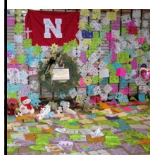


Stand Strong 2024 Mega National



Assessment and Treatment of Grief, Trauma and Suicide: Research-Based Keys for Recovery



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Disclosure Statement

- Dr. Ellers and Jennifer Ellers have no relevant disclosures to make other than royalties received for the following books mentioned in the session:
- Hope & Healing for Grief: A Guide to Healing Through Loss

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Learning Objectives

1. Review research outlining key factors for resilience in clients with all mental health challenges with particular focus on grief, trauma, and suicidal ideation.
2. Explore tools for assessment of lifestyle factors contributing to resilience and how to engage clients in plans to incorporate these into treatment plans.
3. Discuss methods for incorporating key resilience interventions into existing models of treatment and how to encourage client engagement.

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Powerful Antidote

The most powerful antidote to a “crappy life” and hopelessness is creating a better life!

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John 10:10

“The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full.”

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Why?

- Our story
- What happens outside the session matters
- God has incredibly powerful free resources available for transformation and healing

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Grief – Trauma – Suicide

- Separate Issues –but a lot of overlap
- Resilience is key to coping with loss and trauma
- Resilience is a part of long- term recovery and stabilization in treatment of suicidal ideation
- Emotion regulation is key in all issues

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Assessment and Treatment Factors

- We will be addressing factors that research has shown impacts all of the issues separately – and of course – collectively
- Know that many other mental health issues - especially those that often co-occur – are significantly impacted by the same factors
- Depression, Anxiety and Addictions will all find interventions helpful

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Recommended TXs

- Grief – CBT (Cognitive Behavioral Therapy) and ACT (Acceptance and Commitment Therapy) Experiential Therapy
- Trauma – Trauma informed CBT – CPT (Cognitive Processing Therapy), EMDR – Narrative Therapy
- Suicide – CBT-SP, DBT (Dialectical Behavioral Therapy), CAMS (Collaborative Assessment and Management of Suicidality)

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Key Issues in Assessment and Treatment

1. Sleep
2. Self-Medication
3. Time in Nature/Grounding
4. Physical Movement
5. Connection

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“Unless the Lord builds the house,
those who build it labor in vain. Unless
the Lord watches over the city, the
watchman stays awake in vain. It is in
vain that you rise up early and go late
to rest, eating the bread of anxious
toil; for he gives to his beloved sleep.”

Psalm 127:1-2

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Sleep and Grief

- Grief Insomnia – grieving people have trouble sleeping
- Studies seem to show a link between lack of sleep/sleep disturbance and increased severity of PGD symptoms

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Sleep and Suicide

- Growing area of research centers around the study of sleep complaints and suicidality
- Insomnia and short sleep duration has been shown to correlate with increased risk of suicidal ideation, attempt and completion in both teens and adults
- Sleep problems AND changes in sleep are now included in the top 10 warning signs of suicide from SAMSHA

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Sleep and Trauma

- One of the hallmark symptoms of PTSD is sleep disturbance
- Trauma disrupts sleep and the brain recovers from trauma in REM sleep so it is a vicious cycle
- Critical battle to help those who have experienced trauma to get restorative sleep

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Sleep

- We know getting good sleep is more difficult
- We know quality and restorative sleep is critical to recovery and poor sleep will cause exacerbation of all mental health issues.
- Chicken or Egg?

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Assessment of Sleep

- Critical you do assessment of sleep with new clients
- Simply asking how they sleep is insufficient
- Consider sleep assessment tools

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Sleep Assessments

- Many subjective sleep assessments
- Asking clients to give subjective answers about their sleep quality and quantity
- PSQI – Pittsburgh Sleep Quality Index
- Questionnaires to Evaluate dimensions of sleep, excessive daytime sleepiness, circadian rhythms, insomnia, sleep apnea

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- PSQI – Pittsburgh Sleep Quality Index
 - Subjective Assessment of Sleep Quality in month prior
 - Free to administer
 - Self-report that does not provide any clinical data
 - Not for diagnosis of sleep disorders

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Sleep Assessment

- Assessments to evaluate Circadian Rhythm or Chronotype
 - MEQ -Morningness-Eveningness Questionnaire
- Chronotype Quiz by The Sleep Doctor - Dr. Michael Breus - The Power of When Sleepdoctor.com

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Sleep and the Heart

- University of Warwick study found that getting less than 6 hours of sleep on a continuous basis makes you
 - 48% more likely to die of heart disease
 - 15% more likely have a stroke
- Professor Cappuccio, co-author of the study, said "the trend for late nights and early mornings is like a ticking time bomb for your health".

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Sleep Assessments

- The only way to get objective sleep data is to refer clients to physician or sleep clinic
- Unlikely to be covered by insurance unless sleep disorder is suspected
- There are apps for phone and smart watches which can provide some objective data but really measures inactivity- some smart watches measure heart rate, etc.
- Only a medical sleep study that measures brainwave activity can give accurate data

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Sleep Apps and Devices

- Fitbit - Apple Watch
- Sleep Apps
 - Shut Eye
 - BetterSleep
 - Calm
 - Noisli
 - SleepScore
 - Pillow

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Sleep Interventions

- Most critical to change client perception about the role of sleep
- Psychoeducation about the critical role of sleep in mental and physical health
- Critical role of sleep to overall wellbeing
- Help client - and those they live with - to learn to make sleep a priority
- THC/alcohol also are sedative/hypnotics

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Sleep Hygiene

- Review basics of good sleep hygiene with clients
- Some people can really benefit from basics
 - Regular sleep/wake cycles
 - Limit caffeine use
 - Reduce blue light near bedtime
 - Create healthy sleep space - temperature, lighting, limit disruptions

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Sleep Medications

- All sleep medications are hypnotics
- Brainwaves show sleep medication does not create natural sleep.
- Brain is sedated not sleeping



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CBT-I

- Cognitive Behavioral Therapy for Insomnia
 - Educates about sleep
 - Restructures thinking about sleep
 - Changes behaviors that are counterproductive

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Self-Medication

- Substance Use
- Behavioral Addictions

Substance or behavior used to avoid and distract from challenging feelings or emotional pain or discomfort

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Coping

- Healthy vs Unhealthy Coping
- Note that anything – even healthy coping – taken to excess – can be counterproductive or destructive
- But most healthy coping is less likely to be abused and less likely to be addictive

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Alcohol and Grief

- Multiple studies link alcohol use with negative outcomes or PGD. Difficult to link causation so always caution
- Alcohol is a depressant that makes it more challenging to process the loss and easier to avoid painful feelings that need to be experienced to move through grieving process

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Alcohol/Opioids and Suicide

Suicide is a major public health concern in the US

Suicide rates rose 35% in the last two decades, despite significant efforts in awareness, prevention and support services

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Alcohol/Opioids and Suicide

- In those at risk for suicide, alcohol intoxication and chronic use significantly increases the risk of suicide ideation, attempt and completion in both youth and adults
- While all substance use elevates the risk for suicidal behavior – alcohol and opioids are the most common substances identified as suicide decedents

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- Alcohol use increases maladaptive coping and hinders self-regulation
- Chronic opioid use can result in neurobiological changes that lead to increases in negative affective states

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Alcohol and Suicide

- Two forms of alcohol use are implicated in the elevated risk
 - Acute alcohol intoxication
 - Chronic alcohol use or dependence
- 24 -hour period following alcohol intoxication is associated with a 7X higher risk for suicide behavior
- One third of those who die by suicide test positive for alcohol
- AUD is associated with a 10X higher risk for suicide than the general population

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Nature and Grounding

7 “But ask the animals, and they will teach you, or the birds in the sky, and they will tell you; 8 or speak to the earth, and it will teach you, or let the fish in the sea inform you. 9 Which of all these does not know that the hand of the LORD has done this? 10 In his hand is the life of every creature and the breath of all mankind.

Job 12:7-10

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ECO-Therapy

This is a relatively new term in research and is now being used formally in therapeutic settings

Started being used widely in UK and Australia
In US- started on west coast and now east coast

We are greatly ignorant about and disconnected from the power of nature

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Incorporating Nature

- Think of creative ways you can incorporate the outdoors and nature into your treatment plan
- Inside session
 - Depending on your location and weather- consider having sessions outdoors
 - Some sessions outdoors- seasonally
 - Bring nature into your office space

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Incorporating Nature

- Outside session
 - work with something client feels comfortable with
 - collaborate with clients to find ways they can incorporate being outside into their lives
 - consider pairing with connection with other people or animals

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For the Beauty of the Earth Hymn by Folliott S. Pierpoint

When I feel the warm sun on my face, I better understand "God is light, in Him is no darkness at all."

When I gaze at the enchanting glow of the moon, I better understand our God of Wonder, that he longs for us to stand in awe of Him.

When I bathe in the lake or sea, I better comprehend the cleansing blood of Jesus that washes away my sins.

When I feel the wind whip my hair in every direction, I better understand the Holy Spirit's power.

When I take in lush greenery and rows of food to be harvested, I think of God's provision for His people.

When I delight in the colorful flowers in my garden, I think God's delight in me, that He cares enough to make pretty things to simply make life happy.

When I gaze at a majestic mountain scene, I better understand "The Lord is my rock and my fortress and my deliverer, my God, my rock, in whom I take refuge."

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Exercise

Honorable mention

- Exercise/physical movement has been shown to be effective intervention for most all mental health issues
- Studies show moderate physical exercise to be as effective or more effective at reducing symptoms of depression than anti-depressant medication
- Lymph system requires movement

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Connection

Two are better than one, because they have a good reward for their toil. For if they fall, one will lift up his fellow. But woe to him who is alone when he falls and has not another to lift him up! Again, if two lie together, they keep warm, but how can one keep warm alone? And though a man might prevail against one who is alone, two will withstand him—a threefold cord is not quickly broken.

Ecclesiastes 4: 9-12

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The Epidemic of Disconnection

- Healthy Minds Poll done by APA
 - 1 in 3 adults say they feel lonely at least once per week
 - 1 in 10 adults say they feel lonely every day
 - Higher in those age 18-34

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Social Support and Trauma

- The studies linking social support to resilience too numerous to mention.
- Studies on just nearly every type of trauma from disasters to assault exist and all find strong connections between perceived social support and recovery.
- Because trauma can cause withdrawal from connections and intimacy with others – restoring healthy connection is critical to recovery.

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Social Support and Grief

- Social Support enhances well-being and mental health and poor social support and loneliness can lead to poor outcomes.
- Little is known about ways grieving individuals interpret or define social support and what is helpful.
- Study- What is good grief support? Exploring the actors and actions in social support after traumatic grief

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Key Points in SS for Grief

- Bereaved people who have more contact with family and friends tend to report better quality of life, whether support comes through technology or in person
- Number of contacts in a person's social network does not always predict well-being
- Quality of relationship is most important

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Categories of Social Support

- **Informational** – logistical help with funeral, death services, as well as advice, data and information offered during time of stress
- **Instrumental** – practical actions of assistance including food, shelter, transportation or financial aid.
- **Appraisal** – passive self-evaluation by connecting with others who have experienced similar circumstances - feedback, affirmation and social equality
- **Emotional** – expression of caring, compassion, trust building and mutuality.

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Ratings of Social Support as Helpful

- Study of those who lost child, marital partner, parent or sibling
- Respondents rate perception of social support since loved one's death on a scale from excellent or very good
- 35.7% rated overall support as excellent or good
- 26.5% rated overall support as adequate
- 37.9% reported overall support as poor or very poor

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Satisfaction with Support

Rated support from specific caregivers

- Mortuary staff – 65% good or excellent
- Hospice staff – 63%
- Nurses – 55%
- Faith leaders – 47%
- Crisis response team – 42%
- Law enforcement – 37%
- Physicians and hospital social workers – 35%

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Satisfaction with Social Support

- Animals received the highest percentage of satisfaction among all categories of social support with 89% report being extremely or mostly satisfied with the perception of social support
- Animals rated higher than counselors/therapists, friends, family, faith leaders, colleagues and community members

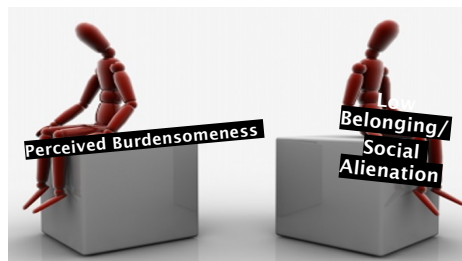
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Interpersonal Psychological Theory of Suicide

- Thomas Joiner model
- Individual must have
 - Desire to Die
 - Ability to Enact Lethal Self-Injury

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Desire to Die



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Assess Client's Social Support Network

- Ask about social support as part of intake and social history
- Early in treatment, ask client to create a social support network
- Don't forget to have client focus on quality rather than quantity
- Encourage clients to educate their support on what is helpful and what is not
- Create handouts, send to websites or even create videos or blogs for support

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Criteria for Social Support Network

- Safety/Trust
- Confidence that they will be there for them if needed
- Should be people who know them well – preferably not new friends
- Supportive
- Honest

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Social Support

Should Include:

- Church family
- Co-workers
- Family
- Spouse
- Friends

-Pets**!**



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