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Working Competently with Suicidal Patients:

Training Opportunities for Vermont Mental Health Clinicians - Coming Soon

Dear fellow VAPS member,

I write this submission in the form of a letter because the subject is personal, as well as professional and societal. If I imagine that I'm writing to you as a friend or close colleague—as many of you are—my respect and regard for the work you do will hopefully come through as a buffer to the outrage I often feel when the subject of competent care for suicidal people comes up. I awakened to the problem of under-training of medical and mental health professionals in the treatment of suicidal people a little over four years ago, when our 25-year-old son, Alan Gottesman, died by suicide during an inpatient psychiatric admission at one of the most reputable, university-affiliated psychiatric hospitals in the country. Alan was seeking treatment for suicidal despair during what appeared to be an episode of major depression. His death was the direct result of professional errors, omissions, and incompetencies, not only in the hospital where he died, but at every stage of his help-seeking journey. His treatment providers—from his local primary care doctor, to his outpatient psychoanalyst, to his outpatient and inpatient psychiatrists—were all well meaning. All were insufficiently trained to address his suicidality.

We lose about 45,000 people a year to suicide in the United States, close to 120 people per year in Vermont—and the rates are growing. Vermont's rate outpaces the

nation's. Sources of additional facts and figures are listed in the references below, but I find that statistics can have a mind-numbing effect. I share our personal story because I think doing so makes the need for improvements in suicide care more palpable and real to colleagues. Suicide doesn't just happen in someone else's family, or in someone else's practice; it happens in our own. As a treatment community, we can do a better job of helping the suicidal people who will inevitably walk into our practices.

The problem of under-training has been reported in the professional literature for some years now (see Schmitz, 2012). Now the problem is being more frequently reported for the general public. *USA Today* just published an article entitled, "We tell suicidal people to go to therapy. So why are therapists rarely trained in suicide?" In this excellent review, award-winning journalist, Alia E. Dastagir, describes the common problems faced by suicidal people and the therapists who are less-than-comfortable working with them, along with insightful commentary by top national experts. I highly recommend the article, available online.

I'm writing now to let you know that a training opportunity in suicide-specific care will be offered later this year for Vermont mental health clinicians. The training will be subsidized by grant support aimed at making the training affordable to any interested clinician. Here is additional context and information on how to participate.

The Vermont Suicide Prevention Training and Survey Project

During the last year, I have worked with the **Vermont Program for Quality in Health Care (VPQHC)** on a project to improve the competence of Vermont mental health clinicians to evaluate and treat suicidal people. VPQHC is an impressive non-profit

organization that boasts a 32-year track record of achievements—all aimed at improving the quality of health care in Vermont. VPQHC has the support of the following organizations on this important project: The Vermont Suicide Prevention Center, Vermont Department of Mental Health and Department of Health, Vermont Care Partners, and others.

You might have seen the **VPQHC Survey** in your email inbox during January and February. The Survey was intended to get a read on the number of licensed, independent mental health providers in the state who are trained in suicide-specific treatment strategies, and to meet two goals: (1) To develop a list of clinicians who are trained in suicide-specific treatment protocols, and (2) to identify clinicians who are interested in further training. The survey is now closed, but if you missed it, you can still get your name the list of clinicians interested in further training by emailing your contact information to Mary McQuiggan—(see below)*.

VPQHC is currently working with national partners to plan trainings in the CAMS (Collaborative Assessment and Management of Suicidality) approach. CAMS is an evidence-based therapeutic framework designed to evaluate and treat suicidal individuals. Developed by David Jobes, Ph.D., director of the Catholic University of America's Suicide Prevention Lab and internationally recognized authority on suicide treatment, the CAMS approach has the strongest evidence base of any suicide-specific treatment currently in use.

CAMS is rooted in the philosophy that empathy with suicidal states of mind is central to effective treatment. The framework places emphasis on collaboration with one's patient to identify the drivers of their suicidal feelings and to plan treatment. The

approach, in my view, is intelligent and thorough, often having the effect of containing anxiety for patients and therapists alike. CAMS is compatible with psychodynamic and psychoanalytic treatments. The approach seems to help suicidal people feel that their therapist is prepared to approach their suicidality with informed curiosity and the detailed inquiry necessary to understand the basis of their mental anguish. This is in contrast to approaches that aim primarily to determine the risk of suicide (whether the patient has a plan in mind, whether a variety of risk factors are present or absent), but fail to address the drivers of the suicidality itself. The use of an evidence-based approach, such as CAMS, along with good documentation, reduces the risk of liability to the therapist, and reduces the risk of intentional self-harm or death in the patient.

I have studied the CAMS approach in detail, have completed the basic and advanced training, and currently supervise clinicians who are using the CAMS framework clinically. It does my heart good to see its effectiveness in action on a regular basis. I hope many of you will pursue the training when it becomes available.

Sincerely,

Debra Lopez

*To receive notice of upcoming trainings, send your contact information (name, physical mailing address, and email address) to **Mary McQuiggan, LICSW at VPQHC: marym@vpqhc.org**.

See also: Suicide Prevention Resources for Mental Health Providers on the VPQHC website: https://www.vpqhc.org/suicidepreventionresources

References:

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Debra Lopez, M.D. maintained a private practice in adult psychiatry in Burlington, VT from 1984 to 2015. She was president of VAPS (2009-2011), and certified in Contemporary Psychoanalysis at the National Institute for the Psychotherapies (2004). She is a Clinical Assistant Professor in the University of Vermont Department of Psychiatry, a Life Member of the American Psychiatric Association, and a member of the American Association of Suicidology. She provides clinical consultation to psychiatrists and psychotherapists regionally and is actively involved in suicide prevention work locally and nationally. Debra can be reached at: debralopezmd@gmail.com.