

Outline

INTRODUCTION TO THE GROWING PROBLEM OF SUICIDE IN AMERICA

Need for concern: statistics revealing the increasing trend in suicidal ideation, attempts, deaths

- National data
- State-specific data
- Career risks for the professional counselor

Factors contributing to the failure of adequate assessment and triage

- Inadequate training of physicians and professional counselors
- Inadequate funding for mental health (despite numerous parity laws)
- Shifting of the burden of assessment to emergency rooms
- Poorly trained law enforcement officers initiating involuntary admissions

EPIDEMIOLOGY — CONTRIBUTING FACTORS

Risk factors

- Demographic risk factors (age, gender, ethnicity, etc.)
- Environmental risk factors (adverse childhood experiences)
- Addictions
- Mental illness
- Economic risk factors (employment)

Warning signs

- Feeling alone—isolated from family/friends
- Feeling like a “burden” to others
- Little or no fear of death

Red herrings

- Suicide notes
- Contingent suicide threats
- Cutting
- Pending divorce

Limitations of the research and potential risks

ASSESSMENTS/MEASURES TO AID IN DETERMINING RISK LEVEL — A COMPREHENSIVE STRATEGY

- Mental status exam
- Collateral information
- Adults
 - Relative lethality of plans/attempt (Risk/Rescue Scale)
 - Hopelessness (Beck Hopelessness Inventory)
 - Reasons for living (Brief Reasons for Living Scale)
 - Adverse childhood experiences (A.C.E. Questionnaire)

Teens and children

- Predictive/protective factors identified in the research

Special populations

- Veterans
- LGBT

Promising, novel methods for assessing risk

- Implicit cognitions—measuring implicit associations with death and suicide

COMMON INTERVENTIONS, MISTAKES, THINKING ERRORS & ETHICAL ISSUES

Our natural tendencies to err

- Feelings of “rightness” are not reliable indicators

External factors contributing to errors

Internal factors contributing to errors

- Self-care is critical
- Two types of thinking (fast and slow)
- Dangers of lazy, “fast” associative thinking
- Substitution of easy-to-answer question for more difficult and complex question

Type 1 vs. Type 2 errors (legal liability and ethical issues)

- Patient autonomy and self-determination
- Confidentiality limits

INTERVENTIONS AND TREATMENT PLANNING

Non-judgmental, empathic listening

Acknowledging reason for concern

Taking advantage of ambivalence

Evidence-based interventions to reduce subsequent suicide attempts

DSM-5® new definitions and terminology

- Assess suicidal ideation at the start of every visit
- DSM-5 level one screening questionnaire
- Suicidal Behavior Disorder
- Non-Suicidal Self-injury

CHALLENGES TO ACHIEVING SUCCESSFUL TREATMENT OUTCOMES

Means restriction

Social support — supervision

Follow-up counseling

Exploring alternative responses should suicidal thoughts increase in frequency/intensity

WHEN LOSING A PATIENT TO SUICIDE — REMAINING RESILIENT AND MOVING FORWARD

Live Seminar Schedule

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

11:50-1:00 Lunch (*on your own*)

4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.



PESI Inc. is proud to offer this seminar (at these locations only) free of charge (on live seminar tuition) for veterans and active duty military personnel. *Advanced online registration required.*

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DISARMING THE SUICIDAL MIND

Evidence-Based Assessment & Intervention

INCLUDES 2 CE HOURS OF ETHICS

- Potentially lethal mistakes in contemporary emergency mental health protocols that actually worsen crisis situations
- Evidence-based, “real world” strategies for thoroughly assessing risk and successfully intervening
- New information and assessment tools from the DSM-5®, including comprehensive coverage of suicidal behavioral disorder, non-suicidal self-injury, and conditions associated with suicide risk

DISARMING THE SUICIDAL MIND

Evidence-Based Assessment & Intervention

INCLUDES 2 CE HOURS OF ETHICS

Towson, MD
Monday
July 29, 2019

Ellicott City, MD
Tuesday
July 30, 2019

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DISARMING THE SUICIDAL MIND

Evidence-Based Assessment & Intervention

From Triage to Tomorrow

Suicide deaths have increased dramatically in recent years to 40,000 Americans annually, a leap that has been attributed variously to the Great Recession, wars in Iraq and Afghanistan, and access to guns and prescription pain killers – but what about medical error? Thirty-nine percent of suicide completers have been seen in an ER within the past year (many for mental health complaints and self-harm), while 59% of ER patients with injuries from deliberate self-harm do not receive a psychiatric assessment. Despite these trends, graduate training in assessment of imminent self-harm is often limited, offering little practical experience in counseling labs due to intake policies designed to avoid liability.

This course offers a revealing look inside the complex and rapidly expanding knowledge-base concerning the epidemiology of suicide and self-harm, while exploring the most effective measures you can take to save your patients' lives. Learn to recognize risk factors associated with suicide attempts, as well as long-term and imminent warning signs, and accurately assess self-harm and suicide risk. Discover evidence-based interventions and explore the challenges of treatment across populations, including patients with addictive behaviors. Finally, we will deconstruct the emergency mental health protocols of today and identify common thinking errors leading to diagnostic and intervention mistakes that actually worsen crisis situations.

Dr. Spruill's knowledge and training on suicide assessment is a "must" for anyone working in the mental health, behavioral medicine field. His presentation was excellent. When I heard him speak, not only was I inspired, but a seasoned psychologist sitting near me said it was the best presentation he had heard on the subject of medical errors in his 30 years of practice.

Susan, CCMHC, LMHC, Sarasota, Florida

Objectives

1. Analyze the rapidly expanding knowledge-base concerning the epidemiology of suicide and self-harm as it relates to clinical practice.
2. Recognize risk factors associated with suicide attempts, as well as long-term and imminent warning signs to improve client level of functioning.
3. Articulate common assessment and clinical intervention errors that can be lethal.
4. Identify ethical issues related to suicidal assessment and involuntary psychiatric commitment.
5. Implement comprehensive assessment/intervention strategies to put to practical use in session.
6. Overcome clinical challenges with suicidal clients to improve treatment outcomes.

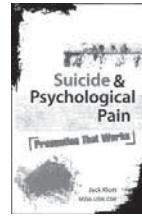
Speaker

Timothy Spruill, MA, EdD, has conducted more than 3,500 emergency psychiatric assessments in one of Orlando's busiest emergency departments as a consultant at Advent Health, where he is a founding faculty member of the emergency medicine residency program. Through his work with high-risk patients and his research in the area of suicidology, Dr. Spruill has developed an evidence-based approach to emergency mental health that urges progress far beyond the fragile gains of traditional (and contemporary) psychological triage.

His extensive experience conducting assessments and evaluations reaches back to his work in private psychiatric hospitals in the early 1980s. Dr. Spruill earned his Master's degree in counseling psychology from George Mason University in 1977. After four years of teaching, he left for the applied world of a community psychiatric setting and pursued his Doctorate in counseling psychology at Western Michigan University. In addition to his ongoing consulting work, he returned to academia in 1991 to share his experience and extend his research capabilities. During his time with Andrews University and, subsequently, Advent Health, he has continued to collect data on suicide and conduct research in his chosen field of behavioral medicine. Since 2010, he has taught continuing education courses on the topics of suicide assessment, preventing medical errors, and violence. He has also presented his findings at numerous conferences, traveling as far as Cape Town, South Africa, to speak on suicide.

Speaker Disclosures:
 Financial: Timothy Spruill is assistant director of Behavioral Medicine, Family Medicine and Emergency Medicine at Florida Hospital.
 He receives a speaking honorarium from PESI, Inc.
 Non-financial: Timothy Spruill has no relevant non-financial relationship to disclose

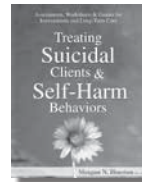
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Suicide and Psychological Pain: Prevention That Works

By Jack Klott, MSSA, LCSW, CSWW, Suicidologist

Identify suicide potential from the latest clinical research on risk factors, the impact of mental disorders, social stressors, and psychological vulnerability. Filled with specific examples and stories, effective assessments, strategies for treatment planning, and evidence-based interventions.



Treating Suicidal Clients & Self-Harm Behaviors

Assessments, Worksheets & Guides for Interventions and Long-Term Care

By Meagan N Houston, Ph.D., SAP

Dr. Meagan N. Houston has created a workbook to prepare you for all the intricacies that affect clients' choices to live or die. Filled with proven assessments, unique worksheets and action-based methods to help your clients navigate and survive the turbulent periods. This complete resource also includes underlying etiology, varying life factors, and mental health concerns that influence suicidal and self-destructive behaviors

Target Audience: Social Workers • Psychologists • Psychiatrists • Counselors • Teachers • School Administrators
 Marriage and Family Therapists • Case Managers • Addiction Counselors • Therapists • Nurses • Other Mental Health Professionals

Hassle-Free Cancellation Policy: If you contact us before the event date, you can exchange for a DVD or CD/digital manual package on the subject (self-study continuing education credit may be available), a certificate to attend another seminar, or receive a tuition refund less a \$30 cancel fee. Substitutions are permitted at any time.

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Credits listed below are for full attendance at the live event only. After attendance has been verified, pre-registered attendees will receive an email from PESI Customer Service with the subject line, "Evaluation and Certificate" within one week. This email will contain a link to complete the seminar evaluation and allow attendees to print, email or download a certificate of completion if in full attendance. For those in partial attendance (arrived late or left early), a letter of attendance is available through that link and an adjusted certificate of completion reflecting partial credit will be issued within 30 days (if your board allows). Please see "LIVE SEMINAR SCHEDULE" on this brochure for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

If your profession is not listed, please contact your licensing board to determine your continuing education requirements and check for reciprocal approval. For other credit inquiries not specified below, or questions on home study credit availability, please contact cepesi@pesi.com or 800-844-8260 before the event.

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your profession's standards.

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ADDITION COUNSELORS: This course has been approved by PESI, Inc., as a NAADAC Approved Education Provider, for 6.0 CE in the Counseling Services skill group. NAADAC Provider #77553. PESI, Inc. is responsible for all aspects of their programming. Full attendance is required; no partial credit will be awarded for partial attendance.

COUNSELORS: This intermediate activity consists of 6.25 clock hours of continuing education instruction. Credit requirements and approvals vary per state board regulations. Please save the course outline, the certificate of completion you receive from the activity and contact your state board or organization to determine specific filing requirements.

MARYLAND COUNSELORS: This intermediate activity is approved for 6.25 clock hours of continuing education instruction. The Maryland Board of Professional Counselors recognizes courses and providers that are approved by the NAADAC. A certificate of attendance will be awarded at the end of the program to counselors who complete the program evaluation, to submit to their state board.

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OTHER PROFESSIONS: This activity qualifies for 380 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific requirements.



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WALK-INS
 Walk-ins are welcome but admission cannot be guaranteed. Call M-F 7:00-6:00 Central Time for space availability if registering within one week of seminar.

TUITION OPTIONS

- **FREE Military Tuition:** PESI Inc. is proud to offer this seminar (at these locations only) free of charge (on live seminar tuition) for veterans and active duty military personnel. *Advanced online registration required.*
- **\$30 Tuition:** If you are interested in being our registration coordinator for the day, go to: www.pesi.com/coord for availability and job description, or call our Customer Service Dept. at 800-844-8260.
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___ CD* (audio) \$169.99 (RNA053910)

___ **Suicide and Psychological Pain*** book \$19.95 (PUB044455)

___ **Treating Suicidal Clients & Self-Harm Behaviors*** book \$29.99 (PUB085170)

CE hours and approvals on products may differ from live CE approvals.

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