

RECOGNIZING WARNING SIGNS OF SUICIDE



HOW YOU CAN MAKE A DIFFERENCE

SANDE ROBERTS

Dedication

*To all those
who left
the theatre of life
during intermission
instead of waiting
until the final curtain.
And, to all those
left behind to ponder why.*

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Suicide: We Need To Talk About It

I want to have a conversation with you about one of the most perplexing occurrences in life, the act of ending one's own life. Suicide is a topic no one wants to talk about and everyone needs to know about. After accidents, suicide and homicide take turns being the second and third leading causes of death in many countries. Suicide is a real subject that affects a lot of people. Suicide isn't about trying to be dead. It's about trying to be heard and ending emotional anguish, and/or physical pain.

Tragically, it leaves in its wake so many people who are haunted by the question of why they didn't realize things were so bad. They beat themselves up wondering if they did something that they shouldn't have, or didn't do something they could have.

If only they had recognized the signs.

Far too many people die of suicide every day. According to multiple sets of crisis statistics, eighty percent of people who kill themselves give definite warning signs prior to their attempt. In the urgency to diminish these tragic events an effective approach is to have as many people as possible understand and recognize early warning signs of this emotional crisis.

This means you.

We may have difficulty reaching the twenty percent who are effective at masking signs, however, we are losing too many of the eighty percent who do give signs. They may be your children, friends, and relatives. Perhaps aging relatives concerned about losing their sanity, or life partner. Or teens plagued by peer pressure, or online or offline bullying, or lack of self worth. Or military veterans traumatized by the horrors of what they experienced in combat, or permanent injuries they've sustained. This also happens with police and fire personnel who risk their lives daily to save ours. I wish there was a demographic that wasn't affected.

This contributes to the fact that every single one of us, even for one fleeting nanosecond to disregard the thought, considers suicide as a way to end the pain we're feeling at our lowest moment. Suicide takes a frightening place on the menu of options when life sucks.

These are challenging and frightening times of escalating violence. The media is full of stories about tragically violent acts. Violence can be covert too and show up in various forms of bullying. Cyber-bullying has increased the ways people can hurt each other at rocket launch speed. We have to face the ugly after effects of how terribly some people treat others. A truly sad number of people feel unloved and unwanted, resulting in serious disconnection from others, and low self-esteem.

The advancement of social media allows people to be more connected and disconnected from each other than ever before. While I might enjoy being able to keep in contact with people, others may be publicly humiliated through this same arena.

It has brought new unimaginable dimensions to a variety of abusive behaviors with minimal ability to stop the train wrecks. The advent of sexting is allowing for numerous intended and unintended indiscretions, including easier access for pedophiles and other predators to take time to build inappropriate relationships, grooming their prey.

Humiliation and torment can be the last straw in the battle to go on living. Even video games are more violent and disconnected from reality and real loss of life. It's a time when people are wondering if the next suicidal, homicidal, or physically or emotionally bullying person they hear about in the news will be someone who lives next door to them, sits across the aisle at school, works in the next workspace, or is related to them.

The highest spike in suicides in America now is military related. The real war begins when the soldier comes home. According to statistics presented at a 2013 conference on violence, for every single battlefield loss, ten or more soldiers will take their own life. That may not sound impactful in a sentence, so look at these numbers: In the same statistical time frame 6,000 soldiers died in combat, 78,000 suicided before or after returning home.

Age Differences

Age groupings tend to have different reasons for considering suicide, but sadly reach the same conclusion: that suicide is the solution. Older adults, especially senior citizens give the least amount of warning. Even an expert in assessment could have a difficult time discerning warning signs. Teens and adults give the most clues, yet are most often told to not think that way, to appreciate what they have, or, what will people think if they keep talking like they're crazy.

Military suicides are heavy at all ages. They are tragically high among American soldiers who served in Vietnam and those who are serving multiple tours of duty. Years of physical and mental stress from war takes their literal toll along with inconsistent access to services.

Current soldiers are repeatedly sent back into battle until some rather die at their own hand than kill anyone else. In my opinion, if you have been in the service, you have PTSD (Post Traumatic Stress Disorder) in some form. The military is good, for a reason, at desensitizing people. It's necessary in order to perform military duties. However, the hyper-vigilant state of battlefield awareness can't be turned off like a light switch upon the soldier's return home. PTSD is a normal reaction to abnormal circumstances of dramatic trauma. This is true whether a person has experienced a crisis, natural disaster such as a hurricane, emotional or physical trauma, accident, street violence, domestic violence, or war violence. In real life people can get stuck and need extra help in moving forward.

Clouded Thinking: Slightly Dead or Really Dead?

A person who is suicidal is not thinking clearly. I would not have believed the following if I hadn't experienced it with many of the more than a thousand assessments and interventions I've been involved in over the years. A highly common thought process is: I'll be dead, you'll be sorry. Then I'll see who comes to my funeral. I'll see who really cares. I'll know who my real friends are. This processing is most prevalent in youth and young adults who are not looking at death as permanent, but more like a suspended place.

I'm often asked the age of the youngest person I ever dealt with. I had one eight-year-old boy who had parents who were divorcing. His explanation, which is an excellent example of clouded thinking, was as follows: "My parents are fighting all the time and are getting a divorce and I know it's my fault because they yell at me and each other all the time. If I was dead they would have to be there for each other and then when I'm back we'll be a happy family again."

Why Is Suicide Such A Hard Topic To Talk About?

It's scary to talk about death. We are not supposed to want to die. Health issues, accidents, war and crime can cause life to be too short as it is. Death is emotional. To be strong, people are told not to be emotional. I often hear people say they feel the person talking about suicide just wants attention. Yes, this is about getting attention – it's about being heard. Yes, sometimes people will test the waters to see if anyone would care if they weren't around anymore. Have you ever had a moment where you wondered inside your head who would notice if you didn't show up anymore? We need to break the taboo by not keeping silent.

People are often afraid if they bring up the word suicide it will give someone the idea to end their life. Listen carefully. You will not give them the idea. Believe me, if someone is feeling so despondent, or so angry at the world, that they are suicidal – they know it!! They are not going to say, "Oh suicide – now why didn't I think of that – thanks for the suggestion, what a great idea – I'll go kill myself now."

Society teaches us to have shame around emotional issues. We're told to suck it up. While some may think it takes courage for people to kill themselves, it does not. It often does take courage for them to pull themselves out of bed some days to deal with everything.

Talking about suicide is acknowledging the proverbial elephant that takes up all the space in the room but no-one talks about it. We must find real ways to talk about this difficult subject and deflate the elephant. We need to ask questions and know what to do with whatever answers we get. Sometimes a person needs help in coming up with a new plan (rather than suicide) to deal with their pain.

Take All Direct and Indirect Clues Seriously

Usually those who are in a crisis situation are stuck between a death wish and a wish to live, and they are not sure what they want to do. Some people talk about suicide, giving people a chance to

intervene. Sometimes the internal conversation in their own head feels so loud, it's hard to believe it can't be heard by others.

Are they trying to attract attention by talking about it? YES.

They are asking for help in whatever way they feel they can communicate. They ARE trying to get your attention. It may be their ultimate last plea for help. They are raising the stakes in a game where their life may be on the line. This is why it's important to take all direct and indirect clues seriously.

Sometimes you see these signs and symptoms in someone and think they're suicidal and then all of a sudden they seem okay, and in fact, really happy. And you think, "okay, they're fine now. I was wrong."

When they've finally made up their mind to take their own life, sometimes they seem happy because they have made the decision. So, you always want to check things out with people and ask key questions to verify if they're happy because they decided to live, or to suicide.

The key is to look for a change in a person's behaviors, feelings, and thoughts that are communicated to you.

Can Suicide Be Prevented?

Yes. I personally know a significant number of people who are alive because of some sort of intervention, sometimes including brief hospitalization.

No. Someone who is absolutely determined, given a dangerous mix of circumstances, will complete suicide.

Doing a crisis intervention and suicide assessment can sometimes feel like you're a pilot, flying through a horribly turbulent storm, with people whose lives depend on you in the passenger seats. It takes every ounce of navigational skills to get everyone safely through the storm.

Asking The Life Saving Question

You have to be able to ask the question: "Are things so bad you're thinking suicide may be a solution?" It could be the most life saving question you will ever ask. People usually feel relief from being able to express their thoughts and feelings. If you still can't or won't talk to the person in crisis, ask yourself if you would rather be writing their eulogy than talking to them.

I'm being dramatic on purpose. Don't be one of the people who are permanently and indelibly changed by the suicidal death of someone close to them. Remember, the fear of talking about suicide is the unacknowledged elephant in the room. On either side of the suicidal coin, a person can get over being mad at you for taking difficult steps; they can't "get over" being dead. Talking about concerns of suicidal action allows for a release valve necessary to deflate the elephant.

Due to the vast number of assessments and interventions I've been involved in over the years, I've had my share of people angry at me for taking the drastic step of hospitalization. A few weeks later I often would hear from them, expressing deep appreciation for acting while they were in what they would describe as a fog.

Conversation or Eulogy?

Burying our heads in the sands by avoiding the suicide word can be more dangerous than you think. Parents of potentially suicidal teens can have an extra challenging time. It's easy for parents to get into their own fears of being failures and lose sight of what's going on. They may respond with fear, or feel they should be able to fix the situation. I've known some who have asked, "How can you do this to me?" We need to stop the guilt. It would be so much better if a person could let go of the emotional burden and not their life.

Whatever the age the person you are concerned about may be, if you are still having trouble bringing up this difficult subject, don't let your fears of being a failure at fixing things, or your ego, get in the way.

***MYTH:** People commit suicide because they want to die.*

***FACT:** People commit suicide because they want their emotional or physical pain to end and they believe suicide is the only way this will happen.*

***MYTH:** Suicide happens without warning.*

***FACT:** Eight out of ten people give direct or indirect warning signs prior to their attempt.*

***MYTH:** The reason why people commit suicide is because they are depressed.*

***FACT:** Suicide is a complex behavior and there is no single reason why people choose to end their lives. Feelings of hopelessness (e.g. no solutions to the problems) are more predictive of suicide risk than diagnoses of depression.*

***MYTH:** Suicidal people always leave a note explaining their action to survivors.*

***FACT:** Only twenty percent of people who die by suicide leave a note.*

***MYTH:** Once a person is suicidal, he or she is that way forever.*

***FACT:** Most people who want to kill themselves are suicidal for a limited period of time.*

Ten Situations Leading to Thoughts of Suicide

1. **RELATIONSHIPS.** Rejection, broken promises, humiliation, and negative criticism are magnified during any stage of our lives. Relationship breakups can be devastating. Influencing factors vary depending on the way the relationship breakup happens. There aren't any easy ways to hear that someone doesn't want you anymore. All relationships are complex in multiple ways. Added sensitivity is needed for those coming to grips with issues around sexual orientation.
2. **PTSD.** Post Traumatic Stress Disorder is an emotionally and/or physically debilitating result of being a victim or witness of traumatic experiences. This is frequently tied to extreme emotional trauma that involves the threat of injury or death. Precipitating events include, but are not limited to, assault, car accidents, domestic abuse, natural disasters, prison time, rape, terrorism, and war.
3. **STRESS.** Challenged coping skills. Stress frequently leads to either going under the blankets with absolutely no energy, or to feeling significant rage and anger. Stress can build up and then explode all over us. Some people try to keep it bottled up inside. Some pass the pain on to others.
4. **DRINKING AND DRUGS.** Drinking and drugs don't cause suicidal thought, however, it does cause a serious impairment of healthy thought processing. This opens the door to bad, dangerous, and sometimes fatal results. Substance use decreases common sense, impairs judgment and the ability to react quickly and accurately to events, and increases sensitivity to emotions. The results can be numbing or angry outbursts. There's a pleasant rush during early experimentation with substance. Then time is spent trying to experience it again, resulting in increased consumption and risk taking. This, coupled with the time delay in intake and feeling the effects, can easily contribute to accidental overdoses.
5. **SCHOOL AND WORKPLACE ISSUES.** Sometimes only the terminology is different. Both schools and workplaces can be festering rumor mills. Without a healthy and positive environment, each can contribute to gossip, sabotage and lack of success. What may be bullying in school can look like a hostile work environment for the grown ups. I've known both A and D students who were suicidal because of family pressure for scholastic achievement. I've known adults who have jumped off the roof because of a 'failing' workplace.
6. **LOSS, GRIEF AND SIGNIFICANT CHANGE.** Moving, changing jobs, or feeling significantly lonely. Includes death of family members, close friends, and pets. The most dangerous time is during the first couple of weeks following loss.

7. **SELF ESTEEM.** People feel they haven't lived up to expectations of themselves or others at home, at work, in the community, and on various playing fields. Difficulty in finding face saving ways out of sticky situations can be traumatic.
8. **ILLNESS.** Body and mental health issues contribute to depression, emotional instability, or the feeling of hopelessness. People unable to stop the pain may have trouble thinking clearly, making decisions, seeing any way out, sleeping, eating, going to school or work, getting out of depression, making the sadness go away, seeing a future without pain, seeing themselves as worthwhile, getting someone's attention, or seeming to get control.
9. **FAMILY.** Multiple family issues including illness, fighting, and family members saying conflicting things can lead to thoughts of suicide. Generational triangles of relatives including parents, siblings, step-parents, grandparents, aunts, uncles and cousins can contribute to family issues. Teens and adults often blame themselves and feel if they weren't around anymore everything would be okay. Some people have minimal or no family at all. With youth, gangs can become the family that's missing, and interestingly enough, gangs have more stringent (and horribly dangerous) rules.
10. **MONEY.** Too much, which can lead to excessive and dangerous over-indulgence, or too little, which contributes to an embarrassing lack of being able to provide for self and others financially.
11. **GUILT.** Virtually everyone feels some sort of remorse for acts they have done, didn't do, or for acts they thought about doing.

The Path To Suicide Avenue

Angry

I'll be dead and you'll be sorry
 More likely to take someone with them through murder-suicide
 Reckless behavior, hostage situations, and "suicide by cop"
 Alcohol and substance abuse

Hopeless

PTSD
 Out of energy
 Despondent - Depressed
 Shame - Grief
 Feels unable to live up to expectations of self or others

Factors Contributing to Stress

People get stressed for different reasons. Something that bothers me may not even ruffle a feather for you. By looking at different ways people perceive situations and react, we can see how some factors can build up, potentially leading to thoughts of suicide.

General Stressors

- ★ Dramatic or potentially traumatic situations
- ★ Change, whether desired or not
- ★ Failure or loss
- ★ Success or gain
- ★ Disagreeing with others
- ★ Criticism
- ★ Conflict
- ★ Rejection
- ★ Lack of control
- ★ Lack of independence
- ★ Perceived lack of options
- ★ Judgment
- ★ Old technology - New technology - Social Media
- ★ Not knowing how to operate any technology
- ★ Failure to act when you believe you should have
- ★ Acting in a way you (or others) believe you shouldn't have
- ★ Hoping you'll do it right next time
- ★ Hoping you'll get a next time
- ★ Not enough time to get it all done
- ★ Too much time and still not getting it all done
- ★ Basically: Life

Where Are You on the Stress Scale?

1 2 3 4 5 6 7 8 9 10

1. What are some of the stressors in your personal and professional life now?

2. What steps are you taking to manage your stress?

Warning Signs

A potentially suicidal person feels like s/he can't: stop the pain, think clearly, make decisions, see any way out, sleep, eat or work, get out of depression, make the sadness go away, see a future without pain, see themselves as worthwhile, get someone's attention, get control.

Feeling Indicators

Sad, helpless, hopeless, worthless
Withdrawn, lonely, apathetic, guilty, bitter
Being in a fog
Hostile

Actions

Talking about or threatening to kill or harm oneself
Sudden energy following depression
Giving away possessions, writing a will
Loss of interest in hobbies
Withdraw from family, friends, school, work
Extremes of behavioral change between inactive and impulsive
Reckless behavior: driving, sexuality
Jumping into risky situations without assessing degree of danger
Abuse of alcohol, drugs or other substances
Self-mutilation
Themes of death and dying in writing, artwork, literature, music
Addiction to violent video games – real life doesn't have a reset button

Physical

Sudden lack of interest in appearance
Disturbed sleep
Change/loss of interest in sex
Change/loss of appetite, weight
Severe health problems or constant complaint of illness
Limited or unsuccessful communication attempts
Loss of an important person, thing, ideal or self-esteem

Thoughts

I wish I were dead, or I'll be dead and you'll be sorry
All of my problems will end soon
I won't be needing these things anymore
I'm a loser, everyone will be better off without me
I can't do anything right
No one can do anything to help me now
I just can't take it any more
I just can't keep my thoughts straight anymore

Emotions

1. Joy, Peace, Love, Gratitude, Passion, Harmony, Dynamic
2. Confident, Acceptance, Compassion, Empathy, Calm, Serenity
3. Wise, Meaningful, Adventurous, Enthusiasm, Spontaneous
4. Happiness, Awareness, Centered

5. Inspiring, Positive Expectation, Belief
6. Optimism, Motivation, Acceptance, Forgiveness
7. Hopeful, Contentment,
8. Courage, Understanding, Willingness

9. Neutral, Boredom, Release, Enabling

10. Pessimism, Frustration, Irritation, Impatience
11. Overwhelm, Apathy
12. Disappointment, Doubt, Indecisive, Discouraged, Negative
13. Worry, Depressed

14. Demanding, Blame, Discouraging, Resistant, Hesitant, Resentful
15. Opinionated, Pride, Vain, Gloating, Conceited. Selfish, Boastful

16. Anger, Aggressive, Belligerent, Anxious, Uneasy, Distrustful
17. Hateful, Vindictive, Rage, Antagonistic, Destructive, Hostile, Irrational

18. Jealousy, Craving, Greedy, Obsessive, Ruthless, Despising
19. Insecurity, Guilt, Unworthiness, Regret, Miserable, Melancholy
20. Fear, Grief, Depression, Despair, Powerless, Abandoned, Anguished, Distraught, Inconsolable, Vulnerable, Hopeless

Taking Action - Saving Lives

WHAT CAN YOU DO? You have to ask the question, “Are things so bad you’re thinking suicide is a solution?” After a training I did with officers who work with first-time offenders in a large northern California police department, one of the sergeants reported she went home and asked her fourteen-year-old son to go for a walk with her. During the walk she said she practically held her breath while asking him if things were ever so bad that he had thought of suicide as a solution. He stopped and stared at her for a moment. Then, he thanked her for asking and told her things were challenging but not that bad. And then she reported they had the best talk they had ever had.

TALK ABOUT SUICIDE. If someone is thinking about suicide – they KNOW they are thinking about it. Remember, you WILL NOT and CAN NOT give them the idea by bringing it up. Mostly, people who are feeling suicidal only want to die for a little while - until things are better - or so they can “view their funeral” and see who their real friends are by who shows up. Remember, their thinking is distorted and they are more interested in ending their pain than their lives. It’s also common for them to feel they are broadcasting their feelings and intentions. They are astounded that no one has picked up on it or has responded in a way they feel heard. An unspoken verbal battle inside their head feels like it can be heard by others. Lack of acknowledgement on any verbalized threats can lead to feeling they are backed into a corner and must act on their threats. Here are some ways to help someone who is threatening suicide.

1. Be aware. Learn the warning signs
2. Get involved. Become available. Show interest and support
3. Offer to go with them to talk to someone
4. Ask if he or she is thinking about suicide
5. Be direct. Talk openly and freely about suicide. Share feelings, not judgments
6. Be willing to listen. Allow expressions of feelings. Accept the feelings
7. Be non-judgmental. Don’t debate whether suicide is right or wrong, or if feelings are good or bad. Don’t lecture on the value of life
8. Don’t dare him or her to do it
9. Don’t give advice by making decisions for someone else or tell him or her to behave differently
10. Don’t ask ‘why’. This encourages defensiveness
11. Offer empathy, not sympathy
12. Don’t act shocked. This will put distance between you
13. Don’t be sworn to secrecy. Seek support. People change their minds
14. Offer hope that alternatives are available but do not offer glib reassurance. It only proves you don’t understand
15. Take action. Remove means. Get help from persons or agencies specializing in crisis intervention and suicide prevention

Basic Assessment Guides

What If You're Not Sure How Serious The Situation Is?

The following is a basic assessment guide based on those used by professionals to help determine what potential next steps might be in order. If you've had or tried to have a conversation about your concerns and experienced resistance or rebellious responses, get professional input.

Assessment Guide – CPR

Be prepared to answer these questions if you call a crisis hotline.

Current Plan:

- Do they have a plan?
- Ask HOW?
- Ask WHEN?
- Ask WHERE?
- Ask if they have the MEANS?

Prior History:

- Have they attempted before?
 - If so, how, when, where, and what happened?
 - Did they go to the hospital?
 - Did anyone know they attempted?
- Has anyone they know talked about, attempted or completed suicide?
- Are they overly curious about death?
- Has there been a history of abuse?
- Have police or social services been involved?

Resources:

- Resources are what the person with the problem perceives as his or her resources. This is NOT what YOU think their resources are.
- Who do they think cares?
- Are they in therapy?
 - When is the next appointment?
 - When was the last appointment?
- Who constitutes their family and friends?
- Who do they live with?
- Is there a trusted person in their life outside of their immediate family?

MYTH: *Once people decide to kill themselves, they will carry out their plan.*

FACT: *Most suicidal people are undecided about living or dying, and they gamble with death, sometimes leaving it to others to save them.*

Ultimate Threats

I'm going to share a story about college sweethearts, Sam and Dana. Numerous variations of their story play out at every age level, with both genders. This is an excellent example of how quickly a situation can unravel, moving to ultimate threats of suicide, and highlights the urgency to take action.

When a person is feeling insecure in a relationship it's not unusual to sink to the bottom and start asking questions, looking for affirmation in the relationship. Insecurity can lead to hopelessness, pushing the conversation to extremes where threats of self-harm show up. Destructive questions pop up. "Would you care if I wasn't here anymore?" "What would you do if I opened the car door and jumped out?" Seeking reassurance in this manner is unhealthy. If someone is exhibiting extreme insecurity, or possessiveness, and says, "If you leave me I will kill myself." they need professional help before the relationship can go much further. Being told they can't live without you is sad, or controlling, not romantic.

Don't confuse this with a healthy relationship where loss of a loved one, or a loving relationship, is devastating and immersed in grief.

If you don't find out what's really going on there's a possibility it can become an emotional, and sometimes literal, hostage situation rather than a blossoming relationship. A person may be staying in the relationship because they fear the other person will in fact end their life. This can be fueled by actual previous attempts, and extreme fear of repeated attempts.

Counseling and further evaluation is necessary for both people involved. Not only is there danger the person will harm themselves, there is danger it can shift and become possessive, and tragically in a worst case scenario can become violent or a murder-suicide situation.

If you are feeling suicidal because someone is leaving you - please get help for yourself. Don't tie up your sense of worth in their opinion of you. Don't end something as valuable as your life, because someone who is not happy wants to drag you down with them. Each person involved in a relationship has a responsibility for showing up and participating in their own life.

I'll Be Dead, You'll Be Sorry

Sam and Dana started the day with a minor disagreement about what they were going to do over the weekend. As the day wore on it escalated into a power struggle over who was going to get their way. Later in the afternoon, an hour or so after classes had let out, Dana told Sam she was done with all the arguing and the relationship was over.

Six months earlier, when Dana talked about breaking up with him during a similar seemingly senseless and endless series of arguments, Sam threatened suicide. She didn't break up with him and suicide was never mentioned again, until now. After Sam's threat of self harm six months earlier, the arguing diminished for awhile and the relationship seemed to be stabilizing. Dana was frightened when he brought it up before, and even though she thought he was being dramatic, she loved him and didn't want anything to happen to him. She thought Sam would continue to work on the kinks in their relationship if he cared so deeply that he would kill himself if she broke up with him.

Once again, Sam was telling her how he couldn't live without her and would kill himself if

she broke up with him. Dana was headed to a career in the medical profession. Sam played on the football team and wanted to go into sports psychology if he didn't make it as an athlete. They were well known and well liked on campus.

Arguing over seemingly minor things was happening with increasing frequency, and this particular argument itself was gaining traction. With a heavy sigh, and in clear distress, Dana told Sam she was done, not just with the argument but with the whole relationship.

Dana wasn't normally argumentative and didn't like who she was becoming in this relationship.

She was seriously concerned by the quickness of the escalation and the intensity of how emotionally heated it became. Sam, in an angry fit, spewed out his suicide plan to Dana. He shouted that he intended to drive home, where he would be alone because his roommate was at work. He stated he was going to pull his car into the garage of the house they rented and keep the car running with the garage door closed, using carbon monoxide poisoning to kill himself.

They had walked towards the parking lot together, but now Sam sprinted ahead, jumped into his car and peeled off, swearing he was immediately on his way home to do this. Dana was in tears, standing alone next to her car.

Dana had learned about suicide in one of her psychology classes and believed beyond a doubt Sam would carry out the threat. She called 9-1-1, making a desperate plea for quick action, while giving the dispatcher all the information about what had happened along with Sam's address and the make and color of the car he was driving.

Without immediate intervention Sam had all the ingredients for a fatal outcome. He had a plan for suicide that was dangerously well thought out. He had the how (carbon monoxide), the when (he was on his way to do it now), and the means (a car and a closed in garage), to complete the plan. He was angry and bitter about the breakup, propelling him to make dangerous threats.

Even as someone who is threatening suicide goes through these steps, they seldom see literal death as the outcome.

Sam, clearly in a severe emotional crisis, used emotional blackmail on Dana. At this point he bypassed thinking about the full consequences. He was reacting to Dana saying she was finished with the relationship with an "I'll be dead, you'll be sorry" plan. Sadly, this type of thinking is not limited to any specific age group.

How The Story Unfolded

Sam had a head start. Once he arrived at his house, he took time to go around locking up the windows and doors. Police officers and firefighter paramedics arrived and heard the car running in the closed garage. A firefighter used an axe to break a window in the house to get into the garage, open the garage door, turn off the car engine and pull a semi-conscious Sam out of the car. They were able to stop the attempt in progress.

The paramedics had Sam on a gurney in the ambulance when Dana arrived. Since there had been an actual attempt, and Sam came close to death from carbon monoxide, there was no question Sam would be going to the hospital. Upon her arrival at the scene, Dana was questioned by the police and paramedics who were seeking information. Dana was through with the relationship but didn't want Sam to be through with his life. The paramedics took Sam to the emergency room at the hospital for treatment from the carbon monoxide, and Dana followed.

From there, the emergency room doctors brought in the hospital's behavioral health professionals who decided once Sam was medically stabilized he would be placed on an involuntary 72 hour hold in the psychiatric wing of the hospital. Dana was able to give detailed information about the attempted suicide, the previous threat, and she was firm she was not going to re-enter the relationship with Sam.

During hospitalization Sam contacted family members and agreed to participate in counseling to work on his relationship and anger issues, including dealing with the fact that Dana would not reconcile with him. He decided life itself was important and was grateful he had not died. Any misstep along the way would have resulted in a tragic outcome.

Hospitalization Is Scary. Death is Tragic

I want to talk about this scary place. Sometimes a person who is actively harboring suicidal ideation needs emergency emotional treatment. Thoughts of suicide do not automatically mean mental illness even though a person may be checked into a psychiatric hospital. Hospitalization is a safety net to prevent acting on the impulse while at the top of the danger zone of the peaks and valleys of suicidal thought. It can also be a needed wake up call to others to take this potentially deadly emotional crisis seriously. A psychiatric hospital is the only place they can lock the doors and provide a necessary degree of physical safety for someone who is highly emotional and therefore at a critically low point of clear thinking.

If you had a bodily medical emergency you might start with a doctor visit. They get you in for an appointment, ask a bunch of questions, run some tests, and make suggestions that can vary from take two aspirin and call me in the morning, to the ambulance is on the way and you're going to the hospital right now for emergency surgery. We are participants in these discussions and decisions. We can say no – and go home and take our chances that we may die from this bodily malfunction, or we can go to the hospital. In varying amounts of time frames, we are admitted, they ask more bunches of questions, run even more tests, we go to pre-op, then the operating room, then to ICU, then to recovery, then to a hospital room, then home, then possibly to some form of rehab.

In an emotional crisis, a person's rational thinking button is broken. At the very time they need it the most, they are unlikely to be able to be a participant in their own decision making process. Nor can they go from suicidal thoughts to "I'm fine" any easier than a person can go from serious surgery to home and fine in a short time.

This is also the time when someone can act on someone else's behalf (yes, against their will) to take steps to try to protect them when they aren't processing safely and are at high risk of self harm. It's not as easy as it sounds so don't get sidetracked here and think it would be easy for someone to commit you at their will.

Communication and Active Listening

Active Listening is a communication skill which involves both the sender and the receiver in the communication process. At suicide prevention centers volunteers are taught to practice active listening with every call they receive. It is the foundation for keeping the caller engaged.

In active listening, the receiver tries to understand what it is the sender is feeling or what his or her message means. The receiver puts their understanding into their own words and feeds it back for the sender's verification. The receiver does not send back a message of his or her own - such as an evaluation, opinion, advice, logic, or question. S/he feeds back only what they translate as to what the sender's message meant - nothing more, nothing less.

Communication in General

Whenever a person decides to communicate with another person, they do so because they have a need. He or she wants something, feels discomfort, or has a feeling or thought about something. Therefore, they decide to talk - to communicate with another person. In deciding to talk, the person selects words which they believe will deliver the message that they wish to communicate. When the other person receives the coded message, they must then go through the process, translating the verbal symbols into understanding of meaning.

If the receiver translates accurately, they will understand the message of the sender. If the receiver does not translate accurately, they will misunderstand the message and the communication process will have broken down. Very often neither the sender nor the receiver is aware the communication process has worked improperly! It is for this reason that active listening is effective. If a misunderstanding has occurred, it will be known immediately and the communications can be clarified before any further misunderstanding occurs.

Clarifying

Purpose:

1. To get additional facts.
2. To help explore all sides of a problem.

Examples:

1. Can you clarify this . . .
2. Do you mean this . . .
3. Is this the problem as you see it now . . .

Restatement

Purpose:

1. To check our meaning and interpretation with theirs.
2. To show you are listening and you understand what is being said.

3. To encourage analyzing other aspects of the matter being considered and discussing it with you.

Examples:

1. As I understand it then, your plan is . .
2. This is what you have decided to do and the reasons are . .

Neutral

Purpose:

1. To convey that you are interested and listening.
2. To encourage the person to continue talking.

Examples:

1. I see.
2. Uh-huh.
3. That's very interesting.
4. Tell me more.

Reflective

Purpose:

1. To show you understand how they feel about what they are saying.
2. To help the person to evaluate and temper their own feelings as expressed by someone else.

Examples:

1. You feel that . .
2. It was shocking to hear or see that . .
3. You felt you didn't get a fair shake . .

Summarizing

Purpose:

1. To bring all the discussion into focus in terms of a summary.
2. To serve as a springboard for further discussion on a new aspect or problem.

Examples:

1. These are the key ideas you have expressed . .
2. If I understand how you feel about the situation . .

Roadblocks to Communication

1. Directing, Ordering, Commanding:
You must . . You have to . . You will . .

2. Warning, Threatening:
 You had better . . . or else
 If you don't . . . then
3. Moralizing, Preaching:
 You should, You ought to . . .
4. Arguing, Lecturing:
 Do you realize that . . . Here is why you are wrong . . . Yes, but . . .
5. Advising, Providing Answers or Solutions
 What I think you should do is . . .
 Why don't you . . . What I would do is . . .
6. Judging, Blaming, Name-calling, Put-downs, Criticizing:
 You are a lazy, good-for-nothing . . .
 It's your fault . . . That was a stupid thing to do . . .
 What a crazy idea . . .
7. Reassuring:
 Don't worry . . . It's not that bad . . . You'll feel better if . . .
8. Diagnosing, Psychoanalyzing
 What your problem is . . .
 What's wrong with you is . . .
9. Cross-examining, Prying, Interrogating:
 Who, Why, When, Where, With whom, How
10. Avoiding:
 Let's not talk about it now . . .
 That reminds me . . .
 Let's talk about that later . . . or any form of changing the subject abruptly
11. Sarcasm, Teasing
 Cat got your tongue? Spit it out . . .
 Since when did they put you in charge?
 Get up on the wrong side of the bed?
 Well, aren't we special!!

Suicide: Call to Awareness

Directions: The following is an excellent practice tool for you. Look for the clues and answer the assessment questions on the next page. This was given to me almost twenty years ago by a teacher. I was doing suicide awareness trainings in her classroom. The original source is unknown, but highly appreciated. The “prevailing verse” after section one is like a refrain that would be repeated and run between each of the sections.

1. My name’s Sam, I guess you’d say that I’m the lucky one;
I’ve got lots of friends, I like to party, they say I’m lots of fun.
School comes easy, sports are a breeze; they all think I’m great.
I’m tall, blonde, with baby blues, I’ve always got lots of dates.

Prevailing verse - underlying theme:

Is anything worth it all? Is anything for real?
Is it worth the fight – who knows? I’m not sure what to feel.
Is anybody listening? Is anybody there?
I’m alone, tired, and afraid – Does anybody care?

2. Things have always gone my way. You might say life’s a breeze; I’ve got money, talent,
looks, brains, I do everything with ease.
Lately, though, things aren’t the same as they had always been;
It looks to me that brighter days won’t come my way again.

3. My parents do not get along, take it from this source;
They won’t be together long – I’m talking the big DIVORCE!
I had a fight with my girl just the other day;
We broke up fast, it hurts a lot, what more can I say?
Just I’m the one who’s always cool, who always has a smile;
But it seems to me I have not laughed or joked much in a while.

4. I can’t seem to concentrate on anything at all;
My grades are on the downhill side headed for a great big fall.
But what’s the use, who really cares? Certainly not me!
Caring only gets you into trouble with a capital T!

5. What’s the best way? I’m not sure – to forget it all?
No one sees what’s going on, I’m up against the wall.
I’ve told them all and no one hears, they all could care less;
Today’s the day, now’s the time – to end this GREAT BIG MESS!

Suicide Risk Test

Directions: Check those items that apply.

- 1. Talking or threatening to kill or harm oneself.
- 2. Previous suicide attempt.
- 3. Severe depression (feelings of hopelessness, helplessness, loneliness, withdrawal, and changes in appetite, sleep and school or work performance - - this is sometimes seen in people with sleep disorders, anorexia, or weight loss).
- 4. Sudden energy following a depression (energy is needed to commit suicide).
- 5. Loss of an important person, or thing, ideal, or self-esteem.
- 6. Making final arrangements (saying good-bye, getting rid of friends, giving away prized possessions).
- 7. Abusive use of drugs and alcohol.
- 8. Themes of death and dying in the person's writing and artwork.
- 9. High stress in the person's life or, if the person is an adult, look at loss of loved ones by death, divorce or separation; loss of job, money prestige, sickness; changes in life or environment.
- 10. The person seems to have a suicide plan that is logical and well thought out.
- 11. The person does not have many sources of emotional support (does not have friends or family, or they are not available to help).
- 12. Severe health problems or constant complaints of illness.
- 13. Communication is very limited, and not successful.

Results

1 to 3 checked: Continue to stay in contact with the person and recommend they they make contact with someone who can better assess the situation. Offer to go with them.

4 to 7 checked: Push the person to get professional help. Talk to a responsible person or call a hotline for input or assistance.

Over 7: Take action. Get professional help immediately. Try not to leave them alone.

Resources

In the United States dial 0 (zero) to connect with a telephone operator, or call 9-1-1 to connect immediately with the police department in any geographic location in the US

If you call a hotline, they are there to help you. Someone will speak to you, and can also connect you to resources close to/or in your geographic area. Most of the organizations have websites where you can browse through various services available, and also connect to a resource person.

National Suicide Prevention - Lifeline 24 hour Hotline
1-800-273-TALK (8255) www.SuicidePreventionLifeline.org

National Suicide Hotline for Gay and Questioning Youth 1-866-488-7386

National Domestic Violence 24 hour Hotline 1-800-799-7233

National Teen Dating Abuse 24 hour Hotline 1-866-331-9474

Rape, Abuse, and Incest National Network (RAINN)
1-800-656-HOPE (4673)

ChildHelp - National Child Abuse 24 hour Hotline
1-800-422-4453 www.childhelp.org

NAMI - National Alliance on Mental Illness
Helpline - 1-800-950-6264 www.nami.org

Addictions. <http://www.addictionblog.org> for info and listings of drug and alcohol hotlines

Healthy Place - Information on various emotional and mental health disorders
1-888-883-8045 <http://www.HealthyPlace.com>

National Police Suicide Foundation
1-302-536-1214 Toll Free 1-866-276-4615 email: redoug2001@aol.com www.psf.org

Vet Center Crisis Hotline 1-800-WAR-VETS

Want to talk directly to a combat veteran? Go to: www.vets4warriors.com 1-855-838-8255

Department of Justice Sex Offenders Data Base - <http://www.nsopw.gov>

National Human Trafficking Hotline - 1-888-373-7888

For Ten National Drug and Alcohol Hotlines: <http://www.addictionblog.org>

PTSD - Post Traumatic Stress Disorder

There are many misconceptions about PTSD. Consider this explanation: An emotional or physical trauma has already happened (Post). Which was horrible to experience or witness (Traumatic). Which caused significant anxiety (Stress). And has reduced functionality to the point where it has become debilitating (Disorder). First and foremost PTSD is not mental illness.

Main symptoms include:

1. Reliving the event: which disturbs day-to-day activity. This shows up in flashbacks and nightmares which feel like the event is happening again, creating strong, uncomfortable reactions to situations that remind the person of the event.
2. Avoidance: Emotional numbing, feeling detached, not interested in normal activities, avoiding people and places that are reminiscent of the event, feeling a lack of having a future.
3. Hyperarousal: including scanning surroundings constantly for signs of danger (hypervigilance), unable to concentrate, irritable, outbursts of anger, trouble sleeping.

The person may feel great guilt, including survivor guilt, and experience symptoms of anxiety, stress, and tension.

There are some excellent treatment modalities to deal with PTSD. These are used by trained professionals who, in addition to practicing in the behavioral health field, specialize in one or more of the following modalities. Each of the resources have sites where you can find trained professionals all over the world.

EMDR - Eye Movement Desensitization & Reprocessing

Founded by Francine Shapiro www.emdr-therapy.com EMDR was the first of the newer treatment modalities to be recognized by the Veterans Administration for treatment of PTSD.

EFT - Emotional Freedom Technique

Founded by Gary Craig EFT is effective for a wide variety of stressful situations, and for stress and trauma reduction. Gary Craig has devoted many years to research and treatment of veterans experiencing PTSD, including in VA hospitals. www.emofree.com

Nick Ortner and Dawson Church furthered research and treatment options using EFT, picking up where Gary Craig left off when he retired to concentrate on PTSD and TMI (Traumatic Brain Injury). Nick Ortner - www.thetappingsolution.com Dawson Church - www.eftuniverse.com

SE - Somatic Experience

Founded by Peter Levine. A psychobiological method for resolving trauma symptoms, and relieving chronic stress. Visit the website to learn more and find qualified practitioners. www.traumahealing.com

SUICIDE REAL ISSUES ~ REAL CRISIS ~ REAL HELP

*It is time to unravel many misconceptions about suicide.
Suicide is not about wanting death.
It is about wanting to stop emotional, and/or, physical pain.*

According to multiple sets of crisis statistics, eighty percent of people who attempt or complete suicide give some form of warning signs prior to their attempt.

*Suicide happens to young, old, rich, poor, sick and healthy.
Fortunately there are some definite warning signs, which when recognized and acted upon, can help save lives.*



Sande Roberts has been in the crisis and behavioral health field for over twenty-five years. Sande has a master's degree in clinical psychology, and is a certified master trainer in suicide prevention and intervention by the State of California Department of Mental Health.

Sande spent many years working with high risk teens and families, including time spent implementing prevention programs for middle schools and high schools in Northern California. She spent a year with the Crisis Intervention and Suicide Prevention Center in San Mateo, California, and then the next five years in charge of a teen crisis shelter in California. Four years of handling highest risk Child Protective Services cases in Arizona.

Sande then shifted to working with those in ultra high stress professional positions, or careers, including those in highly visible positions like police, fire, and sports. Sande is a conflict resolution and mediation specialist, as well as a sports psychology specialist. She is adjunct faculty in the Psychology Department at Phoenix College in Phoenix, Arizona. She is an expert in all facets of effective communication. She coaches, consults and mentors individuals, businesses and governments so that they function better together, and with their employees, customers, and families. Sande uses unconventional approaches to achieve amazing results in helping her clients understand how they and others show up in their personal and professional behavior and communication. As a board member of the Arizona Association for Conflict Resolution, she has helped schools implement peer led mediation programs.

Sande was a co-founder of a RotaCare free medical clinic in northern California to serve the healthcare needs of underinsured and uninsured farm workers and residents. The clinic has been in operation for eighteen years.

Sande lives in Chandler, Arizona with her husband Rob. Their extended families include four children, six grandchildren, and assorted cats and dogs.