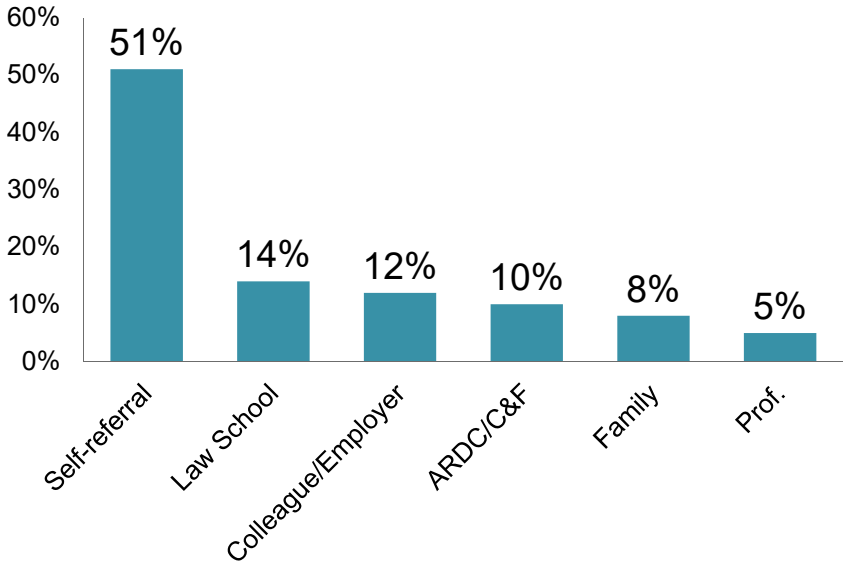


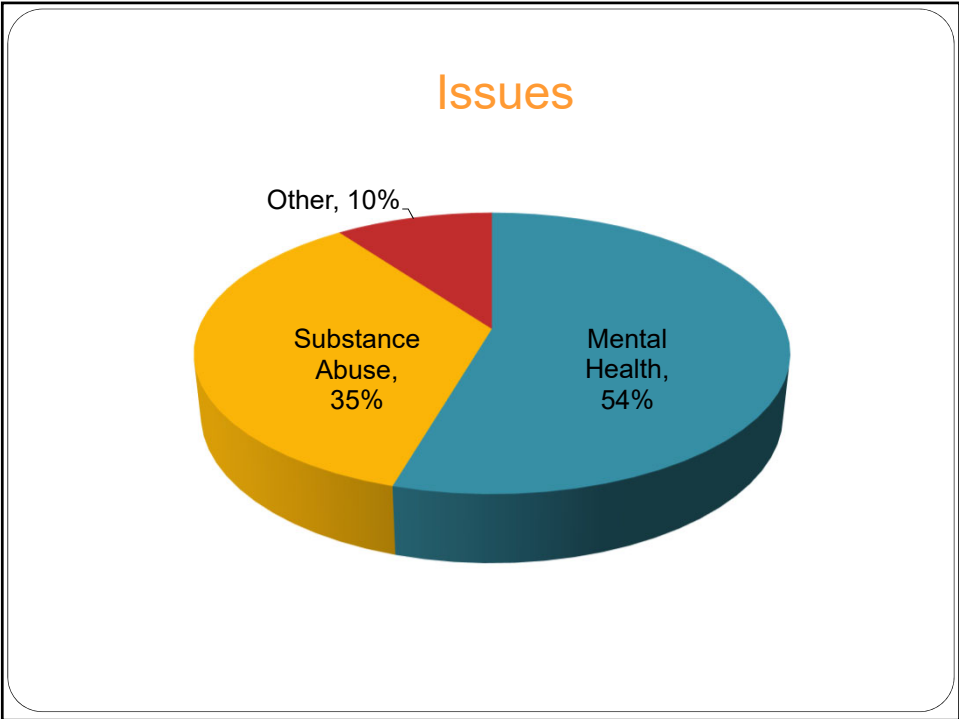
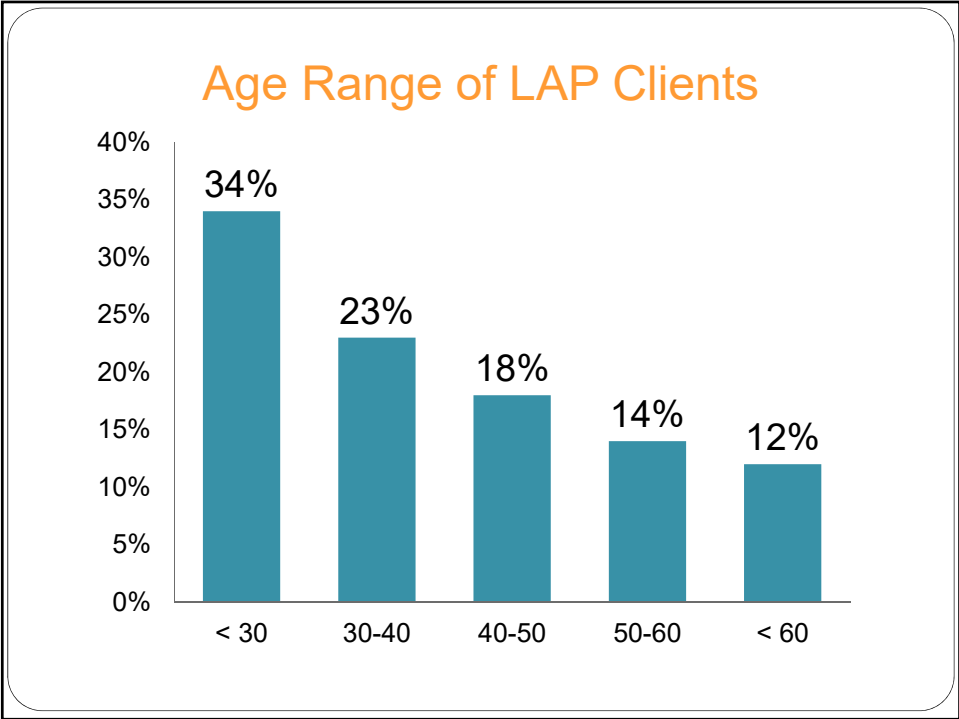


Recognizing, Understanding, and Referring

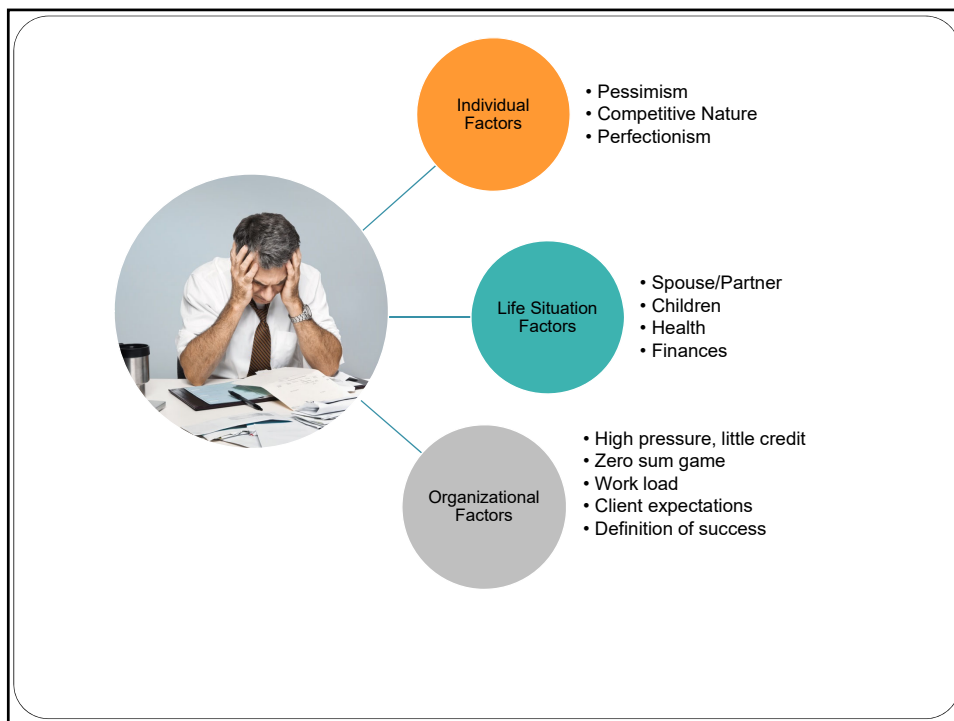
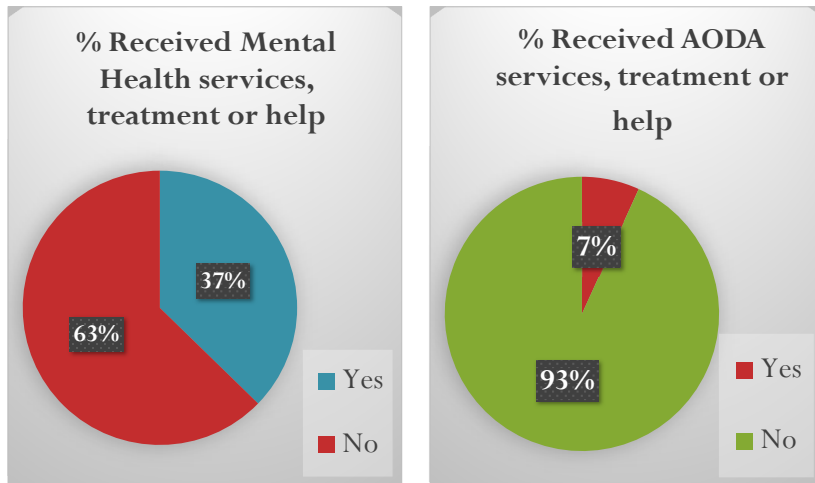
Illinois Lawyers' Assistance Program
20 S. Clark Street, Suite 450, Chicago, IL
1-800-LAP-1233

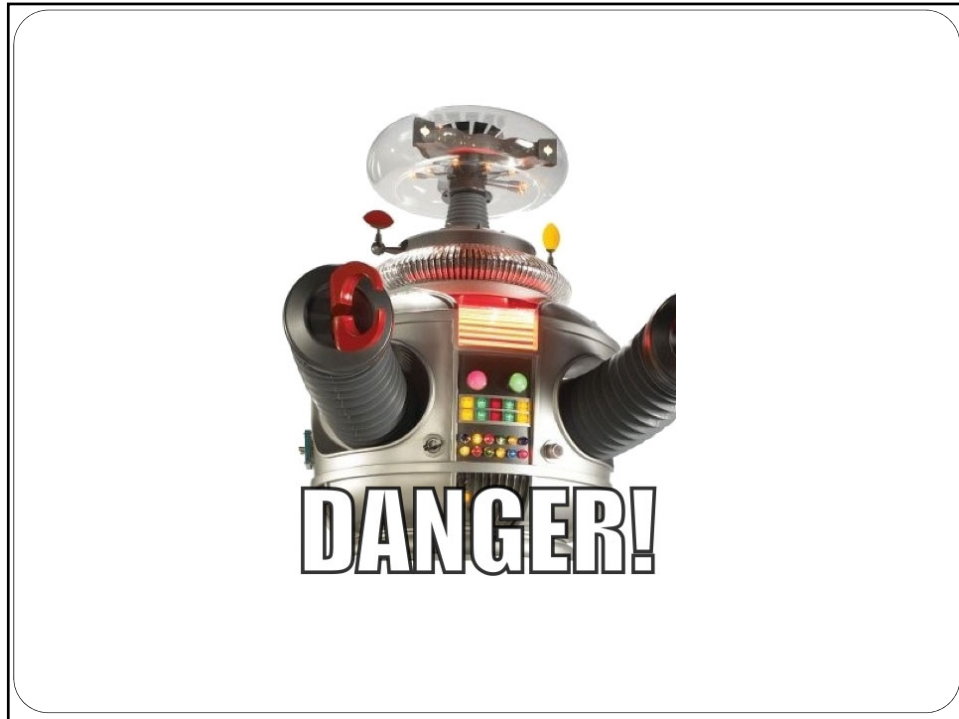
How Clients Got to LAP





Reported Treatment Rates from Study





Substance Abuse: What to look for

Follow the MAP

(Pacione & Belleau, ABA Solo Practice Journal, May 2015)



Substance Abuse: What to look for

Follow the MAP

(Pacione & Belleau, ABA Solo Practice Journal, May 2015)

1. **M**ood or attitudinal disturbances
2. **A**pppearance or physical changes
3. **P**roductivity and quality of work

Anxiety

unexplained trembling

Irritability

Fatigue

Increased worry

headaches

digestive problems

Perfectionism

Decrease in productivity

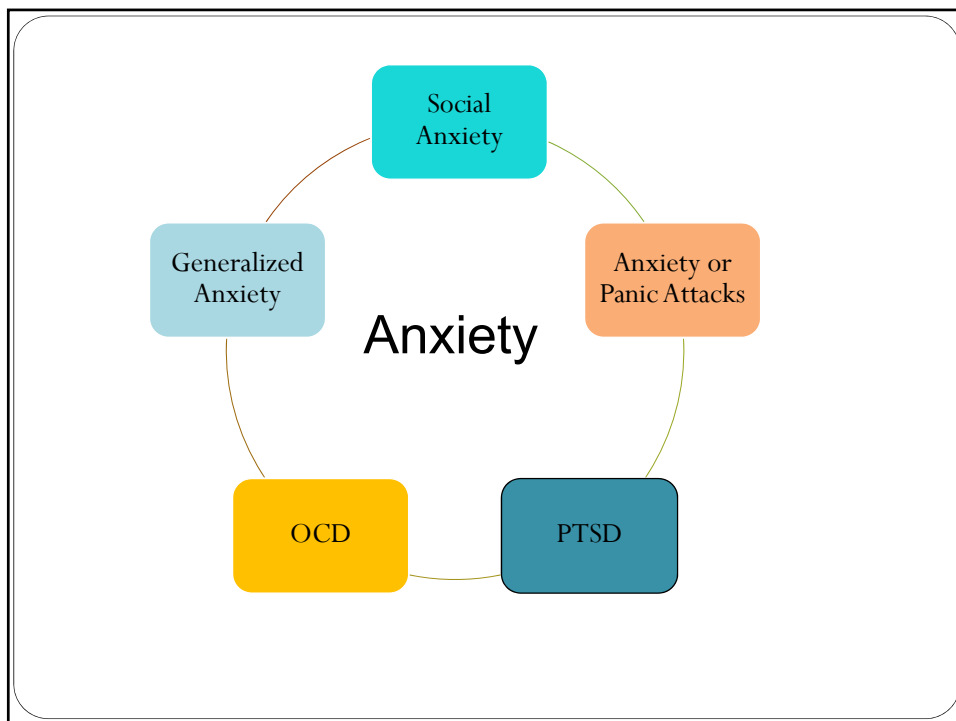
Rumination

Unexplained pains

Look out for:



- "I can't cope."
- Increased arguing
- Increased sick days
- Work tasks taking longer to complete
- Increased fear of potential consequences
- Missed deadlines



Changes in appetite

Thoughts/plans/attempts of suicide

Fatigue

Depression


Feelings of worthlessness or guilt

Changes in sleep

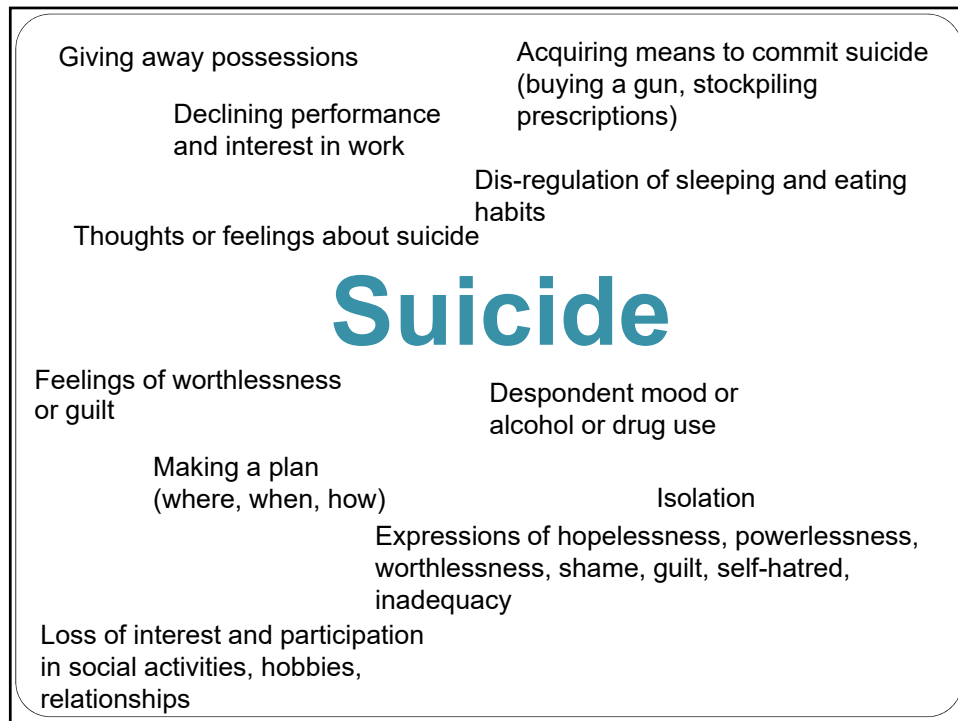
Difficulty thinking, concentrating or making decisions

Loss of interest in previously enjoyable activities

Look out for:



- "I don't feel right"
- Obvious changes in mood
- Anhedonia – inability to feel pleasure
- Work tasks taking longer to complete
- Noticeable re-work
- Absenteeism, tardiness, withdrawal
- Indifference, apathy to self and/or others



- ### What Not to Do
- Do not argue about the “right or wrong” of suicide
 - Avoid platitudes like:
 - “You have so much to live for”
 - “It will be better tomorrow”
 - Do not discount their problems
 - Refuse to be sworn to secrecy

What to Do

(CSSRS: Columbia Suicide Severity Rating Scale)

- ACE Card questionnaire
 - Ask
 - Care
 - Escort
- Only 6 questions
- Designed for peers

	In the Past Month	
Answer Questions 1 and 2	YES	NO
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?		
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?		
Always Ask Question 6	In the 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.

Any YES must be taken seriously. Seek help from friends, family, co-workers, and inform them as soon as possible. If the answer to 4, 5 or 6 is YES, immediately ESCORT the person to Emergency Personnel for care.

Increased isolation

Impaired judgment

Cognitive Issues

Decreased ability to plan ahead

Decrease in ability to make and keep plans

Decreased ability to organize information/plan ahead

Look out for:



- "How do I do this again?"
- Repeated requests for instructions on simple tasks.
- Decreased interest in social interaction.
- Increase in mistakes.
- Increased in missed meetings, court dates, appointments, etc.
- Difficulty engaging in analytical thinking.

REFERRING

Talking to someone about LAP

- Call LAP. We will coach you on what to say to your colleague
- Show the LAP brochure (if handy)
- Highlight LAP's guaranteed confidentiality
- Say:
 - ❑ "Calling LAP is easy, free and totally confidential. No one has to know."
 - ❑ "Let's call LAP together right now." (and dial the phone)

How to call LAP with the person

- Once on phone with LAP:
 - Ask to speak with a clinician about a person you are referring.
 - Let the clinician know you are calling with a person who you are referring.
 - Put the person on the telephone to speak with the clinician.

How to call LAP without the person

Call or email LAP and explain:

- What you are concerned about and why;
- If and what kind of contact you have had with the person about your concerns;
- Whether or not the person knows you are calling;
- LAP may coach you how to do a “soft intervention;”
- How LAP can best contact the person.

What happens next

- If the person is willing to come in or be contacted an assessment will be done and a treatment/action plan created
- If the person is not willing, then LAP will:

Reach out to the person and invite them to come in.

Contact trained LAP Volunteers (bound by confidentiality) who may already have a relationship with the person to see if they can help connect the person with LAP.

Intervention

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