CONTINUING EDUCATION CREDITS AVAILABLE:
Participants who attend both full days of the conference are eligible to earn social work and licensed mental health counselor CEUs. The fees for CEUs are included in registration costs.

The Suicide Prevention Center of New York (SPCNY) is recognized by New York State’s Education Department State Boards of Social Work and Mental Health Practitioners as an approved provider of continuing education for licensed social workers #0384 and licensed mental health counselors #MHC-0090.

SPC-NY has submitted for NYS CASAC/CPP/CPS approval for renewal clock hours. Notification pending.
Monday, September 18

8:45-11:00AM REGISTRATION

9:00AM-12:00PM New York State Suicide Prevention Council Meeting (Council Members Only)

10:15-11:45AM CONCURRENT SESSIONS

1) From Prevention to Postvention: Creating Suicide Safety in Schools
   Amy Scheel-Jones, Monroe County Office of Mental Health
   Lynn Allen, EdD, Putnam/Northern Westchester BOCES

This session will describe ways that a county’s Consortium on Trauma, Illness and Grief in Schools and a BOCES Regional Crisis Team have worked with youth-serving organizations during crises or in the aftermath of suicide to prevent future suicides.

Learning Objectives:
At the end of this session, participants will be able to:
   a. Describe the cycle of prevention-postvention-prevention.
   b. Identify the components necessary for a community postvention system.
   c. List steps to create a regional crisis team.

2) Providing Sensitive & Competent Interventions to Special Populations: Latina Adolescents and Women Who Experience Intimate Partner Violence
   Jennifer Humensky, Columbia University
   Nicole Trabold, University of Rochester

This session will focus on risk among 1) Latina adolescents, highlighting the positive outcomes of Life is Precious, and 2) women who experience intimate partner violence, describing the use of a brief motivational intervention as an opportunity for suicide prevention.

Learning Objectives:
At the end of this session, participants will be able to:
   a. Explain how Latina adolescents are uniquely at risk for and impacted by suicide.
   b. Identify three risk factors for suicide ideation and attempts among victims of intimate partner violence.

3) The Power of Shared Experience: An inpatient Support Group for Attempt Survivors and a Peer-led, Skill-building Group for Families
   Barbara Stanley, PhD, Columbia University
   Perry Hoffman, PhD, National Education Alliance for BPD

This presentation will describe the Suicide Prevention Group Treatment-Inpatient (SPGT-I), a modularized, group-based suicide prevention intervention for patients admitted to a psychiatric inpatient unit following a suicide attempt or suicidal crisis. It will also provide an overview of Family Connections, a peer-led, skill-building and support group for families who have a loved one with borderline personality.

Learning Objectives:
At the end of this session, participants will be able to:
   a. Explain the unique high-risk period after discharge from an inpatient stay.
   b. Describe the structure and format of the SPGT-I.
   c. Describe the difficulties faced by family members who have a loved one with BPD and how the Family Connections™ program can be of benefit.

4) Functional Analysis for Suicide Prevention
   Beth Brodsky, PhD, Columbia University
   Cory Cunningham, LCSW, Columbia University

Functional Analysis (FA) is a collaborative Cognitive Behavioral Therapy clinical intervention that aids both clinician and client to recognize specific risk factors for spikes in suicidal thinking, urges and behaviors. It also helps the clinician and client to identify opportunities for problem solving and the use of coping skills toward suicide prevention. This presentation will provide an in-person FA clinical training for mental health providers that will include didactics on theory and implementation of FA as well as role playing and behavioral practice.

Learning Objectives:
At the end of this session, participants will be able to:
   a. Identify features of the Functional Analysis intervention.
   b. Identify functions of suicidal behavior.
   c. Explain how consequences of suicidal behavior impact future suicidal risk.

12:00-12:30PM LUNCH
12:30-2:15PM
Opening Remarks
  Ann Marie Sullivan, MD, Commissioner, NYS Office of Mental Health

PLENARY SESSION
Live, Learn, Grow
  Craig Miller, Author, Speaker & Advocate
The knowledge and expertise of those with lived experience are critical to inform effective suicide prevention strategies. Craig Miller, an author, speaker, and suicide attempt survivor, will share his story and how he is using his experience to contribute to the field of suicide prevention.

2:30-4:00PM CONCURRENT SESSIONS
1) Communities: The Fabric of Suicide Prevention
   Garra Lloyd-Lester, SPC-NY
   Trena Anastasia, PhD, LivingWorks Education, Inc.
   Nola Goodrich-Kresse, Orleans County Department of Health
This session will provide an overview of the work SPC-NY is undertaking to address Prevention Across the Lifespan in Communities. It will also provide an overview of community suicide prevention programs within Genesee, Orleans, and Wyoming counties. Last, an interactive workshop on Operationalizing Collective Impact will be delivered to help participants assess their community’s capacity for implementation.

   Learning Objectives:
   At the end of this session, participants will be able to:
   a. Explain the components of a suicide safer community.
   b. Describe Collective Impact and how to operationalize it for suicide prevention.
   c. Identify specific suicide prevention efforts

2) Suicide Prevention in Active Military and Veteran Populations
   Eric Hardiman, PhD, University at Albany
   William Nash, MD, United States Marine Corps
Veterans are disproportionately impacted by suicide. While they comprise only 5% of the New York State population, they represent over 15% of the state’s suicides. This session will focus on veterans’ suicide risk factors and prevention and intervention strategies. One presentation will describe the findings of a longitudinal evaluation of a statewide program using non-clinical peer support services to address suicide and civilian reintegration. Another presentation will discuss tools to promote psychological health and big-data analytic methods used by the Marine Corps.

   Learning Objectives:
   At the end of this session, participants will be able to:
   a. Describe aspects of military culture that are related to suicide.
   b. Identify specific risk factors for suicide in veterans.
   c. Apply the Institute of Medicine’s spectrum of interventions to the challenge of preventing suicide.
   d. Name potential ethical and practical hazards of using big data to manage suicide risk in a population.

3) Journeys to Healing after Suicide Loss
   Sigrid Pechenik, PsyD, Suicide Prevention Office
   Kathy Leichter, Two Suns Media
   Avi Israel, The Michaels of the World
For every suicide death, there are multiple individuals who are impacted by the loss of their loved one. This session will highlight the experience of suicide loss survivors, their journeys of healing, and how their losses fueled their commitment to make a difference in their communities and beyond.

   Learning Objectives:
   At the end of this session, participants will be able to:
   a. Describe how suicide loss impacts families.
   b. Compare helpful and harmful ways of using media and storytelling to support a community around mental health and suicide.
   c. Describe two examples of how survivors of loss have made a commitment to positively impact the larger community.

4) Advances in Safety Planning: Implementation and Access
   Barbara Stanley, PhD, Columbia University
   Virna Little, PsyD, Institute for Family Health
The Safety Planning Intervention (SPI) is a best practice suicide prevention intervention, a collaboration between clinician and client to develop a plan for staying safe during times of increased risk. A brief intervention, it can take less than an hour, and is used in behavioral health clinics, emergency rooms and hotlines. The first half of this session will train participants in advanced strategies
for conducting the SPI, taught through didactics, role play, and interactive discussion. The second half of the session will describe the safety planning process and the use of patient portals as a means to accessing suicide plans.

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

a. Explain the purpose and steps of the safety planning intervention.

b. Identify potential challenges that often occur at each stage of safety plan development.

c. Describe ways of engaging clients in the safety planning process.

d. Describe how safety plans can be embedded in patient portals.

4:00-5:00PM **AFTERNOON BREAK**

5:00-6:00PM **NETWORKING RECEPTION & POSTER SESSION**

6:00-8:00PM **DINNER & AWARDS CEREMONY**

**Tuesday, September 19**

7:30-8:45AM **REGISTRATION & BREAKFAST**

8:45-10:00AM **PLENARY SESSION**

*Suicide Prevention Activities in New York State Over the Past Year*

_Jay Carruthers_, MD, Suicide Prevention Office, New York State Office of Mental Health

In 2016 the Office of Mental Health released “1700 Too Many: New York State’s Suicide Prevention Plan.” This presentation will highlight progress over the past year in carrying out the three pillars of the plan.

**Project 2025**

_Michael Rosanoff_, American Foundation for Suicide Prevention

Project 2025 is a high-impact, collaborative initiative aimed at the bold goal of reducing the nation’s annual suicide rate 20% by 2025. Using a dynamic systems model approach based on what the evidence tells us about suicide, AFSP has identified a series of actions and critical areas to help reach this unprecedented goal.

10:15-11:45AM **CONCURRENT SESSIONS**

1) **Youth Substance Use and Suicide**

_Michael Lindsey_, PhD, New York University  
_Peter Wyman_, PhD, University of Rochester  
_Anthony Pisani_, PhD, University of Rochester

Substance use is a known risk factor for suicide, with up to 70% of adolescents who die by suicide using alcohol or other drugs. The first presentation of this session describes an analysis of national “Youth Risk Behavior Survey” data on substance use patterns among adolescents who died by suicide. The second presentation describes “Above the Influence”, a school-based intervention program harnessing the efforts of peer leaders to decrease positive attitudes about substance use and reduce intentions to use.

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

a. Describe the prevalence rates for suicidal behavior among adolescents in the United States.

b. Identify which group of polysubstance users are most at risk for engagement in suicidal behaviors.

c. Describe key features of network health interventions and the specific features of “Sources of Strength” and “Above the Influence”.

d. Describe the components of safe messaging campaigns and how tailored messaging can improve prevention impact.

2) **State of the Art in Suicide Prevention Training**

_Garra Lloyd-Lester_, SPCNY  
_Glenn Albright_, PhD, Baruch College  
_Terry Bird_, DNP, Arnot Health  
_Beth Brodsky_, PhD, Columbia University

There are many different suicide prevention trainings targeting specific populations and professional roles. It is often difficult to choose a strategy for training your workforce. This session will provide an overview of state supported gatekeeper & clinical trainings. It will also describe the use of virtual humans in role plays to teach gatekeeping skills.

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

a. List suicide-specific trainings supported by New York State.

b. Explain the advantages of using virtual humans in role plays to teach gatekeeping skills.
c. Discuss implications for health care organizations, professional education institutions, professional licensing entities, and professional associations.

3) Providing Sensitive & Competent Interventions to Special Populations: Older Adults and Deaf and Hard of Hearing

Kim VanOrden, PhD, University of Rochester
Meghan Fox, PsyD, University of Rochester

Older adults have among the highest rates of suicide compared to other age groups, a strong contributor being social disconnectedness. The first presentation of this session will describe the findings of a randomized trial of Engage Psychotherapy to reduce suicide risk in adults age 60 and older. The second presentation of this session will focus on the deaf and hard-of-hearing community with which suicide focused research and intervention is sparse. Specifically, the presentation will highlight the findings of cognitive and semi-structured interviews with deaf and hard-of-hearing college students aimed at understanding suicide risks among this population.

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

a. Describe the rationale for targeting social disconnectedness in treatment.
b. Explain the steps in the “action planning” process – an Engage treatment strategy.
c. Identify at least one suicide risk factor unique to deaf and hard-of-hearing people.

4) Clinicians as Survivors

Vanessa McGann, PhD

This presentation will provide an overview of the literature and research on clinicians and suicide loss, which will highlight many of the common issues experienced after such a loss, e.g. self-blame, isolation and self-doubt.

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

a. Explain research findings related to the effect of patient suicide on clinicians.
b. Describe the common responses of clinicians who lose a patient to suicide.
c. List at least three practical recommendations for responding to a patient suicide from the personal, collegial, clinical, educational, administrative, and medico-legal perspectives.

12:00-1:30PM CONCURRENT SESSIONS

1) Using Surveillance Data to Implement and Improve Suicide Prevention Efforts in New York State

Leah Hines, New York State Department of Health
Christa Labouliere, PhD, Columbia University
Sarah Bernes, Institute for Family Health

The best suicide prevention strategies are often informed by data at the state, regional, or health system level. This session will begin with an overview of suicide in NYS, comparing rates and mechanisms between specific populations. Then, the largest implementation of Zero Suicide, taking place across 150 outpatient mental health clinics in NYS, will be described along with challenges and lessons learned. Last, the internal incident reporting system used by the Institute of Family Health to conduct site-specific surveillance and continuous quality improvement will be presented.

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

a. Describe how specific populations are impacted by suicide across New York State.
b. Explain how components of the Zero Suicide model are being implemented via the Assess-Intervene-Monitor Suicide Prevention model across New York State and to identify barriers to and facilitators of implementation.
c. Discuss the importance of suicide surveillance in health care.

2) Innovative Interventions in Youth Suicide Prevention

Jen Marr, LCC K9 Comfort Dogs
Dawn Catucci, Ardsley High School

It is important for schools to be equipped to assist students in the wake of tragic events such as violent acts, sudden losses, accidents, and suicides. This session will highlight two different strategies that schools can take. The first presenter will describe a study on the incorporation of comfort dogs into an eight-week curriculum to see if it improves compassion and connection between students and staff. The second presenter will describe the use of Dialectical Behavior Therapy and Cognitive Behavioral Therapy by school psychologists, social workers, and guidance counselors.
**Pillars of Prevention**

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

a. List the barriers to comforting those who are hurting most.
b. Identify the key steps to the Circle of Comfort.
c. Explain why Dialectical Behavior Therapy is appropriate for a school setting.
d. Identify when comprehensive Dialectical Behavior Therapy is appropriate for a student.

**3) SafeSide: Recovery-Oriented Care in Health and Behavioral Health Settings**  
*Anthony Pisani, PhD, University of Rochester*

Keeping clients safe is an important but limited goal. SafeSide is a framework for recovery-oriented suicide prevention that lifts our sights beyond just safety toward a vision for a fulfilled, productive life. This session will provide an in-depth introduction to the framework’s four components: 1) forming collaborative connections with patients and families; 2) conducting prevention-oriented risk formulation; 3) responding to risk in the least restrictive environment; and 4) extending impact and connections beyond the healthcare setting into a client’s life and community.

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

b. Use a prevention-oriented risk formulation to communicate with a colleague, client, or peer about suicide risk and response in a given scenario.

**4) Integrating Suicide Prevention into Collaborative Care and SBIRT Models**  
*Amy Jones-Renaud, New York State Office of Mental Health*  
*Brett Harris, DrPH, Suicide Prevention Office, New York State Office of Mental Health*

Studies show that up to 91% of those who attempt suicide have at least one encounter with a primary care provider in the year before their attempt. The first presentation in this session will describe the evidence-based integration of behavioral health services into primary care settings across the state, and how suicide prevention may be incorporated into this model. Additionally, individuals who misuse substances are at elevated risk for suicide. Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based alcohol and drug prevention model, has shown success at reducing substance use among individuals in primary care settings. The second presentation will describe the SBIRT model and how suicide prevention may be integrated into a site’s SBIRT protocol.

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

a. List the five core elements of the Collaborative Care Model
b. Describe the three main components of SBIRT
c. Explain how primary care providers can better identify and address problematic substance use, depression, and suicidal ideation
d. Identify barriers to providing behavioral health care in primary care settings

1:30-2:00PM LUNCH

2:00–3:00PM PLENARY SESSION  
**TED Style Talk: Should Meaning Mean More in Suicide Prevention?**  
*John Draper, PhD, National Suicide Prevention Lifeline*

In this presentation, Dr. Draper speaks to the need for connecting people to their reasons for living. His two key messages include “Healing, hope and help are happening,” mostly targeting persons who are suicidal, and “Everyone can take actions that can prevent suicide,” in both health/behavioral health settings and the community.

3:00PM CONFERENCE ENDS