Pacific Southwest (HHS Region 9)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Pacific Southwest (HHS Region 9)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Welcome to Today's Webinar

Navigating Risk of Suicide in the Context of Substance Misuse: Best Practices for Supporting Youth and Young Adults

- Please post your organization, location, and role in the chat box. If additional people are attending the webinar with you, please post their first and last names as well.
- If you have questions or comments during the session, please also post them in the chat box. We will do our best to address them during the session, but if we are unable to we will provide follow-up after the session.
- A copy of today's presentation can be downloaded from the pod located directly below the list of attendees. It was also included in the reminder email that was sent out before the session.
- All phone/audio lines will be muted during today's session.
- At the conclusion of the webinar a feedback form will be sent to you via email. Please take a few minutes to provide us with your thoughts as this is a very important part of our funding.
- If you have technical issues, please email joshel@cars-rp.org.

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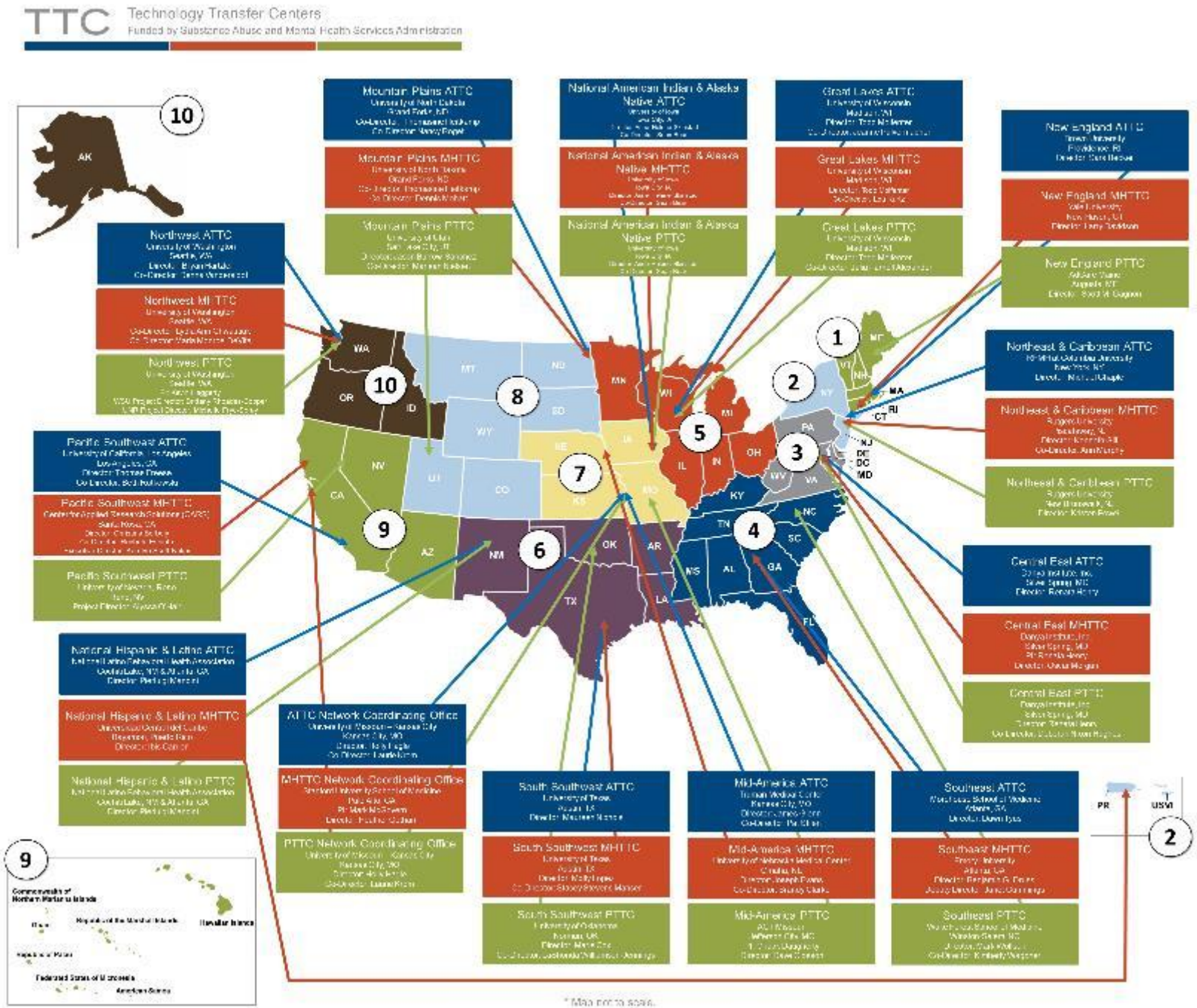
Navigating Risk of Suicide in the Context of Substance Misuse: Best Practices for Supporting Youth and Young Adults

Disclaimer

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services.

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.


TTC
Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration
Mountain Plains ATTC
Mountain Plains MHTTC
Mountain Plains PTTC
National American Indian & Alaska Native ATTC
National American Indian & Alaska Native MHTTC
National American Indian & Alaska Native PTTC
Great Lakes ATTC
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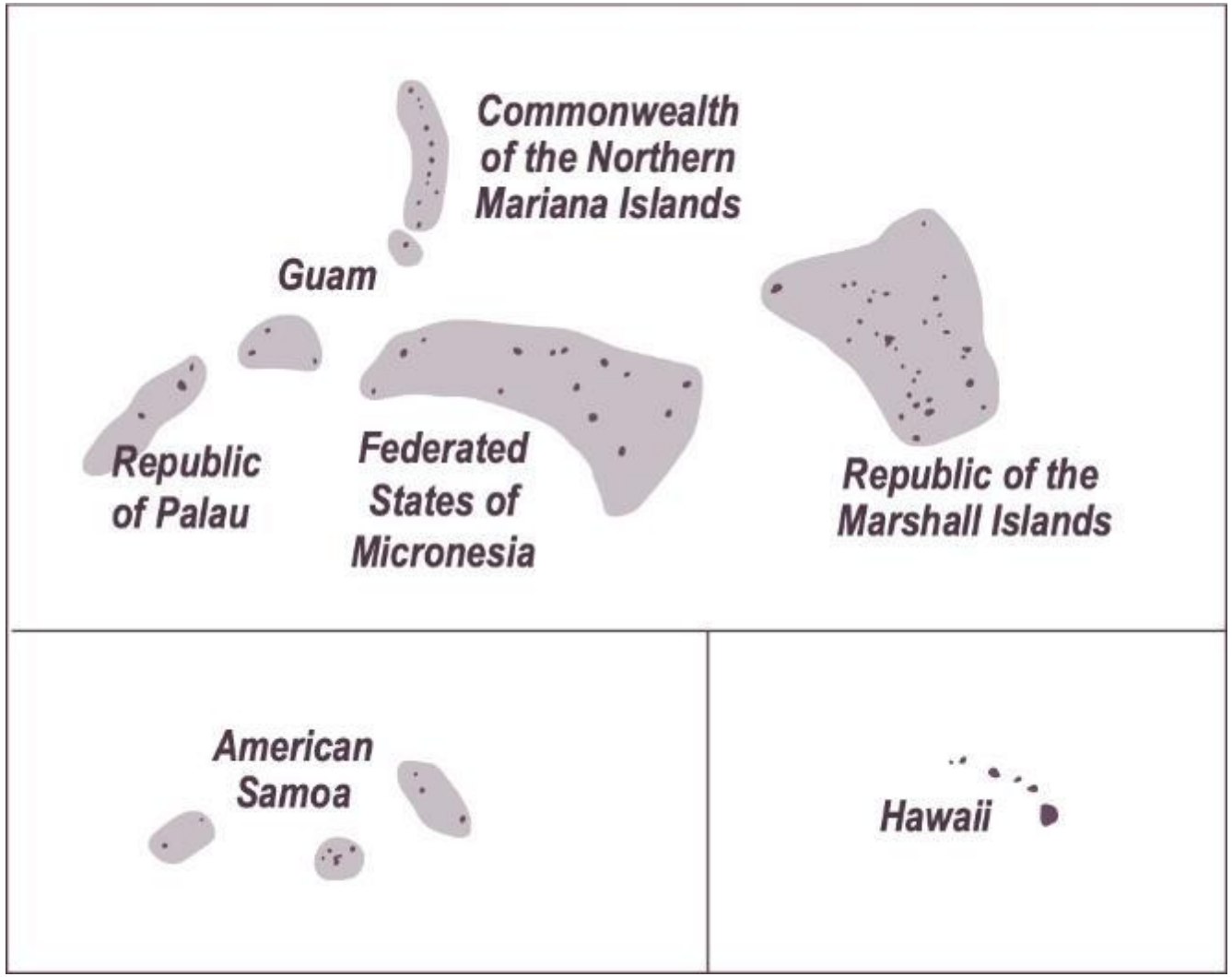
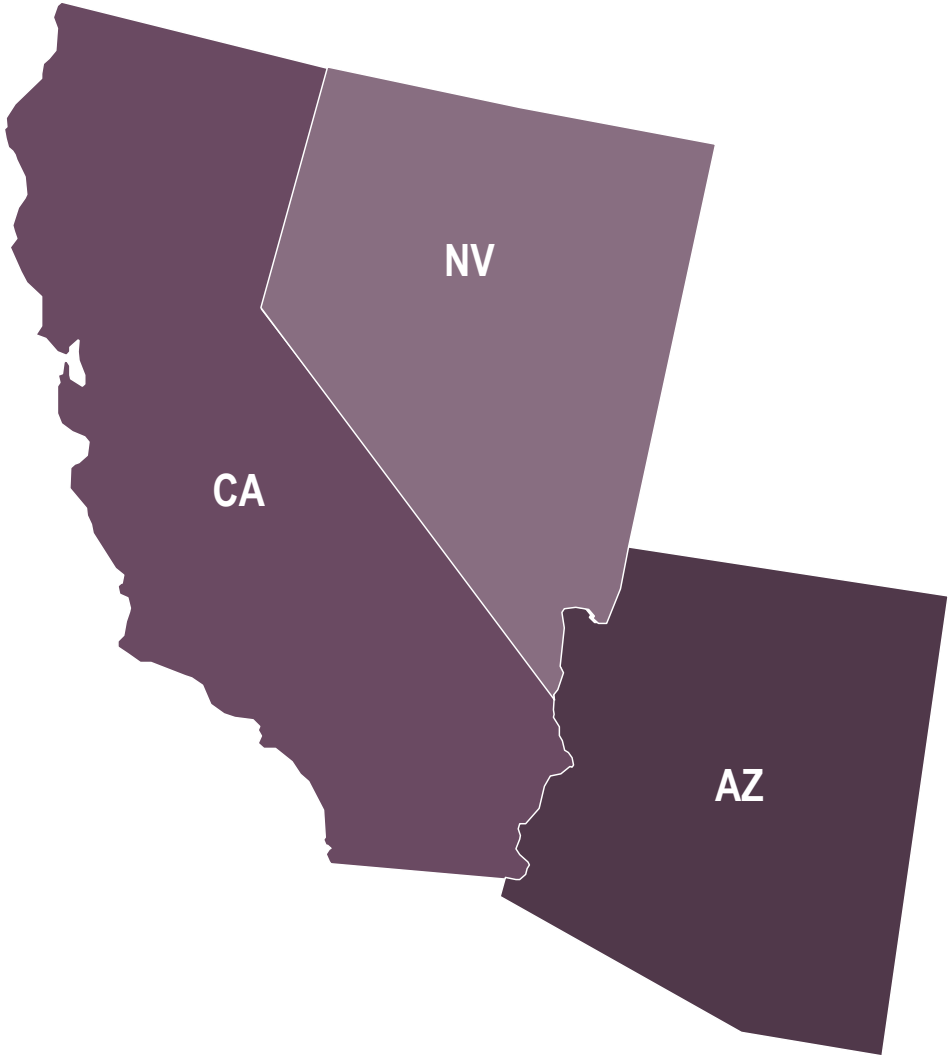
* Map not to scale.

Pacific Southwest





Purpose of the PTTC

- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals
- Develop tools and resources to engage the next generation of prevention professionals

CASAT
Center for the Application of Substance Abuse Technologies
University of Nevada, Reno

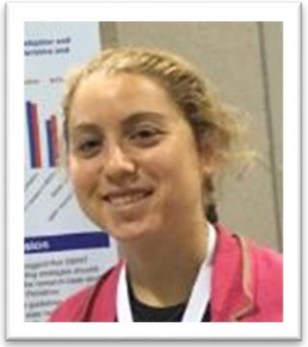
Purpose of the MHTTC

- Provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care.
- Promote evidence-based, culturally appropriate mental health prevention, treatment, and recovery strategies so that providers and practitioners can start, strengthen, and sustain them effectively.

Services Offered

No-cost training, technical assistance, and resources

Presenters



Brett Harris, DrPH, is a Clinical Assistant Professor at the University at Albany School of Public Health and the Director of Public Health Initiatives at the Suicide Prevention Office of the New York State Office of Mental Health (OMH). Dr. Harris co-developed and is currently teaching the graduate course Suicide as a Public Health Problem. In her role with the State of New York, Dr. Harris oversees all community-, school-, college-, and university-based suicide prevention initiatives and supports implementation of suicide safer care in multiple clinical service settings.

James Mazza, Ph.D, is Professor, Educational Psychology, University of Washington and Director of the School Psychology Program. His work focuses broadly on adolescent mental health issues, particularly internalizing disorders such as depression, anxiety, posttraumatic stress disorder, exposure to violence and especially suicidal behavior. Dr. Mazza's research focuses on a multi-tiered system of support (MTSS) that emphasizes the need to provide school-based mental health services and SEL programs to all students as part of their education.

Debra Cox-Howard, MC, LPC, LISAC, holds dual licenses and is a Mental Health Clinician at The University of Arizona's Counseling & Psych Services department. In addition to her role as clinician with a specialty in substance abuse counseling, Ms. Cox-Howard is a founder and co-Chair of the interdepartmental Substance Abuse Team and founder and co-Faculty Advisor for Wildcats Anonymous-The University of Arizona's Collegiate Recovery Program. Debra's work focuses on substance abuse prevention, assessment and treatment, addictions, adult children of alcoholics, time and stress management, relationships, and general counseling.

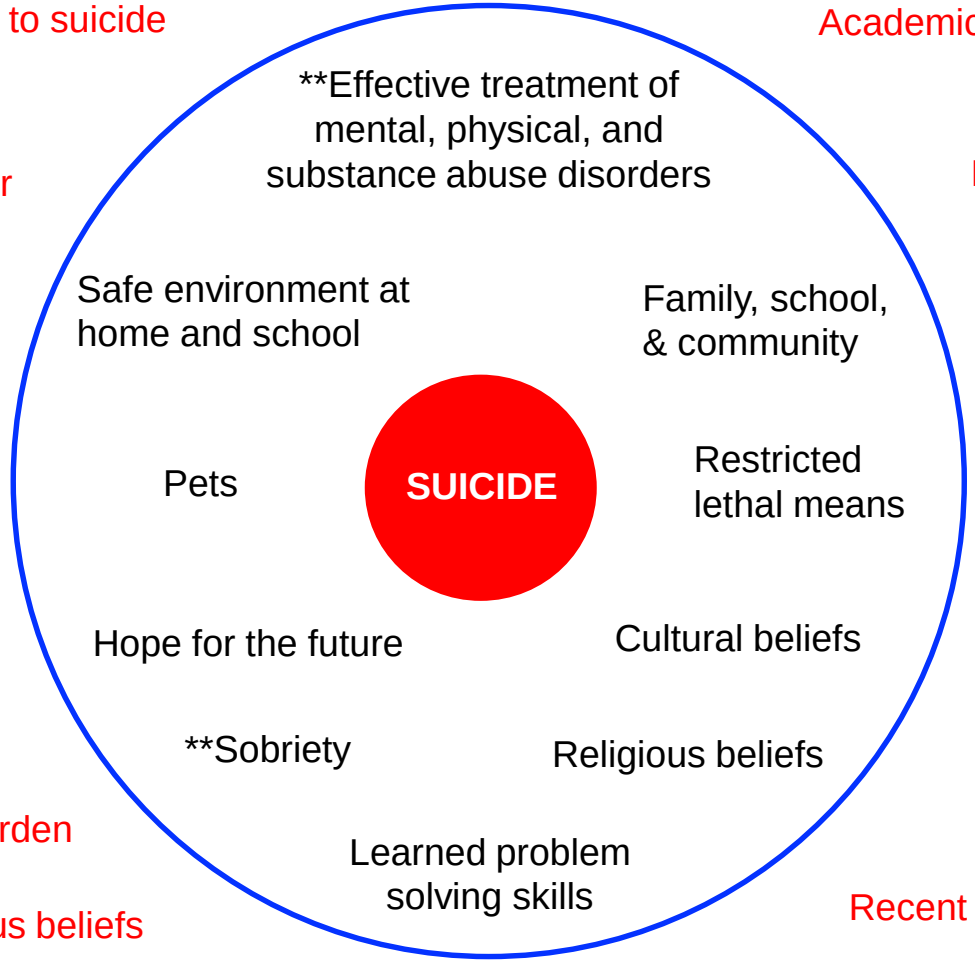
Current Theories of Suicide

James J. Mazza, Ph.D.
University of Washington

10 Leading Causes of Death, United States 2018, All Races, Both Sexes

	Age Groups											
Rank	<1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 4,473	Unintentional Injury 1,226	Unintentional Injury 734	Unintentional Injury 692	Unintentional Injury 3,548	Unintentional Injury 8,496	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 526,509	Heart Disease 655,381
2	Short Gestation 3,679	Congenital Anomalies 384	Malignant Neoplasms 393	**Suicide 596**	**Suicide 2,404**	**Suicide 3,807**	**Suicide 8,020**	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 431,102	Malignant Neoplasms 599,274
3	Maternal Pregnancy Comp. 1,358	Homicide 353	Congenital Anomalies 201	Malignant Neoplasms 450	Homicide 1,755	Homicide 2,852	Homicide 5,234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Chronic Low. Respiratory Disease 135,560	Unintentional Injury 167,127
4	SIDS 1,334	Malignant Neoplasms 326	Homicide 121	Congenital Anomalies 172	Malignant Neoplasms 621	Malignant Neoplasms 750	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	Chronic Low. Respiratory Disease 18,804	Cerebro-vascular 127,244	Chronic Low. Respiratory Disease 159,486
5	Unintentional Injury 1,168	Influenza & Pneumonia 122	Influenza & Pneumonia 71	Homicide 168	Heart Disease 276	Heart Disease 629	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Alzheimer's Disease 120,658	Cerebro-vascular 147,810
6	Placenta Cord Membranes 724	Heart Disease 115	Chronic Low. Respiratory Disease 68	Heart Disease 101	Congenital Anomalies 172	Congenital Anomalies 182	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Diabetes Mellitus 60,182	Alzheimer's Disease 122,019
7	Bacterial Sepsis 579	Perinatal Period 62	Heart Disease 68	Chronic Low. Respiratory Disease 64	Influenza & Pneumonia 71	Diabetes Mellitus 178	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro-vascular 5,128	Cerebro-vascular 12,789	Unintentional Injury 57,213	Diabetes Mellitus 84,946
8	Circulatory System Disease 428	Septicemia 54	Cerebro-vascular 34	Cerebro-vascular 54	Diabetes Mellitus 68	Influenza & Pneumonia 129	Cerebro-vascular 567	Cerebro-vascular 1,704	Chronic Low. Respiratory Disease 3,807	Suicide 8,540	Influenza & Pneumonia 48,888	Influenza & Pneumonia 59,120
9	Respiratory Distress 390	Chronic Low. Respiratory Disease 50	Septicemia 34	Influenza & Pneumonia 51	Chronic Low. Respiratory Disease 59	Complicated Pregnancy 121	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 42,232	Nephritis 51,386
10	Neonatal Hemorrhage 375	Cerebro-vascular 43	Benign Neoplasms 19	Benign Neoplasms 30	Cerebro-vascular 55	Chronic Low. Respiratory Disease 106	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Parkinson's Disease 32,988	Suicide 48,344

Suicide Risk & Protective Factors



Previous attempt/exposure to suicide

Co-Occurring Mental Disorder

**Drug & Alcohol Misuse

Access to lethal means

Unwillingness to seek help--stigma

Feeling like a burden

Cultural/religious beliefs

Isolation

Academic, parental, or financial pressure

Impulsive/aggressive tendencies

Major transition stress (ex: into middle or high school & graduation)

Physical pain or illness

Barriers to treatment

Hopelessness

Recent loss

Bullying

Graphic: Rosston, K. (2014), presentation at: Western Montana Suicide Prevention Summit | http://www.sprc.org/sites/sprc.org/files/library/RiskProtectiveFactorsPrimer.pdf

The Relationship Between Substance Use and Suicide

This relationship is more complex than looking simply at the direct effects. Substance use increases the risk of suicidal behavior in the short and long-term:

- Short-term
  - Impair decision making
  - Lower inhibitions
  - Lower impulse control
  - Self-medicating/numbness

**These things can lead to increased likelihood of engaging in suicidal behavior

Dawes et al., 2008

The Relationship Between Substance Use and Suicide

- Long-term (chronic)
  - Negative effects on neurocognitive abilities
  - Lack of behavior control
  - **Underdeveloped regulation of:
    - Aggression
    - Sensation seeking
    - Impulsivity
    - Indirect contribution to developmental failures such as school or peer relationships

Clarke et al., 2005

The Relationship Between Substance Use and Suicide

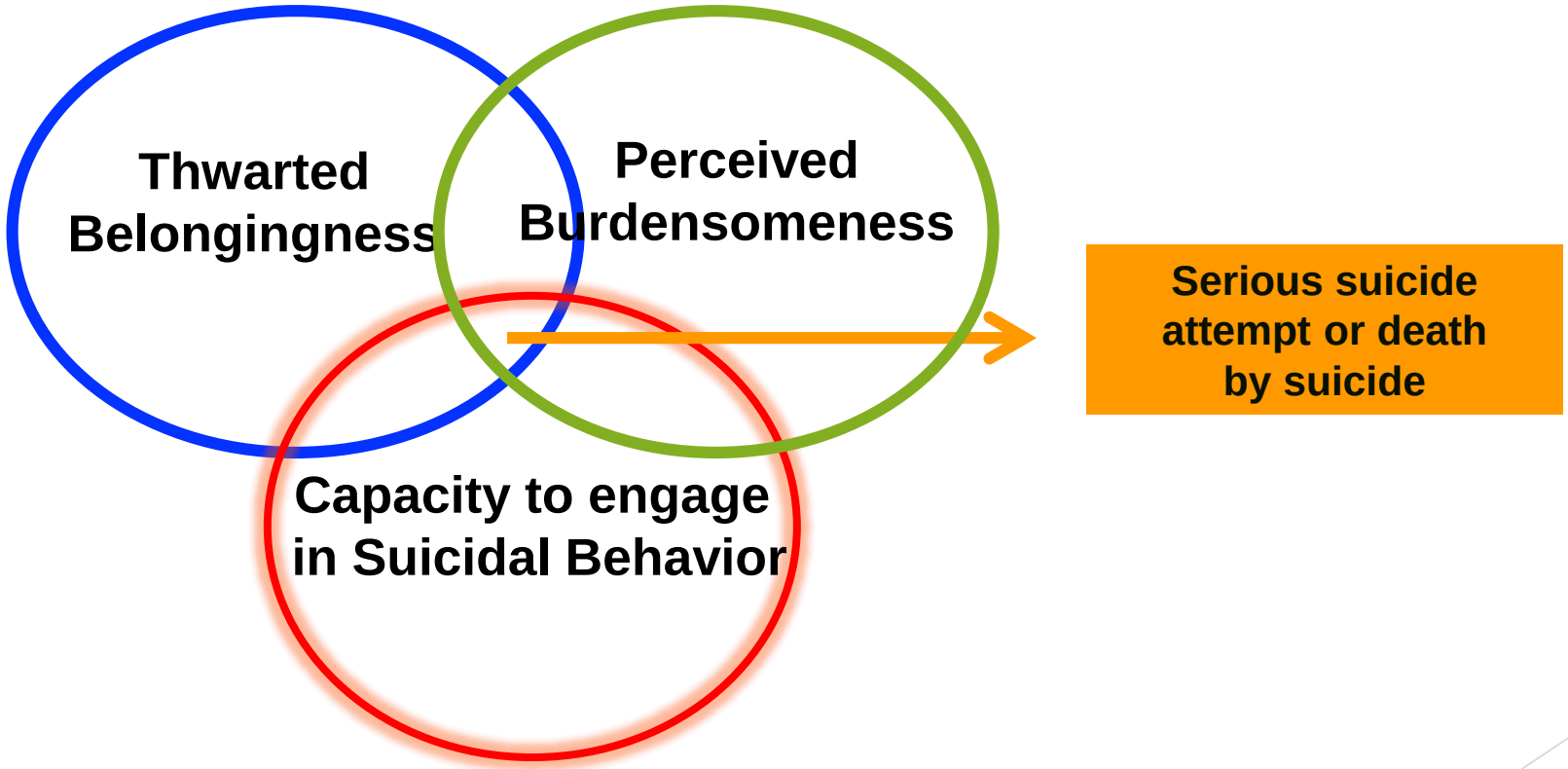
- Complications in the relationship
  - Family/peer exposure to substances
    - Parents/siblings use and misuse
    - Peer socialization may occur around drug use
  - Pharmacological uses (SSRIs)
    - Some drug use ok, while others is not?
      - May send a mixed message to youth

**Direct and indirect consequences of misuse leads to emotional pain (dysregulation)

Clarke et al., 2005

Current Theories of Suicide

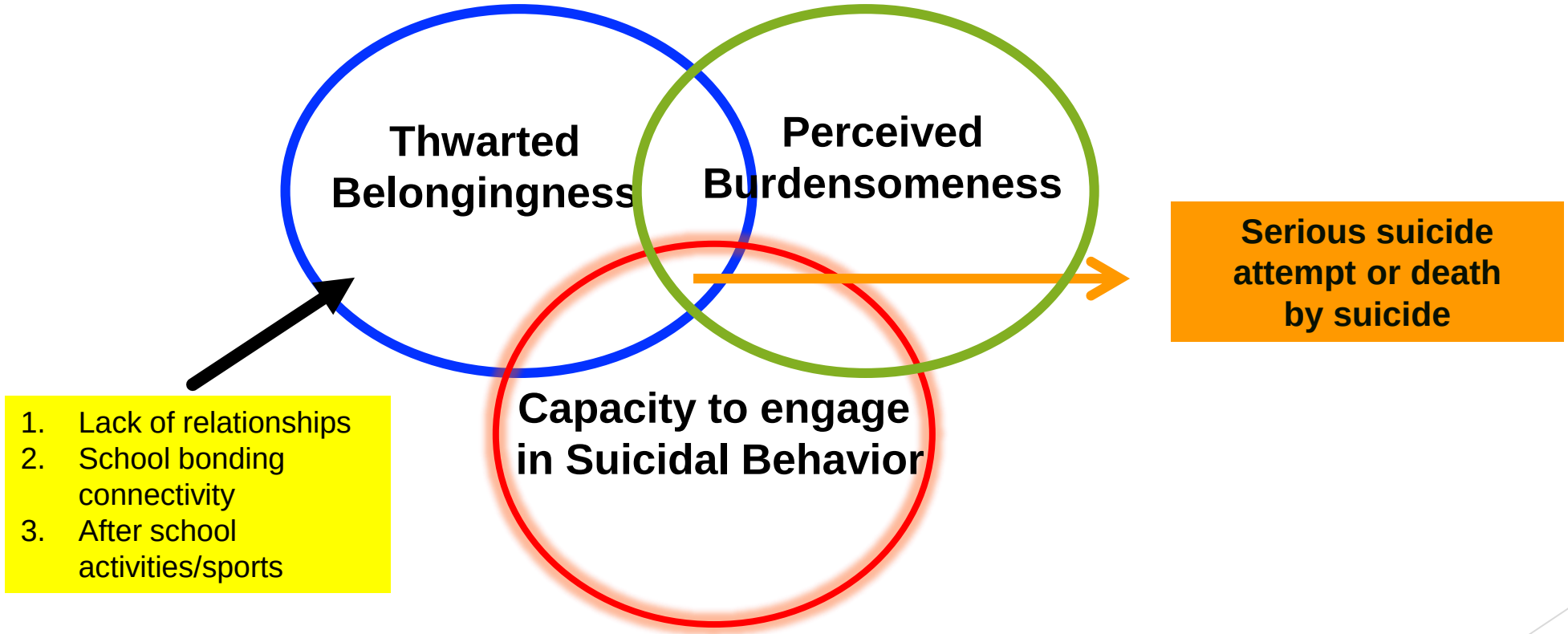
Interpersonal Theory of Suicide (IPT)



Joiner, 2005; Van Orden et al., 2010

Current Theories of Suicide

Interpersonal Theory of Suicide (IPT)



Joiner, 2005; Van Orden et al., 2010

Current Theories of Suicide

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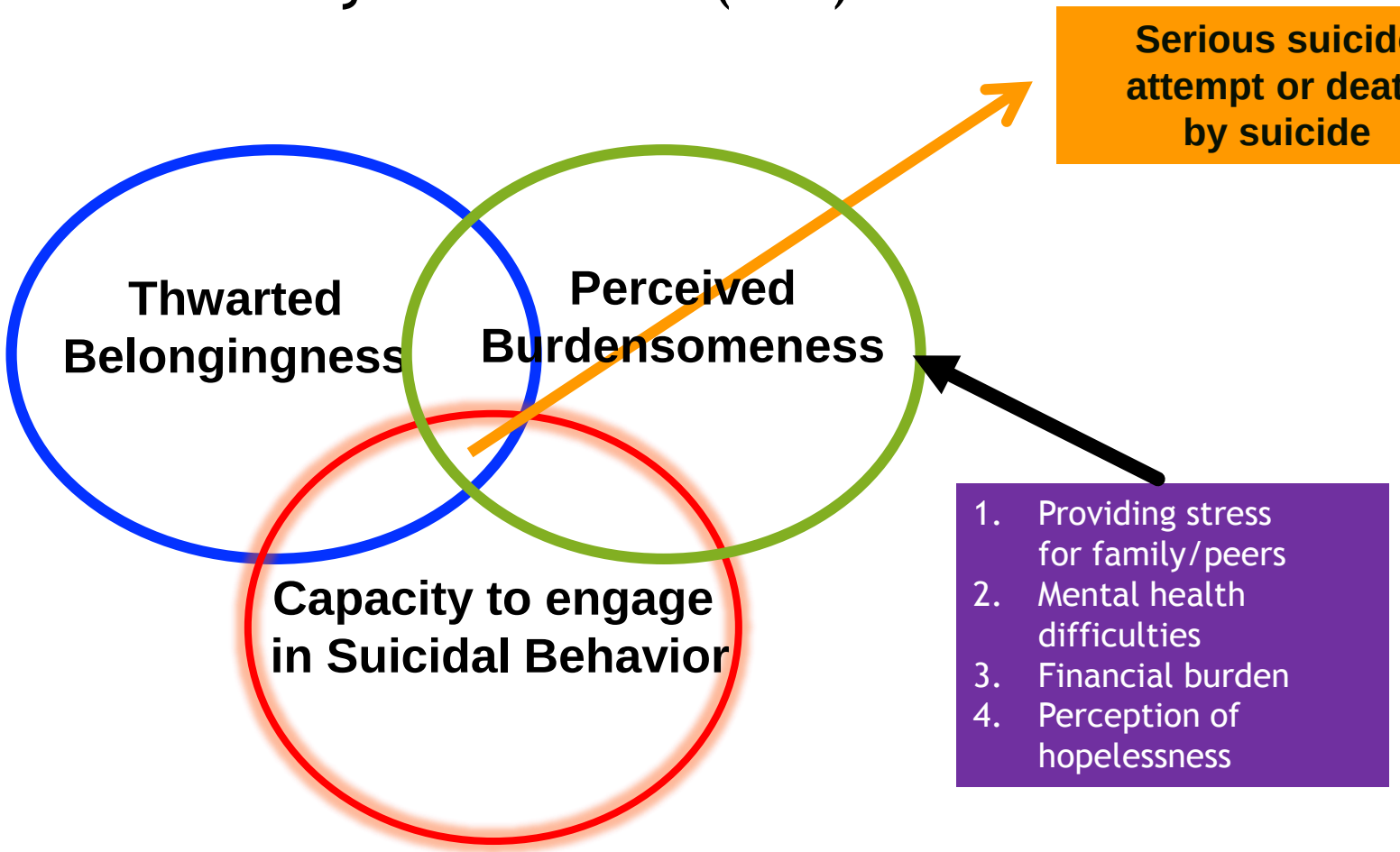

Joiner, 2005; Van Orden et al., 2010

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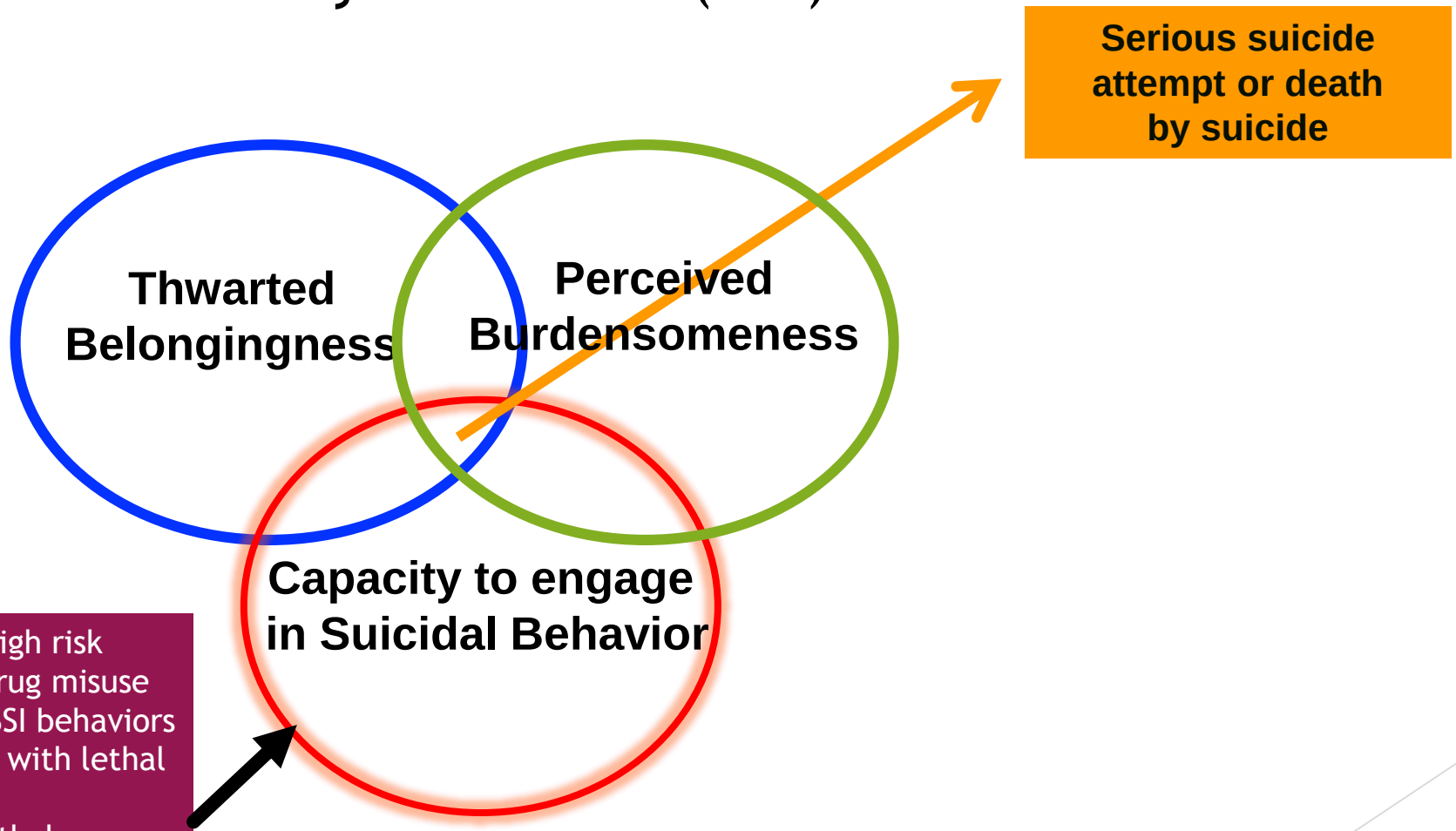


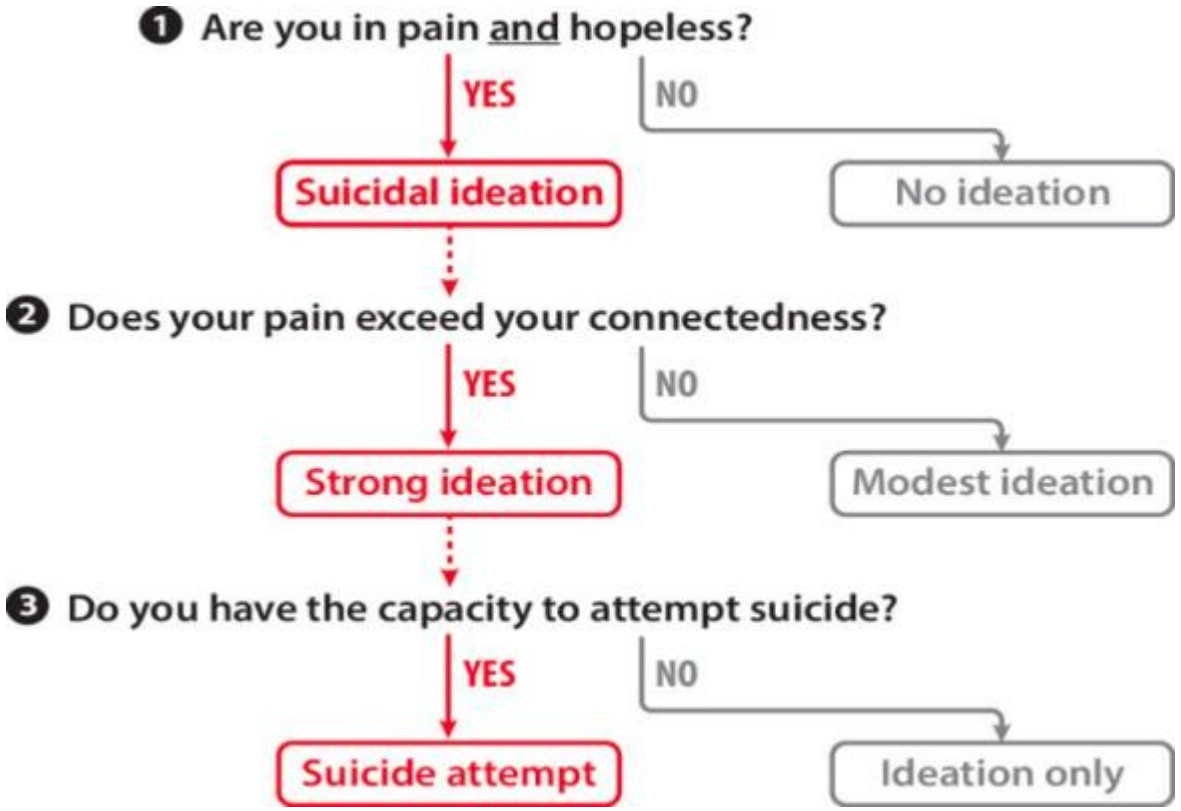
1. Engaging in high risk behaviors – drug misuse
2. Engaging - NSSI behaviors
3. Gain comfort with lethal means
4. Repeat nonlethal attempts

Joiner, 2005; Van Orden et al., 2010

Current Theories of Suicide

Three Step Theory (3ST)

3 Sequential Steps

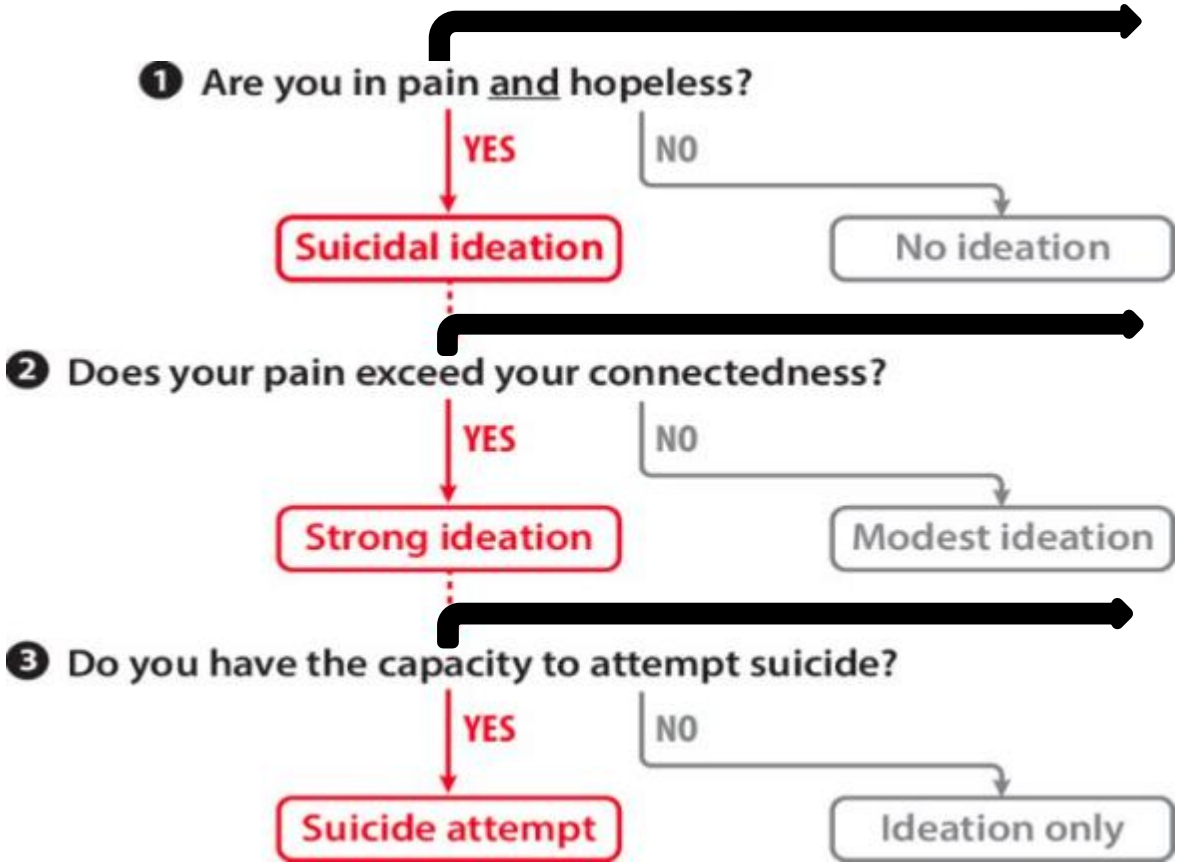


Klonsky & May, 2015

Current Theories of Suicide

Three Step Theory (3ST)

3 Sequential Steps



Emotional pain
(dysregulation)

Emotional pain +
Lack of protective factors

Emotional pain +
Lack of protective factors +
Ability to use lethal means

Klonsky & May, 2015

Current Theories of Suicide

Summary

- The relationship of substance misuse has direct and indirect effects on adolescent and young adult suicidal behavior.
- Substance misuse can cause short- and long-term consequences that lead to emotional pain.
- Emotional pain is at the core of both suicidal behavior theories/models.
- Thus, strategies and coping skills that reduce substance misuse provide an upstream approach for youth suicide prevention programs.

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Integrating Suicide Prevention into the SBIRT Model

Brett Harris, DrPH

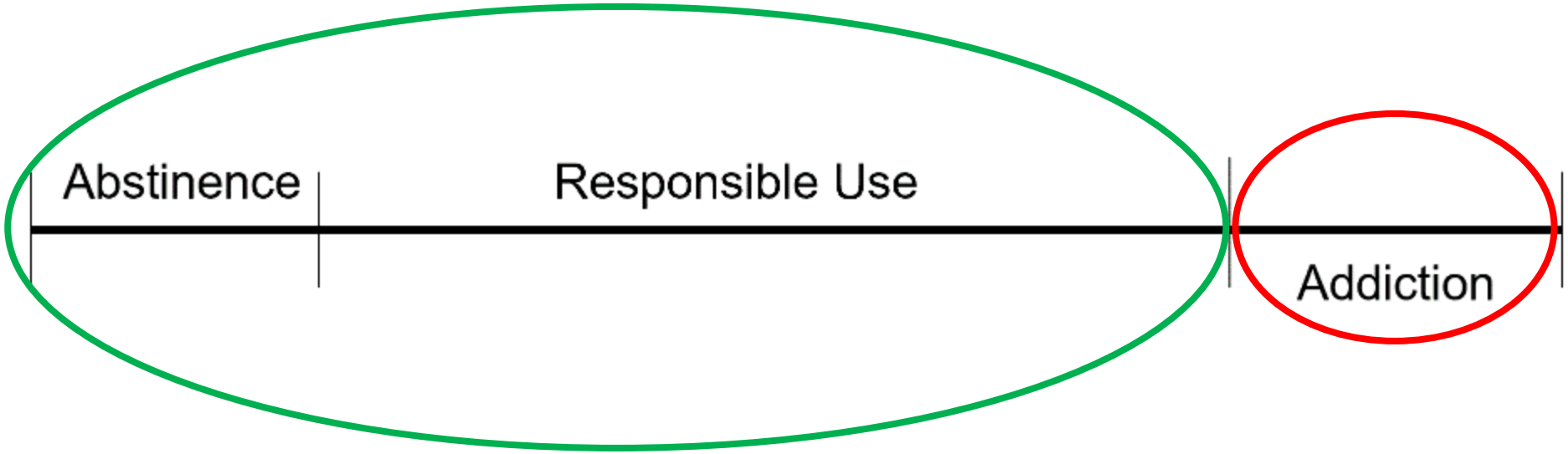
University at Albany School of Public Health

Self-Injury Mortality

- 70,237 drug overdoses and 47,101 suicides in 2017
- Number of suicides are underestimated
- Suicide prevention as substance use/opioid overdose prevention

Rocket et al., 2018; Oquendo et al., 2018

The Current Model



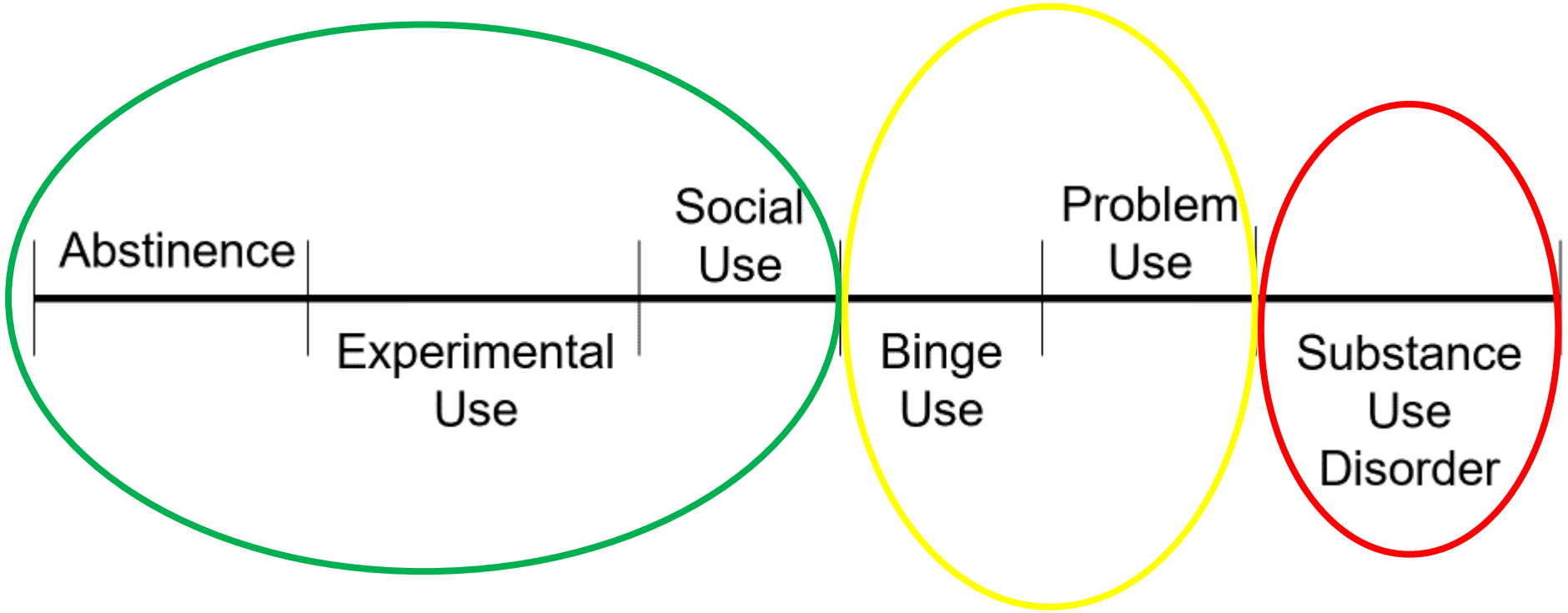
What is SBIRT?

An evidence-based prevention and early intervention model to address the full continuum of substance use

- **Screening**
- **Brief Intervention**
- **Referral to Treatment**

Goal: Identification of *at-risk substance users* in non-SUD treatment settings and provision of appropriate services

The SBIRT Model



Screening

- Pre-screening
  - AUDIT-C (alcohol) and DAST-1 (drugs)
  - Add PHQ-3 (depression and suicide)
- Screening using standardized tools
  - AUDIT and DAST-10
  - CRAFFT+N 2.1 for adolescents (alcohol and drugs)
  - PHQ-9
  - Add C-SSRS for yes response to last question of PHQ-3/PHQ-9
    - C-SSRS or ASQ may be used for adolescents
    - Screen followed by C-SSRS assessment version if necessary

PHQ-3

- Over the last 2 weeks, how often have you been bothered by the following problems?
  - Little interest or pleasure in doing things
  - Feeling down, depressed, or hopeless
  - ***Thoughts that you would be better off dead or of hurting yourself in some way***
- Trigger C-SSRS or ASQ

PHQ-9: Kroenke et al., 2001

Columbia-Suicide Severity Rating Scale (C-SSRS)

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, answer questions 3, 4, 5 and 6 If **NO** to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk
Always Ask Question 6	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.	High Risk

For use with both adolescents and adults

This version copied from a pocket card designed for adolescents

Method

Intent

Plan + Intent

Lifetime vs. recent

Source: Columbia Lighthouse Project http://cssrs.columbia.edu/

Using and Interpreting the C-SSRS

Question Intent: Thoughts and Behaviors	Response
Q1. Wish to be dead	Behavioral Health Referral
Q2. Suicidal thoughts	Behavioral Health Referral
Q3. Suicidal thoughts with method (w/o specific plan or intent)	Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Q4. Suicidal intent (without specific plan)	Behavioral Health Consultation and Patient Safety Precautions
Q5. Suicidal intent with specific plan	Behavioral Health Consultation and Patient Safety Precautions
Q6. Suicidal behavior not within the past 3 months	Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Q6. Suicidal behavior within the past 3 months	Behavioral Health Consultation and Patient Safety Precautions

Designed for use with adolescents

NIMH TOOLKIT

asQ: Ask Suicide-Screening Questions

Suicide Risk Screening Tool

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

*If the patient answers **Yes** to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

Source: National Institute of Mental Health https://www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/asq-tool/screening-tool_155867.pdf

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary *(*Note: Clinical judgment can always override a negative screen)*.
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ "No" to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

All patients provided with Lifeline and Crisis Text Line numbers and psychoeducation on fluctuating nature of suicide risk.

Brief Intervention

- Brief intervention using the Brief Negotiated Interview (BNI)
  - Build rapport
  - Pros and cons
  - Information and feedback (elicit-provide-elicit)
  - Readiness ruler
  - Action plan
- Safety Planning Intervention (SPI) for patient at-risk for suicide
  - Completed collaboratively, face-to-face with a trained provider
  - Introduce safety plan: suicidal crises come and go, and a safety plan helps prevent acting on suicidal feelings and enhances self-efficacy and sense of self control (Stanley & Brown, 2012)

BNI Source: https://www.bu.edu/bniart/sbirt-in-health-care/sbirt-brief-negotiated-interview-bni/

Safety Planning Intervention: 6 Steps

1. Warning Signs
2. Internal Coping Strategies
3. Social Contacts Who May Distract from the Crisis
4. Family Members or Friends Who May Offer Help
5. Professionals and Agencies to Contact for Help
6. Making the Environment Safe

Source: Suicide Prevention Resource Center http://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf

Follow-up and Monitoring: Structured Phone Follow-Up

Occurs 24-48 hours after initial contact to provide support during a time of elevated risk

- Assess mood and current risk
  - Administer C-SSRS (since last visit) to determine level of risk
  - If imminent risk detected, contact crisis line
- Review and revise safety plan
  - Remove unhelpful items and identify more helpful ones
  - Review access to means and whether there is a need to remove them
- Treatment engagement/motivation
  - Review treatment plan options and problem solve obstacles to treatment
  - Provide information on available community supports, Lifeline and Crisis Text Line
- Obtain consent/willingness for additional follow-up
  - Assess need for further calls and problem solve resistance
  - Set call time
  - Let client know how to initiate future care

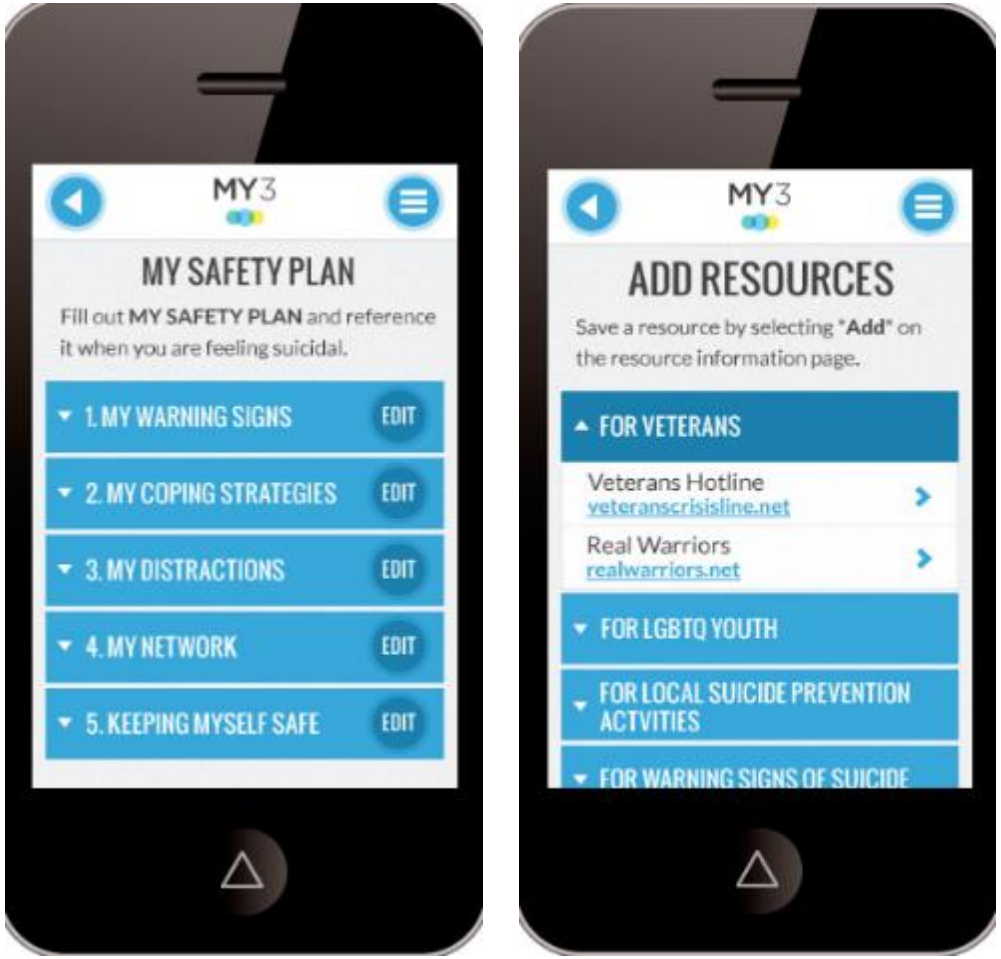
Follow-up, Monitoring, and Referral

- Non-Demand Caring Contacts
  - Postcards, letters, emails or text messages containing brief expressions of caring
  - Patients who refuse further care but receive these contacts had a lower suicide rate than those in the comparison group who did not receive these contacts (Motto & Bostrom, 2001)
- Warm hand-off to other levels of care, suicide-specific treatment
  - Cognitive Behavioral Therapy for Suicide Prevention
  - Dialectical Behavioral Therapy
  - Collaborative Assessment and Management of Suicidality

Source: Zero Suicide Toolkit https://zerosuicide.sprc.org/toolkit/treat/interventions-suicide-risk#footnote3_6nqa0ya

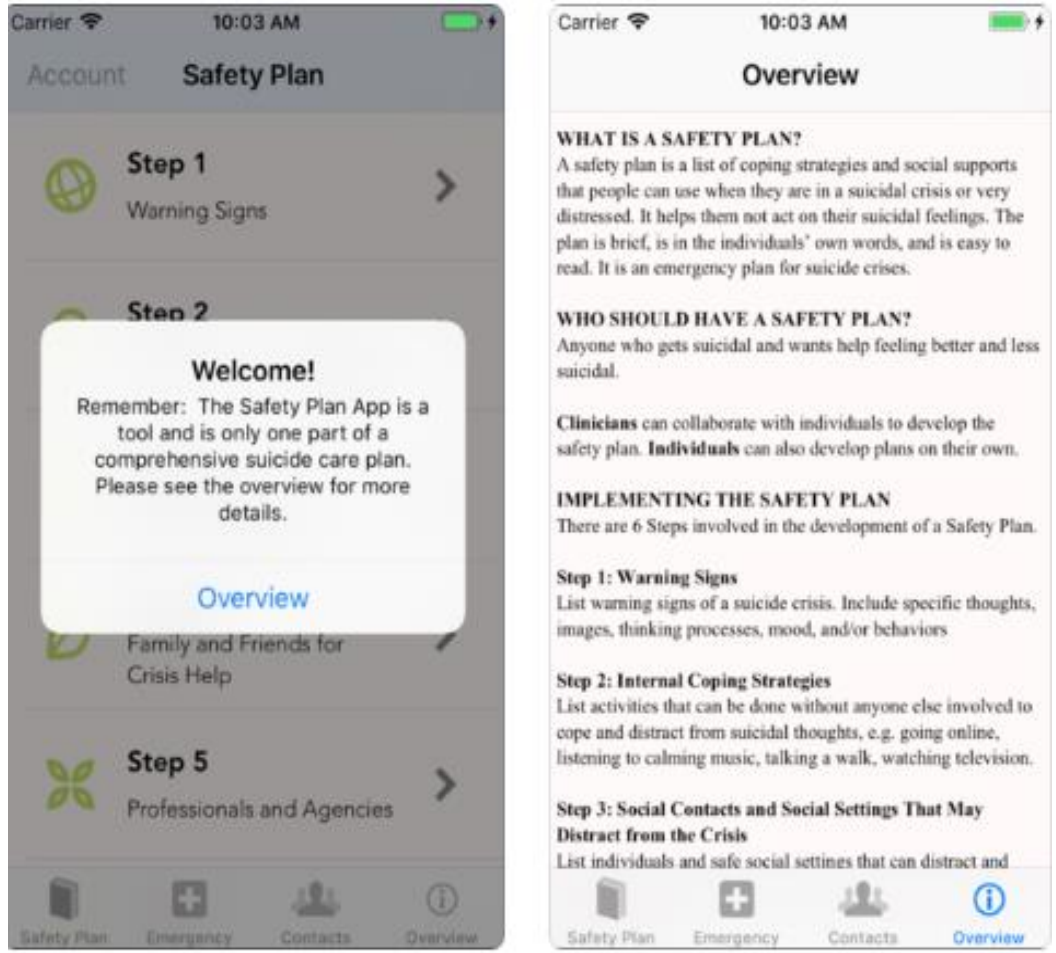
Apps

MY3



http://my3app.org/#stay-connected

Stanley-Brown Safety Plan



https://itunes.apple.com/us/app/safety-plan/id695122998#?platform=iphone

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Interventions and Recovery Programs Addressing Substance Misuse and Suicide Among Young Adults: Highlights

Presented by:
Debra Cox-Howard, MC, LPC, LISAC

The University of Arizona

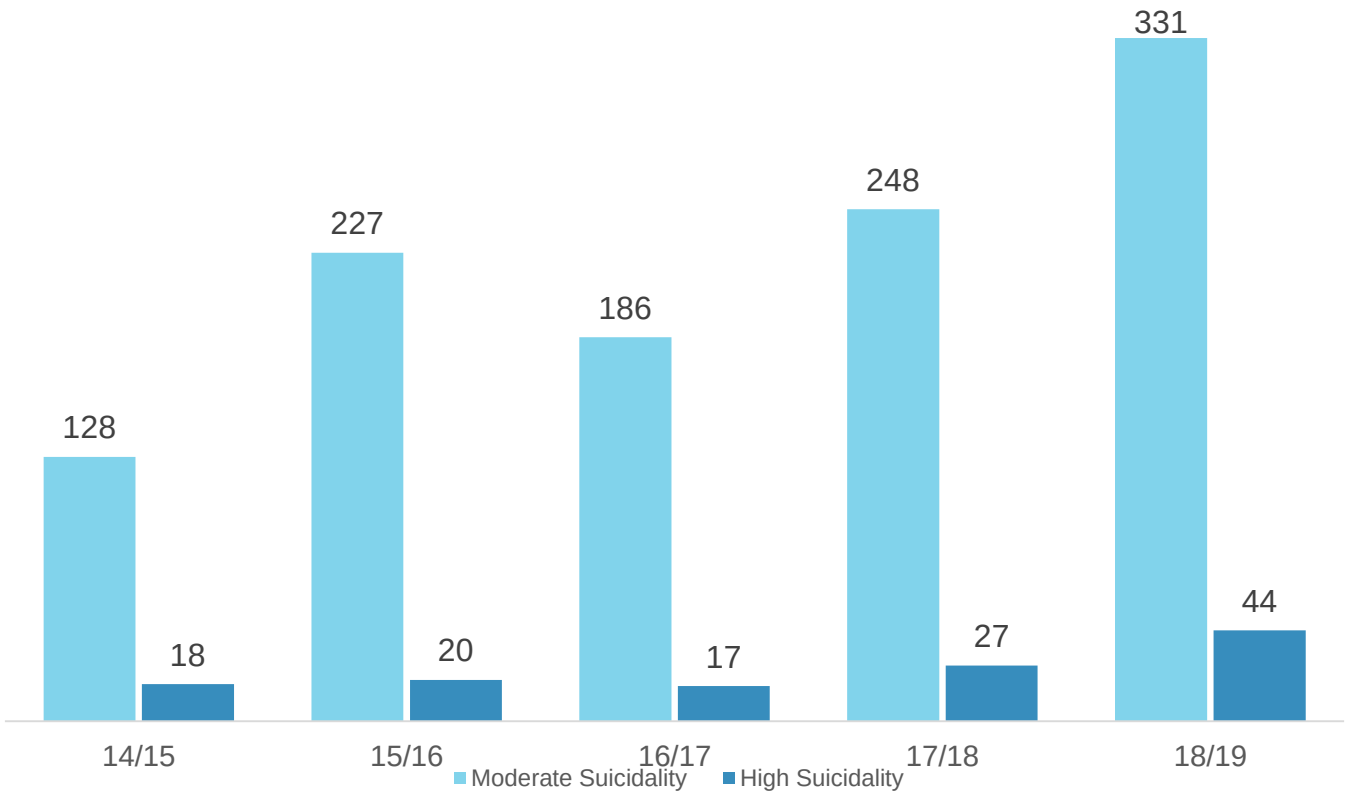
Agenda

- A Few Statistics
- Increased Risk Due to Alcohol and Other Drugs Coupled With Mental Health Concerns
- What the University of Arizona Does With Regard to Prevention Programming
- Resources

THE UNIVERSITY OF ARIZONA

5 Year Trends in Moderate or High Suicidality, Unique Students

(1,591 Unique Students '18/'19 Academic School Year)



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2018/2019 Health and Wellness Survey (n=4879)

Of the total respondents, 68.2% (n=3326) reported using at least one substance in the past 30 days. (Substances included: tobacco, alcohol, e-cig/vaping nicotine or marijuana, marijuana, cocaine, heroin, sedatives, Rx pain pills, stimulants, ecstasy)

Findings related to substance misuse and suicide

- 11.7% of AOD users vs. 9.7% of non-users reported suicidal ideation in the past year
- 2.4% of AOD users vs. 1.6% of non-users reported at least one suicidal attempt in the past year
- 21.2% of AOD users vs. 17.1% of non-users had been diagnosed for depression
- 26.6% of AOD users vs. 21.2% of non-users had been diagnosed for anxiety.

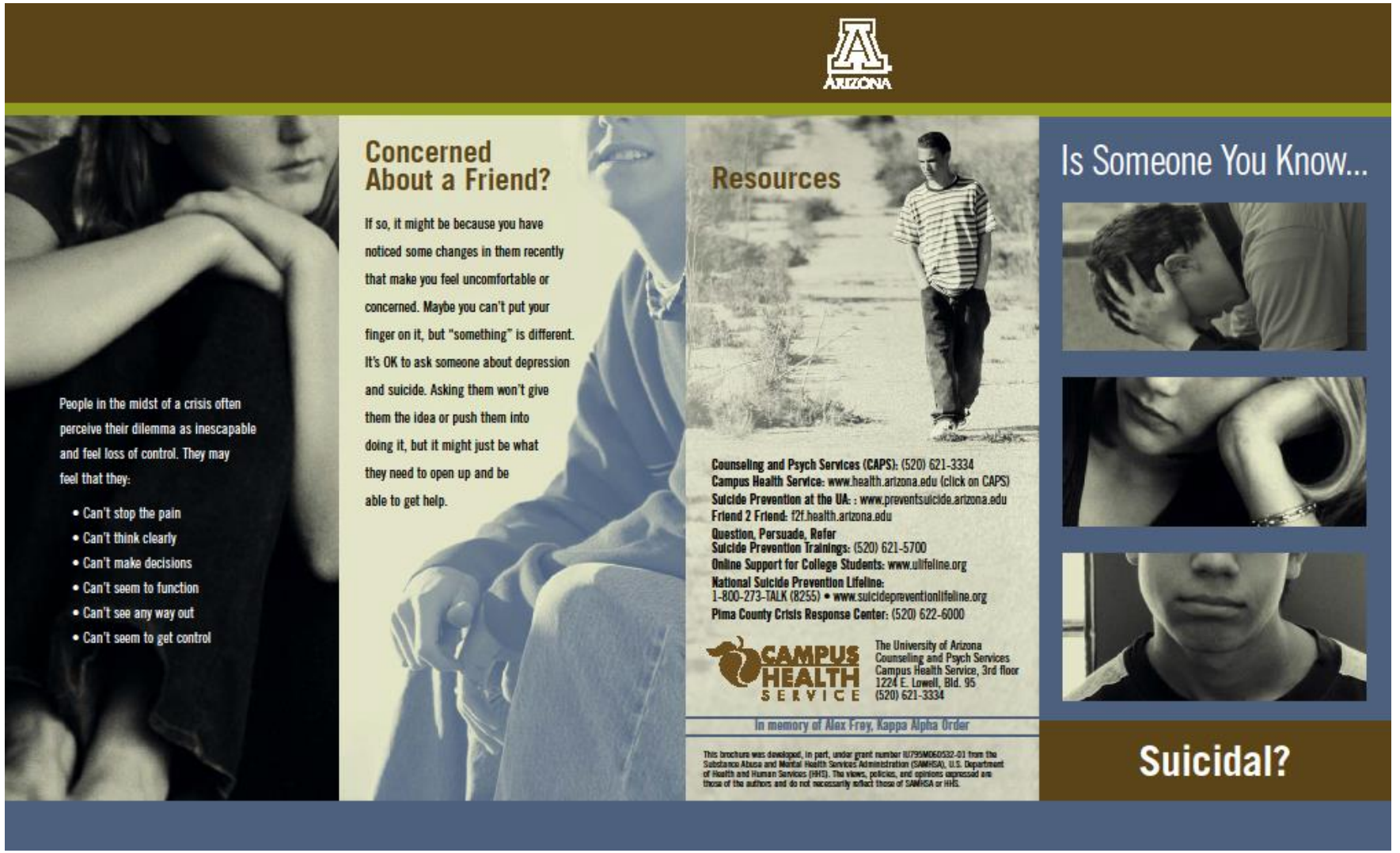
Prevention Programming

QPR
Question, Persuade, Refer

- Intervention designed to prevent suicide. You do not have to be a mental health professional to use it.
- The techniques gained from this type of training offer hope and provide a method to take action.
- There are more deaths by suicide in the US each year than by homicide. This is the 10th leading cause of death overall, and second leading cause of death in 15-24 year olds.
- 90% of those in suicidal crisis give some kind of warning sign to those around them, including substance misuse.
- While you can't predict suicide, this technique helps to prevent suicide.

Brochure


Is Someone You Know...
Suicidal?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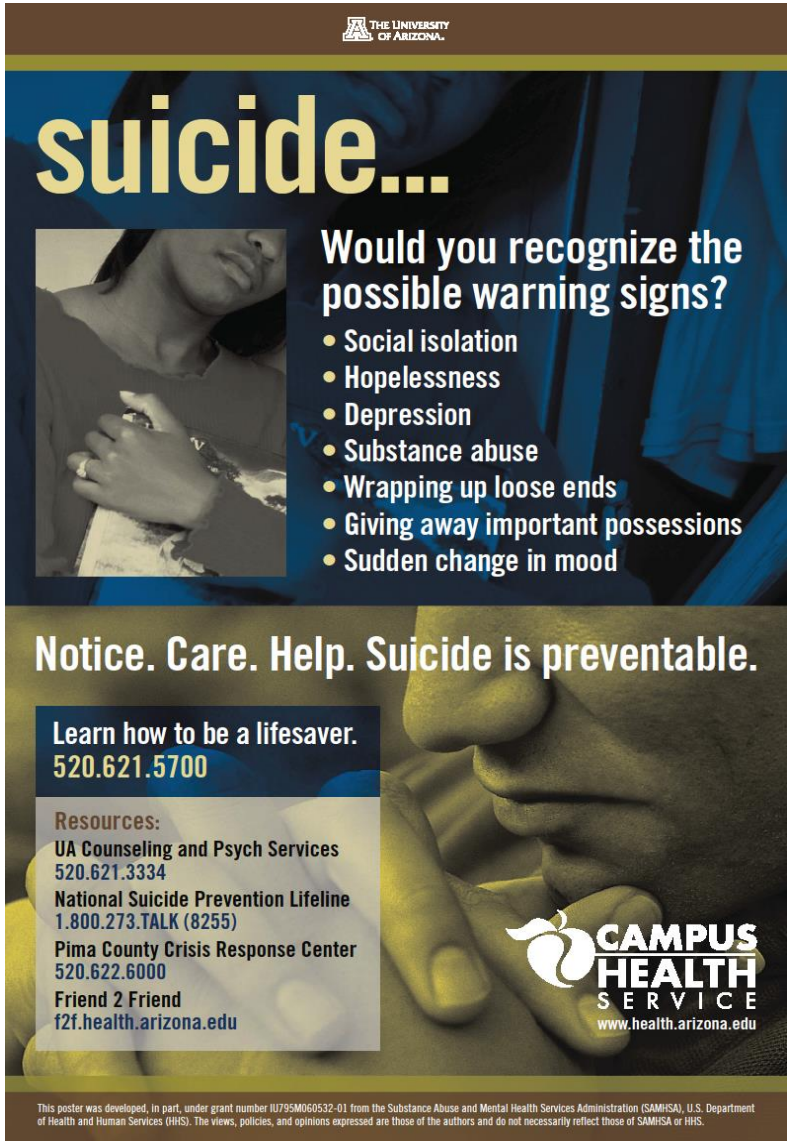
People in the midst of a crisis often perceive their dilemma as inescapable and feel loss of control. They may feel that they:
• Can't stop the pain
• Can't think clearly
• Can't make decisions
• Can't seem to function
• Can't see any way out
• Can't seem to get control
Concerned About a Friend?
If so, it might be because you have noticed some changes in them recently that make you feel uncomfortable or concerned. Maybe you can't put your finger on it, but "something" is different. It's OK to ask someone about depression and suicide. Asking them won't give them the idea or push them into doing it, but it might just be what they need to open up and be able to get help.
Resources
Counseling and Psych Services (CAPS): (520) 621-3334
Campus Health Service: www.health.arizona.edu (click on CAPS)
Suicide Prevention at the UA: : www.preventsuicide.arizona.edu
Friend 2 Friend: f2f.health.arizona.edu
Question, Persuade, Refer
Suicide Prevention Trainings: (520) 621-5700
Online Support for College Students: www.ulifeline.org
National Suicide Prevention Lifeline:
1-800-273-TALK (8255) • www.suicidepreventionlifeline.org
Pima County Crisis Response Center: (520) 622-6000
CAMPUS HEALTH SERVICE
The University of Arizona
Counseling and Psych Services
Campus Health Service, 3rd floor
1224 E. Lowell, Bld. 95
(520) 621-3334
In memory of Alex Frey, Kappa Alpha Order
This brochure was developed, in part, under grant number IU79SM060522-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Is Someone You Know...
Suicidal?

Poster



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Wildcats Anonymous

The University of Arizona's Collegiate Recovery Program
wildcatsanon.arizona.edu

- Wildcats Anonymous is an on-campus organization that works jointly with Campus Health's Counseling & Psych Services (CAPS) to provide meetings, programming, and peer mentoring for students who want to address their substance use.
- We are also committed to providing free activities that actively promote alcohol and substance abuse awareness or provide an alternative to activities commonly associated with alcohol abuse.

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Mindful Ambassadors

health.arizona.edu/mindful-ambassadors

- We know that stress gets in the way of optimal performance.
- Mindful practices are valuable tools in a student's tool chest of stress-reducing techniques.
- Mindfulness definition: paying attention in a special way: a) consciously, b) without judgment, and c) with relaxation.
- Mindfulness can help you tap your inner strengths to be calmer and more directed, and maximize your effectiveness to make the most of your opportunities at UA and beyond.

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Crisis Resources and Hotlines

- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Crisis Text Line: Text HOME to 741741 Anywhere in the United States
- Suicide Prevention for LGBTQ Youth through the Trevor Project: 866-4-U-TREVOR (1-866-488-7386)
- Project Lifeline: preventsuicide.arizona.edu

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Check out Counseling & Psych Services

https://health.arizona.edu/counseling-psych-services

- QPR Gatekeeper Training
- Stronger Than Program (Discover strengths and build your road to resilience)
- Active Minds: Changing the Conversation Around Mental Health
- Stress Management/Time Management
- Sleep Hygiene
- Friend 2 Friend: (get information and advice that you can use to help a friend who might be experiencing problems): friend2friend.health.arizona.edu
- CATS After Dark (promoting substance free activities)

And So Much More!

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A Note About COVID-19

Resources for managing stress and anxiety during this pandemic:

- TALK IT OUT: Online Individual and Group Counseling at CAPS
- READ & LISTEN: Articles, Guides, Podcasts & More
- WATCH: Videos to Help You Navigate Uncertain Times
- DOWNLOAD & DO: Support for Your Mind & Body
- LET GO: Soothing Music and Guided Meditations
- FOLLOW: Reliable Sources for News & Mental Health
- TAKE CHARGE: Health & Well-Being
- LOOK & LEARN: Visuals & Infographics

https://health.arizona.edu/coping-stress-related-covid-19

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Debra Cox-Howard, MC, LPC, LISAC

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Substance Abuse Professional Counselor
Supervisor of Administrative Operations and Outreach
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Questions

Please post any final questions or comments you have into the chat box.

Thank You &
Upcoming Learning Opportunities

Upcoming Engagement Opportunities & Distance Learning

PTTC

Two-Part Webinar Series

Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention

Part I: Gathering Data
June 4, 2020 | 3:00 pm PST

Part II: Using Data
June 18, 2020 | 3:00 pm PST

Upcoming Engagement Opportunities & Distance Learning

MHTTC

Shining a Light on Asian Pacific Islander (API) Mental Health in Times of COVID-19
May 15, 2020 | 3:00 pm – 4:30 pm PST

Leadership in Times of Chaos
May 18, 2020 | 3:00 pm – 4:30 pm PST

Self and Collective Care for Healthy Workplaces
May 19, 2020 | 11:00 am – 12:30 pm PST

Wellbeing Through Crisis: Emotional PPE
May 26, 2020 | 11:00 am – 12:30 pm PST

May is Mental Health Awareness Month

Pacific Southwest (HHS Region 9)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Contact Info

Email: pacificsouthwest@mhttcnetwork.org
Phone: (844) 856-1749
Website: www.MHTTCnetwork.org

Get social with us!

Join the PS MHTTC Newsletter!

https://tinyurl.com/pacsw-mh-news

Pacific Southwest (HHS Region 9)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Contact Info

Janet Porter, Training and TA Coordinator

jporter@casat.org

Website: www.pttcnetwork.org

Join our Listserv!

http://eepurl.com/gIssWD

Thank you for attending!

We need to hear from you to keep bringing you these FREE resources!

The feedback form will be included in a follow-up email sent after today's webinar.

Please take a few minutes to give us your feedback!
We use it to plan our future events—and we are required to include it in our reports for our funder, SAMHSA.

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SAMHSA's mission is to reduce
the impact of substance abuse and
mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) ● 1-800-487-4889 (TDD)