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

Poorly trained law enforcement officers initiating involuntary admissions

EPIDEMIOLOGY — CONTRIBUTING FACTORS

Risk factors

Demographic risk factors (age, gender, ethnicity,

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

Hopelessness (Beck Hopelessness Inventory) Reasons for living (Brief Reasons for Living Scale)

Adverse childhood experiences (A.C.E. Ouestionnaire)

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

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 & Webcast Schedule

(Times listed in Central)

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.



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THE

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Evidence-Based Assessment & Intervention

INCLUDES 2 CE HOURS OF ETHICS

BIRMINGHAM, AL Wednesday, May 27, 2020

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Evidence-Based Assessment & Intervention

MIND

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, nonsuicidal self-injury, and conditions associated with suicide risk

HUNTSVILLE, AL

Tuesday, May 26, 2020

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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
- 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.

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

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Join us on May 27, 2020, for this live, interactive webcast! Invite your entire office and, like a live seminar, "attend" the webcast at its scheduled time. It's easy and convenient! Webcasts provide everything you need for a premier educational experience including real-time video and audio of the speaker. See and hear the speaker, ask questions via email and have them answered during the webcast, and watch the slides all on your computer screen. Seminar materials are available for download. One CE Certificate is included. Certificates of Completion can be printed after completing and passing the on-line post-test evaluation. Additional certificates are available for \$49.99 USD per participant. Please see "live seminar schedule" for full attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch. For CE information for the live webcast, please visit: www.pesi.com/webcast/80962

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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 belo or questions on home study credit availability, please contact cepesi@pesi.com or 800-844-8260 before

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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Addiction Counselors: This course has been approved by PESI, Inc., as a NAADAC Approved Education Provider, for 6.0 CE in the Legal, Ethical, & Professional Develop 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 struction. Credit requirements and approvals vary per state board regulat the course outline, the certificate of completion you receive from the activity and contact your state board or organization to determine specific filing requirements

Alabama Counselors: This intermediate activity consists of 6.25 clock hours of continuin education instruction. Credit requirements and approvals vary per state board regulat Please contact the Alabama Board of Examiners in Counseling prior to the activity to determine requirements. A certificate of attendance will be awarded at the end of the program to counselors who complete the program evaluation.

South Carolina Counselors: CE credit is available. This program has been approved for 6.0 continuing education hours by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-Educational Specialists. Provider #4540.

Tennessee Counselors: CE credit is available. This course consists of continuing educatic credit hours for Tennessee Counselors. The Rules of the Board for Licensed Professional Counselors, Licensed Marital and Family Therapists, and Licensed Clinical Pastoral Therapists, Section 0450-01-.12, confirm continuing education courses which pertain to the practice of counseling shall be considered approved if sanctioned by any state regulatory agency for professional counseling in the United States, PESI, Inc. is approved by the South Carolina Board of Examiners for Licensure of Professional Counselors, Marriage and Family pists, and Psycho-Educational Specialists. Provider #4540. PESI maintains respo for this program and its contents.

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Psychologists & Psychiatrists

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The following state psychologist boards recognize activities sponsored by PESI, Inc. as an approved ACCME provider: Alaska, Arkansas, California, Colorado, Georgia, Illinois, Indiana ntucky, Maine, Maryland, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, Nev Mexico, Oklahoma, Pennsylvania, South Carolina and Wisconsin. This activity consists of 6.0 clock hours of continuing education instruction. Certificates of attendance will be issued for you to submit to your state licensing board to recognize for continuing education credit

Tennessee Psychologists: CE credit is available. This course is designed to meet Type II CE of the Tennessee Board of Examiners of Psychology. The Board accepts approvals by any recognized national credentialing body. Please retain all documents to provide to your board should this be requested of you. This activity consists of 6.25 clock hours of continuing education instruction.

Social Workers: PESI, Inc., #1062, is approved to offer social work ontinuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an indi be accepted for continuing education credit. PESI, Inc. maintains responsibility for this course, ACE provider approval period: January 27, 2017 - January 27, 2020, Social Workers completing this course receive 4.25 Clinical Practice and 2.0 Ethics continuing education credits. No more than 6.25 total CE hours may be awarded for this activity. Course Level: Intermediate, Full attendance is required; no partial credits will be offered for partial attendance. A certificate of attendance will be awarded at the end of the program to socia vorkers who complete the program evaluation.

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DISARMING THE SUICIDAL MIND: EVIDENCE-BASED ASSESSMENT AND INTERVENTION

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