

Suicide Prevention and Postvention for Faith Leaders

Southeast Nebraska Suicide
Prevention Project
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Supported by a grant from the Nebraska Healthcare Cash Fund

Training Goals

- Following participation in this training, participants will
 - Be able to recognize warning signs and risk factors for suicide
 - Increase their knowledge base in regard to intervening with suicidal church members
 - Be familiar with resources and knowledge base for intervening after a suicide

What can psychologists learn from clergy?

(Weaver, et al., 1997)

- Almost half of all distressed individuals turn to clergy
- Clergy were ranked higher in interpersonal skills
- Clergy are often better able to detect and intervene in family issues
- Psychologists and other mental health workers do not usually receive training on religious issues as part of their education.

What can clergy learn from Psychologists?

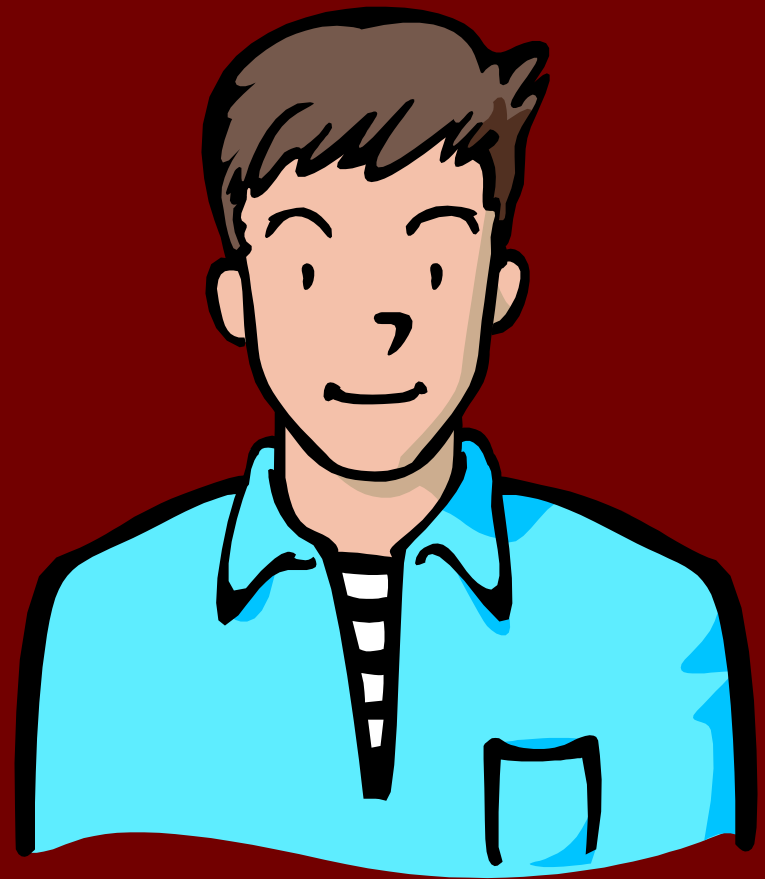
(Weaver, et al., 1995, McRay, et al., 2001)



- 70-90% of clergy said they need more training on mental health issues
- Clergy are interested in learning more about various psychological disorders and learning how and when to help.

Vignette

- You are sitting in your church office one day and a young man walks in and sits down. He has alcohol on his breath and is obviously intoxicated.



Vignette



- The young man states that he has come to speak with you because he has a problem and he has heard that clergy will keep matters confidential.

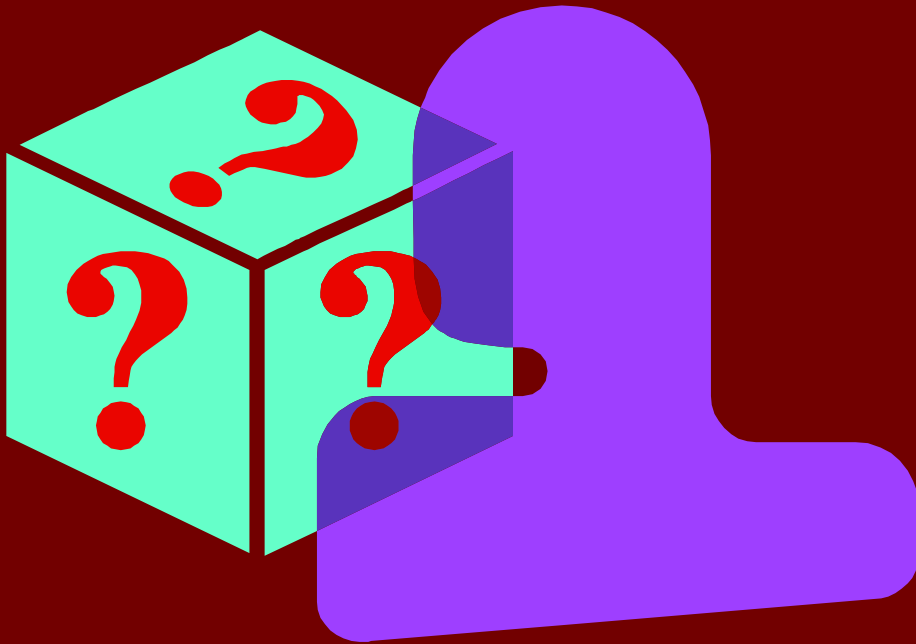
Vignette

- The young man proceeds to tell you that his girlfriend has just broken up with him and that he has recently purchased a gun. He states that the night before he held the gun up to his head and was thinking about pulling the trigger.



Vignette

- What would you do?



History of Christian Beliefs about Suicide (Van Hooff, 2000)

- For many centuries the Church would not allow suicides to be buried in the churchyard. Suicides were buried with criminals.



History of Christian Beliefs about Suicide (Van Hooff, 2000)

- Church attitudes toward suicide have changed considerably since the late 1800's when suicide was still considered by most churches to be a mortal sin and suicides were not given a proper burial.



Jewish Beliefs and Suicide (Denker, 1993)

- Jewish beliefs and the Rabbinic tradition indicate that suicide as a result of significant mental illness is somewhat accepted although not condoned
- The families of suicide are allowed the normal mourning and burial rituals after a death by suicide



Do religious beliefs protect against suicide? (Maris, Berman, and Silverman, 2000)

- Except in the case of religious cult membership, religious beliefs do appear to serve as a protective factor against suicide. Empirical studies found that individuals completing or attempting suicide were less likely to be involved with their churches or places of worship



Risk Factors for Suicide (Adults)

- Alcoholism
- Depression or other mood disorder
- Male gender
- Health problems
- Single
- Chronic and/or terminal illness
- 65 and older
- History of suicide attempts, especially serious attempts
- Significant psychopathology

Suicide Risk Factors

- A specific plan to hurt oneself
- Persistent suicidal ideation
- Possession of the means to carry out suicide
- Possession of firearms

Warning Signs for Suicide

- Verbal comments or threats of suicide
- Suicide notes
- Distinct change in appearance or behavior
- Giving away valued possessions
- Significant change in sleeping habits
- Obsession with death, dying, and suicide
- Significant change in work or school performance
- Saying “goodbye” to friends and family

What to do



- ASK THE QUESTION.....
 - "I have the feeling you are thinking about suicide but are having trouble bringing it up."
 - "Are you thinking about suicide?"
 - "Sometimes people in certain situations feel suicidal. Have you been thinking about hurting yourself in any way?"
- LISTEN
 - LISTEN AND LOOK FOR WARNING SIGNS / RISK FACTORS
 - Ask about what is causing the distress
- ASK ABOUT REASONS FOR LIVING AND PLANS THEY HAVE MADE FOR DYING

What to do - *Continued*

– TAKE ACTION

- Remove means like guns & pills
- Offer your support in obtaining help from a professional
- Don't leave the person alone once you have determined he or she is at risk
- Remind the person that seeking help for depression isn't a sign of weakness and that chances for recovery are excellent

What to do - *Continued*

- What should I say???
- “I hear you”
- “I want to understand”
- “I love you”
- “You are not alone”
- “I am going to get you some help”

What to do - *Continued*

■ Listen

- “You sound very [sad, hopeless, anxious etc]”
- “It sounds like you have been having a very difficult time”

■ Ask questions

- “Are you thinking about killing yourself?”
- “Do you feel like harming yourself today? Now? When?”
- “Have you ever tried to hurt yourself before?”
- “How serious are you about that today?”
- “Have you thought of any ways you might do it?”
- “Have you been drinking?”
- “Do you have any guns (knives, pills razors) in the house?”
- “Have you told anyone else how you feel? [doctor,

What NOT to do....

- Don't say....
 - “You’ll snap out of it”
 - “It’s just a phase”
 - “Stop being so selfish”
 - “You’re just trying to get attention”
 - “You should pick yourself up by your own bootstraps”
- Don't let them bargain you out of getting them help.

Pathways to Promise

- Pathways to Promise is an organization that helps educate clergy about mental illness. The following information is from their website
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<< www.pathways2promise.org >>
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Responding to a suicide threat (WWW.pathways2promise.org)

■ Responding to a suicide threat:

- "1. The pastor should regard this a serious cry for help.
2. The pastor should assess the suicidal potential. For example has the person threatened or made attempts at suicide before? What happened? At the time of the threat, were there unusual circumstances or stress in this person's life? Was the threat used to arouse sympathy from the pastor or others?

Responding to a suicide threat (WWW.pathways2promise.org)

3. Listen to the person as he/she may find the pastor the easiest person or the only person it is possible to talk to. The pastor should show the person he/she cares about the person. Listen without making judgments or telling the person how to feel. *Do not* use statements such as, "You shouldn't feel that way," or "You don't know how lucky you are."
4. The pastor should take the person seriously and show this when they speak with him/her. *Avoid arguing.*

Responding to a suicide threat (WWW.pathways2promise.org)

5. The pastor should talk to the person about suicide. He/she should discuss what suicide means and its finality. By talking the situation through and offering a caring place to discuss the situation the pastor may sometimes pull the person through the crisis. The pastor should use a soft voice, speak slowly, and keep responses short and simple.
6. The pastor should stay at a distance if the person is agitated because he/she may fear any sudden movement or being cornered.

Responding to a suicide threat (WWW.pathways2promise.org)

7. The pastor may have to compromise confidentiality in the interests of possibly saving a life.
8. The pastor should know emergency telephone numbers, such as emergency services, the police, the person's physician, etc.

Responding to a suicide threat (WWW.pathways2promise.org)

9. The pastor can accompany the person, or see if someone else who is close to the person will accompany him/her to the emergency room if it seems warranted in this situation.
10. Emergency services or hospital emergency room staff must be alerted if the pastor knows of any previous suicide attempts; if there is plan for how the suicide will be carried out; and if the pastor knows what the plan is."

Getting help for the suicidal church member

(Jobe, Shackelford, and Stauffacher (1993))

- Mental health professionals can be of assistance in arranging hospitalization
- It is important for the mental health counselor or law enforcement officer to have detailed information about the person. (examples)
- If the person is in immediate danger call law enforcement. In Nebraska they will place an individual in emergency protective custody if they are a danger to themselves or others

Getting help for the suicidal church member(2) (Jobe, Shackelford, and Stauffacher (1993)

- Jobe and his colleagues report that a family sued their church when the pastor did not refer a suicidal family member for hospitalization
- The case was appealed and the appellate court ruled that the standard of care for counselors did not apply to clergy
- Sometimes confidentiality must be broken in order to save a life

Working with the family of a suicidal church member

(Maltsberger, Jobe, and Stauffacher, 1993)

- “In supporting the family of a suicidal person, we must first recognize that they do live under constant fear” (p. 79)
- Family members may need education about the risk factors and warning signs of suicide as well as what to do in an immediate crisis
- There are several support groups for family members of the mentally ill. Family members may be interested in such support groups

Working with the family of a suicidal church member

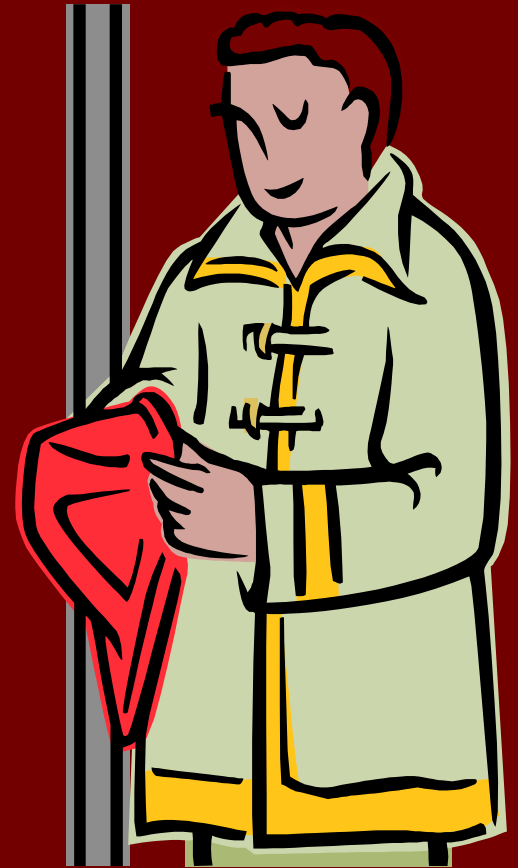
- Often a family member will not have anticipated a suicide attempt despite warning signs
- Family members may need pastoral or mental health counseling and support as living with a suicidal and/or mentally ill family member can be very stressful.
- Clergy need to support the family system

Intervening with survivors in the aftermath of a suicide

- What is a “survivor?”
 - A loved one or family member impacted by the suicide

What is postvention?

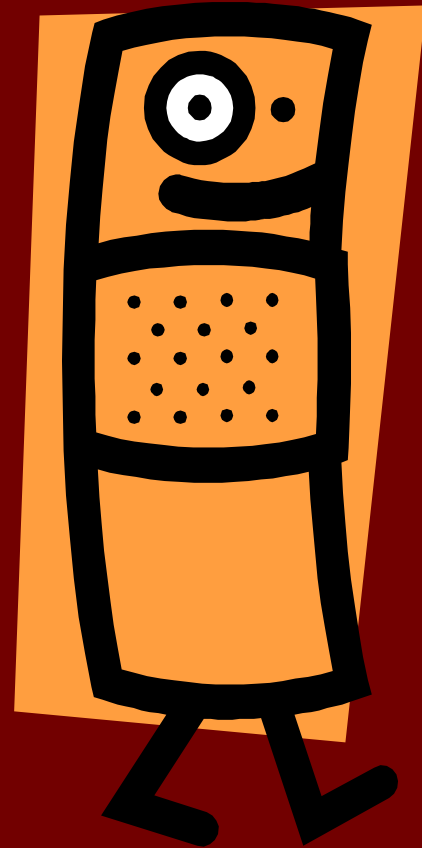
- Ed Shneidman (1980):
“ . . .activities that reduce the aftereffects of a traumatic event in the lives of the survivors. Its purpose is to help survivors live longer, more productively, and less stressfully than they are likely to do otherwise.”



Why is postvention prevention?

(Jobes, Luoma, Hustead, & Mann, 2000)

- The term postvention is primarily used to apply to suicides but was originally meant to encompass more than that
- Suicide postvention has been endorsed by several entities as being crucial to public health (CDC, Schools, etc)
- Suicide survivors are at heightened risk for suicide
- Clergy response is a crucial aspect of



Audience Response

- How many of you have had to intervene with suicide survivors right after a suicide?
- How many of you have had to intervene at any time with a suicide survivor?
- What were some of the issues you were faced with when you worked with survivors?

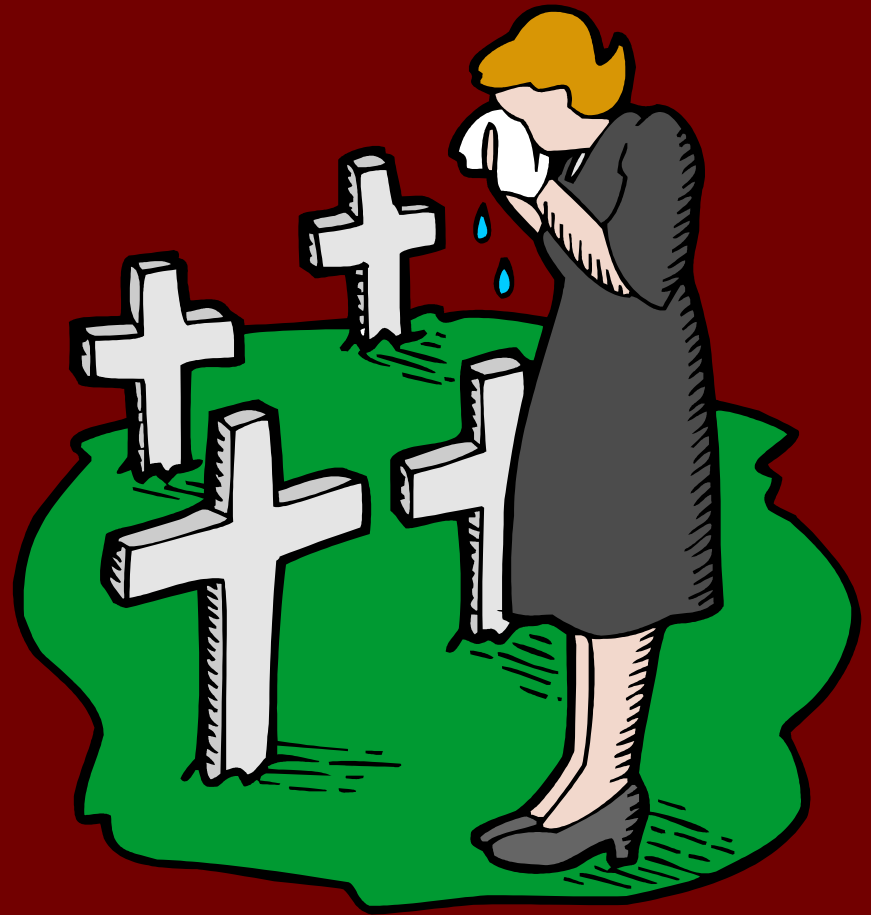


The Suicide Survivor's Perspective (Knieper, 1999)

- As with other types of trauma, bereavement due to suicide is complicated
- Suicidologists estimate that there are 6-10 survivors intimately impacted by the suicide
- Because of the intense emotions of guilt, anger, and shame engendered by suicide, the grieving process is usually difficult

The Suicide Survivor's Perspective (Wagner and Calhoun, 1991)

- Suicide survivors perceive that they receive less social support than others who are grieving
- The research on this issue is equivocal
- Many want to reach out but are afraid of saying the wrong thing



The Suicide Survivor's Perspective (Wagner and Calhoun, 1991)



- Many of the survivor's in this study felt that only other survivors could understand them
- Survivor's report that they are often encouraged by others to "move on" before they are ready

The Suicide Survivor's Perspective (Hinrichs, 1993)



- Rev. Eimo Hinrichs, a Lutheran pastor is a survivor.
- He lost his daughter to suicide
- He explains what the passage of this difficult time was like for him and his family
- Other survivors describe similar experiences and emotions

The Suicide Survivor's Perspective (Hinrichs, 1993)

- Shock, disbelief, and denial
 - Denial is not uncommon following any type of sudden death. Suicide is no an exception
- “The Crazy Period”
 - Hinrichs next refers to “The crazy period” where the grieving person experiences intense emotions and does not know whether such experiences are “normal” or not

The Suicide Survivor's Perspective (Hinrichs, 1993)

- Shame and Stigma
 - Hinrichs: "When I walked through the grocery store, it felt like I was wearing a sign that said, 'My daughter killed herself.'"
- Anger
 - Anger can be directed at the deceased, at God for not intervening, at other survivors, or at clergy as representations of the church

The Suicide Survivor's Perspective

<http://www.survivingsuicide.com/cope.htm#surviv>

- Survivors need and appreciate the presence of family and friends during the funeral
- Don't offer easy explanations related to deity
- Don't try to avoid the fact that the death was a suicide
- Appreciate the survivor's pace of grieving
- Be available and encourage the survivor to express him or herself

The Suicide Survivor's Perspective

<http://www.survivingsuicide.com/cope.htm#surviv>



- Don't tell the survivor that they will "get over it."
- Accept the survivor's feelings no matter how intense
- If a survivor is the person discovering the body, they are more likely to experience prolonged trauma

Intervention with children (MHA of Waukesha Co., 1996)



- Children need to be told about the suicide
- Parent should tell the child about the suicide
- Put the suicide in context "Mommy was very sad"
- They need reassurance that their parent(s) will be with them for a long time

Intervention with children

- This needs to be done in a developmentally appropriate way without inferring that suicide is the way to manage unhappiness
- It is important to let the child's Sunday School teacher know how to help and support the child



Why children need the facts (MHA of Waukesha Co., 1996)



- If a parent doesn't talk to the child, one of their peers may, and they may receive mis-information, feel guilty when they need not, be teased by classmates, etc.

Children (Cont.)

- Parkin and Dunne-Maxim (1995) provide several suggestions for helping children cope with suicide:
 - Children should be encouraged to talk about and express the feelings they have about the suicide. The parent should validate these feelings
 - Children need to know that the suicide was not their fault
 - Children should be encouraged to return to their regular routine, but may need some leeway in returning (e.g. more time to complete assignments, etc.)

Church-related suicides



- Clergy are a major source of support for many suicide survivors
- Church-members may be deeply impacted by death of a family-member, friend, or parishoner
- With Church-related suicides there is a greater tendency for survivors to ask the question: "Why did God let this happen?"

Church-related suicides

- Father Charles T. Rubey (1993) sees the main role of clergy following a suicide as being that of a "nonjudgmental supporter or nurturer."
- Rubey acknowledges that many questions about why God allows suicide are unanswerable



Recommendations For Eulogies at Memorial Ceremonies for Individuals Who Have Died by Suicide (Litts, Personal Comm., 2002)



Eulogy Recommendations (1)



- Recognize that death by suicide often leaves survivors with a most excruciating pain that may be further complicated by social, cultural, and religious contexts regarding suicide

Eulogy Recommendations (2)

- Observe that survivors are usually left with a sense of guilt or regret
- Survivors have many unanswered questions: "What if I...?" "Why did she...?"
- Focus on such questions does not usually result in healing



Eulogy Recommendations (3)



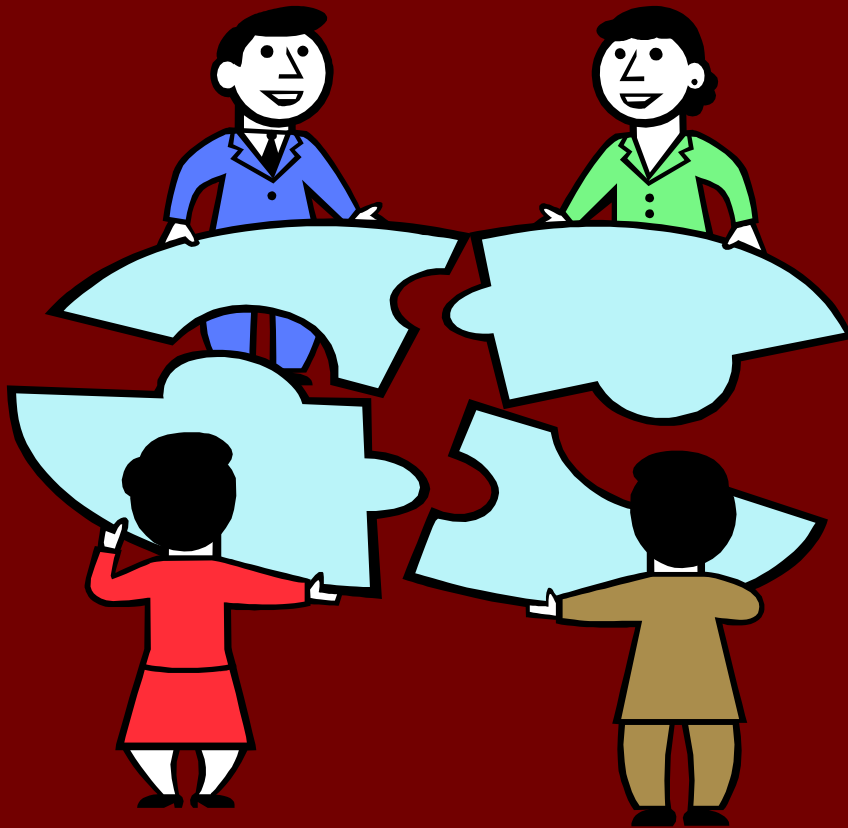
- Although many questions are left unanswered following a suicide, suicide is rarely entirely unexplainable
- It is often helpful for survivors to understand that individuals who died by suicide were suffering from intense psychological pain

Eulogy Recommendations (3)-cont.

- There are often effective treatments for the problems that such individuals suffer from, but they choose not to access the treatments or are unable to find access to treatment



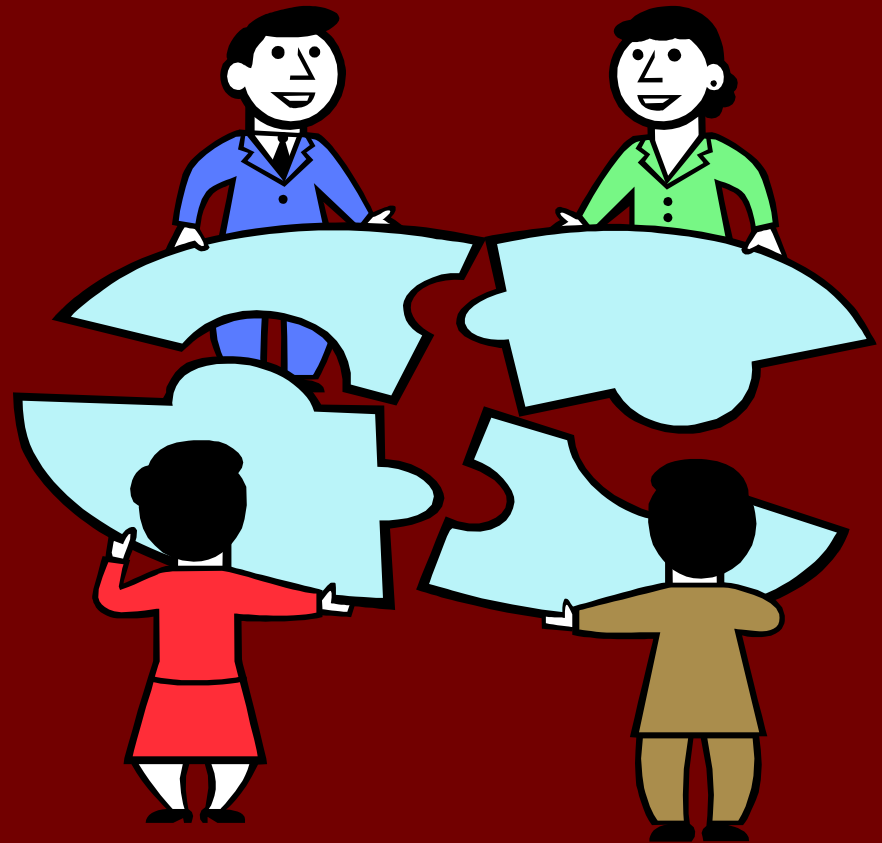
Eulogy Recommendations (4)



- Acknowledge that sometimes suicidal acts are impulsive responses to difficult life situations
- Close family members may have been totally unaware as to not understand the severity of the crisis to the deceased

Eulogy Recommendations (4) cont.

- Survivors should thus be encouraged not to “beat themselves” for their lack of sensitivity or perceptiveness
- As a society we have not educated ourselves well about suicide. Encourage survivors to work to increase awareness about suicide



Eulogy Recommendations (5)



- Clergy should attempt to avoid emphasizing the state of peace the deceased has found

Eulogy Recommendations (6)

- During funerals for young people who have died by suicide clergy should:
 - 1 Ask them to look around and notice the adults they can depend on during a crisis
 - 2 Encourage them to talk to an adult when they are experiencing depression or having morbid thoughts
 - 3 Emphasize the importance of letting a caring adult know if a friend is struggling with suicide or depression



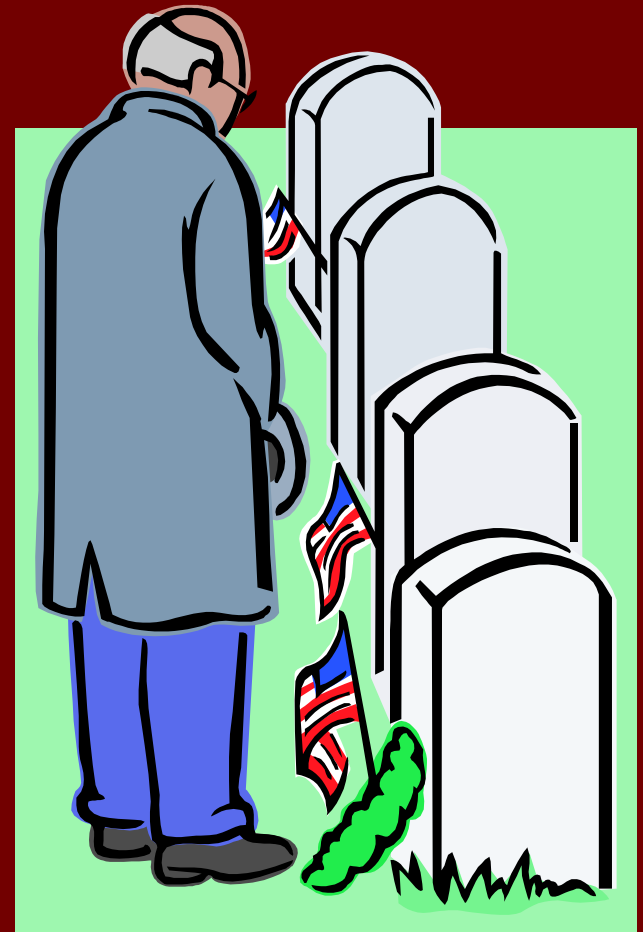
Eulogy Recommendations (6)



- 4 Point out the caring adults in the youth's support system
- 5 Emphasize that despite the disturbing nature of the loss, joining the friend is no better choice than it was for their friend and let them know that their friend would want them to find a better solution

Eulogy Recommendations (6)

- 6 Suggest that in the deceased's memory the young people present make a pledge to discover better solutions to their problems, to live out their lives to their fullest potential, and to help each other do just that



Resources

- **Nationwide Suicide Hotline**

1-800-SUICIDE

- **Pathways to Promise: Ministry and Mental Illness**

<http://www.pathways2promise.org>

- **NEBHANDS – Nebraska's Compassion Capital Fund Project**

<http://www.nebhands.nebraska.edu>

Resources

- The American Association of Suicidology
<http://www.suicidology.org>
- American Foundation for Suicide Prevention
<http://www.afsp.org>
- Ray of Hope
 - Ray of Hope
P.O. Box 2323
Iowa City, IA 52244
(319)337-9890
- Ray of Hope - Lincoln
 - (402) 477-8610

More Resources

- Suicide Anonymous

<http://www.geocities.com/samemphis>

- SOLOS (Survivors of Loved Ones Suicide)

<http://www.solos.org/>

- 1000 Deaths

<http://www.1000deaths.com/>

- PROJECT RELATE

<http://www.projectrelate.org>

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