

Zero Suicides, cont.

Every session of CAMS involves the patient's input about what is and is not working. All assessment work in CAMS is collaborative with the patient as co-author of their own treatment plan.

"Being MCOT, I primarily deal with individuals that are currently suicidal or have been in the recent past. The CAMS training was especially interesting to me because when I'm able to place an individual into a transitional service package (LOC5), I can use this framework to get at the heart of the suicidal behavior," Kappler said. "It was a good reminder to me to not only address the thoughts but to then address the behaviors surrounding the thoughts/feelings. The time frame for CAMS to be successful is at 3 months or less which corresponds perfectly with the LOC5 service package."

Kappler said that Texas has adopted the Zero Suicide initiative. She said it is a national initiative started by the federal government and that with it came a mandate from the United States Surgeon General that every aspect of health care—primary care physicians, dentists, eye doctors, pediatricians, etc.—will now have to assess for suicide.

"This was something everyone was very excited about and felt it was a real win for achieving Zero Suicides," she said.

Erica Jones feels the training will help her become a more well-rounded clinician for CCS consumers, and that she will be able to assist when someone in crisis comes to the clinic as a walk in, either during Walk-In clinic times or during non-walk in times, until an MCOT member is available to help.

"I was also very impressed with Dr. Jobes' comfort in speaking about a topic that is greatly 'taboo' in our culture, and I believe our clients need that. They need to have a clinician that is unimpeded by the stigma and discomfort of talking about self-harm," Jones said. "It's a huge misconception that questioning client about suicidal thoughts and, even more so, about specific methods will give them ideas, making them more likely to self-harm. However, the opposite is actually true. Speaking these taboo words first: suicide, cutting, overdose, jumping, etc, takes the sting out of it, and give the client permission to speak more freely."

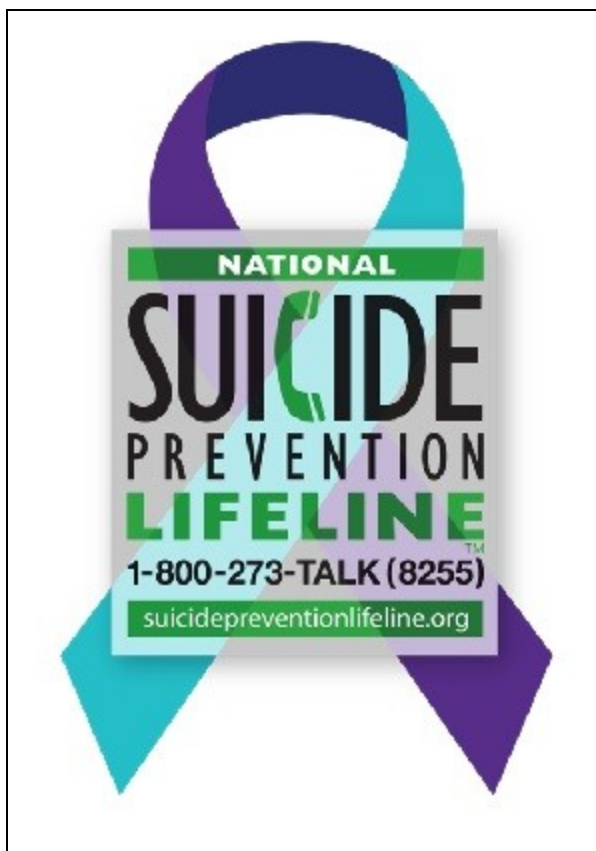
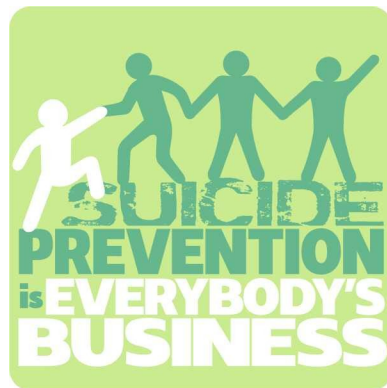
Jones also said she was drawn to the idea of collaborative treatment planning. She said that, in CAMS, there are many theoretical orientations that encourage collaboration, which makes it a useful tool across all of them. She likes how it fits, regardless of the clinician's theoretical orientation.

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TO THOSE

OF YOU WHO FEEL UTTERLY HOPELESS,

OVERWHELMED,

THINK THERE IS NO WAY OUT,

OR SEE NOTHING TO LOOK FORWARD TO,

I ASK YOU TO TAKE A FEW MINUTES,

TO CONSIDER ANOTHER POSSIBLE SOLUTION,

THAN THAT OF ENDING YOUR LIFE...

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Central Counties Services works to prevent suicide in Central Texas

Mental and/or substance use disorders affect millions of Americans and directly touch the lives of individuals, family members, neighbors, and colleagues. Sometimes, along with mental illness and substance abuse, come thoughts of suicide.

Suicidal thoughts can affect anyone regardless of age, gender or background. Suicide is the tenth leading cause of death in the United States, according to the American Foundation for Suicide Prevention, and is often the result of mental health conditions that effect people when they are most vulnerable. Suicidal thoughts and suicide occur too frequently.

Two Central Counties Services staff members, Marchelle Kappler, Mobile Crisis Outreach Team, and Erica Jones, LPC and Intern, QMHP-CS, and Intake Screening Specialist, attended the Texas Suicide Prevention Symposium on August 4, 2016 in San Marcos, Texas to learn ways to prevent suicide in Central Texas. Part of the program included Collaborative Assessment and Management of Suicidality (CAMS) training, presented by Dr. David A. Jobes, Ph.D, APBB, Professor of Psychology and Associate Director of Clinical Training at the Catholic University of American in Washington, D.C.

CAMS is a clinical philosophy of care. It is a therapeutic framework for suicide-specific assessment and treatment of a patient's suicidal risk. It is an approach useable across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities. The clinician and patient engage in an interactive assessment process and the patient is ultimately engaged in the development of their own treatment plan.

Zero Suicide, continued on page 4.



Risks and Warning Signs of Suicide

from the American Foundation for Suicide Prevention.

What leads to suicide?

There's no single cause for suicide. Suicide most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety and substance problems, especially when undressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions lead fulfilling lives.

Suicide Warning Signs

Something to look out for when concerned that a person may be suicidal is a change in behavior or the presence of entirely new behaviors. This is of sharpest concern if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Talk

If a person talks about:

- Being a burden to others
- Feeling trapped
- Experiencing unbearable pain
- Having no reason to live
- Killing themselves

Mood

People who are considering suicide often display one or more of the following moods:

- Depression
- Loss of interest
- Rage
- Irritability
- Humiliation
- Anxiety

"I kept living because I realized there are people trying to survive. I knew my time wasn't over and instead of ending my life, I used my experience to support others who have felt the same way as I did." — Val Sacco

Behavior

Specific things to look out for include:

- Increased use of alcohol or drugs
- Looking for a way to kill themselves, such as searching online for materials or means
- Acting recklessly
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

CENTRAL COUNTIES SERVICES



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Suicide Risk Factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

Health Factors

Mental health conditions

- Depression
- Bipolar (manic-depressive) disorder
- Schizophrenia
- Borderline or antisocial personality disorder
- Conduct disorder
- Psychotic disorders, or psychotic symptoms in the context of any disorder
- Anxiety disorders

Substance abuse disorders

Serious or chronic health condition and/or pain

Environmental Factors

- Stressful life events which may include a death, divorce, or job loss
- Prolonged stress factors which may include harassment, bullying, relationship problems, and unemployment
- Access to lethal means including firearms and drugs
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

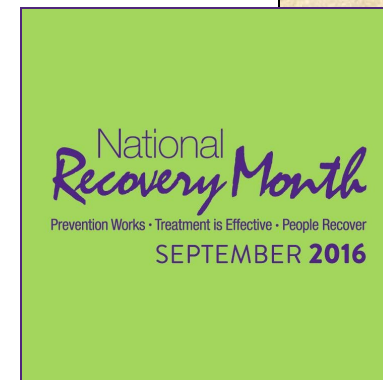
Historical Factors

- Previous suicide attempts
- Family history of suicide attempts



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POWER TO SAY,
“THIS IS NOT
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WILL END.”

