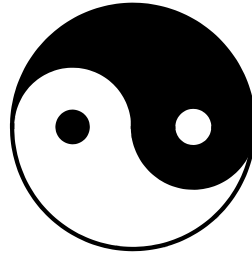


# Behavioral Emergencies Update



## President's Column

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

Last year, the Section VII Executive Committee began a dialog with members of Division 17 (Counseling) who hold an interest in clinical emergencies and crises to explore ways that we might collaborate in various activities related to the mission of our section. As a result of the initiation of this collaborative process, Division 17 sent a delegate to our EC meeting during last year's APA Convention in Toronto. Since that time, members of Division 17 and the Section VII EC have held several conversations by telephone and email in our search to explore the ways that collaboration might take shape.

What has helped to fuel this process is the confluence of primary interests of the presidents of both of our organizations: John S. Westefeld, Ph.D., ABPP, who is the current President of Division 17, has selected as his presidential initiative a focus on ensuring education on suicide prevention. My presidential initiative, as the current President of Section VII, is to broaden the base and reach of our section in order to accomplish our mission "to develop and improve the clinical assessment, treatment and management of behavioral emergencies" and to advocate for state-of-the-art education and training.

As I reflected on just how vital our mission is to the work of clinical and counseling psychologists as a whole, I became concerned that our Section is as small as it is. While we actually accomplish a great deal for the size of our group, we remain one of the only groups under the larger APA umbrella that addresses such critical issues as suicide, homicide and the safety of practicing psychologists. Just how little attention is paid to these issues is also reflected in the relatively few sessions at Convention each year that address any of them.

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When this minimal attention is coupled with the data from a number of studies conducted over the last 20 years that have repeatedly demonstrated a paucity of education of psychology graduate students on issues related to suicide and homicide assessment and intervention, the result is an astounding and potentially dangerous deficiency in our profession as a whole. While other groups, such as the American Association of Suicidology and the American Foundation for Suicide Prevention, have taken initiative to encourage improvement in the education of graduate students in the various mental health fields on issues related to suicide, it seems that the responsibility for ensuring the quality of graduate and post-graduate education in psychology ultimately rests with APA.

When I learned of Dr. Westefeld's presidential initiative, I envisioned an opportunity for our two groups to join together in an effort to improve at least the education that we can offer at the APA Convention. This then began a discussion on how we might combine our resources, such as our program hours during Convention, to offer high-quality education in San Diego this summer. Unfortunately, the development process for Convention programming begins early in the fall of the year prior to Convention and plans were already well underway by the time we had agreement to collaborate on Convention programming. However, we have received strong moral support from Division 17 in our offering of this year's Workshop on the Comprehensive Assessment and Management of Suicidality (CAMS) by David A. Jobes, Ph.D., ABPP. Dr. Jobes has been actively involved in suicidology research, education and treatment for many years and this will be the first time that he has presented his CAMS approach at an APA Convention.

As the conversation between Division 17 and Section VII has evolved over the last several months, we have begun to explore a multitude of ways in which we might collaborate to accomplish the overlapping mission of both groups, both at Convention and beyond Convention. For example, we have discussed the possibility of conducting jointly coordinated and supported projects, as well as ways of collaborating on Convention Programming in the future.

As I look at the interest that both groups hold in issues related to emergencies and crises and the relevance to both Divisions that these issues have to the core functions of psychologists in both groups, I am reminded of the comparison between the cultures of the U.S. and the U.K., which has sometimes been described as two peoples divided by a common language. In our circumstance, members of both Divisions 12 and 17 are faced with a need to be well-educated on how to assess, treat and manage emergencies and crises, such as suicide and homicide risk. However, both groups are guild organizations (i.e., one Clinical and the other Counseling) separated by mostly mutually exclusive membership criteria. We could choose to continue to separately pursue our common mission related to emergencies and crises, or we can join forces and pursue this mission with synergism.

The synergistic approach will require a bit of out-of-the-box thinking. For example, I have proposed to both groups that one way to join forces would be to convert Section VII into an inter-divisional section—housed not in one division, but in two divisions—and have received positive feedback from both groups. While this has never before been accomplished within APA, I have also spoken with members of the APA staff and the Board of Directors, simply for the purpose of floating this test balloon so see whether it has any support. Those with whom I have spoken have responded favorably to this idea. In fact, a few of those with whom I have spoken expressed excitement at the prospect of taking collaboration within APA to a new level.

So now the ball is rolling. At Convention, we have scheduled a collaborative meeting between interested members of Division 17 and the Section VII E.C. We have blocked out a 2-hour time slot, with the hope that we can accomplish the bulk of our work in an hour and a half. This meeting is scheduled for Thursday, August 12<sup>th</sup>, at 8:00 a.m., and will be held in the Division 17 Hospitality Suite. (Hospitality Suites will be posted at various places at Convention, including near the registration area in the Convention Center and in each of the major Convention hotels.) On the agenda will be specific projects and programming on which we might collaborate (including next year's Convention program), the structure that any collaboration might take, and the possibility of moving in the direction of something akin to an inter-divisional section. At least one member of the APA Board of Directors and one member of the APA Office of Division Services has said that they will try to attend at least part of this meeting, in order to provide any guidance they can during our discussion.

I invite each of you to take part in what I hope will be a blossoming of interest and activity around clinical emergencies and crises within APA, to attend the collaborate meeting on August 12<sup>th</sup>, and to consider getting involved in your Section. I look forward to seeing you at Convention in San Diego!



**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  
Dr. Jennifer Hartstein, newsletter editor  
[drhartstein@gmail.com](mailto:drhartstein@gmail.com)**



### **Graduate Student Research Award**

*Anthony Spirito, PhD, ABPP  
The Warren Alpert Medical School of  
Brown University*

Each year the section of Clinical Emergencies and Crises presents an award to a graduate student who has conducted research in the area of clinical emergencies and crises. A committee of Board members reviews manuscript submissions and selects the winner. This year, the committee selected Tracy Witte, MA, from Florida State University as the winner of the Student Research Award. The award will be presented at the annual meeting of the American Psychological Association in San Diego, on Friday, August 13, 2010 at 5pm during the Division 12 Awards Ceremony. Tracy's research paper was entitled, "Assessing suicide risk among callers to crisis hotlines: A confirmatory factor analysis." Congratulations to Tracy on being selected this year's award winner.

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### **WANT TO BE INCLUDED IN THE UPCOMING NEWSLETTER?**

**The newsletter is a great way to share your ideas and current research with others in the field.**

**Submissions welcomed from professionals and students!**

Next deadline: November 15, 2010

Send all submissions to:  
Dr. Jennifer Hartstein, newsletter editor  
[drhartstein@gmail.com](mailto:drhartstein@gmail.com)



### Is There Evidence That Training in Behavioral Emergencies Is Effective?

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

In past issues of this newsletter, the author has frequently maintained that, given the serious consequences of a negative outcome, there is a need for education and training, at the internship level if not earlier, on patient risk of violence and patient risk of suicide (i.e., on behavioral emergencies). Over the past 25-30 years, there have been a number of surveys documenting how inconsistent this training has been for psychologists (Berman, 1983; Bongar and Harmatz, 1990; Dexter-Mazza and Freeman, 2003; Ellis and Dickey, 1998; Guy, Brown and Poelstra, 1990; Kleespies, Penk, and Forsyth, 1993). Of course, a question that might very legitimately be asked is whether or not such training, were it to be provided more consistently, would actually be effective in improving the management of high risk patients who are potentially violent or suicidal.

In this regard, there was a study recently published by McNeil and his colleagues in two separate reports (McNeil, Chamberlain, Weaver, et al., 2008; and McNeil, Fordwood, Weaver, et al., 2008) that has a bearing on this question. In the study, the investigators provided a 5-hour workshop on evidence-based assessment and management of risk of violence and risk of suicide to a group of psychiatry residents and psychology interns. A comparison group attended a 3-hour workshop on the application of evidence-based medicine to psychiatry that was not focused on risk assessment for violence or suicide. The participants completed a pre-test and a post-test questionnaire about their education, training, experience, and perceived competence in risk assessment. They were also presented with case vignettes both prior to the workshop and following the workshop and, in each instance, they were asked to write a progress note that included a summary of the assessment and plan regarding the patient's risk of violence or suicide. Their progress notes were rated independently by two clinicians who were blind to whether the notes were written prior to or after participation in the workshop. The raters used a structured content analysis based on variables from the literature on standard care in risk assessment for violence or suicide. The findings for progress notes on both violence risk and suicide risk indicated that, after the training, participants were able to identify in a more systematic way the evidence-based variables that pertain to violence risk and suicide risk. They were also able to be more explicit about the significance of risk and protective factors when they developed plans for intervention to reduce risk. In relation to the comparison group, the training group's improvements were described as substantial. Further, the risk assessment training was associated with increased confidence in risk assessment skill. As the authors have pointed out, this study clearly has limitations. It does not answer the question of the duration of the observed improvements, and it was not done in vivo with real-life cases. Nonetheless, it does offer evidence supportive of the notion that training in violence risk assessment and suicide risk assessment can be effective in improving performance. Of course, the author of this article has long maintained that didactic instruction in violence and/or suicide risk assessment is only one component of training in evaluating and managing such behavioral emergencies (Kleespies, 2009). Thus, there is a distinction between training and stress training. As Driskell and Johnston (1998) have pointed out, most training, which is focused on skill acquisition and retention, takes place under conditions designed to maximize learning (e.g., a quiet classroom, practice under predictable conditions, uniformity of presentation). Some tasks, however, must be performed under conditions that include time pressure, ambiguity, a heavy task load, and a variety of distractions and concerns. The evaluation and management of behavioral emergencies in a clinical setting can involve such circumstances, and it can be difficult to maintain effective performance and decision-making when there has been no training to prepare one for such high stress conditions. The author sees that as a primary reason for maintaining that the field of clinical psychology needs improved training in behavioral emergencies at the practicum and internship levels. It is where our trainees and interns encounter real cases involving violence and suicide risk and where they can best integrate didactic and experiential learning while evaluating and managing such cases with supervision and mentoring.

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## 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](mailto: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](http://WWW.DIV12.ORG/MEMBERSHIP)

## CAMS Training Comes to APA!

*Michael L. Hendricks, Ph.D., ABPP*

The following workshop will be offered as part of the APA Convention, sponsored by Section VII. This workshop is scheduled for presentation on Friday, August 13, 2010, in Room 5B, and has been submitted as part of APA's Continuing Psychology Education program. It is worth noting that this will be the first time that Dr. David Jobes will present his CAMS approach at an APA Convention. Attendance is expected to be high, so please be sure to arrive early in order ensure that you get a seat!

### An Overview to the Collaborative Assessment and Management of Suicide (CAMS)

David A. Jobes, Ph.D., ABPP  
Professor of Psychology  
Co-Director of Clinical Training  
The Catholic University of America  
Washington, DC

The Collaborative Assessment and Management of Suicidality (CAMS) is an evidence-based therapeutic framework for identifying, assessing, treating, and tracking suicidal risk to clinical outcomes. CAMS is both a clinical philosophy and a specific series of clinical interventions that is designed to modify *clinician* behaviors by using a multi-purpose clinical tool called the Suicide Status Form (SSF). The SSF serves as a clinical roadmap that guides practice with suicidal patients while simultaneously creating extensive and thorough medical record documentation that should significantly reduce the risk of malpractice liability. The CAMS approach and use of the SSF is supported by over 20 years of clinical research with a variety of suicidal populations (Jobes, 1995; 2000; 2006; Jobes et al., 1997; 2004; 2005; 2009). This presentation will provide an overview to CAMS and use of the SSF for assessing and treating suicidal patients.

#### Learning Objectives:

1. Participants will learn about CAMS philosophy and approach to suicidal risk in practice.
2. Participants will learn about using the SSF for clinical assessment of suicidal risk.
3. Participants will learn about using CAMS to develop a suicide specific/problem-focused treatment of suicidal risk.
4. Participants will learn about malpractice liability and how use of CAMS may decrease the risk.

#### Biography

David A. Jobes, Ph.D., ABPP, is a Professor of psychology (clinical faculty) and Co-Director of Clinical Training at The Catholic University of America. His research and writing in suicide has produced numerous publications (including four books on clinical suicidology). As an internationally recognized suicidologist, Dr. Jobes has spoken to a broad range of audiences and is frequently interviewed within the media on the topic of suicide. Dr. Jobes is a past President of the American Association of Suicidology (AAS) and is the recipient of the 1995 "Edwin Shneidman Award" in recognition of early career contribution to suicide research. He has served as a research consultant to the Centers for Disease Control and Prevention and was a consultant to the Institute of Medicine of the National Academy of Sciences. Dr. Jobes is currently a consultant to the Department of Defense and Veterans Affairs. As a board certified clinical psychologist (American Board of Professional Psychology), Dr. Jobes maintains a private clinical and forensic practice at the Washington Psychological Center, P.C.

For the last 20 years, David Jobes, Ph.D., ABPP, has conducted clinical research on therapeutic responses to suicidal thoughts, feelings and behaviors with a variety of suicidal clients and patients and in a wide range of clinical settings. In 2006, his research culminated in the development of CAMS—the Collaborative Assessment and Management of Suicidality—and in the publication of this model by Guilford. While Dr. Jobes has presented the CAMS model to numerous groups of mental health practitioners, he has never presented it at an APA Convention—until now.

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## Section VII APA Convention Schedule

*Michael L. Hendricks, Ph.D., ABPP*

Section VII will sponsor the following programs during the APA Convention in San Diego, CA, August 12-15, 2010. Asterisked items will appear in the APA Convention Program.

Thursday, August 12, 8:00 a.m. to 10:00 a.m.

Collaborative meeting with Division 17  
Division 17 Hospitality Suite

Thursday, August 12, 5:00 p.m. to 6:00 p.m.

Section VII Executive Committee and Membership Meeting  
Division 12 Hospitality Suite  
All members and those interested in membership welcome to attend.

\*Friday, August 13, 2:00 p.m. to 3:50 p.m.

Overview to the Collaborative Assessment and Management of Suicide  
Chair: Michael L. Hendricks, Ph.D., ABPP  
Participant: David A. Jobes, Ph.D., ABPP  
San Diego Convention Center, Room 5B  
This workshop has been submitted for continuing education credits as part of APA's CPE offerings.  
(See program description elsewhere in this newsletter.)

\*Saturday, August 14, 10:00 a.m. to 10:50 a.m.

Presidential Address and Awards Ceremony  
Presidential Address: Suicide Risk in a Transgender Population—Michael L. Hendricks, Ph.D., ABPP  
Career Achievement Award: The Suicidal Patient: Clinical and Legal Standards of Care—Bruce Bongar, Ph.D., ABPP, FAPM  
San Diego Convention Center, Room 11A

We hope you'll join us for all of this exciting programming!

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**PLEASE DON'T HESITATE TO CONTACT MEMBERS OF THE BOARD WITH CONCERNS  
 OR QUESTIONS.**

**DON'T FORGET---SUBMISSIONS ARE DUE FOR THE NEXT NEWSLETTER  
 NOVEMBER 15, 2010!**