



# INTERNATIONAL CONFERENCE OF POLICE CHAPLAINS

B10 – Suicide

Presented by  
Chaplain Mike Dismore

Revised June 2013



## 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](http://www.afsp.org)
5. Centers for Disease Control, <http://www.cdc.gov>
6. National Institute of Mental Health:  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
7. Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)

Revised June 2013



## 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

Revised June 2013



## Training Objectives

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

Revised June 2013



## 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

Revised June 2013



## SUICIDE IS NOT A RECENT DEVELOPMENT

Suicides have been documented as far back in time as the Pharaohs of Egypt. In Western culture, suicide was prohibited after Church leaders documented what they considered to be unacceptably high suicide rates. St. Augustine, in approximately 460 AD, declared that no one was to end their life in order to seek a better life after death. At approximately the same time, Roman law also outlawed suicide plus mandated that property belonging to the deceased was forfeited to the government if the cause of death was determined to be suicide. Laws making suicidal behavior a crime were repealed only very recently.

Revised June 2013



## Death versus Suicide

- ▣ Surprise
- ▣ Feel robbed
- ▣ Shame
- ▣ Unfinished business
- ▣ Media
- ▣ Violent death scene
- ▣ Blame and unanswered questions
- ▣ Stigma in grief

Revised June 2013

## Why People Commit Suicide?

- 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

Revised June 2013



## SUICIDES IN THE US

Did You Know?

- ❖ One suicide every 13.7 minutes
- ❖ 10th ranking cause of death in the US
- ❖ 959,100 suicide attempts
- ❖ 4.6 million living Americans have attempted suicide
- ❖ Each suicide affects at least 6 people intimately

As taken from 2010 data

Revised June 2013

### 10 Leading Causes of Death by Age Group, United States - 2010

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 5,397	Unintentional Injury 1,394	Unintentional Injury 756	Unintentional Injury 885	Unintentional Injury 12,341	Unintentional Injury 14,573	Unintentional Injury 14,792	Malignant Neoplasms 50,211	Malignant Neoplasms 109,501	Heart Disease 477,338	Malignant Neoplasms 597,689
2	Short Gestation 4,148	Congenital Anomalies 507	Malignant Neoplasms 429	Malignant Neoplasms 477	Homicide 4,678	Suicide 5,735	Malignant Neoplasms 11,809	Heart Disease 26,729	Heart Disease 68,077	Malignant Neoplasms 296,876	Malignant Neoplasms 574,743
3	SIDS 2,093	Homicide 285	Congenital Anomalies 183	Suicide 237	Suicide 4,600	Homicide 4,238	Heart Disease 10,594	Unintentional Injury 19,867	Chronic Low Respiratory Disease 14,242	Chronic Low Respiratory Disease 118,031	Chronic Low Respiratory Disease 138,080
4	Maternal Pregnancy Comp. 1,561	Malignant Neoplasms 246	Homicide 111	Homicide 150	Malignant Neoplasms 1,064	Malignant Neoplasms 3,619	Suicide 6,571	Suicide 8,799	Unintentional Injury 14,023	Cerebrovascular Disease 109,990	Cerebrovascular Disease 129,476
5	Unintentional Injury 1,110	Heart Disease 159	Heart Disease 68	Congenital Anomalies 155	Heart Disease 1,028	Heart Disease 2,222	Homicide 2,473	User Disease 4,653	Diabetes Mellitus 11,677	Alzheimer's Disease 82,616	Unintentional Injury 120,850
6	Pneumonia 1,030	Influenza & Pneumonia 91	Chronic Low Respiratory Disease 60	Heart Disease 117	Congenital Anomalies 412	HIV 741	Liver Disease 2,423	Cerebrovascular Disease 5,810	Cerebrovascular Disease 10,693	Diabetes Mellitus 49,191	Alzheimer's Disease 83,494
7	Bacterial Septic 583	Septicemia 62	Cerebrovascular Disease 47	Chronic Low Respiratory Disease 73	Chronic Low Respiratory Disease 190	Diabetes Mellitus 606	Cerebrovascular Disease 1,904	Diabetes Mellitus 5,810	User Disease 9,764	Influenza & Pneumonia 42,846	Diabetes Mellitus 69,071
8	Respiratory Distress 514	Benign Neoplasms 50	Benign Neoplasms 37	Benign Neoplasms 45	Influenza & Pneumonia 181	Cerebrovascular Disease 917	Cerebrovascular Disease 1,808	Chronic Low Respiratory Disease 4,452	Suicide 6,381	Nephritis 41,994	Nephritis 50,476
9	Cirrhosis 507	Perinatal Period 52	Influenza & Pneumonia 37	Cerebrovascular Disease 43	Diabetes Mellitus 165	User Disease 487	Diabetes Mellitus 1,789	HIV 3,123	Nephritis 5,082	Unintentional Injury 41,200	Influenza & Pneumonia 50,897
10	Neuroinfectious 472	Chronic Low Respiratory Disease 51	Septicemia 32	Septicemia 35	Complicated Pregnancy 163	Congenital Anomalies 397	Influenza & Pneumonia 773	Viral Hepatitis 2,378	Septicemia 4,604	Septicemia 26,310	Suicide 38,361

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.  
 Congenital Anomalies, National Center for Health Statistics, CDC.  
 Produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC using WISQARS™.



## ANNUAL NUMBER OF SUICIDES IN THE US

Annual Number of US Suicides

2000	29,350
2001	30,622
2002	31,655
2003	31,484
2004	32,484
2007	34,598
2008	36,035
2009	36,909
2010	38,360

Revised June 2013



## THE TIP OF THE ICEBERG

As taken from 2010 data

Reported Suicides: 38,364

Unreported Suicides: + 3,836 (10%)

Total Suicides: 42,200

Suicide Attempts: + 959,100 (25:1)

Total Suicide Behaviors: 1,001,300

Those affected by Suicidal Behavior: + 6,007,800 (6:1)

Total Involved: 7,009,100



## 2010 SUICIDES IN ICPC REGION 2

	State	(2009 rank)	Deaths	Rate
1	Wyoming	(4)	131	23.2
2	Alaska	(1)	164	23.1
3	Montana	(2)	227	22.9
6	Idaho	(11)	290	18.5
7	Oregon	(9)	685	17.9
23	Washington	(23)	957	14.2

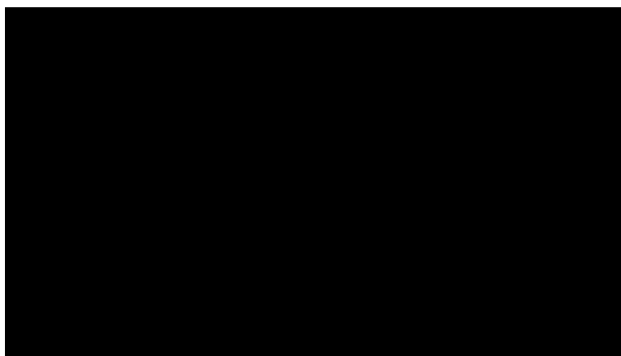
Revised June 2013



## Who is Prone to Suicide

- ▣ Dependent, dissatisfied, continually makes demands, complains, controls
- ▣ Inflexible, inadaptable, alienates others with his demands
- ▣ Low feelings of self-esteem; needs constant reassurance of self-worth
- ▣ Most at risk – white male, 45 years or older, divorced or alone, alcohol problem, without job or profession

Revised June 2013



**Life Can Sometimes Be Difficult**



## Myths About Suicide

**MYTH:** People who talk about suicide don't complete suicide.

**FACT:** Many people who die by suicide have given definite warnings to family and friends of their intentions. Always take any comment about suicide seriously.

**MYTH:** Suicide happens without warning.

**FACT:** Most suicidal people give many clues and warning signs regarding their suicidal intention.

Revised June 2013



## Myths About Suicide

**MYTH:** Suicidal people are fully intent on dying.

**FACT:** Most suicidal people are undecided about living or dying - which is called suicidal ambivalence. A part of them wants to live, however, death seems like the only way out of their pain and suffering. They may allow themselves to "gamble with death," leaving it up to others to save them.

Revised June 2013



## Myths About Suicide

**MYTH:** Males are more likely to be suicidal.

**FACT:** Men COMPLETE suicide more often than women. However, women attempt suicide three times more often than men.

**MYTH:** Asking a depressed person about suicide will push him/her to complete suicide.

**FACT:** Studies have shown that patients with depression have these ideas and talking about them does not increase the risk of them taking their own life.

Revised June 2013



## Myths About Suicide

**MYTH:** Improvement following a suicide attempt or crisis means that the risk is over.

**FACT:** Most suicides occur within days or weeks of "improvement" when the individual has the energy and motivation to actually follow through with his/her suicidal thoughts.

Revised June 2013



## Myths About Suicide

**MYTH:** Once a person attempts suicide the pain and shame will keep them from trying again.

**FACT:** The most common psychiatric illness that ends in suicide is Major Depression, a recurring illness. Every time a patient gets depressed, the risk of suicide returns.

Revised June 2013



## Myths About Suicide

**MYTH:** Sometimes a bad event can push a person to complete suicide.

**FACT:** Suicide results from serious psychiatric disorders not just a single event.

**MYTH:** Suicide occurs in great numbers around holidays in November and December.

**FACT:** Highest rates of suicide are in the spring.

Revised June 2013



## MOTIVATIONS FOR SUICIDE

Loss or change in an important relationship

To avoid or end perceived pain

Escape intolerable situation

Gain attention

Manipulate/punish others

Punish self

Become a martyr

Revised June 2013



## 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

Revised June 2013



## 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



## 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

Revised June 2013




## 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

Revised June 2013



## 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

Revised June 2013



## MAJOR PREDICTORS OF SUICIDAL BEHAVIOR

Threatening suicide or expressing strong  
wish to die

Making a plan; Giving away prized  
possessions; Purchasing a firearm

Obtaining other means of killing oneself

Unexpected rage or anger

Revised June 2013



## 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

Revised June 2013

## 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

Revised June 2013



## 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

Revised June 2013



## Police Officer Suicide

Up to three times more Suicides  
Than Line-of-Duty Deaths

Badge of Life  
[www.badgeoflife.com](http://www.badgeoflife.com)  
National Police Suicide Foundation  
[www.psf.org](http://www.psf.org)  
The Pain Behind The Badge  
[www.thepainbehindthebadge.com](http://www.thepainbehindthebadge.com)  
Tears Of A Cop  
[www.tearsofacop.com](http://www.tearsofacop.com)

Revised June 2013



## Factors in Police 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

Revised June 2013



## 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

Revised June 2013



## 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.

Revised June 2013



## 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.

Revised June 2013





## 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?

Revised June 2013



## 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?

Revised June 2013



## 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



## 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



## 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

Revised June 2013



## 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.

Revised June 2013



## 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.

Revised June 2013



## SUICIDE: POSTVENTION

### Suicide Survivors

Survivors often engage in a prolonged search for "why?" Why did my loved one/friend leave me? Why didn't I prevent their suicide? Why did they do this to me?

Revised June 2013



## 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

Revised June 2013



## 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

Revised June 2013



## 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

Revised June 2013



## SUICIDE: POSTVENTION

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

Revised June 2013





## 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

Revised June 2013



## 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

Revised June 2013



## SUICIDE: PREVENTION, INTERVENTION, & POSTVENTION

Thank you for your time!

Chaplain Mike Dismore  
 541-788-3364  
 pastordiz@juno.com