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### November 2017 Newsletter

## FLORIDA SUICIDE PREVENTION COALITION

*A statewide, grassroots organization  
of survivors, crisis centers, & interested citizens*

### FSPC NEWSLETTER SIGN-UP

Sign up to receive an email announcement directly to your inbox when each Newsletter is posted on the FSPC website. Email Steve Roggenbaum, Vice Chair, to register at [roggenba@usf.edu](mailto:roggenba@usf.edu)

### NOT A CURRENT FSPC MEMBER? JOIN TODAY!

Join FSPC, an important statewide, grassroots organization of survivors, crisis centers, and interested individuals. Collaborate with others to advance suicide prevention efforts in larger numbers: get involved, volunteer with local and state FSPC activities, and obtain reduced or free registration at FSPC events. Membership information at

<http://floridasuicideprevention.org/membership/>

### FSPC MINI-CONFERENCE – APPLY to PRESENT

#### FSPC is Soliciting Presentations for the 2018 Mini-Conference

Consider presenting at the *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference*, a two-half day conference in Tallahassee, February 19 (afternoon) & February 20 (morning). The online 2018 FSPC Conference Proposal Submission link is:

[https://usf.az1.qualtrics.com/jfe/form/SV\\_86xdbzfTq7Kazyt](https://usf.az1.qualtrics.com/jfe/form/SV_86xdbzfTq7Kazyt)

Most presentations are 25 minutes long including questions & answers. Interested individuals can submit ideas or full proposals until November 17th and presenters will be notified in January. Presenters are expected to register for the mini-conference although we hope to have a reduced presenter fee. Please contact Stephen Roggenbaum at [roggenba@usf.edu](mailto:roggenba@usf.edu) or 813-974-6149 if you have any questions.

## NEWSWORTHY

### Teen suicide is hard to predict. Some experts are turning to machines for help.

By Peter Holley, The Washington Post

In any given week, Ben Crotte, a behavioral health therapist at Children's Home of Cincinnati, speaks to dozens of students in need of an outlet. Their challenges run the adolescent gamut, from minor stress about an upcoming test to severe depression, social isolation and bullying. Amid the flood of conversations, meetings and paperwork, the challenge for Crotte - and mental health professionals everywhere - is separating hopeless expressions of pain and suffering from crucial warning signs that suggest a student is at risk for committing suicide.

It's a daunting, high-pressure task, which explains why Crotte was willing to add another potentially useful tool to his diagnostic kit: an app that uses an algorithm to analyze speech and determine whether someone is likely to take their own life. Its name: "Spreading Activation Mobile" or "SAM."

"Losing a child is my worst nightmare, and we all live with the fear that we might miss something," Crotte said, referring to mental health professionals who work in education. "Sometimes we have to go with our gut to make a decision, so this is one more tool to help me make a final determination about someone's health."

SAM is being tested in a handful of Cincinnati schools this year and arrives at a time when researchers across the country are developing new forms of artificial intelligence that may forever change the way mental health issues are diagnosed and treated.

Rates of teen suicide, in particular, are on the rise, with the rate among teen girls hitting a 40-year high in 2015, according to the Centers of Disease Control and Prevention. Over the past decade, the CDC reports, suicide rates doubled among teen girls and jumped by more than 30 percent among teen boys.

Despite being the 10th leading cause of death in the United States, suicide remains extremely difficult to predict. Experts say that's because many people's risk for self-harm is paired with another mental illness and fluctuates according to various stressors in their life, all of which interact uniquely within each individual. Complicating matters is that suicidal ideation - which can signal a growing risk for self harm - is far more common than actual suicide. To assess risk, mental health professionals have long relied on timeworn tools - notepads, conversation and well-honed intuition. Now artificial intelligence - combined with the widespread use of smartphones - is beginning to change the way experts interpret human behavior and predict self harm.



"Technology is here to stay, and if we can use it to prevent suicide, we should do that," said physician Jill Harkavy-Friedman, vice president of research at the American Foundation for Suicide Prevention. "But we're in the very early stages of learning how to use technology in this space."

There are thousands of apps dedicated to improving mental health, but experts say the most promising will begin to incorporate predictive machine learning algorithms into their design.

By analyzing a patient's language, emotional state and social media footprint, these algorithms will be able to assemble increasingly accurate, predictive portraits of patients using data that is far beyond the reach of even the most experienced clinicians.

"A machine will find 100 other pieces of data that your phone has access to that you wouldn't be able to measure as a psychiatrist or general practitioner who sees someone for a half-hour a few times a year," said Chris Danforth, a University of Vermont researcher who helped develop an algorithm that can spot signs of depression by analyzing social media posts.

Using data from more than 5,000 adult patients with a potential for self-harm, Colin Walsh, a data scientist at Vanderbilt University Medical Center, also created machine-learning algorithms that predict - with more than 90 percent accuracy - the likelihood that someone will attempt suicide within the next week. The risk detection is based on such information as the patient's age, gender, Zip codes, medications and prior diagnoses.

Danforth's algorithm - which he developed with Harvard researcher Andrew Reece - can spot signs of depression by analyzing the tone of a patient's Instagram feed. The pair created a second algorithm that pinpoints the rise and fall of someone's mental illness by scanning the language, word count, speech patterns and degree of activity on their Twitter feed. A task that would require days of research for a clinician was accomplished by the machine in a matter of seconds.

"The dominant contributor to the difference between depressed and healthy classes was an increase in usage of negative words by the depressed class, including 'don't,' 'no,' 'not,' 'murder,' 'death,' 'never' and 'sad,' " the researchers wrote in their latest study identifying mental illness on Twitter. "The second largest contributor was a decrease in positive language by the depressed class, relative to the healthy class, including fewer appearances of 'photo,' 'happy,' 'love,' and 'fun.' "



Danforth said mental health professionals are still dependent on the Diagnostic and Statistical Manual of Mental Disorders (the DSM) and one-on-one interviews, but he believes the data being amassed by smartphones means mental health is on the verge of a "digital revolution."

"We're already talking with doctors at the University of Vermont who want to build a screening tool for the emergency room that would ask people whether they'd be willing to have an algorithm look at their social

media history," Danforth noted.

The tools, however, will only be as good as the data that is used to create machine learning algorithms, Harkavy-Friedman said, noting that there is a lack of longitudinal studies on suicide. Social media will offer important information, she said, but any population of people being studied will always include false positives - people who exhibit suicidal behaviors but don't go on to end their own lives. "The more we can learn about both the factors leading to suicide, the better off we'll be," she said. "We need a huge number of people to study."

Experts said it could take another five to 10 years to create algorithms predictive enough to be reliably deployed inside hospitals, schools and therapists' offices. Questions will have to be resolved as well, experts said, such as whether predictive algorithms will affect health insurance premiums or what happens if drug companies manage to access people's predictive data?

John Pestian, a physician and professor in the divisions of Biomedical Informatics and psychiatry at Cincinnati Children's Hospital Medical Center within the University of Cincinnati, said it's too early to answer those questions. When he created SAM - the app now being tested in Cincinnati schools - he was only focused on one thing: alleviating suffering with technology.

"You go into the emergency department and you go to the intensive care unit and you see technology everywhere, but you go into a psychiatrist's office and you see a couch," Pestian said.

"Why?" he added. "Because folks like me haven't built anything for them until now."

Article Link: <http://www.chicagotribune.com/lifestyles/health/ct-teen-suicide-prediction-machines-20170927-story.html>

## **ALSO NEWSWORTHY**

### **New App Supports A Plan To Cope And A Strategy For Suicide Prevention**

From MedicalExpress website (10/3/17).

Article Link: <https://medicalxpress.com/news/2017-10-app-cope-strategy-suicide.html>

The University of South Australia has released a new mobile application designed to help people cope with stress on a day-to-day basis.



The new app, 'My Coping Plan,' developed by UniSA Senior Lecturer Dr Helen Stallman, allows users to create, store and update a personalised coping plan on their mobile device. Dr Stallman says the benefit of the new app is that it allows people to stick to a personalised coping plan. "We all cope. However, in times of stress, anxiety or distress, it can be difficult to think clearly or make healthy decisions," Dr Stallman says.

"We may automatically resort to unhealthy coping strategies, such as emotional eating, drinking, yelling, self-criticism, or even suicidal thoughts. Our goal with this app is to make a coping plan with healthy strategies that is easily

accessible and user-friendly, to support people to stick to the strategies they have made to feel calmer and in control.

"Our research tells us that coping is an important factor in suicide prevention. This app gives individuals the ability to devise and stick to a plan to manage their stress, anxiety and distress." The plan is broken down into five categories - Calming down, Things I can do on my own, People I can spend time with, People I can talk with and Professionals who support me. Users can manually enter strategies into their plan or select from a list of suggested strategies, such as walking the dog, exercising, contacting close friends and family, or seeking professional support.



Users also have the option to share their coping plan with their health professionals or people who support them. The app is based on Dr Stallman's 'coping planning' approach to dealing with acute distress and suicidal ideation, developed in conjunction with Dr Tony Arklay and Dr John Bennett from The University of Queensland.

"The traditional approach to suicide prevention is safety planning, which commonly includes be alert for warning signs of a crisis," she says. "We have moved to a strengths-focussed approach that helps people understand why they may be using unhealthy coping strategies and encourages them to look at what they can do to cope better."

In addition to people with mental illnesses, she says the app will be beneficial for anyone having trouble coping in stressful circumstances such as year 12 students who are about to commence their final exams, commonly a highly stressful time in their lives. She says the app is suitable for everyone - children and adults.

'My Coping Plan' is now available for free download from the Apple Store or Google Play. The development of this app was funded by 'thedesk,' a web-based program helping students to be healthy and successful. It was developed by the UniSA (Australia) in partnership with consumers and health professionals.

## IN FOCUS

*Get to know a Regional Director or Officer a little better in each newsletter.*



**Stephen Roggenbaum:** FSPC Vice-Chair Steve lives in the Tampa Bay area (Lutz specifically). While Steve grew up in Pennsylvania, he also lived in Massachusetts and Nebraska before moving to Florida. Steve has worked at the University of South Florida (USF) since 1983. Steve has been involved in suicide prevention for about the past 16 years.

He was part of the research team that researched, designed, and crafted the *Youth Suicide Prevention School-Based Guide*. In 2008, the *Youth Suicide Prevention School-Based Guide* was accepted for the Suicide Prevention Resource Center's Best Practices Registry for Suicide Prevention funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA). Steve and team revised and updated *The Youth Suicide Prevention School-based Guide* in 2012 and also crafted a New York county-tailored version of *The Youth Suicide Prevention School-based Guide*.

Steve developed and teaches *Suicide Issues In Behavioral Healthcare*, an undergraduate course for the Behavioral Health Care students at USF. He was an invited member of an American Association of Suicidology (AAS) task force to develop the *School Suicide Prevention Accreditation Program*. He has presented on suicide prevention at Florida, Kentucky, and Maryland's state suicide prevention conferences and the Canadian Association for Suicide Prevention Annual Conference. Additionally Steve co-developed and presented webinars on: Veteran Suicide Prevention Awareness; a Framework for Suicide Prevention in Schools; and Suicide, Medicaid, and Involuntary Examination Relationships.

Steve is in his second gubernatorial appointment term as one of four appointees on the *Florida Suicide Prevention Coordinating Council*, serves as Vice-Chair of the Florida Suicide Prevention

Coalition, and was a member of Pasco Aware suicide prevention task force and the Tampa Bay Suicide Prevention Task Force.

When not working at USF, you can often find Steve officiating college volleyball. It's been years, but he used to play volleyball on a men's team and traveled to numerous states and Canada for tournaments. He loves playing board games (he's old fashioned), funny movies, Disney World (Magic Kingdom, of course), and visiting family and friends on vacation.

## **AVAILABLE RESOURCE**

Resource link:

<http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf>

### **Responding to Grief, Trauma, and Distress after a Suicide: National Guidelines**

Developed by the Survivors of Suicide Loss Task Force  
of the National Action Alliance for Suicide Prevention

*Responding to Grief, Trauma, and Distress after a Suicide: National Guidelines* calls for the creation and sustainment of the resources, infrastructure, services, and systems necessary to effectively respond to any incidence of suicide in the United States. The vision that guided the Task Force in its work is of a world where communities and organizations provide everyone who is exposed to a suicide access to effective services and support immediately—and for as long as necessary—to decrease their risk of suicide, to strengthen their mental health, and to help them cope with grief.

More specifically, the National Guidelines:

- Provide readers with an overview on what is known about suicide exposure and suicide bereavement, including a review of the professional literature
- Use the public health framework from the National Strategy for Suicide Prevention (NSSP) to delineate goals and objectives that focus on universal, selective, and indicated responses to the aftermath of suicide
- Present research evidence demonstrating that numerous negative outcomes are linked to exposure to suicide, including an increased risk of suicide, mental health issues, substance abuse, posttraumatic stress disorder (PTSD), and social isolation
- Augment the effectiveness of research and program development by conceptualizing the aftermath of suicide for individuals along a continuum that includes four “categories:” exposed, affected, short-term bereaved, and long-term bereaved
- Treat the experience of a suicide death as a potential crisis event that, for some, does not end with exposure to the death but continues afterward, requiring a mental health response to address individual and community needs
- Address the postvention needs of schools, workplaces, and organizations
- Provide an organized yet flexible and multifaceted structure for the delivery of services to those affected by suicide—focused on effective crisis response and the overlapping and ongoing goals of support and treatment for all who need it
- Outline fundamental research priorities related to the impact of suicide on individuals and organizations, with special attention on how research would inform postvention practices

- Provide linkage to additional resources for those engaged in suicide postvention efforts or who wish to develop a more comprehensive suicide response in their community (pp. 1-2)

## **AVAILABLE RESOURCE #2**

Resource link: <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/JJ-7-P1-ProtocolGuidelines.pdf>

### **Guide to Developing and Revising Suicide Prevention Protocols for Youth in Contact with the Juvenile Justice System**

Developed by the Youth in Contact with the Juvenile Justice System Task Force  
of the National Action Alliance for Suicide Prevention

Youth who come into contact with the juvenile justice system, especially those in residential facilities, have higher rates of suicide than their non-system-involved peers (Gallagher & Dobrin, 2006). Suicide prevention efforts by this system should begin at the initial point of entry and be coordinated to protect youth at every step along the way. This guide, developed by the *Youth in Contact with the Juvenile Justice System Task Force* (<http://actionallianceforsuicideprevention.org/task-force/juvenile-justice>) of the *National Action Alliance for Suicide Prevention* (Action Alliance) (<http://actionallianceforsuicideprevention.org>), discusses suicide prevention practice components across the following points of contact:

- Referral/Arrest
- Courts
- Probation
- Detention and Secure/Non-Secure Care Facilities
- Aftercare

The task force's Suicide Prevention Programming and Training Workgroup was charged with developing a guide for implementing accepted suicide prevention guidelines at each point of contact. To do so, the group turned to *Suicide Prevention in Juvenile Correction and Detention Facilities* (Hayes, 1999), which was produced by the Council of Juvenile Correctional Administrators (CJCA) with support from the Office of Juvenile Justice and Delinquency Prevention. This report addresses performance-based standards for juvenile correction and detention facilities and describes a comprehensive suicide prevention program for juvenile facilities that involves the following components:

- Training
- Identification; Referral; Evaluation
- Communication
- Housing (Safe Environment)
- Levels of Observation; Follow-Up; Treatment Planning
- Intervention (Emergency Response)
- Reporting and Notification
- Mortality-Morbidity Review

This new guide builds on a foundation established for detention and other secure/non-secure care settings to address the other points of contact: referral/arrest, courts, probation, & aftercare (pp. 1-2).

## AVAILABLE RESOURCE #3 *(geared for college students but may assist many of us)*

### PRESS PAUSE

Resource link: <http://www.halfofus.com/presspause/>



JED & MTVU's Peabody Award-winning program, Half of Us, just launched a new campaign. #PressPause: *Press Pause* features a series of public service announcements (PSAs) and resources focused on simple mindfulness

techniques to help manage common stresses and emotional challenges. Feeling overwhelmed by everything going on in the world? Explore ways to *Press Pause* at the link above. The new videos will be broadcast on over 700 college campuses and available for any school or organization to use free of charge via our new Half of Us hub for campuses.

### RESEARCH FOR THE REST OF US



*Sometimes important research is filled with jargon, is hard to understand, or doesn't seem to make sense. We've tried to summarize research in common English language.*

Mann and Michel reviewed 70 research studies that examined the relationship among firearm ruled suicides and firearm ownership gun regulation, or prevention strategies. Firearm restriction laws, such as requiring a permit to purchase, waiting period, promotion of safe storage, background checks, and registration guidelines are associated with a decrease in firearm suicide rates and also in the overall suicide rates. The risk of adolescent suicide increases when firearms are available in the home. People who live in homes that have a firearm are not more suicidal than those residing in homes where a firearm is available.

Firearm control laws can effectively reduce firearm suicides, as seen in the countries of Australia and Switzerland. Research conducted in Switzerland on the outcome of gun control laws showed a steady decline in firearm and overall suicide rates. Gun reform laws in Australia that require firearms to be registered to their licensed owner, prevent private gun sales, and require a legitimate reason for owning a gun apart from self-defense purposes resulted in a steady decline in both firearm and overall suicide rates. In the United States, where gun ownership is extremely common, policies focused on restricting firearms based on dangerous behaviors, as opposed to a mental illness diagnosis, are more effective at reducing firearm violence.

The gun violence restraining order (GVRO), which has been adopted by all 50 states and the District of Columbia, allows family members, significant others, and the police to request firearm confiscations of a person who may hurt him- or herself or others. Those who submit a GVRO request could prevent a firearm suicide and could possibly convince the firearm owner to seek help. One study found that the increase in firearm suicides occurred in conjunction with the importation of more than 6 million firearms in the U.S. Between the years 2000 and 2002, the fifteen states with the highest rates of firearm ownership had almost twice as many suicides by firearm as the six states with the lowest firearm ownership rate.



There was no relationship found between firearm ownership and psychiatric illness. The risk of firearm suicide rates among veterans is associated with owning a firearm and high rates of major depression, substance use disorders, and post-traumatic stress disorder.

Mann and Michel concluded that in order to continue decreasing the rates of suicides by firearms it is imperative to prevent firearm access to at-risk individuals (such as GVRs), increase safer storage, evaluate and implement smart-gun technologies, improve education for families and gun store owners, and create a shift among the public that places a higher value on the safety of individuals with depression and those at risk for suicide. The researchers also concluded that eliminating the federal funding ban on research of firearm violence could assist with initiatives in reducing suicide deaths by firearms. (Summary by Yaritza Carmona & Stephen Roggenbaum)

Mann, J.J., & Michel, C.A. (2016). Prevention of firearm suicide in the United States: What works and what is possible. *American Journal of Psychiatry*, 173(10). 969-979.  
doi:10.1176/appi.ajp.2016.16010069

## WHAT'S HAPPENING



November 18, 2017. *International Survivors of Suicide Loss Day* @ various Florida locations sponsored by American Foundation for Suicide Prevention (AFSP)

February 21, 2018 (Wednesday). *Suicide Prevention Day at the Capitol*. This advocacy event is in Tallahassee.

SAVE THE DATE: February 19 & 20, 2018 (Monday & Tuesday). *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference*. A two-half day mini-conference in Tallahassee.

## RESOURCES



If you or someone you know is in crisis, please call **1-800-273- 8255** (*National Suicide Prevention Lifeline*).

*Crisis Text Line* – text “start” to **741-741**

*Veteran’s Crisis Line* **1-800-273- 8255**, press **1** & <https://www.veteranscrisisline.net/>

*Resources for Survivors of Suicide Loss*. SAVE. Suicide Awareness Voices for Education maintains a resource list at: <http://suicidgrief.save.org/ResourceLibrary>

*Suicide Loss Survivors*. The American Association of Suicidology (AAS) hosts a webpage with listed resources for survivors of suicide loss at <http://www.suicidology.org/suicide-survivors/suicide-loss-survivors>

*Suicide Grief Resources*. Helpful information, tools, and links for people bereaved by suicide at <http://suicidgriefresources.org/>

STOP Suicide Northeast Indiana. (2016). *Help & Hope: For Survivors of Suicide Loss*. Retrieved from <http://www.stopsuicidenow.org/toolkits-now-available/>

*Florida’s Statewide Office of Suicide Prevention* (DCF): <http://www.myflfamilies.com/service-programs/mental-health/suicide-prevention>

*National Action Alliance for Suicide Prevention: The Public-Private Partnership Advancing the National Strategy for Suicide Prevention:* <http://actionallianceforsuicideprevention.org/resources>

*Is there a local NAMI Chapter in my area?* <http://www.nami.org/Local-NAMI?state=FL>

*Controlled Substance Public Disposal Locations.* Proper disposal of expired drugs or unused medications can be an effective suicide prevention tool by eliminating access to lethal means. Many community-based drug *take-back* programs offer the best option for disposal. For disposal locations  
<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s3>

## **AN EXTRA HELPING . . .**

Article from *Friends for Survival: Offering Help After a Suicide Death* website  
Author Unknown

### **Six T's of Grief Recovery**

#### ***Time***

How long depends upon the individual; no one can accurately predict. Well meaning friends and relatives may erroneously tell you, "it's been \_\_\_\_ months, you should be over it now." You may be tempted to set those same expectations for yourself. Take the time to grieve now, not later. Unless you experience the pain and learn to live with it, unresolved grief will continue to come back when you least expect it in many other forms such as anger, guilt or depression. You'll know when you have recovered when perhaps one morning you wake up and realize that choking lump in your throat has gone and you have begun to resume control of your life.

#### ***Tears***

Allow yourself to cry; the tears are healing. Let them flow for their cleansing value; they carry away waste chemicals that have built up in your body. If you cannot do so in public or at work, find a safe place such as a bereavement outreach or self-help network that can understand your tears. It's amazing the volume of tears and what brings them on (it's not always an obvious reminder of your loved one)! Remember to drink more water; tears tend to dehydrate you.

#### ***Talk***

Talk about your memories of your loved one and the details of their dying. Find understanding listeners. Talking helps to finalize their death and to dispel the myth that they will be back. Sometimes friends and relatives fear to mention the deceased thinking it will make you cry. Assure them that you want to talk because it will help you recover.

#### ***Touch***

You miss those hugs and touches from your loved one. Sometimes soon after their death, you build up a defensive shell around yourself. You may feel like a robot or a zombie. Allow yourself to be hugged, to be loved and to be embraced. If you are all alone without any family, make arrangements with a friend to give you a "healing hug" if you look or feel like you need it. Bereaved children need lots of hugs to reassure them of your continuing love

#### ***Trust***

You must trust in yourself that you will recover from this grief after a suicide death. You may have begun to question your trust in your religion. The anger you feel about your loved one leaving so

many details for you to deal with may cause you to doubt your trust in yourself. It is a growing and learning experience to rediscover you as an individual.

### ***Toil***

Each person (Everyone) grieves in their own way that is right for them. Other words for toil are tiring work, drudgery, hard struggle, a laborious effort, (and) strenuous fatiguing labor, to achieve a task despite the difficulties. Recognize that grief recovery is all this and more, but it's worth the effort. You will need to get more rest and eat healthily and regularly to renew your body for this work you must do.

Article link: <http://www.friendsforsurvival.org/six-t-s-of-grief-recovery.html>

### **FSPC MEMBERSHIP**

New FSPC Membership or Renewal information available online at:

<http://www.floridasuicideprevention.org/membership.htm>