Welcome & Introduction

*Suicidology at 50: Honoring the Past, Innovating for the Future*

You are invited to join hundreds of your colleagues in Phoenix, Arizona 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 **50th AAS Annual Conference**

   The AAS Annual Conference begins on Tuesday, April 25<sup>th</sup> with two special two-day preconference workshops, and continues on Wednesday, April 26<sup>th</sup> 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 Loss Conference at no extra fee (excludes the Healing Conference Luncheon). Please see pages 4-10 for program highlights and page 3 for an overview.

2 **AAS/AFSP/TAPS 29th Healing After Suicide Loss Conference**

   The AAS/AFSP/TAPS Healing After Suicide Conference will take place all day on Saturday, April 29<sup>th</sup>. The theme for the conference is *Suicidology at 50: Honoring the Past, Innovating for the Future: Finding Our Path Forward*. Saturday’s program will begin with a presentation of the 2017 AAS Survivor of the Year Award, followed by a presentation by John McIntosh, PhD on milestones in the suicide loss movement, and then a reflective exploration of how far we’ve come by Frank Campbell, PhD, Iris Bolton, MA, and Melinda Moore, PhD. 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 26-27 for a program overview.

---

**Annual Conference Goals and Objectives**

The goal of the 50<sup>th</sup> 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. Explore how the history of the field of suicidology and where the field is heading.
2. Discuss the evidence by which suicidal behavior runs in families and discuss how this impacts future research in intervention and prevention.
3. Discover what the field of suicidology can learn from the Ebola panic.
4. Learn how the process of student mentorship helps shape research in suicidology.
5. Discover the extent of suicide exposure in the US and Australia to learn about the effects of suicide deaths and the need of services for suicide survivors.
6. Examine how to recognize suicide risk among teen males.
7. Learn about specific suicide prevention programs that include firearm instructors, retailers and gun groups to reduce firearm suicide.
8. Learn about the VA’s integrated public health approach to suicide prevention.
9. Explore the history of suicide survivors’ role and impact on suicide postvention.
10. Understand the role of suicide survivors in AAS over the past 50 years.
11. Examine the empirical evidence for various warning signs of imminent suicide risk and how that informs intervention and prevention strategies.
12. Explore how prevention strategies that integrate public health, community and health system approaches may offer new insights in reducing self-injury mortality rates.
13. Discuss how suicide prevention can be better at identifying and promoting protective factors in suicide.
**Program Overview**

**APRIL 25 - 29, 2017**

Suicidology at 50: Honoring the Past, Innovating for the Future

**Registration Times**

<table>
<thead>
<tr>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 25th</td>
<td>April 26th</td>
<td>April 27th</td>
<td>April 28th</td>
<td>April 29th</td>
</tr>
<tr>
<td>7:30am - 6:00pm</td>
<td>7:00am - 6:00pm</td>
<td>7:00am - 5:00pm</td>
<td>7:00am - 5:00pm</td>
<td>7:00am - 1:00pm</td>
</tr>
</tbody>
</table>

**Program Schedule**

*Tuesday, April 25th*

Preconference Workshops 1 & 2: 8:30am - 4:30pm

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday April 26th</th>
<th>Thursday April 27th</th>
<th>Friday April 28th</th>
<th>Saturday April 29th</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30am - 10:30am</td>
<td></td>
<td>Plenary Session</td>
<td>Plenary Session</td>
<td>Plenary Session Healing Conference Sessions</td>
</tr>
<tr>
<td>10:30am - 12:00pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00pm - 1:30pm</td>
<td>Preconference Workshops 3 through 21</td>
<td>Lunch on Your Own Presidential Lunch Crisis Centers Lunch Research Division Lunch</td>
<td>Lunch on Your Own SLTB Lunch Examiners Lunch Student Lunch Loss Survivors Lunch Clinician Survivor Task Force Lunch</td>
<td>Lunch on Your Own Healing Conference Lunch</td>
</tr>
<tr>
<td>1:30pm - 2:30pm</td>
<td>Registration is required for all Preconference Workshops</td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions</td>
</tr>
<tr>
<td>2:30pm - 2:45pm</td>
<td></td>
<td>Break</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>2:45pm - 3:45pm</td>
<td></td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions</td>
</tr>
<tr>
<td>3:45pm - 4:00pm</td>
<td></td>
<td>Break</td>
<td>Break</td>
<td>Break</td>
</tr>
<tr>
<td>4:00pm - 5:00pm</td>
<td>5:00pm Welcome Reception</td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions</td>
<td>Concurrent Sessions HASLC Healing Service</td>
</tr>
<tr>
<td>5:15pm - 6:00pm</td>
<td>Volunteer Training</td>
<td>AAS Members’ Meeting</td>
<td>Poster Session &amp; Light Reception Ends at 6:30pm</td>
<td>5:00pm HASLC Refreshments</td>
</tr>
<tr>
<td>6:15pm - 7:30pm</td>
<td>On Your Own</td>
<td>Poster Session &amp; Opening Reception</td>
<td></td>
<td>On Your Own</td>
</tr>
<tr>
<td>8:00pm On</td>
<td></td>
<td></td>
<td>Crisis Centers Division Hosted Reception</td>
<td></td>
</tr>
</tbody>
</table>

**Table of Contents**

- Conference Highlights 4
- Preconference Workshops 11
- Healing Conference Schedule 26
- Student Opportunities 32
- Continuing Education Credits 33
- Things to Do 36
- Hotel Reservation Information 40
- Conference Registration Form 42
Annual Conference Highlights

Thursday, April 27th

Presidential Address

Julie Cerel, PhD
President-Elect, AAS; Licensed Psychologist; Associate Professor, University of Kentucky College of Social Work

AAS Past Presidents Panel: Perspectives on the Field and AAS at 50 Years

Similar to a panel convened of AAS Past Presidents at the 25th AAS annual conference in Chicago, this panel will feature perspectives of various AAS past presidents who will describe experiences during their tenure in office. There will also be consideration of where they see the Association and field heading in the future. Time will be allotted for questions and answers for general discussion with the audience.

TED-Style Talk

Spreading Fear: The Story of Ebola and What It Means for Suicide Prevention

David W. Covington, MBA, LPC
CEO & President, RI International and Chair, AAS Clinical Division

In 2016, David challenged the myth of suicide as a choice. This year, he will talk about contagiousness. The national media incited a full scale Ebola panic in 2014, but the science and facts of infection were ignored. What can we learn?

Featured Speaker

Why does Suicidal Behavior Run in Families?

David A. Brent, MD - Academic Chief, Child & Adolescent Psychiatry & Endowed Chair in Suicide Studies, Western Psychiatric Institute and Clinic; Professor of Child Psychiatry, Epidemiology & Clinical Translational Science, University of Pittsburgh School of Medicine

During this presentation, Dr. Brent will review the evidence of familial transmission of suicidal behavior, examine possible mechanisms by which suicidal behavior runs in families, and discuss implications for prevention, intervention, and further research.
Annual Conference Highlights

Thursday, April 27th

An Illustration of How Student Mentorship has Progressed: Important Research Questions over the 50 Years of Suicidology

Moderator: Raymond Tucker, MS - AAS Student Division Director; 5th Year Graduate Student, Clinical Psychology Program, Oklahoma State University

Amy Fiske, PhD - Associate Professor of Psychology, West Virginia University

Pete Gutierrez, PhD - Clinical/Research Psychologist, Rocky Mountain Mental Illness Research Education and Clinical Center at the Denver VA; Professor, University of Colorado School of Medicine, Department of Psychiatry

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

Michael Nadorff, PhD - Assistant Professor of Psychology, Mississippi State University

Jennifer Muehlenkamp, PhD - Associate Professor of Psychology, University of Wisconsin-Eau Claire Department of Psychology

Michael Anestis, PhD - Nina Bell Suggs Professor of Psychology, University of Southern Mississippi

The science of suicide is a young, but growing field. Reflecting upon the history of Suicidology, it is apparent that the field has been progressed, in part, through the dedication and vision of mentors. Undoubtedly, the innovative research produced in the next 50 years will be influenced by generations of mentors who have devoted their careers to preventing suicide and the teaching of students interested in the same mission.

In celebration of 50 years of Suicidology and the formalization of the Student Division of AAS, this panel will include the insights of three devoted mentors who have influenced Suicidology not only through their research, but their mentorship of students. Dr. Amy Fiske, Dr. Peter Gutierrez, and Dr. Thomas Joiner will be joined by their former students Dr. Michael Nadorff, Dr. Jennifer Muehlenkamp, and Dr. Mike Anestis to present information regarding the evolution of their combined research questions as well as how mentorship has influenced the trajectory of their future work.

TED-Style Talk

Growing Up in AAS

David A. Jobes, Ph.D., ABPP - The Catholic University of America

In commemoration of the 50th anniversary of American Association of Suicidology, this Ted-Style Talk will provide various perspectives on the field of Suicidology, the evolution of AAS, and the growth and professional development of a career suicidologist based on three decades of attending the AAS Annual Conference. Every year the AAS Annual conference reliably serves as the “big tent” showcase for the field of suicide prevention; it can also serve as vehicle for developing a career in Suicidology. Through this particular lens, this talk will duly consider the field of suicide prevention -- where we have been, where we are, and where we may be going.
Annual Conference Highlights

Thursday, April 27th

Sponsored Concurrent Session

American Foundation for Suicide Prevention’s Young Investigator Symposium

AFSP Young Investigator Research Award

Predicting Treatment Outcomes from Prefrontal Cortex Activation for Self-Harming Patients with Borderline Personality Disorder

Anthony C. Ruocco - Department of Psychology, University of Toronto

Self-harm is a potentially lethal symptom of borderline personality disorder (BPD) that often improves with dialectical behavior therapy (DBT). While DBT is effective for reducing self-harm in many patients with BPD, a small but significant number of patients either do not improve in treatment or end treatment prematurely. Accordingly, it is crucial to identify factors that may prospectively predict which patients are most likely to benefit from and remain in treatment. In this research funded by a Young Investigator Grant from the American Foundation for Suicide Prevention, 29 actively self-harming patients with BPD completed brain-imaging procedures probing activation of the prefrontal cortex (PFC) during impulse control prior to beginning DBT and after 7 months of treatment. Patients that reduced their frequency of self-harm the most over treatment displayed lower levels of neural activation in the bilateral dorsolateral prefrontal cortex (DLPFC) prior to beginning treatment, and they showed the greatest increases in activity within this region after 7 months of treatment. Prior to starting DBT, treatment non-completers demonstrated greater activation than treatment-completers in the medial PFC and right inferior frontal gyrus. Reductions in self-harm over the treatment period were associated with increases in activity in right DLPFC even after accounting for improvements in depression, mania, and BPD symptom severity. These findings suggest that pre-treatment patterns of activation in the PFC underlying impulse control may be prospectively associated with improvements in self-harm and treatment attrition for patients with BPD treated with DBT.

Friday, April 28th

Awards Presentations

First AAS Transforming Lived Experience Award
Dese’Rae Stage

AAS Roger J. Tierney Award for Service
Morton M. Silverman, MD

AAS Crisis Centers Excellence Award
Heart of Florida United Way 2-1-1

Paul G. Quinnett Lived Experience Writing Contest Recipients TBD

TED-Style Talk

A World Without Us

Bart Andrews, PhD - Licensed Psychologist and Vice President of Clinical Practice, Behavioral Health Response

I lost my uncle to suicide at the age of 19. The last time I saw him was at Christmas. He stormed out after a family fight. I am living in a world without him. I am not alone. There are millions of suicide loss survivors who have lost a loved one to suicide. Every day, they are living a life without them. I am a suicide attempt survivor. 10 years after my uncle’s death, suicide almost took me. Like many attempt survivors, I have a glimpse of what the world would be like without me. I am grateful I am still here. Now is the time that we in the suicide prevention community need to start looking at what we can do, individually and collectively, to change the world into a place where suicide prevention is no longer necessary, where it is part and parcel of every aspect of our community. We need to, now, start planning for a world without us.
Annual Conference Highlights

Friday, April 28th

Featured Speaker

**Suicide Loss and the Quest for Meaning**

Robert A. Neimeyer, PhD - Clinical Psychologist; and Professor of Psychology, University of Memphis

Recent U.S. National Guidelines for responding to grief, trauma and distress after suicide recommend that researchers “investigate factors from general bereavement research that may mediate the response to suicide,” specifically mentioning meaning-making as one such factor. Likewise, they urge that investigators “conduct randomized controlled trials of specific professional interventions that show promise of efficacy in the treatment of suicide bereavement,” noting narrative and meaning-oriented interventions as among those strategies that deserve closer evaluation. In keeping with these recommendations, I briefly review evidence that suicide bereavement poses a crisis of meaning for many survivors, and that the capacity to find sense and significance in the experience predicts adaptation to this tragic cause of death. Drawing on brief case examples I then consider the possible contribution of a meaning reconstruction approach to the assessment and treatment of suicide loss, focusing on well validated measures of meaning and representative therapeutic strategies which are currently being evaluated in both individual online and group therapy formats.

Research on Exposure to Suicide: New Developments from the US and Australia

Frank R. Campbell, PhD, LCSW.- Senior Consultant, Campbell & Associates Consulting, LLC

William Feigelman, PhD - Emeritus Professor of Sociology, Nassau Community College

Myfanwy Maple, PhD - Professor of Social Work and Chair of Research, School of Health at the University of New England, Australia, and Director, Suicide Prevention Australia

In 2016, two major studies examined exposure to suicide and will add to what we know about who is exposed, affected and bereaved by suicide. This panel will be moderated by Dr. Frank Campbell who will discuss the historical context of suicide exposure research and will comment on the importance of these new findings for future work with people bereaved by suicide.

Dr. William Feigelman will describe results from the 2016 General Social Survey of householders in which a representative sample of 1500 Americans were asked about their exposures to suicide and their current mental health status. This will help us answer questions about how many survivors of suicide there are in the US presently, what are their relationships to the decedents, their experiences of emotional distress and needs for mental health services.

Dr. Myfanwy Maple will describe a groundbreaking Australian survey in which over 3000 people who had lifetime exposure to suicide deaths or attempts responded to an online questionnaire. This survey examined relationships to the decedent, service usage prior to and following the death. It found that notions of closeness are not always familial connections and that for some groups such as young people, the connections to non-kin relationships are more expansive, and these broader networks require attention.

TED-Style Talk

**The Challenge to Recognize Suicide Risk among Teenage Males**

Cheryl A. King, PhD - Professor, University of Michigan Department of Psychiatry, Mary A. Rackham Institute

The prevalence of suicide increases markedly during the teenage years, and a marked disparity in prevalence rates quickly develops. Many more teenage boys than girls die by suicide. Yet, our suicide prevention strategies often take a one size fits all approach, virtually ignoring this disparity. This talk will address one of our key suicide prevention challenges -- recognizing risk among teenage males.
A Way Forward on Preventing Firearm Suicide

Moderator - Elaine Frank, MHS - Director and co-founder of CALM (Counseling on Access to Lethal Means), Former director of the Injury Prevention Center at Children’s Hospital of Dartmouth and Co-chair of the New Hampshire Firearm Safety Coalition

Catherine Barber, PhD - Founding Director, Means Matter and Research Manager/Senior Researcher, Harvard Chan School of Public Health

Jennifer Stuber, PhD - Associate Professor, University of Washington School of Social Work and Co-founder, Forefront: Innovations in Suicide Prevention

Ralph Demicco - Vice president, Gun Owners of New Hampshire; Former (retired) owner, Riley’s Gun Shop and Co-chair, New Hampshire Firearm Safety Coalition

Ten years ago suicide prevention groups weren’t talking about guns and gun owner groups weren’t talking about suicide. Today collaborations between both groups are underway in over 20 states. This panel—which includes both suicide prevention experts and firearm experts--examines the sea change that has occurred and highlights specific prevention programs involving firearm instructors, retailers, and gun rights groups.

Suicide Prevention for Our Nation’s Veterans

Caitlin Thompson, PhD - Executive Director of the Office for Suicide Prevention, U.S. Department of Veterans Affairs

Dr. Thompson will provide an overview of VA’s integrated, public health approach to suicide prevention. This will include background information on data pertaining to Veterans and suicide and will highlight steps the OSP is taking to reduce suicide risk among our Nation’s Veterans. The presentation will cover key facets of VA’s approach, including: leveraging partnerships to raise awareness of resources among Veterans and their support networks; the use of data and technology to identify and provide specialized care for Veterans at heightened risk for suicide; contact-based approaches to mental health outreach and education and key resources; and, an overview of methods to reach Veterans and their families where they are through education and awareness efforts.

Saturday, April 29th

Presentation of the 2017 AAS Survivor of the Year Award

Katie Rose Hardy - Founder & CEO, Six Feet Over/Suck It! Suicide

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.

Historical Milestones of the Survivors of Suicide Loss Movement and Postvention in the USA

John L. McIntosh, PhD - Associate Vice Chancellor for Academic Affairs and Professor of Psychology, Indiana University South Bend

Landmark events and pioneers in the history of suicide survivors (survivors of suicide loss) as well as postvention efforts in the United States will be noted. The role of some organizations and agencies, and particularly AAS, will also be included.
Annual Conference Highlights

Saturday, April 29th

Then and Now: How Far Have Survivors Come in Fifty Years?
A reflective exploration of changes for survivors of suicide inside and outside of AAS

Iris Bolton, MA
International Lecturer and Consultant; Director Emeritus, The Link Counseling Center Atlanta, GA

Frank Campbell, PhD
Senior Consultant, Campbell & Associates Consulting, LLC

Melinda Moore, PhD
Incoming AAS Clinical Division Chair; Clinical Psychologist and Assistant Professor, Eastern Kentucky University

Presentation of the AAS 2017 Shneidman Award

Why Today? Examination of Near-Term Risk Factors for Suicide Attempts

Courtney L. Bagge, PhD - Associate Professor, Department of Psychiatry and Human Behavior; Director of the Mood Disorders Clinic; and Director of Suicide Research, University of Mississippi Medical Center

A top priority identified by the United States National Action Alliance for Suicide Prevention is to improve the ability to predict risk for suicide in the near term— that is, to identify factors that may indicate imminent risk for suicide. However, the bulk of previous research has guided understanding of who (i.e., which individuals) may be at risk, by primarily using between-subject designs (vs. within-subject designs) and by examining factors temporally distant from suicidal behavior (e.g., occurring in the years/months prior to an attempt). Yet, for providers of high-risk populations, an equally important challenge is to identify near-term risk factors, or warning signs, for suicidal behavior, which indicate when a specific individual is at heightened suicide risk in the near term (i.e., within minutes, hours, or days). Alarmingly, controlled empirical support for factors that increase near-term risk for suicidal behavior is generally lacking. Controlled (within-subject) research focusing on the identification of warning signs, can aid in uniquely answering the question: Why did an individual attempt suicide today compared to a previous day when he/she was also at ‘high risk’ but did not attempt suicide? Results of several studies provide empirical justification for some, but not all, of the putative warning signs that have been proposed in prior reviews/lists and highlight the exceptional challenge and complexity of predicting imminent risk for suicide. Our hope is that these findings can contribute to the “next-stage” science of suicide risk and will ultimately inform and enhance intervention and prevention strategies.

Presentation of the AAS 2017 Dublin Award

Re-thinking Suicide Prevention: The Challenge of Increasing Rates of Self-Injury Mortality

Eric D. Caine, MD - Director of the Injury Control Research Center for Suicide Prevention (ICRC-S); John Romano Professor and Chair, University of Rochester Medical Center Department of Psychiatry; and Co-Director of the Center for the Study and Prevention of Suicide (CSPS)

The rates of self-injury mortality (SIM; suicides and deaths due to self-intoxication) have been increasing — seemingly inexorably — during the 21st century. SIM ranks, at least, as the 8th leading cause of death in the US. It is timely to ask whether our current individually-oriented prevention efforts can lead to a downward inflection in this trend, such that we can reach a national goal of reducing suicide rates by 20% by 2025. This talk will consider comprehensive prevention initiatives that integrate public health, community, and health system approaches that may offer new leverage to confront our vexing and tragic national epidemic.
Annual Conference Highlights

Saturday, April 29th

TED - Style Talk

Should Meaning Mean More in Suicide Prevention?

John Draper, PhD - Chief Clinical Officer, Mental Health Association of NYC, National Suicide Prevention Lifeline/National Networks

Over the past half-century, the bulk of suicide research and prevention efforts has focused on identifying and reducing suicide risk in individuals and groups—to “stop people from killing themselves”—with less emphasis on connecting individuals to their “reasons for living.” Meanwhile, suicide rates have remained mostly flat in the United States, and are currently on the rise. This talk proposes a paradigm-shift for the field’s next half-century: expand suicide prevention research and practice towards better identifying and promoting more “protective factors” in the lives of individuals; activities that, for persons at risk, embody hope and meaning. This talk will review stories, theories, surveys, research and practices from our field and others that support the need to include more “connection to meaning” in our suicide prevention efforts.

AAS Showcase Screening of THE S WORD

A suicide attempt survivor is on a mission to find fellow survivors and document their stories of courage, insight and humor. Along the way, she discovers a rising national movement transforming personal struggles into action. This film will be followed by a panel with director Lisa Klein and prominent AAS members featured in the film including: Dese’Rae Stage, April Foreman, Craig Miller, & Bill Schmitz.

Synopsis:
THE S WORD is a powerful feature documentary by an award winning team that puts a human face on a topic that has long been stigmatized and buried with the lives it has claimed. The film gives a platform to those with lived experience - people who have attempted to take their own lives and survived to tell their stories. Capturing personal revelations and surprising moments of humor, THE S WORD offers a view through the eyes of those who have been there and are now committed to preventing others from getting to that edge. It presents an intimate look into the lives of these survivors and their loved ones, and within this unique and personal approach, THE S WORD gives us all a guide to a future with fewer suicides.

JOIN & SAVE!

AAS is offering a discounted new individual member fee of $155 (regular fee is $180). Enter Code AAS50 online to receive the discount.

This membership includes:
• Subscription to Suicide and Life Threatening Behavior (SLTB), AAS’ research journal and access to online archives
• Monthly Member Updates
• Reduced rates on training programs, certifications, conferences, etc.
• Free webinars

Take advantage of this special membership discount before April 30th!
You can save up to $135 on conference registration fees by registering at the member rate.
# AAS Annual Preconference Workshops

**TUESDAY APRIL 25th & WEDNESDAY, APRIL 26th**

## WORKSHOPS AT-A-GLANCE

Advanced registration is required for PCs #1 & #2 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 WORKSHOPS, TUESDAY AND WEDNESDAY - 8:30am to 4:30pm

<table>
<thead>
<tr>
<th>#</th>
<th>Workshop Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Recognizing &amp; Responding to Suicide Risk (RRSR): Essential Skills for Clinicians</td>
<td>12</td>
</tr>
<tr>
<td>#2</td>
<td>Psychological Autopsy Certification Training</td>
<td>12</td>
</tr>
</tbody>
</table>

### FULL-DAY WORKSHOPS - WEDNESDAY

<table>
<thead>
<tr>
<th>#</th>
<th>Workshop Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3</td>
<td>Techniques of Grief Therapy: Creative Practices for Counseling the Suicide Bereaved</td>
<td>13</td>
</tr>
<tr>
<td>#4</td>
<td>Understanding and Treating the Complex Puzzle of Non-Suicidal Self-Injury</td>
<td>13</td>
</tr>
<tr>
<td>#5</td>
<td>Creating and Supporting Comprehensive Community-Based Suicide Prevention Programs</td>
<td>14</td>
</tr>
<tr>
<td>#6</td>
<td>Building and Iron-Clad Business Case for Your Suicide Prevention Effort</td>
<td>14</td>
</tr>
<tr>
<td>#7</td>
<td>Therapeutic Risk Management of the Suicidal Patient</td>
<td>15</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Workshop Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>#8</td>
<td>Innovations in Clinical Assessment and Treatment of Suicidal Risk</td>
<td>17</td>
</tr>
<tr>
<td>#9</td>
<td>Enhancing Suicide Prevention and Public Safety Via Collaborations Between Law Enforcement and Crisis Providers</td>
<td>17</td>
</tr>
<tr>
<td>#10A</td>
<td>Practical Solutions to Two Daunting Tasks: Creating Hope Where There is None and Uncovering Dangerous Psychotic Process</td>
<td>18</td>
</tr>
<tr>
<td>#11A</td>
<td>Suicide Prevention Strategies for School-Based Settings</td>
<td>18</td>
</tr>
<tr>
<td>#12A</td>
<td>So You Want to Implement a LOSS (Local Outreach to Suicide Survivors) Team approach to Active Postvention?</td>
<td>18</td>
</tr>
<tr>
<td>#13A</td>
<td>Ethical Considerations in Working with Individuals at Risk for Suicide: Looking Across the Lifespan</td>
<td>19</td>
</tr>
<tr>
<td>#14</td>
<td>Using Statewide Suicide Prevention Coalitions to Prevent Suicide on College Campuses</td>
<td>20</td>
</tr>
<tr>
<td>#15</td>
<td>Creating a Support Group for Attempters of Suicide--An Open Model</td>
<td>20</td>
</tr>
<tr>
<td>#16</td>
<td>Decision-Making Under Stress</td>
<td>21</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Workshop Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>#10B</td>
<td>Uncovering the Taboo Material that Triggers Suicide and Eliciting the Suicidal Ideation and Intent it Fosters</td>
<td>22</td>
</tr>
<tr>
<td>#11B</td>
<td>Responding to Suicide Contagion in Schools: Best Practices Shared from Three School Districts</td>
<td>22</td>
</tr>
<tr>
<td>#12B</td>
<td>Engaging Communities in the Aftermath of Suicide: Critical Immediate and Long-Term Planning Steps for Community Postvention</td>
<td>23</td>
</tr>
<tr>
<td>#13B</td>
<td>Understanding Changing Laws and Attitudes Toward Death with Dignity, Assisted Dying, and Physician Assisted Suicide in the US</td>
<td>23</td>
</tr>
<tr>
<td>#17</td>
<td>Suicide Risk Evaluation and Suicide Prevention for Correctional and Forensic Hospital Clinicians</td>
<td>24</td>
</tr>
<tr>
<td>#18</td>
<td>Zero Suicide: Comprehensive Suicide in Health and Behavioral Health Care Settings</td>
<td>24</td>
</tr>
<tr>
<td>#19</td>
<td>Self-Directed Violence Surveillance: Uniform Definitions and Recommended Data Elements</td>
<td>25</td>
</tr>
</tbody>
</table>

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.
Two-Day Preconference Workshops

Workshop #1
Recognizing and Responding to Suicide Risk (RRSR): Essential Skills for Clinicians
Harry Rockland-Miller, PhD

Director, Center for Counseling and Psychological Health, University of Massachusetts-Amherst

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.

Advanced registration is required for workshops 1 & 2
Deadline to register is April 4, 2017

Workshop 2 - Applicant Eligibility Requirements
Registrants must possess a minimum of a Masters degree in a social sciences/behavioral health field OR alternative training in interviewing skills and a behavioral science background OR current employment/volunteer activities consistent with the opportunity to conduct psychological autopsies (a curriculum vitae (CV) or resume is required with this this application)

If applicants are unsure whether they meet the minimum requirement for admission to the training course, they may email Sara Lycett at slycett@suicidology.org.

Workshop #2
Psychological Autopsy Certification Training
Lanny Berman, PhD

Adjunct Professor of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine

This two day, face-to-face training program in the psychological autopsy leads to certification as a Certified Psychological Autopsy Investigator. The course teaches the historical foundations to and development of the psychological autopsy; its applications in clinical, research, and forensic settings; the distinctions between the psychological autopsy and parallel procedures; common methodologies for its use in manner of death determinations, to assist survivors, in cluster analyses, in case-control research, etc.; and its methodological limitations. Registrants will be trained to administer a model, semi-structured interview protocol (and view variations to this) and will practice administering a protocol-based interview. Further, registrants will be instructed on the use of associated consent and release forms and on procedures to gather ancillary archived records regarding a decedent.

To complete the certification process, trainees will be further required to independently conduct and submit a completed psychological autopsy case study/report post-training evidencing appropriate interpretation of findings from protocol-based interviews and archived records. If trainees do not have independent access to a case for study, when and if possible AAS will offer opportunity to the registrant to gain access to a case study by participating in a current AAS Psychological Autopsy project. No fee for this will be charged to the participant and no wages for participation will be paid to the registrant.

Certification - Registrants certified through the AAS Psychological Autopsy Certification Program may, thereafter, list their certification from AAS as a credential that offers assurance to potential contractors and employers that one has demonstrated training and expertise in the use of this procedure. Certified individuals will be offered inclusion on an AAS roster of Certified Psychological Autopsy Investigators, where opportunities to conduct investigation may be offered.

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

- Discuss the history and purposes of the psychological autopsy as a postmortem investigatory tool
- Identify the procedures used in the conduct of a psychological autopsy investigation
- Effectively implement a psychological autopsy protocol and associated procedures to conduct, analyze, and understand how and why an individual died in the manner they did
Workshop #3

Techniques of Grief Therapy: Creative Practices for Counseling the Suicide Bereaved

Robert A. Neimeyer, PhD
University of Memphis

Part 1: Processing the Event Story of the Death

Particularly when death is sudden and traumatic, survivors often struggle with making sense of what has happened, at levels ranging from the practical to the existential. In this presentation we will consider techniques for helping the violently bereaved process the “event story” of the death itself, anchoring such work in both contemporary meaning reconstruction and dual process models and related research. Drawing on clinical videos of clients contending with losses through homicide, sudden accident, and suicide, we will learn to listen between the lines of the stories clients tell themselves and others about the death to grasp more fully the unvoiced meaning of their grief, and how we can help them integrate the event story of the death into the larger narrative of their lives. Participants should conclude the session with a clearer appreciation for the challenge to meaning and spirituality associated with violent death bereavement, and an expanded toolbox for using metaphor, body work, and a variety of narrative procedures for helping clients make sense of the loss and their response to it.

Learning objectives: At the end of Part 1, participants will be able to:

• Implement restorative retelling and situational revisiting procedures for mastering the event story of the loss
• Differentiate between forms of directed journaling that foster self-immersion and self-distancing to modulate emotions evoked by the death
• Describe narrative techniques for accommodating loss in literal and figurative ways into the changed narrative of the client’s life

Part 2: Accessing the Back Story of the Relationship

Death may end a life, but not necessarily a relationship. Drawing on attachment-informed and two-track models of bereavement, we will begin by considering grieving as a process of reconstructing rather than relinquishing our bonds with those who have died. Clinical videos of clients bereaved by suicide will sensitize participants to various impediments to revisiting and reorganizing the “back story” of the ongoing relationship with the deceased, as well as to several techniques that can help move such work forward. Creative narrative, emotion-focused and performative methods will be presented and practiced for re-introducing the deceased into the social and psychological world of the bereaved and working through issues of guilt, anger, and abandonment triggered by the death and the shared life that preceded it. Participants will leave with several tools for re-accessing and revising frozen dialogues with the deceased that hamper post-loss adaptation.

Learning objectives: At the end of Part 2, participants will be able to:

• Describe two procedures for detecting obstacles to accommodating the loss deriving from invisible loyalties to the loved one
• Practice two techniques for consolidating a constructive bond with the deceased as the client transitions toward a changed future
• Choreograph imaginal dialogues between the client and the deceased to reaffirm love and resolve residual conflicts and disappointments

Workshop #4

Understanding and Treating the Complex Puzzle of Non-Suicidal Self-Injury

Barent Walsh, PhD
Executive Director Emeritus and Senior Clinical Consultant, The Bridge, Worcester, MA and Lecturer on Psychiatry, Harvard Medical School at Cambridge Health Alliance, Cambridge, MA

This clinical workshop, informed by current research, will focus on understanding, managing, and treating diverse forms of non-suicidal self-injury (NSSI). These forms will include: 1) common, low lethality NSSI such as arm and body cutting, self-inflicted burning, abrading, skin picking, excoriating of wounds, and 2) atypical, severe NSSI such as damage requiring medical attention, harming unusual body areas (e.g. face and genitals), and ingesting foreign bodies. Self-injury will be distinguished from suicidal behavior in terms of 11 key characteristics, but will also be discussed as a major risk factor for suicide attempts. The topic of social contagion of self-injury will also be addressed. Very practical suggestions in dealing with self-injury will be provided.

As described in Walsh (2012), a “Stepped Care Approach” will be employed regarding the management and treatment of self-injury. A stepped care approach is used so that clients and families receive only as much support and targeted treatment as they need. The steps include:

Step I:

• Responding informally and strategically to NSSI
• Providing crisis assessment (when needed)
• Using standardized tools for assessing NSSI
• Conducting a detailed cognitive-behavioral assessment
Step II:
• Teaching effective replacement skills
• Using phone apps to support skill acquisition
• Employing cognitive restructuring interventions

Step III:
• Managing and preventing social contagion of NSSI
• Using multimodal treatment for those with complex self-harm configurations
• Supporting self-care for professionals working with NSSI

Learning objectives: At the end of this workshop, participants will be able to:
• Differentiate self-injury from suicide, while also recognizing that ongoing self-injury is a risk factor for suicide attempts
• Review three steps in a stepped care approach in assessing, managing, and treating self-injury
• Understand, manage, and prevent social contagion of self-injury

Workshop #5
Creating And Supporting Comprehensive Community-Based Suicide Prevention Programs

Ellyson R. Stout, MS
Director of State and Grantee Initiatives, Suicide Prevention Resource Center/EDC

Eileen Zeller, MPH
Lead Public Health Advisor, Substance Abuse and Mental Health Services Administration

Richard McKeon, PhD
Chief, Suicide Prevention Branch, Substance Abuse and Mental Health Services Administration

Adam D. Swanson, MPP
Senior Prevention Specialist, Suicide Prevention Resource Center

Patricia K. Smith, MS
Coordinator, Violence Prevention Program Injury & Violence Prevention Section, Michigan Department of Community Health

Alan Holmlund
Director, Suicide Prevention Program, Massachusetts Department of Public Health

Avery Belyeu
National Partnerships Associate, National Action Alliance for Suicide Prevention

This session continues a successful series of preconference sessions bringing together State Suicide Prevention Coordinators to network and build state suicide prevention practice as a community (this is the only national conference to provide a forum for this group). This year’s workshop will focus on examining activities and strategies states can take to support suicide prevention efforts at the community-level. States’ experience developing and fostering community-based prevention programs varies, and at the programmatic level, community-based programs require unique resources and supports depending on the needs and resources available to any given community. This session will feature presentations from two states that have developed robust community-based prevention programs, and will allow participants to exchange strategies and successes around initiating and maintaining strategic community-based suicide prevention efforts, measuring progress and evaluating success, and sustaining local efforts over time. Participants will draw on the experiences of the presenters and each other, as well as national guidance on key elements of community-based suicide prevention, to brainstorm successful strategies appropriate for individual states to support local efforts across the country.

Learning objectives: At the end of this workshop, participants will be able to:
• Discuss national guidance around key elements of comprehensive, integrated, community-based suicide prevention efforts
• Describe how different states support community-based suicide prevention, including specific assistance around data collection, strategic planning, models of implementation, and evaluation
• List and describe strategies for engaging communities through the state suicide prevention infrastructure
• Develop an initial plan for sharing and applying these strategies to build momentum around community-based suicide prevention efforts in their own state
• Establish connections with peer Suicide Prevention Coordinators for ongoing exchange and mentoring

Workshop #6
Building an Iron Clad Business Case for your Suicide Prevention Effort

Ramya Sundararaman, MD, MPH, PMP
Deputy Director, Health Research and Analytics, CALIBRE Sysems

Nikhil Kumtha
Senior Consultant – Business Advisory Services, Altarum Institute

Over the last several years, we have presented “Applying
Cost Benefit Analysis to Suicide Prevention” with positive comments from AAS participants. Using a generic example, previous workshops provided Cost Benefit tools to participants to produce fiscally convincing arguments to decision makers and gain support. This year, we wanted to do more to help shape success for future suicide prevention efforts. Therefore, upon reviewing comments over the years, we intend to take the next step by familiarizing and teaching participants how to build an iron-clad business case for their own suicide prevention effort – this involves three products: a Business Case Analysis Plan; an Implemented Business Case Analysis; and a presentation. As part of this workshop, we intend to pre-select one suicide prevention effort from a participant submission to build the business case analysis plan and use it as an example to help each attendee build a framework of their own business case analysis plan.

The aim of this workshop is to familiarize attendees with Business Case Analysis techniques and steps of a Suicide Prevention effort using one of the participant peer efforts. A strong business case analysis and its presentation is imperative to gather fiscal support of an innovative idea/technique that provides a benefit for future generations. In general, a Business Case Analysis is a technique that offers a methodology to think through an idea, create a logical alternative(s), determine its impact and benefits, evaluate risks, figure out cost, determine measures of success, include stakeholders, and gain support to proceed. When the time is taken to develop a solid business case, the project/effort is much more informed – it will increase the benefits and value of the project, reduce the risks, and provide a much greater likelihood of success. Many of the same skills, knowledge, and content from Cost-Benefit Analysis will be used; however, we will build upon those tools by providing techniques of stakeholder analysis, data collection/planning, determining risk, comparing alternatives, and creating a Return on Investment (ROI) calculation.

The workshop will include a presentation and workbook covering the step by step process of building and presenting a Business Case. We will review resources and techniques available on the web, as well as tools we have discovered during our experiences. It should be noted again that we intend to use a real-world issue/project/ or program submitted thru AAS by one of the workshop attendees as an example project. All attendees (and most importantly the owner of the selected project/issue) will be required to participant in discussions. The AP3SI team will guide group discussions using the example project. We will also facilitate discussion and formulation of a Business Case Plan for each attendee. Our overall goal is that each participant depart the workshop with a BCA plan and an understanding of implementation and presentation.

Learning objectives: At the end of in this workshop, participants will be able to:
- Describe and discuss a Business Case Analysis (BCA) purpose and its utility in Suicide Prevention
- List the steps to creating a BCA Plan
- List and describe basic steps of a BCA for suicide prevention
- Implement and present a BCA Plan
- Share BCA references

Workshop #7

Therapeutic Risk Management of the Suicidal Patient (TRMSP)

Sarra Nazem, PhD
Clinical Research Psychologist, Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC)
Assistant Professor, University of Colorado School of Medicine

Bridget Matarazzo, PsyD
Clinical Research Psychologist, Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC)
Assistant Professor, University of Colorado School of Medicine

Hal S. Wortzel, MD
Forensic Neuropsychiatrist, Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC)
Associate Professor, University of Colorado School of Medicine

The processes involved in the management of suicide risk, especially when a provider lacks confidence and comfort in the area of suicide risk management, can be intimidating and overwhelming. For example, organizing numerous details surrounding risk and protective factors, warning signs, and access to means is no simple task. Without a helpful framework, suicide risk assessments may take on the essence of “check-list” approaches that can strain the therapeutic relationship, resulting in a less nuanced suicide risk formulation that lacks patient investment and collaboration in the process. The Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC) utilizes a clinical risk assessment and management model, Therapeutic Risk Management of the Suicidal Patient (TRMSP), that is medicolegally informed and optimizes patient-centered care (Wortzel et al., 2013). In this pre-conference workshop, we outline the major components of the TRMSP model, relying upon both didactic and experiential content to help improve the attendees’ awareness, skills, and confidence of suicide risk assessment and management processes.
Full-Day Preconference Workshops Continued

After reviewing the core components necessary to any suicide risk assessment (e.g., assessment of ideation, intent, plan, access to means, risk and protective factors, warning signs), we offer an explanation as to how attendees can augment their clinical risk assessment with structured instruments. Use of structured measures can improve the depth of risk assessment by assuring that factors (e.g., frequency and intensity of suicidal ideation and identification of reasons for living) that might otherwise be overlooked are included. Use of suicide-related measures can also serve an important medicolegal function as the risk assessment is anchored in not only subjective data but also quantitative data yielded from reliable and valid measures. During the workshop, presenters will share several structured instruments that may be especially helpful to therapeutic risk management. Discussion will center on how and when to administer these instruments and ways to document this information in tandem with unstructured clinical interview data.

Next, the workshop will feature ways in which attendees can improve their suicide risk formulation based upon the information obtained from the suicide risk assessment process. Traditionally, providers stratify risk for suicide according to severity using modifiers such as low, medium/intermediate, and high. During the workshop, presenters will discuss why this one-dimensional stratification, without an accompanying temporality component, lacks the precision necessary to accurately capture the nuances of suicide risk to appropriately guide clinical decision-making. In this workshop, we explain the benefits of utilizing a two-dimension risk stratification that denotes both severity and temporality (Berman & Silverman, 2014; Rudd, 2006; Simon, 2008). Didactic and experiential content will help attendees demonstrate awareness and consideration of how risk and protective factors function to maintain chronic risk over time, while also noting how short-term psychosocial stressors can fluctuate to influence risk levels acutely. Attendees will also learn how the two-dimension risk stratification can be instrumental to informing short and long-term management and intervention approaches, the key goal of the suicide risk formulation.

In the final component of the workshop, attendees will gain knowledge on how to collaboratively develop a safety plan with patients. Presenters will review the six concrete steps of the safety plan (Stanley & Brown, 2012) including warning signs, internal coping strategies, social contacts/settings for distraction, social contacts for help, professionals/agencies to contact for help, and making the environment safe. While reviewing each step, presenters will provide hands-on information as to how to improve collaboration during safety planning. Attendees will learn how improvements in collaboration could optimize the patient’s own self-efficacy in the safety planning process. Presenters will share critical ways as to how providers can introduce and lay the groundwork and rationale for the importance of safety planning. Discussions on means safety and smart phone applications pertinent to safety planning will also be featured.

Throughout the workshop, presenters will discuss how to weigh the medical ethical principles of autonomy, nonmaleficence, and beneficence (Gillon, 1994) in decision-making when working with patients who are suicidal, a key aspect to collaborative patient-centered care. Additional overarching goals such as emphasizing the patient’s perspective and increasing empathy within the therapeutic relationship will also be featured as discussion points. In addition to these therapeutic elements, guidance and recommendations on how to document all aspects of the TRMSP model will be included as a way to achieve standard of care and afford medicolegal protection to the provider.

Learning objectives: At the end of this workshop, participants will be able to:
• Discuss how to improve suicide risk assessment and formulation by using a therapeutic risk management approach
• Identify how to document suicide risk assessment and formulation in the medical chart
• Improve suicide risk management through the use of a collaboratively developed safety plan

Morning Workshops - Pages 17-21

Afternoon Workshops - Page 22-25

2 for 1

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

We’ve done some of the pairing for you.

Look for workshops with “A” and “B” notations for suggestions.
Morning Preconference Workshops

Workshop #8

**Innovations in Clinical Assessment and Treatment of Suicidal Risk**

David A. Jobes, PhD
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:

- Explain the evolution of clinical suicidology over the past 50 years
- Seek emerging evidence-based approaches to assessments of suicidal risk
- Seek out evidence-based approaches for treating suicidal risk in clinical practice
- Describe systems of care issues and training considerations within contemporary clinical suicidology

Workshop #9

**Enhancing Suicide Prevention And Public Safety Via Collaborations Between Law Enforcement And Crisis Providers**

Margie Balfour
VP for Clinical Innovations & Quality
ConnectionsAZ

Andrea Hartwig
Director, Crisis Services, Cenpatico Integrated Care

Sgt. Jason Winsky
Tucson Police Department

Effective collaboration between law enforcement and crisis systems can result in better treatment for persons with mental illness and positive impacts on public safety including suicide prevention. For example, increasing awareness of the prevalence of mental illness in officer-involved shootings has led to the adoption of programs such as Crisis Intervention Training to provide officers with the skills to de-escalate people in crisis, and increased focus on the overrepresentation of persons with mental illness in the criminal justice system has led to the development of crisis programs that receive referrals from law enforcement as an alternative to jail, many of which involve individuals experiencing suicidal ideation.

This session will begin with a brief overview of the current research and policy recommendations regarding the intersection of the criminal justice and mental health systems at the first responder and crisis provider level. Next, the presenters will describe a real-world example of a system-spanning collaborative approach here in Arizona. Sgt. Jason Winsky from the Tucson Police Department will describe the creation of Mental Health Investigative Support Teams following the Gabby Giffords shooting and how their officers interface with the mental health system. Dr. Margie Balfour, Chief Clinical Officer for ConnectionsAZ at the Banner Crisis Response Center in Tucson, will discuss this collaboration from the crisis provider perspective. Andea Hartwig, Director for Crisis Services at Cenpatico Integrated Care will describe strategies for developing relationships to support such partnerships across disparate cultures and systems from the perspective of the regional behavioral health authority.

Outcomes include the following: Tucson police has reduced the number of SWAT team callouts for suicidal individuals who have barricaded themselves in their homes from 14 per year to 3 per year, at a cost savings of $10,000 per
incident. The Crisis Response Center receives over 400 law enforcement drop-offs per month with a median officer turn-around time of less than 10 minutes. Eleven crisis mobile teams provide field response within 30 minutes of dispatch. At the end of the session, the presenters will participate in an interactive panel discussion with the audience and suggest methods for applying elements of the Tucson model to other communities in Arizona.

**Learning Objectives:** At the end of this workshop, participants will be able to:
- Discuss the current research, policy recommendations and best practices for the law enforcement response to behavioral health crises
- Identify key components of a real-world example of a successful collaboration between law enforcement and crisis services.
- Utilize strategies for collaborating with law enforcement in his/her own community.

**Workshop #10A**

*Practical Solutions to Two Daunting Tasks: Creating Hope Where There Is None and Uncovering Dangerous Psychotic Process*

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

Dr. Shea will be presenting both an encore performance of his highly evaluated workshop from last year’s AAS Annual Meeting on creating resiliency and hope as well as his award-winning course on spotting dangerous psychotic process. Dr. Shea has given over 850 presentations world-wide and is the author of six books. He will be presenting material from the upcoming third edition of “Psychiatric Interviewing: the Art of Understanding”.

In Part I, pulling upon many years of helping individuals coping with severe illnesses such as schizophrenia, bipolar disorder and major depression, Dr. Shea takes participants on a provocative journey - including philosophical enigmas, clinical paradoxes, and everyday mysteries - that lead into creative ways of conceptualizing the art of suicide prevention. The result is an innovative method of collaboratively building resiliency - matrix treatment planning - which generates a myriad of practical approaches for preventing suicide through the creation of hope, while also providing a refreshing antidote to provider “burn-out”.

In Part II, participants take a journey into the puzzling world of psychotic process. Participants will learn how to use interviewing techniques that are applicable in all clinical settings from community mental health centers, college counseling centers and private practices, to emergency rooms, inpatient units and crisis lines. Via compelling video of patients with dangerous psychotic process, Dr. Shea illustrates a variety of interviewing techniques for spotting dangerous psychotic process including suicide, self-mutilation, and homicide. Dr. Shea also delineates specific interviewing techniques that ferret out the earliest signs of psychotic process, a skill-set that can help clinicians prevent the tragedy of suicide or self-mutilation caused by the eruption of unchecked and/or unrecognized psychosis.

**Learning Objectives:** At the end of this workshop, participants will be able to:
- Effectively apply the principles of matrix treatment planning and understand their relationship to the quest for a more resilient form of happiness and suicide prevention (including healing matrix effects, damaging matrix effects, and the Red Herring Principle)
- Apply specific interviewing techniques for spotting dangerous psychotic process leading to suicide, self-mutilation, and violence including command hallucinations, alien control, and psychotic hyper-religiosity
- Describe and utilize concepts and interviewing techniques for understanding how to spot the early emergence of psychotic process such as spotting delusional mood, delusional perception, and the typical signs present during various stages of the “life-cycle of a psychosis” as the client potentially moves towards suicidal action, violent action, or both combined

**Workshop #11A**

*Suicide Prevention Strategies For School-Based Settings*

James J. Mazza, PhD  
Professor in School Psychology, University of Washington

David N. Miller, PhD  
AAS President and Associate Professor of School Psychology, University of Albany, State University of New York

This workshop will provide participants with a foundation for developing and implementing a comprehensive suicide prevention programs for middle and high school settings. This workshop will examine several different components that are part of a comprehensive suicide prevention program designed to be implemented in schools. In doing so, implementation strategies and barriers that are commonly identified in schools will be discussed. Finally, this workshop will examine evidenced-based practices and programs that are
currently being used in school-based settings, while noting the strengths and challenges within each.

**Learning Objectives:** At the end of this workshop, participants will be able to:
- List and discuss the different components of comprehensive school-based suicide prevention programs
- Recognize barriers and/or implementation issues and to identify different strategies that may overcome them.
- List and identify different suicide prevention programs that are currently being used, along with their strengths and challenges
- Discuss the implications of what was presented regarding future practices of suicide prevention in schools

**Workshop #12A**

**So you want to implement a LOSS (Local Outreach to Suicide Survivors) Team approach to Active Postvention?**

Frank R. Campbell, PhD, LCSW, CT
Developer of the Active Postvention Model (APM) and a Past President of AAS

This workshop will allow you to identify, explore, and design a LOSS Team that will be effective in your community. Gain insight by exploring what other LOSS Teams are doing in their communities across the country, and how to effectively tailor those techniques to fit your own community. LOSS (Local Outreach to Suicide Survivors) Team was created by Dr. Frank Campbell to address the global issue of suicide and the impact it has on survivors of suicide. It has been his goal to interrupt the multi-generational impact of risk that survivors are often reported to have as a legacy of suicide. LOSS Team is an Active Postvention Model (APM) that is comprised of a team of trained survivors who go to the scenes of suicides to disseminate information about resources and the installation of hope for the newly bereaved. The primary goal of the APM is to let survivors of suicide know that resources exist as soon as possible following the death. This model has demonstrated the ability to reduce the elapsed time between death and seeking help from over 4.5 years to less than 60 days. This model has been utilized in communities in the United States and in cultures as diverse as Singapore and Northern Ireland. Dr. Campbell first introduced this Active Postvention Model, when he served as President of AAS in 1997.

**Learning Objectives:** At the end of this workshop, participants will be able to:
- Discuss capacity for individual and community bereavement support while challenging stigma’s hold over individuals and the community’s reluctance to provide Active Postvention
- Stimulate a growth perspective about suicide bereavement and empower communities to support those bereaved by suicide
- Have increased sensitivity to the needs of the suicide bereaved to know about resources as close to the time of death as possible.

**Workshop #13A**

**Ethical Concerns In Working With Individuals At Risk For Suicide: Looking Across The Lifespan**

Ken 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. Clinicians and others working with suicidal individuals face ethical challenges which may vary for different age cohorts and cultures. Provision of effective clinical practice requires clinicians to recognize and examine their own personal values and attitudes as well as respecting and understanding those of their clients. Clinician’s response and service to clients must be provided in a competent manner, with recognition of the strengths and needs of the individual and within the context of ethical codes and standards.

The workshop will provide an overview of issues such as dignity and worth of the individual, self-determination, informed consent, confidentiality and death with dignity/physician assisted suicide. Case scenarios representing challenging ethical situations with suicidal individuals and specific excerpts from various professional codes of ethics will be used to highlight these issues. While some of the material in the workshop may be specifically directed toward clinicians, the concepts discussed will be useful for anyone working with individuals at risk for suicide.

**Learning Objectives:** At the end of this workshop, participants will be able to:
- Discuss key ethical considerations in responding to individuals who are suicidal
- Understand how professional codes of ethics guide decision making in responding to suicidal individuals
- Identify cultural and age related factors associated with response to suicidality
- Consider how their own values, experiences and belief system impact their work with clients presenting with suicidal thoughts and behaviors
Workshop #14
Using Statewide Suicide Prevention Coalitions to Prevent Suicide on College Campuses
Matthew Wintersteen, PhD
Thomas Jefferson University

Jane Wiggins, PhD
Director, The Campus Suicide Prevention Center of Virginia

Suicide is the second leading cause of death on college campuses. This pre-conference workshop will focus on the development of statewide coalitions with examples provided by four states. It is appropriate for campus personnel, state suicide prevention coordinators, and others interested in addressing suicide prevention on college campuses.

Supported by the state’s GLS grant from SAMHSA, the PA Higher Education Suicide Prevention Coalition (HESPC) includes over 100 of the state’s 181 campuses. The HESPC holds monthly web conferences on a variety of topics relevant to campus-based suicide prevention, hosts a message board, and provides small mini-grants to campuses seeking funds. The HESPC held its first of what plans to be an annual conference in March 2017 in Philadelphia. Over 225 attended from 80 campuses across eight states.

The Ohio Program for Campus Safety and Mental Health (OPCSMH) began in 2008 when the OH Dept of Mental Health wanted to disseminate Crisis Intervention Team (CIT) training across campus safety forces. Several funding sources have supported its effort to award 57 Collaborative Program Development Grants totaling over $275,000, focused on mental health education and stigma reduction activities while emphasizing partnerships at the local level. In addition to grant funding, the OPCSMH has provided statewide and regional trainings. Over 75% of Ohio’s campuses and 100 community agencies are participating in some aspect of OPCSMH programming. The newest initiative, Ohio Healthy Campus, combines the JED Campus Program, the Healthy Minds Study, on-site technical assistance and annual convenings for a cohort of 10 campuses.

The CT Health Campus Initiative was established in 2004 by 25 institutions. Since its inception, CHCI has expanded its focus and more than doubled in active memberships. CHCI membership is free and open to anyone interested in making their campus-community a healthier place to learn, work and live. Members receive weekly emails with prevention news and training opportunities. CHCI hosts monthly coalition meetings. In August 2011, DMHAS received funding from the Center for Mental Health Services through the GLS grant to enhance suicide prevention and mental health promotion efforts at Connecticut institutions of higher education. This funding has provided CHCI members with numerous suicide prevention training opportunities.

The GA College and University Suicide Prevention Coalition was formed March 20, 2015 at a meeting in Macon, GA with representatives from various institutions in partnership with senior administrators at the University System of GA (USG), Dept of Behavioral Health and Developmental Disabilities (DBHDD), and SPAN-Georgia. These relationships will allow the institutions to collaborate for resource development and sharing, providing free and subsidized trainings and workshops, and secure grants and other supportive funding.

Learning Objectives: At the end of this workshop, participants will be able to:
• Identify relevant campus stakeholders interested in cross-campus collaboration
• Identify potential funding sources to support cross-campus suicide prevention efforts
• Identify several strategies to engage multiple campuses in suicide prevention activities and efforts

Workshop #15
Creating a Support Group for Attempters of Suicide-An Open Model
Stephanie Weber, MS, LCPC
Founding and Executive Director of Suicide Prevention Services of America

Having created, developed, and implemented 3 major programs in her region (Survivors of Suicide Loss Group in 1982, The Crisis Line of the Fox Valley in 1984, and Suicide Prevention Services of America in 1998), the presenter began to work with survivors of their own suicide attempts. With the rise in completions, and little information or statistics on attempt survivors, she was prompted to do this by two events: her mom who died by suicide in 1979 and had one prior attempt; and a member of the Survivors of Suicide Loss Group who was sent to the group by her psychiatrist, was a multiple attempter.

After two years of planning, interviewing attempt survivors, psychiatrists, hospital personnel, and families of attempt survivors, the presenter put together a committee of five to put together a plan for a meeting and marketing. 18 months later, they were ready to launch. Based on the open model of Survivors of Suicide (SOS loss) group, it was...
unanimously decided to have an open SOSA group as well. This was partially based on the AA and ANAD model of not interviewing before the meeting, they wanted all to feel welcome.

The first meeting of SOSA was held on May 7, 2008 with six people in attendance (two facilitators) and four attendees. This presentation will focus on the outcomes developed through eight years of experiences from both the group members and facilitator’s point of view. Successes and what could be done better will be stated and further explored from both point of views. These may include (but are not limited to): The development and revision of an informal introduction to the group before actually attending, the importance of developing a plan of action for crises that may arise, and the necessity of communication between meetings.

Through a comparison of the open vs. closed models we will demonstrate that the open model can easily be implemented across the country. Both strengths and weakness of each model will be offered during the presentation.

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

- Identify the strengths and weaknesses of the “open” vs the “closed” model of Survivors of Attempts Support Group
- List and discuss the intake procedures established by Suicide Prevention Services
- Establish a SOSA (Survivors of Suicide Attempts) group for themselves
- Utilize the best practices developed by Suicide Prevention Services of America’s 8+ years experience

**Workshop #16**

**Decision-Making Under Stress: Acquiring Skill in Assessing and Managing 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, at times, difficult decisions in clinical situations in which there is the possibility of patient life-threatening behavior. Many times, these decisions need to be made under time pressure, the pressure of the particular circumstances, and with incomplete knowledge about the patient. There is considerable evidence that many clinicians feel stressed under such conditions. While some clinicians perform very well under stress, others have found that their decision-making process becomes compromised. In dealing with behavioral emergencies, it is therefore recommended that the training of mental health clinicians include what has been referred to as stress training, and, in particular training with a stress exposure training (SET) model.

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

In this workshop, we will examine what is meant by a behavioral emergency. We will discuss what model of decision-making seems most appropriate for dealing with behavioral emergencies. We will review what is meant by stress exposure training as it is applied to behavioral emergencies. We will engage in mental practice with emergency or crisis case scenarios (i.e., cases in which patients are potentially suicidal or violent or both). We will discuss the approach to risk prediction known as structured professional judgment and its possible application in behavioral emergencies through decision support tools.

Finally, we will examine how training for and assessment of competence in managing behavioral emergencies are best accomplished in real-life encounters with actual patients while under close supervision or, at least, under so-called near experience emergency conditions.

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

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

---

**Afternoon Preconference Workshops Start on Next Page**
Workshop #10B
Uncovering the Taboo Material that Triggers Suicide and Eliciting the Suicidal Ideation and Intent It Fosters

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

Utilizing recently filmed videos, participants will learn how to use interviewing techniques that are applicable in all clinical settings from community mental health centers, college counseling centers and private practices, to emergency rooms, inpatient units and crisis lines. Dr. Shea is an internationally acclaimed innovator in clinical interviewing and suicide assessment with over 850 presentations world-wide and the author of six books including “The Practical Art of Suicide Assessment.” In Part I, seven different validity techniques will be illustrated via video for raising and effectively exploring the type of sensitive and taboo material that often trigger suicide including: intimate partner violence, child and elder abuse, drug abuse, antisocial behavior, and incest. The workshop provides participants the chance to watch the techniques demonstrated while asking questions of Dr. Shea, who was the first to introduce the concept of “validity techniques” into the clinical interviewing literature in the latter 1990s including now commonly utilized techniques such as normalization, shame attenuation, denial of the specific and symptom amplification.

In Part II, participants will learn how these validity techniques, as well as the newly created “catch-all question”, are woven into the internationally acclaimed Chronological Assessment of Suicide Events (the CASE Approach), an engaging and fluid interviewing strategy for uncovering suicidal ideation, planning, behavior, and intent. Through the use of recently filmed video, Dr. Shea will demonstrate when to use the individual validity techniques of the updated CASE Approach and exactly how to do so effectively.

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

- Identify and use seven validity techniques for eliciting sensitive material and suicidal ideation
- Describe the unique interviewing challenges that arise when working with particularly dangerous clients who have an immediate and imminent risk of suicide (Equation of Suicidal Intent)
- Identify and flexibly utilize the individual interviewing strategies and sequencing of the validity techniques in all four stages of the CASE Approach

Workshop #11B
Responding to Suicide Contagion in Schools: Best Postvention Practices Shared from Three School Districts, Fairfax County, VA., Palo Alto, CA and Academy 20, CO

Scott Poland, EdD, NCSP
NOVA Southeastern University

Richard Lieberman MA, NCSP
Loyola Marymount University

Research has established that exposure to suicide can increase suicidal thoughts and behaviors in others, even in the absence of physical or emotional proximity and our nation’s youth are the most vulnerable to this contagion effect. In the aftermath of suicide contagion, Scott Poland and Richard Lieberman worked extensively with the school communities of Fairfax County Virginia, Palo Alto, California and Academy 20 in Colorado Springs, Colorado. They provided consultation and direct services to staff, students and parents, as the aftermath of youth suicides is a challenging time for schools and communities. In this workshop, key representatives from all three districts will provide testimony on their comprehensive postvention efforts and lessons learned. Postvention is a term coined by Shniedman to describe helpful and appropriate acts after a dire event. The term has become synonymous with the challenging response in the aftermath of suicide and few events are more complex for a school and community. The major tasks for suicide postvention are to restore homeostasis to the school community; identify students at risk and provide guidance and support to staff and parents, all in an effort to prevent the next suicide.

These school leaders recognized the contagion that followed student deaths by suicide in their districts and implemented district wide gatekeeper training of all staff and targeted depression screening of students. Each district increased mental health support services at school; collaborated with law enforcement, community and statewide mental health partners; examined the impact of academic pressure, sleep deprivation and substance abuse on teens; and reduced access to lethal means in the community. All worked cooperatively with the local TV and news media and were most challenged by how to effectively monitor social networking. In addition, the results of the epidemiology studies done by the Center for Disease Control on two of these clusters will be presented.

The workshop will also outline the following five
postvention guidelines designed to help communities manage suicide contagion. They include:

• Involving all aspects of the community, including hospital and emergency personnel, community mental health, local and state agencies, clergy, school leaders, parent groups, survivor groups, police, media and crisis hotline personnel
• Providing a public response utilizing safe messaging to minimize sensationalism, avoid glorification that includes prevention information and local, community resources
• Intervening and referring those identified as potentially at risk through triage
• Reducing the access of youth to lethal means in the community
• Understanding that no single agency can stop a suicide cluster alone and the postvention journey must emphasize prevention

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

• Assess existing suicide prevention and response readiness
• Receive guidance in current best practice in school based suicide prevention
• Develop a customized implemental plan
• Access free and low cost resources

**Workshop #12B**

*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.

This workshop familiarizes participants with nationally recognized best practices for responding to a suicide, examines the risk of contagion and strategies for reducing this risk, explores concepts and strategies to promote healing for survivors and communities, and identifies the roles of key service providers in a coordinated community response to a suicide. Communities may be defined by geography, but might also be defined as organizations, schools, campuses, tribal nations, or other organized entities. Utilizing NAMI NH’s Connect Postvention Planning process as a model, the workshop will demonstrate how Best Practice Protocols/training with key service providers can be done proactively to reduce risk and promote healing after a suicide event. Strategies are identified for engaging key stakeholders/service providers to incorporate postvention protocols into suicide response plans and establish relationships and MOUs prior to crisis situations to ensure seamless communication and interface when a traumatic incident occurs.

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

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

**Workshop #13B**

*Understanding Changing Laws and Attitudes Toward Death with Dignity, Physician Assisted Suicide/Assisted Dying in the US*

**Ken Norton, MSW, LICSW**

Executive Director, NAMI New Hampshire

Laws in several countries as well as US states have changed in recent years to allow individuals with terminal illnesses to end their life under the care of a physician. This issue presents challenges and difficult personal, religious, sociocultural, and professional considerations for clinicians, health care providers, and suicide prevention advocates. Even the terminology, as indicated in the title, is emotionally-charged. This workshop will provide a historical context by reviewing important religious, medical and legal decisions impacting on this issue as well as looking at the arguments for and against the issue. The workshop will facilitate a structured dialogue represented by the
Afternoon Preconference Workshops Continued

perspectives of workshop participants about how to better understand the complexities of this issue.

**Learning Objectives:** At the end of this workshop participants will be able to:
- Discuss historical context including religious, legal and medical decisions impacting on right to die movement
- Discuss how data from places where death with dignity/physician assisted suicide is legal informs discussion related to these issues.
- Better understand arguments for and against death with dignity, physician assisted suicide

**Workshop #17**

*Suicide Risk Evaluation and Suicide Prevention for Correctional and Forensic Hospital Clinicians*

**Robert Horon, PhD**
Senior Psychologist, Specialist; Suicide Prevention Coordinator
Statewide Mental Health Program, Division of Health Care Services, California Department of Corrections and Rehabilitation

**Robert Canning, PhD**
Senior Psychologist, Specialist; Quality Management Program
Statewide Mental Health Program, Division of Health Care Services, California Department of Corrections and Rehabilitation

Suicide risk evaluation and risk management efforts have added complexity in correctional and state forensic hospital settings. As noted by Horon, et al. (2013), “Clinicians in correctional settings are particularly vulnerable to underestimation or overestimation errors, as (1) there has been little empirical study of correctional suicide risk assessment procedures; (2) prisons predominantly house individuals with externalizing psychopathology that differs significantly from the internalizing psychopathology commonly related to suicidality (Verona, Patrick, & Joiner, 2001; Young, Justice, & Erdberg, 2006); and (3) attributions of manipulative motivation associated with suicidal behavior may underestimate actual risk (Dear, Thomson, & Hills, 2000).” This preconference workshop intends to offer clinicians specific insights into working with correctional and forensic patients. The workshop will address the following areas: Best practices in suicide risk assessment, management, and prevention in correctional and forensic institutions, suicide risk assessment tools designed for or studied on prisoners and state hospital patients, how to fashion a detailed suicide inquiry for institutionalized persons, safety planning in correctional settings, and how to work with the most difficult types of patients in correctional and forensic settings.

**Learning Objectives:** At the end of this presentation participants will be able to:
- List at least one screening measure and one suicide risk evaluation measure to add within their practice
- Adopt at least one new assessment, management, or prevention strategy based on an existing best practice in correctional or forensic setting
- Discuss approaches to safety planning that will be applied to personal practice
- Refine strategies in suicide inquiry to incorporate variables and to inform risk formulation in ways specific to correctional and forensic settings

**Workshop #18**

*Zero Suicide: Comprehensive Suicide Care in Health and Behavioral Health Care Settings*

**Ellyson R. Stout, MS**
Director of State and Grantee Initiatives, Suicide Prevention Resource Center/EDC

**Julie Goldstein Grumet, PhD**
Director of Health and Behavioral Health Initiatives, SPRC

**Jenna Heise, MA**
Texas Suicide Prevention Coordinator
Mental Health and Substance Abuse division, Dept of State Health Services

**Becky Stoll, LCSW**
Vice President of Crisis & Disaster Management Centerstone

The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. A holistic and systematic approach to quality improvement, Zero Suicide is both a bold goal and an aspirational challenge (see more at www.ZeroSuicide.sprc.org).

This half-day workshop will introduce participants to the Zero Suicide model including the 7 essential elements of suicide care:
1. **Lead:** Create a leadership-driven, safety oriented culture committed to dramatically reducing suicide death among people under care. Include survivors of suicide attempts and suicide loss in leadership and planning roles;
2. **Identify:** Systematically identify and assess suicide risk
among people receiving care;
3. Engage: Ensure every individual has a pathway to care that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means during suicidal crisis;
4. Treat: Use effective, evidence-based treatments that directly target suicidal thoughts and behaviors;
5. Transition: Provide continuous contact and support, especially after acute care;
6. Train: Develop a competent, confident, and caring workforce;
7. Improve: Apply a date-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

During this session, state and behavioral health care leaders who have launched Zero Suicide in their systems will describe their initiatives including early results and recommendations for those considering launching this model in their own settings. Finally, implementation supports available to organizations interested in implementing the Zero Suicide model will be shared.

**Learning objectives**

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

- State the 7 essential elements of Zero Suicide and how they work together to improve care;
- Describe how the model is implemented in different systems;
- Understand how to access the available supports for implementation.

---

**PC Workshop #20**

**Self-directed Violence Surveillance: Uniform Definitions and Recommended Data Elements**

*Asha Ivey-Stephenson, PhD, MA*

Behavioral Scientist / Epidemiologist
Centers for Disease Control and Prevention (CDC)

Self-directed violence (SDV) constitutes a major source of emergency department visits, hospitalizations, and death in the United States. While SDV encompasses both fatal and nonfatal behaviors, this workshop will highlight definitions and data pertaining to suicide, a fatal form of SDV that includes suicidal intent. More specifically, this workshop will provide a detailed description of CDC’s recommended standardized definitions for SDV, highlight specific data elements to consider for inclusion in data collection and analytic efforts, discuss the importance of standard definitions and data elements in the surveillance of self-directed violence, and highlight the major surveillance systems collecting data on SDV.

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

- Articulate the public health approach to SDV and understand CDC’s role in preventing SDV
- Describe the major surveillance systems that collect data on SDV
- Define SDV based on CDC’s recommended standardized definitions
- Identify strengths and weaknesses of the current state of data collection for SDV

---

**Who is the Suicide Prevention Specialist in Your School?**

Every school should have a specialist in suicide prevention.

Is that you? Or someone you know?

AAS’s School Suicide Accreditation Program makes best practices in prevention, intervention and postvention available and accessible.

Pick up a brochure at our booth or talk to Jennifer Tinch [jtinch@suicidology.org](mailto:jtinch@suicidology.org) for more information

---

Conference Information: Phone (202) 237-2280 * Fax (202) 237-2282 * Email info@suicidology.org * Web www.suicidology.org 25
Healing After Suicide Loss Conference

SATURDAY, APRIL 29TH
AAS/AFSP/TAPS 29th Annual Healing After Suicide Loss Conference
Suicidology at 50: Honoring the Past, Innovating for the Future - Finding Our Path Forward

Co-Sponsored by

Healing After Suicide Loss Conference
SATURDAY, APRIL 29TH
AAS/AFSP/TAPS 29th Annual Healing After Suicide Loss Conference
Suicidology at 50: Honoring the Past, Innovating for the Future - Finding Our Path Forward

Co-Sponsored by

Healing Conference Registration/Meet & Greet
7:45 am - 8:15 am

Opening Remarks & Welcome to Survivors
8:15 am - 8:30 am

Presentation of the 2017 AAS Survivor of the Year Award - Katie Hardy
8:30 am - 9:15 am

Plenary Speaker - John McIntosh, PhD
9:15 am - 10:15 am

Plenary Panel - Frank Campbell, Iris Bolton & Melinda Moore
10:15 am - 10:30 am

TBD
10:30 am - 10:45 am

Break
10:45 am - 12:00 pm

Sharing Sessions
12:00 pm - 12:15 pm

Break
12:15 pm - 1:15 pm

Luncheon with Speaker - Katie Hardy
1:30 pm - 2:30 pm

Concurrent Workshops

The Doctor is In
Presenters TBD

• Is suicide genetic?
• Can antidepressants cause suicide?
• Why do some depressed people kill themselves, while others don’t?
• Do you have to talk about it to heal?
• Is this just normal grief, or do I need professional help myself?

Join our expert panel for a unique, open-ended opportunity to ask absolutely any question you may have about suicide, its causes, and its aftermath. This is an appropriate option for those who have not personally experienced a loss to suicide.

The Journey of Healing After a Suicide: The Process of Bereavement: What Helps and What Hurts?
Quintin Hunt and Rebecca L. Sanford, PhD

Adapted from qualitative interviews, several mixed-method, and quantitative studies with suicide loss survivors, a conceptual understanding of the process of suicide bereavement has been developed. The interviews combined
with the researchers’ own lived experience of suicide bereavement showed six major themes in the process of healing after a suicide loss: (1) social support, (2) meaning making, (3) continuing bonds, (4) isolation, (5) responsibility, and (6) coping skills. Suicide ideation was found to be utilized as a connection to the deceased and a (lack of) coping skills. This presentation will share stories of loss survivors to explain each of the major themes and provide examples of how to overcome barriers to healing with suggestions for addressing each theme area. Participants will be guided in activities that provide an opportunity to reflect on each of the themes to identify specific strategies that they can use to support their healing journey.

**Healing Through Giving Back: Developing a Survivors of Suicide Loss Program Utilizing a Peer Support Model**
Sandra T. McNally, MA and Jill McMahon, LPC

During this workshop, participants will be educated on the steps needed to develop a successful, cost-effective Survivors of Suicide Loss program within their community, using volunteers who have been bereaved by suicide as a primary resource. Peer support is recognized as an important prevention strategy and industry standard. This model is based on the concept that an individual who has been through similar issues and has been successful in overcoming them can provide effective support to others. According to Mead (2001), peer support involves “understanding another’s situation empathically through the shared experience of emotional and psychological pain”. Those who have lost a loved one to suicide have a unique opportunity to give back to their community by helping others who have had a similar loss.

2:30 pm - 2:45 pm  Break
2:45 pm - 3:45 pm  Concurrent Workshops

**Encouraging Post-Traumatic Growth of Suicide Loss Survivors**
Donal P. Belau, PhD

This 60-minute session will provide the participant an opportunity to become familiar with the oft-forgotten child/adolescent suicide loss survivor as well as the adult suicide loss survivor whose world is devastated by suicide. This workshop is designed for clinicians, however, suicide loss survivors, in general, may benefit. Developmental needs of children and adolescents are addressed along with the use of language that can promote the healing journey which will last a lifetime.

**Writing a Path to Healing**
Nina Gutin, PhD and Vanessa L. McGann, PhD

This is an interactive workshop exploring the power of the written word as a tool for addressing loss, grief and the myriad of thoughts and feelings that accompany this. Through guided writing exercises, participants will discover how expressing these thoughts and feelings through writing can lead to a greater clarity and understanding of the chaos and confusion that a suicide death leaves in its wake. Participants will be given the option to share what they have written with other participants, as a way to break down stigma/isolation and facilitate connections with other survivors.

**Remembering the Legacy After a Suicide Death**
Joan Schweizer Hoff, MA

After a suicide death people talk about and remember how a person died, not how they lived. This workshop will talk about their legacy, the way they would want to be remembered. Through collage work and writing we will develop a visual legacy of the person. “I Remember” statements will be discussed and participants will leave with a booklet of their own memories, as well. Together we will develop a list of activities to be done throughout the year to assure the legacy continues.

3:45 pm - 4:00 pm  Break
4:00 pm - 5:00 pm  Healing Ceremony
5:00 pm - 5:30 pm  Refreshments
Survivor Scholarships for Healing After Suicide Loss Conference

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, 2017 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 loss survivors to attend the Healing After Suicide Loss 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 Loss Conference.

Memory Quilts

The Healing After Suicide Loss Conference organizers are planning a virtual quilt display to honor those who have died by suicide. For more information, please contact Janet Schnell, AAS Loss Survivor Division Director, at 1suicidesurvivor@gmail.com
Care Team
A team of caring, supportive persons will be available during the Healing After Suicide Loss Conference to provide assistance to anyone in need. CARE Team members will be easily identified with flowers on their lapels.

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.

Update: 2017 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 annual conference and a discussion/support group as part of the Healing After Suicide Loss 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. In addition, the Task Force has an ongoing Clinician-Survivor’s listserv. 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.

Nina J. Gutin, PhD: ngutin@earthlink.net
Vanessa McGann, PhD: VLMcGann@aol.com

Benefits for Loss Survivors

AAS Membership Offers:
- Discounted registration for the Healing After Suicide Loss Conference (29th Annual in Phoenix, AZ April 29th, 2017)
- Webinars free to members only
- Scholarship opportunities to attend the Healing After Suicide Loss Conference
- Representation in AAS governance
- Networking connections with other survivors
- Access to member listserv

Special Member Rate for Healing After Suicide Loss Conference Attendees:
Use promo code 17HASLC for a $25 discount on survivor membership

Available Resources:
- A multitude of resources dealing with bereavement and sharing of personal stories of loss and survival
- Links to resources on the Loss Survivor web page
- Show your Support!: Survivor pins and wristbands available in AAS Store
- Directory of Survivor Support Groups Nationwide
- Directory of Suicide Prevention and Crisis Centers
- Books available in AAS Store, including the popular SOS Handbook

Join today at www.suicidology.org/members/become-a-member
Crisis Centers
FREE Networking Opportunities

Wednesday, April 26th
12:00pm - 1:30pm

Crisis Centers Lunch & Networking
Hot Topics for Crisis Centers
Facilitator: Amelia Lehto, 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 41.

Wednesday, April 26th
2:00pm - 5:00pm

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 Lifeline grant activities. Areas for presentation and discussion will include: the Lifeline Call Center Metrics Workgroup; the Lifeline Risk Assessment Review; Crisis Chat network development and quality review process; the Lifeline focus on crisis center follow-up with high risk individuals; the Lifeline Network Resource Center (NRC) 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 41.

Friday, April 28th
6:00pm - 8:00pm
CRISIS CENTERS HOSTED RECEPTION
AAS gratefully acknowledges the sponsors below for hosting a lite reception for crisis center attendees.
Free, registration on Page 35 is required.
Receptions & Connections

*Food*Network*Share*Learn*Connect*Relax*Enjoy*

Start your evenings by attending our nightly receptions.
Due to popularity, we are pleased to offer TWO Poster Sessions, one each on Thursday and Friday.

**Wednesday - April 26th**

*5:00pm*

**Welcome Reception Co-Hosted by LivingWorks Education & AAS**

LivingWorks Education is honored to join AAS in co-hosting the evening welcome reception. For over thirty years, LivingWorks has created, developed, and delivered innovative training experiences that empower individuals, organizations, and communities to be safer from suicide. Our quality-assured, standardized programs—including suicideTALK, safeTALK, ASIST, and suicide to Hope—have reached over a million people in more than 35 countries and territories. These integrated, layered programs provide a range of suicide prevention competencies for both professional caregivers and members of the public at large. LivingWorks is pleased to collaborate with public and private organizations across the globe to support our vision of a life-affirming, suicide-safer world. Together with international partners in suicide prevention, we recently launched the Suicide-Safer Communities initiative, a designation that recognizes communities for their concerted, strategic approaches to save lives from suicide. www.livingworks.net

**Thursday - April 27th**

*6:15pm*

**Preventing Veteran Suicide is Everyone’s Business, Reception Hosted by VA, AAS and TriWest**

In collaboration with TriWest and the American Association of Suicidology, the Department of Veterans Affairs (VA) is hosting a Preventing Veteran Suicide is Everyone’s Business reception on Thursday, April 27, 2017, from 6:15pm to 7:30pm, and we invite all conference registrants to attend. Please join us and others to explore opportunities to maximize our collective efforts as Preventing Veteran Suicide is Everyone’s Business.

You will also learn:

- Key findings from the recently released report on Veteran suicide – the largest analysis conducted to date
- The latest strategies and actions VA and other collaborators are taking to prevent Veteran suicide

For more information, please contact Kacie Kelly at Kacie.kelly@va.gov

**Thursday, April 27th**

*7:30pm*

**AAS Early Career Suicidologists Mixer**

Come have fun, mix, and mingle! Network and connect! Compass Lounge (24th Floor of the Hyatt Regency, conference hotel). More info: pollyg@med.umich.edu

**Friday - April 28th**

*5:15pm*

**Poster Session & Reception Hosted by AAS**

This highly interactive poster session is designed to maximize networking and learning for attendees of all backgrounds, interests, and experience. Come see why the AAS Poster Sessions are in such high demand.
STUDENT NETWORKING & LEARNING OPPORTUNITIES

Free Preconference Workshop Seats
Wednesday, April 26th
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. (Excludes two-day workshops).

Student Social
Thursday, April 27th, 7:00pm - 9:00pm
Join AAS students at the Thursday night poster session/opening reception. Relax after the first day of the conference and get to know your peers. If students are interested, a “social hour” after the session will follow.

Student Networking Luncheon
Friday, April 28th, 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. Check the Program Booklet you will receive on site for location.

AAS Student Conference Travel Grants
A limited number of travel grants will be available to reimburse students attending the 2017 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.

Consider Supporting the 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!
FREE CONTINUING EDUCATION CREDITS

California Board of Behavioral Sciences: This course meets qualifications for up to 33.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. PCE #4467.

Psychologists: The American Association of Suicidology is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. The American Association of Suicidology maintains responsibility for the program and its content. Maximum number of credits to be earned: 33.5. (Preconference, 13; Conference, 20.5).

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

Counselors: American Association of Suicidology has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 5607. Programs that do not qualify for NBCC credit are clearly identified. AAS is solely responsible for all aspects of the programs. Maximum number of credits to be earned: 33.5 (Preconference, 13; Conference, 20.5).

Physicians/Psychiatrists
Accreditation: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University Of Utah School Of Medicine and the American Association of Suicidology (AAS). The University Of Utah School Of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

AMA Credit: The University of Utah School of Medicine designates this live activity for a maximum of 31.00 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nondiscrimination and Disability Accommodation Statement: The University of Utah does not exclude, deny benefits to or otherwise discriminate against any person on the basis of race, color, national origin, sex, disability, age, veteran’s status, religion, gender identity/expression, genetic information, or sexual orientation in admission to or participation in its programs and activities. Reasonable accommodations will be provided to qualified individuals with disabilities upon request, with reasonable notice. Requests for accommodations or inquiries or complaints about University nondiscrimination and disability/access policies may be directed to the Director, OEO/AA, Title IX/Section 504/ADA Coordinator, 201 S President’s Circle, RM 135, Salt Lake City, UT 84112, 801-581-8365 (Voice/TTY), 801-585-5746 (Fax).

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 27th
- AAS Past Presidents
- AAS Attempt Survivors/Lived Experience Division Brown Bag
- AAS Research Division Members Brown Bag

Friday, April 28th
- SLTB Editors
- AAS Certification Examiners
- Clinician Survivor Task Force Brown Bag
- Student Division Networking Lunch

Saturday, April 29th
- Healing After Suicide Loss Conference Luncheon
Suicide Prevention is everyone’s business

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

Join Now & Save $25 on dues & up to $165 total between Preconference and Full Conference Registration Fees!
For Your Information

THE HYATT REGENCY PHOENIX
122 North Second Street, Phoenix, AZ 85004
(602) 252-1234
www.phoenix.hyatt.com

Situated in the center of this cosmopolitan city, the downtown Phoenix hotel is an urban oasis of comfort and tranquility. From deluxe suites to delicious dining to diverse city adventures, you are invited to immerse yourself in your stay. Conveniently located within walking distance to many popular attractions, the hotel gives you easy access to the best that Phoenix has to offer.

THE PHOENIX AIRPORT
Only 4 miles from the Hyatt Regency, the airport is conveniently located and is served by most major airlines.

VALLEY METRO LIGHT RAIL FROM AIRPORT
• Proceed to Ground Transportation
• Board the PHX Airport Shuttle or the Phoenix Sky Train to the Valley Metro Light Rail
• Board the Metro Light Rail toward Montebello
• De-board at the Washington/3rd Street Station Hyatt Regency Phoenix is one block north of the -Metro Light Rail
• The cost is $2 per ride, or an all-day pass of $4
• Should you require additional assistance, please do not hesitate to inquire with the concierge before your arrival

PARKING
• Hyatt Regency Phoenix is pleased to offer guests the convenience of covered self and valet parking, with in and out privileges. Overnight Valet Parking - $28 per 24 hours
• Short Term Valet Parking - $12 for the first hour, +$1 each additional hour. After 10 hours, $28
• Overnight Self-Parking via the Front Desk - $19 with in-out privileges, charged to your room.
• Parking is available at the Regency Parking Garage located adjacent to the hotel. Regency Garage entrance is located just south of Hyatt Regency Phoenix on N. 2nd Street; clearance of 6 feet, 3 inches.

TAXIS
AAA Yellow Cab Rates to the airport are $15.00 and $17.00 from the airport to the hotel (4-person max).

SUPER SHUTTLE
• Rates to/from the airport $13 each way per passenger
• Guests may proceed directly to the hotel pickup area outside the baggage claim
• Super Shuttle is available 24 hours a day, runs constantly, on demand. Reservations required.

THE METRO LIGHT RAIL
Washington/3rd Street Station Hyatt Regency Phoenix is one block north of the -Metro Light Rail
101 How to Ride the Train:
http://phoenix.about.com/od/transbus/ss/light railtips.htm#step1

Metro Light Rail Map:

UBER ARIZONA
Uber Arizona offers services to and from Hyatt Regency Phoenix. Guest can arrange for transportation to various attractions throughout the valley and to and from Sky Harbor International airport.

DRIVING
Please allow approximately 15 minutes to drive to the hotel from the airport, depending on traffic.

WEATHER
The month of April is characterized by rapidly rising daily high temperatures, with daily highs increasing from 77°F to 86°F over the course of the month, exceeding 95°F or dropping below 67°F only one day in ten. Daily low temperatures range from 54°F to 62°F, falling below 47°F or exceeding 68°F only one day in ten.

CONFERENCE BOOKSTORE
If you are an author with a recently published book and/or would like to hold a book signing during the conference, please contact:
Nicole Greenough, M.A.
ngreenough@suicidology.org
The Conference Bookstore will be open during posted hours only. Look for signage in the Exhibit Hall for details.
Heard Museum
The tradition, culture and history of 22 regional American Indian tribes converge in the Heard Museum’s immersive exhibits and authentic art shop. Through art and cultural objects, the museum’s ongoing exhibits tell the stories of native people of the Southwest, from early history to powerful memories of boarding schools.

Phoenix Art Museum
The Southwest’s largest fine art museum features a collection of contemporary work and global masterpieces. Complementing the museum’s galleries of fine art and objects from Asia, America, Europe and beyond are rotating exhibitions. Want to see the permanent collections for free (and the special exhibitions at a discount)? Visit Wednesdays from 3 p.m. to 9 p.m. during voluntary donation time, or the second Sunday of the month from noon to 5 p.m. for Free Family Sundays.

Desert Botanical Garden
The winding paths of this 50-acre desert garden showcase a fantastic variety of arid plants, from towering saguaros to delicate blooms. This beautiful landscape is also the backdrop for the garden’s seasonal events. During the spring, Music in the Garden, a spring concert series, will feature a variety of local jazz, blues and folk performers.
Friday, April 28 - JWhite & The Collective | Nu Groove Jazz

Chase Field
Chase Field opened in the Spring of 1998, built as a multipurpose facility to house Arizona’s first Major League Baseball team, the Arizona Diamondbacks, and to host large-scale events. Chase Field is located at 401 E. Jefferson, Phoenix, Arizona.
Arizona Diamondbacks vs. Padres 4/24/17-4/27/17 at 6:40 PM
Arizona Diamondbacks vs. Rockies 4/28/17-4/30 6:40 PM, 5:10 PM (Saturday), 1:10 PM (Sunday)
http://arizona.diamondbacks.mlb.com/schedule/?c_id=ari#y=2017&m=4&calendar=DEFAULT

Phoenix Zoo
The Zoo is one of the nation’s largest non-profit zoos, committed to conservation and providing experiences that motivate people to care for the natural world. http://phoenixzoo.org/

Restaurants and Shopping
• Scottsdale Fashion Square: Scottsdale Fashion Square features Arizona’s largest assortment of luxury brands, upscale amenities, exclusive sales and events, and a central location in the heart of Scottsdale, AZ.
• CityScape: a two-block concentration of restaurants, bars, and fashion retailers, is home to an urban-chic bowling alley.
• Heritage Square Dining: Like the 19th-century homes nearby, the restaurants in downtown’s Heritage Square are making history: Both Pizzeria Bianco (heralded as the best pizza in the nation) and Nobuo at Teeter House (sophisticated Japanese offered tapas-style) are James Beard Award winners.
• Old Town Scottsdale: Southwestern arts and hip eateries line the streets of Old Town, a popular destination for Greater Phoenix shopping and nightlife.
Orpheum Theatre
-April 28, 2017 at 8 PM - Stomp
-April 29, 2017 at 2 PM and 8 PM - Stomp

Camelback Mountain
Hikers gain 1,200 feet in elevation to the summit, which looks out over the city and Phoenix Mountains Preserve. Camelback is one of the most popular urban hiking spots in Phoenix.

Grand Canyon
There are several day trips offered to the Grand Canyon. The tours pick up in Phoenix early morning and conclude at night. The Grand Canyon is approximately 4 hours away from Phoenix. http://detoursofthewest.com/tours/arizona-tours/
This website also includes tours for Sedona Red Rocks, Antelope Canyon Tour, Apache Trail Tour, Tombstone Tour, Phoenix/Scottsdale City Tour, and Phoenix to Las Vegas with Grand Canyon Tour.

Arizona Outdoor Fun Rentals
Our desert tours take you right out into nature, beautiful Saguaro Cactus many of which are over 200 years old and abundant wildlife from Coyotes, Bobcat, Deer, Rabbits, Quail and other variety of birds and reptiles. We offer everything you’d possibly need for outdoor recreational fun including affordable ATV rentals, jet ski rentals, sport quads, motorcycle rentals and more! And our Phoenix sightseeing tours include ATV tours and jeep tours of the historic and scenic Arizona desert. Our desert tours are an excellent way to get out into nature and see what our unique landscape has to offer. http://www.arizonaoutdoorfun.com/

Phoenix Hot Air Balloon Ride
With hot air balloon rides leaving each day from our Phoenix, Scottsdale and Chandler locations, you have an opportunity each sunrise and sunset to experience the thrills and joy of soaring more than 4,000 feet above the beautiful Arizona landscape. http://www.phoenixballoonport.com/

Early-Bird Conference Sponsors & Exhibitors
AAS is pleased to welcome the following sponsors and exhibitors and thank them for their early support!

Diamond Sponsor
LivingWorks

Poster Session Sponsor
U.S. Department of Veterans Affairs

Platinum Sponsor
Crisis Response Network

Gold Sponsor
Copper Springs

Exhibitor
OPERATION REACH OUT

Exhibitor
SMH Screening for Mental Health

Exhibitor
"There's hope. There's help."

Exhibitor
American Foundation for Suicide Prevention

Crisis Centers Reception Sponsors
BHL Behavioral Health Link

CONFERENCE INFORMATION: Phone (202) 237-2280 * Fax (202) 237-2282 * Email info@suicidology.org * Web www.suicidology.org
Registration Instructions

Conference Schedule:

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 25th &amp; 26th</td>
<td>Special Two-Day Preconference Workshops</td>
</tr>
<tr>
<td>April 26th</td>
<td>Preconference Workshops</td>
</tr>
<tr>
<td>April 27th - 29th</td>
<td>Annual Conference</td>
</tr>
<tr>
<td>April 29th</td>
<td>Healing After Suicide Loss Conference</td>
</tr>
</tbody>
</table>

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 42-44). 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.

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 Loss 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**, complete Section 5.

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

---

**REGISTER on line at** [www.suicidology.org](http://www.suicidology.org)

**You May Also Mail or Fax the Conference Registration Form** (pages 42-44) 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 RESERVATIONS**

If you want to stay at the Hyatt Regency, you may make your reservations by phone or Internet. **NOTE: You must reference the program name American Association of Suicidology 50th Annual Conference** to receive the discounted room rate.

**Federal Government Per Diem Rooms - FULL**

A limited number of per diem rooms were available in the AAS room block, and have all been booked.

**Phone Reservations 602-252-1234**

**Internet Reservations**

Go to [www.suicidology.org](http://www.suicidology.org) and click on the link to hotel reservations.

See Page 40 of this brochure for hotel rates, details, and policies.

---

The Hyatt Regency will **NOT be extending our current room block. You are encouraged to make your hotel reservations as early as possible.**
Conference Information

This year’s conference activities represent the collaborative efforts across two events: 1) AAS Annual Conference & 2) AAS/AFSP/TAPS Healing After Suicide Loss Conference. Please see pages 34-36 for fees and form. If you pre-register, you may pick up your badge and registration materials at the Pre-Registration Desk. **In order to be pre-registered, you must register online or registration forms must be received by AAS by April 10, 2017.** 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 30 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 April 3, 2017. 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 $75 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 27th 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**
- April 3: Hyatt Hotel Reservations
- April 4: Cut-off for Preconference Workshops 1 and 2
- March 17: Early Registration Discount Ends at Midnight
- April 10: Cutoff for Pre-Registration
- March 24: AAS Scholarships
- April 3: 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.
Hotel Reservations

**The Hyatt Regency Phoenix**
122 North Second Street
Phoenix, AZ 85004

**Reservations must be made by April 3, 2017**
Hotel reservations may be made by phone or on line
You must reference the program name *American Association of Suicidology 50th Annual Convention* to receive the discounted room rate.
1-602-252-1234
To reserve a room online: Go to [www.suicidology.org](http://www.suicidology.org) and click on the link for hotel reservations.

<table>
<thead>
<tr>
<th>ROOM TYPE</th>
<th>RATE</th>
<th>OCCUPANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Run of House</td>
<td>$189</td>
<td>Single/Double</td>
</tr>
<tr>
<td><em>Government</em></td>
<td>Prevailing Per Diem Rate</td>
<td>Single or Double</td>
</tr>
</tbody>
</table>

*Government Per Diem Rooms:* A limited number of rooms have been blocked but are now FULL. You MUST have a Federal Government-Issued ID in order to check into these rooms. It is the guest’s responsibility to provide the necessary documents.

Room rates are guaranteed only through April 3, 2017, 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.

**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.*

**Overflow Hotels**
AAS will arrange for overflow hotel options in the event all rooms at the Hyatt are filled. Please contact AAS directly at 202-237-2280 or info@suicidology.org if you need information on alternate accommodations.
Are you a service member or know one experiencing depression, anxiety or suicidal thoughts? Are you having nightmares or trouble sleeping? Do you want to be a better spouse or parent?

Or are you a mental health provider who wants to help our heroes, your community, and add to your knowledge base?

The American Association of Suicidology is offering **FREE** webinar trainings for service members and their families who have served or are currently serving in any of the National Guard or Reserve components of the Military. The training is also available for mental health providers who want to help. It’s science-based behavioral training created by people who truly understand.

**Webinar Trainings Include:**
- Sleep Problems
- Suicide Risk: Warning Signs
- Posttraumatic Stress Disorder
- Traumatic Brain Injury: Signs and Symptoms
- Common Challenges Associated with Military Life/Military Transitions
- Substance Abuse
- Military Sexual Trauma

**Additional Webinar Topics Also Available**

**To access on-demand webinars, visit:**
[www.USMilitaryMatters.org](http://www.USMilitaryMatters.org)
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 _ Student
□ 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 two half-day workshops and pay the price of a full-day workshop

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Member</th>
<th>Non-Member</th>
<th>Stud/Vol/Sr Member</th>
<th>Stud/Vol/Sr Non-member</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRSR: Essential Skills for Clinicians</td>
<td>$260</td>
<td>$285</td>
<td>---</td>
<td>---</td>
<td>$</td>
</tr>
<tr>
<td>Psychological Autopsy Study Certification Training</td>
<td>$725</td>
<td>$825</td>
<td>$500</td>
<td>$540</td>
<td>$</td>
</tr>
</tbody>
</table>

Wednesday Full-Day Workshops

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Member</th>
<th>Non-Member</th>
<th>Stud/Vol/Sr Member</th>
<th>Stud/Vol/Sr Non-member</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Techniques of Grief Therapy</td>
<td>$160</td>
<td>$190</td>
<td>$90</td>
<td>$115</td>
<td>$</td>
</tr>
<tr>
<td>Non-Suicidal Self-Injury</td>
<td>$160</td>
<td>$190</td>
<td>$90</td>
<td>$115</td>
<td>$</td>
</tr>
<tr>
<td>Community-Based Suicide Prevention Programs</td>
<td>$160</td>
<td>$190</td>
<td>$90</td>
<td>$115</td>
<td>$</td>
</tr>
<tr>
<td>Building an Iron-Clad Business Case</td>
<td>$160</td>
<td>$190</td>
<td>$90</td>
<td>$115</td>
<td>$</td>
</tr>
<tr>
<td>Therapeutic Risk Management</td>
<td>$160</td>
<td>$190</td>
<td>$90</td>
<td>$115</td>
<td>$</td>
</tr>
</tbody>
</table>

Wednesday Morning Workshops: 8:30am to 12:00pm
Attend 2 Half-Day Workshops & Pay The Price Of One Full Day Workshop

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Member</th>
<th>Non-Member</th>
<th>Stud/Vol/Sr Member</th>
<th>Stud/Vol/Sr Non-member</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovations in Clinical Assessment</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Collaborations between Law Enforcement &amp; Crisis</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Practical Solutions to Two Daunting Tasks</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Prevention Strategies for School-Based Settings</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>LOSS Team Approach to Active Postvention</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Ethical Considerations in Suicide Prevention</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Prevent Suicide on College Campuses</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Creating a Support Group for Attempters of Suicide</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Decision-Making Under Stress</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
</tbody>
</table>

Wednesday Afternoon Workshops: 1:00pm to 4:30pm

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Member</th>
<th>Non-Member</th>
<th>Stud/Vol/Sr Member</th>
<th>Stud/Vol/Sr Non-member</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncovering the Taboo Material</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Responding to Suicide Contagion in Schools</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Engaging Communities in the Aftermath of Suicide</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Understanding Changing Laws &amp; Attitudes</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Prevention for Correctional &amp; Forensic Hospital Clinicians</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Zero Suicide</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
<tr>
<td>Self-Directed Violence Surveillance</td>
<td>$100</td>
<td>$122</td>
<td>$65</td>
<td>$90</td>
<td>$</td>
</tr>
</tbody>
</table>

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 27 - 29, 2017

<table>
<thead>
<tr>
<th></th>
<th>Member</th>
<th>Non Member</th>
<th>Student Member</th>
<th>Student Non-Member</th>
<th>Retiree Member</th>
<th>Retiree Non-member</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Full Registration</td>
<td>$500</td>
<td>$635</td>
<td>$170</td>
<td>$195</td>
<td>$290</td>
<td>$390</td>
<td>$</td>
</tr>
<tr>
<td>Late Full Registration</td>
<td>$610</td>
<td>$745</td>
<td>$205</td>
<td>$230</td>
<td>$360</td>
<td>$465</td>
<td>$</td>
</tr>
<tr>
<td>Single Day Registration</td>
<td>$250/day</td>
<td>$305/day</td>
<td>$80</td>
<td>$120</td>
<td>$175</td>
<td>$240</td>
<td>$</td>
</tr>
<tr>
<td>for Presenters on day of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>presentation - Circle ONE Day: Thur or Fri or Sat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Day Registration for Presenters on day of presentation - Circle ONE Day: Thur or Fri or Sat</td>
<td>$150</td>
<td>$175</td>
<td>$60</td>
<td>$90</td>
<td>$85</td>
<td>$115</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Section 2: $ 

Section 3: Healing After Suicide Conference Saturday, April 29, 2017

Includes all sessions, breaks, program packet, and Saturday luncheon.

<table>
<thead>
<tr>
<th></th>
<th>AAS Member</th>
<th>Non Member</th>
<th>*Family Member Accompanying two others Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Registration</td>
<td>$125</td>
<td>$135</td>
<td>$90</td>
</tr>
<tr>
<td>Late Registration</td>
<td>$140</td>
<td>$150</td>
<td>$110</td>
</tr>
</tbody>
</table>

Total Section 3: $ 

Section 4: Special Events & Student Travel Grant Donations

<table>
<thead>
<tr>
<th>Events</th>
<th># Tickets</th>
<th>Fee</th>
<th>Fee Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSPL Update - Wednesday, 2:00pm -</td>
<td>--</td>
<td>--</td>
<td>$0</td>
</tr>
<tr>
<td>See page 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Center Brown Bag Lunch -</td>
<td>--</td>
<td>--</td>
<td>$0</td>
</tr>
<tr>
<td>Wednesday, 12:00pm - See Page 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Center Reception - Friday,</td>
<td>--</td>
<td>--</td>
<td>$0</td>
</tr>
<tr>
<td>6:00pm - See page 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wish to make a contribution to</td>
<td>Please enter the amount of your donation in last column. Thank you!</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>the AAS Student Travel Grant Fund.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See page 28 for details.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Section 4: $ 

Section 5: Meals for Student and Retiree Registrants and Guests

| Meals for Student and Retiree       | # Tickets | Fee   | Fee Paid |
| Registrants and Guests               |           |       |          |
| Wednesday Opening Reception: 5:00pm | --        | --    | $0       |
| Thursday Poster Reception: 6:15pm   | --        | --    |          |
| Friday Poster Reception: 5:15pm     | --        | --    | $0       |
| Saturday Healing After Suicide Loss | --        | $55   | $        |
| Conference Luncheon--Not included in Annual Conference fee |           |       |          |
| Check here for a vegetarian lunch   |           |       |          |

Total Section 5: $ 

Enter amount from each section above on next page to calculate payment due.
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 | ► | $ |
| *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.**