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March 2018 Newsletter

FLORIDA SUICIDE PREVENTION COALITION

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

2018 FSPC MINI-CONFERENCE – BRIEF REVIEW

The FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference occurred in Tallahassee, February 19 & February 20.

This valuable educational opportunity was part of a three-day series of event including: Florida's *Annual Suicide Prevention Day at the Capitol* advocacy event (2/21), *Suicide Prevention Coordinating Council Meeting* (2/20), and *Lighting the Darkness – Evening of Remembrance* (2/20) by Big Bend Hospice.



Zackary Gibson, Chief Child Advocate & Director, from the Governor's Office made an official presentation of the Governor's Proclamation for Suicide Prevention Day to Sofia Castro, Statewide Office of Suicide Prevention, Judy Broward, FSPC Chair, and Stephen Roggenbaum, FSPC Vice Chair.

The conference was great and very informative on a range of important and timely topics. The speakers were top notch! 2018 FSPC Conference Attendee

It was nice to meet you at the conference! You did a wonderful job and I'm so grateful for your hard work. I know it's cliché to say but I truly did learn a lot! 2018 FSPC Conference Attendee

See pages 6-10 for DAC pictures, FSPC Conference speakers, and a brief reaction to DAC events.

BECOME A FSPC MEMBER TODAY!

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

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

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

SUPPORT FSPC WHEN YOU SHOP

Do you ever shop for yourself or others online, maybe you didn't get everything you wanted for your birthday? Support FSPC by going to smile.amazon.com and Register the Florida Suicide Prevention Coalition (FSPC) as your chosen charity. Amazon donates to FSPC, when you make an online (at Amazon) purchase – something you might do anyway.



NEWSWORTHY

Research Co-Sponsored By LU Shows Churches Lacking In Suicide Prevention Efforts

By Josh Moody in *The News & Advance* newspaper January 15, 2018

Article Link: http://www.newsadvance.com/news/local/research-co-sponsored-by-lu-shows-churches-lacking-in-suicide/article_8ed64782-fa42-11e7-a68d-fb645d707549.html

For parishioners, the church often serves as a stabilizing force in times of tragedy and joy. But some tragedies — such as suicide — are preventable.

New research sponsored by Liberty University's Graduate Counseling Program, the LU College of Osteopathic Medicine, the American Association of Christian Counselors and the Executive Committee of the Southern Baptist Convention found while churches generally respond well to grief following a suicide, the focus on prevention is lacking. Ron Hawkins, chief provost and chief academic officer at LU, said with nearly 50,000 annual suicides across the U.S. every year, churches need to play a larger role in suicide prevention efforts.

According to the Centers for Disease Control and Prevention, suicide is the 10th leading cause of U.S. deaths and claimed more than 44,000 lives in 2015, the last year for which data was available. Data for Virginia showed 1,118 residents took their own lives in 2015. "We just want pastors to make it safe, in the church, to have a conversation about this," Hawkins said.



Hawkins said he chose to include LU in the research efforts because of the suicide rate among the college age population. According to CDC data, suicide is the second leading cause of death for Americans between the ages of 15 and 35 and is a top 10 cause of death for all age ranges.

Polling for the research was conducted last fall with 1,000 randomly selected Protestant pastors via phone surveys and 1,000 Protestant churchgoers who attend worship services at least once per month. The questions focused on the subject of mental health issues and suicide. Of pastors surveyed, 41 percent said they have suicide prevention training. Though many pastors lack training on mental health issues, Hawkins believes addressing the matter from the pulpit can make the church a safe place to have a conversation about the matter.

“I think that pastors, from the pulpit, have the ability to take away the stigma from some things,” Hawkins said. Hawkins noted parishioners are not immune from depression, family issues and suicidal thoughts, and with that in mind, pastors should share resources in their sermons, including the suicide hotline.

Based on the survey, 85 percent of churches reported having some type of counseling; 50 percent had a list of professionals they could refer parishioners to and 30 percent had a licensed mental health professional on staff. Larger churches were more likely to have a licensed counselor on hand. One local example is Hyland Heights Baptist Church in Rustburg, which offers free counseling services to members and to the community as a whole. The counseling program is led by Associate Pastor Paul Marks — a licensed mental health practitioner — and a team of graduate student interns.

The counseling ministry at Hyland Heights grew out of pre-marital and marital counseling services. Marks said he began counseling couples on the side when he was hired in 1997 as the minister of education. As more counseling needs became apparent, he realized “somebody had to have a license to oversee the facility.” By 2007, he had earned his license and expanded the scope of counseling. Now Marks oversees a team of interns, usually five per semester who are earning internship or practicum hours toward their master’s degrees. He also finds time to meet with clients himself. With backgrounds and licensure as both a pastor and mental health practitioner, Marks believes the crossover is important because it allows him to offer clients a broad spectrum of counseling care.

“I’m cross trained, and I think the benefit of that is there may be a certain situation which comes through the doors that I may be able to look at and say, ‘Is this a clinical issue? Is this a spiritual issue? Is this a biological issue? Is there a combination going on there? And if so, what’s the best way to treat this for the best results?’” Marks said. Licensed counselors are a rarity in churches, with less than a third of churches surveyed having one on staff. However, Hawkins noted counseling services don’t always require a professional.



"Sometimes it can just take lay people who are adequately trained," he said.

However, Hawkins emphasized the importance of having referrals available if needed and said the survey showed pastors need to work harder to build connections with mental health providers. "There should be more attention given to really hurting people who might be in the congregation; there should be more speaking to mental health issues that pastors could do," Hawkins said.

According to survey results, pastors of churches with a congregation of more than 250 were most likely to address mental health issues from the pulpit. The survey indicated 56 percent of those pastors spoke on the topic compared to 45 percent of pastors with churches of 100 to 249 members, and 41 percent of pastors with a congregation of less than 100. The survey showed that 65 percent of female pastors addressed mental health issues compared to 44 percent of their male counterparts. Pastors between the ages of 18 and 44 were most likely to broach the topic of mental health issues, with 59 percent reporting speaking occasionally on the issue.

"We need pastors to be more sensitive to the reality that large numbers of people in our culture today are tragically wounded and broken, and their brokenness is causing them to experience levels of depression, anxiety and isolation [and] they're sometimes not seeking the help they need," Hawkins said.

Noting pastors often have busy schedules juggling the many demands of their congregations, he advised them to reach out and invite mental health professionals to address their congregation. For small churches that have limited financial or personnel resources, Hawkins advised banding together with other houses of worship to meet the needs of parishioners' mental health issues. "What one church may not be able to do, 10 could," he said.

ALSO NEWSWORTHY

Oregon State Athletes Launch Mental Health Initiative To Help Students With Depression

By: Lindsay Schnell, USA TODAY Sports, January 19, 2018

Article Link: <https://www.usatoday.com/story/sports/ncaab/pac12/2018/01/19/oregon-state-athletes-launch-mental-health-initiative-depression-damworthit/1047901001/>

CORVALLIS, Ore. — Oregon State men's soccer player Nathan Braaten heard about the Tyler Hilinski news, and his heart dropped. The junior midfielder didn't know Hilinski, the Washington State quarterback who [died by] suicide Tuesday night in Pullman, but Braaten couldn't help but wonder about what made Hilinski feel like he didn't have any other options. "Mental health is such a tender issue, people don't want to talk about it until it's at its worst," Braaten told USA TODAY Sports. "When I heard about Tyler, it just tore me up."

This week Braaten, in partnership with former Oregon State gymnast Taylor Ricci, launched #DamWorthIt, a mental health initiative aimed at helping OSU students understand, discuss and learn how to cope with depression and other issues. The plan had always been to launch the campaign this week. Hilinski's death made it feel even more timely — and crucial.



Thursday night at Gill Coliseum, where the men's basketball team hosted UCLA, #DamWorthIt set up a table in the lobby and invited conversations with anyone who stopped by. They were there to talk about the stress of school, athletics and life in general. They passed out pamphlets on mental health, and resource cards with the phone number for the National Suicide Prevention Lifeline. Next to them, student workers from the university Counseling and Psychological Services explained that professional therapists are available to any Oregon State student, free of charge.

"This is incredibly overdue," said Ricci, the NCAA's Pac-12 student-athlete representative who is currently in Indianapolis for meetings about NCAA legislation. "As athletes, we strive to be seen as strong, fearless and invincible—and that's a barrier for student athletes who are struggling with mental health issues."

Though Hilinski left a suicide note behind, contents of that note have not been released to the media or public; no family member has said anything about if Hilinski suffered from depression either. Still, many have taken to social media to plead with athletes who are feeling suicidal or depressed to seek help, and that it's OK to not be OK.

Braaten and Ricci told USA TODAY Sports that while they have never personally contemplated suicide, they've been directly impacted by the epidemic: Both of them lost teammates to suicide while at Oregon State, tragic events that "you don't always get over," Ricci said.

John Chambers, an Oregon State soccer player, attempted suicide in July 2016. He was admitted to a local hospital, and died a few days later. In summer 2017, a former Oregon State gymnast also took her own life. The school chose not to disclose her name. Studies have shown athletes, who balance intense schedules of school and practice while spending many nights on the road, are more likely than their peers to display depression-like symptoms. In a recent survey by Psychology Today, 6.3 percent of athletes met criteria for clinically significant depression, and 24 percent were dubbed "clinically relevant." Female student-athletes are almost twice as likely to show depression symptoms.

"My gut ached this week reading the news," said Oregon State basketball coach Wayne Tinkle after the Beavers' 69-63 win. "We talked about it at lunch, a handful of players ... and what we've told the guys is don't stay silent. There's always somebody that's going to listen. As coaches, our doors are always open. It's important that these guys know we're not always just spewing fire. "Our main message is that no matter how bad you think it is, we can get through it together."



Braaten has suffered from depression himself, describing it like "a dark cloud that affects every part of your life. It puts a filter on everything you see. Suddenly, good things don't seem so good and bad things seem worse."

Every athlete's goal is excellence: Throw the perfect game, hit the perfect routine, finish the year with the perfect, undefeated season. That pressure spreads to other areas of your life, Braaten said, and can making asking for help feel like weakness. Who wants to admit they're in any sort of slump? Add in the fear that showing vulnerability to a coach could result in a decrease of playing time, and sharing your struggles

becomes even more daunting. “If you roll your ankle, you don’t hide that injury from your team, right?” Braaten said. “We need to attack the stigma that this is something you have to hide.”

Though #DamWorthIt is in its infancy, Braaten and Ricci have big ambitions for the program. They plan to hold seminars and host guest speakers, and get to the point where talking about mental health is considered everyday conversation. They’ve discussed hosting suicide prevention training sessions. Ricci hopes every school across the country will adopt a similar initiative. Both praised Oregon State’s athletic training staff, which has implemented weekly wellness checks where trainers ask athletes how much sleep they’re getting, if they’re anxious about anything or if they have any off-field issues they need to talk about.

Braaten and Ricci know they’re not licensed counselors or medical professionals. But they’ve got plenty to bring to the table. “What professionals have told us is that there is so much power in peer-to-peer connections and conversations,” Ricci said. “Our hope is that any fear someone has — of a reduction in playing time, of their image or perception on campus being shattered — that we can take this risk for them by starting the conversation, and then they’ll feel comfortable following our lead. “If we can save even one life, #DamWorthIt would be a success.”

YET ANOTHER NEWSWORTHY ITEM

National Rally to Prevent Suicide

The National Council for Suicide Prevention (AAS, AFSP, The Jason Foundation, The Jed Foundation, Samaritans USA, SAVE, The Trevor Project) along with numerous behavioral health, military and veterans’ organizations invite you to stand on the steps of the US Capitol and send a message to Congress that suicide prevention needs to be a priority in the USA. Top leaders in the field of suicide prevention will be speaking along with individuals who have attempted suicide and families who have lost a loved one to suicide. The Rally is scheduled for April 21, 2018 from 5:30 pm – 6:30 pm on the West Front Steps, US Capitol, Washington, DC.

The more detailed schedule includes:

5:30-5:45 PM National Council for Suicide Prevention Members Speak About Suicide Prevention Priorities For America

5:45-6:00 PM Military And Veterans Speak About The Needs Of This Special Population

6:00-6:15 PM Special Guests Speaking On Lived Experience And Suicide Survival

6:15-6:30 PM TBD

For more information and tools:

Website: www.rallytopreventsuicide.org

Twitter: <https://twitter.com/Rally2Prevent>

Facebook event: <https://www.facebook.com/events/754006484809407/>

IN FOCUS



Jane and Guy Bennett are new to Florida and relatively new FSPC members who participated in AFSP/FSPC Suicide Prevention Day at the Capitol and reflected on their experiences.

Voices Heard—from one, from thousands By Jane & Guy Bennett

It was Wednesday, February 21, 2018, in our new home state of Florida and we had the honor to join fellow advocates for the 2018 Suicide Prevention Day at the Capital in Tallahassee. We were there as members of the Florida Suicide Prevention Coalition (FSPC) and the American Foundation for Suicide Prevention (AFSP). Outstanding organizations and planning by AFSP and FSPC staff and volunteers arranged for teams and individuals to meet with lawmakers; with many of us having appointments and other opportunities throughout the day to speak face-to-face with Senators and Representatives, their Administrative or Executive Assistants or aides. Teams and individuals would address key House and Senate bills, to include: SB 376/HB227, addressing Workers' Compensation Benefits for First Responders; SB326/HB179, Services for Veterans and Their Families; SB1422/HB955, Insurance Coverage Parity for Mental Health and Substance Use Disorders (a bill presented by Senator Rouson that would be voted on in Committee later that day). We were encouraged to also address "support for future legislation which would mandate suicide prevention training for nurses, physicians, social workers, psychologists, teachers, and other persons providing services to the public. This requirement could be a rearrangement of existing general continuing education requirements to be specifically 'tagged' for training in suicide risk assessment, as has already been done for HIV/AIDS and domestic violence."

It was a very significant and historical day at the Capital for several reasons. Our goal and focus was to address the aforementioned bills and lay the groundwork for future legislation. We sought to connect with lawmakers, to share our personal stories and use our voices on behalf of hundreds and thousands of others in our communities so that lawmakers could and would take positive actions regarding these issues. We were there to seek and ask for their support.

We had a limited amount of time to focus on imminent actions being taken on the bill addressing Insurance Coverage Parity for Mental Health and Substance Use Disorders. Mental Health issues and concerns were being raised, and not just by our coalition. There were busloads and carloads of students from Marjory Stoneman Douglas High School in Parkland, Florida and other supporters. The Capitol grounds were filled with students and faculty who had just suffered an unbelievably violent tragedy at their school. Lawmakers heard from these student activists, as many have been described, along with their families and thousands of supporters.

We certainly had overlapping areas of concern regarding mental health resources and challenges. Something we shared in common with these eloquent, young activists was that each one of us had a right to speak to our lawmakers, and that we each had a need to be heard...and to be listened to!

Guy and I have said repeatedly over the past 16+ years, "We're not going to be silent. You will not silence us. We know that silence allows suicide to continue and we must break the silence surrounding suicide!"

Overall, Guy and I feel that this initial experience with the Florida legislators in our new home state has been an encouraging one. We noted a small handful of lawmakers who elected to be "unavailable" to meet with AFSP and FSPC members, as well as observed those who simply nodded their heads to what was being shared and then said little in support afterwards and who gave nothing further when advocates asked where they stood with current legislation or related issues. These few had other and obviously different priorities that day. Fortunately, for each one who would not support our efforts in suicide prevention or who feigned interest and concern regarding the challenges that individuals and families face every single day seeking mental health resources either for themselves or for a loved one, it was reassuring to see and meet with those who clearly appreciated and understood the issues at hand. More importantly,

we have lawmakers who are willing to connect with us in various ways, who are open to listening to hard facts or harsh criticisms, to truly hear what needs to be said, and then to work towards solving problems or fixing what is broken.

Late in the day Guy and I had the pleasure of being present when SB1422/HB955, Insurance Coverage Parity for Mental Health and Substance Use Disorders was presented by Senator Rouson for vote in Committee. It passed!

Many, many voices were heard.

Below are a few photos from the Florida Suicide Prevention Day at the Capitol event (2/21) in Tallahassee.



Pictured: FSPC Banner hanging in Capitol Rotunda; FSPC Display; Capitol Rotunda Welcome; Pensacola State CARES display; Zackary Gibson, Chief Child Advocate & Director, from the Governor's Office made an official presentation of the Governor's Proclamation for Suicide Prevention Day to Judy Broward, FSPC Chair and Sofia Castro, Statewide Office of Suicide Prevention at Press Conference; Guy and Jane Bennett, new FSPC members attended the conference, Suicide Prevention Coordinating Council, Day at the Capitol, & press conference (and advocated); John Bryant, Assistant Secretary for Substance Abuse and Mental Health at the Florida Department of Children and Families, speaking at press conference.

CONFERENCE NOTES

The FSPC would like to extend a very special *Thank You* to all the speakers who contributed their time, effort, research, preparation, and expertise in each of their presentations at the *FSPC 2018 Third Annual Florida Taking Action for Suicide Prevention Mini-Conference* in Tallahassee, February 19 & February 20. Each is listed below.

SPEAKERS	AFFILIATION
Mary Bowers	National Alliance on Mental Illness, Tallahassee
Judy Broward	Chair, Florida Suicide Prevention Coalition; Board of Directors, NAMI; Board of Directors, Friends of the Alachua County Crisis Center
Michael Brown	AmeriCorps VISTA, Suicide Prevention Specialist, Pensacola State College
Rachelle S. Burns, MA	Director, TRIO-Student Support Services/Crisis Referral, Pensacola State College
Diana Carbonell, MSW	Doctoral student in the Combined Counseling Psychology and School Psychology program, FSU
Sofia Castro, EdD	Suicide Prevention Specialist, Statewide Office of Suicide Prevention, Florida Department of Children and Families
Kirsten Christensen	Senior majoring in Psychology and Statistics, FSU
Christina Colgary, MS	Doctoral student in the Combined Counseling Psychology & School Psychology program, Active Minds Vice President, FSU
Brandon T. Cooper, BA	Master's student in the Sport, Performance, & Exercise Psychology program, Active Minds, FSU
Lori Duester, MEd	Manager, The Children's Center, Parrish Healthcare
Summer DeBastiani, MPH, RN, PhD candidate	University of Miami School of Nursing and Health Studies
Cara Knoeppel, BA	Doctoral student in the Combined Counseling Psychology & School Psychology program, FSU
Paulina Lewis	Outreach & Education Coordinator, 2-1-1 Big Bend, Inc.
Shanteria Owens, BA	Doctoral student in the Combined Counseling Psychology & School Psychology program, Active Minds, FSU
Kathy Simonsen, MA	Special Programs Coordinator, The Children's Center, Parrish Healthcare
Jaymee Spannring, MBA	Florida State University Suicide Prevention Coordinator & Active Minds Advisor
Jaylene Spannring, MS	Doctoral student in the Combined Counseling Psychology and School

	Psychology program, FSU
Marty Swanbrow Becker, PhD	Assistant Professor of Psychological and Counseling Services, Educational Psychology and Learning Systems Department, FSU
Alan Mai	Injury Epidemiologist, Florida Department of Health, Violence and Injury Prevention Program
Pam Mezzina, LCSW	Director, Capstone Centers, LLC; Region 2 Director, FSPC
Stephen Roggenbaum	Vice-Chair, Florida Suicide Prevention Coalition, Faculty, USF
Tom Walsh, MA	Suicide Prevention Director, College of Central Florida
Melissa Witmeier	UCF, Director, Training & Community Engagement, Florida Linking Individuals Needing Care Project

AVAILABLE RESOURCE

Resource link: <https://store.samhsa.gov/shin/content//SMA17-5051/SMA17-5051.pdf>

National Strategy for Suicide Prevention Implementation Assessment Report.

By Substance Abuse and Mental Health Services Administration (SAMHSA)

Executive Summary (*partial*)

The magnitude of efforts to reduce suicide in America and our growing knowledge about what is effective in reducing suicide—while still incomplete—are also greater than ever before. It was this fact that led the United States Surgeon General, in collaboration with the National Action Alliance for Suicide Prevention (Action Alliance, <http://www.actionallianceforsuicideprevention.org>), to revise the original National Strategy for Suicide Prevention (National Strategy) in 2012. The Action Alliance is the public-private partnership charged with advancing National Strategy goals that require national collaboration and leverage. It was launched by the Secretaries of the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Defense (DoD) in 2010.

In 2014, the Action Alliance created the National Strategy for Suicide Prevention Implementation Assessment Advisory Group (NSSP IAAG) to better understand how the country was implementing the 2012 National Strategy, challenges to implementation, and recommendations for overcoming those challenges. The goal of the National Strategy for Suicide Prevention Implementation Assessment Report (National Strategy Implementation Report) is to inform national stakeholders and policymakers as they work to enhance and refine efforts to advance the National Strategy and to save lives in this country.

WHAT'S HAPPENING



April 21, 2018 (5:30– 6:30 pm). *Rally To Prevent Suicide: The Time to End Suicide is Now*. West Front Steps, US Capitol, Washington DC.

<https://www.rallytopreventsuicide.org/>

August 15-17, 2018. *Florida Behavioral Health Conference*. Hilton Orlando Bonnet Creek Resort.

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>

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

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>

AN EXTRA HELPING . . .



Our Story

By Jane & Guy Bennett

My husband Guy and I aren't newcomers to the issues surrounding Suicide. We are "survivors of suicide," "loss survivors," or "survivors after suicide"—terms that describe many like ourselves who are the loved ones left behind in the aftermath of a suicide. Survivors are the family members, close friends and neighbors, colleagues, classmates and teammates, students and teachers, fellow church or youth group members, and on, and on, who are left to try and make sense of a death that just doesn't make sense.

Our 17 ½ year old son Matthew was our only child together and the youngest of our three sons. Matthew killed himself on February 10, 2002 by hanging...it was my husband Guy accompanied by our very dear friend, Steve, who found Matthew. Tragically, a little over one year later that dearly loved friend who was like an uncle to Matthew, also ended his life. He, too, hung himself. He, too, left his family and friends to ask, "How?" and "Why?"

Like so many before and after us, we were shocked and devastated by suicide. However, we were also blessed with faith, family and friends throughout our grief journey. Sadly, we soon discovered that not all survivors have those deep wells of strength to draw from and resources to go to for healthy coping. Guy and I tapped into our wells regularly and used the “grief energy” derived from our personal losses to educate ourselves to the issues surrounding suicide, to seek answers where we could, to ask questions of experts in the field and accept their guidance, and to receive helpful, healthy mentorship from more “seasoned” survivors. We continuously learn from others and in turn train others in areas of suicide prevention, intervention and postvention and healing.

We were active and vocal advocates for suicide prevention education for all ages for over 15 years in Colorado. We took part in awareness campaigns and healing conferences throughout the Pikes Peak Region and the state of Colorado. Last March we moved to Florida thinking that we were going to “retire” our “work” in suicide prevention. However, we soon met people and found ourselves placed in circumstances that have again shown that we still have “work” to do. We might be needed here to do some things, say something to someone, write something that will be read and will matter and that could make a difference to individuals and families here in Florida. For us, our “work” is a way for us to honor the love we have for our son, to making meaning of Matthew’s death, and of his life. We also do this in memory of our beloved friend Steve. We do what we can, when and where we can, so that someone else won’t ever know the pain of suicide loss.

AN EXTRA, EXTRA HELPING . . .

Coping with Grief

By Doris Carroll, LMHC, MCAP, CPP, ICRC-ADC, ICRC-PS, CRR

Clinical Director, GateHouse Treatment of Florida and FSPC Region 9 & 15 Director

Since July on this year I have experienced a wealth of grief. My father, mother-in-law, and father-in-law have all passed away. I have learned to not allow the sorrow of grief to overcome me, but instead to find healthy methods of coping with the grief.

So how do you cope with grief?

First realize that the feelings, which are sometimes overwhelming, are more than normal, they are natural. When you experience these overwhelming feelings, setting boundaries for yourself and others will allow you to process your feelings on a timeline acceptable to you. Summon up the energy needed to tell people, “I do not want to talk about this right now because I am feeling some pain from my loss.” Those you surround yourself with should be able to respect your words and boundaries, until you are ready to talk. It’s also okay to say, “I don’t want advice. I just need a friend to vent too.” When you experience grief, it is important to identify your needs and prioritize them in order to overcome.

Grief can present itself in a myriad of ways. However if grief is showing up in your life, there are ways to cope.

If you or someone you know is experiencing repeated recalls of memories of a traumatizing situation, it is your grief presenting itself in your life. Repeating the same memories over and over is a sure sign that the grief is stuck in incomplete grieving mode. In order to make this less overwhelming, try the visualization technique. Here, you can visualize in your head changing that memory or moving it to a different compartment. The more you practice the visualization technique, you will get better at it and be able to apply it when coping. Remember to breath deeply a few times as you visualize.

Some memories are worth journaling either by the written word or by using a computer. Journaling is a great way to express the words you might not feel like communicating to others

at the time. Either way the use of creativity, such as from scrapbooking, can ease pain and help an individual gain a bit of pleasure from the memory work. All this work is personal and as private as you choose to keep it.

Grieving is a time to focus on yourself.

Allow yourself the space needed from colleagues and friends to concentrate on the feeling by taking a grief break. A grief break is your time to mourn alone. It is the time to reflect on positive memories, and just feel all your feelings. Be okay with feeling uncomfortable emotions, rather than dismissing them. By ignoring certain emotions associated with grief, you will be stuffing the grief for more pain and suffering later.

Sometimes no human power is able to carry you through your grief. Allow your faith in something greater than yourself to carry you through. Ask yourself these questions – according to your religion, where is the person you are mourning in death? How does their time there look? Do you have an idea of this? Maybe you can spend some of your grieving time to reflect on your beliefs and faith.

However, you handle your grief, be sure to remember it is temporary. Your memories of the person you are mourning will always be with you, but the overwhelming emotions associated with the grief will pass.

AN EXTRA, EXTRA, EXTRA HELPING . . .

Although the resource below is from Canada, it may have helpful information for loss survivors and is presented here in hopes of helping.

Hope and Healing after Suicide: A practical guide for people who have lost someone to suicide in Ontario

When people die by suicide, they leave behind family and friends who suddenly find themselves mourning the person's loss and wondering what happened. This guide addresses many personal issues related to a death by suicide, including

- telling others,
- working through the grief,
- finding what helps people to heal, and
- grieving in children and youth.

This Ontario guide also outlines practical things that need taking care of, such as arranging a funeral and dealing with the deceased's personal, legal and financial matters. A resource section lists organizations, websites and books that may help.

Link:

http://www.camh.ca/en/hospital/Documents/knowledgex.camh.net/amhspecialists/resources_families/Documents/hope_and_healing.pdf

FSPC MEMBERSHIP

New FSPC Membership or Renewal information available online at:

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