
NEVER ALONE
47th Annual Conference
American Association of Suicidology
Also Featuring:
AAS/AFSP 26th Healing After Suicide Conference
Registration Materials
April 9-12, 2014
Century Plaza Hyatt Regency
Los Angeles, CA
Sponsored by
Northeast Ohio
MEDICAL UNIVERSITY

Welcome & Introduction

Never Alone

You are invited to join hundreds of your colleagues in Los Angeles, California to participate in a conference of people interested in suicide prevention, intervention, postvention, and research. This unique event is specifically designed to meet the diverse interests and needs of attendees, while creating a powerful opportunity for networking, learning, and moving the field of suicidology forward.

A Note to Crisis Center Attendees:
Those who have been faithful participants in the AAS Annual Program will notice that the 2014 event does not include an entirely separate conference program for crisis centers. Over a decade ago, the designation of individual crisis center programming served an important role in validating the AAS commitment to crisis centers. As the years have passed, so too have the views of the membership which has led some crisis centers to feel relegated to their "track" and "separate" from the rest of the organization. These are exciting times for AAS and our leaders are working to facilitate greater multidisciplinary collaborations, including crisis centers, which are critical to the continuum of care. Therefore, while there is still the same level of programming relevant to crisis centers as in previous years, the programming has been incorporated into the larger conference.

1 47th AAS Annual Conference

The AAS Annual Conference begins on Tuesday, April 8th, with two special two-day preconference workshops, and continues on Wednesday, April 9th, with full and half-day offerings. The conference continues with a combination of plenary and break-out sessions on Thursday, Friday, and Saturday. If you register for the entire AAS Conference, you can also participate in the Healing After Suicide Conference at no extra fee (excludes the Healing Conference Luncheon). Please see pages 4-8 for program highlights and page 23 for an overview.

2 AAS/AFSP 26th Healing After Suicide Conference

The AAS/AFSP Healing After Suicide Conference will take place all day on Saturday, April 12th. Saturday's program will begin with a presentation entitled: "Breaking the Silence." The rest of the day includes sharing/educational sessions in the morning, followed by a luncheon, with concurrent workshops and a closing ceremony in the afternoon. Please see pages 25 and 26 for a program overview.

Designed for survivors of suicide loss, support group facilitators, mental health professionals, and interested others, the purpose of the Healing After Suicide Conference is to:

- Provide survivors with educational tools and resources to help with their individual journey of healing and transform their experience into action
- Assist mental health professionals and other caregivers in understanding the needs of survivors
- Provide assistance to facilitators of survivor support groups

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Annual Conference Goals and Objectives

The goal of the 47th Annual Conference of the American Association of Suicidology is to provide a forum for those who share an interest in suicidology, including physicians, researchers, psychologists, nurses, social workers, clinicians, educators, public policy makers, clergy, crisis center staff and volunteers, as well as those who have lost a loved one to suicide or had their own suicidal experience to meet and share information about suicide, suicidal persons, and the repercussions of suicide. At the end of the conference, participants should be able to:

1. Identify and assess psychological risk factors for suicidal behavior across the life span to improve patient outcomes and reduce the incidence of suicidal behavior.
2. Identify biological factors associated with suicidal behavior to improve treatment effectiveness and patient outcomes.
3. Identify methodological issues and research designs relevant to the empirical study of suicide prevention, intervention, and postvention to improve understanding of current research and impact on treatment.
4. Describe the opportunities and challenges of implementing suicide prevention within the greater community setting to increase participation and contributions to the community at-large.
5. Describe the impact of suicide on survivors to improve care to those who have lost a loved one to suicide.

Program Overview

APRIL 8 - 12, 2014

Never Alone

Registration Times

Tuesday April 8th	Wednesday April 9th	Thursday April 10th	Friday April 11th	Saturday April 12th
7:30 am - 6:00 pm	7:00 am - 6:00 pm	7:00 am - 5:00 pm	7:00 am - 5:00 pm	7:00 am - 5:00 pm

Program Schedule

Tuesday, April 8th
Preconference Workshops 1 & 2: 8:30 am - 4:30 pm

<table>
<tr><th>Time</th><th>Wednesday
April 9th</th><th>Thursday
April 10th</th><th>Friday
April 11th</th><th colspan="2">Saturday
April 12th</th></tr>
<tr><td>8:30 am - 9:30 am</td><td rowspan="5">Preconference Workshops
3 through 19

(Day 2 RRSR
RRSR-U/C)</td><td rowspan="2">Plenary
Session</td><td rowspan="2">Plenary
Session</td><td rowspan="2">Plenary
Session</td><td></td></tr>
<tr><td>9:30 am - 10:30 am</td><td rowspan="2">Healing
Conference
Sessions</td></tr>
<tr><td>10:30 am - 12 noon</td><td>Concurrent Featured
Sessions</td></tr>
<tr><td>12 noon - 1:30 pm</td><td>Lunch on Your Own
Presidential Lunch
Crisis Centers
Lunch</td><td>Lunch on Your Own
SLTB Lunch
Examiners Lunch
Student Lunch
Clinician Survivor Task
Force Lunch</td><td colspan="2">Lunch on Your Own
Healing
Conference Lunch</td></tr>
<tr><td>1:30 pm - 3:00 pm</td><td>Concurrent Sessions</td><td>Concurrent Sessions</td><td colspan="2">Concurrent Sessions</td></tr>
<tr><td>3:00 pm - 3:30 pm</td><td>Break</td><td>Break</td><td colspan="2">Break</td></tr>
<tr><td>3:30 pm - 4:30 pm</td><td rowspan="2">Concurrent
Sessions</td><td rowspan="2">Concurrent
Sessions</td><td colspan="2" rowspan="2">Concurrent Sessions</td></tr>
<tr><td>4:30 pm - 5:00 pm</td><td></td></tr>
<tr><td>5:00 pm - 6:00 pm</td><td>Volunteer
Training</td><td></td><td rowspan="2">Poster Session
&
Light Reception</td><td colspan="2">Healing
Service</td></tr>
<tr><td>6:00 pm - 7:00 pm</td><td rowspan="3">Crisis Centers Division
Reception

LA on Your Own</td><td>AAS Members
Meeting</td><td colspan="2" rowspan="3">LA On Your Own</td></tr>
<tr><td>7:00 pm - 8:00 pm</td><td rowspan="2">Student Social
Silent Auction
Reception
Awards
A Long Way Down</td><td rowspan="2">LA On Your Own

7:30pm Lakers Game</td></tr>
<tr><td>8:00 pm - 10:00 pm</td></tr>
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Annual Conference Highlights

Thursday, April 10th

8:45am - 9:15am - Presidential Address

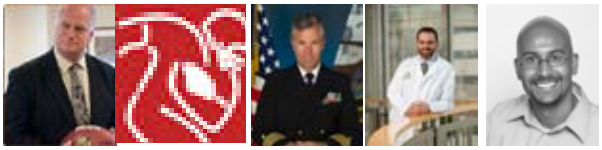
Suicidology: WE'RE RIGHT! ... effective? ? ? ? ? ?

William "Bill" Schmitz Jr., PsyD, AAS President, Clinical Psychologist, Southeast Louisiana Veterans Health Care System

As AAS returns to the founding location of the field, Los Angeles, we can reflect on the great successes and the accumulation of an impressive empirical foundation that has been borne out by AAS and the field of Suicidology. As the theories of Suicidology continue to evolve and empirically supported treatments continue to demonstrate significant treatment gains, we need to step back and examine how effective we have been in reducing suicide. Despite major gains that have been accomplished in the nearly 50 years of AAS, an examination of the losses, each year, associated with suicide suggest that, despite being "right" we are lacking in effectively reaching far too many people who are in crisis.

9:15am - 10:15am

Teamwork - A Game Plan to Live



(left to right) **Eric Hipple, Outreach Specialist, University of Michigan Comprehensive Depression Center; former NFL Quarterback and survivor of son's suicide; Tyrone Allen, Director, Professional Athletes Foundation (PAF) NFL Players Association; Captain Bryce Lefever, USN, PhD, Navy Special Forces Group FOUR Psychologist; Jeffrey S. Kutcher, MD, Sports Neurologist, Department of Neurology, University of Michigan; Director, Michigan NeuroSport, and Director, National Basketball Association's concussion program; Srijan Sen MD, PhD, Assistant Professor of Psychiatry, Bioinformatics and Neuroscience, Investigator, Molecular and Behavioral Neuroscience Institute, University of Michigan**

This panel will discuss the professional sports population and the challenges to former professional football players. They will focus on the game plan for dealing with post career depression by building a resilience model through awareness, support and treatment that can be applied to other populations.

10:30am - 11:00am

The Durkheim Project: Predicting the Risk of Suicide by Analyzing the Text of Clinical Notes, Social, and Mobile Media

Chris Poulin, Principal, Patterns and Predictions

We developed linguistics-driven prediction models to estimate the risk of suicide. These models were generated from unstructured clinical notes taken from a national sample of U.S. Veterans Administration (VA) medical records. From the clinical notes, we generated datasets of single keywords and multi-word phrases, and constructed prediction models using a machine-learning algorithm based on a genetic programming framework. The resulting inference accuracy was consistently 65% or more. Our data therefore suggests that computerized text analytics can be applied to unstructured medical records to estimate the risk of suicide. The resulting system could allow clinicians to potentially screen seemingly healthy patients at the primary care level, and to continuously evaluate the suicide risk among psychiatric patients. We have further illustrated an opt-in data collection system that utilizes this distributed classification infra-structure, as applied to social and mobile networks. It is our hope to provide a real-time risk assessment capability for the global mental health community.

11:00am - 11:15am

A Tribute to Norm Farberow: A Founding Father of Suicidology

AAS and the Didi Hirsch Suicide Prevention Center are pleased to honor AAS Founder and Past President Norm Farberow. An overview of Dr. Farberow's long and esteemed career, as well as his many contributions to the field of suicidology, will be presented.

Annual Conference Highlights

Thursday, April 10th

11:15am - 12 noon

Never Alone

Moderator: William "Bill" Schmitz Jr., PsyD

(left to right) **Panelists: Cara Anna, BA, Editor, Attemptsurvivors.com and founder, Talkingaboutsuicide.com; Michael Allen, MD, Professor Psychiatry and Emergency Medicine, University of Colorado School of Medicine; William Feigelman, PhD, Professor Emeritus and Adjunct Professor of Sociology at Nassau Community College; Cheryl King, PhD, Professor, Departments of Psychiatry and Psychology, University of Michigan; Suzanne Rabideau, MA, LPC, MBA, CEO, Crisis Response Network, Inc.**

Never Alone is more than a catchphrase or a conference theme; it is an ideology that we believe has to be integrated into our roles as clinicians, researchers, suicidologists, survivors, or attempt survivors. Ensuring that each AAS member understands that they are *Never Alone* is a key component and goal of the AAS organization. This panel of diverse experts from various domains of the suicidology community will lead a lively discussion that outlines how *Never Alone* impacts each of them (Anna-suicide attempt survivor, Allen-clinician, Feigelman-survivor/researcher, King-researcher/clinician, Rabideau-crisis center director) both within their suicidology subgroup, as well as how they benefit (or could further benefit) from being part of the broader AAS community. An extended Q&A between the panel and attendees will discuss strategies to further cultivate and embody the concept of being *Never Alone*.

3:30pm - 5:00pm

American Foundation for Suicide Prevention Pfizer Award Lectures 2014

Widening the Lens: The Importance of Trans-disciplinary Collaborations for Understanding and Reducing Suicide

Mark S. Kaplan, DrPH, Professor of Social Welfare, UCLA Luskin School of Public Affairs and Adjunct Professor of Psychiatry, Oregon Health & Science University, and Epidemiology and Community Medicine, University of Ottawa

Advances in suicide prevention have often been constrained by overly reductionist approaches to clinical and population research. Today, "widening the lens" is coming to be recognized as essential for understanding and resolving complex, multidimensional public health issues. Using my experiences as an active NIH-funded researcher, the scope and significance of an inclusive, collaborative trans-disciplinary model for suicide prevention research and clinical practice will be discussed.

Epidemiology of Undetermined Death: Prevalence and Patterns of Misclassified Suicides

Nathalie Huguet, Ph.D., Research Associate, Center for Public Health Studies, Portland State University

Suicide is a significant public health problem. Officially, there were 38,364 reported suicides in the United States in 2010. Yet, the number of individuals who died by suicide may be much larger than that recorded in vital statistics. Remarkably, according to the Institute of Medicine (2002), "official suicide statistics are fraught with inaccuracies." Suicide prevention programs require better mortality data to make informed choices about the most effective strategies. Unfortunately, our knowledge of suicide epidemiology relies on a broken medico-legal system. Indeed, the lack of standardization in medico-legal training and procedures and in the collection of information on decedents is a major weakness not only for the field of forensic science, but also for national public health surveillance infrastructure. During the presentation, Dr. Huguet will illustrate some of the issues surrounding death investigation by examining the epidemiology of undetermined deaths. It is suspected that most, if not all, undetermined deaths are suicides. She will present differences and similarities between undetermined deaths and suicides among African Americans (relative to Whites) and among women who died from poisoning. Furthermore, Dr. Huguet will show the potential effect of misclassification on veteran suicide estimates and will discuss the implications of the findings for suicide prevention and intervention.

Annual Conference Highlights

Friday, April 11th

8:30am - 8:45am

Presentation of the AAS 2014 Roger Tierney Award for Service

Peter Gutierrez, PhD, Associate Professor, University of Colorado Denver School of Medicine, Department of Psychiatry, and Clinical/Research Psychologist, Denver VA Medical Center, Mental Illness Research, Education and Clinical Center

The Roger J. Tierney Service Award recognizes time and effort given by an AAS member to advance the association's principles, growth and development, and/or for applied contributions to the fields of suicidology and crisis intervention. The award is to recognize broadly defined service contributions which are to be distinguished from academic or research endeavors. AAS is grateful for support of this award provided by LivingWorks Education.

8:45am - 9:15am

The Myth of Martyrdom: What Really Drives Suicide Bombers, Rampage Shooters, and Other Self-Destructive Killers

Adam Lankford, PhD, Criminal Justice Professor, Graduate Program Director, and Leadership Board Faculty Fellow, The University of Alabama

For years, experts have insisted that suicide terrorists are not suicidal, but rather psychologically normal individuals inspired to sacrifice their lives for an ideological cause. But overwhelming evidence now suggests that suicide terrorists are much like others who commit conventional suicides, murder-suicides, or unconventional suicides where mental health problems, personal crises, coercion, fear of an approaching enemy, or self-destructive urges play a major role. By more accurately understanding suicide terrorists and suicidal mass shooters, we may be able to significantly increase our ability to identify them ahead of time, help them get the treatment they need, deter those individuals who cannot be reached, and ultimately reduce the prevalence of their deadly attacks.

9:15am - 9:45am

Cracked, Not Broken: The Kevin Hines Story

Kevin Hines, International Speaker, Author, and Mental Health Advocate

Today Kevin Hines is living mentally well most days; he is here to tell his story of triumph over adversity after a suicide attempt off the Golden Gate Bridge. Kevin has spoken to over 350,000 people internationally about suicide prevention and the struggles of living with a mental illness. He is dedicated to prevention and education of these two issues. Kevin's honest and humorous approach is both inviting and entertaining, leaving room for a candid discussion about suicide prevention after each presentation.

9:45am - 10:30am Shneidman Award Presentation

Desire for Suicide Among Older Adults: Improving Identification and Conceptualization of Risk

Kelly C. Cukrowicz, PhD, Associate Professor, Department of Psychology, Texas Tech University

Older adults are at significant risk for death by suicide, yet we have limited understanding of the variables that are associated with suicide ideation in this age group. Surprisingly, while the rate of death by suicide increases with age among older adults, reporting of suicide ideation does not. This may indicate hesitance to disclose suicide ideation. This presentation will focus on variables included in the interpersonal theory of suicide that may aid in the identification of older adults experiencing suicide ideation. Further, this presentation will summarize the results of several studies suggesting that perceptions of being a burden on others are strongly associated with suicide ideation in older adults.

Annual Conference Highlights

10:45am - 12 noon 5 Concurrent Featured Sessions

1. Saving Lives: A Teen Suicide Prevention Workshop


Elaine Leader, PhD, Executive Director, TEEN LINE; Ron Silverman, JD, Investment Advisor, and Survivor of Teen's Suicide

TEEN LINE, a teen-to-teen hotline, has been affiliated with Cedars-Sinai Medical Center since 1980. In addition to the hotline, email, texting, and website services TEEN LINE has an extensive outreach program that includes Teen Suicide Prevention Outreach. In addition to Dr. Leader and Mr. Silverman, panelists will include two youth who have been suicidal but are now helping to educate others about the warning signs of teen depression and suicidal ideation. The differences between adult and adolescent depression and suicidal ideation will be discussed. The panelists' personal experiences will enlighten participants about warning signs in teens and how to address this important issue.

2. After 47 Years How Close Are We to Reaching Shneidman's Challenge of Providing Postvention as Prevention So That the Newly Bereaved Are Never Alone?


(left to right) **Frank R. Campbell, PhD, LCSW, CT, Owner and Senior Consultant, Campbell and Associates Consulting, LLC; and Michael Pines, PhD, Founder and Co-Chair, Los Angeles County Child & Adolescent Suicide Review Team and Member, California Suicide Prevention Advisory Committee**

Our Founder challenged the membership to consider how postvention following a suicide could also be prevention. This presentation will address what is being accomplished toward the goal of helping those bereaved by suicide at the local, national and international level. Dr. Michael Pines will describe how the Los Angeles Coroner-Medical Examiner's office has enhanced Coroner Suicide Investigation training. This is a program that trains investigators to look for answers to "Why" following the death of a young person. This program of the LA County youth and adolescent suicide review team will demonstrate a unique postvention approach. Dr. Pines will include samples of a training video to help the participants see first hand benefits of this approach. Dr. Campbell will provide a view of the benefits of Active Postvention for communities who are working to help the newly bereaved know how to find resources so they are never alone.

3. 'Big Ideas' in Suicide Theory and Research





(left to right) **Moderator: David A. Jobes, PhD, Professor of Psychology and Associate Director of Clinical Training, The Catholic University of America**

Discussant: Thomas Joiner, PhD, The Robert O. Lawton Distinguished Professor, Department of Psychology, Florida State University

Panelists: E. David Klonsky, PhD, Associate Professor of Psychology, University of British Columbia, Vancouver, Canada; Rory O'Connor, PhD, Professor of Health Psychology, University of Glasgow; Matthew Miller, PhD, Co-Director, Harvard Injury Control Research Center

While careful, systematic studies provide the foundation for knowledge about suicide, it is also important that investigators take their best shot at formulating 'big picture ideas' to explain and ultimately solve the many challenges of suicide prevention. This feature session will provide a venue for such ideas. Dr. Klonsky will describe how emotional pain and hopelessness interact to bring about suicidal ideation, and how dispositional and practical approaches to the construct of 'suicide capability' help explain progression from ideation to action. Dr. O'Connor will present his Integrated Motivational-Volitional model of suicide, which attempts to synthesize what is known into an efficient understanding of why people die by suicide, including the transition from suicidal ideation to suicidal behavior. Dr. Miller will discuss the rationale for and empirical evidence that the availability of lethal means plays a critical and underemphasized role in determining suicide risk for individuals and suicide rates within a population. Finally, Dr. Joiner will offer his thoughts as discussant, and Dr. Jobes will moderate discussion among panelists and audience members.

Annual Conference Highlights

10:45am - 12 noon Concurrent Featured Sessions Cont'd

4. Suicide Incidence of Korean Americans – Why is it Higher than Normal?


(left to right) **Jae Won Kim, LCSW, Psychiatric Social Worker, Los Angeles County Department of Mental Health; and Anne Choe, LCSW, Supervising Psychiatric Social Worker, Long Beach Asian Pacific Islander Family Mental Health Center**

Although the rate of suicide in South Korea is the highest among the world's industrialized countries, this problem applies to Korean-American communities in the U.S., more specifically among Korean Americans in California. It is higher than any other Asian/Pacific Islander ethnic group. This session will examine the bio-psycho-social, socioeconomic, historical and cultural factors that may contribute to this ethnic phenomenon. Specific considerations of suicide intervention for this population will also be discussed.

5. Youth Suicide Warning Signs Featured Panel




(left to right) **Chair: Matthew B. Wintersteen, PhD, Thomas Jefferson University/Jefferson Medical College, Department of Psychiatry and Human Behavior, Division of Child and Adolescent Psychiatry**

Panelists: Cheryl King, PhD, Professor, Departments of Psychiatry and Psychology, University of Michigan; Daniel Reidenberg, PsyD, Executive Director, Suicide Awareness Voices of Education; Richard McKeon, PhD, Chief, Suicide Prevention Branch, Substance Abuse and Mental Health Services Administration

Youth suicide is a significant public health problem in the United States. While many prevention efforts are moving upstream to locate areas for early detection and intervention, the clinical and research value of identifying immediate precipitants to suicidal behavior and death cannot be understated. This featured panel will review recent efforts to convene experts on youth suicide to derive an age-specific set of acute warning signs that are empirically supported for use in public education and professional training. Presentations will address results of a national survey of youth suicide attempt survivors and survivors of youth suicide loss, the role of non-suicidal self-injury, overwhelming emotional pain, and hopelessness on high-risk suicidal youth, and specifics risks and warning signs associated with adolescent boys. This presentation will focus on how youth suicide prevention efforts can incorporate warning signs for youth to promote effective action. Finally, strategies for public dissemination of youth suicide warning signs will be discussed.

3:30pm AAS Gralnick Award Presentation

Schizophrenia--A Predictor of Suicide During the Second Half of Life?

Annette Erlangsen, PhD, Senior Researcher, Mental Health Center Copenhagen

Little is known about the suicide risk of older adults diagnosed with schizophrenia. The presented study examined suicide risks in older adults diagnosed with schizophrenia using unique and complete individual record data for the entire population of Denmark during 1990-2006. We found that older adult men diagnosed with schizophrenia have a 7-fold [95%CI: 5.8–8.4] higher risk of dying by suicide than the general population. For women aged 50 years or over the rate ratio was 13.7 [95%CI: 11.3–16.6]. Particularly, younger age, frequent hospitalization, and suicide attempt predicted later death by suicide.

Saturday, April 12th

8:30am - 8:45am

Presentation of the AAS 2014 Survivor of the Year Award

Sally Spencer-Thomas, PsyD, CEO & Co-Founder, Carson J Spencer Foundation, AAS Survivor Division Chair

The Survivor of the Year Award is given to acknowledge ways in which survivors of suicide transform the trauma of their loss into suicide prevention efforts and/or survivor support. It is intended to recognize significant accomplishments of an individual involved with suicide prevention, intervention and/or postvention advocacy/activism that embodies the mission of AAS.

Annual Conference Highlights

Saturday, April 12th

8:45am - 9:45am

Breaking the Silence

Kita S. Curry, PhD, CEO, Didi Hirsch Mental Health Services

From one uncle's suicide in 1958 to another's in 2013, Dr. Kita Curry will use her personal experience to illustrate the impact of suicide on families. To show how far we have come, she also will contrast the silence that followed the first suicide with the openness in her family today.

9:45am - 10:15am Dublin Award Presentation

The Strain Theory of Suicide: Evidence from Rural China

Jie Zhang, PhD, Professor of Sociology, State University of New York Buffalo State; Director, Center for China Studies at SUNY Buffalo State; and Director, Center for Suicide Prevention Research (CSPR) at Shandong University of China

Dr. Zhang will discuss the conceptualization of the theory and the effects of psychological strains on mental illness and suicidal behavior, with empirical data from rural China. He will also introduce the newly validated instruments to measure each of the four dimensions of the psychological strains: value conflict, aspiration and reality, relative deprivation, and coping deficiency. He hopes to obtain valuable feedback from the audience to improve the theory and its measurements, so as to develop some new directions in mental disorder treatment and suicide prevention.

10:30am - 11:15am

Leverage: Social Media and Suicide Prevention

April Foreman, PhD

As an organizer, moderator, and curator of the Suicide Prevention Social Media weekly Twitter chat, Dr. Foreman will discuss how the field of suicidology is uniquely positioned to benefit from social media. Social media presents opportunities to generate and spread suicide safer messaging in ways that can be more widespread, targeted, measurable, effective, and cost-efficient. In addition to prevention, social media may be a useful medium for risk detection and intervention. It also provides a means for interdisciplinary networking and collaboration, rapid curation of ideas and information, and suicidology content distribution. In the past, many mental health professionals have had an uneasy relationship with both media and technology innovation. Dr. Foreman will provide insights on the skills and strategies that will be important to develop as our profession experiences inevitable cultural and paradigm shifts due to changes in media and emerging technology.

11:15am - 12 noon

Expanding the Suicide Prevention Paradigm: Establishing and Promoting the Importance of Upstream Suicide Prevention Approaches

(left to right) **Philip Rodgers, PhD, Evaluation Scientist, American Foundation for Suicide Prevention (SPTS); Scott Fritz, President, SPTS; Maureen Underwood, MSW, Clinical Director, SPTS; Peter Wyman, PhD, Professor, Department of Psychiatry, University of Rochester School of Medicine and Dentistry**

Suicide prevention efforts have typically focused on crisis intervention, case identification and treatment. In essence, waiting until someone manifests symptoms of suicide risk before intervening. But what if we could prevent the very onset of suicide risk? Upstream suicide prevention approaches attempt to do just that. This panel presentation will highlight theoretical and empirical evidence in support of upstream suicide prevention approaches, such as the Good Behavior Game, a classroom management technique for early elementary students that demonstrated a 50% cumulative reduction in suicide attempts when those same students reached early adulthood. The panel will include upstream perspectives from a survivor of suicide loss, a community suicide prevention provider, and a suicide prevention researcher.

AAS Annual Preconference Workshops

TUESDAY APRIL 8th & WEDNESDAY, APRIL 9th

WORKSHOPS AT-A-GLANCE

Please complete Section 1 of the Conference Registration Form and enclose a separate fee as indicated.

SPECIAL TWO-DAY PRECONFERENCE WORKSHOPS, TUESDAY AND WEDNESDAY

FULL-DAY WORKSHOPS -- WEDNESDAY

HALF-DAY WORKSHOPS -- WEDNESDAY MORNING--8:30am to 12 noon

HALF-DAY WORKSHOPS -- WEDNESDAY AFTERNOON--1:00pm to 4:30pm

Preconference workshops will be offered on Tuesday/Wednesday only!
You may register for one morning workshop and one afternoon workshop and save by paying the fee of a full-day workshop.

Special Two-Day Preconference Workshops

Workshop #1

Pre-registration is required. No on-site registrations will be accepted for this workshop.

Recognizing and Responding to Suicide Risk (RRSR): Essential Skills for Clinicians

Robert D. Canning, Ph.D, Senior Psychologist Specialist, Statewide Mental Health Program, Sacramento, CA

The RRSR is a skills-based interactive training workshop that includes:

Two full days of face-to-face training provides time to gain knowledge and practice skills, using multiple case application exercises, of importance to everyday clinical practice.

The overall purpose of this training is to reduce suicidal behaviors and completed suicides in the at-risk population of individuals who interact with mental health professionals. This training is skills-based and will include significant time for role-playing, video analysis, and discussion.

The curriculum is based on a set of 24 core competencies derived from empirical evidence and best practices based on the perspectives and knowledge of a task force comprised of the world's leading clinical and research experts.

Professional training programs rarely systematically teach how to adequately recognize when a client is at risk for suicide; nor do they teach standard of care interventions tied to a clinician's formulation of a client's risk. Moreover, few clinicians are up to date with the latest research literature on suicide risk assessment and treatment models.

The RRSR training is designed to increase your *Competence* and *Confidence*. With 90% of suicide deaths linked to an untreated or under-treated mental health disorder, it is imperative that every clinician be able to accurately identify empirically-based chronic and acute risk factors, reasonably formulate a client's risk, and develop and implement a treatment plan tied to that formulation of risk.

Workshop #2

Pre-registration is required. No on-site registrations will be accepted for this workshop.

Recognizing and Responding to Suicide Risk (RRSR): Essential Skills for Clinicians Working with College and University Students

Harry Rockland-Miller, PhD
Director, Center for Counseling and Psychological Health, University of Massachusetts at Amherst

Back by popular demand, AAS is offering this specialized version of the RRSR Training, tailored for those clinicians working in a university or college setting.

RRSR College/University is specifically designed to focus on issues in the college and university population. Suicide is among the leading causes of death of college students. Research has suggested that up to 8% of college students have a history of suicide attempt, and 6% have seriously contemplated suicide in the past 12 months. There are many unique issues in responding to suicide risk in this population, including understanding developmental components, role of the family, and management within the campus community

RRSR College/University will augment the standard RRSR curriculum via: 1) clinical case discussions of unique dilemmas that come up in the college population and community; 2) review of the Comprehensive Approach developed by SPRC/Jed foundation; 3) discussion of suicide prevention strategies for the defined campus community; 4) the role of Student of Concern Committees; and 4) strategies for the campus when a suicide does occur.

Update: 2014 Clinician Survivor Task Force Events

The AAS Clinician Survivor Task Force provides support and resources to clinicians and professional caregivers who have experienced the suicide loss of clients, family members and/or clinical colleagues. This year's events include presentations during the conference and Survivor Day, as well as a discussion/support group as part of the Survivors conference. On Friday, from 12-1:30 (subject to change), we will meet for our annual task force lunch, open to any interested Clinician Survivors. The location will be posted in the Conference registration area and message board. In addition, the Task Force has an ongoing Clinician-Survivor's listserve. To join, please contact Dr. Vanessa McGann (below). Please feel free to contact us with any questions, but please include "Clinician Survivors" in the subject line to eliminate Spam deletion. We look forward to seeing you in April. Nina J. Gutin, Ph.D: ngutin@earthlink.net Vanessa McGann, Ph.D: VLMcGann@aol.com

Full-Day Preconference Workshops

Workshop #3

Twin Pillars of Suicide Prevention: Creating Resiliency and Hope and the Delicate Art of Uncovering Suicidal Ideation and Intent

Shawn Christopher Shea, MD

Director, Training Institute for Suicide Assessment and Clinical Interviewing (TISA), and author of *The Practical Art of Suicide Assessment: A Guide for Mental Health Professionals and Substance Abuse Counselors*

Dr. Shea begins by describing an innovative model - matrix treatment planning - designed to help the client and the clinician to collaboratively uncover new solutions to difficult problems while uncovering hope. The concept of the human matrix also provides a refreshing antidote to provider "burn-out." Shea's matrix model and his unique conceptualization of happiness provide tools for proactively preventing suicidal ideation by building resiliency into clients throughout their life cycle. In the next workshop, a fresh look is given to risk and protective factors, focusing on their immediate application to the clinical formulation of suicide potential. Dr. Shea then dissects the fine art of documenting a suicide assessment providing tips for creating a useful clinical document, that can help to save lives, as well as a forensically sound document, that can keep the clinician out of court.

After lunch, using a video of a troubled adolescent, Dr. Shea brings to life seven interviewing techniques - such as shame attenuation, gentle assumption, and the newly minted "catch-all question" - created to help clients share sensitive and taboo material. These validity techniques provide powerful gateways for uncovering the dangerous secrets that may lead to suicide including: physical abuse, drug abuse, antisocial behavior, and incest. Dr. Shea subsequently provides an updated version of his workshop demonstrating his flexible interviewing strategy for uncovering suicidal ideation, behavior, and intent – the highly acclaimed Chronological Assessment of Suicide Events (the CASE Approach). Using a compelling video, new nuances of the CASE Approach are described including Dr. Shea's recently published material on the Equation of Suicidal Intent.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Effectively apply the principles of matrix treatment planning and understand their relationship to the quest for a more resilient form of happiness and suicide prevention (including healing matrix effects, damaging matrix effects, and the Red Herring Principle)
2. Use the current state of the art regarding risk and protective factors to better formulate suicide risk while simultaneously creating sound written documents
3. Recognize and utilize the following seven interviewing techniques for increasing validity: normalization, shame attenuation, the behavioral incident, gentle assumption, denial of the specific, the catch-all question, and symptom amplification
4. Apply the CASE Approach to effectively uncover hidden suicidal ideation, actions and intent whether face-to-face or during a telephone intervention

Workshop #4

State Suicide Prevention Coordinator Workshop: Implementing your State Plan and Demonstrating Impact

Faculty (left to right):

Andrea Iger Duarte, MSW, MPH, LCSW - CT Department of Mental Health and Addiction Services Prevention & Health Promotion Unit (Suicide Advisory Board Co-Chair)

Nina R. Heller, PhD – University of Connecticut, School of Social Work

Timothy M. Marshall, MA, MSW, LCSW – CT Department of Children and Families (Suicide Advisory Board Co-Chair)

Robert H. Aseltine, Jr., PhD – University of Connecticut Health Center, Institute for Public Health Research

Sara T. Wakai, PhD – University of Connecticut Health Center, Institute for Public Health Research

Ellyson R. Stout, MS – Prevention Support Program Manager, Suicide Prevention Resource Center (SPRC)

Gayle Jaffe, MSW, MPH – Senior Prevention Specialist, SPRC

Adam Chu, MPH – Prevention Specialist, SPRC

After the 2012 release of the new National Strategy for Suicide Prevention (NSSP), state suicide prevention plans across the country have been refreshed and updated. With renewed attention on suicide prevention from both national and state leadership, it is critical for those implementing these plans to demonstrate the difference they are making. Co-facilitated by SPRC and State suicide prevention leadership from Connecticut, this workshop will bring state suicide prevention leaders together to share strategies, challenges, and opportunities in revising, implementing and evaluating state plans and efforts. Last year, more than 25 participants representing 19 states participated in this one-of-a-kind opportunity for state coordinators to come together and share

their experiences and found the session invaluable. Join us to learn and exchange with your peers on topics from engaging new partners, to creating consensus on priorities, to establishing realistic measures that can demonstrate progress and impact in your state!

Learning Objectives: By the end of this workshop, participants will be able to:

1. List and discuss new tactics and strategies their peers are using to implement state suicide prevention plans and efforts
2. Share strategies to build consensus among diverse stakeholders on state suicide prevention priorities
3. Identify concrete ways to demonstrate the ongoing impact of their statewide suicide prevention work

Workshop #5

Training in the Collaborative Assessment and Management of Suicide (CAMS)

David A. Jobes, PhD, ABPP
Professor of Psychology, Associate Director of Clinical Training, The Catholic University of America

The Collaborative Assessment and Management of Suicidality (CAMS) is a therapeutic framework for identifying, assessing, treating and tracking suicidal risk to clinical outcomes. CAMS is both a clinical philosophy and a specific series of clinical interventions that is designed to modify clinician behaviors by using a multi-purpose clinical tool called the Suicide Status Form (SSF). The SSF serves as a kind of roadmap that guides clinical practice with suicidal patients while simultaneously creating extensive and thorough medical record documentation that should significantly reduce the risk of malpractice liability. The CAMS approach and use of the SSF is supported by over 25 years of clinical research with a variety of suicidal populations (Comtois et al., 2011; Jobes, 1995; 2000; 2006; 2012; Jobes et al., 1997; 2004; 2005; 2009). This workshop will train participants in the essential components of CAMS and the practical use of the SSF. In addition, there will be further discussion of CAMS as an evidence-based problem-focused intervention that is currently being studied in various randomized trials. For the suicide-anxious clinician, CAMS provides a practical vehicle for competently engaging and working with suicidal patients by strengthening the therapeutic alliance while increasing motivation in the patient to develop better coping skills and the means to ultimately pursue a life with purpose and meaning.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Identify suicidal risk early in the clinical engagement and how to use the SSF to collaboratively assess suicidal risk
2. Develop SSF-based suicide-specific outpatient treatment plans that emphasize the development of a stabilization plan and the identification of suicidal "drivers" as a focus of treatment
3. Clinically track, assess, and treat suicidal drivers with problem-focused interventions
4. Handle and document the range of clinical outcomes using CAMS

Workshop #6

lossTalk

Frank R. Campbell, PhD, LCSW, CT
Senior Consultant for Campbell and Associates Consulting, LLC., Baton Rouge, Lousiana, USA

This workshop is designed to build individual and community capacity to help persons bereaved by suicide (postvention). The program is a starting point for all who come into contact with suicide loss or might want to help. It instills hope that journeys through suicide loss can nourish growth. It also empowers the community to support that growth. Stories of those who have journeyed through loss and growth highlight this exploration. In some cases, that journey leads to contributions to suicide prevention. Handouts are provided to aid participants in their exploration of this topic while encouraging participants to privately assess their attitudes, knowledge and abilities. In addition participants will be encouraged to assess their community's postvention supports for survivors of suicide.

The program explores the needs of persons bereaved by suicide. A model that describes the goal of this bereavement process will be described. How someone navigates this model may depend on the resources in their community to provide increased hope, which in turn, supports the continuation of their journey. As every journey is somewhat unique, some who are bereaved may reach all of these goals and many will not. Ways to help meet each goal will be suggested. Participants will come to understand and accept that helping is something to which every one can contribute in some way or another. Many will travel this journey with little help—and certainly with little formal or organized help. Many need some help. Currently, too many are diverted and delayed, sometimes for the rest of their lives. While never easy, the journey would be easier for all were it not for stigma. The single most striking feature of suicide bereavement is stigma. In insidious ways, stigma causes otherwise well meaning persons to miss (I did not know), dismiss (I do not want to know) and avoid (I do not want to get involved) the suicide bereaved. lossTALK explores the reasons for missing, dismissing and avoiding, including the notions about suicide bereavement and the bereaved

that fuel these behaviors. Ample time for interaction with the presenter is designed into our day together. To enhance participant learning this workshop will also be supported by video, PowerPoint and case examples.

Learning Objectives: At the end of this workshop, participants will be able to:

1. Expand their capacity for individual and community bereavement support while challenging stigma's hold over individuals and the community
2. Increase their perspective about suicide bereavement
3. Increase their sensitivity to the needs of the suicide bereaved

Workshop #7

Brief Cognitive Behavioral Therapy for Suicidality (BCBT-S) with Military Personnel and Veterans

Craig J. Bryan, PsyD, ABPP
Associate Director, National Center for Veterans Studies; Assistant Professor, Department of Psychology, The University of Utah

M. David Rudd, PhD, ABPP
Founder and Scientific Director, National Center for Veterans Studies and Provost, University of Memphis

Suicides among military personnel and veterans have more than doubled during the past decade, with rates continuing to rise. Brief Cognitive Behavioral Therapy for Suicidality (BCBT-S) is a 12-session outpatient psychological treatment that was specifically developed for military personnel and veterans by modifying treatments found to be effective in non-military groups. Results of a recently-completed clinical trial indicate that BCBT-S reduces the risk for subsequent suicide attempts among military personnel by half, and contributes to significantly greater reductions in posttraumatic stress symptoms relative to standard mental health treatment. Clinical outcomes were achieved despite significantly fewer days of inpatient psychiatric hospitalization. The current workshop is designed to introduce participants to the military culture and to provide participants with and in-depth understanding of BCBT-S and concrete instruction for successfully delivering the treatment with actively suicidal service members, as well as non-military patient populations. Participants will receive a copy of the treatment manual, which includes forms and worksheets that can be used in clinical practice across patient populations, both military and non-military learning.

Objectives: By the end of this workshop, participants will be able to:

1. Describe an empirically-supported biopsychosocial model of suicide
2. Effectively discuss with patients the risks of suicidal behavior both in and out of therapy as a routine part of informed consent
3. Understand common issues of confidentiality when working with military patients
4. Conduct a risk assessment interview in a manner that increases accurate and honest disclosure of suicidal ideation and behaviors
5. Develop a written treatment and services plan that addresses suicide risk and is based on empirically-supported interventions
6. Effectively provide means restriction counseling to suicidal patients
7. Develop a written crisis response plan to reduce acute suicide risk
8. Use cognitive strategies and interventions to undermine suicidal beliefs that contribute to suicidal behaviors
9. Explain and administer a relapse prevention task for reducing suicidal behaviors

Morning Preconference Workshops

Workshop #8A

School-Based Suicide Prevention and Postvention: Current Best Practices

David Miller, PhD
Associate Professor. Division of School Psychology, Department of Educational & Counseling Psychology, University at Albany, SUNY

The purpose of this pre-conference workshop is to provide information on current best practices in school-based suicide prevention and postvention, conceptualized within a public health model. Specifically, programs will be described that provide (a) universal prevention programs for all students; (b) selected interventions for at-risk students; (c) tertiary interventions for students who exhibit possible suicidal behavior; and (d) recommended postvention procedures to implement following a student's death by suicide. Other issues addressed in the workshop will include a discussion of effective screening programs, the advantages and disadvantages of such programs, and evidence-based risk factors for and warning signs of possible suicidal behavior. Current controversies will also be reviewed, including the relationship between antidepressant medication and suicide. The issue of the relationship between bullying and suicide will also be addressed, as well as the disturbing phenomenon of murder-suicide. Finally, specific, recommended actions school personnel should take when interviewing and/or interacting with suicidal youth will also be provided, including how to effectively respond to

students, staff, and the media if and when a suicide does occur.

Learning Objectives: By the end of this workshop, participants will be able to:

1. List and discuss current best practices in school-based suicide prevention for students in elementary, middle, and high schools
2. Implement evidence-based interventions for children and adolescents at risk for or currently engaging in suicidal behavior
3. Design recommended school-based suicide postvention procedures

Workshop #9A

Suicide Prevention in Emergency Departments: Meeting the Challenge, Seizing the Opportunity

Leslie S. Zun, MD, MBA
Professor and Chair, Department of Emergency Medicine, Chicago Medical School, Mount Sinai Hospital

Michael Wilson, MD, PhD, FAAEM
Attending Physician, UCSD Department of Emergency Medicine & Director, Department of Emergency Medicine Behavioral Emergencies Research lab,

Richard McKeon, PhD
SAMHSA Suicide Prevention Branch Chief

Jon Berlin, MD
Associate Clinical Professor, Department of Psychiatry & Behavioral Medicine, Department of Emergency Medicine, Medical College of Wisconsin

Mort Silverman, MD
Suicide Prevention Resource Center (SPRC) Science Senior Advisor

Michael H. Allen, MD
Professor of Psychiatry and Emergency Medicine, University of Colorado School of Medicine and Director of Research, Colorado Depression Center

Lisa Capoccia, MPH - SPRC Provider Initiatives

Nearly all roads in suicide care lead to the emergency department (ED). Widely available, open 24/7, and offering links to specialty care, for better or worse the ED is where patients in crisis are told to go. However, despite tremendous opportunity for positive intervention with suicidal patients, EDs present a unique set of challenges and barriers to quality of care improvements. The National Strategy for Suicide Prevention (NSSP) references EDs in eleven of its 60 objectives, and a recent finding of the Research Prioritization Task Force of the Action Alliance for Suicide Prevention showed if all of the suicidal patients seen in EDs could be identified and all of their suicides prevented, it would result in a 25% reduction in the U.S. suicide rate. How might the AAS community capitalize on these opportunities and join with emergency medicine colleagues to address the challenges? This workshop—for clinicians, suicide prevention professionals, and policy makers—closely examines three key areas of suicide prevention in EDs: the emergency care landscape for suicidal patients in the U.S., the ED role in evaluation and treatment of the suicidal patient, and best practices for quality of care improvements. Faculty will provide results from the SPRC Emergency Department Consensus Panel study and facilitate an interactive ED strategy development exercise with participants.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Describe the current emergency care landscape for suicidal patients in the U.S.
2. Define clinical care standards for evaluation and treatment of suicidal patients in ED
3. List and describe access to the best practice programs, practices, and tools for suicide prevention in EDs
4. Develop individualized strategies for promoting suicide prevention in ED settings specific to the participant's area of work

Workshop #10

Reducing Veteran Suicide and Enhancing Veteran Care through VHA and Community Provider Collaboration

Shannon McCaslin, PhD
Clinical Psychologist, Dissemination & Training Division,National Center for PTSD, VA Palo Alto HCS

Stephanie Weaver
MSG, National Guard Counterdrug Liaison to SAMHSA

Caitlin Thompson, PhD
Deputy Director, Suicide Prevention, Canandaigua VA Medical Center

Janet E. Kemp, RN, PhD
Mental Health Program Director, Suicide Prevention & Community Engagement Office of Mental Health Services (10P4M) Veterans Health Administration

Timely access to care, communication among providers, and coordination of care have been shown to be among the most commonly identified organizational root causes of suicide in Veterans (Mills et al., 2011). Ensuring that Veterans receive timely evidence informed assessment and treatment for mental health concerns is instrumental in reducing suicide risk. However, it has been estimated that only about 50% of Veterans in need will seek mental health care (Hoge, 2011). Barriers to seeking care include logistical factors such as navigating health and mental health systems, lack of time to attend an appointment during daytime hours, and transportation difficulties (Kim et al., 2010). Provision of quality services in one's home community has potential to overcome many of these barriers. However, community providers vary greatly in both their understanding of military culture and knowledge of Veteran focused assessment and treatment resources - which can have implications for both treatment engagement and treatment planning. In an effort to increase communication and collaboration with community providers, the Department of Veterans Affairs Mental Health Service and the National Center for PTSD developed the Community Provider Toolkit. The Toolkit is a web-based resource intended to improve communication between VA and providers in the community and place Veteran focused assessment and treatment resources in the hands of community providers. This workshop aims to provide the participant with a deeper understanding of military culture, how to screen for military experiences and background, and how VA and community providers can better communicate to ensure coordination of care for Veteran clients. The components of the Community Provider Toolkit related to suicide prevention, mental health assessment and treatment, and VA collaboration will be discussed.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Describe and discuss basic understanding of military culture and how to screen for military experience and background
2. Access VA resources and information available through the Community Provider Toolkit
3. Discuss and utilize the resources and education available through the Community Provider Toolkit that is specific to suicide prevention with Veteran clients

Workshop #11

Targeted Training…or: How I Learned to Love the F-Bomb

Aaron D. Werbel, PhD
Captain, Medical Service Corps, United States Navy and Director, Midshipmen Development Center, United States Naval Academy

Jeremy Epstein
Vice President of Marketing, SPRINKLR and Founder of "Never Stop Marketing"

How true is your aim? You have to hit the nail squarely on the head for your message to resonate with the audience you are targeting. Only with a direct hit, you may hope to generate the necessary commitment and inspire enough passion to prevent suicides in your community. Suicide prevention requires the same successful marketing strategy that makes a commercial product fly off the shelves. All too often smart, thoughtful practitioners develop clinically sound prevention messages and trainings only to hear snoring 20 minutes into their presentation. Opportunity lost. If the audience you are trying to reach uses colorful language, are you prepared to drop a few F-bombs into your message? This workshop will provide you with the tools to analyze your audience, craft an effective message, and create raving fans to spread the word. Examples include the development of the Marine Corps Suicide Prevention Program – Never Leave a Marine Behind that reflects the prism of a unique warrior ethos resulting from immersion in a military culture through which Marines view their world. Many prevention programs are informed by the scientific knowledge and professional consensus of the suicidology community, but few benefit from the expertise of Madison Avenue. This workshop will teach you how to apply the latest social media marketing strategies to turn your targeted training into an effective prevention message.

Learning Objectives: By the end of this workshop, participants will be able to:

1. List and discuss strategies to effectively analyze the unique language and culture of your targeted audience for suicide prevention
2. List and describe steps to develop an effective targeted suicide prevention message
3. Incorporate the latest social marketing strategies to maximize the spread of your suicide prevention message

Workshop #12

Clinicians' Suicide Loss: What We Know, What We Can Do

Nina J. Gutin, PhD
Clinician in Private Practice

Vanessa McGann, PhD
Clinician in Private Practice

Lauren Wecker, PsyD
Clinician-Survivor

Within the mental health field, studies have found that one in five psychologists, social workers and other mental health professionals (and one in two psychiatrists) lose a patient to suicide in the course of their careers; a statistic that suggests a clear occupational hazard. Despite this, the mental health profession continues to view suicide loss as an aberration. Consequently, there is often a lack of preparedness for such an event when it does occur.

This workshop will summarize what's currently known about the personal and professional experience of a clinician's suicide loss (of both clients and loved ones), and will highlight many of the common professional issues experienced by clinicians subsequent to such a loss, as well as those factors which optimally facilitate recovery and growth. The role of stigma around the areas of suicide loss and professional vulnerability will be addressed, particularly as these may serve to exacerbate the isolation that many clinicians experience after such a loss. In addition, faculty will describe the legal and ethical issues that may arise after the suicide of a patient, and which are likely to further complicate clinicians' responses to these issues, particularly issues pertaining to contact with the deceased's family after a suicide. Guidelines for consideration of these issues will be offered. Following this, a Clinician survivor will describe his/her experience with the loss of a client, and the factors in their movement through the recovery process which were most and least helpful. We will then present research which highlights the optimal responses to client suicide offered by training programs, clinics and supervisors (previously presented as AAS workshops).

The final portion of the workshop will consist of a facilitated discussion among clinician attendees regarding their experiences of suicide loss and its aftermath. This will be a unique and confidential process where topics typically difficult to broach or explore in other professional settings will be welcomed and elaborated. Depending on the number of attendees, there may be separate breakout groups for clinicians who have experienced client vs. family loss. Participants will be encouraged to share their experiences and the learning that has evolved from this, both in order to obtain support for themselves and other support workshop attendees, but also to add to the circulating knowledge which would optimally lead to "best practice" guidelines for the mental health field. This discussion will elicit ideas about how the Clinician-Survivor Task Force can decrease professional stigma through continued outreach to new clinician-survivors, as well as through our unique abilities to offer education and training around these issues within our larger mental health communities. Bibliographies of current literature and research will be made available for attendees, as well as opportunities to make use of support and educational resources through the Clinician-Survivors Task Force, its website and its national on-line listserve.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Demonstrate knowledge of research related to the effects of patient/family suicide on clinicians, as it relates to both personal and professional contexts
2. Demonstrate knowledge about how to facilitate optimal outcomes in relation to these losses from the personal, professional, clinical, educational, familial, administrative, and legal perspectives
3. Discuss the nature of current and future research on Clinician-Survivor issues, as well as current opportunities for contributing to and disseminating this research

Workshop #13

Improving Suicide Prevention through Program Evaluation: A Step-by-Step Workshop to Help you Evaluate your Suicide Prevention Program

Joie Acosta, PhD
Psychologist and Behavioral Scientist, RAND and Co-investigator, The War Within, a recent study on suicide prevention in the military

Dr. Rajeev Ramchand, MD
Psychiatric Epidemiologist and Senior Behavioral Scientist at RAND, Lead Evaluator, California's Prevention and Early Intervention Suicide Prevention programs

How can I tell if my suicide prevention program is working? What program outcomes should I measure given that data on suicide rates lags too far behind my program to be useful? What do I need to know when deciding whether to sustain, scale-up or discontinue program efforts?

Come get these questions answered and more at a half-day workshop that will walk participants step by step through RAND's newly developed Suicide Prevention Program Evaluation Toolkit! The toolkit is designed to help suicide prevention program staff determine whether their programs are having beneficial effects and where improvements

are needed. Two of RAND's experts on suicide prevention will walk attendees through the process of designing and implementing the best evaluation strategy, tailored for their program type and available resources and expertise. Attendees will gather valuable information about their program's activities, objectives, and outcomes with the help of interactive tools—worksheets, templates and checklists. Collectively, these tools illuminate ways in which the program has been successful in achieving its goals and potential areas of improvement. After working through the toolkit, participants should have a better idea of how to allocate scarce resources to get the best possible outcomes from their programs. Participants will receive hard copies of the toolkit at the workshop, and electronic versions are available for free at RAND's website.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Learn the latest evaluation research on suicide prevention program evaluation
2. Design an evaluation that is appropriate based on the type of program they are implementing and available resources and expertise
3. Select measures for new evaluations and augment ongoing evaluations
4. Receive basic guidance on how to analyze evaluation data and improve the effectiveness of SPPs

Workshop #14

Decision-Making under Stress: Acquiring Skill in Assessing and Managing High Risk Patients

Phillip M. Kleespies, PhD

Mental Health Consultant, VA Boston Healthcare System

This workshop is about acquiring skill in the area of practice known as behavioral emergencies (i.e., in evaluating and managing patients or clients who are at risk of suicide, violence, or interpersonal victimization). In particular, it is about acquiring skill in making the, at times, difficult decisions in clinical situations in which there is the possibility of patient life-threatening behavior. Many times, these decisions need to be made under time pressure, the pressure of the particular circumstances, and with incomplete knowledge about the patient. There is considerable evidence that many clinicians feel stressed under such conditions. While some clinicians perform very well under stress, others have found that their decision-making process becomes compromised. In dealing with behavioral emergencies, it is therefore recommended that the training of mental health clinicians include what has been referred to as stress training, and, in particular training with a Stress Exposure Training (SET) model.

The SET model has the professional or professional-in-training acquire skills under conditions that increasingly approximate very stressful circumstances, and concludes with the individual gaining actual experience with such circumstances. This graduated approach to skills training is ideally suited to training in the evaluation and management of behavioral emergencies where the stakes can be high. It is also based on the supposition that competence in some things (such as working with behavioral emergencies) is only ultimately attained in the doing.

In this workshop, we will examine what is meant by a behavioral emergency. We will discuss what model of decision-making seems most appropriate for dealing with behavioral emergencies. We will review what is meant by stress exposure training as it is applied to behavioral emergencies. We will engage in mental practice with emergency or crisis case scenarios (i.e., cases in which patients are potentially suicidal or violent or both). We will discuss the approach to risk prediction known as structured professional judgment and its possible application in behavioral emergencies through decision support tools. Finally, we will examine how training for and assessment of competence in managing behavioral emergencies are best accomplished in real-life encounters with actual patients while under close supervision or, at least, under so-called near experience emergency conditions.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Describe a decision-making model appropriate to dealing with behavioral emergencies.
2. Discuss the importance of stress exposure training for managing behavioral emergencies.
3. Explain why training for competence in working with behavioral emergencies is best accomplished through encounters that are faithful to what occurs in actual practice.

Afternoon Preconference Workshops

Workshop #8B

Schools and Suicide Liability

James Mazza, PhD
Professor, Educational Psychology, University of Washington

Scott Poland, EdD
Professor of Psychology, Nova Southeastern University

This workshop is for school personnel and legal advocates who are concerned about the procedures schools use in suicide prevention, intervention and postvention as well as bullying. Legal cases will be discussed with the focus on

legal perspectives that need to be addressed by the school and by those who believe the school has not done enough. In addition, the results of recently settled cases will be discussed and what implications those settlements have on school suicide prevention, intervention and postvention procedures. Finally, the relationship of suicide and bullying victimization will be discussed and the current status of several prominent cases where this has occurred.

Learning Objectives: By the end of this workshop, participants will be able to:

1. List and discuss issues and procedures that schools failed to do in prior legal cases regarding suicide and/or bullying victimization
2. Discuss the importance of notifying parents and others regarding the risk of suicidal behavior and bullying
3. List and discuss the legal issues that have occurred in cases where a youth has died by suicide who was also bullied.

Workshop #9B

A National Model for Reducing Referrals of Adolescents to Emergency Departments and Psychiatric Hospitalizations for Suicide Risk

Max Banilivy, PhD - Clinical psychologist and Director, Family Wellness Center

Melanie Puorto, MS - Director, NYS Office of Mental Health Suicide Prevention Initiative

Jon Berlin, MD - Associate Clinical Professor, Department of Psychiatry & Behavioral Medicine, Department of Emergency Medicine, Medical College of Wisconsin

Emergency department (ED) visits and psychiatric hospitalization (PH) of adolescents for suicide risk is costly at many levels. A consortium of professionals and stakeholders including but not limited to hospitals, schools, families and teenagers themselves, to name a few, have questioned effectiveness of such referrals and have been concerned about the long term damage and emotional consequences of such experiences. A typical referral of a teenager from a school sent by the police to the emergency room involves at least five systems. By some estimates at least 30-50 percent of the referrals of the teenagers to EDs are ineffective and result in discontinuous care.

Given the current state of knowledge about suicide risk management, it is essential that the above area is examined more thoroughly and stakeholders are united to work toward more effective management of suicide risk in adolescence. In order to accomplish this task the following items should be more closely examined as the starting point.

- The review of the experiences of the families and teenagers themselves
- Designation of key stakeholders
- Review and comparison of policies and procedures of schools versus mental agencies/hospitals
- Legal issues including litigation and fears on the part of professionals
- Training and education

Learning Objectives: By the end of this workshop, participants will be able to:

1. Current understanding and review of limitations of systems of care
2. Examinations of the concerns from one STATE's point of view and potential interventions
3. Development of individual models for different entities customized to their needs

Workshop #15

The Perversion of Virtue: Understanding Murder-Suicide

Thomas Joiner, PhD
The Robert O. Lawton Distinguished Professor in the Department of Psychology at Florida State University (FSU)

Murder-suicide is an appalling tragedy, which, in the U.S. alone, happens more than twice a day, every single day. Yet, our understanding of the phenomenon is not particularly well developed. This workshop, based on the book of the same title (scheduled for release by Oxford University Press in March 2014), advances and defends a conjecture about the mental processes involved in murder-suicide: That suicide is primary in murder-suicide, meaning that perpetrators first decide on their own deaths and then as a consequence decide on others' deaths; that, in the mind of the perpetrator, the decision to kill others is a virtuous necessity in light of the perpetrator's impending suicide; and that this perversion of virtue in murder-suicide always involves one of four virtues: mercy, justice, glory, and duty. Using descriptions of numerous actual occurrences of murder-suicide, sources like notes left by perpetrators and witness accounts, as well as the relatively sparse scholarship to date, this perspective on murder-suicide is articulated and critically evaluated. The model has implications for future research as well as for clinical work, forensics, and prevention.

Learning Objectives: By the end of this workshop, participants will be able to:

1. List and discuss basic demographic and related facts

about murder-suicide (e.g., prevalence, cross-cultural occurrence, usual methods, perpetrator and victim profiles)
2. Discuss a novel framework for understanding murder-suicide based on the perversion of virtue account
3. Incorporate the implications of this framework into their clinical work, forensics, and prevention

Workshop #16

Suicide Prevention among Older Adults: From Risk to Resiliency and From Theory to Practice

Marnin J. Heisel, PhD
Associate Professor and Director of Research, Department of Psychiatry, Western University, London, Ontario, Canada, and Adjunct Faculty, Center for the Study and Prevention of Suicide, University of Rochester Medical Center

Mark Kaplan, PhD
Professor of Social Welfare, UCLA Luskin School of Public Affairs

Kelly Cukrowicz, PhD
Associate Professor, Department of Psychology, Texas Tech University

Annette Erlangsen, PhD
Senior Researcher and Program Leader, Research Unit, Mental Health Centre Copenhagen, Capital Region of Denmark, Denmark and Adjunct Associate Professor, John Hopkins Bloomberg School of Public Health

If you are a healthcare researcher, practitioner, policy analyst, or advocate, you need to know about suicide prevention among older adults. Within the next 20 years, nearly one in four North Americans will be over the age of 65, drastically changing the face of the population. Baby-boomers carry high lifetime rates of suicide and began reaching their senior years in 2011. Older men have the highest suicide rate in the U.S., more than doubling the national average, and exceeding that of older women sevenfold. Older adults employ highly violent means of suicide; more than three-quarters of older men who died by suicide in 2010 utilized firearms. Shifting population demographics, together with the high rate of suicide and lethal means of self-injury among older adults, necessitate working knowledge of late-life suicide and its prevention.

During this interactive half-day workshop, you will learn about the epidemiology of late-life suicide, associated risk factors, resiliency processes, and explanatory models, and approaches to risk detection and intervention across clinical, community and population health strata.

Learning Objectives: By the end of this workshop, participants will be able to:
1. Discuss the prevalence of suicide among older adults
2. List and discuss the contributing factors of suicide among the elderly
3. Conduct a clinical assessment and identify treatment options/approaches for clinical intervention Discuss implications for public health prevention

Workshop #17

It's not Impossible! Translating Research into Real World Interventions

Doug Gray, MD
Director of Training and Education, Department of Psychiatry, University of Utah

Perry Renshaw, MD, PhD
Professor of Psychiatry, University of Utah School of Medicine

Erin McGlade, PhD
Affiliated Psychologist, University of Utah Neuropsychiatric Institute

For the past two decades there has been a grassroots effort by Utah government agencies and non-profits to cooperate with the University of Utah to better understand suicide and suicide prevention. Each research project has started at the Office of the Medical Examiner (OME), a centralized system, with a statewide database. Utah government agencies have turned over their data on suicide completers, to University of Utah Suicidologists. Research findings have informed suicide prevention programs. In recent years, inroads have been made to better understand veteran suicide.

This workshop will cover the Utah Youth Suicide Study discovery that the juvenile courts are the most likely place for a youth suicide completer to have government agency contact prior to death. Further studies in the courts led to development of an evidence-based treatment program for mentally ill juvenile offenders.

The Rocky Mountain States are the region with the highest suicide rates. Dr. Renshaw's team has published on the high correlation between suicide rates and altitude, for the United States, and replicated the findings in South Korea. Dr. Renshaw proposes a genetic predisposition for susceptible patients who struggle with depression at altitude, as well as a novel medical treatment for high altitude depression.

Dr. McGlade works with the Medical Examiner and the VA, looking at the similarities and differences of suicide among veterans vs. non-veterans. Understanding more about the characteristics of veterans who suicide is needed to help design better programs. She will also share information on new programs within the VA to reduce suicide.

Overall, the audience will get a sense of how the collaborative suicide prevention effort in Utah breaks down silos, advances science and benefits everyone. At the end of the Workshop, Dr. Gray will review several innovative

projects now under way in Utah, and he will solicit feedback and ideas from the audience.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Discuss how the Utah Youth Suicide Study findings led researchers to the juvenile court system, and then to a new evidence-based intervention
2. Explain how the "altitude hypothesis" was developed, the brain chemistry involved, and how this led to the development of a novel medical treatment
3. Describe how research and interventions for veteran suicide is being advanced by teamwork between a medical examiner, a university, and a VA hospital

Workshop #18

Working Minds: New Developments in Suicide Prevention in the Workplace

Sally Spencer-Thomas, PsyD
CEO & Co-Founder, Carson J Spencer Foundation and co-author of Working Minds: Suicide Prevention Toolkit

This interactive workshop will use participant discussion, multi-media tools, and case study analysis to explore new developments in workplace suicide prevention and create an industry-specific blueprint for a comprehensive approach.

Depression is a top driver of health care costs to employers. Depression represents employers' highest per capita medical spending (per-capita annual cost of depression is significantly more than that of hypertension or back problems, and comparable to that of diabetes or heart disease. People with depression also have more sick days than people suffering from other conditions) . If we take a snapshot of any workplace at any given point in time, at least one in five people will have a diagnosable mental health condition. The most common among these are mood disorders like depression or substance abuse disorders like alcohol abuse. The majority of people who die by suicide are working aged people. While other groups' suicide rates are holding steady or decreasing, the rates for men and women in the middle years has increased significantly over the last decade.

Everyone in a workplace plays a role in mental health promotion and suicide prevention. By engaging in simple preventative steps (e.g., stress management, depression screenings, etc.) anyone can help maintain their own mental health and by learning practical tactics (e.g., becoming suicide prevention gatekeepers, referring coworkers to employee assistance services, etc.) employees help promote the mental health and safety of others.

A comprehensive and evidence-based approach to suicide prevention and mental health promotion exists, is cost-effective and gives employers a clear guide on what to do. By being "visible, vocal and visionary" leaders, employers can set the expectation that a culture of health and safety is a priority and that mental health promotion and suicide prevention are a critical part of that priority.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Make a business case for suicide prevention
2. Recognize key strategies in a comprehensive approach to workplace suicide prevention
3. Articulate how the stages of change model applies to suicide prevention implementation at work
4. Identify 10 action steps workplaces can take in the aftermath of a suicide that affects its employees
5. Develop a blueprint for helping workplaces implement a public health approach to suicide prevention

Workshop #19

The Emerging Zero Suicide Paradigm 2014

Mike Hogan, PhD
Hogan Health Solutions

David Covington, LPC, MBA
CEO & President, Crisis Access of Colorado, LLC

Ed Coffey, MD
Neuropsychiatrist, Henry Ford Health System ; Vice President/ CEO of Behavioral Health Services; and Professor of Psychiatry and of Neurology, Wayne State University School of Medicine

David Litts, OD
Distinguished Scholar, Education Development Center and Director of Science and Policy, Suicide Prevention Resource Center

A national learning collaborative of innovative partners in ten states is audaciously tackling an initiative that has become known as "zero suicide in healthcare." The website www.zerosuicide.com is serving as a repository of their tools and techniques. The roots of this systems approach go back to the late 90s efforts by the US Air Force, the "Perfect Depression Care" initiative of the Henry Ford Health System started in 2001 and its remarkable outcomes, and the collaborative of plan and provider agencies in Phoenix, Arizona, that Magellan launched in 2009. Speakers will explain the clinical and cultural forces that have shifted healthcare system's focus from "if we can save just one life, it will be worth it" to a much bolder vision.

Learning Objectives: By the end of this workshop, participants will be able to:

1. Articulate the key differences in the systems approach and its use of core clinical systems
2. List and discuss the tools and recommended next steps for states/plans/health care organizations who seek to join the partnership

Additional Preconference Information

Preconference Frequently Asked Questions:

Do I have to preregister for workshops or can I register on-site?
Preregistration is recommended. However, with the exception of the Two-Day RRSR Trainings on page 11, on-site registration is available for workshops.

Are these workshops offered on other days during the conference?
No. Preconference workshops are offered only on Tuesday/Wednesday.

If I register for a full-day workshop, but want to also attend one in the afternoon, may I register for the full-day and then go into the afternoon session?
Due to the interactive nature of workshops, and to ensure we have adequate materials for all attendees, moving amongst the workshops is not allowed.

Are Continuing Education Credits Available for all workshops?
Yes, all workshops qualify for CE credits. See page 28 for details.

Who can I call with questions about Preconference Workshops?

AAS Staff Members are happy to assist. Call 202-237-2280 or email info@suicidology.org.

Register for two half-day workshops and pay the price of one full-day session.

Need some suggestions on pairing? We've done the work for you:

#8A:	School-Based Suicide Prevention and Postvention: Current Best Practices
#8B:	Schools and Suicide Liability
#9A:	Suicide Prevention in Emergency Departments: Meeting the Challenge, Seizing the Opportunity
9B:	A National Model for Reducing Referrals of Adolescents to Emergency Departments and Psychiatric Hospitalizations for Suicide Risk
#13:	Improving Suicide Prevention through Program Evaluation: A Step-by-Step Workshop to Help you Evaluate your Suicide Prevention Program
#17:	It's Not Impossible! Translating Research into Real World Interventions
#14:	Decision-Making under Stress: Acquiring Skill in Assessing and Managing High Risk Patients
#15:	The Perversion of Virtue: Understanding Murder-Suicide

AAS Student Travel Grants

Colleagues, as you know attending the Annual Conference requires a significant commitment of time and resources. Many of us find it challenging to put together necessary funds to attend each year, and many others simply cannot afford to do it anymore. AAS is committed to making conference attendance possible for as many of our members as is feasible. The Board has authorized the continuation of a Student Travel Grant Fund to help our next generation of suicidologists fully avail themselves of the numerous learning and networking opportunities which can only come from attending the Annual Conference.

Please consider including a donation of $25, $50, $100, or more to this Fund. The number of Travel Grants we are able to provide to student members will depend on your generosity. For your convenience, your tax deductible donation can be included with payment of your registration fee. Thank you for supporting our student members!

LivingWorks Preconference Events

Tuesday, April 8th ***LivingWorks Education hosts***

suicide to Hope: A Recovery and Growth Workshop

Frank Campbell, Ph.D., LCSW, CT
Senior Consultant, Campbell and Associates Consulting, LLC

Kathryn VanBoskirk, MSW, LCSW
Vice-President, Associate Care, LivingWorks Education

LivingWorks Education is looking for clinicians and researchers of suicidology to participate in a one-day pilot study of suicide to Hope: A Recovery and Growth Workshop, on Tuesday, April 8. There is no cost to participate in the workshop, but participants will be expected to complete a thorough evaluation of the workshop at the end of the day.

Recovery and growth approaches have demonstrated significant positive impacts in other fields, but have not been developed for use with those recovering from suicide. To meet this need, LivingWorks Education is developing suicide to Hope: A Recovery and Growth Workshop that will provide clinicians with skills to help persons recently at risk identify opportunities for recovery and growth arising out of their experiences with suicide.

Workshop participants will consider their caregiving attitudes and learn about various meanings of suicide and the opportunities they present. The competencies and skills this workshop develops will enable caregivers to structure and manage the work they do with a person recently at risk of suicide or to structure, manage and coordinate work that might be done in collaboration with other caregivers.

The workshop is highly interactive with a mix of whole group and small group work. PowerPoint slides and audio-visuals will be used and participants will receive a workbook that will help guide their learning.

At the end of this workshop, participants will be able to:

1. Describe how suicide experiences provide an opportunity for recovery and growth.
2. Recognize how their attitudes might impact recovery.
3. Describe a schematic of themes related to suicide and a framework for monitoring and coordinating recovery and growth.
4. Demonstrate use of this schematic to aid recovery work with a person recently at risk of suicide.

Registration for this workshop is not made through AAS, but directly through LivingWorks Education. Registration is limited to 20 participants on a first-come, first-served basis. To register or ask questions about this workshop please contact Heather Stokes, heather.stokes@livingworks.net .

ASIST 11 Face-to Face-Upgrader

The Face-to Face Upgrader begins your orientation to ASIST 11. You will learn about the many ways in which it is similar to ASIST X-and about the many ways in which it improves upon ASIST X. Working with ASIST 11 in the Upgrader will support your on-going learning of the rest of ASIST 11 after the Upgrader.

Your Upgrade facilitator will guide you through the learning process with annotated demonstrations, questions and facilitation. You will learn by watching demonstrations and by practicing.

In order to sign-up for this course it is necessary to be an active ASIST trainer in good standing. Pre-reading will be assigned once you are registered and is an essential requirement before coming to the session.

Tuesday, April 8th – Lifeline Centers Only

Co-hosted by LivingWorks Education and Lifeline
8:30 am to 4:30 pm
Facilitators – Shari Sinwelski and Bart Andrews
Registration – Naomi Carey – ncarey@mhaofnyc.org
Cost: $35 - This includes the receipt of an A11 manual and all other training materials.

Wednesday, April 9th – open registration

Hosted by LivingWorks Education
8:30 am to 4:30 pm
Facilitator – Bart Andrews
Registration – Sandra Godard - sandra.godard@living-works.net
Cost: $35 - This includes the receipt of an A11 manual and all other training materials.

Registration for these workshops is not made through AAS. Please see specific information above regarding registration contact information.

FREE Preconference Workshops

Wednesday, April 9th **2:00pm - 4:00pm**

Network Updates and Future Directions for the National Suicide Prevention Lifeline

James Wright, John Draper, PhD & Lifeline Staff

In its annual "state of the network" review at AAS, the National Suicide Prevention Lifeline team will engage with its member centers to discuss issues vital to crisis center work. James Wright from SAMHSA, John Draper, the Lifeline's Project Director, and Lifeline staff will provide overviews of the current Lifeline grant and future direction of the network.

Areas for presentation and discussion will include: current and upcoming network-wide initiatives related to information technology and web-based resources; tools, resources and strategies for improving crisis center capacity and funding opportunities; the Lifeline approach to quality service provision, through the implementation of standards and guidelines; a review of the Lifeline Crisis Chat program, training initiatives, and crisis center follow-up with high risk individuals; and, finally, the Lifeline's work in online crisis intervention and suicide prevention.

Considerable time will be set aside to address questions and comments from centers in attendance. Following the presentation, Lifeline staff will be available to answer individual questions in their areas of expertise and there will be an opportunity for socializing, informal networking, and discussion - light refreshments will be served.

Registration is free to Lifeline Center Members - Registration is Required on Page 41.

Wednesday, April 9th **6:30pm - 8:00pm**

Seeds of Change: Instilling Hope by Taking Action

Noah J. Whitaker, Jackie Jones-Siegenthaler, and the Tulare & Kings Counties Suicide Prevention Task Force

Learning Objectives—At the end of this presentation the participant will be able to:

1. Understand the structure and dynamics of a local community-based suicide prevention initiative for replication.
2. Apply principles of identifying, building, and sustaining diverse partnerships for prevention efforts.
3. Identify opportunities to replicate, build, and adapt a variety of programs for implementation.

This visual presentation is intended to set the tone for this year's conference by highlighting a broad assortment of unique programs, initiatives, and partnerships developed by a rural California collaborative. Our efforts were strengthened by attendance at AAS, communication with leading experts in the field, and the commitment of local partners, as well as the passion and creativity to reduce suicide and assist those impacted on their healing journey.

This presentation will feature: a brief history of local prevention efforts, including task force structure; an overview of Proposition 63: Mental Health Services Act funding and program requirements; and a variety of programs, including universal, targeted, and indicated programs. Our programs include: Local Outreach to Survivors of Suicide Team (LOSS Team), Grief & Bereavement Counseling Program, Older Adult Depression Screening (OADS), Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE), Depression Reduction Achieving Wellness (DRAW), the Festival of Hope, LGBTQ efforts, and a variety of other initiatives and projects. Also highlighted will be work with organizations such as The Trevor Project, the Sprigeo bullying reporting system, AMVets, and others. This presentation will feature artwork, music, videos, and additional materials, as well as resources for attendees.

Registration is FREE. However, preregistration is requested on page 41.

Note: Attendees are encouraged to have dinner prior to this session.

Healing Conference Overview

SATURDAY, APRIL 12TH

AAS/AFSP 26th Annual Healing After Suicide Conference

NEVER ALONE: SURVIVORS SUPPORTING SURVIVORS

Co-Sponsored by

AMERICAN ASSOCIATION OF SUICIDOLOGY

American Foundation for Suicide Prevention

7:45 am - 8:15 am	***Healing Conference Registration/Meet & Greet*** Nina Gutin, PhD; Marilyn Nobori, Mary Gayman, Marilyn Koenig
8:30 am - 8:45 am	***Opening Remarks & Welcome to Survivors*** Lois Bloom & Iris Bolton, MA ***Presentation of AAS 2014 Survivor of the Year Award*** Presented to Sally Spencer-Thomas, PsyD
8:45 am - 9:45 am	***Breaking the Silence*** Kita Curry, PhD CEO, Didi Hirsch Mental Health Services
9:45 am - 10:15 am	***Break***
10:15 am - 11:45 am	***The Doctor Is In*** David A. Jobes, PhD & Timothy Lineberry, MD ***Sharing Sessions*** **Child** Pam Farkas & Marilyn Nobori **Sibling** Pamela Gabbay & David Davis **Partner/Spouse** Joan Schweizer Hoff, MA & Susan Celentano, MS, LMFT **Parent** Laurie Woodrow & Mariette Hartley **Clinician-Survivors** Vanessa McGann, PhD & Nina Gutin, PhD **Support Group Facilitators** Jack Jordan & Doreen Marshall, PhD **Other** Mary Gayman & Lois Bloom
11:45 am - 12 noon	***Break***
12 noon - 1:15 pm	***Luncheon & Discussion Opportunities***
1:30 pm - 3:00 pm	***Concurrent Sessions*** ***1. Supporting Grieving Children and Teens after a Suicide Death*** Pamela Gabbay & Joan Schweizer Hoff, MA ***2. Men and Suicide Bereavement: Listening to Men's Voices*** Sally Spencer-Thomas, PsyD, Rick Mogil & Franklin Cook, MA ***3. Writing a Path to Healing: Coping With Suicide Loss*** Nina J. Gutin, PhD and Vanessa L. McGann, PhD

3:00 pm - 3:30 pm ***Break***

3:30 pm - 5:00 pm ***Concurrent Sessions***

1. Thriving after military suicide loss: Finding connection, meaning, purpose and hope
Kim Ruocco, MSW, LSW

2. Artful Grief: Open Art Studio
Sharon Strouse, MA, ATR

3. Suicide and Religion: Embracing Survivors
Rev. Alice Zuli, Rabbi Robert Schreibman, Robert Lesoine, MEd, Yassir Fagaza, MFT

4. Cinematherapy: Using Films To Inspire, Educate and Heal After Suicide
Susan Celentano, MS, LMFT

5:15 pm - 5:45 pm ***Healing Ceremony: Making Connections***
Susan Celentano, MS, LMFT

Designed for survivors of suicide loss, support group facilitators, mental health professionals, and interested others, the purpose of the Healing After Suicide Conference is to:

* Provide survivors with educational tools and resources to help with their individual journey of healing and transform their experience into action.
* Assist mental health professionals and other caregivers in understanding the needs of survivors.
* Provide assistance to facilitators of survivor support groups.

Scholarship Assistance

A limited number of scholarships are available to assist survivors with registration fees for the Healing After Suicide Conference on Saturday.

See Page 27 for additional information.

Questions?
Contact Amy Kulp
202-237-2280
ajkulp@suicidology.org

Care Team

A team of caring, supportive persons will be available during the Healing After Suicide Conference to provide assistance to anyone in need.

Respite Room

A room will be designated for survivors who need a break from the conference activities. Look for the room assignment in the program book on site.

Healing Conference Scholarships

Survivor Scholarships for Healing After Suicide Conference

In memory of Charles R. Bennett, made possible through donations by Eleanor Bennett

AAS & AFSP do not want the conference fee to prohibit anyone from attending the Healing After Suicide Conference. Therefore, given adequate funding, scholarships will be provided to any individual requesting assistance. Scholarships are for survivors of suicide and will cover registration fees only. If you are in need of scholarship assistance, please complete the following application, copy, and FAX TO AAS PRIOR TO REGISTERING for the conference. Scholarship forms must be received **no later than March 24th, 2014 for consideration.**

SCHOLARSHIP REQUEST FORM

All information will be held in confidence. Scholarships will be awarded on a first-come first-served basis.

NAME _____ DAYTIME PHONE NUMBER _____

ADDRESS _____

EMAIL _____ FAX NUMBER _____

Using discount fares and rates, the total cost of my_____ day stay is estimated at $ _____

I request scholarship help as follows: _____

_____

I need scholarship help because (briefly describe your circumstances)

_____

_____

_____

Have you received a conference scholarship in the past? Circle one: Yes No

Are you receiving support to attend the conference from another source? Circle one: Yes No

NOTE: These scholarships are for survivors to attend the Healing After Suicide Conference on Saturday only, and are made possible through temporarily restricted funds. Survivors wishing to attend the entire AAS Annual Conference may apply for a scholarship to offset their total registration fee, providing they will attend the Healing After Suicide Conference.

AFSP Lifekeeper Memory Quilts

AFSP Lifekeeper Memory Quilts, depicting the faces of suicide, will be displayed on Saturday. If you would like to have your quilt be part of this display, please contact Claire Wolford at cwolford@afsp.org or 212-363-3500, ext. 2035 before March 24th.

Continuing Education Credits

CONTINUING EDUCATION CREDITS

NO ADDITIONAL COST FOR CREDITS!

California Board of Behavioral Sciences: This course meets qualifications for up to 31.75 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. PCE #4467.

Physicians/Psychiatrists: Northeast Ohio Medical University designates this Live activity for a maximum of 30.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (RRSR two-day workshop 12.5 credits; Tuesday and Wednesday Preconference 6.5 credits each; Conference 18 credits)

Psychologists: The American Association of Suicidology is approved by the American Psychological Association (APA) to offer continuing education for psychologists. The American Association of Suicidology maintains responsibility for the program and its content. Maximum number of credits to be earned: 31.75. (Preconference, 13; Conference, 18.75).

Social Workers: Application is pending with the National Association of Social Workers.

Counselors: The American Association of Suicidology is an NBCC-Approved Continuing Education Provider (ACEP™) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP solely is responsible for all aspects of the program Maximum number of credits to be earned: 31.75 (Preconference, 13; Conference, 18.75).

Attendance forms must be completed and verified while at the conference. Continuing Education Providers listed below require their forms to be completed and submitted to them after the conference in order to issue certificates of attendance.

CONFERENCE BOOKSTORE

Plan a visit to the conference Bookstore, which will offer new publications as well as classic resources. All major credit cards will be accepted, as well as cash, personal checks, money orders and purchase orders.

To suggest books that should be included, or if you wish to do a book signing, please e-mail Amy Kulp at ajkulp@suicidology.org. Please include title, author, publisher and ISBN if possible.

Deadline for suggestions is March 1, 2014.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) and the Accreditation Council for Pharmacy Education (ACPE); through the co/joint sponsorship of Northeast Ohio Medical University and American Association of Suicidology. Northeast Ohio Medical University is accredited by the ACCME and the ACPE to provide continuing education for physicians and pharmacists.

Psychological Autopsy Certification Training Program

American Association of Suicidology now offers a Psychological Autopsy Certification Training. Dates have not been set yet for 2014, but if you are part of an organization that would like to arrange for a training at your site or wish to be informed of upcoming scheduled trainings, please contact Andrea Price at AAS Central Office, 202.237.2280 or aprice@suicidology.org.

This is a 2-day, face-to-face certificate training course taught by AAS Executive Director Dr. Lanny Berman that leads to certification as a Certified Psychological Autopsy Investigator. In the training, participants discuss the history and purposes of the psychological autopsy as a postmortem investigatory tool; identify the procedures used in the conduct of a psychological autopsy investigation; learn to effectively implement a psychological autopsy protocol and associated procedures to conduct, analyze, and understand if, how and why an individual died by suicide.

Special Events

GOLF TOURNAMENT - ROBINSON RANCH GOLF COURSE

Tuesday, April 8rd **1:00pm Tee Time** **Fee: $175**

AAS will hold its 17th Annual pre-conference golf tournament (ignoring the fact that two prior washouts make this actually our 15th) on Tuesday afternoon, April 8th. Open to duffers at all handicaps, this tournament has grown to embrace the camaraderie and bonhomie that AAS conferences are known for. This year's tournament will be held at the Robinson Ranch Golf Course in Santa Clarita, CA, about a 40 minute ride from our conference hotel in Beverly Hills.

Robinson Ranch is consistently reviewed as one of the very best public courses near LA. The Mountain Course, one of two on the property, is a challenging, thinking player's design with tight, undulating fairways, lots of elevation changes, and spectacular views. As one player remarked, "Be sure you bring lots of sacrificial balls to feed the beast."

Fee includes: Greens fees, cart, range balls, lunch, round trip transportation, and prizes.

Tee times will be scheduled to begin roughly at 1:00. Players needing transportation should meet at the front of the hotel at 11:30am. Club rentals, if desired, should be arranged directly with the course. Got game?

CRISIS CENTER DIVISION HOSTED RECEPTION

Wednesday, April 9th **6:00pm- 8:00pm** **Free, registration on page 41 is required**

Didi Hirsch Suicide Prevention Center, Teen Line and The Trevor Project are honored to co-host a Crisis Center Reception. Location TBA. Refreshments and cocktails will be served. Surprise guests and special awards will be presented recognizing the efforts of crisis centers across the country.

RECEPTION HOSTED BY THE TREVOR PROJECT

Friday, April 11th **6:00pm - 8:00pm** **Free, registration on page 41 is required**

The Trevor Project invites you to join us on April 11, 6:00pm-8:00pm for an evening of celebrating diversity, community, and collaboration! This relaxed evening of networking and fun will be hosted in a private room at The Abbey, located in the heart of West Hollywood just a ten minute drive from the conference center. Please confirm your attendance by sending an email to Lindsay.herring@thetrevorproject.org. Space is limited so please reserve early!

LOS ANGELES LAKERS VS GOLDEN STATE WARRIORS

Friday, April 11rd **7:30pm** **Tickets: $52**

We have secured 20 tickets in Section 322, Seats 1-10 in Rows 11 and 12 to see the Lakers take on the Golden State Warriors. Don't miss your opportunity to see this world famous team in action, as well as the Hollywood celebrities sitting court side.

These tickets are available on a first-come basis and no refunds will be issued. Staples Center is approximately 12 miles from the Hyatt Regency. Tickets do not include transportation.

Please note it is unlawful to resell tickets at Staples Center without written permission. Violation may result in fine, imprisonment, or both.

CONFERENCE LUNCHEONS

Thursday, April 10th	AAS Past-Presidents (By Invitation Only) Crisis Center Networking Lunch
Friday, April 11th	SLTB Editors (By Invitation Only) Certification Examiners (By Invitation Only) Clinician Survivor Task Force Student Networking Lunch
Saturday, April 12th	Survivors Conference Luncheon

Opening Event

AN EVENING TO REMEMBER

Thursday, April 10th: 7:00pm - 10:00pm

Reception, Silent Auction, Awards, & Show

Free with Full Conference Registration Fee, Except Student and Retiree

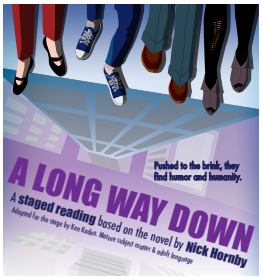
RECEPTION & SILENT AUCTION

For the third year, we are revamping our evening event to make it more interactive, festive, and meaningful. Join us on Thursday evening for a reception and accompanying silent auction.

Auction Chair Andrea Price is working diligently to solicit items that will surely invite brisk, friendly bidding! We ask for and welcome your auction donations. Of particular interest are sports memorabilia, the use of vacation homes, works of art, travel vouchers, hotel stays, etc. If you would like to donate an item, please e-mail Andrea at aprice@suicidology.org.

A LONG WAY DOWN

- A staged reading based on the novel by Nick Hornby



Actors: William Nelson, Tracy Adams, Lisa Dawn Foertsch, Pam Turlow, Rob Reinalda, Mark Yacullo

A staged reading of "A Long Way Down" was held in Chicago in March 2013 to benefit the National Center for the Prevention of Youth Suicide. AAS Past-President Michelle Linn-Gust, PhD attended the performance and gave it a glowing recommendation. AAS is thrilled to host this performance in Los Angeles. We are much appreciative to the actors and Mr. Kaden for donating their time and talents. We look forward to sharing this evening with you.

From Ken Kaden:

A comedy? About suicide? What kind of an oxymoron would propose something like that? On July 29, 2011, perhaps as a way of avoiding my performance in "Hello, Dolly," my 17-year-old son placed himself in the path of an eastbound Metra train. The show did not go on.

Nor was Jonathan's action plan for an early exit particularly original. Therein lies the point of all this, because the increasing suicide rate is not funny at all. Someone dies by suicide in this country every 13.7 minutes. If that's not enough for the statistics junkies out there, nearly one million people attempt suicide every year. Among the young (15-24), suicide is the third-leading cause of death.

On a more personal level, losing Jonathan has forced me to endure life with constant grief as my unwelcome companion, and I would venture that the majority of people who lose a loved one to suicide have felt the toxic ripple-effect of that individual's choice in some manner.

Why then a comedy on such a profoundly serious topic? Because one of Jonathan's most enduring and endearing qualities was his sense of humor. Because talking about it actually seems to help, according to professionals. Because my personal view is that deflating some of the air of romance from the suicide balloon and speaking about it in other-than-hushed tones is a good thing. Finally, because if the AAS can help to reduce those tragic numbers through their efforts in research, education and outreach, then perhaps fewer people will have to suffer a damaged heart like mine.

For Your Information

THE HYATT REGENCY CENTURY PLAZA

Glamour isn't confined to Hollywood. Discover why Hyatt Regency Century Plaza has been the luxury hotel of choice for luminaries and dignitaries worldwide for over 45 years. Perfectly situated on the fashionable West Side of Los Angeles, California, adjacent to Beverly Hills, this elegant, iconic hotel offers easy access to all the sights of this vibrant city.

Set on seven lush acres, with 726 spacious and recently-renovated guest rooms, the world-class Equinox spa and fitness center, and state-of-the-art meeting and event facilities, Hyatt Regency Century Plaza is a welcome retreat in the midst of the city.

LAX INTERNATIONAL AIRPORT

Only ten miles from the Hyatt Regency Century Plaza, Los Angeles International Airport (LAX) is conveniently located and is served by most major airlines.

AIRPORT SHUTTLE

To/From Los Angeles International Airport:
Super Shuttle - offers 24-hour Los Angeles International Airport (LAX) service, 7 days a week, to and from Hyatt Regency Century Plaza.

Arriving guests will find a Shared Ride island outside of each baggage claim area. Look for blue vans with yellow lettering marked "Super Shuttle."

Departing guests make reservations 24 hours in advance of leaving Hyatt Regency Century Plaza for LAX. Phone: 800-258-3826 (outside California) or 310-782-6600 (inside California) or ask the hotel concierge.

Cost: $14.00 each way

TAXIS

Taxis can be found curbside on the Lower/Arrival Level islands at LAX in front of each terminal under the yellow sign indicating Taxis.

Passengers will be presented with a ticket stating typical fares to major destinations. Only authorized taxis with an official seal issued by City of Los Angeles Department of Transportation on each vehicle are permitted in the airport. It is illegal for any transportation services to solicit fares, and travelers using such services do so at their own risk.

Departing guests should speak with the hotel concierge to arrange transportation back to LAX.

Cost: approximately $35.00 each way

DRIVING

Please allow at least 40 minutes to travel from LAX International Airport to the Hyatt. Rush hour in LA can be fierce! For driving directions, please see the hotel website: http://centuryplaza.hyatt.com/en/hotel/our-hotel/map-and-directions.html

PARKING

Hyatt Regency Century Plaza is pleased to offer several parking options for guests' convenience.

Valet Parking - $38 per day, per vehicle and includes in/out privileges.

Self-Parking - available offsite with no in/out privileges at the following rates:

Sunday - Friday: $28 per day

Friday (after 2 pm) - Sunday (until 5 pm): $15 per day

Please speak with the concierge for more information on location and costs

WEATHER

The month of April in Los Angeles is characterized by gradually rising daily high temperatures, with daily highs around 67°F throughout the month, exceeding 75°F or dropping below 60°F only one day in ten.

SHOPPING

Take a stroll on Rodeo Drive, or visit the many shops and at Westfield Century City just across the street from the hotel.

RESTAURANTS

From restaurants of famous top chefs to more homegrown and relaxed venues, dining in Los Angeles is always a pleasure. Enjoy an evening of fine dining, or sample one of the nearly 40 eateries at Westfield Century Plaza.

CONTINUING MEDICAL EDUCATION

Northeast Ohio Medical University designates this Live activity for a maximum of 30.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Northeast Ohio Medical University is accredited by the Accreditation Council for Continuing Medical Education and the Accreditation Council for Pharmacy Education to provide continuing education for physicians and pharmacists.

Student Opportunities & Activities

STUDENT NETWORKING & LEARNING OPPORTUNITIES

Free Preconference Workshop Seats
Wednesday, April 9th

AAS is pleased to reserve a few seats in each preconference workshop for AAS Student Members to attend at no charge. Space is limited and registrations will be accepted on a first-come basis.

Student Social
Thursday, April 10th, 8:00 - 11:00 pm

Please join us, other fellow students, and AAS professionals for an evening "pay-your-own-way" social. The venue is TBD.

Student Networking Lunch
Friday, April 11th, 12 noon - 1:30 pm

The lunch is designed to allow students to meet and network with researchers and other students in the field of suicidology. The meals will be partially subsidized by the AAS student group. For more information, please look at the Program Book onsite.

Annual Conference Student Sessions

There will be two student sessions at the AAS Annual Conference. These sessions are designed to address the needs of students in the field of suicidology. This is an effort from AAS to ensure that students gain valuable knowledge, have the opportunity to network, and build collaborations with other students and professionals.

The sessions will be focused on Research Career Development and the topic for the second session will be selected based on student input. Email evan.guidry@ttu.edu with your ideas.

For more information regarding the student sessions, please look at the Program Book onsite or the student e-newsletter.

AAS Student Conference Travel Grants

A limited number of travel grants will be available to reimburse students attending the 2014 conference for a portion of their travel expenses. Professional members of AAS are being asked to donate to the fund supporting these grants when they register for the conference. The number of grants we are able to offer will depend on donations received. Each grant can be used to offset costs associated with student attendance at the conference (e.g., conference registration, airfare, hotel, meals). The number and amount of awards will be determined by the committee. Selected students will be required to submit receipts to AAS documenting the expenses claimed.

To be eligible for a grant, students must be members of AAS, and presenting at the conference (we will confirm this with the program committee). To apply for a travel grant, submit a one-page statement explaining how receiving grant supports their professional development, and submit a letter of support from their advisor. Documents should be emailed to Amy Kulp at ajkulp@suicidology.org.

Applications for travel grants must be received along with students' paid conference registration. The student subcommittee will review all applications and select the grant recipients, who will be notified within one week of the conclusion of the conference. Recipients will be provided with instructions at that time for submitting receipts for reimbursement.

Military Suicide Research Consortium
Pre-Conference Research Training Day
Travel Award

Description:
The Military Suicide Research Consortium (MSRC) Co-Directors, Drs. Gutierrez and Joiner, are pleased to announce the second annual MSRC pre-conference research training day. The MSRC pre-conference research training day is to be held Wednesday, April 9th prior to the 2014 American Association of Suicidology (AAS) conference, in Los Angeles, CA. This opportunity is available to up to 25 trainees who at the time of application are students or research fellows across levels of training (graduate to post-doctoral). The purpose of the training day is to provide those with an interest in developing their skills as military/Veteran suicide researchers with intensive training to move a specific relevant project forward. Project ideas do not necessarily need to utilize Veteran/military samples, but must have relevance for those populations. For example, a study of adult psychiatric patient findings could apply to either group.

The core features of the Research Training Day Workshop include a) a didactic session including a presentation on grant writing, grants mechanisms, data analysis, and research ethics; b) small group meetings of mentors and fellows to discuss fellows' grant applications, research papers, and career issues; c) and a networking luncheon. A $1,000 stipend will be provided to cover travel expenses, registration fees for the workshop, and accommodations.

Faculty:
A top-notch faculty will provide the didactic sessions and serve as mentors. In addition to Drs. Gutierrez and Joiner, faculty will include Dr. Jon Maner (Florida State University), Dr. Marjan Holloway (Uniform Services University of the Health Sciences), Dr. Sean Joe (University of Michigan), Dr. Michael Allen (University of Colorado School of Medicine), Dr. Kelly Cukrowicz (Texas Tech University), and Dr. Michael Anestis (University of Southern Mississippi).

Eligibility Criteria for Travel Fellows:
1. Applicants must be students or research fellows (e.g. graduate/medical students, post-doctoral fellows, residents) in relevant disciplines.
2. Applicants must demonstrate research experience and an interest in developing their skills as military/Veteran suicide researchers.

Application:
A complete application must include: (1) a statement describing the applicant's career aspiration (not to exceed 500 words), (2) two letters of reference, (3) proof of training status (e.g., letter from primary mentor or training director), and (4) an abstract of work to be developed during the training day (not to exceed 500 words).

Applications and supporting materials are to be submitted online at www.msrc.fsu.edu. Applications are due on or before Friday, January 17, 2014. Applicants will be contacted regarding their award status by Friday, February 7, 2014.

Things to Do & See



Griffith Observatory
Griffith Observatory is an icon of Los Angeles, a national leader in public astronomy, a beloved civic gathering place, and one of southern California's most popular attractions. The Observatory is located on the southern slope of Mount Hollywood in Griffith Park, just above the Los Feliz neighborhood. It is 1,134 feet above sea level and is visible from many parts of the Los Angeles basin. Griffith Observatory inspires everyone to observe, ponder, and understand the sky
Free Admission

Los Angeles County Museum of Art (LACMA)
With 100,000 objects dating from ancient times to the present, the Los Angeles County Museum of Art (LACMA) is the largest art museum in the western United States. A museum of international stature as well as a vital part of Southern California, LACMA shares its vast collections through exhibitions, public programs, and research facilities that attract nearly a million visitors annually. LACMA's seven-building complex is located on twenty acres in the heart of Los Angeles, halfway between the ocean and downtown.

Wax Museum
Hollywood Wax Museum opened in its present location on Hollywood Boulevard on February 6, 1965. For more than 45 years, guests have enjoyed the chance to get close to the stars while making a visit to the world's most famous celebrity town. You know you're in Hollywood when you spot the Hollywood Sign, Hollywood Walk of Fame, and original Hollywood Wax Museum from the corner of Hollywood Boulevard and Highland Avenue. Hollywood Wax Museum is the only wax museum in the country devoted entirely to celebrity figures.

Getty Museum
The J. Paul Getty Museum seeks to inspire curiosity about, and enjoyment and understanding of, the visual arts by collecting, conserving, exhibiting and interpreting works of art of outstanding quality and historical importance. The Getty Museum at the Getty Center in Los Angeles houses European paintings, drawings, sculpture, illuminated manuscripts, decorative arts, and European and American photographs.

Hollywood Walk of Fame
Hollywood is home to the stars and to the most recognizable attractions in the world. Walk among the "stars" on the Hollywood Walk of Fame and bring your camera to capture the world famous Hollywood sign.

Universal Studios Hollywood- (check park times closer to date because they change seasonally)
Get ready for the ultimate Hollywood experience! Find a full day of action-packed entertainment all in one place: thrilling theme park rides and shows, a real working movie studio, and Los Angeles' best shops, restaurants and cinemas at CityWalk. Universal Studios Hollywood is a unique experience that's fun for the whole family.

Venice Beach
Venice has always been known as a hangout for the creative and the artistic. In the 1950s and 60s, Venice became a center for the Beat generation. There was an explosion of poetry and art. Major participants included Stuart Perkoff, John Thomas, Frank T. Rios, Tony Scibella, Lawrence Lipton, John Haag, Saul White, Robert Farrington and Philomene Long. Venice today is a vibrant area of Southern California and it continues a tradition of progressive social change involving prominent Westsiders.

School Suicide Prevention Accreditation Program

Who is the Suicide Prevention Specialist in Your School?

The School Suicide Prevention Accreditation Program is a self-guided, self-paced program. Giving you the flexibility you need, you can study when you want, where you want, for as long as you want. When you feel prepared, simply log onto the AAS web site and take the exam. It's that easy!

AAS's School Suicide Prevention Accreditation Program teaches:

- Best and evidence-based suicide prevention practices
- Risk factors for youth suicide
- Warning signs for youth suicide
- How to assess youth at risk
- Prevention and postvention principles
- How to deal with parents of a youth at risk
- How to reintegrate a student after a suicide attempt
- Dealing with traumatic loss
- Contagion
- Litigation outcomes, and much more.

For more information about the School Suicide Prevention Accreditation Program, please visit us at www.suicidology.org or call us at 202-237-2280.

Recognizing and Responding to Suicide Risk— Essential Skills for Clinicians (RRSR)

The RRSR is an advanced, 2-day, ***skills-based*** training for mental health practitioners. Case-based and interactive, the RRSR is designed to provide you with the knowledge and skills you need to effectively assess and manage suicide risk.

A variety of deliveries are available:

- Adult
- Youth
- Corrections
- EAP
- College and University
- Veterans
- Spanish Language

The RRSR Recognizing and Responding to Suicide Risk—Essential Skills for Clinicians (RRSR) has been listed in Section III of the SPRC/AFSP Best Practices Registry for Suicide Prevention (BPR).

To schedule a training or for more information, contact
Karen Kanefield kkanefield@suicidology.org

AMERICAN ASSOCIATION OF SUICIDOLOGY

DISCLOSURE STATEMENT

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, everyone involved in the planning, reviewing and teaching of this activity is required to complete a disclosure form indicating all relevant financial relationships with any 'commercial interest'. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. This is done so that the audience can determine whether an individual's relationships may influence the presentations Complete disclosure information will be distributed to conference participants.

Special AAS Membership Offer

Join AAS Now & Save on Conference Registration Fees

Take advantage of this special membership discount. By doing so, you can save up to $135 on conference registration fees by registering at the member rate. AAS is offering a discounted new member individual fee of $130 (regular fee is $160). This membership includes subscriptions to *Suicide and Life Threatening Behavior*, AAS' research journal; *Newslink*, AAS' quarterly newsletter; and *Surviving Suicide*, a quarterly newsletter written by survivors for survivors of suicide; reduced rates on conferences, etc.

Name _____

Mailing Address _____

Phone _____ Fax _____

Email _____

Highest Degree _____

Affiliation:

Please indicate your primary area of interest with a "P" and check all others in which you currently participate:

__ Clinical __ Crisis Centers __ Prevention __ Research __ Survivors of Suicide

__ Attempt Survivor/Lived Experience

Class of Membership: (circle one)

Regular (U.S. and Canada)	$ 135.00 ($US)
Student*/Volunteer*	$ 85.00 (does not include *Surviving Suicide*)
Individuals outside the US and Canada please add $10.00	

To order *Surviving Suicide* Newsletter ONLY

AAS Member: organizations & student/volunteer members only	$ 20.00
Non-member:	$ 25.00

*Students: Please enclose copy of student ID *Volunteers: Please enclose letter from crisis center supervisor

Organizations: Please call AAS (202) 237-2280 for sliding-scale organization membership information and application.

Please enclose a check in U.S. funds payable to AAS, 5221 Wisconsin Avenue NW, Washington, DC 20015, or attach to the Registration Form and include payment on page 42.

Conference Registration

This year's conference activities represent the collaborative efforts of two events: 1) AAS Annual Conference & 2) AAS/AFSP Healing After Suicide Conference. Please see pages 34-36 for fees and form. If you pre-register, you may pick up your badge and registration materials at the Pre-Registration Desk. In order to be pre-registered, registration forms must be **received by AAS Central Office by Monday, March 24th, 2014.** Otherwise, please plan to register on-site at the On-Site Registration Desk.

Group Rates

Discounted fees for a minimum of three attendees from the same organization, registering concurrently by mail, are available. Contact AAS at (202) 237-2280 for more information.

Member Rates

AAS Members are being offered registration fees at a considerable discount over non-member rates. **Non-members**–Send in your AAS Membership Application along with your conference registration (see page 36) and take advantage of the low AAS Member registration fees!

Senior Rates

AAS is offering a special registration fee for Seniors (those 70 years and older). Fees for Seniors are the same as those for students and volunteers. See the conference registration form, pages 40-42 for details.

Payment

- Make checks payable to **American Association of Suicidology (Tax ID 95-2930701)**.
- Payment must be made in U.S. dollars.
- Payment may be made by personal check, traveler's check, organizational check, purchase order, or credit card (Visa, Master Card, American Express, Discover).
- If your organization is to be billed, an organizational purchase order must accompany the completed registration form.

Cancellations and Refunds

Cancellations and requests for refunds of the registration fees must be made in writing. No phone requests will be honored. Requests must be postmarked by March 31, 2014. No refunds will be made if postmarked after this date. If you are entitled to a refund, you will receive it after the conference, less a $50 processing fee.

Conference Volunteers

A limited number of openings exist for attendees wishing to have their registration fees reduced in exchange for working during the conference. Volunteer assignments are made during the on-site volunteer orientation. Volunteers are accepted strictly on a first-come first-served basis, and must be available to participate in a brief training. If interested, please contact Central Office for information and an application, (202) 237-2280 or ajkulp@suicidology.org.

First Time at an AAS Conference?

Join us for a "Meet & Greet" on Thursday, April 10th at 7:45 am. This interactive orientation will allow you to talk with the AAS Board of Directors, network with others new to our conference, track down the author or presenter that you want to meet, and discover the answers to your conference and AAS questions.

Exhibits

AAS will again be featuring exhibits at the conference. The exhibit space will be designed with two specific foci:

- Non-profit organizations or institutions displaying their materials.
- Professional and corporate exhibits displaying products and services.

If you would like information on the exhibit space requirements and fees, contact AAS at (202) 237-2280 or ajkulp@suicidology.org or visit www.suicidology.org and click on the conference link.

Dates to Remember

March 10	Hyatt Hotel Reservations
March 15	Early Registration Discount
March 24	Cutoff for Pre-Registration
March 31	AAS Scholarships
March 31	Cut-off for Registration Cancellation

If you have physical needs requiring special assistance, please attach a separate sheet of paper detailing your needs to the conference registration form or contact Amy Kulp at AAS Central Office at (202) 237-2280 or ajkulp@suicidology.org.

Registration Instructions

Conference Schedule:

April 8rd & 9th	Preconference Workshops
April 10th - 12th	Annual Conference
April 12th	Healing After Suicide Conference

This brochure describes two concurrent and overlapping events. Please take a few minutes to read through this entire brochure before completing the registration form (see pages 40-42). Our staff is happy to assist you with any questions and can be reached 9am to 5pm Eastern Time at 202-237-2280 or info@suicidology.org.

Step 1

To register for **PRECONFERENCE WORKSHOPS**, complete Section 1 on the registration form.

To register for the **AAS ANNUAL CONFERENCE**, which includes most of the Healing After Suicide Conference on Saturday, complete Section 2 on the registration form.

To register just for the **AAS/AFSP HEALING AFTER SUICIDE CONFERENCE**, complete Section 3 on the registration form.

To register for **SPECIAL EVENTS or MAKE A STUDENT TRAVEL GRANT DONATION**, complete Section 4.

To pay for **ADDITIONAL MEALS or ENTERTAINMENT**, complete Section 5.

To **ADD UP TOTAL FEES AND PAY**, complete Section 6.

Step 2

REGISTRATION is available online at www.suicidology.org

You May Also Mail or Fax the Conference Registration Form (pages 40-42) to:
American Association of Suicidology, 5221 Wisconsin Avenue, NW, Washington, DC 20015
Fax: 202-237-2282

Step 3

HOTEL RESERVATIONS

If you want to stay at the Hyatt, you may make your reservations by phone or Internet. NOTE: You must reference the program name *American Association of Suicidology 47th Annual Conference* to receive the discounted room rate.

Government Per Diem Rooms

A limited number of per diem rooms are available in the AAS room block. Government travelers are encouraged to book early.

Phone Reservations 1-800-233-1234 or 310-228-1234

Internet Reservations Go to www.suicidology.org and click on the link to hotel reservations.

See Page 39 of this brochure for hotel rates, details, and policies.

The Hyatt will NOT be extending our current room block. You are encouraged to make your hotel reservations as early as possible. Overflow hotel options, a short walk to the Hyatt, are listed on the next page.

Hotel Registration

Hyatt Regency Century Plaza

2025 Avenue of the Stars
Los Angeles, CA 90067

Reservations must be made by March 10, 2014

Hotel reservations may be made by phone or online

You must reference the program name *American Association of Suicidology 47th Annual Convention* to receive the discounted room rate.

Toll Free 1-800-233-1234 or 310-228-1234

To reserve a room online: Go to www.suicidology.org and click on the link for hotel reservations.

ROOM TYPE	RATE	OCCUPANCY
Run of House	$199	Single or Double

Room rates are guaranteed only through March 10, 2014, or until the room block is filled, whichever comes first. Hotel reservations should be made as early as possible.

Reservations must be accompanied by one night's room deposit, or guaranteed by one of the following major credit cards: American Express, Discover, MasterCard, or Visa

Guests must inform the hotel at or before check-in of any change in the scheduled length of stay. Failure to do so will result in an early departure fee of one night's room and tax to the guest's account.

Hotel Amenities :

- ► Health club with fitness room and free weights
- ► Outdoor Pool
- ► Whirlpool Spa
- ► High-speed Internet available
- ► Complimentary Wi-Fi in Hotel Lobby
- ► Walking distance to many attractions
- ► Hair dryer, robes, safe, iron/ironing board
- ► Shopping promenade
- ► In Room Dining

The Hyatt will NOT be extending our current room block. You are encouraged to make your hotel reservations as early as possible. Overflow hotel options, a short walk to the Hyatt, are below.

Intercontinental Century City
2151 Avenue of the Stars
Los Angeles, CA 90067

$239 + 15.5% tax King or Double Room

Reservations:

866-329-1010 or 310-284-6500

Refer to the American Association of Suicidology Annual Conference

Rates are good until March 12, 2014 or until rooms are no longer available.

Courtyard by Marriott Century City
10320 West Olympic Boulevard
Los Angeles, CA 90064

$229 + 15.5% tax King Room

Reservations:

800-750-0953 or 310-556-2777

Refer to the American Association of Suicidology Annual Conference

Rates are good until March 9, 2014 or until rooms are no longer available.

Conference Registration Form

Please Print or Type

Check One: □ Mr. □ Mrs. □ Ms. □ Dr. □ Prof.

Name _____ _____

Last First M.I. Name as it should appear on badge

Organization _____

Address _____ City, State, & Zip _____

Country _____ Phone _____ Fax _____ Email _____

Please list your highest degree: □ BS/BA □ MS/MA □ RN/NPP □ MPH □PhD/PsyD □ MD/DO □ Other _____

Please indicate your primary area of interest with a "P" and check all others in which you currently participate:
__ Clinical __ Crisis Centers __ Prevention __ Research __ Survivors of Suicide __ Attempt Survivor/Lived Experience

□ I am a Survivor. I lost my (father, daughter, client....) _____ Is this your first time at an AAS Conference? □ Yes □ No

□ Please check here if you require special accessibility or accommodations. My requirements are _____

Section 1: Pre-Conference Workshops Attend the two half-day workshops and pay the price of a full-day workshop		**Member**	**Non-Member**	**Stud/Vol/Sr Member**	**Stud/Vol/Sr Non-member**	**Fee Paid**
Tuesday & Wednesday Special Two-Day Pre-Conference Workshop						
#1	RRSR: Essential Skills for Clinicians	$260	$285	---	---	$
#2	RRSR-C/U: Essential Skills for College and University Counselors	$260	$285	---	---	$
Wednesday Full-Day Workshops						
#3	Twin Pillars of Suicide Prevention	$155	$185	$85	$110	$
#4	State Suicide Prevention Coordinator Workshop	$155	$185	$85	$110	$
#5	Collaborative Assessment and Mgmt/ of Suicide	$155	$185	$85	$110	$
#6	lossTalk	$155	$185	$85	$110	$
#7	Brief Cognitive Behavioral Therapy for Suicidality	$155	$185	$85	$110	$
Wednesday Morning Workshops: 8:30am to 12 noon Attend 2 Half-Day Workshops & Pay The Price Of One Full Day Workshop						
#8A	School-Based Suicide Prevention and Postvention	$95	$120	$60	$85	$
#9A	Suicide Prevention in Emergency Departments	$95	$120	$60	$85	$
#10	Reducing Veteran Suicide	$95	$120	$60	$85	$
#11	Targeted Training	$95	$120	$60	$85	$
#12	Clinicians' Suicide Loss	$95	$120	$60	$85	$
#13	Improving Suicide Prevention through Program Evaluation	$95	$120	$60	$85	$
#14	Decision-Making Under Stress	$95	$120	$60	$85	$
Wednesday Afternoon Workshops: 1:00pm to 4:30pm						
#8B	Schools and Suicide Liability	$95	$120	$60	$85	$
#9B	Reducing Referrals of Adolescents	$95	$120	$60	$85	$
#15	The Perversion of Virtue	$95	$120	$60	$85	$
#16	Suicide Among Older Adults	$95	$120	$60	$85	$
#17	It's Not Impossible	$95	$120	$60	$85	$
#18	Working Minds™	$95	$120	$60	$85	$
#19	The Emerging Zero Suicide Paradigm	$95	$120	$60	$85	$
				Total Section 1:		**$**

Conference Information: Phone (202) 237-2280 * Fax (202) 237-2282 * Email info@suicidology.org * Web www.suicidology.org

Section 2: <u>Please check below the Conference Program(s) in which you plan to participate</u>: **Annual Conference Program** **I plan to attend the Healing After Suicide Conference Sessions on Saturday (additional fee applies for attending the lunch)** **April 10 - 12, 2014**	Includes all sessions, daily continental breakfast, snacks, program packet, Thursday Reception/Play, and Friday poster reception. **Exceptions: Healing Conference Lunch is not included. Student/Retiree rates do not include receptions or play. See Section 5 to register for meals.**						
	Member	**Non Member**	**Student Member**	**Student Non-Member**	**Retiree Member**	**Retiree Non-member**	**Fee Paid**
Early Full Registration (By March 15th)	$495	$630	$165	$190	$285	$385	$
Late Full Registration (After March 15th)	$600	$735	$195	$220	$350	$455	$
Single Day Registration Days (circle): Thur Fri Sat Does not include Thursday Reception & Live Show	$245/day	$300/day	$80	$110	$170	$235	$
Single Day Registration for Presenters Days (circle): Thur Fri Sat Does not include Thursday Reception & Live Show	$140	$165	$55	$85	$80	$110	$
			Total Section 2:				**$**

Section 3: Healing After Suicide Conference **Saturday, April 12, 2014** Includes all sessions, continental breakfast, snacks, program packet, and Saturday luncheon.	**AAS Member**	**Non Member**	***Family Member Accompanying two others**		**Fee Paid**
Early Registration (By March 15th)	$125	$135	$90		$
Late Registration (After March 15th)	$140	$150	$110		$
			Total Section 3:		**$**

Section 4: Special Events & Student Travel Grant Donations	**# Tickets**	**Fee**		**Fee Paid**
Golf Tournament -- Tuesday, 12 noon - See page 29		$175		$
NSPL Update -- Wednesday, 2:00pm - See page 24		--		$0
Crisis Center Reception -- Wednesday, 6:00pm - See page 29		--		$0
Seeds of Change-- Wednesday, 6:30pm - See page 24		--		$0
Lakers Game -- Friday, 7:30pm - See page 29		$52		$
I wish to make a contribution to the AAS Student Travel Grant Fund. See page 22 for details.	Please enter the amount of your donation in last column. Thank you!			$
			Total Section 4:	**$**

Section 5: Meals for Student and Retiree Registrants and Guests	**# Tickets**	**Fee**		**Fee Paid**
Thursday Reception & *A Long Way Down*-- Not included in any volunteer, student, or senior registration fees, or the Healing After Suicide Conference Fee		$75		$
Friday Poster Reception-- Not included in volunteer, student, or retiree registration fees, or the Healing After Suicide Conference fee. Poster presenters not required to pay for reception.		$60		$
Saturday Healing Conference Luncheon-- Not included in Annual Conference or Crisis Centers Conference fee ☐ Check here for a vegetarian lunch		$55		$
			Total Section 5:	**$**

Calculate Your Payment Due Here:

Enter total from Section 1	►	$
Enter total from Section 2	►	$
Enter total from Section 3	►	$
Enter total from Section 4	►	$
Enter total from Section 5	►	$
Enter Membership Dues, if Applicable	►	$
Enter Medical Conditions Payment, if Applicable	►	$
*Subtract scholarship award	►	$-
*Subtract fee for conference volunteer hours	►	$-
Total Payment Due:		**$**

Payment may be remitted by check, purchase order, (payable to AAS, in U.S. Funds) or by credit card (Visa, Master Card, OR Am Ex).

□ I have enclosed a check for the full amount

□ I am paying by purchase order # _____

□ I would like to pay by credit card □ DISCOVER □ VISA □ MASTERCARD □ AMERICAN EXPRESS

Number _____ Expiration Date _____

Name as it appears on card _____ Signature _____

IF YOU ARE PAYING BY CREDIT CARD AND CHOOSE TO FAX YOUR REGISTRATION FORM OR REGISTER ONLINE, DO NOT ALSO MAIL IT, AS DUPLICATE CHARGES COULD RESULT.

American Association of Suicidology
5221 Wisconsin Avenue, NW
Washington, DC 20015

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