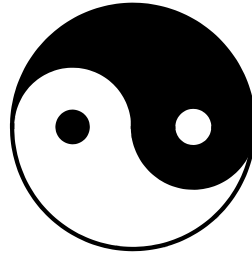


Behavioral Emergencies Update



President's Column

*Michael L. Hendricks, Ph.D., ABPP
Washington Psychological Center, P.C.
Washington, D.C.*

This has truly been an exciting year to be the President of Section VII. In the last few months, the membership passed two by-laws amendments aimed at improving the efficiency of the administrative operations of the section and broadening the scope of membership, the Executive Committee instituted a two-year membership renewal option, we sponsored a workshop on the Collaborative Assessment and Management of Suicidality at the APA Convention, and we met with a contingent from Division 17 (Counseling) to explore ways that we might better collaborate with Division 17 on projects of common interest.

The first by-laws amendment that was passed combines the Secretary and Treasurer positions into one Secretary-Treasurer position. It has long been a challenge to have one person officially manage the membership list for the section (the Secretary) while another manages dues collection (the Treasurer). The result was a perpetually inefficient method for processing membership payments, and keeping track of membership dues and exactly who was and was not currently a member of the section. The Executive Committee explored ways to improve our efficiency with this and proposed to the membership that combining the two positions would not only improve efficiency but also simplify the task. Thanks to your votes, the two positions will be combined into one beginning in the new year.

The second by-laws amendment arose when Lanny Berman, Ph.D., who is a Past-President of the section, requested to remain a member of the section, even though he is no longer a member of APA. At the time that he made his request, we had no category of membership that would allow this. So the EC proposed what we referred to as the "Berman Amendment." Since passage of this amendment by the membership, professionals who have an interest in clinical emergencies and crises but who do not hold any sort of membership in APA may join the section as an

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Associate Member, just as if they were an Associate Member of APA. While this amendment was written to specifically address the issue of Dr. Berman remaining a part of the section, it also opens up the possibility that others who are not members of APA may join the section.

One final membership issue that the EC addressed this past year is to institute a two-year membership renewal option. With this option, members may renew for either one or two years. Several members (including some on the EC) had expressed a desire for this option because section membership dues are not included in the APA dues statement. Because of this, it can be easy to either miss the statement that is sent out or to forget that it needs to be paid. In short, this new option was designed to improve the convenience of maintaining membership in the section. The two-year option reduces the amount of paperwork for both the member and for the section, and so it seemed sensible that it should come with a slight reduction in the cost of membership. This year, one year of membership costs \$25; two years of membership costs \$45.

At Convention in San Diego this year, Section VII sponsored a two-hour workshop conducted by David Jobes, Ph.D., ABPP, who presented his acclaimed CAMS approach to working with suicidal patients for the first time at any APA Convention. Hailed by several suicidologists as a best-practice clinical strategy, Dr. Jobes' Collaborative Assessment and Management of Suicidality approach has been put into practice in a wide variety of clinical settings. In addition to this workshop being the first presentation of CAMS at an APA Convention, we secured continuing education credits for the session, which both reflected the value of the workshop and helped to raise the level of awareness of this approach within the Convention.

The educational endeavors of the section will continue in the new year as well. Lisa Firestone, Ph.D., who is our in-coming President, has put together a two-hour symposium for the 2011 APA Convention in Washington, D.C., that will address the relationships between school bullying and violence and suicide risk. This very timely session will highlight the particular risk to gay, lesbian, bisexual and transgender students—in light of the recent spate of GLBT suicides by students who had been bullied and harassed at school.

In addition to our usual program of sessions at the APA Convention, members of the EC met with members of Division 17 at Convention to discuss, face-to-face, ways that the two groups might better collaborate on educational and other projects (including, but limited to, at Convention). Many ideas were discussed, including both some of the hopes that those in attendance had for collaboration and some of the hurdles that might need to be overcome in order to facilitate our ability to work together. We formed a work group at this meeting to begin to discuss the logistics of collaboration between the two divisions. This will likely be an on-going project, as we tease out and address an array of logistical concerns.

What is perhaps most exciting about this nascent collaborative effort is that it not only puts into practice the APA Board of Directors' call for increased collaboration among the various factions within APA, but it also does so by joining the efforts of two of the few true guild organizations within APA. While it is obvious to most that both clinical and counseling psychologists have a vested interest in emergencies and crises, the guild structure of these two divisions poses some unique challenges that must be addressed.

It seems that our ability to do this, as well as to continue to do the good work that we have been doing for the last few years, relies upon two crucial elements. First is the enthusiasm and dedication of those involved in the section's work. Now nearing the end of my presidential year, I can assure you that

we have some of the most enthusiastic and dedicated members of any professional group I have encountered. If there is one thing that we clearly have in common with each other, it is our passion for the work that we do and the level of importance that we assign it.

The other element is the size of our membership. We are a small section of Division 12. While those of us who focus on this particular area of specialization are acutely aware of the several reasons that groups with this area of focus tend to be small (this is not unique to Section VII), being a small group inhibits much of the work that could be done and that we would very much like to do. For this reason, let me slip on the hat of Past-President for just a (premature) moment and encourage each of you to not only be sure to maintain your membership in the section but also to spread the word of what we have accomplished and to nudge your colleagues to join Section VII. One of the things that is considered in the apportionment of resources (in particular, from Division 12) and the extent to which we are given a place at the table is the size of the section. With more members, we have both more resources and a stronger voice. (OK, now I'll take that hat off.)

It has truly been a pleasure to serve as your President this past year. There are some very wonderful people who are actively involved in furthering our knowledge and improving our practice with regard to emergencies and crises. I look forward to Dr. Firestone's presidential year, as I know that she is both very well respected within the field and has many excellent ideas for ways to advance the field.



Members in the News

Kleespies, P., and Hill, J. (2011). Behavioral emergencies and crises. In D. Barlow (Ed.): *The Oxford Handbook of Clinical Psychology*. NY: Oxford University Press (pp. 739-761).

**Do you have any books recently published?
An article you'd like to share?**

We love keeping updated on what members are doing!

**Please send any information you'd like included to
Kim Van Orden, newsletter editor
kimvanorden@gmail.com**



Article Review
Kimberly A. Van Orden, PhD
University of Rochester

As I recently published an article with colleagues in *Psychological Review*, I thought I'd provide a concise summary of it here,

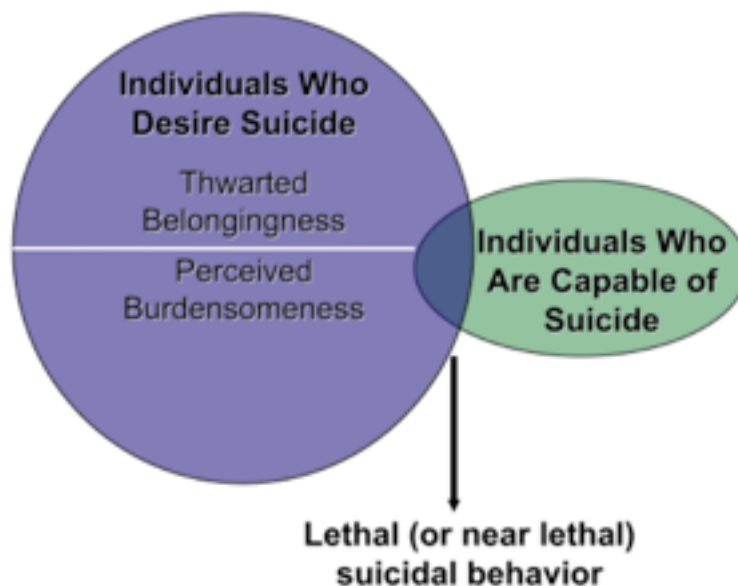
Our article (Van Orden et al., 2010) describes the Interpersonal Theory of Suicide. You may be most familiar with the theory through my mentor's book, *Why People Die by Suicide* (Joiner, 2005). In the book, Thomas presents the theory's assumptions and key constructs, as well as how what we know about suicide, including its epidemiology and risk factors, is consistent with, and supports, the theory's proposals. Since the book was published, my lab mates and I created self-report measures of the constructs and dove into theory testing with numerous empirical studies. Our findings and discussions led us to refine the theory. The result of those scientific advances I was lucky enough to be a part of was our recent review paper. In the *Psychological Review* article, our goal was to present the theory in a scientifically rigorous form in order to open it up to empirical tests, and possible falsification, by other research groups. We presented not only descriptions of the constructs, but also precisely delineated hypotheses and derivable concrete predictions that could lead to falsification of the theory. We also present the theory in terms of its delineation of the "proximal causal pathway" to suicidal behavior. In other words, we present the progression of passive suicidal thoughts to lethal suicidal behavior and delineate the roles of the theory's constructs in either moving someone along the pathway or blocking someone along the pathway.

As in Thomas' book, however, we start with the theory's assumptions, which are graphically depicted below in Figure One. The essence of the theory is evident here – that individuals will not die by suicide unless they possess both the desire and the capability for suicide, because, simply put, dying by suicide is not an easy thing to do. The theory proposes that the most dangerous (i.e., potentially lethal) form of suicidal desire will result from the simultaneous presence of two painful psychological states—thwarted belongingness (i.e., feeling alone and uncared about) and perceived burdensomeness (i.e., the mental calculation that others would be better off if you were gone). The theory proposes that thwarted belongingness (TB) and perceived burdensomeness (PB) are *proximal causes of suicidal desire* – they are not to be equated with suicidal thoughts. The theory also proposes that TB and PB will not result in *active suicidal thoughts* such as, "I want to kill myself" unless an individual feels hopeless about those states. Finally, active suicidal thoughts will not translate into intent or behavior unless an individual has acquired the capability for suicidal behavior – this capability is proposed to involve fearlessness about death and suicide and tol-

erance for the pain involved in suicidal behavior. The specific hypotheses I cursorily described here are presented in their complete form in Figure Two.

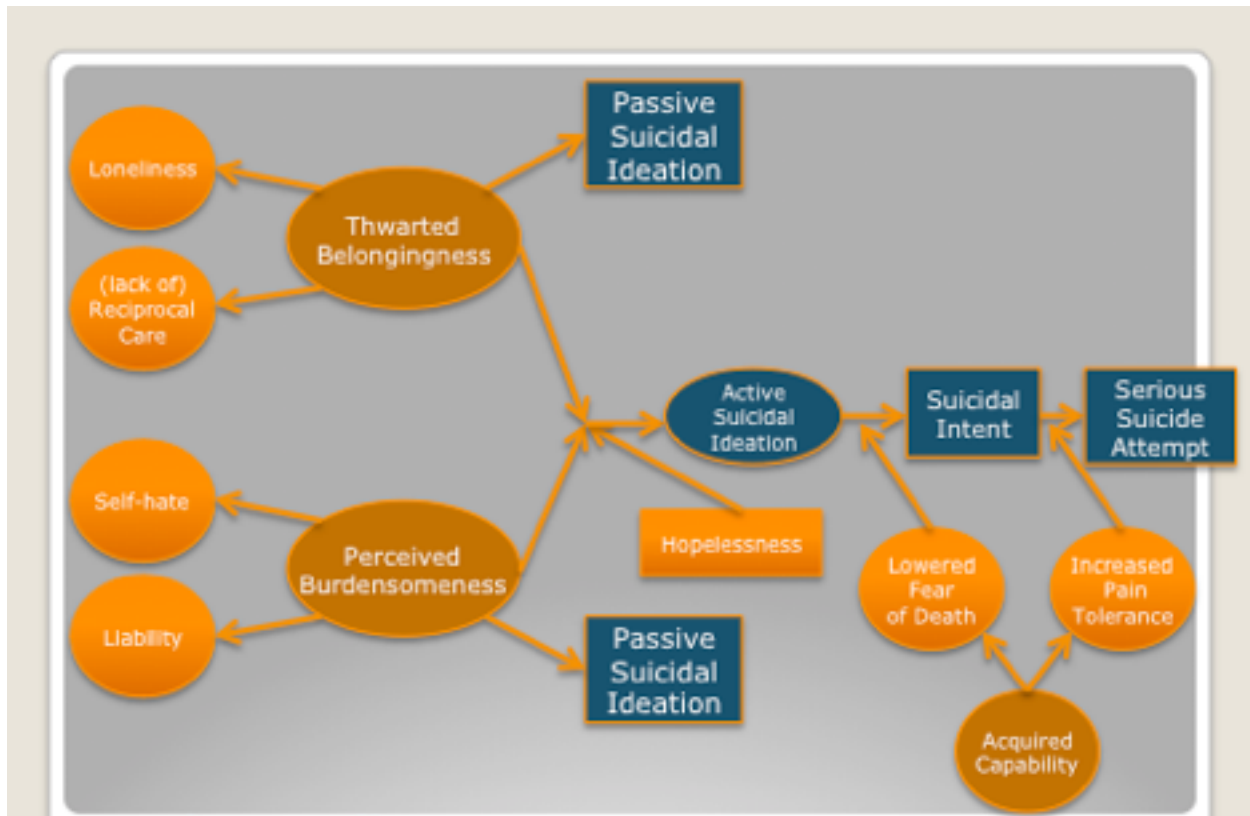
Readers interested in how the theory is compatible with the extensive literature on the epidemiology of suicidal behavior might enjoy reading the full article. In addition, we review recent empirical tests of the theory, which may also be of interest to some readers. Finally, the article includes a graphical depiction of the theory's proposed causal pathway to suicide, which is a succinct description of the theory's key elements, a version of which is reproduced below in Figure 3. Finally, readers interested in clinical applications of the theory might enjoy the book I co-authored with Thomas, Tracy Witte, and David Rudd, *The Interpersonal Theory of Suicide: Guidance for Working with Suicidal Clients*.

If you have questions about any of the diagrams presented here, self-report measures of the constructs, or anything else theory-related, feel free to email me at Kimberly_vanorden@urmc.rochester.edu.



Hypotheses of the Interpersonal Theory of Suicide

Number	Hypothesis
1	Thwarted belongingness and perceived burdensomeness are proximal and sufficient causes of passive suicidal ideation.
2	The simultaneous presence of thwarted belongingness and perceived burdensomeness, when perceived as stable and unchanging (i.e., hopelessness regarding these states), is a proximal and sufficient cause of active suicidal desire.
3	The simultaneous presence of suicidal desire and lowered fear of death serves as the condition under which suicidal desire will transform into suicidal intent.
4	The outcome of serious suicidal behavior (i.e., lethal or near lethal suicide attempts) is most likely to occur in the context of thwarted belongingness, perceived burdensomeness (and hopelessness regarding both), reduced fear of suicide, and elevated physical pain tolerance.





Section VII Projects: Completed and Renewed

**Phillip M. Kleespies, Ph.D.
VA Boston Healthcare System**

In this brief article, I want to mention some of the work that Section VII has been engaged in over the course of the last year. There have been two projects that have concluded or are concluding, and a third that is just getting under way.

In past newsletters, I've written about the collaboration between Section VII and the American Psychological Association's Advisory Committee on Colleague Assistance (ACCA) on two projects. The first was a project on assisting clinicians in evaluating and managing potential patient violence directed at the clinician. It culminated in the production of a brochure on office safety and minimizing the risk of patient-clinician violence. The brochure highlights some of the major evidence-based factors to consider when evaluating for risk of violence. It also has some tips on developing a plan for management and some suggested do's and don'ts when interacting with a patient at risk for loss of behavioral control. The brochure has been posted on the websites of ACCA, Division 12, and Section VII (www.apa.org/divisions/div12/section7).

The second ACCA/Section VII collaboration involved an inquiry into the issue of psychologist or colleague suicide. This inquiry was prompted by two recent psychologist suicides that were brought to the attention of ACCA. A conjoint subcommittee was formed and consisted of the writer (co-chair), Dr. Diane Bridgeman from ACCA (co-chair), Drs. Dan Galper and Lynn Bufka (from the APA Practice Directorate), and Section VII members Drs. Bruce Bongar, Marc Hillbrand, Kimberly Van Orden, and Robert Yufit. This subcommittee reviewed the extant empirical literature on suicide rates for psychologists, evaluated unpublished data on psychologist suicide provided by the National Institute of Occupational Safety and Health (NIOSH), interviewed colleagues of 14 psychologists who had reportedly died by suicide, reviewed published case reports of the impact of therapist suicides on patients or clients, and linked their findings to the literature on professional distress, impairment, and self-care. The subcommittee essentially concluded its work by summarizing their findings in a manuscript that also offers suggestions for prevention, intervention with distressed colleagues, and (to use a term coined by Ed Shneidman) postvention. The manuscript has been accepted for publication in the APA journal, *Professional Psychology: Research and Practice*.

The Section is now embarking on a third project which builds upon a previous Section endeavor. Several years ago, the writer and two former Section VII Graduate Student Representatives, Jason Spiegleman and Daniel DeBrule, conducted a survey of the pre-doctoral internship programs approved by the Association of Post-Doctoral and Psychology Internship Centers (APPIC). The survey, conducted

with the agreement of the APPIC executive board, was an effort to determine which internship sites provided training in behavioral emergencies (or in the evaluation and management of life-threatening patient/client behaviors such as suicidal behavior, potentially violent behavior, and vulnerability to interpersonal victimization). Survey items asked not only if training was provided but also where the site of training was (e.g., inpatient psychiatry unit, walk-in clinic, emergency department, etc.), whether there were didactic sessions on risk evaluation and management, and what supervision was provided. The results of the survey were compiled into a listing (by state and Canadian province) of internships offering training in behavioral emergencies. The listing was posted on both the Section VII web site and the APPIC web site for the use of internship applicants who were interested in obtaining training in emergency and crisis services as a part of their internship experience.

This listing is now outdated, but three graduate student representatives from the American Association of Suicidology (AAS) - Danelle Jahn, Mike Nadorff, and Chris Drapeau - have contacted the writer with an interest in doing another survey to update and revise the listing. They are currently working on the contents of the new survey. If we can once again gain the approval of the APPIC executive board and conduct the survey, the plan would be to again post the listing and accompanying information on the APPIC web site and on the Section VII web site, but with a link to the AAS web site. In this way, the listing would again be available to intern applicants who wish to find an internship program that offers training in the evaluation and management of life-threatening behaviors with an experiential learning component.

We believe that the projects noted above have been or will be worthwhile contributions to our area of practice. If members of the Section have thoughts about other contributions that the Section might make, please contact the writer with your ideas at Phillip.Kleespies@va.gov or contact any member of the Section VII Board of Directors.

Membership Information

**IF YOU HAVEN'T RENEWED YOUR MEMBERSHIP TO SECTION VII, NOW IS THE TIME!
NEW MEMBERS ARE ALWAYS WELCOME!**

**IF YOU HAVE MEMBERSHIP QUESTIONS OR NEED TO REQUEST A MEMBERSHIP FORM,
PLEASE EMAIL, DR. JENNIFER MUEHLENKAMP:
jjmuehlenkamp@yahoo.com**

**MEMBERSHIP FORMS CAN ALSO BE FOUND ON OUR WEBSITE:
<http://www.apa.org/divisions/div12/sections/section7/>**

**ADDITIONALLY, IF YOU ARE NOT ALREADY A MEMBER OF DIVISION 12 OF APA,
PLEASE CONSIDER JOINING.**

**INFORMATION AS TO HOW TO JOIN CAN BE ACCESSED HERE:
WWW.DIV12.ORG/MEMBERSHIP**



Presenting Tony Spirito with a Certificate of Appreciation for his work as Section VII President in 2009, from left to right: Lisa Firestone (Section VII President-Elect), Michael Hendricks (Section VII President), Tony Spirito, and Phil Kleespies (A Past President of Section VII).

To the right, David Jobs giving his Section VII invited workshop entitled “Overview to Collaborative Assessment and Management of Suicide.”



To the left, Michael Hendricks (on left) presenting the Career Achievement Award for 2010 to Bruce Bongar

To the right, Michael Hendricks giving his Section VII Presidential Address on “Suicide Risk in a Transgender Population.”



A Quick Goodbye...

Jennifer Hartstein, PsyD
Newsletter Editor

It is with sadness that I report that this will be my last newsletter in the role of editor. I began my work with Section VII as the Graduate Student Representative in 2002, transitioning to the role of Newsletter Editor in 2004. I have enjoyed every moment of my time in this role, and am sad to be leaving. Unfortunately, life demands require my attention, so I am handing over the reins to Kimberly A. Van Orden, who I know will continue to grow the newsletter and its content.

Thank you to all members who have contributed over the years. A special thank you to all of the board members with whom I have worked, especially Phil Kleespies, who kept me honest in getting the newsletter out on time, filled with interesting and relevant content.

Please don't hesitate to contact Kim with questions or content for upcoming editions of the Section VII newsletter. You can reach her at : kimvanorden@gmail.com. I'm guessing the next deadline will be around May 15, 2011! Be sure to get your articles and submissions in!!!

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