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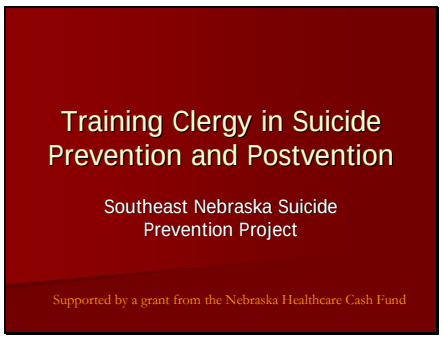
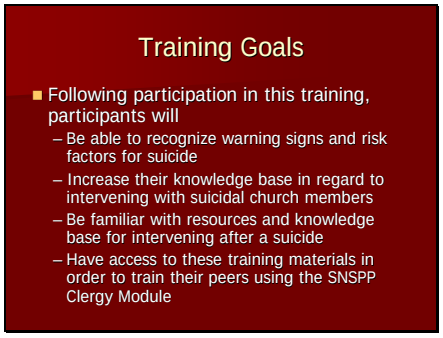


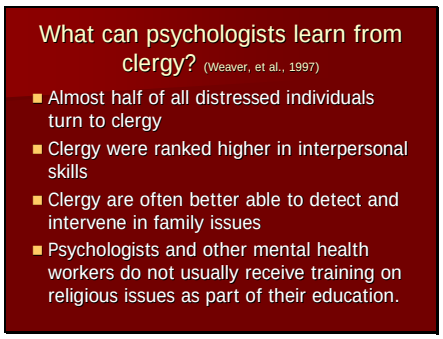
This project is supported by a generous grant from the Nebraska Healthcare Cash Fund. If you are presenting this material we ask that you mention this at the outset of your presentation or training

Slide 2



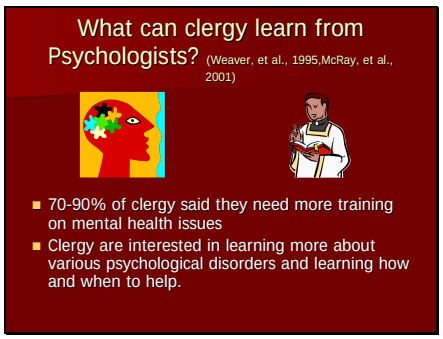
At the out set of the presentation it is important to get an idea of what the participants are interested in learning from the presentation. You may want to ask the audience about their interests and reason for attending the presentation

Slide 3



Individuals are more likely to turn to clergy for help with mental health issues.
Most clergy have had little or no training in responding to psychiatric emergencies

Slide 4



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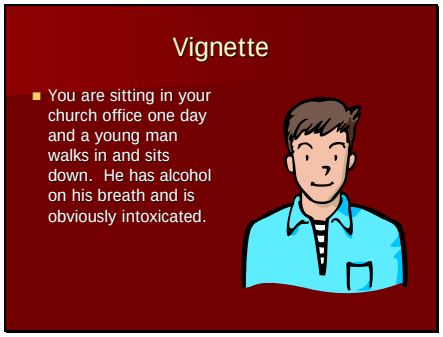
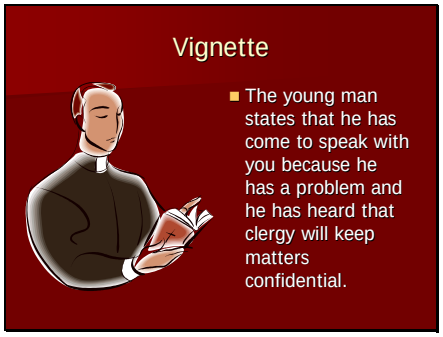


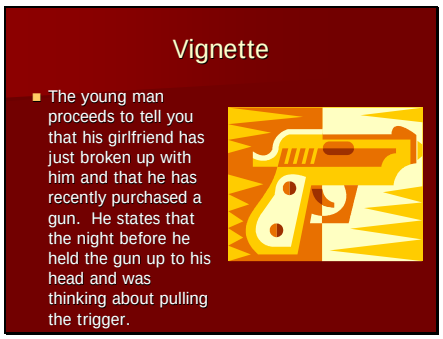
The vignette can be skipped for a shorter presentation. Go to slide sorter view and press the hide slide button.

Slide 6



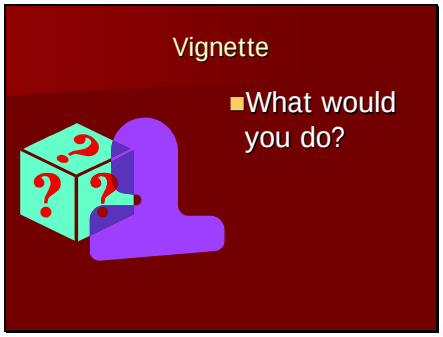
Many clergy have had experiences similar to that portrayed in the vignette. The vignette is presented early to get participants thinking about some of the issues faced in dealing with a suicidal individual.

Slide 7



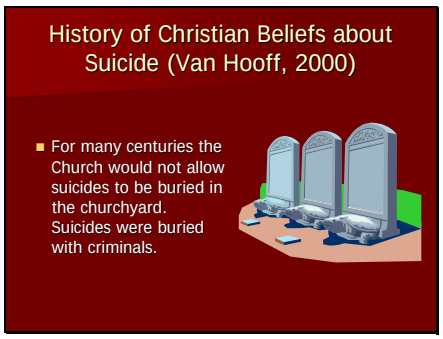
Availability of weapons in the household increases suicide risk 3-4x

Slide 8



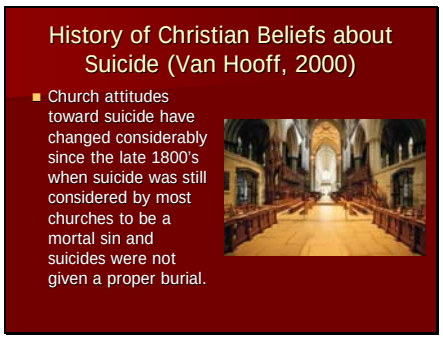
This is a fairly serious case. Participants should be urged to have such cases evaluated by a mental health professional at the very least. The facilitator may want to bring up liability issues if participants do not.

Slide 9



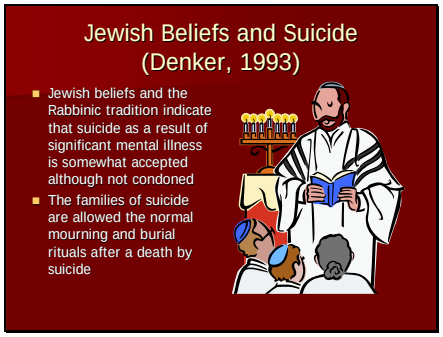
The Catholic church (following Vatican II) and most mainline Protestant churches now consider suicide in the context of insanity as not falling under the category of mortal sin

Slide 10



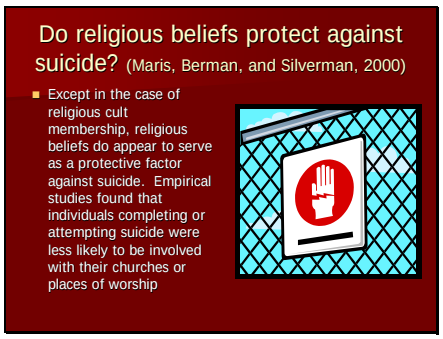
Many faiths believe that only God should make decisions about life and death and not specific individuals, and that individuals may suffer in the afterlife if they do not follow God's will.
(Maris, Berman, and Silverman, 2000)

Slide 11



Denker indicates that there are very few suicides in the Hebrew Bible.
He also states that there is no conception of "reward and punishment in an afterlife."

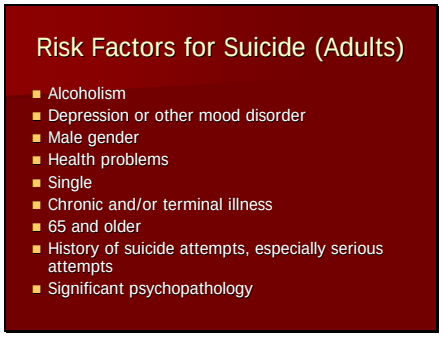
Slide 12



This research indicates that Protestants tend to have higher rates of suicide than Catholics
The researchers point to two factors contributing to this finding:
"Protestants typically assume greater individual responsibility for their own salvation and for the resolution of daily problems." (p. 470).
"Catholics are more communal and protected by ritual. . . [and] tend to view the taking of life under any circumstances as solely the prerogative of God." (p. 470).

Jews have lower rates of suicide than Catholics on average, however this did not prove true for Jews in WWII Germany

Slide 13



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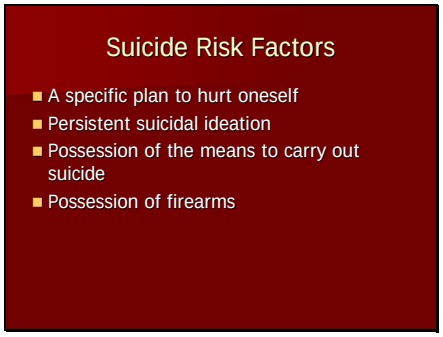


Slide 15

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

Slide 16

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

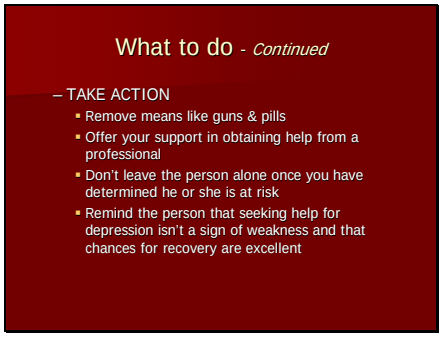
*Introducing the topic of suicide will not put the idea into their head, instead, they will probably feel relief that they can finally share and talk about it. Talking about suicide can be **tension reducing**. We want the subject to talk in detail about the pain, things they have tried, plans, etc. Saying things out loud may help the caller actually hear it for the first time and bring a new perspective to the situation.*
Assess for the presence of warning signs and accompanying risk factors
Ask the subject about reasons for living as well as reasons for dying.
Psychotic subjects can be asked the same questions, but their potential for suicide should be assessed as greater if they are organized, have access to means, have a history of attempts, and having command hallucinations.

American Association of Suicidology (AAS) recommends you Be Direct – talk openly and matter of factly about suicide.

Don't act shocked. Be non-judgmental – Offer hope without "glib assurances"

Additional questions to ask – DO you have a plan? – what is the plan – when are you going to do it
Determine how lethal their planned method of suicide is. - remove weapons if possible or have someone else remove them.

Slide 17



Review the action steps presented.

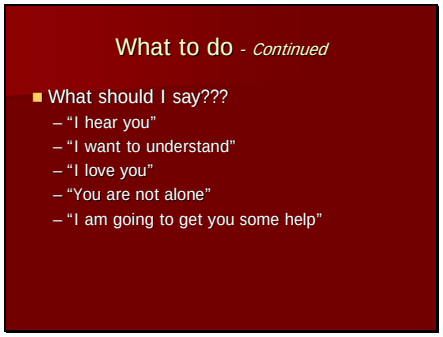
Anything that can increase the connectedness felt by the suicidal person is recommended while encouraging them to seek help. Refer back to the protective factors and ask participants to brainstorm what they might do to increase these factors for someone. Solicit practical suggestions for each of the factors listed. Define these actions as positive steps you can take to help the suicidal person.

Encourage participants to seek assistance from others in taking actions if needed.

Note that even the best attempts at prevention and intervention sometimes don't stop all suicides. Talk about the possibility that the person might choose suicide even when all steps are taken to preserve their life. Recognizing that the suicidal person is ultimately responsible for their decision is

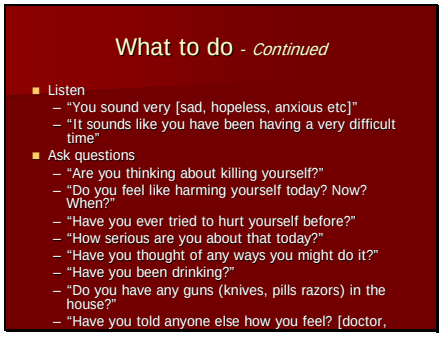
an important factor for survivors.

Slide 18



Review what to say and the next slide, what not to say. Then

Slide 19



The best thing you can do is to listen and ask questions. You are trying to determine if any of the risk factors, warning signs or protective factors are present.

OPTIONAL ACTIVITY:
If there is time, allow small groups to form and let participants role play. One person can be a suicidal person who should be instructed to make statements that mirror the warning signs and risk factors. Ask that this person choose two of the protective factors to reveal during the course of the

conversation as well. The other person or persons in the small group can assume the role of a friend and ask questions, listen, and encourage the suicidal person to get help. The purpose of this exercise is to allow participants the opportunity to actually ask direct questions about suicide to another person while listening for risk factors, warning signs, and protective factors. An alternative to breaking into small groups is to ask for two or three people to come in front of the group to do a single role play that can be observed by other participants. Follow up these activities by processing the interaction with participants. Ask how if felt to ask the questions; what it was like to assume the role of the suicidal person; What the person in the suicidal role wanted the other participant to ask or say that they didn't; What question or behavior was helpful.

Slide 20

Review these items with the idea that they are often said by well meaning people. Explain that they are not helpful to someone who is feeling intense pain and may be suffering from depression.

Slide 21

Pathways to Promise

- Pathways to Promise is an organization that helps educate clergy about mental illness. The following information isfrom their website
- Copyright, 1999, Pathways to Promise, << www.pathways2promise.org>> Used by permission

Slide 22

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?

Emphasize the importance of pastors assessing the situation and bringing in a mental health professional if there are concerns and/or law enforcement if there are emergent concerns

Slide 23

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.*

Emphasize that some times the pastor is the only person that the suicidal individual will talk to

Slide 24

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.

Body language and tone of voice are very important in dealing with an individual in crisis. Safety issues become important especially if the individual appears to be agitated.

Slide 25

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.

Emphasize that law governing mental health professionals requires breaking confidentiality when an individual is imminently dangerous.

If the suicide appears to be imminent the most important number is 9-1-1. get help from law enforcement there immediately.

Slide 26

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."

Emphasize that clergy must take safety issues into account if they choose to transport a congregation member.

Slide 27

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

Examples include history and lethality of past attempts, recent trauma, relevant family dynamics, history of substance abuse or alcoholism.

Slide 28

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

Regardless of liability issues clergy want to be doing all they can

Slide 29

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

Note that support of family members can be as important as support for the suicidal individual.

Slide 30

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

Slide 31

Intervening with survivors in the aftermath of a suicide

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

Slide 32

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."

Slide 33

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

After a suicide individuals often turn to clergy for support. It is important that clergy realize that such individuals are at higher risk for suicide themselves

Slide 34

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

It is likely that many clergy will have had experience dealing with the aftermath of suicide. This discussion can often bring up stories or experiences that can be helpful for younger or less-experienced clergy. This section can also help to normalize the intense reactions experienced by clergy following a suicide.

Slide 35

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

Similar to other types of sudden death, the grieving process is usually complicated.

Slide 36

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

Slide 37

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

Slide 38

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

Slide 39

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

Slide 40

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

Slide 41

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

Slide 42

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

Slide 43

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

Slide 44

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

Slide 45

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.

Slide 46

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.)

Slide 47

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?"

Slide 48

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

Slide 49

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

These recommendations come from David A. Litts, O.D., Special Advisor to the Surgeon General for Suicide Prevention. Dr. Litts has given us permission to use these recommendations but has asked that we collect evaluation data from those who present this module whenever it is presented. If you are presenting this module, please have participants complete the enclosed evaluation instrument

Slide 50

Eulogy Recommendations

- The following information has been provided by Dr. David Litts. Dr. Litts has requested that we evaluate these recommendations. Following this presentation, you will be asked to complete a short evaluation form.
- Thanks for your help!

Slide 51

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

Slide 52

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

Slide 53

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

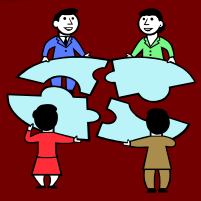
Slide 54

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

Slide 55

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

Slide 56

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

Slide 57

Eulogy Recommendations (5)

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

Slide 58

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

Slide 59

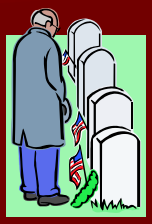
Eulogy Recommendations (6)

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

Slide 60

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



Slide 61

Resources

- Pathways to Promise: Ministry and Mental Illness
  - http://www.pathways2promise.org/crisis/suicidethreat.htm
- Southeast Nebraska Suicide Prevention Project
  - www.ci.lincoln.ne.us/cnty/mental/SNSPP/SNSPP.htm

Slide 62

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

Slide 63

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/

Slide 64

Resources

- **Community Mental Health Center of Lancaster County**
  - 24 hr line/mobile assessment 441-7940
  - Crisis Center 441-8276
  - 2200 St Mary's Avenue
- **BryanLGH Medical Center West**
  - 24 hr Nurse 475-1011 or 800-742-7875
  - 2300 South 16th Street
- **Nationwide**
  - 1-800-SUICIDE (Answered at Boys Town in Omaha)

Slide 65

Resources

- Blue Valley Mental Health Center Crisis Lines
  - York /Seward Area Line: 402-362-4133
  - Nebraska City Area Line: 402-873-6691
  - Beatrice Area Line: 402-228-3386