

FSPC Officers

Chair	Betsey Westuba
Vice-Chairs	Judy Broward & Stephen Roggenbaum
Secretary	Laura Meyer
Treasurer	Rene' Favreau

FSPC REGIONAL DIRECTORS

R1 Rachelle S. Burns
(Escambia, Okaloosa, Santa Rosa, Walton)

R2 Pam Mezzina
(Bay, Calhoun, Franklin, Gadsden, Gulf, Homes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington)

R3 Ali Martinez
(Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union)

R4 Lisa Zeller
(Baker, Clay, Duval, Nassau, St. Johns)

R5 Elizabeth A. Lurie
(DeSoto, Pinellas, Sarasota)

R6 Betsey Westuba
(Hillsborough, Manatee, Pasco)

R7 Tara Sullivan
(Brevard, Orange, Osceola, Seminole)

R8 Sue Opheim
(Charlotte, Collier, Glades, Hendry, Lee)

R9 Doris Carroll
(Palm Beach)

R10 Rene Barrett
(Broward)

R11 Elizabeth Quizena
(Dade, Monroe)

R12 Kelly Sousa
(Flagler, Volusia)

R13 Judy Broward
(Citrus, Hernando, Lake, Marion, Sumter)

R14 Betsey Westuba
(Hardee, Highlands, Polk)

R15 Doris Carroll
(Indian River, Martin, Okeechobee, St. Lucie)

December 2016 Newsletter FLORIDA SUICIDE PREVENTION COALITION

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

WHAT DID SHE SAY?



"I am involved with FSPC because I want to make a difference, have a voice, and support others whose lives are touched in any way by suicide or suicidality. It is a privilege to be the Region 2 Director and to provide resources, referral, and support to those in this area." Pam Mezzina, FSPC Region 2 Director

NEWSWORTHY

Excerpt from Christian Post (CP Opinion) by Dawn Anderson, CP Guest Contributor (9/4/14)

Do's and Don'ts for Comforting Grieving Families After a Suicide

Ms. Anderson lost her husband to suicide and is now a pastor and facilitator for Christian Survivors of Suicide support group in Dallas. She asked survivors of suicide loss about the worst things people said and she grouped the comments into several categories:

- Minimizing the loss (e.g., "At least you have other children.")
- Giving unsolicited advice (e.g., "You need to get over it and move on.")
- Spiritualizing the loss (e.g., "Everything happens for a reason.")
- Asking painful personal questions (e.g., "How did she do it?")
- Implying blame (e.g., "Did you see this coming?")
- Saying negative things about the person who died (e.g., "What a selfish thing to do.")

Ms. Anderson also inquired about the most helpful things people said (or that survivors wished that people had said) after the loss. Below are samples of those comments.

- "Tell me a good memory you have of my loved one."
- "I can't imagine how much pain you're in. We hurt, too, because we loved him."
- "I love you, and my prayers are with you."
- "What a terrible loss for your family."
- "The best thing someone could have said was NOTHING!"
- "He had value; he will be missed; he was a good person."
- "Focus on the way they lived and loved, not the way they died."
- "How can I help you today?" (Following through with errands, grocery shopping, cleaning, going to church with them, etc.)
- "I am so sorry for your loss. Words fail."
- "I'm here."

Many of the survivors Ms. Anderson spoke with reported that the best reaction was not words at all, but a hug. They talked about being comforted by the caring presence of friends, and the assurance that others were praying for them.

The best advice to anyone who wants to comfort a suicide survivor is: *Show up, let them see you care, and respect the griever's right to feel bad for a while (guilt, anger, sadness, etc.).* Too many survivors reported "friends" who avoided them altogether after their loved ones' suicides rather than to risk saying the wrong thing. Please don't do that, because that hurts most of all.

Read more at <http://www.christianpost.com/news/dos-and-donts-for-comforting-grieving-families-after-a-suicide-125767/#BuhGDiuZ4eZwJdz0.99>

IN FOCUS

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



Judy Broward: FSPC Vice Chair & Region 13 Director (Citrus, Hernando, Lake, Marion, Sumter). Judy previously worked as Associate Director of Budget and Finance in the University of Florida's College of Veterinary Medicine in Gainesville. Although retired from UF, Judy is very active and is a member of the United Church of Gainesville, serves as NAMI Gainesville Vice President, is a *Friends of the Crisis Center* Board Member, and volunteers at Paynes Prairie State Park Visitor Center. Additionally, she enjoys birding, walking, playing with her dog, traveling, and gardening. Judy reports that she would love to see the play *Hamilton* on Broadway.

Judy has already traveled quite a bit living in a number of states including Wisconsin, Connecticut, Minnesota, and North Carolina.

Judy lost her son, Brett, in 2003. He was 27 and a police officer. Judy became involved in FSPC to try to prevent another mother from getting the news that she did. Judy worked to help pass legislation that created the Statewide Office of Suicide Prevention and Coordinating Council in 2007. Judy's advocacy efforts in 2016 helped to get legislative bills passed that requires The Department of Education to review suicide prevention training programs for K-12 educators and to disseminate that information as options for educator training. Judy's current advocacy

efforts are to secure funding for Florida's Statewide Office of Suicide Prevention at the previous 2010/11 levels.

FLORIDA SURVIVORS & COPING RECOMMENDATIONS

Although it's a myth that there are more suicides during the winter holiday season, we focus this section on coping with loss. We solicited coping tips from survivors affiliated with FSPC and are including some in December and January's newsletters (there is still time to submit coping strategies to help others – email to roggenba@usf.edu by December 12). The following is a tip from Jackie Rosen's (FISP) experience that she shares with survivors. Survivors say it works and they usually do it with a friend or family member(s). Jackie says it is a great way to relieve anger. It is her ice throwing exercise. Jackie came up with it with a friend when she was so angry she wanted to drive her car into a wall but it was brand new and Jackie knew her husband, Harry, would kill her.

So a friend of Jackie's suggested she break some of her old dishes. Jackie bought her dishes in England and could not bring herself to break them. So the next thought was go to a thrift shop and buy old dishes and break them but Jackie didn't want to have to clean up broken dishes.

Then Jackie and her friend came up with ice. It's free, readily available in your freezer, melts outside in Florida, makes a noise when you throw it against a wall, and can help relieve the anger. Sometimes people engaged in the ice-throwing exercise end up standing together laughing at themselves while outside throwing ice at a wall.

Pablo Campos is a Pensacola State College (PSC) graduate who is now at NC State University. While at PSC, Pablo was the founding President of PSC's inaugural Active Minds chapter, as well as a student assistant in the Pensacola State C.A.R.E.S. project (Crisis Action Referral Effort for Students). He is also a speaker with the Active Minds' National Speakers Bureau and a strong advocate for promoting positive mental health and preventing suicide.

- Get outside if possible and get some sunshine. If not consider investing in a blue light, the vitamin D is vital to putting pep in your step and is sometimes overlooked despite the fact that we live in Florida.
- Reach out to old friends or family members that you haven't spoken to in a while. It is bound to be a challenge and a little bit outside of your comfort zone but you will feel a strong sense of connectedness and adding someone to your support network is worthwhile.
- Don't let self-care fall through the cracks. Whether its eating, taking a shower, doing some exercise or stretching- having a strong foundation in the basics can really go a long way when you are having an off day or suffering.
- You are what you eat. You'd be surprised how big of an impact a healthy diet can have on your mood. It's also important not to give yourself a hard time about it. Challenge yourself to eat healthy for a week and make it a no-pressure game, you are bound to feel a difference.
- Have a routine. Making a schedule, to-do list or making a plan to accomplish one thing in a day can give you something to look forward to and be proud of once you complete it.

Submit your coping strategies and perhaps help others – email to roggenba@usf.edu by December 12 for inclusion in January's newsletter.

GRIEVING AFTER A LOSS

Doris Carroll, LMHC, CPP, CAP, SRAS

President/Clinical Director, Partners in Treatment Inc.



Often times if we lose a loved one, especially if it is in a traumatic way, such as from an overdose or suicide death we begin to stop feeling and shut down. I would like to remind each of us that this can be a reflection of the strength within us to survive instead of setting ourselves up to perish. It is common and expected to not know how to handle death, let this sink in. There is nothing wrong with you if you don't know what to do. If we embrace this fact death can be less of a personal affront on our personal assets. Our natural reactions to go blank are part of a built in protective factor. It is okay to feel at a loss, this gives our mind time to let the facts sink in unconsciously. We may begin to understand that we had no control over another's thoughts or how they reacted to life's stressors, or if a disease was involved how that disease became the catalyst for the death.

The danger of shutting down is the harm that can follow. Self-harm includes such things as not eating or over eating and over or under sleeping. These could act as a reason to avoid others, which could prolong the grief process. Another reaction may be lash out to others, which can be interrupted as another way to distance us from the very people we need to open up too.

Even the hard feelings of blaming ourselves for someone's death, can be a normal reaction. Thoughts of "if only" and "I should've" can be expected to cross our mind. This is normal. Handling this by first knowing you are experiencing normal reactions will begin to let you move to the next step of communicating these thoughts to others or personally acknowledging the thoughts through writing them down. Allowing ourselves to write things down can change the perspective of a circular thought that may be stuck. These thoughts are yours and do not need to be shared if you believe they don't make sense, or aren't clear, but writing can still be a relieving for the survivor. The act of destroying the paper can also be a part of the grieving process too.



Can guilt and shame be part of the feelings, yes, any and every negative feeling can be expected. But, as this is normal we can let ourselves and others know to expect and accept these feelings and let them ride out to the next thought. We are allowed to feel, to cry to communicate and in this way to survive and possibly thrive.



Often this is a time depending on one's spirituality or religion to reach out to your Higher Power, and even to ask God why. The whys include questions regarding our own lives and the lives of the person for whom we carry the grief. Expect some questions to go unanswered. This too is normal. Allow yourself to communicate your questions, and if someone answers you in a cliché you have the right to tell them it was a cliché. In other words you have a voice, an opinion and a right to allow all the feelings to surface and percolate out.

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.

Coping strategies from suicide loss survivors and recommendations for mental health providers.

Certain experiences are unique to the suicide bereavement process. Effective bereavement strategies, based on the experiences of bereaved persons and mental health workers in Canada, are presented (15 individuals; 11 bereaved by suicide loss and four mental health workers). Six of the bereaved individuals reported being volunteers at suicide support groups.

The researchers discovered a discrepancy between previous findings of individuals who reported sensing feelings of shame, anger, and stigmatization following a suicide. Instead, emotional reactions of shock and guilt were prevalent. However, participants reported coping techniques: having a good support system including reinforcing friends, support groups and counseling, searching for a meaning behind the suicide, self care and activities (e.g., positive social activities, exercise, recreation), deep thoughts about oneself, and how to proceed with their lives. The participants reported the following bereavement experience themes: their grief experience, positive coping methods, concerns within themselves on how to handle the social stigmatization, manners in which they made sense of their loss, ways in which they managed to make something positive out of the suicide by becoming more self-aware, and coming to terms with the tragic death.

Subsequently, the researchers deduced postvention strategies from mental health professionals & support group facilitators. First, workers must find the right balance between expressing empathy and remaining nonjudgmental throughout the bereaved person's journey. Second, mental health workers must assess and model coping strategies that will positively influence the quality of life for the individual. Third, workers must find ways to help the individual overcome any personal barriers that prevent them from establishing healthy support systems. Fourth, these professionals must be able to express feelings of empathy towards the individuals in order to attend to his or her unique needs as they try to reason with the suicide. Fifth, the worker must be able to instill a sense of hope in the bereaved individual; he or she can emphasize the importance of using the bereavement process as a time to reflect on him/herself and as an opportunity to grow as a person. Lastly, mental health professionals must help the individual come to terms with the suicide by accepting that it was out of their reach to prevent the suicide from occurring; the bereaved person must be willing to let go of previously held guilt toward the death. (Summary: Yaritza Carmona & Stephen Roggenbaum)

Gall, T.L., Henneberry, J., & Eyre, M. (2014). Two perspectives on the needs of individuals bereaved by suicide. *Death Studies*, 38, 430-437. doi:10.1080/07481187.2013.772928

WHAT'S HAPPENING



December 2 – 4th NAMI Florida Annual Conference: No More Time: Decriminalization of Mental Illness at Sheraton Suites, 4400 W. Cypress Street, Tampa. Register at

<http://events.r20.constantcontact.com/register/event?oeidk=a07eaizp0sl20597b04&llr=usms7ycab>

January 27-28, 2017. Local Outreach to Suicide Survivors (LOSS) Team Conference (Tallahassee). Registration (limited seating) at www.nami-tallahassee.org/lossregistration

Save the Date: *Suicide Prevention Day at the Capitol*. This advocacy event will be April 6, 2017 (Tallahassee)

Save the Date: FSPC 2017 *Second Annual Florida Taking Action for Suicide Prevention Mini-Conference*. The two-half day mini-conference occurs on April 4 & 5, 2017 (Tallahassee).

Save the Date: *Suicide Prevention Day at the Capitol*. This advocacy event will be April 6, 2017 (Tallahassee)

Save the Date: FSPC 2017 *Second Annual Florida Taking Action for Suicide Prevention Mini-Conference*. The two-half day mini-conference occurs on April 4 & 5, 2017 (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://suicidegrief.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>

Project ChildSafe® is committed to promoting firearms safety among firearms owners through the distribution of safety education messages and free firearm [Safety Kits](#) [cable-style gun-locking device and an informational [brochure](#) (also in [Spanish](#))]. Find Florida Law Enforcement partners to inquire about a free Safety Kit from Project ChildSafe. <http://www.projectchildsafe.org/safety/safety-kit/Florida>

Harvard’s Means Matter is part of the Harvard Injury Control Research Center (Harvard School of Public Health), dedicated to reducing injury through training, research, intervention, evaluation, and dissemination. The Center has published hundreds of studies on injury topics ranging from motor vehicle crashes to alcohol use to youth violence and suicide. <https://www.hsph.harvard.edu/means-matter/means-matter/>

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>

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

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