

**Life,
Canaries
and Suicide
Prevention:
*The power
of leaders
sharing
lived
experience***

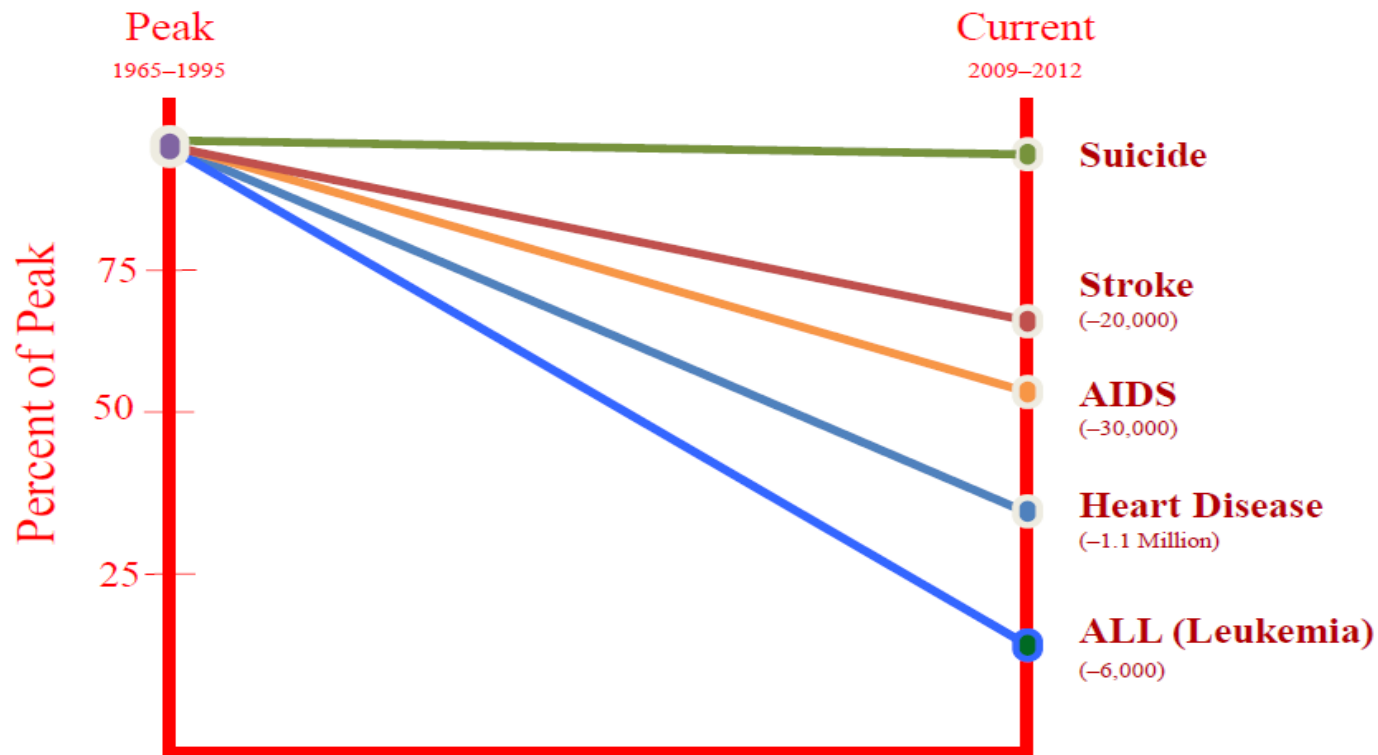
Missouri
Spring
Training
Institute
2016



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Mortality from Medical Causes



The Quest for the Cure: The Science of Mental Illness, Thomas Insel, MD, Director of NIMH, 2014 National Council for Behavioral Health.

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Who am I, why am I here?

– Admiral Stockdale, 1992

- Father/husband
- Psychologist
- PhD
- Vice President Clinical Practices - BHR
- In Long Term Recovery-Substance Use
- Suicide Attempt Survivor
- @bartandrews



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Undergraduate Experience



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Graduate School



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Internship



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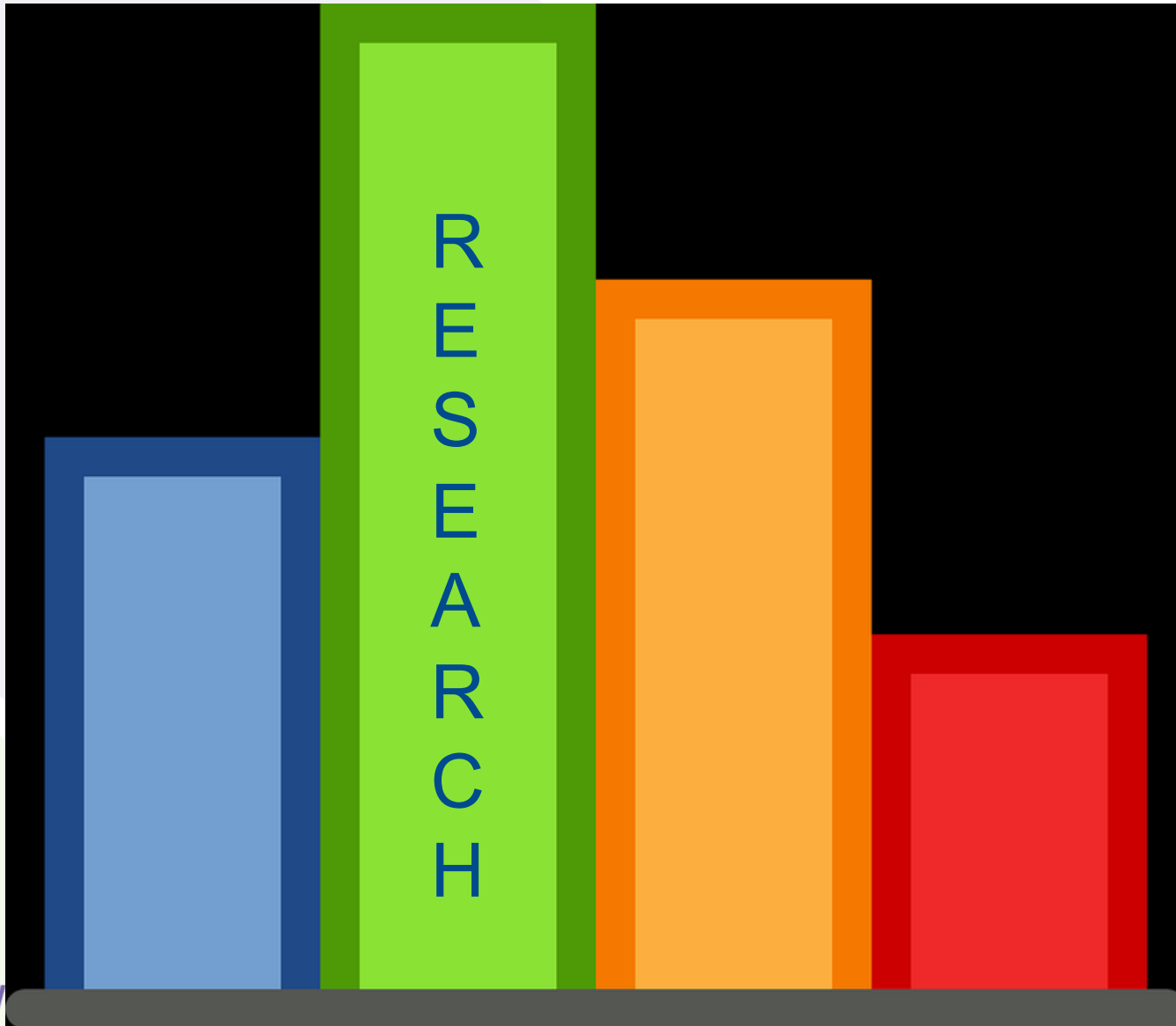
The Silent Years



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Let's Tell a Different Story



Quiz, Quiz, Quiz, Quiz, Quiz

Providers and Lived Experience:

- 1) There is extensive research on prevalence of substance use and mental illness in the provider community?
- 2) The provider community shows less prevalence of substance use/mental illness than general community?
- 3) Concerns about privacy and confidentiality prevent over 40% of providers from seeking help?
- 4) Persons who enter the helping profession are more likely have pre-existing lived experience of MH or SU?

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1) There is extensive research on prevalence of substance use and mental illness in the provider community?

FALSE



Very little evidence, a handful of studies, which is very surprising

2) The provider community shows less prevalence of substance use/mental illness than general community?

FALSE



Significantly higher incidents of MH and SU in provider community, maybe as high as 2-4x rate of general population

3) Concerns about privacy and confidentiality prevent over 40% of providers from seeking help?

TRUE



41% of mental health professionals who are struggling with MH concerns do not seek help out of concerns about privacy/confidentiality.

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4) Persons who enter the helping profession are more likely have pre-existing lived experience of MH or SU?

TRUE



Survey research shows that MH graduates students and psychiatric residents have higher level of depression and suicide thoughts PRIOR to professionals status.

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But show me the data, Bart



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I HAVE A FAVORITE!!!!

2009 American Psychological Association
Graduate Student Survey:

87% experienced **anxiety**

68% experienced **depression**

19% experienced **suicide thoughts**

[http://www.apa.org/gradpsych/2012/01/
heal.aspx](http://www.apa.org/gradpsych/2012/01/heal.aspx)

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Wait, There's More

2010 APA Practice Survey Results: Worries, Wellness, and Wisdom.

51% experiencing challenges that impacted performance

Barriers to Care:

61% reported lack of time

43% reported minimization or denial of need

43% reported privacy/confidential concerns



IF OUR PROVIDERS ARE NOT SEEKING HELP BECAUSE OF THESE ISSUES, HOW DO WE DARE PROMOTE OUR SERVICES TO OUR COMMUNITY?????

<http://www.apapracticecentral.org/update/2010/08-31/survey.aspx>

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Why?

29. Yes No

Have you been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage within the past five years?

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Competence Association

- There is no association of incompetence with “medical” conditions
- Is there with MENTAL HEALTH
- YES, YES, YES
- Are we ok with that?
- Are you ok with that?

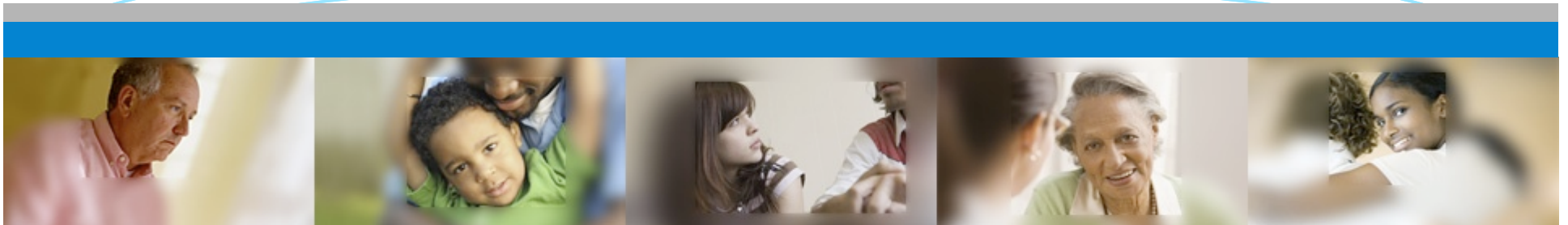
I AM NOT F&@# OK WITH THAT



Wisdom from Within: How One's Own Therapeutic Experiences Informs Clinical Care

Anitha Iyer, PhD
Clinical Director, Here2Help Connect

Claudio Lourenco
Supervisor, Here2Help Connect



Why Clinicians Need Care? *

“...Personal therapy is an emotionally vital, interpersonally dense, and professionally formative experience...central to the development of health care psychologists.”

Without one's own therapy, psychological training becomes, “arid, disembodied, and decontextualized.”

* Norcross (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60(8), 840-850.



Prevalence Findings*

1. In most European countries, specified hours of personal therapy is required for licensure
2. Meta-analyses of US studies reveal that 72%-75% of mental health professionals have undergone at least one episode of personal therapy
3. Prevalence of personal therapy varies by clinician theoretical orientation (Psychoanalytic is highest and behavior therapists have lowest)

* Norcross (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60(8), 840-850.



Outcome Findings*

1. Positive effects on facilitating empathic ability, and decreasing dislike of patients
2. Self-reported and rater-observed warmth, empathy, genuineness, awareness of countertransference, and increased emphasis on therapeutic relationship
3. Heightened awareness of vulnerability of patient

* Norcross (2005). The psychotherapist's own psychotherapy: Educating and developing psychologists. *American Psychologist*, 60(8), 840-850.



How therapy informs practice as a therapist: Claudio Lourenco

Therapist in therapy:

- Can experience first hand the same process than his patients/ callers will (e.g.: Resistances, Defense Mechanisms, Transference).
- Is more “protected” from the projections of the patients/ callers.
- Can identify his counter-transference and prevent himself from enacting, while using it as a “compass” for clinical inquire.
- Is less “defensive” when working.



Therapist without therapy:

- Tends to take the role of a “technician” who “applies” a therapy he can learn in a manual.
- Is more exposed to “suffer” the projections of the patient/caller
- Is at a higher risk of enacting his counter-transference reactions
- Is more defensive (prone to a display a false-self)

Our Lived Experience Impacts Our Work

Hunter (2015), The New School Psychology Bulletin, Vol 13, No 1.

Clinical Trainees Personal Hx and Attitudes

- 53% had history of suicide thoughts
- Personal experience  prejudicial attitudes
- Targeted training  prejudicial attitudes



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The Way Forward:

Pathways to hope, recovery, and wellness with insights from lived experience


**Prepared by the
Suicide Attempt Survivors Task Force
of the National Action Alliance for Suicide Prevention
July 2014**

Suggested Citation: National Action Alliance for Suicide Prevention: Suicide Attempt Survivors Task Force. (2014). *The Way Forward: Pathways to hope, recovery, and wellness with insights from lived experience*. Washington, DC: Author.



The Public-Private Partnership Advancing the National Strategy for Suicide Prevention





TO CHANGE YOUR CULTURE YOU
MUST CHANGE THE CONVERSATION
-KIM WALTON

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And the Canaries? That's US now



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This NEEDS to be US



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We Need to Tell OUR STORIES

Patrick Corrigan's research on prejudice and discrimination found that exposure to FIRST PERSON NARRATIVES OF PERSONS WHO ARE WELL IN LIVED EXPERIENCE increases acceptance and understanding.



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How do I know when I am ready?

- That's a damn good question
- And I don't have the answer for you
- But I have a guide



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Quick Tips

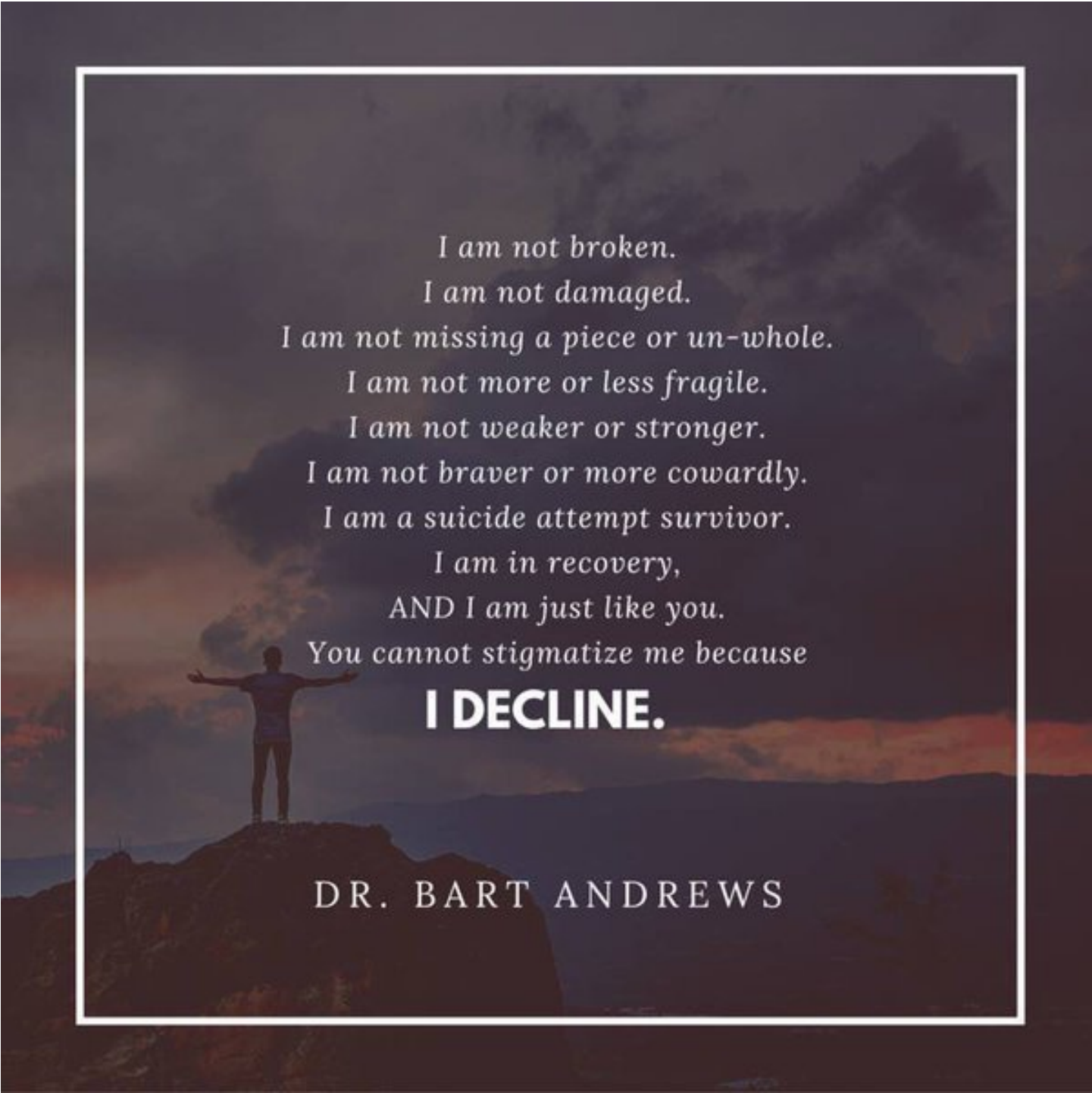
- Why?
- How does this fit into your strategy?
- What will you gain?
- What are the risks? (there are risks!)
- When? (there is no time limit)



Bart's Guide to Disclosure

- Don't Disclose unless YOU want to
- Do a check list:
 - Pros and cons
- If pros outweigh cons . . .
- Tell someone you trust in private and see how it goes
- Be prepared for disclosure remorse
- Then tell even more people

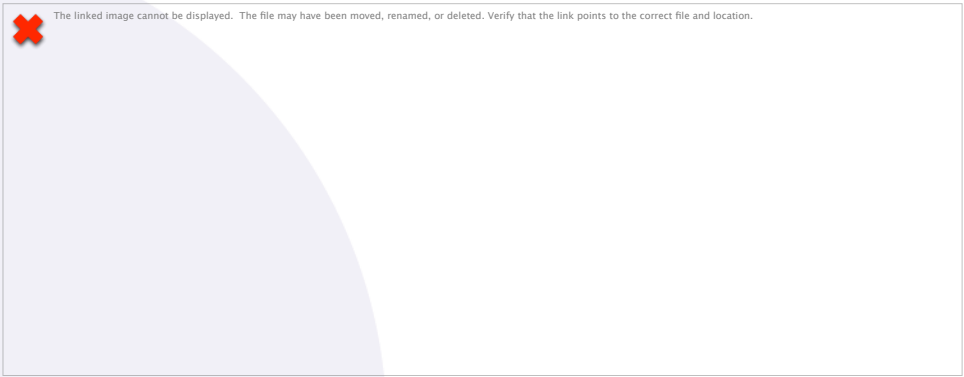


A person stands on a dark, rocky mountain peak with their arms outstretched. The background is a dramatic sky with dark, heavy clouds and a thin, horizontal band of orange and red light, suggesting a sunset or sunrise. The overall mood is one of resilience and defiance.

*I am not broken.
I am not damaged.
I am not missing a piece or un-whole.
I am not more or less fragile.
I am not weaker or stronger.
I am not braver or more cowardly.
I am a suicide attempt survivor.
I am in recovery,
AND I am just like you.
You cannot stigmatize me because*

I DECLINE.

DR. BART ANDREWS



QUESTIONS?

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