



Suicide: Prevention, Intervention, & Postvention

Chaplain Mike Dismore
mjdismore@gmail.com
541-788-3364

1



Materials in this presentation have been
taken from the following sources:

1. ICPC Basic Course – B10 Suicide
2. Suicide: Prevention, Intervention, & Postvention by Daniel W. Clark, Ph.D., Denise J. Thompson, M.S.W., and Victor Welzant, Psy.D.
3. American Association of Suicidology web site:
<http://www.suicidology.org>
4. American Foundation for Suicide Prevention web site:
www.afsp.org
5. Centers for Disease Control, <http://www.cdc.gov>
6. National Institute of Mental Health: www.nimh.nih.gov
7. Suicide Prevention Resource Center: www.sprc.org

2



Training Objectives

- A general understanding of suicide including factual information relative to suicides
- An understanding of how depression is related to suicide
- An understanding of how substance abuse is related to suicide
- Signs/intervention for suicide prevention

3



Training Objectives

- Tools for responding to scenes of suicide threat or completion
- An overview of First Responder suicides
- Information regarding aftermath issues
- General chaplain health and wellness

4



Definition of Suicide

“Suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution.”

Dr. Ed Shneidman, Psychache, 1993
Co-founder and co-director of the Los Angeles Suicide Prevention Center

5



Suicide is Complicated

- Suicide is not a single “illness” but a fatal complication of different disorders:
 - Depression
 - Bipolar illness
 - Schizoaffective disorder
 - Anxiety disorders, including PTSD
 - Alcoholism and other substance abuse
 - Adjustment disorder (children & adolescents)
 - Personality disorders (e.g. borderline)
 - Personality traits (e.g., impulsivity, aggression)

6



Suicide is Complicated

- Suicide is a behavior, influenced and shaped by different forces:
 - Biological — the body, especially the brain
 - Psychological — feelings, attitudes, personality, shaped by human development and life experiences, including stress
 - Social — roles and norms assigned by gender, race, ethnicity, social class, etc.; social relationships, especially family (e.g., abuse)
 - Cultural — values, beliefs and attitudes of groups and sub-groups
 - Laws

7



Why People Choose Suicide?

- One reason is to stop or cause pain
- The actual number of suicides may be higher than statistics show because many suicides are unreported
- 10% for no apparent reason
- 25% are classified as mentally unstable
- 40% commit suicide on impulse, for relief of pain, or for revenge
- 25% commit suicide after weighing the pros and cons of living and dying

8

10 Leading Causes of Death, United States
2017, All Races, Both Sexes

Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 4,982	Unintentional Injury 1,367	Unintentional Injury 717	Unintentional Injury 892	Unintentional Injury 13,441	Unintentional Injury 25,956	Unintentional Injury 22,825	Malignant Neoplasms 38,298	Malignant Neoplasms 114,810	Heart Disease 919,052	Heart Disease 941,487
2	Shot, Poisoning 3,749	Congenital Anomalies 424	Malignant Neoplasms 418	Cancer 377	Cancer 3,232	Cancer 7,292	Malignant Neoplasms 10,800	Heart Disease 32,858	Heart Disease 85,102	Malignant Neoplasms 427,888	Malignant Neoplasms 588,108
3	Maternal Pregnancy Comp. 1,433	Malignant Neoplasms 325	Congenital Anomalies 188	Malignant Neoplasms 407	Homicide 4,905	Homicide 8,488	Heart Disease 10,401	Unintentional Injury 24,461	Unintentional Injury 21,456	Chronic Low Respiratory Disease 183,676	Unintentional Injury 183,676
4	SDS 1,383	Homicide 303	Homicide 154	Congenital Anomalies 93	Malignant Neoplasms 1,324	Heart Disease 3,881	Cancer 7,320	Cancer 8,901	Chronic Low Respiratory Disease 18,807	Cardio-vascular Disease 158,238	Chronic Low Respiratory Disease 169,201
5	Unintentional Injury 1,312	Heart Disease 127	Heart Disease 75	Homicide 178	Heart Disease 613	Malignant Neoplasms 3,818	Homicide 3,351	Liver Disease 8,212	Diabetes Mellitus 14,804	Alzheimer's Disease 125,107	Cardio-vascular Disease 148,383
6	Peptide Link Mutations 862	Influenza & Pneumonia 154	Influenza & Pneumonia 82	Heart Disease 104	Congenital Anomalies 385	Liver Disease 818	Liver Disease 3,950	Diabetes Mellitus 8,408	Liver Disease 13,737	Diabetes Mellitus 89,020	Alzheimer's Disease 121,454
7	Respiratory Disease 802	Cardio-vascular Disease 49	Chronic Low Respiratory Disease 28	Chronic Low Respiratory Disease 78	Diabetes Mellitus 748	Diabetes Mellitus 823	Diabetes Mellitus 2,118	Cardio-vascular Disease 5,166	Cardio-vascular Disease 12,708	Unintentional Injury 56,863	Diabetes Mellitus 83,844
8	Cerebrovascular Disease 448	Seppticemia 48	Cardio-vascular Disease 41	Cardio-vascular Disease 96	Influenza & Pneumonia 190	Cardio-vascular Disease 883	Cardio-vascular Disease 1,811	Chronic Low Respiratory Disease 3,978	Stroke 8,408	Influenza & Pneumonia 48,882	Influenza & Pneumonia 84,872
9	Respiratory Disease 440	Berger's Nephropathy 44	Seppticemia 33	Influenza & Pneumonia 91	Chronic Low Respiratory Disease 187	HIV 813	Seppticemia 884	Seppticemia 2,441	Seppticemia 8,408	Nephritis 41,878	Nephritis 84,883
10	Intentional Poisoning 378	Intentional Poisoning 42	Berger's Nephropathy 31	Berger's Nephropathy 93	Congenital Anomalies 188	Congenital Anomalies 892	HIV 851	Homicide 2,273	Nephritis 8,411	Phobias 31,177	Stroke 47,173

WISQARS™ - National Institute of Health and Human Services, Division of Health and Statistics, National Center for Health Statistics (NCHS), National Vital Statistics System.
Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.



Annual Number of US Suicides

Year	Suicides	Year	Suicides
2000	29,350	2009	36,909
2001	30,622	2010	38,364
2002	31,655	2011	39,518
2003	31,484	2012	40,600
2004	32,439	2013	41,149
2005	32,637	2014	42,826
2006	33,300	2015	44,193
2007	34,598	2016	44,965
2008	36,035	2017	47,173

10



The Tip of the Iceberg

As taken from 2017 data

Reported Suicides: 47,173

Unreported Suicides: + 4,717 (10%)
Total Suicides: 51,890

Suicide Attempts: + 1,297,250 (25:1)
Total Suicide Behaviors: 1,349,140

Others affected: 8,094,840 (CDC 6:1)
Or 148,405,400 (Kevin Hines 110:1)

11



Myths & Facts About Suicide

<http://crisiservices.org/suicide-prevention/myths-facts/>

Suicide is the fifth leading cause of death for ages 15-24 in the United States.

False: In 2017 suicide is the second leading cause of death for ages 10-34. Suicide is the fourth leading cause of death for ages 35-54.

People who talk about suicide really want to die.

False: People do not usually want to die, but they see no other options. It may seem like the only option they have left to make things better. Suicide is contemplated with a great deal of ambivalence.

13



Myths & Facts About Suicide

<http://crisiservices.org/suicide-prevention/myths-facts/>

People who attempt suicide and survive are just seeking attention; they seldom ever try it again.

False: With each attempt a person's chance of completing suicide increases.

All acts of suicide are done on the spur of the moment, with no previous planning.

False: While some acts of suicide are done impulsively (often under the influence of drugs or alcohol), the majority of suicides are attempted after planning and discussing their thoughts with others.⁴



Myths & Facts About Suicide

<http://crisiservices.org/suicide-prevention/myths-facts/>

People who drink or use drugs as an escape are less likely to complete suicide to escape from their problems.

False: Drugs and alcohol decrease a person's inhibitions and increase a person's impulsivity, increasing a person's risk of suicide.

Once a person has survived a suicide attempt, he or she will never try again.

False: With each attempt a person's chance of completing suicide increases.

15



Myths & Facts About Suicide

<http://crisiservices.org/suicide-prevention/myths-facts/>

Depression is the most basic predictor of suicide.

False: While depression is a high indicator for suicide, the highest indicators are helplessness and hopelessness. Helplessness is when people feel that no matter what they do, their situation does not improve. Hopelessness is when people feel that there is no hope for improvement with their situation.

16



Myths & Facts About Suicide

<http://crisiservices.org/suicide-prevention/myths-facts/>

When a suicidal person's depression improves and spirits lift, he or she is out of danger.

False: Oftentimes, a person's depression decreases and spirits lift once the person has made up their mind to complete suicide and they have their plan in place, almost as if a large burden has been lifted off of them.

17



Suicide: Direct Verbal Clues

I'm going to kill myself

I wish I were dead

You'd be better off without me

I might as well be dead

If ___ doesn't happen, I'm going to end it

I'm going to commit suicide

18



Indirect Verbal Clues

I can't go on any longer
 I'm taking the plunge
 We all have to say goodbye sometime
 Nobody needs me anymore
 I'm tired of life
 You won't be seeing me any more
 Life has lost meaning for me
 I can't take it any more
 You'd be better off without me
 I can't take the pain
 Eat my gun
 You're going to regret how you treated me
 Cash in my chips
 Fold my hand

19



20



Indirect Suicide Indicators Clues.... Clues.... Clues....



- ❖ Buying a weapon
- ❖ Giving away possessions
- ❖ Making a will
- ❖ Talking about a long trip
- ❖ Taking unusual risks
- ❖ Changes in personality
- ❖ The "practice run"
- ❖ Sudden religious interest/disinterest
- ❖ Substance abuse relapse

21



Major Predictors of Suicidal Behavior

Current plan:

- Specificity of their plan
- Availability of means
- Lethality of method

Previous History:

- A prior suicide attempt
- A family history of suicide behaviors

Resources available



22



Major Predictors of Suicidal Behavior

Observable signs of serious depression

Unrelenting low mood; pessimism; hopelessness; desperation; anxiety, psychic pain, inner tension; withdrawal; sleep problems

Increased alcohol and/or other drug use

Recent impulsiveness and taking unnecessary risks

23



Depression and Suicide

- Depression will be the #2 illness by 2020
- Depression is common, affecting about 121 million people worldwide
- Depression is among the leading causes of disability worldwide
- Depression can be reliably diagnosed and treated in primary care
- Fewer than 25% of those affected have access to effective treatments

World Health Organization

24



Symptoms of Clinical Depression

- Feeling sad, anxious, or helpless
- Feeling worthless or guilty
- Changes in appetite or weight
- Thoughts of death, morbidity, or suicide
- Psychomotor retardation or agitation
- Trouble concentrating, remembering or making decisions
- Trouble sleeping or sleeping too long
- Loss of interest in things one used to enjoy
- Loss of energy or feeling tired all the time

25



Alcohol Abuse and Suicide

- Risk of suicide in alcoholics is 50-70% higher than general population
- Drugs/alcohol have a dis-inhibitory effect (takes away impulse control)
- Drugs/alcohol change perception and ability to deal with those perceptions
- Drug/alcohol users are at greater risk of committing suicide

26



Factors in First Responder Suicides

- Depression
- Relationship conflicts
- Personal loss
- Easy access to firearms
- Drug and alcohol abuse
- Financial difficulty
- Internal investigations
- Fear of secret getting out
- Legal problems
- Males are far more likely than female to commit suicide

27



Triggers of Suicide

- Relationship breakup or divorce
- Discipline
- Debt
- Health problems or disability
- Response to a critical incident
- The D's – divorce, depression, discipline (lack of), death, devastation, desperation, deprivation (sleep), disgrace, disability, drinking, debt, disease, distance (emotional), despair, dread, discounted, dismissed, dumped

28



Suicide: Intervention

AID LIFE

Ask – Don't be afraid to ask, "Are you thinking of hurting or killing yourself?"

Intervene immediately – Take action. Tell the person he or she is not alone.

Don't keep it a secret.

29



Suicide: Intervention

AID LIFE

Locate help – Seek a mental health professional, peer supporter, chaplain, family member, friend.

Inform supervisor of the situation.

Find someone to stay with the person.

Expedite – Get help immediately. An at-risk person needs immediate attention.

30



Suicide: Intervention

Important Questions

- Have you been thinking of hurting or killing yourself?
- When did you last think about suicide?
- How would you kill yourself?
- Do you have the means available?
- Have you ever attempted suicide?

31



Suicide: Intervention

Important Questions

- Has anyone in your family attempted or died by suicide?
- What are the odds that you will kill yourself?
- What has been keeping you alive so far?
- What do you think the future holds in store for you?

32



Suicide: Intervention

Do's of Intervention

- Remain calm
- Help define the problem
- Rephrase thoughts – Accept their feelings
- Focus on central issue
- Stay close
- Emphasize temporary nature of problem
- Explore resources
- Listen . . . Listen . . . Listen

33



Suicide: Intervention

Don'ts of Intervention

- Don't sound shocked
- Don't offer empty promises
- Don't try to cheer her/him up
- Don't debate morality
- Don't assume things will improve
- Don't leave person alone
- Don't keep it a secret
- Don't remain the ONLY person helping

34



Suicide: Intervention

Protective Factors

- Effective coping and problem-solving skills
- Social & family support
- Optimistic outlook
- Sense of "belonging" to a group or organization
- Positive relationships
- Physical activities
- Easily accessible helping resources
- Participation and membership in a community
- Belief that it is okay to ask for help
- Sense of self-efficacy and personal control

35



Suicide: Intervention

Barricades to Seeking Help

- Denial
- Avoidance
- Anger
- Fear: seeking help will impact job
- Fear: chain of command or supervisor will be contacted
- Fear: hospitalization, being stigmatized
- Fear: of being misunderstood

36



Suicide: Postvention

Suicide Survivors

Postvention, (Scheidman, 1981) in contrast to prevention and intervention, describes the actions and services provided to survivors of suicide. These **suicide survivors** include spouses, significant others, parents, children, grandparents, aunts, uncles, cousins, lovers, friends, co-workers, classmates, etc. Anyone of us may be touched by the suicide of someone we care about.

37



Suicide: Postvention

Suicide Survivors

Suicide survivors struggle with a myriad of emotions, from grief and loss through anger and guilt. The suicide may be sudden and unexpected or a process which may have seemed inevitable to family and friends. The suicide often leaves “unfinished business” with which the survivors struggle for months and possible years.

38



Suicide: Postvention

Suicide Survivor Reactions

- Similar to loss due to any sudden or violent death
- Often compromises usual mourning rituals
- Expect a 4-7 year “recovery” period
- Usually more “complicated” than other causes of death
- Death is usually sudden and unexpected

39



Suicide: Postvention

Suicide Survivor Reactions

- Leaves “unfinished business” – no closure
- Rejection, abandonment
- Often leaves a violent death scene
- Scene is a crime scene
- Media involvement

40



Suicide: Postvention

Suicide Survivor Reactions

Emotional:	Interpersonal:
Shame	Loneliness
Guilt	Social isolation
Responsibility	Social stigma
Blaming	Diminished social supports
Scapegoating	Difficulty trusting others
Abandonment	Negative family reactions
ANGER	Over protectiveness
	Major changes in lifestyle



Suicide: Postvention

Helping Survivors

- Let them talk!
- Use the deceased name
- Begin ASAP
- Be an active listener
- Listen without judgement
- Encourage positive and negative memories
- Don't hurry grief!
- Clarify misunderstandings

42



Suicide: Postvention

Helping Survivors

- Ask how they are doing
- Read about grief, loss, suicide
- Take one day at a time
- Remind them of positive memories
- Invite them for a visit
- Communicate with compassion
- Help them find additional help

43



Talking with Suicide Survivors

Helpful Phrases

- ☺ I'm sorry for your loss.
- ☺ How can I help?
- ☺ Is there anyone I can call for you?
- ☺ Since the suicide, what are the biggest challenges for you?
- ☺ When your loved one/friend died, what else died?
- ☺ What one small thing can you do differently that might help you?

44



Talking with Suicide Survivors

Phrases to Avoid

- ☹ You know they went to hell . . .
- ☹ You are young enough to have another child.
- ☹ You have to snap out of it.
- ☹ Get over it.
- ☹ Didn't you see this coming?
- ☹ What did you do to make him/her do this?
- ☹ Crying won't bring her/him back.
- ☹ Try to think positive.
- ☹ I know how you feel.

45



Self Care Tips

Take Care of Yourself

Make Connections

Create Joy and Satisfaction and LAUGH

Nurture a Positive View of Self

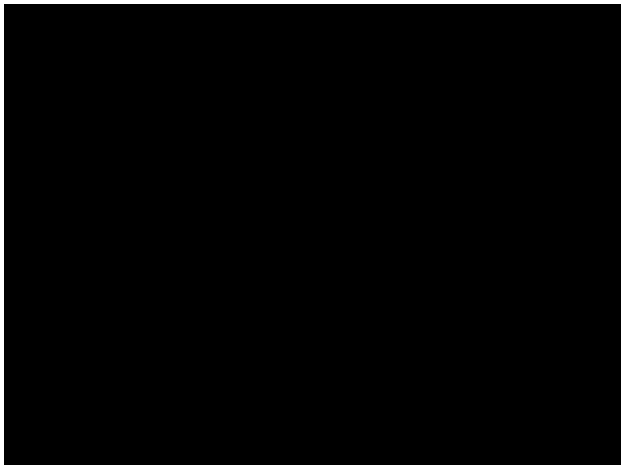
Find Activities that Sooth and Relax You

Do Some Kind of Physical Activity

Pay Attention to Your Body

Nurture Your Mind and Spirit

46



Suicide: Prevention, Intervention, & Postvention

Questions & Comments

Chaplain Mike Dismore
mjdismore@gmail.com
 541-788-3364

48