Based Interventions

IMPORTANT NOTE: The TIP 50 authors use the term **substance abuse** to refer to substance use disorders including substance abuse and substance dependence through the content of TIP 50. Please allow this term to be used flexibly in this content as well.

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CCB Science 2 Service Initiative

- Services, Products, Technical Assistance and Consulting to address the challenges facing the field

CCB Science 2 Service Activities

- Dissemination of Resources and Tools
 - Science and Research-based publications
 - Evidence-based Practices and Interventions
- Live Learning Programs (Training and Workshops)
- Webinars and Self-paced Learning Programs

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- What is a TIP?
- TIP – Treatment Improvement Protocol
 - Developed by **CSAT** – *The Center for Substance Abuse Treatment* and **SAMHSA** – *The Substance Abuse and Mental Health Services Administration*
 - Free and within the public domain
 - Many available electronically and all can be ordered or downloaded from www.ncadi.samhsa.gov
- Based on Science/Research & Practice/Expertise
- Consensus document of best-practice guidelines

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■ TIP 50 Overview

- Part 1 – Substance Abuse Counselors
- focuses on providing appropriate counseling methods and frameworks on the topic
- Part 2 – Clinical Supervisors & Program Administrators
- focuses on providing administrative support to implement adoption of the counseling recommendation from Part 1
- Part 3 – Literature Review
- provides a comprehensive literature review that provides an in-depth look at relevant published resources on the topic

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■ TIP 50

□ Scope of Practice WARNING

Clinicians should consult with their agencies/employers and state regulatory authorities to determine what duties and functions are allowed as part of their professional scope of practice. The information contained in this presentation and in the TIP assumes that clinicians operate only within their legally permitted scope of practice and the material is intended for those with permission to use and practice accordingly. Most clinicians are not allowed to do suicide assessments unless they are licensed.

- *Please determine your scope of practice prior to implementing any new practices!*

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■ TIP 50 Overview

- Part 1 – Substance Abuse Counselors – *“presents the “what”, “why” and the “how to” of working with clients with substance use disorders who have suicidal thoughts and behaviors” (TIP 50, p. xi)*

Chapter 1 – The What and the Why

- Basic suggestions for addressing suicidal thoughts and behaviors
- Background info about suicide and substance use disorders, including risk factors and warning signs

(TIP 50, p. xi)

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TIP 50 Overview

Chapter 1

- A four step process for addressing suicidal thoughts and behaviors
 - GATE
 - Gather information
 - Access supervision and/or consultation
 - Take responsible action(s)
 - Extend the action(s)
- Counselor competencies necessary to effectively work with clients that are suicidal
- READ CHAPTER 1 prior to moving on (TIP 50 , p. xi)
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TIP 50 Overview

- Part 1 – Substance Abuse Counselors – “presents the “what”, “why” and the “how to” of working with clients with substance use disorders who have suicidal thoughts and behaviors “ (TIP 50 , p. xi)

Chapter 2 – The “How to”

- Sample vignettes of counseling sessions
- Master clinician notes used to increase understanding and effective approaches
- How to descriptions of specific counseling techniques (TIP 50 , p. xi)
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TIP 50 Overview

- Part 1 – Substance Abuse Counselors
- TIP 50 - Consensus Panel Recommendations
 - Clients in substance abuse treatment should be screened for suicidal thoughts and behaviors routinely at intake and at specific points in the course of treatment (see TIP 50 - pp. 15–18). Screening for clients with high risk factors should occur regularly throughout treatment.
 - Counselors should be prepared to develop and implement a treatment plan to address suicidality and coordinate the plan with other providers.
 - If a referral is made, counselors should check that referral appointments are kept and continue to monitor clients after crises have passed, through ongoing coordination with mental health providers and other practitioners, family members, and community resources, as appropriate

FROM TIP 50, page 4

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■ TIP 50 - Consensus Panel Recommendations

- Counselors should acquire basic knowledge about the role of warning signs, risk factors, and protective factors as they relate to suicide risk.
- Counselors should be empathic and nonjudgmental with people who experience suicidal thoughts and behaviors.
- Counselors should understand the impact of their own attitudes and experiences with suicidality on their counseling work with clients.
- Substance abuse counselors should understand the ethical and legal principles and potential areas of conflict that exist in working with clients who have suicidal thoughts and behaviors.

FROM TIP 50, page 4

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■ TIP 50 Overview - Part 1

Ten Points to Keep You on Track

- Almost all of your clients who are suicidal are ambivalent about living or not living.
- Suicidal crises can be overcome.
- Although suicide cannot be predicted with certainty, suicide risk assessment is a valuable clinical tool.
- Suicide prevention should extend beyond the immediate crisis.
- Suicide contracts are not recommended and are never sufficient.
- Some clients will be at risk of suicide, even after getting clean and sober.
- Suicide attempts always must be taken seriously.
- Suicidal individuals generally show warning signs.
- It is best to ask clients about suicide, and ask directly.
- The outcome does not tell the whole story

FROM TIP 50, p. 6

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■ TIP 50 Overview

- Part 1 – Chapter 2 – Substance Abuse Counselors

Introduction

Clinical Vignettes

- Vignette 1, Clayton**, illustrates how to obtain and secure a firearm safely from a high-risk client by enlisting the help of a family member.
- Vignette 2, Angela**, shows how to work collaboratively with family in discharge planning for a high-risk client from an inpatient unit.
- Vignette 3, Leon**, depicts how to link a high-risk client safely with an outpatient mental health program that is better able to meet his needs.

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■ TIP 50 - Consensus Panel Recommendations

- Personnel should be knowledgeable of the social and medical resources available to persons in suicidal crisis and the procedures or protocols to be followed for their use.
- Community relationships should be developed and maintained that will support interventions with clients who are suicidal within the program or the referral system.
- Substance abuse treatment programs need to have standardized methods of documentation for how suicidal ideation or behavior was identified, supervision or consultation that was sought as a result, actions that were taken, and follow up that occurred.
- Crisis services, either as a component in the treatment program or through arrangement with other agencies, should be available 24 hours a day. This includes referral, coordination, and follow up, as required by law enforcement; hospital emergency rooms; and any other referral source.

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■ TIP 50 Overview

- Part 2 – Clinical Supervisors & Program Administrators

Benefits to Clients within your program:

- Addressing suicide in programs does saves lives
- Addressing suicidal thoughts and behaviors keeps clients from dropping out of treatment (retention)
- Active suicidality on the part of a client is disruptive to other clients

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TIP 50, p. 93



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■ TIP 50 Overview

- Part 2 – Clinical Supervisors & Program Administrators

Benefits to your Agency:

- Increased clinical competence of staff.
- Improved risk management (e.g., less suicidal ideation and suicidal behavior) and reduced liability.
- Improving program consistency and coordination of care.
- Increasing staff retention through reducing counselor burnout, lowering staff stress, and promoting a greater sense of counselor and staff support from administrators

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TIP 50, p. 93



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- TIP 50 Overview
 - Part 2 – Clinical Supervisors & Program Administrators

Chapter 2 – Building a Suicide Prevention- and Intervention-Capable Agency

- Help an agency become suicide prevention and intervention capable
- Help an agency develop and improve staff competencies
- Help an agency develop and enhance response system to suicidal crises
- Build administrative support

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TIP 50, p. 107



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- TIP 50 Overview
 - Part 3 – Literature Review

Comprehensive online literature review (to be continually updated every 6 months in the coming 5 years)

- Extensive review of the literature
- Research and other science-based documents

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- Training using TIP 50
 - What are some of the trainings offered within your agencies?
 - How are trainings structured? Who offers them?
 - How can you implement this tool within your agency?

TIP 50 RECOMMENDATION: *Hold 6 or more small group discussions/training events on the content in TIP 50. After or while the events are being held, reference the content in clinical supervision and team meetings to encourage the staff to use the content in clinical practice and integrate into the practices of the agency.*

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The CCB Science 2 Service Distance Learning Program

Self-paced TIP 50 learning program available

8 hour ecourse
Cost = \$55.00

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- If you are interested in offering a 1 hour in service at your agency using the slides presented today, the CCB will work with you to modify the event to meet the needs of your agency and provide you with a certificate to provide staff for the event at no cost.
 - To request that assistance: email mrosier@ctcertboard.org
- If you are interested in working with CCB staff to design a brief training program using TIP 50, contact the CCB to explore how we can help assist you to develop and/or present the training program at your agency.

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■ **Questions?**

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- If you are interested in getting a certificate of attendance for this training, please follow two simple steps:

An email will be sent to you with a post-test and an evaluation in about three business days

- Complete a simple post-test (5 – 10 items)
- Complete a brief program evaluation

Once we receive your post-test and evaluation, an attendance certificate will be emailed to you within a day or two

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This presentation is based upon TIP 50

Center for Substance Abuse Treatment. **Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 50.** HHS Publication No. (SMA) 09-4381. Rockville,MD: Substance Abuse and Mental Health Services Administration, 2009.

Available for order at www.ncadi.samhsa.gov or you can download it from the CCB website www.ctcertboard.org

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