

OFFICE OF SUICIDE AND VIOLENCE PREVENTION

DSM-5: TO CHANGE OR NOT TO CHANGE

Currently, the world of psychology is waiting for the next big thing. Yes, in May 2013, the American Psychiatric Association (APA) is scheduled to release the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5. The DSM-5 will actually be the seventh iteration of the DSM. For the last sixty years, the DSM has been considered the bible of psychiatry and psychology. Included within it are the criteria and statistics that pertain to all diagnosable mental disorders. With each edition of the DSM, APA has made modifications to the classification and criteria of the abovementioned disorders. The DSM-5 is no exception and consequently many controversial changes are expected. According to dsm5.org, APA's website that is dedicated to the development of the DSM-5, one of these anticipated changes is the addition of criteria for a Suicidal Behavior Disorder, a code that would allow clinicians to indicate an individual's specific risk for suicide. The current edition of the DSM (Diagnostic and Statistical Manual, Fourth Edition, Text Revision [DSM-IV-TR]) does not include a method for suicide risk to be documented as part of a multi-axial diagnosis. Therefore, a client's previous suicidal behavior may not be noted by a clinician and he/she may overlook the risk of future suicidal ideation and behavior.

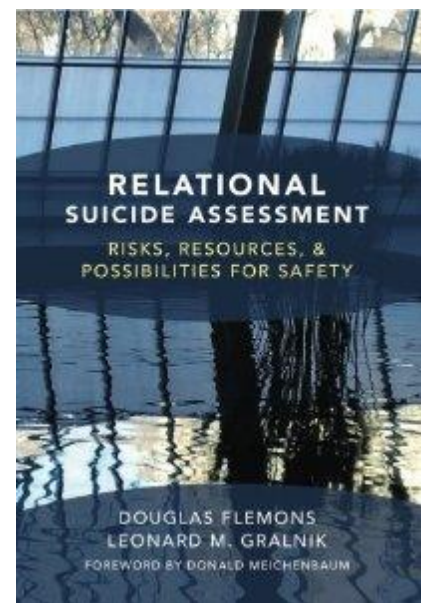
Creating a separate DSM code for suicidal behavior creates a mechanism through which clinicians can track the development of suicidal thoughts and actions. In order for this to be effective, clinicians must be willing to administer frequent suicide assessments to track the client's ongoing risk level. Current suicide assessments focus on the client's suicidal feelings *presently*. Many times, suicide assessment does not take into account past feelings or other potential causes of suicidal thoughts such as alcohol misuse, mental health issues, or relationships difficulties as well as the notion of suicide as an escape behavior from flashbacks in patients suffering from Posttraumatic Stress Disorder (Oquendo, Garcia, Mann, & Giner, 2008). *Continued on Page 5*

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SVP Co-Director Dr. Douglas Flemons Releases Book



Read more about Dr. Flemons' book on Page 4

Violence Prevention Proposals in Washington, DC

According to Health and Human Services Secretary, Kathleen Sebelius, President Obama is passionate about having something positive come out of the Newtown tragedy. She further indicated that mental health is an essential component of the White House's plan and consequently a meeting was held to discuss violence prevention.

American Psychological Association (APA)'s CEO Dr. Norman Anderson participated in this meeting and emphasized the need to erase the stigma related to mental health services. He stated that the president should "make it his priority to change the dialogue about mental illness and to ensure that every child and adult who needs mental health care could receive it without barriers or limitations."

He also provided the administration officials with the following recommendations to prevent gun-related violence and support mental health:

Improve and Expand School Violence Prevention Efforts

- Utilize Threat Assessment Strategies
- Implement Key Program Components
- Foster Positive and Safe School Climate
- Facilitate Program Implementation Through Training and Research

Make Communities Safer

- Create community-based threat assessment processes to address a broad array of threats from within the community to work in coordination with school and workplace teams.
- Institute a public health campaign to encourage help-seeking for people in distress.

Enhance Access to Mental and Behavioral Health and Substance Use Services

- Provide Broader Access to Health Care Under Medicaid
- Promote Integrated Health Care Under the Affordable Care Act (ACA)

Increase Federal Funding for Other Vital Service and Training Programs

- Graduate Psychology Education (GPE) Program
- National Child Traumatic Stress Network (NCTSN)

Enhance Knowledge Base for Sound Public Policy on Violence Prevention

In-depth Recommendations to Prevent Violence:

<http://www.apa.org/about/gr/issues/violence/gun-related.aspx>

SVP SPOTLIGHTS



Dr. Scott Poland, Co-Director of the Office of Suicide and Violence Prevention, worked with the Region 10 Education Center in Dallas, Texas this fall to develop a training video for

Texas school personnel on the topic of suicide prevention/intervention and postvention. The video provides Texas schools with information about suicide prevention and intervention and outlines the requirements for schools and suicide prevention mandated in Texas House Bill (HB)1386. The HB which went in effect for the fall of 2012 requires all schools to include suicide prevention as part of their campus improvement plan and to designate a suicide prevention liaison. The video has been very well received by schools in Region 10 and was especially of interest to Princeton High School, north of Dallas, as two of their students died by suicide during the fall semester. Dr. Poland volunteered to provide phone consultation to the school and conducted a conference call with the superintendent, high school principal, and school counselors. The consultation resulted in the request for Dr. Poland to personally provide on site assistance to the school and community this past January.

Dr. Poland conducted numerous voluntary small group counseling sessions for affected students and provided an in-service for all of the high school staff. He also helped school counselors identify students who might be most at risk following the death of their two classmates. He also provided training on the SOS Signs of Suicide depression screening program as research has shown the program to increase adult help seeking behavior and to reduce the number of suicide attempts. Dr. Poland serves on the advisory board for SOS and more information about the program is available at www.mentalhealthscreening.org

Furthermore, Dr. Poland conducted an evening meeting for parents and community members with the theme of safeguarding children and building resilience. The evening session was also attended by representatives from agencies and the local suicide prevention collation and emphasis was placed on parents, school personnel and agencies working together to prevent youth suicides.



In this book, Drs. Douglas Flemons and Leonard M. Gralnik, a family therapist and a psychiatrist, team up to provide a comprehensive *relational* approach to suicide assessment.

The authors offer a *Risk and Resource Interview Guide* as a means of organizing assessment conversations with suicidal clients. Drawing on an extensive research literature, as well as their 50+ years of combined clinical experience, the authors distill relevant topics of inquiry arrayed within four domains of suicidal experience: *disruptions and demands, suffering, troubling behaviors, and desperation*.

Knowing what questions to ask a suicidal client is essential, but it is just as important to know *how* to ask questions and how to join through empathic statements. Beyond this, clinicians need to know how to make safety decisions, how to construct safety plans, and what to include in case-note documentation. In the final chapter, an annotated transcript serves to tie together the ideas and methods offered throughout the book.

Relational Suicide Assessment provides the theoretical grounding, empirical data, and practical tools necessary for clinicians to feel prepared and confident when engaging in this most anxiety provoking of clinical responsibilities.

<http://www.amazon.com/Relational-Suicide-Assessment-Resources-Possibilities/dp/0393706524>

Recent Events in Suicide Prevention:

Triangle of Care Conference: April 27, 2013

The Triangle of Care Conference took place in the Health Professionals Division of NSU. It offered suicide prevention educational opportunities for the Florida Tri-County area. Presenters in the past have included Dr. Poland and Dr. Flemons from SVP as well as other NSU faculty.

American Association of Suicidology Annual Conference: April 24-27th in Austin, Texas

The title for this year's AAS conference was, "Challenging Our Assumptions." SVP completed a presentation entitled, "Moving Forward Together to Understand and Prevent Global Bullycide."

Goals and Objectives:

The goal of the conference was to provide a forum for those who share an interest in suicidology, including physicians, researchers, psychologists, nurses, social workers, clinicians, educators, public policy makers, clergy, crisis center staff and volunteers, as well as those who have lost a loved one to suicide to meet and share information about suicide, suicidal persons, and the repercussions of suicide.

At the end of the conference, participants were expected to be able to:

- Identify and assess psychological risk factors for suicidal behavior across the life span to improve patient outcomes and reduce the incidences of suicidal behavior.
- Identify biological factors associated with suicidal behavior to improve treatment effectiveness and patient outcomes.
- Identify methodological issues and research design relevant to the empirical study of suicide prevention, intervention, and postvention to improve understanding of current research and impact on treatment.
- Describe the opportunities and challenges of implementing suicide prevention within the greater community setting to increase participation and contributions to the community at-large.
- Describe the impact of suicide on survivors to improve care to those who have lost a loved one to suicide.

Suicide Prevention Day at the Capital

On April 23, 2013, the 11th annual Florida Suicide Prevention Day was held at the Capitol, which was sponsored by the Florida Suicide Prevention Coalition. Much of this event was in response to overwhelming statistics concerning suicide in Florida alone. Florida has the 3rd highest number of suicides in the Nation and in 2011, there were almost 3,000 reported suicide deaths in Florida. Some of the events included meeting with legislative staff and delivering information packet and a press conference, all to raise awareness about the importance of suicide prevention and mental health.

For more details go to

<http://www.floridasuicideprevention.org/>

REQUEST A SVP PRESENTATION!

To date SVP has provided 278 presentations to various departments of NSU. SVP has presented to over 6,100 faculty, staff and students of NSU. Presentation topics include suicide and violence training, stress management, and test taking anxiety. Use the link below to request a presentation!

http://nova.edu/suicideprevention/presentation_requests.html

DSM-V Continued from Page 1

Research suggests that clinicians have mixed feelings about adding this classification to the new DSM. For example, Dr. Diego De Leo, the director of the Australian Institute for Suicide Research and Prevention, sees the inclusion of a Suicidal Behavior Disorder as a step backwards in the recognition of the dangers of suicide. He writes that, "Today, we are confronted with the complete medicalization of suicide and suicidal behaviors through their encryption in psychiatric diagnosis systems." In his view, labeling suicidal behavior and ideation as a disorder limits the multidisciplinary approach that has become the method to treating suicidal thoughts and behaviors (De Leo, 2011). In contrast, others see it as a way to organize and track risk for suicide. The thought is that this will create a code that signifies suicidal risk in a client's chart, distinguishing it from other symptoms. While these opinions represent two opposing sides of this argument, the presence of the disagreement represents the fact that APA is attempting to develop further suicide prevention measures.

Furthermore, another proposed addition to DSM-5 is criteria for a Non-Suicidal Self Injury Disorder (NSSI). In their proposal to the APA to include NSSI as a disorder, Shaffer and Jacobson, pointed out that proposals to include this disorder have been made many times before (2009). They state that previously NSSI was not included as a disorder because it was seen as an integral feature of Borderline Personality Disorder. However, a review of the literature suggests that NSSIs co-occur with people with many different symptoms that do not meet criteria for Borderline Personality Disorder. Shaffer and Jackson (2009) added that the term "self harm" has come to represent all self-injurious behaviors. While in reality, the vast majority of cases of self-harm are not suicide attempts. In 2005, 0.6% of all deaths by suicide were the product of piercing or cutting (National Center for Injury Prevention and Control, 2008). Finally, they believe that the lack of inclusion of an NSSI Disorder is a detriment to research and clinical practice. They feel that the addition of this disorder will enable clinicians to differentiate between suicidal and non-suicidal self injury. The belief is that through this, clinicians will be able to treat these behaviors correctly and better prevent suicidal behavior.



Henderson Student Counseling Services is the primary behavioral health resource for the campus community and students of Nova Southeastern University. Individual, family and group counseling services are designed to provide students with an opportunity to develop personal insight, identify and solve problems, and implement positive strategies to better manage their lives both academically and personally.

The counseling center is staffed by licensed mental health professionals, a licensed psychologist, and a psychiatrist. In addition to free counseling, students can access psychiatric services for a nominal fee that is covered 100% if they have the school's insurance.

What should every student know????

Student's 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. (24 hours a day?)

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

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



If you or someone you know is in a crisis, do not wait to seek help! Call 9-1-1 and seek out additional help from resources on this page.

Suicide Prevention Resources

1-800-SUICIDE or 1-800-273-TALK (8255)

The Ganley Foundation
<http://ganleyfoundation.org/>

The Trevor Project
<http://www.thetrevorproject.org>

American Association of Suicidology
www.suicidology.org/

American Association for Suicide Prevention
www.afsp.org

Suicide Prevention Resource Center
www.sprc.org

Florida Office of Suicide Prevention
www.helppromotehope.com

Florida Initiative for Suicide Prevention
www.fisponline.com

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

Student counseling provides the opportunity for students to benefit from working on personal issues with experienced professionals.

The counseling center is staffed by licensed mental health professionals, a licensed psychologist, and a psychiatrist
3538 S. University Drive Davie, FL 33328
Located at the University Park Plaza
(Just east of the NSU Bookstore)

Phone (954) 424-6911 Fax: (954) 424-6915

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