

# Leading the Way in E-Learning



# Welcome to Essential Learning's Webinar

## *Suicide Prevention Strategies for Corrections Professionals*

Presented by Judith F. Cox, M.A, CCHP

August 27, 2009

**Following the presentation, learn about our e-learning solutions for corrections professionals**

Presented by Pat Tully, Senior VP of Business Development of Essential Learning

# Webinar Logistics

- Presentation slides are available to download at [www.essentiallearning.com/webinar](http://www.essentiallearning.com/webinar)
- Instructions for the audio for this webinar:
  - To hear the audio of this webinar you need to call the phone number provided with your registration confirmation email provided by GoToWebinar.
  - All calls are pre-set in a listen only mode. The Audio PIN# is a very important feature for you to be able to ask questions on this webinar during the live question and answer session.
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# Suicide Prevention Strategies for Corrections Professionals Webinar Agenda

- ◆ Look at a public health model for understanding suicide in corrections.
- ◆ Critical to that model are the concepts of risk and protective factors associated with the suicidal inmate.
- ◆ The main objective for today is for you to learn how to use these factors to better identify inmates at risk and then to put together strategies and services to prevent their completion of a suicidal act.
- ◆ Presentation to learn more about the e-learning solutions available from Essential Learning and the American Correctional Association and its Online Corrections Academy.
- ◆ Live Question and Answer Session.

# Source of Presentation

## *E-Learning Course: Overview of Suicide Prevention Strategies for Corrections Professionals*

The entire course has four sections:

- ◆ The Nature and Scope of Suicide
- ◆ Recognizing & Responding to Suicide Risk
- ◆ Major Contributor (substance abuse)
- ◆ Prevention and Early Intervention

Free sample of this course is available at  
[www.essentiallearning.net/suicidepreventiondemo](http://www.essentiallearning.net/suicidepreventiondemo)

# Some Facts About Suicide In Adult Correctional Facilities

1983 there were 129 suicide deaths per 100,000 inmates.

- ◆ Today the average annual suicide rate in jails is 43/100,000.
- ◆ In state prisons, suicide was never the leading cause of death, but that rate was also reduced by half over the period 1980 to 1995 and has since stabilized (USDOJ BJS 2005).
- ◆ The current suicide rate in the nation's prisons (16/100,000) approaches the general community rate of 11/100,000.

***Experts believe that the reduction in jail and prison suicides was due to the advent of universal suicide screening, structured training and other prevention initiatives.***

# The Cost of Suicide

- Worldwide, suicide results in nearly one million fatalities every year and billions of dollars in economic costs.  
(World Health Organization)

# The Cost of Suicide

In addition to actual loss of life, there are many other costs:

- ◆ Many people who attempt suicide injure themselves and require emergency care. It is estimated that there are from 8 to 25 attempted suicides for every one death by suicide.
- ◆ Countless others experience the pain associated with having suicidal thoughts (known as suicide ideation).
- ◆ For the loved ones affected by an individual suicide, there is intense grief.
- ◆ For correctional personnel who experience a suicide under their watch, the memory is lasting and their questions are endless:
  - Why did this happen?
  - How could this have happened?
  - And, perhaps the most painful question of all: What could I have done to prevent this?

# Is Suicide Preventable?

- Suicide "is a huge but largely preventable public health problem," according to the World Health Organization.
- According to the U.S. Surgeon General's report: Suicide must be responded to at the individual and the societal level.
  - At the individual level by taking a clinical/medical approach to determine the history and to address the health conditions (e.g., depression) resulting in suicidal behavior.
  - At the societal level with a public health approach.

A public health approach seeks to prevent suicidal behaviors well before an individual is imminently at risk for suicide.

A public health approach looks for solutions to a problem by understanding patterns of suicide and suicidal behavior among groups or populations. For example, a public health approach has revealed that suicide rates are highest among the elderly and now seeks to identify solutions.

# Identifying Risk Factors For Suicide

## What Puts Inmates AT YOUR FACILITY at Risk for Suicide?

- Experts are moving away from looking at suicide merely as the act of killing one's self.
- Instead, they refer to a cluster of suicidal behaviors, beliefs, and/or life experiences and situations (past, present, and anticipated) known as risk factors that may eventually lead to suicide.
- **Corrections professionals who have a clearer understanding of these suicidal risk factors are in a better position to provide early intervention to save lives.**

# Risk Factors

- The National Strategy for Suicide Prevention has identified specific risk factors related to suicide.
- Remember, risk factors are those characteristics present within an individual or group that create the greater potential for suicidal behavior.
- Risk factors may be present in the individual, in the environment, or within the social and cultural context.

# Risk Factors Related To Suicide

- Previous suicide attempts;
- Mental disorders—particularly mood disorders such as depression and bipolar disorder;
- Co-occurring mental illness and alcohol or substance abuse disorders;
- Family history of suicide;
- Hopelessness;
- Impulsive and/or aggressive tendencies;
- Barriers to accessing mental health treatment;
- Relational, social, work, or financial loss;
- Physical illness;
- Easy access to lethal methods;
- Unwillingness to seek help because of stigma attached to substance abuse and mental disorders and/or suicidal thoughts;
- Influence of significant people—family members, celebrities, peers who have died by suicide through direct personal contact or inappropriate media representations;
- Cultural and religious beliefs;
- Local epidemics of suicide that have a contagious influence; and
- Isolation, i.e., a feeling of being cut off from other people.

# Case Scenario Ramos Johnson

- On June 6 of last year, Ramos Johnson, a 25-year-old male, was booked into your facility. He was staggering and slurring speech at intake.
- In his personal property was an empty bottle of medication for depression. He was recently discharged from a psychiatric facility. He was the driver in a vehicle accident resulting in a young mother being placed on life support. Initial screening results revealed his father had completed suicide three years ago.
- During the screening, Mr. Johnson said he and his mother never understood the father's suicide because it was against their religion.
- Ramos was the oldest of three sons from a family located 2,000 miles away. The screener increased his supervision and referred him to the health unit. Medical and mental health services are on-site 24 hours /7 days/week. They have a great team of dedicated staff.

# What Were Ramos Johnson's Risk Factors?

- Previous suicide attempts;
- Mental disorders—particularly mood disorders such as depression and bipolar disorder;
- Co-occurring mental illness and alcohol or substance abuse disorders;
- Family history of suicide;
- Hopelessness;
- Impulsive and/or aggressive tendencies;
- Barriers to accessing mental health treatment;
- Relational, social, work, or financial loss;
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- Unwillingness to seek help because of stigma attached to substance abuse and mental disorders and/or suicidal thoughts;
- Influence of significant people—family members, celebrities, peers who have died by suicide through direct personal contact or inappropriate media representations;
- Cultural and religious beliefs;
- Local epidemics of suicide that have a contagious influence; and
- Isolation, i.e., a feeling of being cut off from other people.

# We Found Four Risk Factors for Ramos Johnson

- On June 6 of last year, Ramos Johnson, a 25-year-old male, was booked into your facility. He was staggering and slurring speech at intake. (substance abuse)
- In his personal property was an empty bottle of medication for depression. He was recently discharged from a psychiatric facility. He was the driver in a vehicle accident resulting in a young mother being placed on life support. Initial screening results revealed his father had completed suicide three years ago. (mental illness)
- During the screening, Mr. Johnson said he and his mother never understood the father's suicide because it was against their religion. (family history of suicide)
- Ramos was the oldest of three sons from a family located 2000 miles away. (isolation) The screener referred him to the health clinic. Medical and mental health services are on-site 24 hours / 7 days/week. They have a great team of dedicated staff.

# Case Scenario: Mr. Thomas

- Mr. Thomas is in his sixties. He has been incarcerated for 10 years for the murder of his wife. He is being treated for a serious medical condition; some say it is cancer.
- He has never had communication with family or friends. He works in the shop as a cleaner and is trusted by the officers. He was just told yesterday by the parole board that they do not want to see him for ten more years.
- His parole appearance occurred during a week when the regular shop supervisor was on leave. Mr. Thomas would often talk to the supervisor about life in general .
- Today, two days after the parole hearing at 3:30 PM, Mr. Thomas was found hanging in the cleaning supplies closet. They say he had been hanging for over two hours.

# What Were Mr. Thomas's Risk Factors

- Previous suicide attempts;
- Mental disorders—particularly mood disorders such as depression and bipolar disorder;
- Co-occurring mental illness and alcohol or substance abuse disorders;
- Family history of suicide;
- Hopelessness;
- Impulsive and/or aggressive tendencies;
- Barriers to accessing mental health treatment;
- Relational, social, work, or financial loss;
- Physical illness;
- Easy access to lethal methods;
- Unwillingness to seek help because of stigma attached to substance abuse and mental disorders and/or suicidal thoughts;
- Influence of significant people—family members, celebrities, peers who have died by suicide through direct personal contact or inappropriate media representations;
- Cultural and religious beliefs;
- Local epidemics of suicide that have a contagious influence; and
- Isolation, i.e., a feeling of being cut off from other people.

# We Found Five Risk Factors for Mr. Thomas

- Mr. Thomas is in his sixties. He has been incarcerated for 10 years for the murder of his wife. He is being treated for a serious medical condition; some say it is cancer. (**serious physical illness and probably undiagnosed depression**)
- He has never had communication with family or friends. He works in the shop as a cleaner and is trusted by the officers. He was just told yesterday by the parole board that they do not want to see him for ten more years. (**hopelessness**)
- His parole appearance occurred during a week when the regular shop supervisor was on leave. Mr. Thomas would often talk to the supervisor about life in general. (**isolation**)
- Today, two days after the parole hearing at 3:30 PM, Mr. Thomas was found hanging in the cleaning supplies closet. (**easy access to lethal means**) They say he had been hanging for over two hours.

# All members of a correctional facility need to know the warning signs of suicide. From the list below, what signs did you see with Mr. Thomas?

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself.
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means.
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person. Feeling hopeless.
- Feeling rage or uncontrolled anger or seeking revenge.
- Acting reckless or engaging in risky activities—seemingly without thinking.
- Feeling trapped—there's no way out.
- Increasing alcohol or drug use.
- Withdrawing from friends and family.
- Feeling anxious or agitated, unable to sleep, or sleeping all the time.
- Experiencing dramatic mood changes.
- Seeing no reason for living or having no sense of purpose in life.
- Giving away prized possessions.
- A sudden and complete recovery from severe depression for no apparent reason.

# Protective Factors

Protective Factors are what helps prevent suicide. They are equally as important as risk factors. They help us decide needed interventions. Protective factors reduce the likelihood of suicide by enhancing resilience and decreasing risks. They include:

- ◆ Effective clinical care for mental, physical, and substance abuse disorders.
- ◆ Easy access to a variety of clinical interventions and support for help seeking.
- ◆ Restricted access to highly lethal means of suicide.
- ◆ Family and community support.
- ◆ Support through ongoing medical and mental healthcare relationships.
- ◆ Skills in problem solving, conflict resolution, and nonviolent handling of disputes.
- ◆ Cultural and religious beliefs that discourage suicide and support self-preservation.

# What Were Ramos Johnson's Protective Factors

Now look at the Ramos Johnson case again and pick out his protective factors.

- On June 6 of last year, Ramos Johnson, a 25-year-old male, was booked into your facility. He was staggering and slurring speech at intake.
- In his personal property was an empty bottle of medication for depression. He was recently discharged from a psychiatric facility. He was the driver in a vehicle accident resulting in a young mother being placed on life support. Initial screening results revealed his father had completed suicide three years ago.
- During the screening, Mr. Johnson said he and his mother never understood the father's suicide because it was against their religion.
- Ramos was the oldest of three sons from a family located 2,000 miles away. The screener increased his supervision and referred him to the health clinic. Medical and mental health services are on-site 24 hours /7 days/week. They have a great team of dedicated staff.

# We Believe There Were Four Protective Factors

- On June 6 of last year, Ramos Johnson, a 25-year-old male, was booked into your facility. He was staggering and slurring speech at intake.
- In his personal property was an empty bottle of medication for depression. He was recently discharged from a psychiatric facility. He was the driver in a vehicle accident resulting in a young mother being placed on life support. Initial screening results revealed his father had completed suicide three years ago. (screener restricted his access to lethal means)
- During the screening, Mr. Johnson said he and his mother never understood the father's suicide because it was against their religion. (cultural and religious beliefs that discourage suicide and support self-preservation)
- Ramos was the oldest of three sons from a family located 2000 miles away. The screener referred him to the medical center. Medical and mental health services are on-site 24 hours /7 days/week. They have a great team of dedicated staff. (effective clinical care for mental, physical, and substance abuse disorders, and easy access to a variety of clinical Interventions and support for help seeking)

# Lets look at what the risk and protective factors tell us about a management plan

- First, he is intoxicated and has a mental disorder—he will need effective clinical care for both problems (stabilization followed by effective treatment of his mental disorders)
- Did you know?
  - Substance abuse (alcohol included) is found in 25-55 percent of suicides.
  - Two-thirds of substance-abusing individuals who die from suicide have a major depressive disorder.
  - The loss of a close personal relationship/interpersonal crisis and financial difficulties are frequent contributors to suicide in substance abusers.

# Lets look at what the risk and protective factors tell us about a management plan *cont.*

- Second, there are specific Steps to Preventing Suicide in Substance Abusers:
  1. Recognize and treat depression/
  2. Recognize and treat active alcoholism and other drug abuse.
  3. Take interpersonal crises and financial difficulties in this population seriously.
  4. Do not dismiss suicide risk during intoxication.
- Third, we may be able to use his religious beliefs as a protective factor. We may also be able to re-establish family support via phone, letters, and scheduled visits for him to look forward to.
- Fourth, we will need a follow-up schedule while his case is being resolved.

What else do you suggest ?

# Mr. Thomas: Protective factors

**Read this scenario again but now think about Mr. Thomas's protective factors.**

- Mr. Thomas has been incarcerated for 10 years for the murder of his wife. He is being treated for a serious medical condition; some say it is cancer.
- He has never had communication with family or friends. He works in the shop as a cleaner and is trusted by the officers.
- He was just told yesterday by the parole board that they do not want to see him for ten more years. His parole appearance occurred during a week when the regular shop supervisor was on leave. Mr. Thomas would often talk to the supervisor about life in general.
- Today, two days after the parole hearing at 3:30 PM, Mr. Thomas was found hanging in the cleaning supplies closet. They say he had been hanging for over two hours.

# What Protective Factors Were Available for Mr. Thomas?

- ◆ Effective clinical care for mental, physical, and substance abuse disorders.
- ◆ Easy access to a variety of clinical interventions and support for help seeking.
- ◆ Restricted access to highly lethal means of suicide.
- ◆ Family and community support.
- ◆ Support through ongoing medical and mental healthcare relationships.
- ◆ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ◆ Cultural and religious beliefs that discourage suicide and support self-preservation.

# Summary

- Suicide ideation is a lonely and uncertain place. It affects hundreds of thousands of people who struggle with incapacitating feelings of despair and hopelessness or who react impulsively under the influence of alcohol or other drugs.
- Unlike distress signals resulting from physical trauma such as a heart attack, the pain of people considering suicide may go unrecognized until it is too late.
- This is why a public health approach to suicide prevention is so important—targeting or identifying at-risk people before they appear in the emergency department of a hospital.

# E-Learning Solutions for Corrections Professionals

*Presented by Pat Tully, Senior VP of  
Business Development of Essential Learning*



**The American Correctional Association (ACA) is the oldest and largest international correctional association in the world. Founded in 1870, ACA serves all disciplines within the corrections profession and is dedicated to excellence in every aspect of the field. In partnership with Essential Learning, the largest online learning provider to human services, ACA is offering multiple online learning solutions for Corrections to try through ACA's.....**

## ***Online Corrections Academy***

**[www.aca.org/onlinecorrections](http://www.aca.org/onlinecorrections)**

# Why Online Learning for Corrections?

ACA understands the importance of providing high-quality, job-specific training to correctional staff at all levels. Since 1870, the Association has been committed to improving and fostering the development of correctional professionals. ACA has led the way in bringing technological advances in training to the field of corrections. Creating the **Online Corrections Academy (OCA)** and partnering with Essential Learning has marked another significant milestone in this effort.

# Why Online Learning for Corrections?

## E-Learning (online training) Saves Time Without Compromising Learning Benefits

Most studies find a reduction in time ranging from 20-80% with 40-60% being the most common range for timesaving. No studies found any decrease in training effectiveness and most reported a substantial increase in training effectiveness (both learning retention and transfer).

*“Students who took all or part of their class online performed better, on average, than those taking the same course through traditional face-to-face instruction.”*

**Evaluation of Evidence-Based Practice in Online Learning**  
U.S. Department of Education, 2009

# Why Online Learning for Corrections?

## E-Learning (online training) Provides More Consistent Course Delivery

E-learning is similar to a performance that is filmed or taped. The instructor can review and edit the presentation until it is just right. No matter how many times the class or learning module is presented, it will not change or vary. Students will get exactly the same material no matter when they take the course. This leads to very consistent delivery of material.

# Why the Online Corrections Academy?

**OCA** has training solutions for :

- Individuals- Correctional Professionals can take individual online courses.
- Small Groups- Specific training on subjects such as PREA, Prevention of Suicide in Jails, and many others.
- Correctional Agencies or Facilities- A full training solution— unlimited use of our comprehensive library, add your own training courses, and satisfy ACA training standards.
- Agencies or Departments that already have a learning management system (LMS)— **OCA** can build courses or license our courses for your LMS.

*OCA has crosswalked online courses to the ACA standards*

# Online Training Solutions

- **Purchasing Courses Individually or in Bulk—The OCA Training Site** provides individual correctional staff— all levels and disciplines – with instant access to the courses they need for their professional development and continuing education, including ACA re-certification. All the courses are available at [www.aca.org/onlinecorrections](http://www.aca.org/onlinecorrections).
- **Managing Your Entire Training Program**—A subscription to our **Organizational Training Site** provides your agency or facility with a cost-effective solution for managing all of your training requirements.
- **Expanding Training Opportunities in an Existing LMS**—License courses from our comprehensive online library to use in your own LMS (all courses are SCORM compliant). Need your learning material converted into online courses? Our instructional technology staff can convert your training curricula or lesson plans into online courses.

# Want More Information?

Go to [www.aca.org/onlinecorrections](http://www.aca.org/onlinecorrections) or call **800.729.9198 ext. 200**

We will host a full demonstration of the online learning solutions on  
Tuesday, September 8 at  
(10 am PDT; 11am MDT; 12:00 noon CDT; 1pm EDT)

Register at [www.essentiallearning.com/corrections](http://www.essentiallearning.com/corrections) or call  
**800.729.9198 ext. 200**

Can't make the demonstration on Sept 8?

Call **800.729.9198 ext. 200** to schedule an individual demonstration.

# In Conclusion

**OCA** has online training for all the disciplines within Corrections.

Please complete the survey that will be emailed to you so that we can gear future Webinars to your needs.

Now Judy will take questions....

# Questions??

Live question and answer session.

If you're using a telephone, make sure you have entered your Audio PIN# so your line can be unmuted to ask your question live.

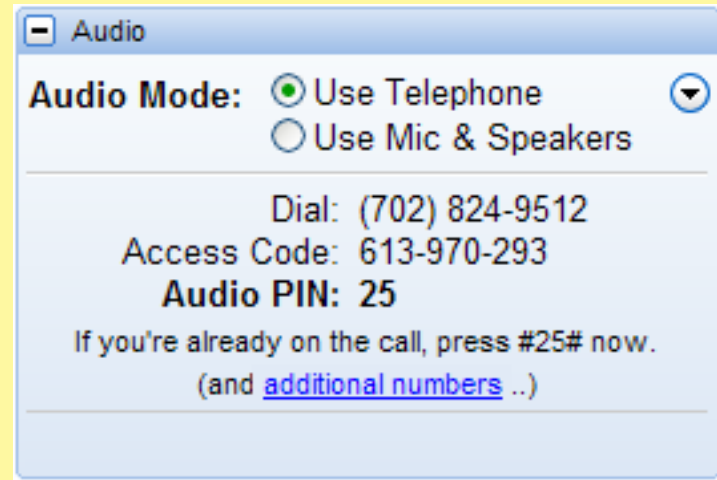
Use the raise your hand feature on your control panel to be selected to ask a question.

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25 is not your PIN#. You each have a unique PIN#.

To ask a question live of the facilitator, type this PIN # into you phone, then the presenter can unmute your line.



# To Raise Your Hand

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