

Northwest Louisiana Suicide Prevention Coalition Conference  
LSUS Division of Continuing Education  
**6<sup>th</sup> Annual Suicide Prevention Conference**

*May 18, 2012*

*7:00 am- 3:30 pm*

*Louisiana State University in Shreveport  
University Center*

**7:00 – 7:50 a.m.**      **Check in – on-site registration is not available**

**7:50 – 8:00 a.m.**      **Welcome and Introductions:**  
Chuck Levermann – Brentwood Hospital and NWLASPC President  
Barzanna White, Ph.D. – NWLASPC Past-President and Conference Co-Chair  
Jill Waltemate, M.S. – Conference Co-Chair

**8:00 -11:00 a.m.**      **“Coping with Crisis: What Every Community Needs to Know about Suicide”**  
Frank Campbell, Ph.D., LCST, CT (Keynote Speaker)  
In times of crisis stemming from personal issues and/or natural disasters, caregivers, mental health professionals and first responders are vital resources. Being well trained to identify, assist, and refer their clients and others in the community who need help requires continuing commitment to self-improvement. Caregivers and mental health professionals must not only be prepared for crises and trained as caregivers, but should continually develop tools for coping with their own stress from those roles. This workshop will address: crisis intervention, suicide, and self-care for caregivers.

**11:00 - 11:15 a.m.**      **Break**

**11:15 - 12:15 p.m.**      **(Breakout Sessions)**  
**“Grand Ideas from Within: Teaching Emotional Regulation and Stress Reduction through Guided Imagery and Mindfulness”** Joan Stewart, LCSW  
Stress is everywhere! How often in the course of your day are you aware of your own stress (agitation, anger, time pressure, relationships) or the stress of others (aggressive drivers, work deadlines, raised voices)? Stress is often linked to anxiety and depression, particularly in the form of negative, brooding, or obsessive thoughts. Brain research suggests that persistent stress leads to a pattern of cognitive reactivity...thoughts which appear habitually, and are based on an emotional trigger or negative mood. “Once suicidal thoughts have emerged as a feature of depression they are likely to be reactivated as part of a suicidal mode of mind whenever sad mood reappears.” (Williams, Duggan, Crane & Fennell, 2005).

There is a growing body of research that indicates Mindfulness and Guided Imagery reduce stress, anxiety, and depression in addition to improving emotional regulation. Mindfulness has been described as “a particular way of paying attention: on purpose, moment-by-moment, and without judgment” (Kabat-Zinn, 1994). Clients develop an awareness of physical sensations and mental thoughts which they then learn to manage through calming and centering the body while exploring the thoughts nonjudgmentally...seeing thoughts as thoughts rather than as reflections of reality. Guided Imagery is a universal path to the unconscious mind. By “guiding” our relaxed focused attention in a particular way...toward a safe place, for instance...we harness the power of our imagination and our internal resourcefulness to create the feeling of safety for ourselves.

**“Responding to the Needs of the Community Following a Suicide”**

Frank Campbell, Ph.D., LCST, CT

The most predictable sudden and traumatic loss a community can expect to encounter is suicide. What to do following such a loss is often not planned or considered until it is too late and the community is reacting with concern and uncertainty about what to do. Although every suicide loss is unique, not everything about suicide is unique or hard to provide to those impacted. This presentation will provide ways to offer support while being able to identify at-risk individuals who may be grieving and unsure how they will survive this loss.

**“Adolescent Suicide and the Clinical Interview”**

Ida Chauvin, LPC, LMFT, NBCC, Ph.D. and Janelle R. McDaniel, Ph.D.

This presentation will focus on risk factors for suicide and the efficient clinical interview. The break out session will allow collaborative discussion and exchange of ideas.

**12:15 – 1:00 p.m.**

**Lunch**

**1:00 – 2:00 p.m.**

**Break-out Sessions**

**“Hazing: The Secret Menace”**

Darrin Rankin, Ph.D. and Tina Prelow, Ph.D., LMSW

This presentation will explore the culture of silence within the hazing community. It will investigate the nature and extent of hazing behaviors among students attending U.S. colleges and universities. The implications of hazing in light of the Florida A&M University case will be discussed.

**“Suicide and the Law: Don’t Get Caught in a Legal Bind”** Jon Guice, J.D.

What the law says about dealing with this issue in the school setting. Information schools need to know to avoid getting caught in a legal bind.

**“Suicide Assessment and Prevention in the Hospital Setting”**

Lela LeMoine, LPC; Carey Ouzts, RN; and Teresa Miller, RN

According to The Joint Commission, an independent, not-for-profit organization, which accredits and certifies more than 19,000 health care organizations and programs in the United States, patient suicide within a hospital setting is consistently the number one sentinel event reported to The Joint Commission.

2008 National Patient Safety Goal 15, Requirement 15 A applies to all patients in organizations surveyed under the behavioral health care standards, all patients in psychiatric hospitals, and any patient in a general hospital with a primary diagnosis or primary complaint of an emotional or behavioral disorder.

It is imperative that hospitals prepare staff and create an environment of care for the accurate identification and successful management of the patient at risk for suicide. This presentation will better enable the participant to implement the expectations of National Patient Safety Goal 15A. Upon completion, participants will be able to:

1. Gain basic understanding of the requirements of NPS Goal 15A and leave seminar with knowledge to improve implementation within their own facilities.
2. Understand and implement appropriate risk assessments to comply with NPS Goal 15A.
3. Identify the hospital patient’s immediate safety needs and most appropriate setting for treatment.
4. Understand appropriate discharge planning processes for suicidal patients.

Through understanding and implementation of these goals, the desired outcome is to decrease suicides in the inpatient setting and immediately following discharge from a

hospital facility. However, these goals are not limited to the hospital setting, but may be adaptable to other practice and professional settings.

**1:00 - 3:15 p.m.**  
**(This program only)**

**“Mental Health Professions: The Challenge of Ethical Decision Making Related to Suicide”**

Jean Hollenshead, Ph.D. **(2 hour session)**

This presentation will focus on ethical concerns surrounding crisis intervention in clinical practice, particularly focusing on suicidal crises. Common ethical dilemmas experienced by practicing clinicians will be discussed in group format. Participants will be able to review specific cases and discuss decision making processes. Experiential exercises will also prepare participants for rapid thinking under emergency/crisis conditions.

**2:00 - 2:15 p.m.**

**Break**

**2:15 - 3:15 p.m.**

**Breakout Sessions**

**“Northwest Louisiana Suicide Prevention Helpline: The Voice that Answers”**

George Sewell, MA, LPP

**Panel Discussion:** LACG Helpline Specialists Dwight Jackson; Iberia Watley, MS; Mary O’Kray; Robyn Filler; Twyla Barnett

The good news: People young and old DO call the NW Louisiana Suicide Prevention Helpline. And, yes, lives are saved. The bad news: Not every person ambivalent about committing suicide knows about the Helpline. This workshop intends to acquaint individuals, agencies, schools, organizations and churches with the *people* behind the 877-994-2275 Helpline number.

A panel of five experienced and certified Helpline Specialists will present actual cases of crisis calls to the Suicide Prevention line (no calls are recorded, ever.) They will discuss the various situations callers describe and the techniques used to prevent harm to the caller. But most importantly, the panel will have time to address specific items from participants.

Participants at the 6<sup>th</sup> Annual Conference who attend this presentation should leave with an excellent understanding of how the Suicide Prevention Helpline works and the exceptional skills and talents necessary to be effective on the receiving end of a suicide call. This may inspire more promotion of the Helpline and broad dissemination of the 877-994-2275 number.

**“Bullying and Suicide”** John (Bart) H. Wagner III, MD

Recent research on bullying, including prevalence, gender differences and the recent phenomenon of cyber-bullying will be discussed. Intervention strategies for parents, educators, and mental health professionals will be addressed. Research regarding the linkage between bullying and subsequent suicidal behaviors will be reviewed.

**“Murder-Suicide”** Debbie Whatley, LPC, LMFT

This presentation will identify types and statistics of many different forms of murder-suicide, including suicide bombing, joint suicide, and suicide after murder to escape punishment. Intimate partner suicide, recession murder-suicide, and elderly murder-suicide as well as school shootings will be discussed. This presentation will also cover warning signs and risk factors, the psychology behind these issues, and interventions to address them.

**3:15 – 3:30 p.m.**

**Sign out and pick up certificates**