Draft

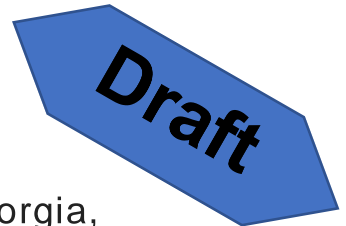
Suicidal Death Survivor Emergency Response Team

Serving the Greater Chattanooga Metro Region of Tennessee, Georgia, Alabama, North Carolina

A Project of the ***PAR Foundation***

Mission

To provide compassionate and professional support on-site and afterward to assist emergency responders and witnesses/bystanders of a suicidal death in the Greater Chattanooga Metro Areas including Tennessee, Georgia, Alabama, and North Carolina.



Goals

1. Respond to suicidal deaths within the Greater Chattanooga Metro Areas including Tennessee, Georgia, Alabama, and North Carolina,
2. Provide compassionate support to family, friends, and bystanders to a suicidal death,
3. Advocate for services to address the unique needs of survivors of a loved one's suicidal death,
4. Educate on the unique needs of those grieving the loss of a loved one to suicide.
5. Network with other resources concerning suicide awareness, prevention, intervention, and postvention.

Objectives

1. Meet with community leaders to design and maintain a quick response team to suicidal deaths,
2. Seek out and train interested community members to be part of the suicidal death survivor response team by providing specialized psychological first aid and crisis intervention services with both mental health professionals and suicide loss survivor peers,
3. Articulate the need for support services for anyone grieving a suicidal death,
4. Provide educational events to promote suicide awareness, prevention, intervention, and postvention,
6. Actively seek others interested in suicide awareness, prevention, intervention, and postvention.

Data

A Suicidal Death Survivor Response Team is needed because:

1. In 2019, 47,511 people died by suicide in the USA at a rate of 14.5 per 100,000. *-American Association of Suicidology, 2019*
2. State of Tennessee data:
   a. In 2020, a total of 1,220 Tennesseans died by suicide.
   b. In 2019, Tennessee youth suicide data show:
      i. Ages 10-17: 32 suicidal deaths,
      ii. Ages 10-19: 55 suicidal deaths,
      iii. Ages 10-24: 150 suicidal deaths
      -Tennessee Suicide Prevention Network, 2021
   c. In 2020, 83 Tennesseans died by suicide in the Southeast Tennessee Region:
      i. Bradley County reported 20 suicides, a rate of 18.3/100K
      ii. Grundy County reported 0 suicides,
      iii. Hamilton County reported 50 suicides, a rate of 13.5/100K
         1. Chattanooga Police Department reports:
            a. 21 suicidal deaths,
            b. 140 suicide attempts
            c. 784 accidental overdoses
      iv. McMinn County reported 13 suicides, a rate of 24.0/100K
      v. Marion County reported 0 suicides,
      vi. Meigs County reported 0 suicides,
      vii. Polk County reported 0 suicides,
      viii. Rhea County reported 0 suicides,
      ix. Sequatchie County reported 0 suicides,
      -Tennessee Suicide Prevention Network, 2021
3. State of Georgia data:
   a. Catoosa County reported 14 suicides in 2021,
      i. Gunshot: 12
      ii. Hanging: 1
      iii. Overdose: 1

b. Catoosa County reports 9 suicides so far in 2022 as of 2/1/22
c. Walker County reported XXX suicides,
d. Dade County reported XXX suicides,
e. Whitfield County reported XXX suicides,
f. Murray County reported XXX suicides,
g. Fannin County reported XXX suicides,
h. Other Counties:

4. State of Alabama data:
a. Jackson County reported XXX suicides,
b. Madison County reported XXX suicides,
c. Other Counties:

5. State of North Carolina data:
a. Cherokee County reported XXX suicides,
b. Clay County reported XXX suicides,
c. Graham County reported XXX suicides,
d. Other Counties:

Concerning Suicide Loss Survivors:

6. Recent (Cerel, 2015) research-based estimate suggests that for each death by suicide - 147 people are exposed/affected (for 2019, 6.98 million annually)
-American Association of Suicidology, 2019

7. Among the exposed there are subgroups with a variety of effect levels (see Cerel et al., 2014) – as many as 40-50% of the population have been exposed to suicide in their lifetime based on a 2016 representative sample's results (Feigelman et al., 2017)
-American Association of Suicidology, 2019

8. Survivors of Suicide Loss experience high levels of distress for a considerable length of time after exposure (Jordan & McIntosh, 2011)
-American Association of Suicidology, 2019

9. Among those exposed to a death by suicide, more than 6 experience a major life disruption (Cerel et al. 2015)
-American Association of Suicidology, 2019

10. If each suicide has devastating effects and intimately affects more than six other people, there are over 285,000 loss survivors a year,
-American Association of Suicidology, 2019

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11. Based on the 916,115 suicides from 1995 through 2019, therefore, the number of survivors of suicide loss in the U.S. is more than 5.4 million (1 of every 60 Americans in 2019); number grew by more than 285,066 in 2019,

-American Association of Suicidology, 2019

12. If there is a suicide every 11.1 minutes, then there are more than 6 new loss survivors every 11.1 minutes as well.

-American Association of Suicidology, 2019

Definitions

Suicide: *Suicide is caused by psychache (sik-ak; two syllables). Psychache refers to the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. It is intrinsically psychological – the pain of excessively felt shame, or guilt, or humiliation, or whatever. When it occurs, its reality is introspectively undeniable. Suicide occurs when the psychache is deemed by that person to be unbearable. This means that suicide also has to do with different individual thresholds for enduring psychological pain* (Shneidman, 1985).

Suicide is not a disease (although there are those who think so); it is not, in the view of the most detached observers, an immorality (although, as noted below, it has often been so treated in Western and other cultures); and, finally, it is unlikely that any one theory will ever explain phenomena as varied and as complicated as human self-destructive behaviors. In general, it is probably accurate to say that suicide always involves an individual's tortured and tunneled logic in a state of inner-felt, intolerable emotion. In addition, this mixture of constricted thinking and unbearable anguish is infused with that individual's conscious and unconscious psychodynamics (of hate, dependency, hope, etc.), playing themselves out within a social and cultural context, which itself imposes various degrees of restraint on, or facilitations of, the suicidal act. Shneidman (1973a)

Shneidman's commonalities:

- *I. The common purpose of suicide is to seek a solution.*
- *II. The common goal of suicide is cessation of consciousness.*
- *III. The common stimulus in suicide is intolerable psychological pain.*
- *IV. The common stressor in suicide is frustrated psychological needs.*
- *V. The common emotion in suicide is hopelessness-helplessness.*
- *VI. The common cognitive state in suicide is ambivalence.*
- *VII. The common perceptual state in suicide is constriction.*
- *VIII. The common action in suicide is egression.*
- *IX. The common interpersonal act in suicide is communication of intention.*
- *X. The common consistency in suicide is with lifelong coping patterns.* (Leenaars, 1999, p. 225).

Shneidman espoused all his life: *Prevention is education.*

To illustrate, I verbatim present Shneidman's most famous facts and fables of suicide:

FABLE: People who talk about suicide don't commit suicide.
FACT: Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.

FABLE: Suicide happens without warning.
FACT: Studies reveal that the suicidal person gives many clues and warning regarding his suicidal intentions.

FABLE: Suicidal people are fully intent on dying.
FACT: Most suicidal people are undecided about living or dying, and they "gamble with death," leaving it to others to save them. Almost no one commits suicide without letting others know how he is feeling.

FABLE: Once a person is suicidal, he is suicidal forever.
FACT: Individuals who wish to kill themselves are "suicidal" only for a limited period of time.

FABLE: Improvement following a suicidal crisis means that the suicidal risk is over.
FACT: Most suicides occur within about three months following the beginning of "improvement," when the individual has the energy to put his morbid thoughts and feelings into effect.

FABLE: Suicide strikes much more often among the rich – or, conversely, it occurs almost exclusively among the poor.
FACT: Suicide is neither the rich man's disease nor the poor man's curse. Suicide is very "democratic" and is represented proportionately among all levels of society.

FABLE: Suicide is inherited or "runs in the family."
FACT: Suicide does not run in families. It is an individual pattern.

FABLE: All suicidal individuals are mentally ill, and suicide always is the act of a psychotic person.
FACT: Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

(Leenaars, 1999, p. 349).

Postvention: a term coined by Edwin Shneidman, the father of modern suicidology, to refer to helping the grieving survivor-victim of suicidal deaths – people who are bereaved by suicide.
-*Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines (April 2015)*

Suicide Postvention: an organized response in the aftermath of a suicide to accomplish any one or more of the following:

A. To facilitate the healing of individuals from the grief and distress of suicide loss,
B. To mitigate other negative effects of exposure to suicide,
C. To prevent suicide among people who are at high risk after exposure to suicide.

-*Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines (April 2015)*

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Passive Postvention: an approach to postvention which relies on survivors themselves to find postvention services and supports (Cerel & Campbell, 2008)

Active Postvention: an approach to postvention in which trained staff are in touch with survivors as soon after a suicide or notification about a suicide as possible (Cerel & Campbell, 2008)

Basic Facts About the Aftereffects of Suicide and Postvention Services

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1. Estimated 115 people are exposed to each suicide,
2. 1 in 5 reported that this experience had a devastating impact or caused a major life disruption,
3. Everyone grieves differently, some may experience short-term reactions, while other may have long-term responses,
4. Exposure to suicide can lead to an array of negative outcomes, including mental health issues, social isolation, and an increased risk of suicide,
5.

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Project Key Concepts

- A Project of the PAR Foundation provided to interested communities free of charge,
- Suicidal death response team reflective of the community diversity: *(age, gender, culture, race, orientation, etc)*
  - Concerned Community Professionals
    - Mental health professionals
      - Psychologist
      - Counselors
      - Social Workers
      - Marriage & Family Therapists
      - Psychiatric Nurses
      - Psychiatrists / Psychiatric Nurse Practitioners / Psychiatric Physician Extenders/Assistants
    - Spiritual health professionals (chaplains, etc)
  - Concerned Peers of Suicide Survivors:
    - Adults
    - Youth
- Support Team Members (non-responders):
  - Concerned Community Members
    - Adults
    - Youth
- Responds On-site
  - ASAP
  - As requested by:
    - Family/Friends/Bystanders
    - 9-1-1
    - Emergency Responders
      - Law Enforcement
      - EMS/Fire
    - Coroner / Medical Examiner
    - Clergy
    - Funeral Home

- Will implement Responding to Grief, Trauma, and Distress After U.S. National Guidelines, April 2015 as customized for the Greater Chattanooga Metro Area

- Trains with all local emergency responders
    - How to assist On-Scene: Bystander management/containment without contamination:
        - Response vehicle: van/bus with seats along walls
        - Potentially at a local funeral home
- Provides psychological crisis intervention/Psychological First Aid:
    - Death scene witnesses / bystanders
    - Family
    - Friends
    - Co-workers
    - Emergency responders
        - On-scene
            - Law enforcement
            - Fire/EMS
            - Coroner/Medical Examiner
        - Off-scene
            - 9-1-1 Dispatchers
            - Hospital E.R. personnel
            - Morgue personnel
            - Funeral Home personnel
            - News Media

- Referrals to:
    - Post Suicidal Death Support Group
    - EAP
    - Counseling / Therapy via health insurance provider

- Based on CISM Model and Psychological First Aid

- Team Care /Self-Care

- Assessment for potential suicide of survivors

- Follow-Up with:
    - Bystanders
    - Family
    - Friends
    - Co-workers
    - Emergency responders

    Via:
    - Telephone
    - Video Conferencing

To assess for the need for a referral to a higher level of care
And utilizing a *Safety Plan*

- Scene clean-up resources: homeowners' insurance referral

- Resource Packet:
  - Scene Clean-Up
  - Mental Health Resources

- Advisory Council Potential Members:
  - Coroner / Medical Examiner
  - Law Enforcement / Fire / EMS / Dispatch
  - Suicide Survivors
  - Funeral Home
  - Elected Official
  - TSPN Regional Director

- How to get notified of suicidal death:
  - Bystanders/Survivors/Family/Friends/Neighbors
  - 9-1-1
  - Law Enforcement / Fire / EMS
  - Coroner / Medical Examiner
  - Funeral Home
  - Hazardous Materials Clean-up Company
- How to help the bereaved educational resources
  - You have experienced a critical incident
  - How to talk to the Bereaved
  - Welcome back-to-work
  - Coping with and management of grief
  - Coping with a suicidal death
  - How to get the scene cleaned up
- Be reflective of ethnic & cultural composition within the region
- QPR Presentations within communities
- Others

Topics of Interest

1. Providing Immediate and Long-Term Support,
2. Working with NEWS Media to encourage responsible/safe reporting,
3. Tailoring Response and Services to the Unique Needs of the Survivors Loss Population
    a. Community
    b. Businesses
    c. Schools
        i. K-12
        ii. Post Secondary School

4. What to Say (and not to say) to Someone Grieving a Suicide,
5. Took Kit for Survivors
    a. Coping After Suicide Loss – APA
    b. Suicide Prevention Resources for Survivors of Suicide Loss,
    c.
6. Supporting Various Response Personnel/Agencies/Groups in Postvention:
    a. Emergency Responders:
    b. Chaplains / Ministers / Preachers / etc
    c. Funeral Home Staff
    d. Haz Mat Clean-Up staff
    e. Etc.
7. Involving Suicide Loss Survivors in the Planning and Implementation of Postvention Efforts.
8. Cultural and ethnic aspects of death, mourning, rituals, and suicide
9. Others

Potential Team Participants

- Sam Bernard, PhD Sam@PARFdn.com (423) 322-3297
- Michael Hastilow, MS Michael@PARFdn.com
- Pat Branham, MEd, RN Pat@PARFdn.com
- Barb Fortin
  Bradley County Sheriff's Department Senior Visitation/Chaplain
- Bonnie Senora, PhD
  Retired Law Enforcement; Faculty: Dalton State
- Jim
- Angela ____
- Tim Tomisek
  Chattanooga Police Department
- Sandy Smith
- Gloria Deml, PhD, RN
- Colleen Crawford
- Mallory Vaughn
  Catoosa Co / Walker Co. Suicide Prevention Coalition
- Diversification of Planning Team, Response Team
  - Race
  - Culture
  - LGBTQ+
  - Native American
- S.E. Tennessee Suicide Prevention Network www.TSPN.org
- Local Mental Health Professionals
- Local Emergency Responders
  - 9-1-1 Dispatchers
  - Law Enforcement
  - Fire/EMS
- Local Hospital/Emergency Room staff
- Local Funeral Home staff
- Local Coroner/Medical Examiner
- Survivors of Suicide
  - Family
  - Friends
  - Co-Workers
  - Concerned citizens

Administrative Components

Team Administration: This project will be . . .

1. Administered by the PAR Foundation, a IRS Registered Chattanooga-based 501-c-3, and a project of the PAR Foundation's Crisis Services,
2. Governed by a multidisciplinary administrative team,
3. Team members may serve as a/an:
    a. Emergency Response Team
    b. Non-Emergent Response Team
    c. Administrative and/or Support
4. Actively meet and train with local emergency response agencies,
5. Free community service. Donations will be accepted to assist with transportation costs for on-scene services, handouts, and trainings.

Team Application: Each team member will be required to:

1. Complete an application,
2. Pass a background check,
3. Participate in an interview,
4. Provide both personal and professional references
5. Agree to complete all required trainings

Team Training: Team members will be required to complete training to address:

1. Project Overview
2. Psychological First Aid
3. Critical Incident Stress Management
4. QPR
5. Annual Refreshers

Community Trainings: Team members may provide community presentations that include:

1. Team Awareness
2. Suicide Awareness
3. Suicide Prevention
4. QPR
5. ASIST

The team will attempt to respond to each request for education within the community.

Potential Stakeholders

- County Coroners / Medical Examiners
- Law Enforcement / Fire / EMS
- Funeral Homes
- 9-1-1 Dispatchers
- Health Department

- Local Specialty Disciplines/Associations:
  - Medical Society
  - Psychological Association
  - Counselor Association
  - Social Worker Association
  - Chaplains / Clinical Pastoral Education Programs (CPE)
  - Haz-Mat Clean-Up Companies
- Religious Groups
- Native Americans
- Chamber of Commerce / Business Development Centers
- Local Elected Officials
- Educational Institutions
  - K-12
  - Post Secondary

Needs

Category: Locations: TN GA AL NC

1. Interns to assist with project development
   (high school, associates, bachelors, masters, doctoral)
   a. Social Sciences
      i. Psychology
      ii. Counseling
      iii. Human Services
      iv. Social Work
      v. Sociology
      vi. Anthropology
      vii. Emergency Management
      viii. Criminal Justice
   b. Epidemiology
   c. Public Health
2. Diversification of Team Members
   a. Suicide Loss Survivors
   b. Race
   c. Culture
   d. LGBTQ+
   e. Native American
   f. Languages
      (American English; American Sign Language; Appalachian/Hillbilly; Spanish; etc.)
      a. Religions/Spirituality Perspectives
         (Christian, Jewish, Muslim, Buddhist, etc)
   g. Mental Health Professionals
      (Psychologist, Counselors, Social Workers, Marriage & Family Therapists, Psychiatrist, Psychiatric Nurse Practitioners, Psychiatric Physician Assistance/Extenders, Psychiatric Nurses, Play Therapists)
   h. Age:
      i. Adult
      ii. Youth
   i. Representatives from:
      i. Law Enforcement Agencies
      ii. 9-1-1 Centers
      iii. Coroners/Medical Examiners
      iv. Funeral Homes
      v. Hospital Emergency Rooms

3. Local Resource Listings
   i. Grief Support Groups
   ii. Suicide Loss Survivor Groups
   iii. Psychological Crisis Services
   iv. Psychiatric/Behavioral Health Hospitals
   v. Alcohol & Drug Treatment Facilities/Professionals
4. Demographic Population Data:
   a. Race & Ethnicity
      (Black/African American; Native American; Latino; Asian; Middle Eastern)
   b. Religion/Spirituality
      (Christian, Jewish, Muslim, Buddhist, etc)
   c. Languages
      (American English; American Sign Language; Appalachian/Hillbilly; Spanish; etc.)
5. Logo design
6. Identification design
7. Other:

Resources

Responding to Grief, Trauma, and Distress After a Suicide: U.S. National Guidelines Survivors of Suicide Loss Task Force April 2015 LINK

Survivors Outreach Team Training Manual. Kern County Mental Health Department, CA LINK

Pathways to Purpose & Hope: a guide for creating a sustainable grief support organization for families and friends after a suicide death. Friends for Survival. LINK

Cherished Inspirations from Comforting Friends: Selected excerpts from our newsletters Volume 3. Friends for Survival. LINK

When Suicide Comes Home: a father's diary and comments. Paul Cox. LINK

Help & Hope for Survivors of Suicide Loss. STOP Suicide Northeast Indiana. LINK

When Someone You Love Dies by Suicide. Friends for Survival. A national outreach program for Survivors After a Suicide Death. LINK

Suicide Prevention Competencies for Faith Leaders: Supporting Life Before, During, and After a Suicidal Crisis. National Action Alliance for Suicide Prevention LINK

Supporting Survivors of Suicide Loss: a guide for funeral directors. Education Development Center & Samaritans. LINK

Building a Community-based Suicide Crisis Response Team. SAMHSA Native Connections. LINK

Suicide Prevention Resources for Survivors of Suicide Loss. Suicide Prevention Resource Center. LINK

What to Say (and not to say) to Someone Grieving a Suicide, New York Times LINK LINK

Suicide Grief: Coping with a Loved One's Suicide LINK

Helping a Friend Who Has Lost a Loved One to Suicide LINK

Supporting Someone Bereaved by Suicide LINK

Tennessee Suicide Prevention Network TSPN.org

Contact Information

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