



**U.S. AIR FORCE**

***New Provider Training  
Module 2: Suicide Risk Assessment,  
Management, and Treatment***

**Discussion Guide**

*Note: This discussion guide activity was designed with the intent for training **new providers**. If you are completing the Suicide Risk Assessment, Management, and Treatment training on an annual basis, this discussion guide activity is not required.*

## Supervisor Discussion Overview

### Aims of the Discussion Guide Activity

The aims of the discussion guide activity for *Module 2: Suicide Risk Assessment, Management, and Treatment* include: a) reviewing the Suicide Status Form (SSF) completed during the computer-based training (CBT) portion; b) discussing how qualitative changes in the case example from the CBT might influence assignment of risk level; subsequent notifications and treatment options; and High Interest Log (HIL) status; c) helping the participant locate relevant forms on the Kx; and d) answering relevant questions and providing guidance concerning the procedures used and scenarios likely to be encountered by the participant within the flight. This activity should take no longer than 20-30 minutes to complete. Please read the facilitator preparation section below and the remainder of the discussion guide activity including the case examples and SSF answer key before facilitating the activity. As stated on the cover page, this discussion guide activity was designed with the intent for training new providers. This discussion guide activity is not required for providers completing the CBT training portion on an annual basis.

### Facilitator Preparation

- ✓ **Selection of facilitator:** It is preferable that a flight commander or clinical supervisor functions as the facilitator for this discussion. However, another senior staff member within the mental health flight may also be an appropriate facilitator if a clinic supervisor is unable to conduct the facilitation.
- ✓ **Self-care:** Remember, self-care is important for facilitators as well as providers. Before conducting a discussion, it is recommended that facilitators identify a colleague or supervisor with whom he or she may discuss emotional reactions that may be experienced before, during, or after a discussion. For example, reactions to the subject matter of the training or disclosures from participants might need to be processed by the facilitator with a colleague or supervisor.
- ✓ Facilitators will complete the following steps before leading a group discussion:
  - Complete training module 2 (Suicide Risk Assessment, Management, and Treatment)
    - Familiarize themselves with the content of the training and best practices in the research literature
  - Thoroughly read through the discussion guide
  - Review the facilitation tips.
- ✓ Facilitators should ensure room is adequate for training:
  - Room size is sufficient
  - Room will allow confidential discussions.
    - Trainings might not be as engaging in public areas in the office or clinic.
  - Chairs are provided for all participants
- ✓ Instructions: *Italicized text* found in this discussion guide was written with the intention of being read aloud to supervisees.

### Facilitation Tips

1. Reflect
  - a. Reflect back to the speaker in your own words what you are hearing them say. Reflection statements show that you are listening to the speaker. Reflect both content and feelings conveyed by the speaker. Examples follow:
    - i. Reflection of content: "It sounds like it would be helpful if I walked you through some of the documentation templates on the Kx."

- ii. Reflection of feeling: “You sound concerned.”
  - iii. Reflection of feeling and content: “You sound concerned with how you might address this with a patient.”
- 2. Stick to the Script
  - a. Content has been selected for this discussion guide based upon relevance to the training goals. It might be tempting to skip a section or spend more time on an area that you are most comfortable speaking about; however, following the script as it is written will ensure that each supervisee is provided with the same essential information at every session.
- 3. Engage
  - a. After asking a question, allow at least 5 seconds to provide adequate time for a supervisee to think about an answer before responding. The questions were developed with the aim of making the supervisee think through the scenarios. Allowing a supervisee to think through the scenarios will provide an opportunity for deeper levels of cognitive processing and increase the likelihood of retaining the content presented in this training.
- 4. Normalize Feelings
  - a. The supervisee might have concerns that arise during the training. Feel free to provide relevant and appropriate examples of your own experiences or challenges with the content to develop a rapport with the supervisee.
- 5. Praise
  - a. Praise the effort of the supervisee. Although incorrect answers will need to be corrected, coaching toward mastery of a content area can still involve positive feedback. For instance, a “feedback sandwich” is comprised of positive feedback, corrective feedback, and again, positive feedback. For example: “You’re doing great working toward mastering this information. Let’s think through your answer to that last question together as it wasn’t quite right. I appreciate that you’re working hard to understand this material.”
- 6. Summarize
  - a. Feel free to check-in with the supervisee and summarize information as you move through the discussion guide. Summarizing before moving onto the next section helps to reinforce concepts and review the content as well as keep the discussion on-track.
- 7. Manage Time
  - a. Following the discussion guide will help you to stay on-track with the training time. Feel free to use a summary to transition to the next topic area if the conversation gets off-track. Also, preparation before the training can help save time. For instance, setting up the computer and arranging the room before the session will help save time.
- 8. Use Prompts
  - a. Use the scenarios at the end of this document (See Appendix, page 11) as prompts for the supervisee to read and refer to during the training.
- 9. Challenging Learners
  - a. If a participant presents questions that are disruptive to the activity such as presenting an impossible patient situation or deliberately challenging you, consider their issue as a learning opportunity.
    - i. In order to stay within the time limit of the activity, consider acknowledging the participant’s question, thoughtfully reflecting the participants concerns, respectfully side-baring the question, and providing a date that you will return your answer to the participant and/or group.

- ii. Alternatively, you might want to consider assigning a research task to the learner based upon their inquiry if time does not permit full discussion during the session.

**Special Considerations:**

- ✓ Ensure that your supervisee has completed Module 2: Suicide Risk Assessment, Management, and Treatment before beginning the supervisory discussion.
- ✓ Establish ground rules for supervision; including the role and purpose of supervision, when supervision is to occur, what it means to enter into a supervisory relationship, supervisor and supervisee responsibilities and expectations.
- ✓ In order to complete the CDE resources activity, ensure that you have access to a computer that can connect to the *MH branch of the Kx*.
- ✓ Stress to all supervisees that:
  - The goal of this discussion guide activity is to coach the supervisee to mastery of the content. All content is new and a wrong answer is fine. Let the supervisee know that wrong answers can lead to a discussion where corrective feedback is provided.
  - All discussions are to be conducted in a professional manner with the aims of facilitating professional development of clinical skills and opportunities for mentorship.

## **Discussion Activities**

**Facilitator opening remarks/introduction** (Instructions: *Italicized text may be read aloud*):

1. *"The primary objective of the New Provider training was to inform new mental health care providers of their roles and responsibilities when working with patients. The content goals of Module 2 included identifying the three components of suicide risk assessment according to the Air Force Guide for Suicide Assessment, Management, and Treatment; recalling information about assignment of risk level and subsequent notifications and treatment options; summarizing the purpose, assignment process, and implications of the High Interest Log or HIL with respect to suicidal ideations and suicide attempts. You were also provided with guidance on the importance of maintaining communication with inpatient facilities to monitor progress of patients, obtaining discharge summaries, reviewing recommendations for aftercare, and ensuring follow-up care is provided after the patient is discharged from an inpatient facility."*
- *Ask: "Do you have any questions concerning any of the content goals or topics covered in the training?"*
  - *Note: Respond to questions using the skills presented above in the Facilitation Tips section.*
2. *"We will use the case example scenario presented in the training module and the Suicide Status Form (SSF) you have completed to facilitate our discussion. We will discuss the three components of suicide risk assessment according to the Air Force Guide for Suicide Assessment, Management, and Treatment. Additionally, we will discuss what qualitative changes in the scenario might lead to changes in both initial and follow-up suicide assessment, identified Air Force Levels of Risk, and High Interest Log (HIL) status in the context of suicidal ideations and suicide attempts. I will also show you how to access relevant templates and documents on MH branch of the Kx. Please feel free to ask me any questions as we go through our discussion."*

### **Activity #1: Review of the completed SSF**

**Facilitator Notes:**

1. Encourage your supervisee to take 2 to 3 minutes to review the scenario presented in the training module involving TSgt. Anderson. This scenario appears in the appendix of this discussion guide.
2. Before reviewing the SSF completed by your supervisee for the case example activity, please review the answer key provided for the SSF case example activity and the scenario. Both the answer key and the scenario are presented in the appendix of this discussion guide.
3. Respond to questions using the skills presented above in the Facilitation Tips section.
  - a. Remember to praise the effort of the supervisee. Although incorrect answers will need to be corrected, coaching toward mastery of a content area can still involve positive feedback. For instance, a "feedback sandwich" is comprised of positive feedback, corrective feedback, and again, positive feedback. For example: "You're doing great working toward mastering this information. Let's think through your

answer to that last question together as it wasn't quite right. I appreciate that you're working hard to understand this material."

**4. You will review**

- i. The three components of suicide risk assessment according to the Air Force Guide for Suicide Assessment, Management, and Treatment
  - 1) You should ask patients directly about suicidal ideations or behaviors at intake and at every session.
  - 2) Information about suicide risk can be gathered by the completion of universal screening such
    - i. PHQ-9
    - ii. SSF-II-R or SSF-III
      1. These targeted screening questionnaires are typically available in the MH records after a screening when suicidal ideation or behaviors have been identified
  - 3) Clinicians should gain additional information from peers, command, and/or family and friends, if possible, to look for any possible warning signs or changing in functioning.
- ii. Given changing contextual factors such as suicidal ideations and suicide attempts, you will discuss qualitative changes in the scenario that might lead to changes in:
  - a. Both initial and follow-up suicide assessment
  - b. Identified Air Force Levels of Risk
  - c. High Interest Log (HIL) status

**Facilitator Script:**

1. *"Please take a few minutes to review the scenario presented in the appendix of this discussion guide. This is the same scenario presented in the training module involving TSgt. Anderson. After you have reviewed the scenario, we will first discuss your reactions to the scenario. Second, we will discuss your completion of the Suicide Status Form (SSF) for this case example."*
2. *"What are some of your questions regarding the scenario that you've just read?"*
  - Respond to questions using the skills presented above in the Facilitation Tips section.
3. *"Let's review the Suicide Status Form (SSF) that you completed as part of the training module case example activity."*
  - Review the answers provided by your supervisee on his or her printed SSF for this case example activity. Look to the highlighted sections for the answers provided by your supervisee.
  - Respond to questions using the skills presented above in the Facilitation Tips section.
4. *"Next, let's review the three components of suicide risk assessment according to the Air Force Guide for Suicide Assessment, Management, and Treatment in the context of this scenario. Describe your steps in the context of this scenario."*
  - Review the following steps with your supervisee in the context of the case example scenario. Provide the step and ask your supervisee to describe how they would complete said step.
    - 1) *"The first step is to ask patients directly about suicidal ideations or behaviors at intake and at every session. How would you complete this first step in the context of the case example presented?"*

- 2) *"The second step involves gathering information about suicide risk through the completion of universal screening assessments. Has this step been completed within the case example presented? What other assessments would satisfy this step?"*
  - a. Correct answers:
    - i. PHQ-9
    - ii. SSF-II-R or SSF-III
      1. These targeted screening questionnaires are typically available in the MH records after a screening when suicidal ideation or behaviors have been identified
- 3) *"Finally, clinicians should gain additional information from peers, command, and/or family and friends, if possible, to look for any possible warning signs or changing in functioning. How would you accomplish this final step within the case example scenario presented?"*
5. *"Given changing contextual factors such as suicidal ideations and suicide attempts, let's discuss qualitative changes in the scenario that might lead to changes in both initial and follow-up suicide assessment, identified Air Force Levels of Risk, and High Interest Log (HIL) status."*
  - Note: Feel free to refer the supervisee to the appendix where the following scenarios and prompts are provided.
    - Remember – Respond to questions using the skills presented above in the Facilitation Tips section.
  - *"Consider how a **history of past suicide attempts**, but the **absence of a current suicide plan**, would impact the following in the case example with TSgt Anderson:*
    - *Initial suicide assessment*
    - *Follow-up suicide assessment*
    - *Identified Air Force Levels of Risk*
    - *High Interest Log (HIL) status"*
      - *"How would you proceed with an initial suicide assessment given this change in the case example scenario?"*
      - *"How would you proceed with the follow-up suicide assessment given this change in the case example scenario?"*
      - *"How would you proceed with identifying Air Force Levels of Risk given this change in the case example scenario?"*
        - *Not Currently at Clinically Significant Suicide Risk*
        - *Currently at Clinically Significant Suicide Risk, But Not Imminent*
        - *Currently at Clinically Significant Suicide Risk, Imminent*
      - *"How would you proceed with determining High Interest Log (HIL) status given this change in the case example scenario?"*
  - *"For our next exercise, consider how an **absence of past suicide attempts**, but **disclosure of a current suicide plan**, would impact the following in the case example with TSgt Anderson:*
    - *Initial suicide assessment*
    - *Follow-up suicide assessment*
    - *Identified Air Force Levels of Risk*
    - *High Interest Log (HIL) status"*

- “How would you proceed with an initial suicide assessment given this change in the case example scenario?”
- “How would you proceed with the follow-up suicide assessment given this change in the case example scenario?”
- “How would you proceed with identifying Air Force Levels of Risk given this change in the case example scenario?”
  - Not Currently at Clinically Significant Suicide Risk
  - Currently at Clinically Significant Suicide Risk, But Not Imminent
  - Currently at Clinically Significant Suicide Risk, Imminent
- “How would you proceed with determining High Interest Log (HIL) status given this change in the case example scenario?”

### **Activity #1: CDE Resources**

#### **Activity #1:**

#### **Facilitator script:**

*“I will now walk you through accessing the MH branch of the Kx and locating necessary resources including relevant templates and documents such as the PHQ-9; SSF-II-R or SSF-III; and the Air Force Guide for Suicide Assessment, Management, and Treatment.”*

#### **Actions:**

- ✓ Sit with the supervisee in front of a computer with access to the Kx.
- ✓ Use the following link: <https://kx2.afms.mil/kj/kx8/MentalHealth/Pages/home.aspx>
- ✓ Show the supervisee step-by-step how to access the MH branch of the Kx
- ✓ Identify relevant resources on the Kx.
- ✓ Review the process of accessing the resources with the supervisee.

### **Bringing the Session to a Close**

- 1) At the end of the discussion, it is time to bring the supervisory session to a close. Say:
  - a. *“The primary objective of the New Provider training was to inform new mental health care providers of their roles and responsibilities when working with patients. The content goals of Module 2 included identifying the three components of suicide risk assessment according to the Air Force Guide for Suicide Assessment, Management, and Treatment; recalling information about assignment of risk level and subsequent notifications and treatment options; summarizing the purpose, assignment process, and implications of the High Interest Log or HIL with respect to suicidal ideations and suicide attempts. You were also provided with guidance on the importance of maintaining communication with inpatient facilities to monitor progress of patients, obtaining discharge summaries, reviewing recommendations for aftercare, and ensuring follow-up care is provided after the patient is discharged from an inpatient facility. Do you have any further questions concerning any of the content goals?”*
  - b. *“During this activity we used the case example scenario presented in the training module and the Suicide Status Form (SSF) you completed to facilitate our discussion. We discussed the three components of suicide risk assessment according to the Air Force Guide for Suicide*



*Assessment, Management, and Treatment. Additionally, we discussed what qualitative changes in the scenario might lead to changes in both initial and follow-up suicide assessment, identified Air Force Levels of Risk, and High Interest Log (HIL) status in the context of suicidal ideations and suicide attempts. I also showed you how to access relevant templates and documents on MH branch of the Kx. Before we end our session, do you have any additional questions about what we discussed today or something from the training we did not talk about?"*

- *If appropriate, review topics that have been covered or the learning objectives of the discussion session.*

2) Let the supervisee know that you are available to talk when the need arises. For example:

- *"If anything comes up where you need help or would like another person's opinion, come get me. In my absence, get the back up supervisor. My responsibility is to talk with you and help you work through any difficult patients or situations. You are not alone and you are not expected to work alone."*

3) Sign the **Certificate of Completion Signature Page** at the end of this document to affirm that the supervisee completed the discussion.



## **U.S. AIR FORCE**

### **USAF New Provider Training Module 2: Suicide Risk Assessment, Management, and Treatment Discussion Guide Activity**

#### ***Certificate of Completion – Signature Page***

\_\_\_\_\_ (supervisee's name) has successfully completed the Module 2: Suicide Risk Assessment, Management, and Treatment Discussion Guide for the USAF New Provider Training Program.

\_\_\_\_\_  
Supervisee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## Appendix

### Scenarios – Supervisee Copy

#### ***Scenario #1 – Case example presented in training module:***

TSgt. Anderson is a 32-year-old male married (10 years) with two children, ages seven and five. Over the past several months Sgt. Anderson and his spouse have been arguing frequently. The arguments tend to center around money. Both Sgt. Anderson and his spouse agree that money is tight, but can't agree on what to do. Mrs. Anderson wants to reach out to her family and ask for help, while TSgt. Anderson feels this is an insult to him and none of her family's business. He criticizes his spouse's spending habits frequently and thinks they need to develop a strict budget for the next two years.

TSgt. Anderson angers easily and while the fights have not become physically violent, he generally walks away feeling that his wife "pushes his buttons" and that he will "lose it one of these days." Recently the arguments have become more frequent and more intense as his wife's spending habits have not changed. He has reported that with the exception of being with his children, going home feels like a punishment. Notably, he has stated that at least one to two days a week he sleeps on the couch so that he does not stay up and fight with his spouse. More and more he goes out after work to have a few beers and decompress rather than head home.

Recently, he has been feeling anxious about financial troubles and the state of his marriage. TSgt. Anderson recently began seeking support through his chaplain on base. He reports that his children are the most important thing to him. He knows they hear the fighting and worries about how it will impact them. Lately, his problems at home have begun to show at work. While he has not been late, his work has been sloppy at times and he often appears visibly tired and has problems concentrating on tasks. He is friendly with some of the other NCOs at his office and he frequently unloads his burdens to them.

Recently, he has made statements such as "if not for the kids it would be easier if I just wasn't around" and "I don't know if I can take anymore of the fighting." His peers tend to think of this as just blowing off steam. When talking with the chaplain, he reported that he always feels tired, that he tends to worry recently, and that he is drinking somewhat more than usual. He has identified that while he is unsure about his marriage, he wants to make sure that his kids are okay.

## Scenarios – Supervisee Copy (Cont.)

### Scenario #2:

TSgt. Anderson discloses that there have been **past suicide attempts** but **no current suicide plan** is in place.

Consider the impact of this change in the case example scenario on the following:

- Initial suicide assessment
- Follow-up suicide assessment
- Identified Air Force Levels of Risk
  - *Not Currently at Clinically Significant Suicide Risk*
  - *Currently at Clinically Significant Suicide Risk, But Not Imminent*
  - *Currently at Clinically Significant Suicide Risk, Imminent*
- High Interest Log (HIL) status

### Scenario #3:

TSgt. Anderson discloses that there have been **no past suicide attempts**, but a **suicide plan has been mentioned**. Consider the impact of this change in the case example scenario on the following:

- Initial suicide assessment
- Follow-up suicide assessment
- Identified Air Force Levels of Risk
  - *Not Currently at Clinically Significant Suicide Risk*
  - *Currently at Clinically Significant Suicide Risk, But Not Imminent*
  - *Currently at Clinically Significant Suicide Risk, Imminent*
- High Interest Log (HIL) status

# CASE EXAMPLE - ANSWER KEY

## Suicide Status Form-SSF II-R (Initial Session)

Patient: TSgt. Thomas Anderson      Clinician: Provider A      Date:      Time:     

### Section A (Patient):

Rate and fill out each item according to how you feel right now.

Rank Then rank in order of importance 1 to 5 (1=most important to 5=least important).

3	1) RATE PSYCHOLOGICAL PAIN ( <i>hurt, anguish, or misery in your mind, <u>not</u> stress, <u>not</u> physical pain</i> ):	Low pain: 1 2 3 4 5 :High pain	What I find most painful is: _____
1	2) RATE STRESS ( <i>your general feeling of being pressured or overwhelmed</i> ):	Low stress: 1 2 3 4 5 :High stress	What I find most stressful is: _____
2	3) RATE AGITATION ( <i>emotional urgency; feeling that you need to take action; <u>not</u> irritation; <u>not</u> annoyance</i> ):	Low agitation: 1 2 3 4 5 :High agitation	I most need to take action when: _____
4	4) RATE HOPELESSNESS ( <i>your expectation that things will not get better no matter what you do</i> ):	Low hopelessness: 1 2 3 4 5 :High hopelessness	I am most hopeless about: _____
5	5) RATE SELF-HATE ( <i>your general feeling of disliking yourself; having no self-esteem; having no self-respect</i> ):	Low self-hate: 1 2 3 4 5 :High self-hate	What I hate most about myself is: _____
N/A	6) RATE OVERALL RISK OF SUICIDE:	Extremely low risk: 1 2 3 4 5 :Extremely high risk (will <u>not</u> kill self) (will kill self)	

- 1) How much is being suicidal related to thoughts and feelings about yourself? Not at all: 1 2 3 4 5 : completely
- 2) How much is being suicidal related to thoughts and feelings about others? Not at all: 1 2 3 4 5 : completely

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING
1	Children	1	Financial Pressures
2	Military Career	2	Marital Problems
3	Friends		

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: Solving my problems

## Suicide Status Form-II-R (Initial Session—page 2)

### Section B (Clinician):

Y ☒ N Suicide plan: When: None  
 Where: None  
 How: None Y N Access to means  
 How: None Y N Access to means

Y ☒ N Suicide Preparation Describe: No preparation, though pt owns firearms

Y ☒ N Suicide Rehearsal Describe: \_\_\_\_\_

Y ☒ N History of Suicidality  
 • Ideation Describe: \_\_\_\_\_  
     ○ Frequency \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month  
     ○ Duration \_\_\_\_\_ seconds \_\_\_\_\_ minutes \_\_\_\_\_ hours  
 • Single Attempt Describe: \_\_\_\_\_  
 • Multiple Attempts Describe: \_\_\_\_\_

Y ☒ N Current Intent Describe: \_\_\_\_\_

Y ☒ N Impulsivity Describe: Though this could change with alcohol use

Y ☒ N Substance abuse Describe: Excessive use of EtOH

Y ☒ N Significant loss Describe: Marriage dissolving

Y ☒ N Interpersonal isolation Describe: \_\_\_\_\_

Y ☒ N Relationship problems Describe: Marriage

Y ☒ N Health problems Describe: \_\_\_\_\_

Y ☒ N Physical pain Describe: \_\_\_\_\_

Y ☒ N Legal problems Describe: \_\_\_\_\_

Y ☒ N Shame Describe: Shame of financial challenges

### Section C (Clinician):

OUTPATIENT TREATMENT PLAN (Refer to Sections A & B)

Problem #	Problem Description	Goals and Objectives Evidence for Attainment	Interventions (Type and Frequency)	Estimated # Sessions
1	<i>Self-Harm Potential</i>	<i>Outpatient Safety</i>	<i>Crisis Response Plan:</i>	
2				
3				

YES \_\_\_\_\_ NO \_\_\_\_\_ Patient understands and commits to outpatient treatment plan?

YES \_\_\_\_\_ NO \_\_\_\_\_ Clear and imminent danger of suicide?

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date