# Suicide & Self-Harm Stopping the Pain

# Day 1: Thursday, May 16, 2019

Your client just revealed that she's having suicidal thoughts...what do you do?

Does she have a gun? Has she written letters? Picked a location? Have hope something will change and doesn't want to hurt family and friends?

Asking your client, "where do you hurt?" often reveals the focus of the suicidal intent or the purpose of self-harm behaviors. As a clinician, it's important to remember that even though you view suicide and self-harm behaviors as dysfunctional and maladaptive, your client views them as purpose-driven means of eliminating or managing unbearable levels of pain. For your client, these behaviors are beneficial, attractive, and helpful.

Even the most seasoned therapists struggle to develop an empathic view of their client's devastating methods of managing emotional pain. Learning how to help clients discover the sources of their pain and providing them with healthy options for solving and managing these struggles in their lives is the key to hope.

Through case studies observed in his 45 years as a counselor and suicidologist, Jack Klott brings to life the ideas, theories and concepts you need to help your clients:

- Identify the seven goals of self-harm
- Implement a risk assessment strategy to determine who presents the highest risk for suicide and self-harm
- Recognize the profound danger of engaging in "contracts" with your clients
- Discuss the four essential elements of therapy with suicidal and selfharming clients
- Understand how "fear of litigation" can severely detract from your ability to help the suicidal population

Join Jack for this one-of-a-kind seminar and learn how to help your clients confront the darkness of suicide and self-harm behaviors. Register today!

# **Objectives**

- 1. Implement a risk assessment strategy that helps clinicians determine which clients present the highest risk for suicide and self-harm.
- 2. Analyze the concept of suicide "contracts" and communicate their impacts on clients, clinicians, and clinical vigilance.
- 3. Explain how intent differentiates self-mutilation from suicide attempts and accurately identify the one form of self-mutilation that is a warning sign for potential suicide completion.
- 4. Implement techniques for effectively intervening in crisis situations and develop a strategy for determining when and how to hospitalize clients.
- 5. Articulate the role of addictions in the suicidal and self-mutilating population and employ a multi-faceted therapeutic approach that ensures client safety and addresses treatment of the addiction.
- 6. Determine the purpose behind self-injuring behavior and communicate how alternative coping strategies can be introduced in therapy to help clients manage triggering situations without engaging in self-harm.

# **Outline**

### **The Guiding Principles**

### **Research on Suicide and Research** Limitations

Research on numbers/methods/ treatment Limitations of a "psychological autopsy" No causality in research

### The Neurobiological Basis of Suicide

### Who Is At Risk?

Mental Disorders Depression Anxiety Trauma Psychosis Addictions Personality Disorders Other DSM-5<sup>®</sup> Considerations Social Stress Factors Adults Factors Adolescent Factors Childhood Factors Psychological Vulnerabilities Performance Anxiety **Emotional Constriction** Defenseless Personality Adaptive Suicide Protectors Maladaptive Suicide Protectors Fueling Emotions to Suicide and Self-Harm

### Non Suicidal Self-Injury (NSSI) -**The Self-Harming Population**

All Behaviors Are Purposeful! Relief from: **Dissociative Conditions** Self-Hate **Emotional Constriction** Psychosis

Anxiety and/or Depression

Loneliness, Isolation, Abandonment, Rejection

### **The Suicidal Population**

Suicide Rehearsal - The Seventh Goal of NSSI The Ideator

Suicide Threats for Secondary Gain The Attempter/Completer

### Assessment of Risk

When to Hospitalize the Ideator Six Week Warning Signs for the Suicide Completer Six Day Warning Signs For the Suicide Completer

### **Treatment Considerations for NSSI** and Suicidal Populations

Identify the Locus Of Pain Empathic Regard Provide Alternatives The Role Of Motivation **Reasons For Living** The Continuous Hope Providing Relationship Mindfulness Relationship Effectiveness Opening Up Your Emotional Door **Emotional Regulation** The Safety Plan The Crisis Plan Avoid "Contracts"

### The Therapist as a Survivor of Suicide

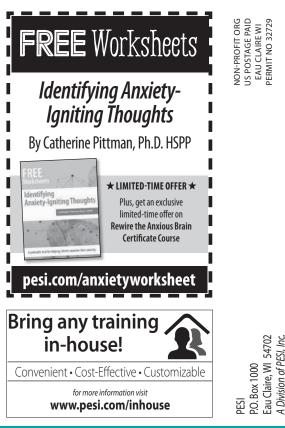
### Seminar Schedule:

- 7:30 Registration/Morning Coffee & Tea 8:00 Program begins 11:50-1:00 Lunch (on your own) 4:00 Program ends There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker
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Two Must See Jack Klott Seminars are coming to Anchorage, AK

Day 1: Thursday, May 16, 2019

# Suicide & Self-Harm Stopping the Pain

Day 2: Friday, May 17, 2019

# Using the DSM-5<sup>®</sup>

to Revolutionize Diagnosis & Treatment

# Two Must See Jack Klott Seminars are coming to Anchorage, AK

# Day 1: Thursday, May 16, 2019

Suicide & Self-Harm Stopping the Pain

Assessment strategies to determine high risk

- Danger "contracts" with your clients
- Essential techniques with suicidal and self-harming clients
- Learn how "fear of litigation" severely detracts from our ability to help
- When to hospitalize and when to NOT

# Day 2: Friday, May 17, 2019

Using the DSM-5<sup>®</sup> to Revolutionize Diagnosis & Treatment

- Controversial & enhanced ways of understanding and treating human behaviors
- New classification and coding systems
- Updated criteria for many diagnoses
- Significant changes to diagnoses for children and adolescents
- The moral and ethical dilemma of the Somatic Symptom Disorders
- ICD-10 updates

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# **Using the DSM-5**<sup> $\mathbb{R}$ </sup> to Revolutionize Diagnosis & Treatment

# Day 2: Friday, May 17, 2019

The arrival of the DSM-5<sup>®</sup> sent shockwaves through the mental health profession that are still being felt today. The DSM-5® had greatly changed the way we view, diagnose, and treat mental illness.

In this seminar, national speaker, author, and DSM® expert Jack Klott sheds light on the rationale behind the changes in the DSM-5<sup>®</sup> and the impact they have on certain diagnoses and, most important, on the way you diagnose. You will discover how to effectively use the DSM-5® to enhance your case conceptualization and treatment planning. You will explore those diagnostic categories and classifications that received the most dramatic reformulations and thus also the most controversy.

In many ways the DSM-5<sup>®</sup> enhances our understanding of the person we treat as it goes beyond a simple focus on behaviors. This seminar showcases this and the implications on treatment.

## **Objectives**

- 1. Describe the special and controversial features of the DSM-5<sup>®</sup> which sets it apart from previous versions of the manual
- 2. Examine DSM-5'®s diagnostic categories, their symptom criteria, and why some were changed.
- 3. Analyze the focus on vulnerability to suicide found within the Trauma and Stress Related Disorders section of the DSM-5<sup>®</sup>.
- 4. Explain the Severity Index and how it is used to validate diagnosis, direct focus of treatment, and evaluate treatment efficacy.
- 5. Discuss the DSM-5<sup>®</sup>'s expanded and comprehensive approach to suicide and self-mutilation
- 6. Analyze how to best use the DSM-5<sup>®</sup> throughout the case conceptualization and treatment planning process

### Jack Klott, MSSA, LCSW, CSWW, Suicidologist, and national

speaker has helped and educated tens of thousands in his 45 years of suicide and self-harm client work. Jack is a 35-year member of the American Association of Suicidology and was a founder of the Michigan Association of Suicidology (where he has been recognized for his contribution to suicide prevention in Michigan). He authored the national best-sellers The Suicide and Homicide Risk Assessment and Prevention Treatment Planner (Wiley, 2004), The Co-Occurring Disorders Treatment Planner (Wiley, 2006), and Suicide and Psychological Pain: Prevention That Works (PESI Publishing & Media, 2012). He is a popular and sought after seminar speaker on suicide prevention, motivational interviewing, co-occurring disorders and the DSM<sup>®</sup>. Attendees rave about his unique teaching gift of weaving expertise, passion and compassion into practical, understandable and usable information.

### Speaker Disclosure:

Financial: Jack Klott receives royalties as an author for PESI Publishing & Media and Wiley & Son Publishing. He receives a speaking honorarium from PESI, Inc

Non-financial: Jack Klott is a member of the American Association of Suicidology; and the Michigan Association for Suicide Prevention.

# Outline

### **FRAMEWORK OF THE DSM-5®**

A brief overview of 60 years of evolution Criticisms of the DSM<sup>®</sup> approach and how the DSM-5<sup>®</sup> deals with them

What is a mental disorder and what is NOT a mental disorder

DSM-5<sup>®</sup>'s classification and coding systems

The DSM-5<sup>®</sup>'s impact on case conceptualization and treatment planning

Special features

Differential diagnosis Dystonic vs Syntonic Disorders Severity Index

### SPECIFIC DIAGNOSES

Neurodevelopmental Disorders

Controversy over the new alignment Saying good-bye to Asperger's Disorder

### Schizophrenia

The effort to reduce the stigma

The common experience of "psychosis" **Bipolar and Related Disorders** 

Erasing the "pediatric bipolar disorder" concept

The common experience of "psychosis" Depressive Disorder and Anxiety Disorders

Are they really mental disorders? Examine the risk for suicide and selfmutilation

*Obsessive-Compulsive and Related* Disorders

The real torture and its correlation to drug use

Explore expanded diagnostics Trauma and Stress Related Disorders

Expanded diagnostics, criteria, and populations (children)

The focus on vulnerability to suicide Dissociative Disorders

The ultimate childhood defense mechanism

Extreme controversy over validity Somatic Symptom Disorders

The impact for primary care physicians A possible ethical dilemma

### Feeding and Eating Disorders

A new way of describing these addiction disorders

What is normal, and what is a mental disorder

Gender Dysphoria

The removal of sexual and gender identity disorders

Discussion of "gender incongruence" Disruptive, Impulse Control, and Conduct Disorders

Defining the sociopathic child

An examination of the Dyssocial Personality

Substance Use and Addiction Disorders

How the DSM-5<sup>®</sup> describes addictions

Can behaviors become addictions? The Non-Suicidal Self-Injurious Behavior and Suicide Behavior

An expanded method of describing The "goals" of this behavior

Personality Disorders

What did change and what did not change...and WHY

Explore the traits "that affects relationships"

Adjustment Disorders

Should they remain mental disorders?

What is normal and what is

pathological? Section 3

What is in it, and why it is important

### **PUTTING THE DSM-5® TO WORK**

The development of a case conceptualization using the DSM-5<sup>®</sup> Where to begin therapy to enhance success Case studies

### Seminar Schedule:

Registration/Morning Coffee & Tea 7:30 8:00 Program begins 11:50-1:00 Lunch (on your own) 4:00 Program ends

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MARRIAGE & FAMILY THERAPISTS: This activity consists of 380 minutes for attending one day or 760 minutes for attending both days of continuing education instruction. Credit requirements and

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# 82 41 4 Suicide 8

Suicide & Psychological Pain: Prevention that Works

### By Jack Klott, Your Presenter!

Identify suicide potential from the latest clinical research on risk factors, the impact of mental disorders, social stressors, and psychological vulnerability. Inside you will find tools to help those individuals who are engaging in self-injury and homicidal behaviors. Filled with specific examples and stories, effective assessments, strategies for ment planning, and evidence-based interventions this is an essential resource for all therapists.

Treating Suicidal Clients & Self-Harm Behaviors : Assessments, Worksheets & Guides for Interventions and Lona-Term Care

### By Meagan N Houston, Ph.D., SAP

Dr. Meagan N. Houston has created a workbook to prepare you for all the intricacies that affect clients' choices to live or die. Filled with proven assessments, unique worksheets and action-based methods to help your clients navigate and survive the turbulent periods. This complete resource also includes underlying etiology, varying life factors, and mental health concerns that influence suicidal and self-destructive behaviors

### **Co-Occurring Disorders:** Integrated Assessment and Treatment of Substance Use and Mental Disorders

### By Charles Atkins, MD

A practical, step-by-step guide with diverse case studies gives you the tools to improve your clinical outcomes. Ideal for both the rubber-meets-the-road clinician, who wants effective strategies and a clear direction for treatment and recovery, and the administrator who creates interventions at the system level with attention to regulatory and reimbursement demands.

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TARGET AUDIENCE: Counselors • Social Workers • Psychologists • Marriage and Family Therapists • Psychiatrists Case Managers • Addiction Counselors • Nurses • Other Mental Health Professionals

### LIVE SEMINAR CONTINUING EDUCATION CREDIT INFORMATION

Credits listed below are for full attendance at the live event only. After attendance nas been verified, pre-registered attendees will receive an email from PESI Custome Service with the subject line, "Evaluation and Certificate" within one week. This emai vill contain a link to complete the seminar evaluation and allow attendees to prin email or download a certificate of completion if in full attendance. For those in partic attendance (arrived late or left early), a letter of attendance is available through that and an adjusted certificate of completion reflecting particle for dividing the issued within 3 days (if your board allows). Please see "LIVE SEMINAR SCHEDULE" on this brochure for fu attendance start and end times. NOTE: Boards do not allow credit for breaks or lunch.

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### DAY 1: Suicide & Self-Harm: Stopping the Pain

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SUICIDE & SELF-HARM: STOPPING THE PAIN & USING THE DSM-5® TO REVOLUTIONIZE DIAGNOSIS & TREATMENT

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