

Meeting Minutes
Task Force on Community Safety and Firearm Suicide Prevention

Date: May 5, 2025

Time: 10:00 am to 12:00 pm

Location: Virtual via ZoomGov

Call to Order, Roll Call

Attendees

Members in attendance: Dean Sidelinger, Valerie Colas, Paul Kemp, Kathleen Carlson, Vanessa Timmons, Emmy Ritter, Matthew Crabtree, Andrew White, Jerome Sloan II, James Dixon

Staff in attendance: Toni Kemple, Daisy Mitchell

Members not in attendance: Andy Leonard, Chris Burley, Senator Floyd Prozanski, Senator David Brock Smith, Rep Jason Kropf, Rep. Rick Lewis

SUBSTANTIVE DISCUSSIONS:

The meeting was recorded in full and is available online at the Task Force on Community Safety and Firearm Suicide Prevention website: [Task Force on Community Safety and Firearm Suicide Prevention - Oregon Department of Justice](#)

Co-Chair Andrew White introduced David A. Jobes, the speaker for today's meeting. *(see video time stamp 0:01:30)*

PRESENTATIONS:

1. Presentation - Video time stamp 0:04:18

PowerPoint presentation, "Best Practices for Suicide Prevention", by David A. Jobes, PH.D., ABPP – Professor, Associate Director of Clinical Training at the Catholic University of America.

- **Raising the Standard of Suicide-Care: Clinical Suicidology and Systems of Care** *(see video time stamp 0:07:52)*
- Walk through of disclosures. *(see video time stamp 0:08:40)*
- **50+ Years Addressing Leading Causes of Death In the United States of America** *(see video time stamp 0:09:31)*
 - Proportion Changes in Death Rates from 1968
- **The Importance of Suicidal Ideation** *(see video time stamp 0:10:25)*
 - Adults Aged 18 or Older Who Had Serious Thoughts of Suicide, Made a Suicide Plan, or Attempted Suicide in the Past Year: 2023
 - 2023 SAMHSA data adds 3,200,000 teens who also have serious thoughts of suicide
 - In 2023, there were 16,000,000 total Americans with serious suicidal thoughts

- **One-Size Does Not Fit All: Matching Proven Treatments to Different Suicidal Populations** (see video time stamp 0:13:08)
 - Suicidal Populations
 - Proven Interventions
 - Universal Responses
- **But the field has had a professional crisis (2008)** (see video time stamp 0:15:54)
 - Issues of sufficient informed consent about suicide risk.
 - Issues of competent and thorough assessment of suicide risk.
 - Little use of evidence-based clinical interventions and treatments for suicide risk.
 - Issues with risk management and paralyzing concerns about malpractice liability.
- **And challenges continued (2017)** (see video time stamp 0:17:10)
 - Ten+ years later, not enough has changed in typical clinical practice to save lives.
 - There is an over-reliance on psychiatric hospitalizations.
 - There is an over-reliance on psychotropic medications.
 - There is remarkably little use of effective and proven suicide-specific treatments.
 - Why is this?
 - Counter transference
 - Fear of Malpractice liability
 - Lack of awareness of suicide assessment innovations
 - Lack of awareness of suicide interventions and treatments
- **Process Improvement Initiatives** (see video time stamp 0:19:02)
- **ZEROSuicide** (see video time stamp 0:20:41)
- **Seven Elements of Zero Suicide** (see video time stamp 0:21:58)

The National Action Alliance for Suicide Prevention outlined seven core components necessary to transform suicide prevention in health care systems:

 - Lead
 - Train
 - Identify
 - Engage
 - Treat
 - Transition
 - Improve
- **Why focus on health care?** (see video time stamp 0:24:04)
- **The Joint Commission National Patient Safety Goal 15.01.01: Reduce the Risk for Suicide** (see video time stamp 0:24:11)
- **Zero Suicide** (see video time stamp 0:24:33)
 - Is an aspirational goal
 - Focuses on error reduction & continuous quality improvement
 - Fills in the gaps that exist in suicide care
 - Supports the use of evidence-based practices
- **A Focus on Patient Safety and Error Reduction** (see video time stamp 0:25:02)
 - Without improved suicide care, people slip through gaps.

- **What's Different About Zero Suicide** *(see video time stamp 0:25:17)*
- **ZEROSuicide Framework** *(see video time stamp 0:25:25)*
- **National Strategy for Suicide Prevention** *(see video time stamp 0:26:08)*
 - Released April 23, 2024
- **A fixed mindset about hospitalization...** *(see video time stamp 0:28:28)*
- **Re-Hospitalization for Teens who are Suicidal** *(see video time stamp 0:30:57)*
 - Want to challenge the general value of inpatient care
 - What suicide-focused treatment is actually provided?
 - University of Michigan research team found a much more severe suicidal trajectory was associated with rehospitalization
 - A second hospitalization was significantly associated with increased suicide attempts
 - Five iterations of this manuscript was needed before it was accepted – “Rehospitalization of Suicidal Adolescents in Relation to Course of Suicidal Ideation and Future Suicide Attempts” by Ewa K Cryz, Ph.D.; Johnny Berona, M.S.; and Cheryl A. King, Ph.D. (2016)
- **A Commonsense Approach to Clinical Suicidology** *(see video time stamp 0:31:33)*
 - National Action Alliance for Suicide Prevention
 - Screening for suicidal ideation
 - Assessment of suicide risk
 - Management of acute risk
 - Treating the causes of suicide
 - Clinical follow through
 - Possible caring contact
- **The Joint Commissions/PEW Survey (2024)** *(see video time stamp 0:33:43)*
 - Four recommended practices:
 - Safety Planning
 - Warm handoff to outpatient care
 - Caring contact follow-up post-discharge
 - Lethal Means Safety Planning
- **Review of “Evidence-Based” Approaches** *(see video time stamp 0:36:08)*
 - Gate keeper training (e.g., QPR, ASSIST, SOS)
 - Screening for suicide risk (e.g., ASQ and C-SSRS)
 - Assessment of suicide risk (use of assessment tools and interviews)
 - Interventions for acute crisis and stabilization (safety plan type interventions, lethal means safety, digital interventions, caring contacts) but this is not treatment
 - Clinical treatments of what causes someone to be suicidal (DBT, CT-SP, BCBT, and CAMS)
- **Challenges to a growth mindset** *(see video time stamp 0:38:35)*
 - Status quo
 - Health plans insufficiently cover effective suicide care (no suicide diagnosis)
 - Clinician fears

- Training issues
- The pervasive clinical care bias
- The vast majority of people who are suicidal reject mental health care
- The public relations battle
- **Theories and Models Driving Innovation** *(see video time stamp 0:40:24)*
 - Shneidman's Cubic Model of Suicide
 - Joiner's Interpersonal theory
 - Integrated motivational-Volitional Model (IMV)
 - Klonsky & May Ideation-to Action Framework
 - M. David Rudd and Craig Brian: "Fluid Vulnerability" Theory (Suicidal Mode, Acute vs. Chronic Risk, and Warning Signs)
- **Screening and Assessment for Suicidal Risk** *(see video time stamp 0:42:12)*
 - Patient Health Questionnaire (PHQ-9)
 - Columbia Suicide-Severity Rating Scale (C-SSRS)
 - ASQ Suicide Risk Screening Tool
- **Suicide-Specific Assessment Measures** *(see video time stamp 0:44:32)*
- **Digital Monitoring of Suicidal Thinking** *(see video time stamp 0:45:13)*
- **Subtypes of Suicidal Thoughts(?)** *(see video time stamp 0:45:47)*
- **A Big idea that has been brewing for 30 years...** *(see video time stamp 0:47:02)*
- **Suicidal Typologies: Different Suicidal States** *(see video time stamp 0:48:07)*
- **Safety Planning Type Interventions** *(see video time stamp 0:49:40)*
 - Safety Plan: VA Version
 - The Stanley-Brown Safety Plan
 - Crisis Response Plan
 - CAMS Stabilizations Plan
- **2020 Meta-Analysis on Safety Planning-Type Interventions** *(see video time stamp 0:51:25)*
- **Managing Acute Suicidal Risk: 988 Suicide & Crisis Lifeline; Crisis Text Line; lethal means safety** *(see video time stamp 0:52:15)*
 - Always provide 988 Lifeline/Crisis Text line numbers
 - Always discuss reducing access to lethal means
 - Then verify that means have been secured

Brief break for questions. *(see video time stamp 0:52:52)*

- **Evidence-Based Treatments to Reduce Suicidal Ideation and Behaviors** *(see video time stamp 0:58:58)*
 - There are 100 + RCT's with suicidal ideation and behavioral outcomes
 - There is no support for inpatient hospitalization; there is increased risk of suicide post-discharge
 - There are a handful of treatment with single RCT support in need of replication (e.g., ASSIP and mentalization-based therapy)

- There are now well-studied suicide-specific interventions with replicated RCT support
- **Dialectical Behavior therapy (DBT)** *(see video time stamp 1:00:52)*
 - DBT's Impact on Suicide Attempt Behavior
 - DBT's impact on Non-Suicidal Self-Injury Behavior
- **Dialectical Behavior Therapy (DBT)** *(see video time stamp 1:01:32)*
 - DBT is an Outpatient treatment with Four Modalities:
 - Group Skills Training
 - Individual Psychotherapy
 - Out-of-session Phone Coaching
 - Therapist Consultation Team Meeting
- **DBT Chain Analysis** *(see video time stamp 1:02:25)*
- **Meta-analysis of 18 controlled trials of DBT**
 - DBT Reduced Self-Directed Violence
 - DBT Reduced Frequency of Psychiatric Crisis Services
- **Cognitive Therapy for Suicide Prevention (CT-SP)** *(see video time stamp 1:03:32)*
 - CBT for Suicidal Risk: Beck, Brown, Rud, Bryan & Holloway
- **Cognitive Therapy for Suicide Prevention (CT-SP)** *(see video time stamp 1:04:05)*
 - Methods:
 - Identifying thoughts, images, core beliefs
 - Emphasis on "suicidal mode"
 - Develop adaptive ways of coping with stressors
 - Relapse prevention task
- **Results of Study** *(see video time stamp 1:04:20)*
 - CT-SP was twice as effective a usual care in reducing suicide attempts
 - Patients in CT-SP treatment had significantly lower scores on Beck Depression Inventory (BDI)
 - Patients in CBT-SP treatment had significantly lower levels of helplessness
- **Survival functions for Repeat Suicide Attempt by Study Condition** *(see video time stamp 1:04:46)*
- **Brief Cognitive Behavior Therapy (BCBT)** *(see video time stamp 1:04:59)*
 - M. David Rudd, Ph.D. & Craig Bryan, Psy.D. – Ft. Carson Randomized Controlled Trial
- **Suicidal Mode Approach** *(see video time stamp 1:06:06)*
 - Predispositions
 - Trigger
 - Suicidal Mode
 - Behavior
 - Cognition
 - Emotion
 - Physiology

- **Treatment of Suicidal States** *(see video time stamp 1:06:53)*
 - Methods
 - Phase I: Brief Cognitive Behavioral Therapy
 - Phase II: Assessment of suicidal Behaviors and develop strategies
 - Phase III: Apply strategies to reduce vulnerability to using suicide to cope
 - Phase IV: Relapse prevention task conducted
- **Results of Study** *(see video time stamp 1:07:00)*
 - Soldiers in BCBT 60% less likely than soldiers in treatment to make a suicide attempt during the 2 year follow up period
 - Soldiers in BCBT slightly less likely to be medically retired than soldiers in treatment
- **Time to First Suicide Attempt by Study Condition** *(see video time stamp 1:07:14)*
- **Manage troubling thoughts with Aviva** *(see video time stamp 1:07:18)*
- **Mentalization-Based Therapy** *(see video time stamp 1:07:55)*
- **Attachment-Based Family Therapy (ABFT)** *(see video time stamp 1:08:06)*
- **Brief Suicide-Specific Interventions** *(see video time stamp 1:08:47)*
 - ASSIP – Attempted Suicide Short Intervention Program
 - Stephen O’Connor, Ph.D. – A one-time psychological intervention on medical-surgical unit for attempters
 - Peter Britton, Ph.D. – 1-2 session of Motivational Interviewing with veterans following a suicide attempt
- **The Collaborative Assessment and Management of Suicidality (CAMS)** *(see video time stamp 1:09:18)*
 - The four pillars of the CAMS framework:
 - Empathy
 - Collaboration
 - Honesty
 - Suicide-focused
- **Critique of Current Approach to Suicide Risk: THE REDUCTIONISTIC MODEL** *(see video time stamp 1:10:04)*
- **The Collaborative Assessment and Management of Suicidality (CAMS) identifies and targets Suicide Drivers as the primary focus of assessment and intervention** *(see video time stamp 1:10:39)*
- **Adherence to the CAMS Framework** *(see video time stamp 1:11:43)*
 - CAMS Philosophy
 - CAMS as Therapeutic Framework
- **What is DRIVING this person’s suicide risk** *(see video time stamp 1:16:06)*
 - Direct Drivers
 - Indirect Drivers
- **Beyond Stability: Treating the Drivers** *(see video time stamp 1:16:38)*
- **CAMS-Guided Care and a Life Worth Living** *(see video time stamp 1:16:45)*
- **Resolution and Clinical Outcomes** *(see video time stamp 1:17:10)*

- **CAMS/SSF as a “Therapeutic Assessment”** *(see video time stamp 1:17:20)*
- **Twelve Correlational/Open Trial Support for SSF/CAMS** *(see video time stamp 1:18:02)*
- **AFSP-funded NDA CAMS RCR (Comtois et al., 2011)** *(see video time stamp 1:18:10)*
- **Operation Worth Living RCT Outcome and Moderator Results** *(see video time stamp 1:18:45)*
- **Cams Significantly reduced suicidal ideation and overall symptom distress** *(see video time stamp 1:19:07)*
- **NIMH-Funded R-34: Jacque Pistorello, Ph.D.; Co-I: David Jobes, Ph.C. (n=62)** *(see video time stamp 1:19:17)*
- **Swift et al’s (2021) meta-analysis of nine CAMS clinical trials: CAMS is a “well supported” intervention for suicidal ideation as per CDC criteria** *(see video time stamp 1:19:52)*
- **Aftercare Focus Study (AFS—Funded by AFSP)** *(see video time stamp 1:20:25)*
- **The Cost-Effectiveness of CAMS** *(see video time stamp 1:20:47)*
- **Miriam Santel’s Inpatient CAMS RCT (n=88)** *(see video time stamp 1:20:53)*
- **Seven Randomized Controlled Trials Supporting CAMS** *(see video time stamp 1:21:26)*
- **San Diego VAMC CAMS RCR—Depp et al (data analysis coming Spring 2025)** *(see video time stamp 1:21:53)*
- **Comprehensive Adaptive Multisite Prevention of University student Suicide** *(see video time stamp 1:22:27)*
- **NIMH R01 Funded “CAMS-4Teens” RCT’s** *(see video time stamp 1:22:48)*
- **PCORI-funded RCT: Inpatient Treatment of Acute Suicide Risk** *(see video time stamp 1:23:33)*
- **CAMS-Brief Intervention (CAMS-BI)—one session** *(see video time stamp 1:23:55)*
- **Summary of CAMS Research Findings to Date** *(see video time stamp 1:24:48)*
- **Suzanne Finnegan’s masters thesis (n=10) at Trinity College—Dublin, IRE** *(see video time stamp 1:25:10)*
- **NIMH-funded SBIR Projects: CAMS-RAS and JASPR Health for Suicidal Risk in Eds (Linda Dimeff & Kelly Koerner)** *(see video time stamp 1:26:07)*
 - Use of Avatars
- **Jaspr Health RCT findings and next steps...** *(see video time stamp 1:29:28)*
- **The Suicide Crisis – Stabilization Challenge** *(see video time stamp 1:30:17)*
- **Using DBT and CAMS together?** *(see video time stamp 1:31:02)*
- **The Hope Institute—Dr. Derek Lee** *(see video time stamp 1:31:35)*
- **Post 988, we must increase focus on crisis stabilization** *(see video time stamp 1:32:06)*
 - Stabilization to Prevent (STOP) Suicide Act was introduced on Sept 13, 2024
- **From professional crisis to a possible tipping point?** *(see video time stamp 1:33:20)*
- **Is there a new receptivity to cutting-edge ideas in clinical suicidology?** *(see video time stamp 1:34:35)*

- **Motto's Classic Caring Letter Study: A simple letter sent every 1-4 months for 5 years** *(see video time stamp 1:34:57)*
 - Caring-Contact RCT Design
- **Caring Contact Outreach** *(see video time stamp 1:36:18)*
 - Caring letters
 - Caring postcards
 - Caring phone calls
 - Caring emails
 - Caring texts
 - ED follow-up calls
 - Inpatient follow-up phone calls
 - Post-discharge home visits (e.g., VA)
- **People who are suicidal do not seek mental health care...** *(see video time stamp 1:36:30)*
- **A Stepped Care Model for Suicide Care** *(see video time stamp 1:37:03)*

Discussion and questions for Dr. Jobes. Task Force member Kathleen Carlson asked a question about low implementation of evidence-based practices at the community wide level. Task Force Member Andrew White asked a question regarding possible policy recommendations. There was additional discussion about ZERO Suicide and CAMS. *(see video time stamp 1:38:19)*

DOCUMENTS REFERRED TO:

The following documents were discussed at the meeting and are available on request by emailing community.safety@doj.oregon.gov or visiting the website at:

<https://www.doj.state.or.us/oregon-department-of-justice/office-of-the-attorney-general/task-force-on-community-safety-and-firearm-suicide/>

- PowerPoint Presentation by David A. Jobes, Ph.D., ABPP

Next Meeting:

Date: June 2, 2025

Time: 10: 00 am to Noon

Via: ZoomGov