

It's Friday afternoon and  
your client says...

In 2007 (the latest year for which we have national statistics), there were 34,598 suicides in the U.S. (94.8 suicides per day; 1 suicide every 15.2 minutes).

"I'm feeling suicidal"...

Mental health diagnoses are generally associated with a higher rate of suicide. Psychological autopsy studies reflect that more than 90% of completed suicides had one or more mental disorders.

Do YOU know what to do?

The vast majority of individuals who are suicidal often display cues and warning signs.

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**As a mental health provider, you can't afford to miss...**

***One of the Following Clinical Preconference Workshops***

***Sponsored by: The American Association of Suicidology***

**Continuing Education Credits available for physicians, psychologists, social workers, and counselors.**

**Wednesday & Thursday, April 12 & 13, 2011**

**8:30 am to 4:30 pm**

**Heathman Hotel in Downtown Portland**

***Recognizing and Responding to Suicide Risk (RRSR): Essential Skills for Clinicians***, Robert D. Canning, Ph.D.

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

- Six on-line, self-paced lessons and qualifying quiz
- A two-day face-to-face workshop with a master trainer
- Unlimited on-line post-training workshop mentoring and further CE offerings

**Wednesday, April 13, 2011**

**8:30 am to 12:30 pm**

**Workshops run concurrently. Choose one.**

**Hilton & Executive Towers in Downtown Portland**

***Ethical Concerns in Working with Individuals At Risk For Suicide: Looking Across The Lifespan***, Ken Norton, MSW, LICSW

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

1. Explore and identify varying factors associated with response to suicidality based on age groups and culture.
2. Recognize and discuss the effect these varying factors have in a clinician's work with clients.
3. Demonstrate a greater understanding of ethical concerns related to suicidality in clients across the lifespan.
4. Discuss how their own values, experiences and belief system impact their work with clients presenting with suicidal thoughts and behaviors.

***Using Investigations of Suicides to Help Clinicians Avoid Suicide Deaths among Their Own Patients***, David J. Knesper, M.D.

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

1. Identify and discuss clinical situations and clinical behaviors that appear to be associated with suicide deaths in the period immediately after a clinical encounter.
2. Effectively use suicide prevention tools for use with individual patients.
3. Discuss how documentation saves lives and reduces the risk of subsequent malpractice claims.

**8:30 am to 4:30 pm**  
**Workshops run concurrently. Choose one.**

***Unlocking Suicidal Secrets: New Thoughts on Old Problems in Suicide Prevention***, Shawn Christopher, Shea, M.D.

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

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

***Treating PTSD in Suicidal Individuals with Borderline Personality Disorder: Dialectical Behavior Therapy plus an Exposure-Based PTSD Protocol***, Melanie S. Harmed, Ph.D. and Kathryn E. Korslund, Ph.D.

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

1. Determine whether suicidal and self-injuring BPD clients are ready to engage in PTSD treatment.
2. List and discuss the structure and procedures of the PTSD protocol.
3. Implement the PTSD based on demonstrations of effective examples.
4. Discuss strategies for addressing common difficulties encountered during PTSD treatment with high-risk BPD clients.

***For further details on the workshops, and/or to register, see the online brochure at [www.suicidology.org](http://www.suicidology.org):***

**Workshop details pages 8 - 14**  
**Continuing Education page 27**  
**Registration Form pages 30-32**

**For more information: 202-237-2280, [info@suicidology.org](mailto:info@suicidology.org), [www.suicidology.org](http://www.suicidology.org)**

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