



Dr. Thomas Joiner – *Why People Die by Suicide*

Thomas Joiner went to college at Princeton and received his Ph.D. in Clinical Psychology from the University of Texas at Austin. He is The Robert O. Lawton Distinguished Professor in the Department of Psychology at Florida State University (FSU). Dr. Joiner's work is on the psychology, neurobiology, and treatment of suicidal behavior and related conditions. Author of over 750 peer-reviewed publications, Dr. Joiner is the Editor-in-Chief of the journal *Suicide & Life-Threatening Behavior* and was awarded the Guggenheim Fellowship. In 2017, he was named a Fellow of the American Association for the Advancement of Science, and in 2019, was given the 2020 James McKeen Cattell Award for lifetime contributions to the area of applied psychological research from the Association for Psychological Science. He is a consultant to NASA's Human Research Program and is the Director of the Department of Defense funded Military Suicide Research Consortium, a ten-year, \$70 million dollar project. Dr. Joiner has authored or edited eighteen books, including *Why People Die By Suicide*.

Presentation Abstract

In his new theory of suicidal behavior, Thomas Joiner proposes three factors that mark those most at risk of death: the feeling of being a burden on loved ones; the sense of isolation; and, perhaps chillingly, the learned ability to hurt oneself. He tests the theory against diverse facts taken from clinical anecdotes, history, literature, popular culture, anthropology, epidemiology, genetics, and neurobiology-- facts about suicide rates among men and women; white and African American men; anorexics, athletes, prostitutes, and physicians; members of cults, sports fans, and citizens of nations in crisis.

Learning Objectives:

1. Review basic facts about the epidemiology and risk factors for death by suicide
2. Discuss overview of theories of suicidal behavior
3. Identify 2-3 anecdotal, clinical, and scientific evidences that evaluates theories of suicidal behavior
4. Identify 1-3 approaches to suicide risk assessment
5. Review recent developments in the treatment of suicidal behavior
6. Review recent developments in suicide prevention
7. Discuss the specific experience of people who are bereaved by suicide.



Dr. Abby Adler Mandel – *Cognitive Behavior Therapy for Suicide Prevention*

Abby Adler Mandel, PhD, is a licensed clinical psychologist and an Assistant Professor in Psychology and the director of the Depression and Suicide Cognitions Lab at the Catholic University of America. She is also a Beck Institute CBT Certified Clinician and an adjunct faculty member at the Beck Institute for Cognitive Behavior Therapy. Her areas of research and clinical expertise include depression, anxiety, suicide prevention, and cognitive behavior therapy. Dr. Mandel earned her PhD in Clinical Psychology from The Ohio State University, completed an APA-accredited pre-doctoral internship at the VA Boston Healthcare System, and completed a postdoctoral fellowship at the Aaron T. Beck Psychopathology Research Center at the University of Pennsylvania. Dr. Mandel has authored over 20 peer-reviewed journal articles and book chapters, and her research has been funded by the American Foundation for Suicide Prevention and the National Institutes of Health.

Presentation Abstract

Cognitive Behavior Therapy for Suicide Prevention (CBT-SP), based on Wenzel, Brown, & Beck (2009), is an evidence-based approach that views suicidal thoughts and behaviors as maladaptive coping and the primary focus of treatment. This workshop will utilize a case-based approach to illustrate the three phases of this brief, transdiagnostic outpatient protocol. This approach emphasizes identifying cognitive, behavioral, and affective factors that directly contribute to suicidal thoughts and behaviors, collaboratively developing a safety plan to reduce suicide risk, creating a hope kit as a reminder of reasons for living, teaching, and strengthening coping and problem-solving skills, and preventing relapse. Key strategies from each phase will be presented in the context of a case example.

Learning Objectives

1. Apply the cognitive behavioral model to conceptualize patients with suicidal thoughts and behaviors.
2. Describe the three phases of an efficacious cognitive behavioral outpatient protocol for the prevention of suicide.
3. Select cognitive and behavioral strategies to reduce suicide risk, assist patients in developing hope and increase reasons for living.



Jennifer Redding, LCSW-C – *The Intersection Between Trauma, Grief, and Suicidality*

Ms. Redding has been working in the fields of mental health and addiction for 20+ years. She obtained her Bachelor of Arts degree in Psychology from Randolph-Macon College, and her Master of Social Work degree from Virginia Commonwealth University. Redding joined the University of Maryland Upper Chesapeake Health team in late June 2020 as the Director of Behavioral Health - Outpatient Services and became the Executive Director of Behavioral Health shortly after. In her role, Redding is responsible for providing administrative, financial, and clinical oversight for all Upper Chesapeake Health's behavioral health services including the Klein Family Harford Crisis Center, Outpatient/Intensive Outpatient Programs, Inpatient Behavioral Health Unity, as well as Consultative and Collaborative Care programs. Redding is passionate about creating a safe place for individuals and families to heal, strengthen their resilience, and re-establish a sense of hope, regardless of their life situation.

Presentation Abstract

This workshop will provide attendees with an understanding about the tenets of trauma, grief, and suicidality and how they intersect and affect each other. Trauma and traumatic grief can have a profound impact on an individual, family, and community. The way one reacts to trauma and grief can vary from person to person, moment to moment. This workshop will examine risk factors as a means of prevention of suicide and will provide attendees with the tools and understanding needed to intervene at the individual level as well as the broader, policy level.

Learning Objectives

1. Discuss the tenets of trauma, traumatic grief, and suicidality and how they intersect with each other.
2. Identify 1-2 suicide prevention strategies connected to trauma science.
3. Define 1-2 intervention methods when working with individuals experiencing suicidality with a history of trauma.