GET CONNECTED

American Association of Suicidology

Registration Materials

48th Annual Conference
April 15 - 18, 2015
Hyatt Regency Atlanta
on Peachtree Street

Welcome & Introduction

Get Connected

You are invited to join hundreds of your colleagues in Atlanta, Georgia 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.

1 48th AAS Annual Conference

The AAS Annual Conference begins on Tuesday, April 14th with a special two-day preconference workshop, and continues on Wednesday, April 15th 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 4-9 for program highlights and page 3 for an overview.

2 AAS/AFSP/TAPS 27th Healing After Suicide Loss Conference

We are very excited to welcome the Tragedy Assistance Program for Survivors (TAPS) as a new co-sponsor for the Healing After Suicide Loss Conference! The AAS/AFSP/TAPS Healing After Suicide Conference will take place all day on Saturday, April 18th. Saturday's program will begin with a panel presentation entitled: "Getting Connected, Staying Connected: The Journey to Healing and Hope." 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 24-27 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 journeys of healing and to 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 48th 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. Discuss recent technological advances and their impact on the study, prediction, and treatment of suicidal behavior
2. Identify the current clinical guidance for assessment of self-harm patients and their effective aftercare, and describe how common misconceptions about self-harm can lead to ineffective care
3. Identify new and innovative diagnostic tools for the detection of suicidal intent, and list their potential benefits, validity, and drawbacks
4. Discuss the history of Dialectical Behavior Therapy and its use as an effective treatment for individuals at high risk for suicide
5. Discuss Death with Dignity laws and other impending U.S. legislation that affect terminally ill patients, and describe the ethical considerations and controversy surrounding such movements
6. Describe the impact of suicide on survivors to improve care to those who have lost a loved one to suicide
7. Apply knowledge about lived experience to suicide prevention and describe how understanding personal experience is critical to helping others

Program Overview

APRIL 14 - 18, 2015

Get Connected

Registration Times

Tuesday April 14th	Wednesday April 15th	Thursday April 16th	Friday April 17th	Saturday April 18th
7:30am - 6:00pm	7:00am - 6:00pm	7:00am - 5:00pm	7:00am - 5:00pm	7:00am - 1:00pm

Program Schedule

Tuesday, April 14th
RRSR Workshop: 8:30am - 4:30pm

Time	Wednesday April 15th	Thursday April 16th	Friday April 17th	Saturday April 18th
8:30am - 9:30am	Preconference Workshops 2 through 18 (Day 2 RRSR) Registration is required for all Preconference Workshops	Plenary Session	Plenary Session	Plenary Session
9:30am - 10:30am				Healing Conference Sessions
10:45am - 12:00pm			Concurrent Featured Sessions	
12:00pm - 1:30pm		Lunch on Your Own Presidential Lunch Crisis Centers Lunch	Lunch on Your Own SLTB Lunch Examiners Lunch Student Lunch Clinician Survivor Task Force Lunch	Lunch on Your Own Healing Conference Lunch
1:30pm - 2:30pm		Concurrent Sessions	Concurrent Sessions	Concurrent Sessions
2:30pm - 3:00pm		Break	Break	Break
3:00pm - 4:00pm		Concurrent Sessions	Concurrent Sessions	Concurrent Sessions
4:00pm - 4:30pm		Break	Break	Break
4:30pm - 5:30pm		Concurrent Sessions	Concurrent Sessions	Concurrent Sessions
5:45pm - 6:15pm	Volunteer Training		Poster Session & Light Reception	AAS Conference Adjournment HASC Healing Service
6:00pm - 7:00pm	Atlanta on Your Own	AAS Members' Meeting		
7:00pm - 8:00pm		Student Social Opening Reception	Atlanta on Your Own Crisis Centers Division Hosted Reception	
8:00pm - 10:00pm				

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Annual Conference Highlights

Thursday, April 16th

8:45am - 9:00am Presidential Address

A Candle in the Dark: The Critical Role of Science in Understanding and Preventing Suicide

David N. Miller, PhD, AAS President, Associate Professor, Department of Educational and Counseling Psychology, University at Albany, State University of New York

Personal and clinical experience can make important contributions to understanding and preventing suicide. However, this knowledge is incomplete without a scientific framework for evaluating the accuracy of our assumptions, beliefs, and convictions. Moreover, even though our scientific understanding of suicide and its prevention has continued to progress, myths and misconceptions about suicide remain pervasive. If we are serious about understanding and preventing suicide, as well as supporting those affected by it, we must collectively and actively acknowledge, embrace, and promote science and evidence-based practices.

9:00am - 9:45am

Using Advances in Technology and Computing to Improve the Understanding, Prediction, and Prevention of Suicidal Behavior

Matthew Nock, PhD, Clinical Psychologist and Director of the Laboratory for Clinical and Developmental Research, Harvard University; Karthik Dinakar, Research Assistant and a Reid Hoffman Fellow, MIT Media Lab in the Software Agents & Affective Computing Groups

This is a joint presentation by a clinical psychologist and an artificial intelligence/machine learning scientist. We will review some of the long-standing challenges in the study, prediction, and treatment of suicidal behavior and will describe how recent advances in technology (e.g., computer and smartphone based assessment) and data analysis and visualization (e.g., machine learning, probabilistic graphical models) can help to overcome some of these challenges. Data from several recent and ongoing studies will be presented as examples of such work.

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

The Ideation-to-Action Framework: A Next-Generation Approach for Suicide Theory, Research, and Prevention

E. David Klonsky, PhD, Associate Professor, Department of Psychology, University of British Columbia

Most people who consider suicide do not go on to make a suicide attempt. Moreover, most oft-cited risk factors for suicide—such as psychiatric disorders, depression, hopelessness, and even impulsivity—fail to distinguish between those who attempt suicide and those who only consider suicide. Our lack of knowledge about the transition from ideation to attempt severely hampers efforts to understand and prevent suicide. Inspired by Thomas Joiner's seminal work, Klonsky and May (2014) argued that an ideation-to-action framework should guide suicide theory, research, and prevention. From this perspective, 1) the development of suicide ideation and 2) the progression from ideation to suicidal behavior are different processes requiring different explanations. This talk will present the ideation-to-action framework, describe its promise for organizing and improving suicide research and prevention, and introduce a new theory of suicide positioned within the framework.

Annual Conference Highlights

Thursday, April 16th

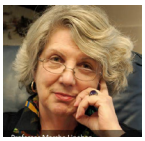
10:30am - 11:15am

Clinical Care of Self-Harm Patients: A Critical Appraisal

Keith Hawton, DM, University of Warnerford Hospital, Centre for Suicide Research, Department of Psychiatry

Self-harm (non-fatal intentional self-poisoning or self-injury) is extremely common. This talk will focus on general hospital care and aftercare. One issue concerns the often negative attitudes and poor knowledge of hospital staff, which may influence initial care. Psychosocial assessment of self-harm patients is critical and can be effective in terms of reducing repetition of self-harm, yet is often not performed in spite of clinical guidance. There is now evidence for effective aftercare management, which will be summarized on the basis of a recent systematic review. Potential future developments in clinical management of this important patient population will be discussed.

11:15am - 12:00pm



My Personal Story of Dialectical Behavior Therapy

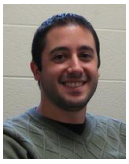
Marsha Linehan, PhD, Professor, Department of Psychology and Director, Behavioral Research and Therapy Clinics, University of Washington

Professionally, the development of DBT started in 1980. I was funded by the National Institute of Mental Health (NIMH) to develop an effective treatment for patients at high risk for suicide with multiple suicide attempts and self-injuries. I was (and am) a behavior therapist and behavior therapy was the starting point. Personally, the development of DBT started in 1962 when at age 18 I made a vow that I would get out of hell and then I would go back and get others out. DBT came from that vow. This talk is about how the stories of my life influenced the development and evaluation of DBT and how the development of DBT influenced my understanding of my own stories.

3:00pm - 4:00pm **Sponsored Concurrent Session**

AMERICAN FOUNDATION FOR Suicide Prevention

American Foundation for Suicide Prevention's Young Investigator Symposium



AFSP Young Investigator Research Award

A Test of the Interpersonal-Psychological Theory of Suicide in Prison Inmates

Jon Mandracchia, PhD, University of Southern Mississippi

Senior Investigator

The Interpersonal Theory of Suicide: Recent Updates on What It Is and What It Is Not

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

Annual Conference Highlights

Friday, April 17th

8:00am - 8:15am

Presentation of the 2015 AAS Survivor of the Year Award

Iris Bolton, MA, Author, Director Emeritus, The Link Counseling Center

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.

8:15am - 9:00am Presentation and Tribute

Healing Suicide Loss: Postvention as Prevention

Iris Bolton, MA, Author, Director Emeritus, The Link Counseling Center

The speaker will relate the conference theme "Get Connected" to postvention and prevention. She will address the 4-Cs of surviving loss and share bereavement journeys from personal to global impact. She will discuss how postvention practices apply to prevention guidelines. Data will be presented regarding eight issues of emotional and psychological nature during bereavement after suicide which may enhance prevention. Finally, she will discuss healing, hope and resilience.

9:00am - 9:45am

Acute Suicidal Affective Disturbance (ASAD): A New and Needed Diagnostic Entity

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

My team and I propose the necessity, validity, and clinical utility of a new diagnostic entity: Acute Suicidal Affective Disturbance (ASAD).We conjecture that the features of ASAD include the following: a) geometric increase in suicidal intent over the course of hours or days (not weeks or months); b) one (or both) of the following: marked social alienation (e.g., severe social withdrawal; extreme disgust with others; perceived liability on others), and marked self-alienation (e.g., views that one's selfhood is an onerous burden; self-disgust); c) perception that the foregoing are hopelessly intractable; and d) two or more manifestations of overarousal (insomnia, nightmares, agitation, and irritability). A further specification is that the disturbance cannot be due to the exacerbation of major depressive disorder or the ingestion of a substance. I will present conceptual, pragmatic, clinical, and empirical rationale for ASAD's inclusion in future diagnostic manuals, and will address potential drawbacks (e.g.,the possibility that ASAD could be stigmatizing).

9:45am - 10:30am

The Death with Dignity Movement: What Does It Mean, What Are the Issues?

David Mayo, PhD, Board Member, Death with Dignity Political Action Fund, Former Professor of Philosophy and Faculty Associate of the Center for Bioethics, University of Minnesota

Death with Dignity laws in Oregon, Washington, Vermont, Montana and elsewhere allow access to lethal drugs to terminally ill adults who are competent and who express a fixed desire to hasten their impending deaths. Similar legislation is under consideration in other states. While some view this as suicide, others view it as only a modest extension of current palliative care practices for the terminally ill, some of which are accepted even though they can precipitate death. New life-prolonging technologies, combined with a surge of interest in a patient's right to informed consent, have driven radical changes in the options and the ethics of end-of-life care in the last 50 years. The DWD movement and the legislation, policies, and practices it champions will be outlined in the context of this larger evolution, along with key arguments for and against DWD. This will shed light on ways in which DWD resembles, and the ways in which it differs from, "suicide" traditionally understood.

Annual Conference Highlights

Friday, April 17th 10:45am - 12:00pm Five Concurrent Featured Sessions

1. On the Front Lines of Military Suicidology

(left to right) **Panelists: Mike Anestis, PhD, Nina Bell Suggs Professor of Psychology, Department of Psychology, University of Southern Mississippi; Bekh Bradley, PhD, Assistant Professor Psychiatry and Behavioral Sciences & Director, Trauma Recovery Program, Atlanta VA Medical Center; Michelle Cornette, PhD, Executive Director, American Association of Suicidology; Lauren Denneson, Core Investigator VA Portland Health Care System; Discussant: Pete 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**

This panel will provide an overview of a range of research and clinical efforts focusing on improving understanding and treatment of suicide risk within military samples. Mike Anestis will present information on non-traditional predictors of suicide risk in soldiers drawn largely from the Army National Guard, including findings from baseline and both 6- and 12-month follow-up assessments. Bekh Bradley will discuss risk and protective factors for suicide among trauma-exposed veterans with a focus on the implications for intervention and prevention at multiple levels of care (e.g., emergency department, residential care and outpatient treatment). Michelle Cornette will present preliminary results of a longitudinal study of suicide risk among Wisconsin National Guard members through the lens of Joiner's Interpersonal-Psychological Theory of Suicide. Lauren Denneson will discuss the development and testing of the Virtual Hope Box smartphone application, designed to improve coping efficacy and reduce suicidal ideation among military veterans. Peter Gutierrez will provide commentary on the research and clinical efforts presented, and help place them in the broader context of suicide prevention research being supported by the Departments of Defense and Veterans Affairs.

2. Youth Suicide Prevention: Latest Findings from the Field

(left to right) **Panelists: Madelyn Gould, PhD, MPH, Professor of Epidemiology in Psychiatry and Deputy Director of Research Training Program in Child Psychiatry, Columbia University/New York State Psychiatric Institute; Cheryl King, PhD, Professor, Departments of Psychiatry and Psychology, University of Michigan; Peter Wyman, PhD, Professor, Department of Psychiatry, University of Rochester School of Medicine and Dentistry; Discussant: Philip Rodgers, PhD, Vice President of Design, Development and Evaluation, LivingWorks Education**

Youth suicide is an ongoing problem with few simple solutions, yet there is hope with expanded research that we can begin to see reductions in youth suicide risk and deaths. Three of the most accomplished researchers in youth suicide prevention will present findings from some of their recent research. Dr. King will discuss her research on suicide risk screening and intervention in the emergency department, a description of a large-scale study currently underway, and suggest future directions for research on emergency department-based prevention strategies. Dr. Gould will provide a summary of the empirical evidence for suicide contagion and the identification of components to be included in a crisis intervention or postvention strategy following a suicide on college and university campuses. Dr. Wyman will review social network data from 11,000 students from primarily rural high schools and discuss strategies for reducing the influence of maladaptive peers and increasing adult ties that support help seeking. Dr. Rodgers will moderate the discussion and comment on how these research efforts fit into the broader context of youth suicide prevention.

3. Evidence-Based Clinical Practices for Suicide Risk: Rhetoric Versus Reality

(left to right) **Gregory K. Brown, PhD, Research Associate Professor of Clinical Psychology in Psychiatry, University of Pennsylvania School of Medicine; Katherine Comtois, PhD, MPH, Associate Professor, Department of Psychiatry and Behavioral Sciences and Adjunct Associate Professor, Department of Psychology, University of Washington; David A. Jobes, PhD, Professor of Psychology and Associate Director of Clinical Training, The Catholic University of America; Jeffrey C. Sung, MD, Psychiatrist in Seattle, WA**

Within the field of mental health there is a great contemporary emphasis on the importance of "evidence-based" clinical practices for the effective treatment of suicide risk. And yet, in our experience, we perceive that very little evidence-based practice is actually used in the clinical trenches of contemporary mental health delivery. Generally speaking, we perceive that there is an over-emphasis on suicide risk screening and assessment, with remarkably little to nothing to offer in terms of suicide-specific treatment and intervention (that is evidence-based). Indeed, we would argue that there continues to be a general over-emphasis on inpatient psychiatric care, a mental disorder/medication-focused approach to clinical treatments, and that there is even the continued and wide-spread use of "no-suicide" safety contracts which are widely eschewed by clinical suicidologists. In this panel we intend to examine the full range of issues pertaining to the need for effective treatments for suicidal risk and the gap that we perceive that exists between policy and practice.

Annual Conference Highlights

Friday, April 17th 10:45am - 12:00pm Concurrent Featured Sessions, Cont'd

4. Engaging Persons with Lived Experience in Organized Prevention Efforts



(left to right) **Doreen Marshall, PhD, Senior Director of Education and Prevention, American Foundation for Suicide Prevention (AFSP); Christine Moutier, MD, Chief Medical Officer, AFSP; Shelby Rowe, BA, Manager of Education Programs, AFSP**

Persons with lived experience have much to contribute to suicide prevention, though until very recently, few efforts have been made to include them in a systematic way. Through recent advocacy efforts and groups such as the Action Alliance for Suicide Prevention's Suicide Attempt Survivors task force, there has been a call for organizations to proactively engage and involve persons with lived experience in their prevention efforts. The publication of The Way Forward from the Suicide Attempt Survivors Task Force (2014) specifically calls for practices, programs, and policies that support recovery in individuals who have experienced a suicidal crisis, and many of the recommendations charge prevention organizations specifically with their development.

5. Review of National Suicide-Related Surveillance Systems

Alex E. Crosby, MD, Division of Violence Prevention, National Center for Injury Prevention and Control, Center for Disease Control

Injury from self-directed violence is a major public health problem in the United States. In 2013 in the U.S., there were 41,149 suicides, making it the 10th leading cause of death overall. Suicides, however, reflect only a portion of the total impact of suicidal behavior. Substantially more persons are hospitalized as a result of non-fatal suicidal behavior than are fatally injured, and an even greater number are either treated in ambulatory settings or not seen at all. Recent estimates among adults indicate that for every 1 suicide there were 3 hospitalizations for suicidal behavior, 10 hospital emergency department visits, and 32 self-reports of non-fatal suicidal behavior.

Although numerous organizations collect information on fatal and non-fatal suicidal behavior, there is considerable inconsistency across the systems concerning how they function. The systems differ in the populations examined, the measures used, the kind of suicidal thought or behavior collected, and/or how often they are administered. This presentation will describe selected national surveillance systems that collect information on suicide-related issues.

Saturday, April 18th

8:30am - 8:45am


Presentation of the AAS 2015 Roger J. Tierney Service Award

April Foreman, PhD, Veterans Administration & Tony Wood, CEO, Midwest Computer Solutions

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 as distinguished from academic or research endeavors. AAS is grateful for support of this award provided by LivingWorks Education.

Annual Conference Highlights

Saturday, April 18th

8:45am - 9:45am

Getting Connected, Staying Connected: The Journey of Healing and Hope

Moderator: Eric Marcus, Senior Director for Loss & Bereavement Programs, American Foundation for Suicide Prevention; Panelists: Michelle Cornette, PhD, Executive Director, AAS; Kim Ruocco, MSW, LSW, Director of Postvention Programs, TAPS; Marilyn Nobori, Loss Survivor; Alex Camacho, Loss Survivor; Robert Bell, Loss Survivor

This panel will discuss how getting connected and staying connected helped them along their journey to healing and hope. The presenters will each share their own personal story highlighting the value of the connections that started and kept them on their journey. They will also describe how these connections helped them during their healing process and beyond.

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

Saving Lives by the Thousands: A 2025 Retrospective on the Public Health Approach

Dr. David A. Litts, Colonel (Ret.), USAF, Consultant and Former Executive Secretary, National Action Alliance for Suicide Prevention

Dr. Litts will reflect on some of the most important milestones in the development of the public health approach for suicide prevention. In doing so, he will share how pioneer leaders such as Surgeon General Satcher understood the concept and how that concept has evolved over the decades. Since the Air Force Program is likely our best example of a public health success, he will help us understand its significance for us today and highlight the characteristics of the culture change it brought about. Additionally, Dr. Litts will suggest essential next-steps for the field if we are to achieve the vision of the public health approach--saving lives by the thousands. He will help us imagine what a review of progress could look like in 2025 when the nation's suicide prevention effort is fully mature and lay out a course for getting there. That course must include achieving unity of purpose within the field and substantially strengthening political will at national, state, tribal, and community levels.

10:30am - 11:15am

Lived Experience for Suicide Prevention: Past, Present, and Future

DeQuincy Lezine, PhD, Director of Suicide Prevention Innovations, Center for Dignity, Recovery, and Empowerment, and Chair of the AAS Attempt Survivors/Lived Experience Division

What is "lived experience" and why is experiential knowledge a critical addition to the knowledge base in suicide prevention? At least since the time of Cicero (43 BC) there are documented uses of personal experience with a clinical condition being used to help others. Either quietly or publicly, individuals have used their own experience with suicidal crises to inform their research, teaching, and practice. Now there is a growing movement with persons who have survived a suicidal crisis boldly revealing their struggles, and their stories of recovery and hope, in public forums. The power and potential of experiential knowledge is finally rising to the place where it is being recognized in established suicide prevention circles. Ultimately two questions follow the increased awareness: What is next? Where do we go from here – as persons with lived experience and as an organization dedicated to understanding and preventing suicidal behavior?

11:15am - 12:00pm

We Are All Connected in Suicidology: The Continuum of "Survivorship"

Julie Cerel, PhD, Associate Professor, University of Kentucky College of Social Work, and Chair of AAS Board of Directors

This presentation will use new evidence to show that it is common to be exposed to suicide and suicidal behavior and that this exposure serves as a risk factor especially for those who feel close to the person who died by suicide. Because of this, the field needs to change the way we describe "survivors" as we are all connected.

AAS Annual Preconference Workshops

TUESDAY APRIL 14th & WEDNESDAY, APRIL 15th

WORKSHOPS AT-A-GLANCE

Advanced Registration is Required for PC #1 and Recommended for all Others, as Space is Limited

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

SPECIAL TWO-DAY PRECONFERENCE WORKSHOP, TUESDAY AND WEDNESDAY

FULL-DAY WORKSHOPS -- WEDNESDAY

HALF-DAY WORKSHOPS -- WEDNESDAY MORNING--8:30am to 12:00pm

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.

Preconference Workshops

You may register for two half-day workshops and pay the rate of a full-day workshop, for a significant savings!

Consider these Pairings

Research: #8A - *Introduction to Multilevel Modeling* & #8B - *Applying Cost Benefit Analysis to Suicide Prevention*

Schools: #9A - *Applying DBT in School-Based Settings* & #9B - *School-Based Crisis Management after a Suicide or Violent Death*

Treatment/Prevention: #10A - *Post Admission Cognitive Therapy (PACT)* & #10B - *The Safety Planning Intervention (SPI)*

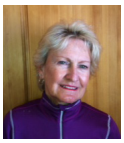
The RRSR (Workshop #1) is a Special Two-Day Session on April 14th & 15th

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

Toni Paul, RNC, MEd, Private Consultant



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.

Full-Day Workshop on April 15th

Workshop #2

Dialectical Behavior Therapy (DBT): Where We Were, Where We Are, and Where Are We Going

Marsha Linehan, PhD, ABPP, Professor of Psychology, Adjunct Professor of Psychiatry and Behavioral Sciences, University of Washington

Dialectical Behavior Therapy (DBT) is a trans-diagnostic modular behavioral intervention that integrates principles of behavioral science with those of Zen mindfulness practice to provide a synthesis of change and acceptance both at the level of the treatment provider's actions and at the level of new behaviors taught to clients. The treatment was designed originally to treat individuals with high risk for suicide ordinarily associated with high emotion dysregulation. Because of its high association with intentional self-injury and high rates of suicide, most of the DBT suicide research to date has been done with individuals meeting criteria for borderline personality disorder. The modular design of the treatment, together with emphases on both protocol-based and principle-based approaches to treatment have led to a number of studies indicating that DBT is effective with a range of less severe disorders such as treatment-resistant depression, substance dependence, eating disorders and other disordered behavioral patterns. To date, over 17 RCTs have been conducted on DBT across a range of investigators. At present it is one of the few treatments that have been replicated as effective for both reducing risk of suicide and for treating BPD. Current questions of importance have to do with determining mechanisms of action in DBT and developing guidelines for who needs what components of the treatment for how long. The answers here are not clear. Preliminary hypotheses and data addressing these questions will be presented.

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

1. Understand the meaning of the word Dialectical and how that differs from standard DBT
2. Identify key characteristics of DBT
3. Recognize modifications to the treatment since its inception
4. Recognize the benefits of using Dialectical Behavior Therapy (DBT) to treat BPD and other Axis I and II disorders

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 Shea, MD, President, Training Institute for Suicide Assessment & Clinical Interviewing, Inc. (TISA)

Whether one is handling a suicide assessment face-to-face or on the phone, the provider's ability to transform crises, create hope, and effectively assess suicide potential remain cornerstones of effective intervention. Dr. Shea - an internationally acclaimed speaker with over 850 presentations and six books - is back by popular demand to provide a course addressing solutions to these specific problems. The workshop is culled from both his text *The Practical Art of Suicide Assessment, 2nd Edition* and his popular book on building resiliency – *Happiness Is. Unexpected Answers to Practical Questions in Curious Times*.

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. 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: At 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 H)
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 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: Maintaining Momentum and Using Data to Demonstrate Impact

(left to right

Ellyson Stout, Prevention Support Program Manager, Suicide Prevention Resource Center (SPRC), Education Development Center
Smita Varia, Prevention Specialist, SPRC
Jarrod Hindman, Suicide and Violence Prevention Section Manager, Colorado Department of Public Health and Environment
Steven S. Martin, Senior Scientist and Associate Director, University of Delaware, Center for Drug and Health Studies
Eileen Zeller, MPH, Lead Public Health Advisor, Suicide Prevention Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration

Fourteen years after the first National Strategy for Suicide Prevention was released, most states have been implementing suicide prevention efforts for over a decade. Many state suicide prevention programs have received state and local support to continue their efforts, and rely

on the strong foundation of suicide prevention coalitions in their work. As federal funding opportunities become more competitive and state budgets continue to recover slowly from the recession, continued support from communities and legislators will increasingly depend on being able to demonstrate results.

Co-facilitated by SPRC and State suicide prevention leaders, this workshop will bring state suicide prevention leaders together to share strategies, challenges, and opportunities in using data to demonstrate their success and generating ongoing support for their 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, challenges, and strategies. Join us to learn from and exchange with your peers, on topics from keeping partners and supporters engaged and energized to establishing realistic measures that can demonstrate impact in your state!

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

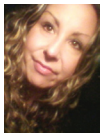
1. Identify new tactics and strategies peers are using to implement state suicide prevention efforts
2. Name strategies they will use to build and maintain support among diverse stakeholders on state suicide prevention priorities
3. Identify ways to demonstrate the ongoing impact of their statewide suicide prevention work

Workshop #5

Training for Facilitation of an Attempt Survivors Support Group

Robert Karl Stohr, LMFT, Division Director, Didi Hirsch Mental Health Services

Richard Grant-Coons, Lead Clinical Supervisor, Didi Hirsch Mental Health Services



Shari Sinwelski, MS, EdS, Lead Clinical Supervisor Didi Hirsch Mental Health Services

A Facilitator's Manual surrounding the development and implementation of a Suicide Attempt Survivors' Support Group was created and has recently been recognized as a best practice by the Suicide Prevention Resource Center's Best Practices Registry. In this preconference workshop participants will learn the background and development of this innovative support group. Secondly, presenters will discuss attitudes and beliefs in working with attempt survivors, and the necessary skills needed to address these prior to running the group. Finally, the presenters will demonstrate the specific clinical and group facilitation skills alongside peer facilitation processes that work together to run a successful group. Included in the above goals will be a poignant discussion on the necessary steps to assess and mitigate risk among group members in order to successfully and safely integrate this group within a community mental health or crisis line setting.

A history of suicide attempts is considered the single highest risk factor to going on to die by suicide. It is estimated that there are more than a million suicide attempts in the United States each year. While most people just attempt once, more than a third will try again. Yet there are few places where people with histories of suicide attempts can go for help: The city of Los Angeles is an exception. Didi Hirsch Mental Health Services' Suicide Prevention Center has developed an innovative eight week support group, Survivors of a Suicide Attempt (SOSA).

This preconference workshop will take participants through our Manual for Support Groups for Suicide Attempt Survivors, including an in-depth look at the group's evolution and implementation process. Participants will learn how to develop the support system necessary for implementing suicide prevention strategies among group members, and the benefits of a team-led approach by a clinician and a peer facilitator. This workshop will also describe methods used for ongoing evaluation of the impact and success of the Attempt Survivors Support Group. Measures include hopelessness before and after the group (as measured by the Beck Hopelessness Scale), a measure of Safety Planning knowledge and the likelihood of participants' utilization of this and other resources before and after the group. Finally, this workshop will discuss how to take the knowledge of this group processes forward to help participants learn how to implement this type of group in different community settings.

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

1. List and discuss the four-year development process of this group, along with the challenges and the lessons learned in the implementation process
2. Identify risk factors which often precede a suicide attempt and are often present in a Suicide Attempt Survivors Support Group, and the clinical interventions necessary to address these
3. List and discuss specific weekly group processes and how they work, that address structure and dynamics of this group including processes such as the check-in and follow-up procedures between groups
4. Describe how the 8-week course works together to achieve the desired outcomes of increased hopefulness, connectedness, and coping skills, along with a reduction of suicidal intent and ideation

Full-Day Preconference Workshops

Workshop #6

Tell Me More: A Developmental Model for Connection with Youth in Risk Assessment

Maureen Underwood, LCSW, Clinical Director, Society for The Prevention of Teen Suicide

Although the 2012 revised National Strategy is clear about increasing the capacity of health care providers to deliver suicide prevention services in linguistically and culturally appropriate ways, few models exist that apply this competence to working with children and youth. And without developmental competence, connecting with youth in the process of risk assessment can be extremely challenging. Tell Me More is one of the only models that translates risk assessment into a format that is developmentally accurate, conversational and useful in various youth-oriented settings, from schools to private clinical practices. This full-day training will review the theory that underlies this assessment model and demonstrate how a conversational technique can facilitate connection with even challenging youth and help diminish their reluctance to talk about potential suicide risk. The workshop will also focus on strategies for developing connection with parents/guardians in the assessment process and offer techniques for addressing their resistance to collaborate in the assessment process. Finally, it will outline strategies for increasing compliance in referrals for treatment.

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

1. Summarize the developmental characteristics of youth that are important to consider in order to facilitate their engagement in a suicide risk assessment
2. Describe the characteristics of suicide from a behavioral perspective that translates into a conversational format for connecting with youth in a risk assessment
3. Outline at least three techniques for decreasing parental resistance to the assessment process
4. Formulate at least two strategies for maximixing parental follow-up with treatment referrals

Workshop #7

Suicide Bereavement Clinician Training Program

John R. Jordan, PhD, Clinical Psychologist in Pawtucket, RI and Wellesley, MA

The suicide of a loved one can have a profound and sometimes devastating impact on those left behind, called suicide survivors. Bereavement after suicide may entail high levels of disorientation, guilt, regret, anger, shame, and trauma. Survivors sometimes also find their relationships with other people changed, as they struggle with the social stigma often placed on suicide, and the altered family relationships that have been changed by the feelings of guilt, blame, and failure that suicide may engender. Survivors may also be at risk for elevated rates of complicated grief and future suicidality themselves. All of this makes surviving the suicide of a loved one a potentially life-transforming ordeal that requires a level of support that goes beyond traditional grief counseling. Yet very few mental health training programs devote any time to training clinicians about the challenging work of suicide postvention – helping survivors cope with the tragic loss.

This workshop will provide a focused overview of the impact of suicide on survivors, and the clinical and support responses that are needed after a suicide occurs. The workshop will include didactic presentation, group discussion, case examples from the presenter's practice, and video. Topics to be covered will include:

- The psychological impact of suicide on survivors and common themes in the bereavement of survivors
- The impact of suicide on family functioning
- What research with survivors tells us is needed
- The tasks of loss integration and recovery for survivors
- Postvention options for survivors
- Principles of postvention after client suicide
- Principles of longer term clinical work with survivors
- Examples of specific clinical techniques that can be of use in grief therapy with survivors

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

1. Identify at least five common themes in the impact of suicide on survivors
2. List tasks of psychological re-integration after suicide
3. Describe several options for intervention with survivors
4. Describe three categories of clinical technique with survivors

Morning Preconference Workshops: 8:30am-12:00pm

Workshop #8A

Introduction to Multilevel Modeling

Brian Baucom, PhD, Assistant Professor, Clinical Psychology, University of Utah

Many of today's complicated research designs generate nested datasets (e.g., where repeated measurements are taken for individuals or where multiple individuals comprise a group). These data structures

violate the assumptions of many traditional methods of data analysis. This workshop will introduce attendees to conceptual foundations and practical applications of statistical techniques appropriate for nested designs: multilevel models. Basic and advanced issues in model specification (including mediation and moderation) and evaluation will be discussed. Sample applications of workshop topics will be conducted using Hierarchical Linear Modeling (HLM) software. This workshop aims to help attendees apply the concepts and models discussed to their own datasets. A demo version of HLM is freely available on the internet, and consultation time with the workshop leader will be provided to assist attendees in implementation. No previous experience with multilevel models is necessary.

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

1. Describe the similarities and differences between multilevel models and traditional analytic approaches, such as Ordinary Least Squares regression and Analysis of Variance (ANOVA)
2. Prepare data sets for multilevel analysis using Hierarchical Linear Modeling software
3. Interpret output of multilevel models run using Hierarchical Linear Modeling software

Workshop #9A

Applying DBT in School-Based Settings

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

Alec Miller, PsyD, Cognitive and Behavioral Consultants

This workshop will identify a newly developed continuum of providing school-based mental health services in schools that utilizes Dialectical Behavior Therapy (DBT) strategies and skills as the foundation. At the universal level, discussion of a skills curriculum (STEPS-A) will be provided along with strategies and barriers for implementation. At a high needs level, discussion of the new *DBT Skills Manual for Adolescents* (Rathus & Miller, 2015) will be provided along with implementation strategies and challenges. Participants from this workshop will gain an understanding of the similar and different components used in each service delivery model. Finally, this workshop will identify school personnel and systems that assist or act as barriers in implementing these service delivery models.

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

1. Identify the continuum of services that a school can offer that focuses on mental health needs from universal to high-risk for suicidal behavior
2. Identify 2-3 advantages of implementing the STEPS-A curriculum within a school-setting
3. Identify 2-3 advantages of implementing school-based DBT within a school setting

Workshop #10A

Post Admission Cognitive Therapy (PACT): An Inpatient Treatment Program for the Prevention of Suicide

Marjan Ghahramanlou-Holloway, PhD, Associate Professor, Uniformed Services University of the Health Sciences

Post Admission Cognitive Therapy (PACT) is an inpatient treatment program (Ghahramanlou-Holloway, Cox, & Greene, 2012; Ghahramanlou-Holloway, Neely, & Tucker, 2014 and in press; Neely et al., 2013) for individuals who are psychiatrically hospitalized following a suicide-related event. While psychiatric inpatient units currently offer a variety of services including group therapy, medication management, art therapy, physical therapy, recreation therapy, and individual therapy, none of these services directly target suicide ideation and/or suicide attempts. To address this clinical gap, PACT has been adapted from an efficacious outpatient cognitive behavioral treatment program for the prevention of suicide, as described by Gregory Brown and colleagues (2005). The adapted PACT intervention consists of approximately 6-8 individual therapy inpatient sessions (averaging 60-90 minutes per session, totaling approximately 7 to 12 hours). In addition, the PACT intervention program offers a maximum of 4 telephone booster sessions, each lasting up to 60 minutes, within the first 3 months following psychiatric discharge in order to maximize the likelihood of linkage to aftercare.

This half-day training workshop will provide an overview of PACT and its evidence-based cognitive behavioral components. First, participants will learn about basic cognitive behavioral strategies for structuring sessions – including setting a collaborative agenda, prioritizing items on the session agenda, assigning action plan(s), measuring progress, and eliciting feedback. Second, participants will become familiar with Aaron Beck's cognitive model for suicide as a framework for conceptualizing and treating their patients. Third, the components of the PACT inpatient

program will be reviewed. Emphasis will be placed on specific techniques of intervention (e.g., assisting patients with the suicide "story" narrative, building skills such as emotion regulation and problem solving, instilling hope, preventing relapse, and planning for safety). Opportunities to practice learned strategies within a group setting will be offered and questions about expected implementation challenges will be addressed.

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

1. Use the cognitive behavioral model to conceptualize psychiatric inpatients with suicide-related ideation and/or behaviors
2. Structure cognitive behavioral sessions, set goals, assign action plan(s), and elicit/provide feedback
3. Describe the treatment phases of Post Admission Cognitive Therapy (PACT) as an adapted inpatient treatment program for the prevention of suicide
4. Assess for readiness for change and subsequently plan for safety during the inpatient stay as well as during the post-discharge period

Workshop #11

Innovations in Clinical Assessment and Treatment of Suicidal Risk

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

Empirical research in the assessment and treatment of suicidal risk has grown dramatically in recent years as we endeavor to find effective clinical approaches for working with suicidal patients across a range of treatment settings. This pre-conference workshop on innovations in "clinical suicidology" will examine a broad range of contemporary studies and recent developments on clinical risk assessment and evidence-based interventions for suicidality.

There will be an initial examination of the evolution of clinical suicidology over the past 50 years. A review of various clinical assessment approaches from interview-based, assessment tools, technological approaches, and indirect ("occult") assessments will then be considered. Well-replicated evidence-based clinical treatments (e.g., Dialectical Behavior Therapy, Cognitive-Behavioral Therapy for suicidal risk, and CAMS) will be examined along with other intervention approaches showing empirical promise. Various other interventions such as Safety Planning, "brief interventions," group approaches, and the use of non-demand "caring-contact" follow-up will be considered as well. There will be exploration of training considerations and the considerable challenges of actually changing clinician behaviors (and systems of care) to provide adherent evidence-based assessment and treatment.

Finally, various challenges within contemporary clinical suicidology will be explored in relation to health-care reform, use of electronic records, and changing expectations of what mental health providers can do to clinically prevent suicide deaths of their patients.

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

1. Know about the evolution of clinical suicidology over the past 50 years
2. Know and seek emerging evidence-based approaches to assessments of suicidal risk
3. Seek out evidence-based approaches for treating suicidal risk in clinical practice
4. Understand systems of care issues and training considerations within contemporary clinical suicidology

Workshop #12

Ethical Considerations in Suicide Prevention

Ken C. Norton, MSW, LICSW, Executive Director, NAMI New Hampshire

From the days of ancient Greece to modern times suicide has posed vexing philosophical and ethical questions. Despite this historical philosophical tradition, it is rare these days for clinicians or professionals working in the field of suicide prevention to openly address ethical issues related to this work. For instance, two states now have physician assisted suicide laws yet this issue and the closely related end of life/quality of life issues are infrequently addressed within our professional community. Clinicians and suicide prevention professionals working with suicidal individuals or in the area of suicide prevention face ethical challenges which may vary for different age cohorts and cultures. Provision of effective suicide prevention or clinical practice requires professionals to recognize and examine their own personal values and attitudes as well as respecting and understanding those of their clients. Response and service to clients must be provided by clinicians in a competent manner, with recognition of the strengths and needs of the individual and within the context of ethical codes and standards.

Participants will engage in discussion of ethical issues such as dignity and worth of the individual, self determination, involuntary treatment, confidentiality and assisted suicide. Case scenarios representing challenging ethical situations with suicidal individuals will be explored through group discussion. This program will examine ethical concerns

related to working with clients who are dealing with suicidal thoughts and behaviors, and will encourage clinicians to be more cognizant of how their own values, experiences and belief system impact their work.

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

1. Examine how their own personal, and professional values, experiences and belief system impact their work with clients presenting with suicidal thoughts and behaviors
2. Understand the important role informed consent plays in treating suicidal or potentially suicidal individuals
3. Demonstrate a greater understanding of ethical concerns related to suicidality in clients across the lifespan
4. Gain a broader understanding of cross discipline professional codes of ethics and how they inform practice

Workshop #13

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

Lisa Capoccia, MPH, Assistant Manager, Clinical Initiatives, SPRC

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

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

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

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. To signify the nation's recognition of the role EDs can play to prevent suicide, 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 suicide rate. How might the AAS community capitalize on these opportunities and join with emergency medicine colleagues to address the challenges?

For answers, 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. Tying these together, faculty will provide results from the SPRC Emergency Department Consensus Panel study and an overview of the new guide, *Caring for Adult Patients with Suicide Risk: A Consensus-Based Guide for Emergency Departments*. The workshop will also include an interactive ED strategy development exercise with participants.

Learning Objectives: At 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 EDs
3. List the best practice programs, practices, and tools for suicide prevention in EDs
4. Apply knowledge gained in learning objectives 1-3 by developing individualized strategies for promoting suicide prevention in ED settings specific to the participant's area of work (e.g., clinical practice, community coalition, state suicide prevention)

Workshop #14

Engaging Communities in the Aftermath of Suicide: Critical Immediate and Long-Term Planning Steps for Community Postvention

Elaine de Mello, LCSW, Connect Supervisor of Training and Prevention Services, NAMI New Hampshire

This workshop challenges our assumption that postvention response should focus just on family. A suicide or other untimely traumatic death can have a devastating impact on a community. The shock and grief can go well beyond immediate family and can extend to friends, coworkers, schools, faith communities, and other sectors of the community. Often in the aftermath, emotional turmoil can compound the healing process. When key stakeholders are informed about the potential impact of trauma and grief and best practices for a cohesive response, education and coordination can help with healing and reduce further risk to others. With proactive planning, buy in and established procedures, confusion and risk can be minimized and clear guidelines for a supportive response can be activated. This takes into consideration that the impact of a suicide reaches beyond the immediate family and can have implications for the broader community and affected individuals for years after the death.

Afternoon Preconference Workshops

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

1. Identify potential for risk proactively and measures to minimize impact and respond to fallout
2. Discuss a model for engaging key service providers in developing an integrated community response to suicide or other tragic deaths
3. Explore emotional dynamics related to grief
4. Implement ways to engage members of the community to guide safe communication and memorials to promote healing and reduce risk

Afternoon Preconference Workshops: 1:00pm-4:30pm

Workshop #8B

Applying Cost Benefit Analysis to Suicide Prevention

Ramya Sundararaman, MD, MPH, Deputy Director of Health Resource Analytics, CALIBRE Systems

Jim Frank, Principal Analyst, CALIBRE Systems

Chuck Lunati, Senior Economist, Director of Health Resource Analytics, CALIBRE Systems

The aim of this workshop is to familiarize attendees with Cost-Benefit Analysis as a technique for comparing alternative processes (including training, tools, and methodologies) of suicide prevention from healthcare system perspective, and to understand the rationale and implications of using this method in health care decision-making.

Healthcare system decision makers have limited resources and when presented with competing healthcare provider needs, they ultimately use (either formally or informally) some form of economic evaluation to provide them with alternative solutions. A Cost Benefit Analysis (CBA) is a tool that provides a set of options (alternatives) to decision makers to select a course of action from two (or more) alternatives that provides the most benefit for the least cost. Both the benefit and cost are calculated in monetary values, so it is very flexible to comparing dissimilar alternatives. In the field of suicide prevention, there have been discussions on and requests for CBAs – even this year, the Zero Suicide Collaborative had tremendous activity associated with a need for more economic analysis. There are challenges in the field. First, it is difficult to calculate the cost of each life saved in terms of perspective, assumptions, and social sensibility. However, through a well-defined scope, agreed upon terms, and reasonable assumptions, we can estimate the costs and benefits and hence, perform a (CBA). At the very least, two options concerning suicide prevention are: "no action or change in current processes" (i.e., status quo) and "zero suicide." In this workshop, we will discuss how a CBA was applied to Zero Suicide. The overall approach will be presented and its strengths and limits will be discussed. We will cover steps to conduct a CBA as well as the differences between a CBA and other economic evaluations. Participants will be asked to complete and comment on a questionnaire. The key point for the discussion will be how participants can apply a CBA for presenting their alternatives to decision-makers within their organizations.

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

1. Describe when and why a CBA should be done
2. Discuss the strengths and limitations of a CBA
3. Lay out the basic steps to conduct a CBA for suicide prevention
4. Share CBA references appropriately

Workshop #9B

School-Based Crisis Management after a Suicide or Violent Death

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

Scott Poland, EdD, Co-Director Suicide and Violence Prevention Office Nova Southeastern University

This workshop will provide participants with an opportunity to examine the best practices schools should use when a death of student has occurred by suicide or by violent means (i.e., school shooting). This presentation will examine national incidences where a student or students deaths have occurred and discuss the implications of the postvention procedures that were employed by the schools. In addition, this workshop will highlight the similarities and differences in providing postvention services when a student has died by suicide versus a violent death by another manner. Finally, this workshop will highlight the role of the media and discuss strategies on how to engage them productively while maintaining the flow of information to the community.

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

1. Identify school-based best practices in providing support to students and school personnel after the death of a student by suicide or by violent means
2. Identify similarities and differences in postvention procedures of those for a student who has died by suicide versus a death by violent means
3. List and discuss strategies to use when working with the media in helping to report the event that do not increase contagion

Workshop #10B

The Safety Planning Intervention (SPI): A Brief Intervention to Mitigate Suicide Risk

Barbara Stanley, PhD, Department of Psychiatry, Columbia University

Gregory K. Brown, PhD, Research Associate Professor of Clinical Psychology in Psychiatry, University of Pennsylvania School of Medicine

The Safety Planning Intervention, developed by Barbara Stanley and Gregory Brown (2012), is a brief intervention which takes approximately 20-45 minutes to complete, provides patients with a prioritized and specific set of coping strategies and sources of support that can be used should a suicidal crisis occur. The intent of the safety plan is to help individuals lower their imminent risk for suicidal behavior by consulting a pre-determined set of potential coping strategies and a list of individuals or agencies whom they may contact; it is a therapeutic technique that provides patients with more than just a referral at the completion of suicide risk assessment during an acute care evaluation. By following a pre-determined set of internal coping strategies, social support activities, and help-seeking behaviors, patients have the opportunity to evaluate those strategies that are most effective. The workshop will include a demonstration of how the Safety Plan Intervention is conducted.

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

1. Describe the background and rationale for conducting a brief Safety Planning Intervention
2. Describe how to collaboratively develop a safety plan with individuals at high risk for suicide
3. Describe how safety planning is implemented in acute care settings

Workshop #15

Improving Suicide Prevention Through Program Evaluation: A Step-by-Step Workshop to Help You Evaluate Your Suicide Prevention Program

Rajeev Ramchand, PhD, Senior Behavioral and Social Scientist, The RAND Corporation

Patricia Ebener, Senior Researcher, The RAND Corporation

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

1. Describe the latest evaluation research on suicide prevention program evaluation
2. Design an evaluation that is appropriate based on the type of program being implemented as well as 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 suicide prevention programs

Workshop #16

Social Media Skills: Conference Specific Skills for Academics, Clinicians, Crisis Interventionists, and People with Lived Experience of Suicide




(left to right)

April Foreman, PhD, VA
Amelia Alice Lehto, RCH Coordinator - Suicide Prevention Common Ground
Dese'Rae L. Stage, BS, Founder, Live Through This
Tony Wood, CEO, Midwest Computer Solutions

A multi-disciplinary team of thought leaders with experience at the intersection of social media and suicide prevention will provide training in best practice social media skills and strategies for conferences and other professional venues. Presenters will provide 1 hour of overview and introduction into social media best practices at conferences, and then will provide coaching for three breakout groups consisting of: 1) Academicians/researchers; 2) Clincians/Crisis Interventionists; 3) People with lived experience of suicide. Coaches from the AAS 2015 Conference (#AAS15) social media team will help members of the breakout groups in social media skills specific to their discipline's needs. Group members will develop a responsible social media policy, will receive assistance setting up social media accounts, and will receive assistance in developing, tagging, and curating content. Participants will leave the workshop with social media skills they can immediately apply to #AAS15. Presenters will be available throughout the conference and in the year following the conference to support participants in skill application at #AAS15 and related professional venues. This workshop will also support the generalization of social media skills to the wider suicidology communication, and encourage high quality and wider-reaching media presence for the #AAS15 conference.

Workshop #17

Decision Making under Stress: Acquiring Skill in Working with High Risk Patients

Phillip M. Kleespies, PhD, Boston VA Medical Center

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 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 condition

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

1. Describe a decision-making model appropriate to dealing with behavioral emergencies (i.e., for dealing with cases in which the clinician's judgment is that there may be imminent risk of suicide and/or violence)
2. Discuss the importance of stress exposure training for managing behavioral emergencies
3. Work more effectively with patients who present with potential behavioral emergencies (i.e., patients who are acutely suicidal and/or potentially violent)
4. Explain why training for competence in working with

behavioral emergencies is best accomplished through encounters that are faithful to what occurs in actual practice

Workshop #18

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 (Oxford University Press, 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: At 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

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AAS is offering a discounted new individual member fee of $130 (regular fee is $160).

This membership includes:

- Subscription to *Suicide and Life Threatening Behavior (SLTB)*, AAS' research journal and access to online archives
- Membership Only Blog, *Newslink*
- *Surviving Suicide*, a quarterly newsletter written by survivors for survivors of suicide
- Reduced rates on training programs, certifications, conferences, etc.
- Free webinars
- Free clinical consultations

Take advantage of this special membership discount before April 18th!

You can save up to $135 on conference registration fees by registering at the member rate.

ANNUAL CONFERENCE APP IN DEVELOPMENT!

AAS HAS GONE MOBILE!

Schedule, Maps, Twitter and more on your mobile device - completely free.

Download **Guidebook** on the Apple App Store or Android Marketplace or visit guidebook.com/getit

guidebook

Crisis Centers
FREE Networking Opportunities

Wednesday, April 15th **12:00pm - 1:30pm**

American Association of Suicidology

Crisis Centers Lunch & Networking
Hot Topics for Crisis Centers

Facilitator: Pat Morris, AAS Crisis Center Division Chair

A facilitated discussion covering various "hot topics" shared by crisis centers. A structured time for networking and sharing good practices offered by crisis centers. Cash and carry lunch available. Participants are encouraged to bring program and marketing materials to share.

Registration is free but required. To reserve your spot, see Page 39.

Wednesday, April 15th **2:00pm - 5:00pm**

National Suicide Prevention Lifeline 1-800-273-TALK (8255) suicidepreventionlifeline.org

Network Updates and Future Directions for the National Suicide Prevention Lifeline Network

Gillian Murphy, PhD; John Draper, PhD; Shari Sinwelski, MS, EdS

In its annual "State of the Network" review, the National Suicide Prevention Lifeline team will present an overview of the current Lifeline grant and future direction of the network. Areas for presentation and discussion will include: the Lifeline Best Practices for Helping Callers and the development of recommended "process" approaches to quality service provision; the Lifeline Crisis Chat network development and quality review process; the Lifeline focus on crisis center follow-up with high risk individuals, continuity of care, and community collaboration; the Lifeline Network Resource Center (NRC) upgrade and growing opportunities for crisis center involvement in the development of resources to enhance service quality, crisis center capacity, visibility, credibility and funding. 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.

Registration is free to Lifeline Center members, but required. To reserve your spot, see Page 39.

Friday, April 17th **6:00pm - 8:00pm**

BHL

CRISIS CENTER DIVISION HOSTED RECEPTION

Behavioral Health Link, 260 Peachtree St NW
(Directly across the street from the Hyatt)

Behavioral Health Link and Lifeline are honored to co-host a Crisis Center Reception. Refreshments will be served. A tour of Behavioral Health Link's Crisis Center will be available.

Free, registration on Page 39 is required.

Healing Conference Scholarships

Survivor Scholarships for Healing After Suicide Loss Conference

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

Conference costs should not prohibit anyone from attending the Healing After Suicide Loss Conference. Therefore, if we have adequate funding, scholarships will be provided to individuals 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 Scholarship Request Form, copy, and FAX TO AAS PRIOR TO REGISTERING for the conference. Scholarship Request Forms must be received **no later than March 24th, 2015** 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.

Request for Memory Quilts

Following the loss of her son, Tony, to suicide in 1995, the late Sandy Martin developed the original Lifekeeper Memory Quilt using traditional quilts as a way to "put a face on suicide." Each year at the conference we display memory quilts from all over the United States. If you would like to have your quilt be a part of this display, please contact Claire Wolford, Memory Quilt Coordinator at the American Foundation for Suicide Prevention, at cwolford@afsp.org or (347) 826-3592 by March 2.

Healing After Suicide Loss Conference

SATURDAY, APRIL 18TH

AAS/AFSP/TAPS 27th Annual Healing After Suicide Loss Conference

GETTING CONNECTED, STAYING CONNECTED

Co-Sponsored by

AMERICAN ASSOCIATION OF SUICIDOLOGY

AMERICAN FOUNDATION FOR Suicide Prevention

TAPS Tragedy Assistance Program for Survivors

7:45 am - 8:15 am	***Healing Conference Registration/Meet & Greet***
8:30 am - 8:45 am	***Opening Remarks & Welcome to Survivors*** HASC Co-Chair Sheri McGuinness, AAS & SPAN Georgia Kim Ruocco, TAPS
8:45 am - 9:45 am	***Getting Connected, Staying Connected: The Journey to Healing & Hope*** See Page 9 for Details
9:45 am - 10:15 am	***Break***
10:15 am - 11:45 am	***The Doctor Is In*** David A. Jobes, PhD; Timothy Lineberry, MD; Christine Moutier, MD; Stuart Smith, MA, LPC
	Sharing Sessions
	Child Robert Bell & Marilyn Nobori
	Sibling Sally Spencer-Thomas, PsyD & Tracie Hicks
	Partner/Spouse Duanne Davis & Mary Ann Stark
	Parent Franklin Cook, MA, CPC & Kevin Livingston
	Clinician-Survivors Vanessa McGann, PhD & Nina Gutin, PhD
	Support Group Facilitators John R. Jordan, PhD & Karen Opp
	Men's Only Mo Krausman & Bill Feigelman, PhD
	Survivors 18 to 25 Years Old Eric Marcus & Diana Petro
	Loss Under One Year Doreen Marshall, PhD & Karyl Chastain Beal, MEd
11:45 am - 12 noon	***Break***
12 noon - 1:15 pm	***Luncheon, Video Tribute to Iris Bolton, & Discussion Opportunities***
1:30 pm - 5:30 pm	***Concurrent Sessions - See Pages 25-27 for Schedule and Descriptions***
5:45 pm - 6:15 pm	***Healing Ceremony*** Iris Bolton, MA & Others TBD

Healing Conference Sessions

1:30pm - 3:00pm

Navigating Troubled Waters: Making One's Way Through the Unique Aspects of Suicide-Related Grief: A Primer for Survivors, Therapists, Caregivers, and SOS Group Facilitators

Stuart D. Smith, MA, LPC, Psychotherapist, Clinical Coordinator for The Link Counseling Center's Resource Center for Suicide Prevention and Aftercare, Atlanta, GA

The experience of suicide-related loss is complicated and often overwhelming. Those left grieving can feel devastated, alone, and without direction. In this workshop we will examine many of the obstacles faced by survivors of suicide and propose constructive responses. We will identify numerous components of the loss itself, and of the healing process, in order to help survivors better understand the feelings, challenges, and possibilities that they may experience. The larger intent is to provide support and encouragement to survivors and those who wish to help them in their healing process.

1:30pm - 3:00pm

Healing Journey for the Grieving Family

Moderator: Maureen Underwood, LCSW, Society for the Prevention Teen Suicide

Panelists: Tracie Hicks, David Pritchard, Brian Pritchard, Gary Delaplane, Elvira Delaplane

Healing begins by identifying the specific ways in which family functioning is impacted by a traumatic death. At the most basic level, the family's assumptions of safety and security are irrevocably shattered as they struggle to deal with the changed reality of their world. Within the family, each member will deal with the death differently, and the many good things that the family shares can get lost in the sense of isolation and confusion that the suicide has produced. This workshop will address the ways in which a strength-based or resilience paradigm can be used to acknowledge families' pain, fear, and loss, and then to identify and emphasize strengths and effective coping. It will also review how to frame these approaches in a way that the children in the family can understand.

1:30pm - 2:30pm

Healing Connections: Grief and Internet Resources

Glen Lord, BSBA, President, The Grief Toolbox

The internet and technology have become such a major part of our lives. We will discuss how to use Facebook, online chat groups and other websites that offer help and support to survivors of suicide loss. The internet offers many tools for all of us as we journey through grief. There are also many ways and opportunities to honor and share our loved ones with the world. It is important to understand how to use the internet to be helpful while avoiding the potential pitfalls. In this workshop we will learn from each other and share all the internet has to offer to help as we grieve.

1:30pm - 2:30pm

Creative Paths to Healing

Michael Myers, MD, Professor of Clinical Psychiatry, SUNY Downstate Medical Center, Brooklyn, NY

Carla Fine, MS, Writer, New York, NY

Everyone grieves the suicide death of a loved one in unique and different ways. Because silence and stigma so often surround a death by suicide, survivors frequently feel alone and isolated, with no outlet to express their innermost feelings about their loss, guilt, anger, heartbreak and confusion. Carla Fine, the author of the book "No Time to Say Goodbye: Surviving the Suicide of a Loved One," and Dr. Michael F. Myers, professor of clinical psychiatry at the SUNY Downstate Medical Center in Brooklyn, NY will combine their dual perspectives as survivor and mental health professional to offer creative and different ways to cope with the suicide of a loved one. Co-authors of the book, "Touched by Suicide: Hope and Healing After Loss," Ms. Fine and Dr. Myers will offer attendees hands-on participation through the use of writing exercises, role-playing and creative dialog exercises, and other novel methods to learn ways to express their feelings about suicide to their family, friends, and society.

Healing After Suicide Conference Sessions

3:00pm - 4:00pm

Healing After Suicide Through Faith and Spirituality

Sally Spencer-Thomas, PsyD, CEO & Co-Founder, Carson J Spencer Foundation, Danielle R. Jahn, PhD, Postdoctoral Fellow, VA Capitol Health Care Network (VISN 5), Mental Illness Research, Education, and Clinical Center (MIRECC)

When a loved one dies by suicide, those bereaved may use religion and spirituality to help them cope and heal. Religion and spirituality are important to many of those bereaved by suicide, and both private religious beliefs and support from religious communities can be healing. Additionally, a recent paper suggests that continuing bonds through spiritual connections to the deceased are common, positive experiences for the bereaved. In the context of these continuing bonds, we will discuss experiences of after-death communications with deceased loved ones and their relation to spirituality. This session will review research regarding the positive, healing effects of faith and spirituality to highlight how those bereaved by suicide can utilize religion and spirituality in their own healing journeys. There will also be time reserved for attendees to share their religious and spiritual experiences related to bereavement by suicide, led by presenters who have had their own spiritual and religious experiences in their healing journeys.

3:00pm - 4:00pm

After Suicide: Reclaiming Ourselves & the Love of Life Itself

Elaine Alpert, MEd, Re[Mind] Center of Atlanta, Founder/Director Transformative Education, Coaching, and Tools

Following the enormous loss of a loved one to suicide, the quality of connection is even more important - to ourselves, to others, to helpful resources, and to life itself. However we often feel alone and unable to reach out. Our "inner chatter" makes matters worse by replaying what has happened, dictating how things could've been, and how dim the future looks. How can we ever find real joy in living again? Elaine Alpert, MEd, will teach essential tools she used following the suicide of her teenaged son, tools to move from merely surviving to thriving. As a dynamic group facilitator for over 25 years, she integrates rapid-relief techniques that all ages can benefit from to promote true connection, lower stress, and create more peace of mind.

3:30pm - 5:00pm

Real Men Grieve (Men Only Group)

Moderator: Eric Marcus, Senior Director for Loss & Bereavement Programs, AFSP
Panelists: Franklin Cook, MA, CPC; Don Lipstein, Peer Support and Training Coordinator, TAPS; Glen Lord, BSBA, Mo Krausman; Jason Weeks

This special program (presented for men only) will explore the challenges, issues and opportunities that many grieving men face. In many ways men are an underserved population when it comes to grieving. The Real Men Grieve panel is meant to shine a light on the fact that there is a lot more to a man's grief than the stereotypical picture often portrayed. Some men get angry, some men do not. Some men get quiet and some men want to talk. Some men engage in unhealthy behavior and some men don't. The real message we hope to send is that giving ourselves permission to grieve is a starting place from which healing can begin. Come join us...we won't make you talk, sit in a circle, or ask you to dance. We're just guys being guys trying to help each other survive and even thrive in a world telling us to "just be strong" and "get over it."

3:30pm - 5:00pm

The Birdhouse Project: A Tool of Self-discovery

Kris G. Munsch EdS, Assistant Professor, Fort Hays State University

The Birdhouse Project is a step-by-step process to help individuals identify and organize emotions after tragic events. By seeing how the blank pieces of a birdhouse represent the pieces of ourselves after a tragedy, we can express our weaknesses, strengths, and desires while symbolically rebuilding our lives. This building process encourages us to explore our emotions. Whether we share our feelings or keep them to ourselves, the important thing is that we are putting the pieces back together in a meaningful, constructive way.

4:30pm - 5:30pm

Optimizing Mental Health and Navigating Treatment

Christine Moutier, MD, Chief Medical Officer, AFSP

This session is designed to frame the issue of mental health broadly, focusing on mental health professional support and treatment. Since mental health spans a full continuum and each individual has unique strengths, coping strategies, and vulnerabilities, approaches to strive for optimal mental health will be discussed. When professional mental health care is warranted, it can be a critical time when families and individuals feel particularly vulnerable. Approaches to finding the right treatment and navigating the world of mental health care will be discussed. Much of the session will be devoted to interactive discussion and Q&A.

4:30pm - 5:30pm

The Gift – Shared Stories of Positive Changes

Gary Delaplane, Mary Ann Stark, Natalie Flake, Karyl Chastain Beal, MEd

The Gift is a story that has been told time and time again by Iris Bolton. It is hard to imagine after a loss that there can be a gift on the other side. But for most of us, after we take time to grieve, there is a great need to give meaning to our loss and make a difference in our world, state, or community. This panel will share stories of positive change after a loss by suicide; stories of where their journey has led and how they used their loss to create positive change. The GIFTS on the other side of a loss can be big, small and every size in between – sometimes we find our life's work and sometimes we find some small act that gives meaning and allows us to move on. Whatever it is…is just enough…to help us keep moving on our journey.

5:10pm - 5:40pm

Mind/ Body Connection for Healing and Letting Go

Tracey Gutman, Certified Yoga and Mindful Meditation Instructor

The group will be led through different mindfulness exercises for the purpose of letting go of negative or painful thoughts from the mind and heart. There will also be light stretching exercises done, while seated in chairs, to help the body feel better, more open and more relaxed. This class is scheduled for the end of the day so that you can leave the conference feeling less depleted and more whole-hearted.

5:45pm - 6:15pm

Healing Ceremony

Iris Bolton, MA, Author, Director Emeritus, The Link Counseling Center & Others TBD

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 you will receive on site.

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: Contact Sara Lycett at AAS for status, slycett@suicidology.org, or 202-237-2280.

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. Sessions for which NBCC-approved clock hours will be awarded will be identified in the program book. 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 above require their forms to be completed and submitted to them after the conference in order to issue certificates of attendance.

CONFERENCE LUNCHEONS

Thursday, April 16th	AAS Past Presidents (By invitation only) Crisis Center Networking Lunch
Friday, April 17th	SLTB Editors (By invitation only) Certification Examiners (By invitation only) Clinician Survivor Task Force Student Networking Lunch
Saturday, April 18th	Survivors Conference Luncheon

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!

Opening Event

AN EVENING TO CONNECT

Thursday, April 16th: 7:00pm - 9:30pm

Reception & Live Music

Free with full conference registration fee, except Student and Retiree

RECEPTION & CONNECTIONS
7:00pm

Join us on Thursday evening for a reception to unwind, meet new colleagues, and reconnect with old friends.

Ample seating space will be provided to relax and network, exchange ideas, and celebrate the important work being done in our field.

LIVE MUSICAL ENTERTAINMENT
8:30pm

WESLEY COOK
Atlanta-Based Singer, Songwriter, and Loss Survivor

"Upbeat positivity is a Wes constant, in his music and his attitude", said Rolling Stone Magazine of the blue-eyed songsmith. Georgia Music Magazine said that "(Wesley) may just be the next big thing" in a recent publication and he was recently dubbed "Best Atlanta Singer-Songwriter" of 2014 by Jezebel Magazine. "My passion in life is to speak the universal emotion of love through the universal language of music". As a front man, his high-energy showmanship and down-to-earth charm makes it impossible for the crowd not to love him. Wesley has shared the stage with artists such as Zac Brown, Sublime, Tonic, Edwin McCain, Manchester Orchestra, Marc Broussard, Angie Aparo, Drivin'n'Cryin, Mishka and more.

In Wesley's 3rd studio album Heavy, he combines the upbeat, positive message he's so loved for with a mature, gritty edge as this album deals with and is dedicated to the memory of his brother who took his own life in April 2012. "This album is about hope, life and healing", says Cook "and about understanding that there will always be very hard things to go through but that you can make it out alright." Although two of the six songs on this album were written directly about the devastating experience of losing his brother, he approaches them with raw honesty and a familiar silver lining that says that life does go on and that it will get better if you want it to.

He's also been very active in philanthropy by playing for foundations like The American Foundation for Suicide Prevention, American Cancer Society and many smaller organizations around the US. Mental health, Autism and cancer being two of the more personal causes that have affected his life directly.

Wesley has loyal fans and critics in the US as well as abroad in countries like Argentina and South Korea.

For Your Information

THE HYATT REGENCY ATLANTA

265 Peachtree St. NE, Atlanta, GA 30303
(404) 577-1234

The Hyatt Regency was the world's first atrium hotel with its signature Polaris blue dome that serves as a landmark destination for the city of Atlanta. Located blocks from major tourist destinations like the Georgia Dome, Centennial Olympic Park, and CNN Center, the Hyatt Regency features 1,260 guest rooms, including 58 suites, 29 Regency Club suites, and 15 Respire hypo-allergenic rooms. Amenities include a 24 hour gym, outdoor pool, and over 180,000 square feet of indoor meeting space. Dining features include Sway Restaurant, a pub, Twenty-Two Stories, and a 24-hour market.

HARTSFIELD-JACKSON ATLANTA INTERNATIONAL AIRPORT

Only twelve miles from the Hyatt Regency, the airport is conveniently located and is served by most major airlines.

MARTA (ATLANTA'S COMMUTER RAIL)

Follow signs to the MARTA Station and purchase a reusable fare card from the machine. Take the northbound train to the Peachtree Center Station stop, one stop north of the Five Points transfer station. Exit the train and take the escalator up towards Peachtree Center Mall. Once inside the mall, follow the signs to the covered walkway into the hotel. One-Way fare is just $3.00.

Schedule and maps: www.itsmarta.com

PARKING

Hotel parking (indoor valet) with in/out privileges, minimum of $10, maximum of $32. There is no self-service parking available. Please speak with the concierge for more information on location and costs.

AIRPORT SHUTTLE

Locate the transportation booth at the airport and ask for a shuttle to the Hyatt Regency Atlanta downtown. We recommend the Atlanta Airport Shuttle Service (T.A.A.S.S.) 404.941.3440. No reservations are necessary for arranging transportation from the Atlanta Airport to the hotel. It runs 6 a.m. to midnight from the airport and leaves the hotel every 10 and 40 minutes after the hour. $16.50 one way/$29 round trip per person.

TAXIS

To/from airport fee: $32.00 plus $2.00 per each additional person.

Downtown Zone includes: North Avenue/Ashby to North Avenue/Boulevard to Boulevard/Atlanta to Atlanta Avenue/I75-I85 to I75-I85/Georgia Avenue to Georgia Avenue/Glenn Street to Gleen Street/Ralph David Abernathy to Boulevard back to Ashby Street/North Ave.

DRIVING

Please allow at least 20 minutes to drive to the hotel from the airport, and much more during rush hour.

WEATHER

The month of April in Atlanta is characterized by average low temperature in the lower 50's and average highs in the upper 60's to low 70's, with gradually increasing temperatures throughout the month.

SHOPPING & RESTAURANTS

Peachtree Center Mall offers a variety of fun activities for all ages. Situated in the heart of downtown Atlanta at Peachtree Street and International Boulevard, Peachtree Center Mall is connected to Hyatt Regency Atlanta by a covered walkway. Studios, galleries and a variety of shops at Peachtree Mall will keep you entertained for hours.

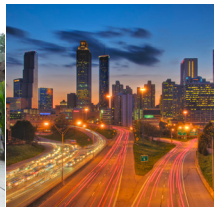
Update: 2015 Clinician Survivor Task Force Events

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 a discussion/support group as part of the Survivors conference. On Friday, from 12:00pm-1:30pm (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

Things to Do & See





Centennial Olympic Park – Created specifically for the 1996 Summer Olympic Games, this 21 acre public park sits in the prime downtown area of the city. Its features include an interactive fountain with computer-controlled lights and jets of water synchronized to music, an array of cultural and musical events, as well as numerous other attractions. http://www.centennialpark.com/

Center for Civil and Human Rights – A cultural attraction that highlights the American Civil Rights Movement, in which the city of Atlanta played an integral role, as well as the modern day Global Human Rights Movement. http://www.civilandhumanrights.org/

CNN Studio Tour – This 50-minute guided walking tour explores the famous CNN global headquarters and features an opportunity to tour the HD Studio 7, where you'll learn the ins and outs of television news production. http://www.cnn.com/tour/

Fernbank Museum of Natural History – Surrounded by a 65-acre forest, Fernbank offers an observatory, planetarium, an IMAX movie theater, as well as numerous natural history exhibits. http://www.fernbankmuseum.org/

High Museum of Art – Holds more than 14,000 works of art in its permanent collection. Included in this collection are 19th- and 20th-century American art, European art, decorative arts, modern and contemporary art and photography. http://www.high.org/

World of Coca-Cola Museum – A permanent exhibition showcasing the history of the Coca-Cola Company. Exhibits include a history of advertising throughout the years as well as taste testing that allows guests to sample Coca-Cola flavors from around the globe, and take a peek inside the vault that holds the secret Coca-Cola recipe. http://www.worldofcoca-cola.com/

Jimmy Carter Presidential Library & Museum – The Library consists of an archives and a museum of approximately 69,750 square feet in size. This includes 15,269 square feet of exhibit space and 19,818 square feet of collection storage space. It is not a library in the usual sense but is a research facility and a museum. The archives is a repository of approximately 27 million pages of Jimmy Carter's White House material, papers of administration associates, including documents, memoranda, correspondence, etc. There are also a half a million photographs, and hundreds of hours film, audio and video tape. www.jimmycarterlibrary.gov

Restaurants and Shopping

Buckhead – A shopping center that features two distinct malls, including typical department stores such as Nieman Marcus, Bloomingdales and Macy's. Phipps Plaza includes high-end shopping like Saks Fifth Avenue, Versace, and Gucci. http://www.atlanta.net/buckhead/shopping/

Peachtree Center Mall – Offers a variety of fun activities for all ages. Situated in the heart of downtown at Peachtree Street and International Boulevard, Peachtree Center Mall is connected to Hyatt Regency Atlanta by a covered walkway. Studios, galleries and a variety of shops will keep you entertained for hours. http://www.peachtreecenter.com/Mall-home.htm

Virginia Highland – This community, located east of Midtown, is best known for its restaurants, pubs, galleries, and interesting shops. http://www.virginiahighland.com/

Student Opportunities & Activities

STUDENT NETWORKING & LEARNING OPPORTUNITIES

Free Preconference Workshop Seats **Wednesday, April 15th**

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 16th, 7:00pm - 9:00pm**

All students are invited to a casual social to meet other students and build relationships with peers. Come and meet students from across the country (and world) with an interest in suicidology. Relax after the first day of the conference and get to know your peers. The location of the social is still TBD, but watch the AAS Student Listserv and AAS Student Conference Facebook page (https://www.facebook.com/groups/322388157804608/) for the exact location.

Student Networking Luncheon **Friday, April 17th, 12:00pm - 1:30pm**

All students are invited to join your peers for a casual lunch at the conference hotel. AAS will provide a voucher to students to offset the cost of the lunch. Come and chat with your fellow students and make connections with your peers. Vegetarian lunch options are available. Check the Program Booklet you will receive on site for location.

Annual Conference Student Sessions

Current Trends in Research **Thursday, April 16th**

Learning Objectives: By the end of this session participants will be able to discuss current trends in suicidology research.

In this session a panel of experienced researchers will be available to discuss their current research projects as well as trends in suicidology research. Students are encouraged to ask questions about research methods, future directions in suicidology research, or any topics related to panelist experiences. Past areas of expertise from panel members include: military suicide, older adult suicide, suicide in rural communities, adolescent and youth self-harm behaviors, risk-taking behaviors, sleep disorders, and clinical geropsychology.

Careers in Suicidology **Friday, April 17th**

Learning Objectives: By the end of this session participants will have a better understanding of available careers in suicidology and how a specialty in suicide prevention can be applied to a career in mental health.

During this session a panel of suicidologists working in a variety of settings will describe their career paths and how they have applied an expertise in suicidology to their careers in mental health and allied fields. Students are encouraged to ask questions of the panelists about possible career options and the various pros and cons of working in various settings.

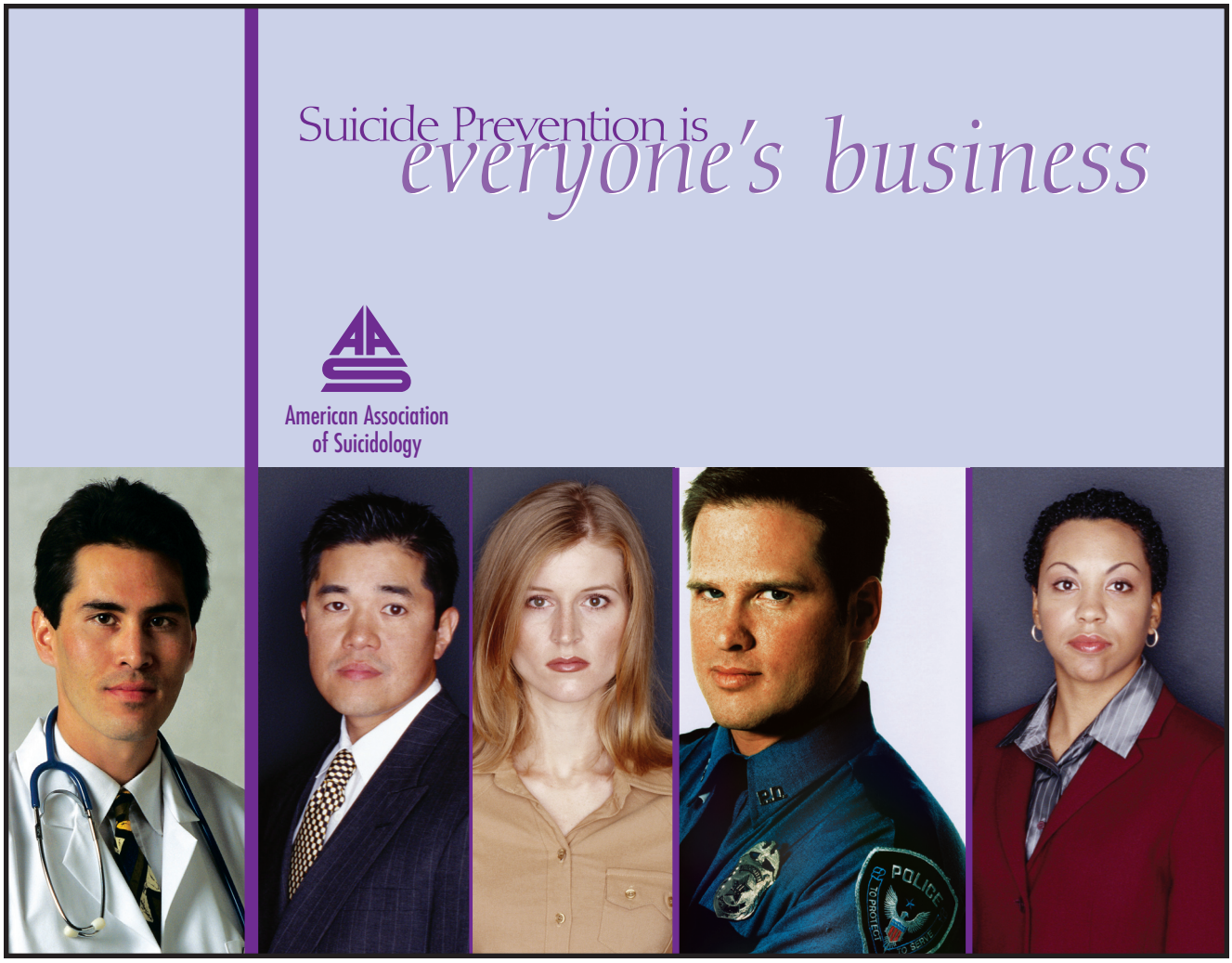
Please check the AAS student listserv and AAS Student Conference Facebook page (https://www.facebook.com/groups/322388157804608/) for updates on panel members, as well as updates on specific times and locations of student session.

AAS Student Conference Travel Grants

A limited number of travel grants will be available to reimburse students attending the 2015 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 after the conference.

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 professional development, and submit a letter of support from your 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.



Be a Part of the SOLUTION--Join AAS

Members are Entitled to:

Subscription to *SLTB*

Online Access to *SLTB* Archives

Discounts on Annual AAS Conference, Products, Services, etc.

Members Only Online Community

Networking and Collaboration with Colleagues on Projects of Mutual Interest & Member Expertise through AAS's Six Divisions

Participation on Committees, Task Forces, & Grant-funded Projects

Join Now & Save $35 on dues & up to $135 on Conference Registration Fees!

Conference Registration

This year's conference activities represent the collaborative efforts across two events: 1) AAS Annual Conference & 2) AAS/AFSP/TAPS Healing After Suicide Conference. Please see pages 38-40 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, you must register online by March 24 or registration forms must be **received by AAS Central Office by Monday, March 30th, 2015.** 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/fax only, are available. Discounts are as follows:

3 to 5 attendees - 10% discount
6 to 10 attendees - 15% discount
11+ attendees - 20% discount

Member Rates

AAS Members are being offered registration fees at a considerable discount over non-member rates. **Non-members** Join AAS at the same time as you register for the conference and take advantage of the low AAS Member registration fees! See Page 21 for details.

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 38-40 for details.

Payment

- Make checks payable to **American Association of Suicidology (Tax ID 95-2930701)**.
- Checks must be drawn from a U.S. Bank
- 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, 2015. 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 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 16th 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 answers to your conference and AAS questions.

Exhibits/Sponsorships

Opportunities are available to organizations and companies interested in participating as exhibitors or sponsors. Please 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 13	Hyatt Hotel Reservations
March 15	Early Registration Discount Ends at Midnight
March 30	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 14th & 15th	RRSR Preconference Workshops
April 15th	Preconference Workshops
April 16th - 18th	Annual Conference
April 18th	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 or registering online (see pages 38-40). 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.

Register by Mail or Fax

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/TAPS 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.

Register Online

REGISTER on line at www.suicidology.org

You May Also Mail or Fax the Conference Registration Form (pages 38-40) to:
American Association of Suicidology, 5221 Wisconsin Avenue, NW, Washington, DC 20015
Fax: 202-237-2282

Want to Save on Fees? Join AAS first then register for the conference at the member rate!

Hotel

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 48th Annual Conference* to receive the discounted room rate.

Federal Government Per Diem Rooms

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

Phone Reservations 1-888-421-1442

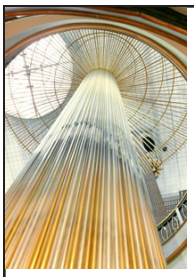
Internet Reservations

Go to www.suicidology.org and click on the link to hotel reservations. Under "Guest Type" select "Attendee." To reserve a per diem room select "I have an access code" and enter code AASGVDS.

See Page 36 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. An overflow hotel option, a short walk to the Hyatt, is listed on the next page.

Hotel Registration



Hyatt Regency Atlanta

265 Peachtree Street, NE
Atlanta, GA 30303

Reservations must be made by March 13, 2015

Hotel reservations may be made by phone or on line

You must reference the program name *American Association of Suicidology 48th Annual Convention* to receive the discounted room rate.

Toll Free 1-888-421-1442

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	$169	Single or Double
*Government	Prevailing Per Diem Rate	Single or Double

**** Government Per Diem Rooms:*** *A limited number of rooms have been blocked. You MUST have a* **Federal Government-Issued ID** *in order to book and check into these rooms. It is the guest's responsibility to provide the necessary documents. When reserving a room online, you* **MUST enter Access Code AASGVDS** *to receive the per diem rate.*

Room rates are guaranteed only through March 13, 2015, 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
- ► Complimentary Wi-Fi in sleeping rooms and common areas
- ► Walking distance to many attractions
- ► Hair dryer, robes, safe, iron/ironing board
- ► Shopping promenade

The Hyatt will NOT be extending our current room block. You are encouraged to make your hotel reservation as early as possible. An overflow hotel option, a 5-minute walk to the Hyatt, is below.

Hilton Atlanta

255 Courtland Street, NE
Atlanta, GA 30303

$169 + 16% tax Single or Double Room

Reservations:

Refer to the American Association of Suicidology Annual Conference

Rates are good until March 14, 2015 or until rooms are no longer available.

AAS Professional Training Programs

Choose the Program That Meets Your Training Needs

Recognizing and Responding to Suicide Risk — Essential Skills for Clinicians (RRSR): Our most advanced program, the RRSR is a two-day interactive, skills-based training based on established core competencies that mental health professionals need in order to effectively recognize and respond to suicide risk. This program has versions specific to a variety of demographics, including youth, veterans, counseling centers, correctional facilities, and more.

Recognizing and Responding to Suicide Risk in Primary Care (RRSR-PC): A 90-minute program developed to address the increasing role that primary care providers play in mental health care delivery. Available in either face-to-face or web-based formats. ***Also available as an on-demand webinar.***

School Suicide Prevention Accreditation Program: A self-guided training for school psychologists, social workers, counselors, nurses, and all others dedicated to or responsible for reducing the incidence of suicide and suicidal behaviors among today's school-age youth.

On-demand Webinars for Crisis Centers: Preparation for Crisis Center Accreditation and Preparation for Crisis Worker Certification.

Forensic Suicidology Certification Program: Establishes standards to assess and certify professionals claiming expertise in Suicidology for purposes of offering testimony in legal cases involving suicide, and enables the courts and lawyers to better identify expertise in the field of Suicidology.

Psychological Autopsy Certificate Training Program: A two-day, face-to-face training program in the psychological autopsy leading to certification as a Psychological Autopsy Investigator.

- Need to train a lot of people? AAS offers a training of trainers option for the RRSR and RRSR-PC.
- The RRSR, RRSR-PC and School Suicide Prevention Accreditation Program are part of the SPRC/AFSP Best Practices Registry for Suicide Prevention.

For more information, please visit our website at www.suicidology.org, or contact AAS Director of Training and Accreditation Karen Kanefield at 202-237-2280 or kkanefield@suicidology.org

Suicide Prevention is
Everyone's Business

AMERICAN ASSOCIATION OF SUICIDOLOGY

Conference Registration Form

Please Print or Type

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 Loss 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	---	---	$
Wednesday Full-Day Workshops						
#2	Dialectical Behavior Therapy (DBT)	$155	$185	$85	$110	$
#3	Twin Pillars of Suicide Prevention	$155	$185	$85	$110	$
#4	State Suicide Prevention Coordinator Workshop	$155	$185	$85	$110	$
#5	Training for Facilitation of an Attempt Survivors Support Group	$155	$185	$85	$110	$
#6	Tell Me More	$155	$185	$85	$110	$
#7	Suicide Bereavement Clinician Training Program	$155	$185	$85	$110	$
Wednesday Morning Workshops: 8:30am to 12:00pm Attend 2 Half-Day Workshops & Pay The Price Of One Full Day Workshop						
#8A	Introduction to Multilevel Modeling	$95	$120	$60	$85	$
#9A	Applying DBT in School-based Settings	$95	$120	$60	$85	$
#10A	Post Admission Cognitive Therapy	$95	$120	$60	$85	$
#11	Innovations in Clinical Assessment and Treatment of Suicide Risk	$95	$120	$60	$85	$
#12	Ethical Considerations in Suicide Prevention	$95	$120	$60	$85	$
#13	Suicide Prevention in Emergency Departments	$95	$120	$60	$85	$
#14	Engaging Communities in the Aftermath of Suicide	$95	$120	$60	$85	$
Wednesday Afternoon Workshops: 1:00pm to 4:30pm						
#8B	Applying Cost Benefit Analysis to Suicide Prevention	$95	$120	$60	$85	$
#9B	School-Based Crisis Management	$95	$120	$60	$85	$
#10B	The Safety Planning Intervention	$95	$120	$60	$85	$
#15	Improving Suicide Prevention Through Program Evaluation	$95	$120	$60	$85	$
#16	Social Media Skills	$95	$120	$60	$85	$
#17	Decision Making Under Stress	$95	$120	$60	$85	$
#18	The Perversion of Virtue	$95	$120	$60	$85	$
				Total Section 1:		**$**

Section 2: Please check below the Conference Program(s) in which you plan to participate: □ **Annual Conference Program** □ **I plan to attend the Healing After Suicide Conference Sessions on Saturday (additional fee applies for attending the lunch)** **April 16 - 18, 2015**	Includes all sessions, daily continental breakfast, snacks, program packet, Thursday Reception/Music, and Friday poster reception. **Exceptions: Healing Conference Lunch is not included. Student/Retiree rates do not include receptions. 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 Day (circle one): Thur Fri Sat Does not include Thursday Reception & Music	$245/day	$300/day	$80	$110	$170	$235	$
Single Day Registration for Presenters Day (circle one): Thur Fri Sat Does not include Thursday Reception & Music	$140	$165	$55	$85	$80	$110	$
			Total Section 2:				**$**

Section 3: Healing After Suicide Conference Saturday, April 18, 2015 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**
NSPL Update -- Wednesday, 2:00pm - See page 22		--		$0
Crisis Center Brown Bag Lunch - Wednesday, 12:00pm See Page 22		--		$0
Crisis Center Reception -- Friday, 6:00pm - See page 22		--		$0
I wish to make a contribution to the AAS Student Travel Grant Fund. See page 28 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 & Music-- Not included in any volunteer, student, or senior registration fees, or the Healing After Suicide Conference Fee		$50		$
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 credit card (Visa, Master Card, American Express).

□ 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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