Dr. Langman’s interest in the field began in the spring of 1999, during his doctoral internship at a psychiatric hospital for children and adolescents. He noted one particular case that stood out among the others: a 16-year-old patient who was considered to be at risk for committing a school shooting. Notably, the patient had been hospitalized just 10 days after the attack at Columbine High School. Dr. Langman was assigned the task of conducting a psychological evaluation and risk assessment; this was the beginning of many patients that he evaluated for risk of mass murder.

How do you determine the risk of potential mass murder?
“The same way you approach suicide risk...evidence of a plan.” The more detailed of a plan, the more risk. He suggested not to rely solely on what the client reports, as the patients can be very quiet and “closed-off.” He emphasized the importance of conducting a comprehensive investigation by utilizing psychological instruments. Specific measures to help facilitate data gathering are the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A), Theodore Milan Personality Assessment, Millon Clinical Multiaxial Inventory (MCMI), Harris Psychopathy Checklist, and various trauma and depression assessments. Occasionally, he stated he would use projective measures such as the Rorschach when working with “closed off” patients.

What can you tell us about the most common types of shooters?
“Younger shooters tend to talk a lot more to their friends about their plans. The older shooters leak their intentions, but not to their friends; they send their intentions toward the people they intend to kill.” Dr. Langman gave the example of two middle school students, Mitchell Johnson and Andrew Golden, who committed a massacre at Westside Middle School in Arkansas, 1998. There were clear indicators of their plan prior to the devastating event.

Continued on page 4.
Dr. Douglas Flemons and Dr. Scott Poland are leading contributors to the area of suicide and violence and prevention. Here are some recent updates of SVP’s recent and upcoming work.

• Dr. Poland and his wife Donna, a long time school principal, are completing a suicide prevention plan for the Texas schools for the Texas Mental Health Association.

• Dr. Poland will provide an invited address at the DARE International Conference on School Safety and Youth Violence in New Orleans on August 4th.

• Dr. Poland will provide a keynote address on Suicide Safer Schools at the Texas State Symposium on Suicide in Houston on August 19th.

• Dr. Poland will provide an all day workshop on School Crisis Prevention and Intervention for school psychologists and administrators for the Orange County and Seminole County Schools in Orlando on September 23rd.

• In June, Dr. Flemons spoke about suicide prevention at “The Behavioral Health Conference: Building Healthier Communities,” which was sponsored by the United Way of Broward County and the Commission on Substance Abuse.

• Dr. Flemons recently signed a contract with W.W. Norton to co-edit, with his wife, Dr. Shelley Green, a second edition of their sex therapy textbook, “Quickies: The Handbook of Brief Sex Therapy.”

• In July, Dr. Flemons will present a lecture on Relational Suicide Assessment for the Palm Beach Association of Marriage and Family Therapy.

• In September, Dr. Flemons will give a lecture entitled “Psychiatric Emergencies” to the second year medical students in the College of Medicine.

• In June, Dr. Cantrell lectured on suicide and violence prevention in children and adolescents at the Student Mental Health and Wellness Conference 2.0 in West Palm Beach.

• In August, Dr. Cantrell will lecture on Bipolar Disorder and Crisis Management in August for the Safe Schools Institute in Palm Beach.

Meet the Newest SVP Team Member!

Carlye Conte M.S., is currently a third-year clinical psychology graduate student at Nova Southeastern University. She is passionate about forensic psychology and crisis intervention, which has shaped her numerous clinical experiences. She enjoys working with adults and juveniles in a variety of correctional and community settings. She has expertise in implementing evaluations and suicide assessments with inmates, facilitating psychoeducational groups for detained and at-risk youth, leading trauma-focused group therapy for adults, and conducting evaluations for court-ordered forensic assessments.

Moreover, she has actively pursued research opportunities and is currently the research coordinator for the women and false confessions project under the supervision of Dr. Walker. Carlye has presented this research at several national conferences including APA, APL-S, and the Innocence Network. Furthermore, she has a significant interest in teaching and has worked with both Dr.’s Flemons and Poland on crisis intervention courses. In line with Carlye’s clinical interests, she has recently co-authored a book chapter with Dr. Poland entitled “School Violence” and a book chapter with Dr. Walker titled “Women, Domestic Violence, and the Criminal Justice System: A Trauma Informed Perspective.”

When Carlye is not busy with her professional interests she enjoys spending time with friends and family, relaxing, reading, and doing activities such as yoga and horseback riding.
Human Trafficking and LGBTQ Youths

Written by: Oren Shwartz, Psy.D.

Human trafficking is defined as “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act (U.S. Department of Justice).” The prevalence of human trafficking cases has risen steadily over the last ten years (The Polaris project) and is currently a nearly $9.5 billion industry in the U.S. (United Nations). Victims of human trafficking suffer from an assortment of effects such as physical pain, PTSD, sexually transmitted diseases, substance abuse difficulties, and other psychiatric disorders (CdeBaca, L & Sigmon, J.N., 2014). While there is not a single profile for individuals who are victimized, homeless, and or runaways; LGBTQ adolescents and young adults are especially susceptible to trafficking because they lack strong familial and social support. Furthermore, traffickers use the threat of disclosing victim’s sexual orientation to their friends and families. The stigma of heterosexual victims being involved in trafficking make it difficult for them to come forward to authorities, for LGBTQ victims, the stigma is even more complicated (U.S. Department of State). Finally, while heterosexual trafficking usually takes place domestically, LGBTQ victims are often smuggled beyond the borders of their country where they do not have the ability to reach out for help (Martinez & Kelle, 2013). While the national and international communities have made strides in identifying and assisting possible victims of human trafficking, the dangers listed above remain very prevalent. Therefore, it is necessary for health professionals to educate the public about human trafficking, especially the LGBTQ community. To the right please find a list of resources available for LGBTQ victims of human trafficking.

**Suicide Prevention Application**

Suicide Prevention App available via iTunes called Relieflink. Developed by Emory University and it is free for all users.

Create a personalized profile that includes important information like your mental health professional’s contact info, insurance coverage, and current medications.

Track your mood and thoughts daily, create a safety plan, make a list of reminders (e.g. appointments, take medication, etc.) and unique coping methods such as voice-recorded mindfulness and relaxation exercises or simply enjoy relaxing music!

Also find mental health help near you using the Map Locator to find the closest hospitals, therapists, or support group links.

**Use the Emergency button to view options such as Call 911, Helpline, or a Counselor**

U.S. Department of HHS, Office of Refugee Resettlement (ORR), (202) 205-4582, vog.shh.fca@gnikciffdlh

Polaris Project, www.polarisproject.org


UNICEF www.unicef.org/protection/index_3717.html

UNICEF Innocent Initiative to Fight Human Trafficking (UN GIF) www.ungift.org

Free the Slaves www.freetheslaves.net/SSLPage.aspx

Vital Voices www.vitalvoices.org

Shared Hope International http://sharedhope.org

Child Rescue Association of North America www.facebook.com/ChildRescue

The Jason Flatt Act

The Jason Flatt Act is a form of legislation that promotes suicide awareness by requiring that all educators attend two hours of suicide prevention training as part of an annual in-service teacher certification training. It was founded by Clark Flatt, in memory of his son Jason, who died by suicide in 1997 at the age of sixteen. This led to the creation of the Jason Foundation, a non-profit organization. The goal is to raise awareness on the “silent epidemic” of youth suicide by providing a variety of educational materials and resources on suicide prevention (http://jasonfoundation.com/). The Jason Foundation has worked with government officials and organizations to promote the passage of the Jason Flatt Act into state legislature. Since 2007, the Jason Flatt Act has been passed in 16 states (Florida is not one of them).

Continued on page 5.
Interview with Peter Langman, Ph.D.  
Continued from page 1
Dr. Langman added that college-aged and adult shooters tend to express threats indirectly. “Their attack style is usually directed against people with whom they’ve had grievances. Children are more attention-seeking in their attack style. They may brag about their plans to gain status. They may also warn their friends to stay away, or they might try to recruit their friends to join them in the attack.” He further stated that approximately half of shooters die by suicide. “Some go into the attacks thinking that they will escape punishment; however, they may impulsively end their lives when they realize they’re trapped. The highest rates of suicide are among 18 to 27-year-old shooters.” According to Dr. Langman, they’re the “most destructive and most self-destructive”. Dr. Langman emphasized that the suicide rate among shooters increases with age, but decreases after age 28.

What recommendations do you have for school and campus safety?
“Schools, especially secondary schools, have focused primarily on crisis response rather than prevention. I would recommend that they do as well with crisis prevention as they do with crisis intervention. We need people on school campuses who are trained in conducting evaluations of potential school shooters. Threat assessment helps us determine whether it’s real. Schools should respond with counseling for the student. Police may need to get involved because they have the ability to do far more than administrators. For example, police can look for weapons in the student’s home and take their computer to look for evidence. It all depends on the situation and risk of threat.”

How would you implement an early detection system-wide?
According to Dr. Langman one must recognize the apparent risk. “Then by creating a threat assessment team, creating policies and procedures, educating the staff and students about the team, and knowing what to look for when doing threat assessments. Students need to be informed about procedures as well. Unfortunately, there is resistance in getting programs incorporated into schools. School safety is getting more recognition; however, it costs money.” Dr. Langman further suggested based upon his research that there are three types of mass murder shooters and the most common group are the trauma-type shooters. As such, child protective services need to be involved and have training in order to effectively prevent mass shooters. “Prevention is more than targeting bullying. The broadest level of prevention is family stability, safety within the home, and access to mental health care. Half of the perpetrators in my research had psychotic systems.

There needs to be continued de-stigmatization of mental health issues, and we have to make sure people have affordable, accessible mental health services. Violence prevention would involve multiple aspects of the child’s life, including their home and school.

When did you become involved with Kids Peace and what is your role with that organization?
“I became involved with that organization during my doctoral internship (1998-1999) at the psychiatric hospital.” Kids Peace is a privately funded organization which offers multiple programs for children including residential treatment, foster care, and other supportive child focused services. Ultimately, Dr. Langman served as their Director of Psychology and Director of Training for Kids Peace. Over the course of his 12-year career there, he continued to study mass shooting cases as they occurred throughout the country.

Recent Legislature- Texas Senate Bill 1624
Senate Bill 1624 was recently passed in Texas and requires that all colleges and universities present students with information on mental health services and suicide prevention resources, including early warning signs and appropriate interventions.

This bill requires that the information be presented during new student orientations in either a live or interactive format (e.g. online program or video). It will go into effect for the 2015-2016 academic year and will apply to all undergraduate, graduate, and professional students.
The Jason Flatt Act

In Texas, this new legislature is referred to as The Jason Flatt Act in Memory of Jonathan Childers (HB 2186), a 15 year old student who died by suicide in 2013. Following the loss of their son, the Childers' family came into contact with the Jason Foundation, and began advocating for the passage of the Jason Flatt Act in Texas. On June 19th, 2015, Texas became the 16th state to pass the Jason Flatt Act, which will go into effect for the 2015-2016 school year. The bill was passed by a 6-0 vote. This legislation mandates that suicide awareness and prevention training is offered on an annual basis to all existing school personnel and as part of an orientation training for all incoming educators.

The Jason Foundation offers a professional development series for youth suicide awareness and prevention which includes training modules that are free of charge, adheres to the best-practice guidelines, and meets the legislative requirements for suicide prevention training. The online staff development training modules are geared toward educators and other school personnel and include the following topics: (a) an introduction to the scope and magnitude of youth suicide, (b) the identification of warning signs and risk factors, (c) the creation of a safe school environment, and (d) actions that can be taken to help students who may be at risk. In addition to the professional development series for school educators, the Jason Foundation offers educational resources for students, parents, staff, and the community, all of which can be requested free of charge through the Jason Foundation website (http://jasonfoundation.com/get-involved/educator-youth-worker-coach/programs/).

The following are program examples that are offered as part of the ‘Triangle of Prevention’ model which strives to target youth, parents, and other individuals who work with youth within a variety of domains.

- **“A Promise for Tomorrow”** is an awareness training program for students 7-12 that focuses on positive peer support and consists of three to five day lesson plans.
- The **“B1 Program”** is a collaboration between the Jason Foundation and Rascal Flatts and encourages youth to take the B1 Pledge in order to “Be Aware, Be Able, and Be Prepared” for a friend in need (http://b1.jasonfoundation.com/).
- **“A Friend Asks”** is a smartphone app that includes tools and resources for individuals or friends who may be struggling with thoughts of suicide.
- The “Parent/Community Seminar” and the “Parent Resource Program” (PRP) offers training programs that include statistics on youth suicide, risk factors, and resources for assistance.
- The **“Coaches Assistance Program” (C.A.P.)** provides resources for coaches and athletic personnel in recognizing signs and symptoms of depression and suicidal ideation in youth athletes (http://jasonfoundation.com/coachesassistanceprogram/).

The youth training program is one of the most widely used youth suicide prevention training programs in the country and the staff development training modules are utilized by over 100,000 educators each year (The Jason Foundation Brochure, 2012). The Jason Foundation continues to advocate for legislation requiring suicide awareness and prevention training in all states throughout the country. Recently, Dr.’s Cash and Poland met with Clark Flatt to initiate legislature in the state of FL. Stay tuned for updates!
Nova Southeastern University’s Counselor in Residence, Leonnette Lee

This year, Nova Southeastern University has a new Counselor in Residence, Leonnette Lee! Leonnette provides on call coverage to respond to emergency situations involving mental health issues, crisis situations, and emotional concerns of the residential population.

Residential students can schedule an appointment with Leonnette by phone, (954) 262-8911 or email, counselorinresidence@nova.edu.

Leonnette also holds weekly office hours at Goodwin Residence Hall, Room 209B.

Suicide Prevention Resources

1-800-SUICIDE or 1-800-273-TALK

The Ganley Foundation
http://ganleyfoundation.org/

The Trevor Project
http://www.thetrevorproject.org

American Association of Suicidology
www.suicidology.org/

American Association for Suicide Prevention
www.afsp.org

Suicide Prevention Resource Center
www.sprc.org

Florida Office of Suicide Prevention
www.helppromotehope.com

Florida Initiative for Suicide Prevention
www.fisponline.com

Henderson Student Counseling Services

What should every student know?

Students can participate in up to 10 sessions per year FOR FREE! The counseling relationship is strictly confidential. An on-call counselor is available after hours in times of crisis.

Just call (954) 424-6911 to make an appointment!

Hours of Operation

Monday.............................................. 9:00 am - 5:00 pm
Tuesday.......................................... 9:00 am - 8:00 pm
Wednesday................................. 9:00 am - 8:00 pm
Thursday ........................................ 9:00 am - 5:00 pm
Friday ........................................... 9:00 am - 5:00 pm