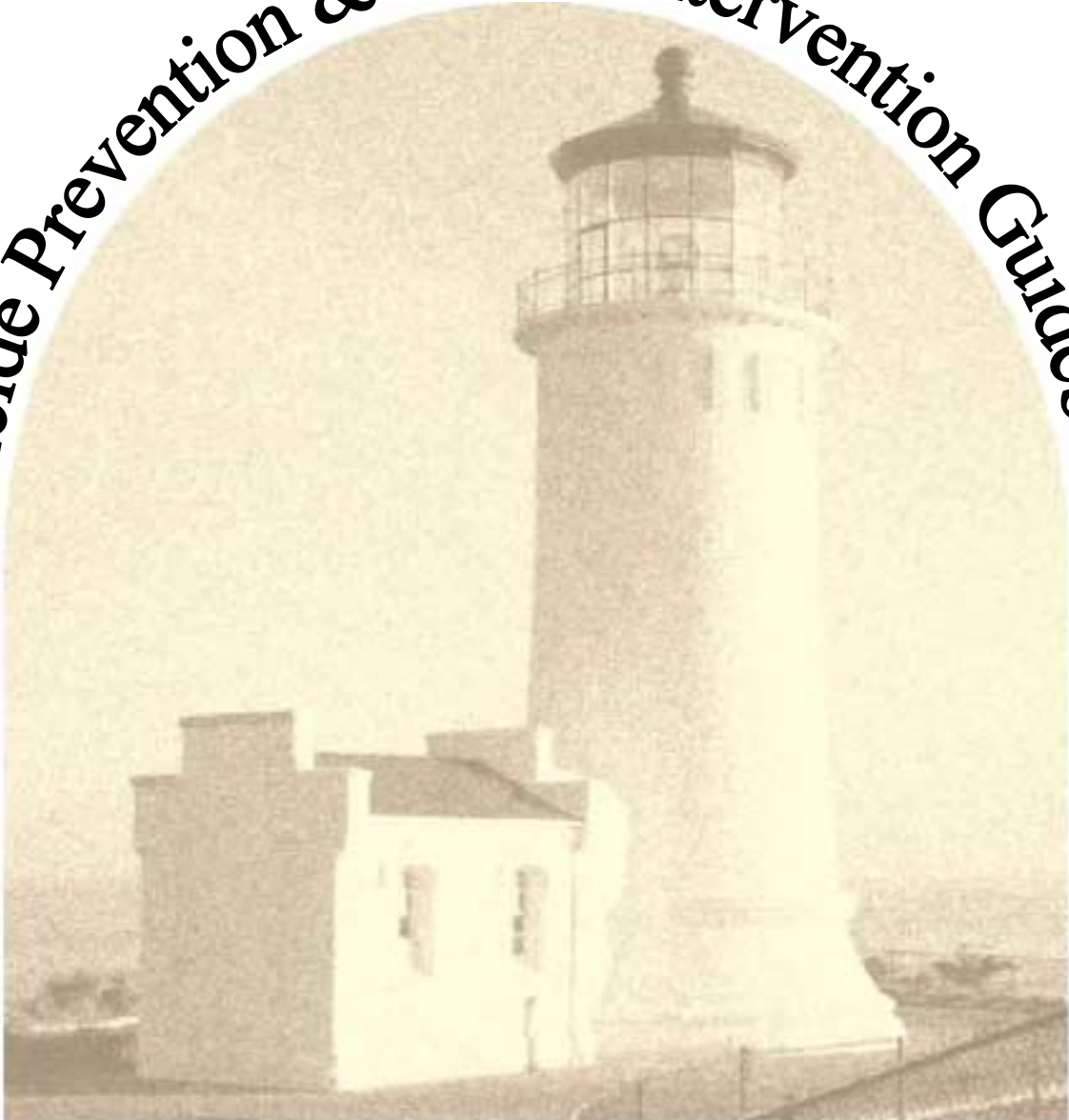


# *Suicide Prevention & Crisis Intervention Guidebook*



***Searching for the light through the darkness***

A Resource for the \_\_\_\_\_ Fire Department

Month/Year

**A Message from the Chief . . .**

As a part of our chosen profession, our bodies suffer injuries on a regular basis. We try to prevent the physical injuries that are an all to common part of being a Firefighter. Just as our physical bodies take wear and tear, we may carry a heavy load emotionally from calls and personnel challenges.

Because of the nature of our work, we are at high risk, physically and mentally. In the most difficult situations, we place others safety and well being before our own. This can take a serious

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Please take time to care for yourself – as we do so well for others.

Sincerely,

\_\_\_\_\_ Fire Department  
Fire Chief

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*Note: The contents of this Guidebook are provided as a set of general guidelines only. The guidebook is not intended to be used as a self-help manual, nor as a substitute for psychotherapy or professional mental health guidance. When in doubt, always consult a Licensed Mental Health Professional. Similarly, this manual may not be used as a substitute for formal training, supervision or field experience.*

*The content of this manual may be emotionally distressing to some readers. One is encouraged to make contact with the appropriate resources on pages 18-19 to discuss any adverse reactions to the material should this occur*

# Helping Yourself and Your Fellow First Responders<sup>1</sup>

## Stress

Stress – Our normal response to abnormally intense and stressful situations.

Job stress is common for firefighters, EMTs and paramedics due to the irregular hours and constant need to deal with people in life-or-death situations. First responders often have a delayed reaction to trauma, personal or professional. These can all accumulate in our backpack. While everyone else is shutting down – responders are opening up their senses to do their job. This can create an overload.

This stress can result in post-traumatic stress disorder (PTSD) and other problems that can affect first responders' emotional, professional and personal lives. Sometimes, family stress is intensified by the work related trauma, or vice versa.

The stress and emotional weight of the work takes a toll and needs to be addressed in order for first responders to maintain their professionalism and effectiveness. It can be helpful to discuss these situations with colleagues and supervisors. It could be you, or it could be me. In the public safety team, we are the best support for each other.

## Understanding Suicide<sup>2</sup>

- Over **30,000** people in the United States kill themselves every year.
- Currently, suicide is the **11th** leading cause of death in the U.S.
- A person dies by suicide about **every eighteen minutes** in the U.S. An attempt is estimated to be made once every minute.
- **Ninety percent** of all people who die by suicide have a **diagnosable psychiatric disorder** at the time of their death.
- There are more than **four male suicides for every female suicide**, but twice as many females as males attempt suicide.
- Every day, approximately **80 Americans take their own life**, and 1,500 more attempt to do so.

## Understanding Depression<sup>3</sup>

- Over **60 percent** of all people who die by suicide suffer from **major depression**. If one includes alcoholics who are depressed, this figure rises to over 75 percent.
- **Depression** affects nearly 10 percent of Americans ages 18 and over in a given year, or more than **19 million people**. More Americans suffer from depression than coronary heart disease (7 million), cancer (6 million) and AIDS (200,000) combined.
- About **15 percent** of the population will suffer from **clinical depression** at some time during their lifetime. Thirty percent of all clinically depressed patients attempt

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<sup>1</sup> Adapted from the Suicide Prevention Resource Center website: [www.sprc.org](http://www.sprc.org). September 2005.

<sup>2</sup> American Foundation for Suicide Prevention website: [www.afsp.org](http://www.afsp.org). September 2005.

<sup>3</sup> American Foundation for Suicide Prevention website: [www.afsp.org](http://www.afsp.org). September 2005.

suicide; half of them ultimately succeed.

- Depression is among the most treatable of psychiatric illnesses. Some estimates suggest that **between 80 and 90 percent** of people with depression **respond positively to treatment**, and almost all patients gain some relief from their symptoms. But first, depression has to be recognized.

*Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses.*

## **Suicide Warning Signs<sup>4</sup>**

Seek help as soon as possible by contacting a mental health professional or by calling the Local Suicide and Crisis Hotline at (your local area phone number), for a referral should you hear or see someone you know exhibiting any of the following signs:

- Talking about suicide.
- Statements about hopelessness, helplessness, or worthlessness.
- Preoccupation with death.
- Suddenly happier, calmer.
- Loss of interest in things one cares about.
- Visiting or calling people one cares about.
- Making arrangements; setting one's affairs in order.
- Giving things away.
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life

## **Depression Warning Signs<sup>5</sup>**

Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed instead as a loss of pleasure or withdrawal from activities that had once been enjoyable.

If your friend or loved one has a depressed mood or has lost interest or pleasure in usual activities and has five of the following symptoms for two weeks, they are depressed:

- Change in sleeping patterns

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<sup>4</sup> Adapted from the National Suicide Prevention Lifeline website: [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org); and the Suicide Awareness Voices of Education website: [www.save.org](http://www.save.org). September 2005.

<sup>5</sup> American Foundation for Suicide Prevention website.

- Change in appetite or weight
- Speaking or moving with unusual speed or slowness
- Decrease in sexual drive
- Fatigue or loss of energy
- Feelings of worthlessness, self-reproach or guilt
- Diminished ability to concentrate, slowed thinking or indecisiveness
- Diminished ability to function
- Feelings of being out of control
- Speaking of death or suicide

Friends and loved ones are at heightened risk of suicide when their depression is accompanied by:

- Feelings of hopelessness and desperation
- Extreme anxiety, agitation or enraged behavior
- Severe insomnia
- Increased alcohol and/or drug use



### Other Signs Of Depression and Possible Suicide Risk<sup>6</sup>

- **Talking About Dying** -- any mention of dying, disappearing, jumping, shooting oneself, or other types of self harm.
- **Recent Loss** -- through death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, self-esteem, loss of religious faith, loss of interest in friends, sex, hobbies, activities previously enjoyed
- **Change in Personality** -- sad, withdrawn, irritable, anxious, tired, indecisive, apathetic
- **Change in Behavior** -- can't concentrate on school, work, routine tasks
- **Change in Sleep Patterns** -- insomnia, often with early waking or oversleeping, nightmares
- **Change in Eating Habits** -- loss of appetite and weight, or overeating
- **Diminished Sexual Interest** -- impotence, menstrual abnormalities (often missed periods)
- **Fear of losing control** -- going crazy, harming self or others
- **Low self esteem** -- feeling worthless, shame, overwhelming guilt, self-hatred, "everyone would be better off without me"
- **No hope for the future** -- believing things will never get better; that nothing will ever change

**REMEMBER: The risk of suicide may be greatest as the depression lifts.**

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<sup>6</sup> San Francisco Suicide Prevention website: [www.sfsuicide.org/html/warning.html](http://www.sfsuicide.org/html/warning.html). September 2005.

## Reaching Out

A colleague who is considering harming him- or herself may try to reach out to you—sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs. The signs are especially critical if this individual has attempted suicide in the past or has a history or current problem with depression, alcohol, or PTSD.

### WHAT TO DO

If you believe that a colleague is thinking about suicide, ask that person directly, in private. If your colleague admits that he or she is thinking about suicide, or you have a serious concern that your colleague will harm him- or herself in spite of your colleague's denials, there are a number of steps you can take:

- Express your concern to an appropriate person, such as a line supervisor or your agency's mental health professional or consultant. It is important that you seek support in your efforts.
- Ask your colleague to call the Local Suicide and Crisis Hotline
- Offer to help your colleague find, or accompany him or her to, a mental health professional who is better able to evaluate your colleague's risk and to recommend next steps.
- Help your colleague's family and friends develop a plan so that someone is with your colleague at all times until the crisis is resolved.

### VITAL RESPONSE

Responding to a colleague in need may not be easy. You may feel like you are meddling or overstepping your role and intruding into your colleague's personal life.

But coming to the assistance of a colleague in crisis can be as important as responding to a serious motor vehicle collision or fire.

## When You Fear Someone May Take Their Life<sup>7</sup>

Most suicides give some warning of their intentions. The most effective way to prevent a friend or loved one from taking their life is to recognize when someone is at risk, take the warning signs seriously and know how to respond. The depression and emotional crises that so often precede suicides are — in most cases — both recognizable and treatable.

### TAKE IT SERIOUSLY

- Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.
- All suicide threats and attempts must be taken seriously.

### BE WILLING TO LISTEN

- Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.
- If professional help is indicated, the person you care about is more apt to follow such a recommendation if you have listened to him or her.
- If your friend or loved one is depressed, don't be afraid to ask whether he or she is considering suicide, or even if they have a particular plan or method in mind.

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<sup>7</sup> American Foundation for Suicide Prevention website.

- Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he or she is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved. Avoid the temptation to say, “You have so much to live for,” or “Your suicide will hurt your family.”

## **SEEK PROFESSIONAL HELP**

- Be actively involved in encouraging the person to see a physician or mental health professional immediately. Individuals contemplating suicide often don't believe they can be helped, so you may have to do more. For example, a suicidal college student resisted seeing a psychiatrist until his roommate offered to accompany him on the visit. A 17-year-old accompanied her younger sister to a psychiatrist because her parents refused to become involved.
- You can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.

## **IN AN ACUTE CRISIS**

- In an acute crisis, take your friend or loved one to an emergency room or walk-in clinic at a psychiatric hospital. Do not leave them alone until help is available.
- Remove from the vicinity any firearms, drugs or sharp objects that could be used in a suicide attempt.
- Hospitalization may be indicated and may be necessary at least until the crisis abates.
- If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
- If the above options are unavailable, call your local emergency number.

## **FOLLOW-UP ON TREATMENT**

- Suicidal patients are often hesitant to seek help and may run away or avoid it after an initial contact unless there is support for their continuing.
- If medication is prescribed, take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects. Often, alternative medications can be prescribed.

**Call your local crisis line for other ways to help.**

Suicide and crisis service of **(County/City and your local area phone number)**

8  
**Relationship/Marital Problems – Checklist**

SPECIFIC SITUATIONS	BEHAVIOR/SIGNS	GENERAL SUPPORTIVE ACTIONS
<b>Relationship/ marital problems</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sadness/depression</li> <li><input type="checkbox"/> Sleep problems</li> <li><input type="checkbox"/> Appears distracted</li> <li><input type="checkbox"/> Suicidal thought</li> <li><input type="checkbox"/> Social isolation</li> <li><input type="checkbox"/> Denial</li> <li><input type="checkbox"/> Diminished trust in others</li> <li><input type="checkbox"/> Diminished self worth</li> <li><input type="checkbox"/> Maladaptive coping including alcohol abuse</li> <li><input type="checkbox"/> Expressed feelings of guilt</li> <li><input type="checkbox"/> Difficulty with other relationships</li> <li><input type="checkbox"/> Work performance problems</li> <li><input type="checkbox"/> Expressed concern over legal or financial problems</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Ask if there is anything you can do to help</li> <li><input type="checkbox"/> Encourage keeping ties with friends and family</li> <li><input type="checkbox"/> Encourage peers to provide social contact</li> <li><input type="checkbox"/> Discourage member from using alcohol to cope with the problem</li> <li><input type="checkbox"/> In some circumstances, be alert to the possibility of increased risk for domestic violence; recognize the volatility of the situation and have a support plan</li> <li><input type="checkbox"/> Encourage preventive measures such as couple's therapy or talking with a chaplain</li> </ul>
<b>Medical problems</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Expressed concern over medical problems</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Complaint of physical discomfort</li> <li><input type="checkbox"/> Expressed concern over financial status</li> <li><input type="checkbox"/> Difficulty with relationships</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide time for appointments</li> <li><input type="checkbox"/> Periodically inquire about the progress of treatments</li> <li><input type="checkbox"/> Offer to provide support as needed</li> <li><input type="checkbox"/> Ensure they are capable of driving after medical appointments</li> <li><input type="checkbox"/> Support duty restrictions (if any) recommended by medical providers</li> </ul>

<sup>8</sup> Air Force Suicide Prevention Program, David A. Litts, Colonel, USAF, Office of the Surgeon General

## **Pitfalls: What to Avoid<sup>9</sup>**

### **DO NOT SHY AWAY FROM THE TOPIC**

Suicide is ugly. It reminds us of a whole world of things that we do not wish to think about. Because suicide arouses great fear and anxiety, we actively avoid the topic. Feelings of guilt and responsibility haunt us. Our emotions are intense and so we deny the reality of the suicidal person's concerns.

### **TALK OPENLY**

The person in crisis is troubled and has problems that need to be discussed openly. If not taken seriously the suicidal crisis could worsen. By not asking obvious questions or avoiding the topic, it may seem as if you are not interested. This could cause your colleague, family member, or friend to feel rejected, guilt ridden, or more deeply disturbed.

### **AVOID MORALIZING**

It is ineffective to tell the person that it is wrong and against God's will to commit suicide, or to remind him of obligations to family and society. The suicidal person carries a heavy load of guilt and moral arguments only add to this burden.

### **DO NOT BE AGGRESSIVE**

Suicidal people sometimes make us feel hopeless and powerless, to which we often respond by becoming belligerently helpful. We urge the potential suicide to live in order to justify ourselves. Out of fear, we impose our own advice giving.

### **DO NOT TRY HARD TO REASSURE THE PERSON**

You may be tempted to rescue the potential suicide by telling him that he or she is a good person and that life is worthwhile. Your efforts will only succeed in making the individual feel rejected, misunderstood, and dismissed. The suicidal person does not like himself nor does he feel life is meaningful. Telling him that he is a good guy and that there is hope is worse than useless.

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<sup>9</sup> Adapted from the San Francisco Suicide Prevention website.

## Tools for coping when you're facing a crisis.....

Here are some tools for coping with the everyday feelings and realities of living when you are experiencing a major loss, illness, death, separation or any life change.

- ◆ Be gentle with your own feeling process. Avoid self-judgment. Do not put "I should have" on yourself.
- ◆ Find a supportive person or persons you can trust. Share your honest feelings.
- ◆ Give yourself time for healing. The timing of grief cannot be rushed. Plan your time so that you have specific time to focus on your loss, and special time to escape from the pain of the reality of what you are facing.
- ◆ When you experience fear, anger, helplessness, sorrow, pain, emptiness, isolation, depression, relief -it can be very confusing. Questions to ask yourself, to focus are:
  - How do I feel right now? (Check body sensations, as well as thoughts and emotions)
  - What do I need right now? (Focus on immediate, attainable needs)
  - How can I meet (or get a supportive friend to help me meet) these needs right now?
- ◆ Try to maintain as "regular" a schedule as possible. Avoid unrealistic expectations/goals of yourself.
- ◆ Maintain an awareness of your body's need for nutrition and rest. If symptoms arise that are new or unusual, see a physician.
- ◆ Listening to your body is critical during this period- listening is different than "doing something for" your body. Listening means to honor the message your body is sending you.
- ◆ Words or tears that are unexpressed will cause a lump in our throats.
- ◆ Anger that is held inside can give us an upset stomach, headache or tight neck and shoulders.
- ◆ Fear can be expressed by wringing hands, shakiness or queasy stomachs.
- ◆ Guilt or resentment can feel like physical burdens we are carrying. (I feel like I weigh a ton)
- ◆ Sorrow or depression can feel like pressure or "breaking" in our heart or chest area. Breathing may be labored. We may heave great sighs.
- ◆ Often combinations of feelings are felt. It is important to ask the part of the body that is feeling these sensations the following:
  - If you could talk, what would you say?
  - What would you need?
  - What picture or symbol best expresses you right now? What do you look like?
  - What is happening with you right now?

- ◆ Writing a letter or drawing a picture about our illness, loss or grief are healing ways to get your feelings from the inside to the outside. Writing to others with whom you feel incomplete or to your body, or to institutions, the universe, your illness, God, or anybody enables you to process what your body longs to say. It also enables you to release anger, frustration and isolation and move to a forgiving, life-affirming love for yourself and those who have touched your life.
- ◆ Record a life evaluation: Who and what has been important in my life? Have I done what I wanted in my life? What needs to be done for me to be fulfilled? What activities would give me the most satisfaction right now? Is there anything or anyone with whom I feel incomplete or unfinished at this time? Is there anything I need to do about that for me?
- ◆ Realize the world around you and your daily activities will be filled with landmines -moments of painful realizations of your loss and resentment at a world that marches on, apparently without noticing or caring. Verbalize these feelings. They are normal.
- ◆ As a person facing grief or illness, you will be stigmatized. People will not know how to handle you or make you better. They may even be afraid of you, because you represent fear and pain that could come into their lives. Allow yourself to be gently honest about your needs. Focus on taking care of yourself and surrounding yourself with caring people who will accept your process. You do not have to make it better for the world. This is a time to care for YOU as you would the most tender, vulnerable child who is hurting.

**FOR YOU**, when you are left with an empty or breaking heart...

- Realize and recognize the loss. Take time for nature's slow, sure, stuttering process of healing.
- Give yourself massive doses of restful relaxation and routine busy-ness.
- Know that powerful, overwhelming feelings will lessen with time.
- Be vulnerable, share your pain and be humble enough to accept support.
- Surround yourself with life, plants, animals and friends.
- Use mementos to help your mourning, not to live in the past.
- Avoid rebound relationships, big decisions and anything addictive.
- Keep a diary and record successes, memories and struggles.
- Prepare for change, new interests, new friends, solitude, creativity, and growth.
- Know that holidays and anniversaries can bring back the painful feelings you thought you had worked through.
- Recognize that forgiveness (of yourself and others) is a vital part of the healing process and that it cannot be rushed.
- Realize that any new death or loss related crisis will bring up feelings about past losses.

**Remember...**

Grief is a spiral of feelings, seasons and experiences. It is not a straight line with a beginning and ending. The process of grief is healing the pain of loss and keeping the treasured memories and love within your heart.



<b>Resilience – Checklist<sup>10</sup></b>	<b>Resilience is the process of adapting well in the face of adversity and significant sources of stress. It means “bouncing back” from difficult experiences.</b>
<b>Make connections</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Good relationships with close family members, friends, and others are important</li> <li><input type="checkbox"/> Accept help and support from those who care about you and will listen to your strengths</li> <li><input type="checkbox"/> Be involved in activities including faith based organizations and other groups providing social support</li> <li><input type="checkbox"/> Assisting others in their time of need can also benefit the helper</li> </ul>
<b>Avoid seeing crisis as insurmountable problems</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You can't change the fact that highly stressed events happen, but you can change how you interpret and respond to these events</li> <li><input type="checkbox"/> Try looking beyond the present to how future circumstances can be a little better</li> <li><input type="checkbox"/> Note any subtle ways in which you might already feel somewhat better as you deal with difficulty</li> </ul>
<b>Accept that change is a part of living</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Certain goals may no longer be attainable as a result of adverse situations</li> <li><input type="checkbox"/> Accepting circumstances that cannot be changed can help you focus on those that can be altered</li> </ul>
<b>Move toward your goals</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop some realistic goals</li> <li><input type="checkbox"/> Do something regularly that enables you to move toward your goals</li> <li><input type="checkbox"/> Instead of focusing on tasks that seem unachievable, ask yourself, “What’s one thing I know that I can accomplish today that helps me move the direction I want to go?”</li> </ul>
<b>Take decisive actions</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Act on adverse situations as much as you can</li> <li><input type="checkbox"/> Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away</li> </ul>
<b>Look for opportunities for self-discovery</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> People often learn something about themselves and may find that they have grown as a result of their struggles</li> <li><input type="checkbox"/> Many people who have experienced tragedies and hardship have reported better relationships, greater sense of personal strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality, and heightened appreciation for life</li> </ul>
<b>Nurture a positive view of yourself</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Developing confidence in your ability to solve problems and trusting your instincts helps build resilience</li> </ul>
<b>Keep things in perspective</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective</li> </ul>
<b>Maintain a hopeful outlook</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An optimistic outlook enables you to expect that good things will happen in your life</li> <li><input type="checkbox"/> Try visualizing what you want, rather than worrying about what you fear</li> </ul>
<b>Take care of yourself</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pay attention to your own needs and feelings</li> <li><input type="checkbox"/> Engage in activities that you enjoy and find relaxing</li> <li><input type="checkbox"/> Exercise regularly</li> <li><input type="checkbox"/> Spiritual practices help some people build connections and restore hope</li> <li><input type="checkbox"/> The key is to identify ways that are likely to work well for you as part of your own personal strategy for fostering resilience</li> </ul>

<sup>10</sup> Air Force Suicide Prevention Program, David A. Litts, Colonel, USAF, Office of the Surgeon General

## Surviving After Suicide<sup>11</sup>

If you have lost someone to suicide, the first thing you should know is that **you are not alone**. Each year over 30,000 people in the United States die by suicide — the devastated family and friends they leave behind are known as “survivors.” There are millions of survivors who, like you, are trying to cope with this heartbreaking loss.

### Survivors experience a wide range of grief reactions:

- **Shock** is a common immediate reaction. You may feel numb or disoriented, and may have trouble concentrating.
- **Symptoms of depression**, including disturbed sleep, loss of appetite, intense sadness, and lack of energy.
- **Anger** towards the deceased, another family member, a therapist, or yourself.
- **Relief**, particularly if the suicide followed a long and difficult mental illness.
- **Guilt**, including thinking, “If only I had...”
- **Horror** and sense of terror about actual event of suicide
- **Physical** sensations of grief
- **Nightmares** and flashbacks
- **Feeling crazy** and/or inability to function. These may be delayed, as well as immediate responses.
- **Landmines**, such as sensory (sight, smell, sound, textures) triggers or memory triggers may bring back trauma and loss.
- **Anniversary times** are also difficult. You may have a reaction 2-3 days before date of death, birth, special day or holiday.

These feelings usually diminish over time, as you develop an ability to cope and begin to heal.

### Coping With Suicide Loss

- Some survivors struggle with what to tell other people. Although you should make whatever decision feels right to you, most survivors have found it best to simply acknowledge that their loved one died by suicide.
- You may find that it helps to reach out to family and friends. Because some people may not know what to say, you may need to take the initiative to talk about the suicide, share your feelings, and ask for their help.
- Even though it may seem difficult, maintaining contact with other people is especially important during the stress-filled months after a loved one's suicide.
- Keep in mind that each person grieves in his or her own way. Some people visit the cemetery weekly; others find it too painful to go at all.
- Each person also grieves at his or her own pace; there is no set rhythm or timeline for healing.

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<sup>11</sup> Adapted from the American Foundation for Suicide Prevention website.

- Anniversaries, birthdays, and holidays may be especially difficult, so you might want to think about whether to continue old traditions or create some new ones. You may also experience unexpected waves of sadness; these are a normal part of the grieving process.
- Children experience many of the feelings of adult grief, and are particularly vulnerable to feeling abandoned and guilty. Reassure them that the death was not their fault. Listen to their questions, and try to offer honest, straightforward, age-appropriate answers.
- Some survivors find comfort in community, religious, or spiritual activities, including talking to a trusted member of the clergy.
- Talking openly and honestly with others in a supportive environment.
- Crying relieves emotional and physical tension.
- Reading literature about loss and the grief process.
- Completing any unfinished business or unresolved feelings using ceremony, letter writing or other types of expression.

### **Why Did This Happen?**

Many survivors struggle to understand the reasons for the suicide, asking themselves over and over again: "Why?" Many replay their loved ones' last days, searching for clues, particularly if they didn't see any signs that suicide was imminent.

Because suicide is often poorly understood, some survivors feel unfairly victimized by stigma.

They may feel the suicide is shameful, or that they are somehow to blame for this tragedy.

But you should know that 90 percent of all people who die by suicide have a diagnosable psychiatric disorder at the time of their death (most often depression or bipolar disorder).

Just as people can die of heart disease or cancer, people can die as a consequence of mental illness. Try to bear in mind that suicide is almost always complicated, resulting from a combination of painful suffering, desperate hopelessness and underlying psychiatric illness.

## Grief After Suicide<sup>12</sup>

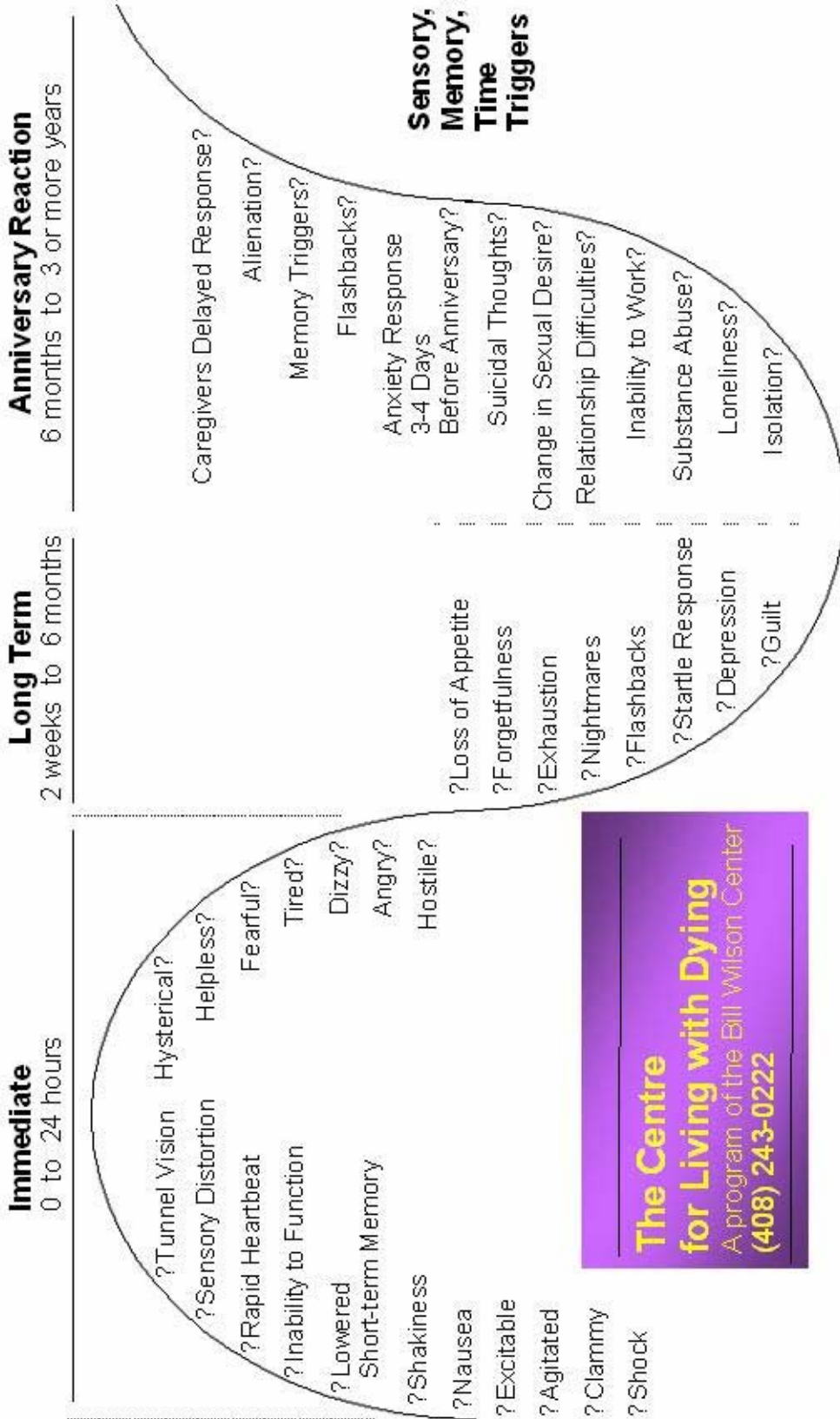
- Know that you can survive, even if you feel you can't.
- Intense feelings of grief can be overwhelming and frightening. This is normal. You're not going crazy; you're grieving.
- Feelings of guilt, confusion, anger, and fear are common responses to grief.
- You may experience thoughts of suicide. This is common. It doesn't mean you'll act on the thoughts.
- Forgetfulness is a common, but temporary side effect. Grieving takes so much energy that other things may fade in importance.
- Keep asking "why" until you no longer need to ask.
- Healing takes time. Allow yourself the time you need to grieve.
- Grief has no predictable pattern or timetable. Though there are elements of commonality in grief, each person and each situation is unique.
- Delay making major decisions if possible.
- The path of grief is one of twists and turns and you may often feel you are getting nowhere. Remember even setbacks are a kind of progress.
- This is the hardest thing you will ever do. Be patient with yourself.
- Avoid people who try to tell you what to feel and how to feel it and, in particular, those who think you should "be over it by now."
- Find a support group for survivors that provides a safe place for you to express your feelings, or simply a place to go to be with other survivors who are experiencing some of the same things you're going through.
- Seek out people who are willing to listen when you need to talk and who understand your need to be silent.
- Give yourself permission to seek professional help.
- Be kind to yourself. When you feel ready, begin to go on with your life. Eventually starting to enjoy life again is not a betrayal of your loved one, but rather a sign that you've begun to heal.

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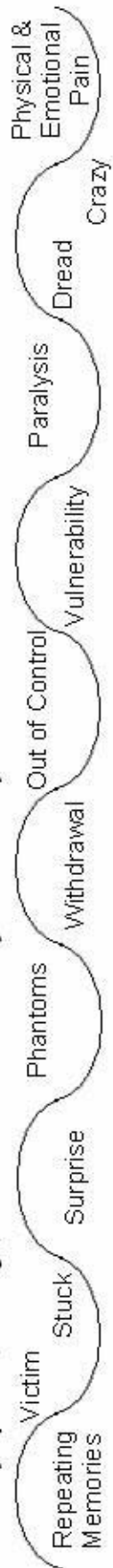
<sup>12</sup> Suicide Awareness Voices of Education website.

# Reactions in the Aftermath of a Critical Incident

A critical incident is any event that causes unusually strong reactions in the responding personnel or survivors. These reactions can occur immediately or in a delayed fashion



These symptoms, feelings, reactions or events may occur at any time:



## Do You Feel Suicidal? You Are Not Alone.<sup>13</sup>

Almost everyone feels depressed or alone from time to time. One out of three people will experience a major depression and almost everyone will face a life crisis at some point in their lives. Feeling depressed, angry or suicidal can be a natural reaction to some of life's challenges. These feelings do not mean that you are defective or weak. You do not have to struggle alone - there is help.



The first step to working through these uncomfortable feelings is to talk with someone who cares. It helps to talk someone rather than to keep these feelings and fears bottled up inside. Someone else can give you support, strength and hope.

### Seek Support:

#### Talk to Someone You Trust

Sometimes talking to a friend or family member is the best source of help. Talk to someone in your life that feels safe.

#### Face-to-Face Counseling

Call your Employee Assistance Program, county health department, mental health clinic, church, school counselor or doctor to discuss your concerns.

#### Your \_\_\_\_\_ Fire Department Resources

Employee Assistance Program (MHN) (Phone number)

\_\_FD CISM Peer Support (Phone number)

\_\_FD Employee Assistance Committee (phone number)

#### Call a Crisis Line

You do not need to be suicidal to call and talk with someone. You can call the Suicide and Crisis Service of (Your Local County Service) at **(XXX) XXX-XXXX**. The volunteers at this number are available 24 hours a day, 7 days a week, and can offer you local referrals for counseling.

*Because you may not receive an immediate answer, we do not advise email for emergency suicide services. If this is a life-threatening situation, please call 911 or **1-800-SUICIDE** to discuss options with a crisis center.*

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<sup>13</sup> Adapted from the San Francisco Suicide Prevention website.

## Resources

### The American Foundation for Suicide Prevention

[www.afsp.org](http://www.afsp.org)

Sponsors National Survivors of Suicide Day, Survivor e-Network, and support group facilitator training. Publishes an extensive bibliography, support group directory, and information about suicide and mental illness.

**1-888-333-AFSP**

### National Center for Post-Traumatic Stress Disorder

[www.ncptsd.org/index.html](http://www.ncptsd.org/index.html)

This is an educational resource on PTSD developed by the Department of Veterans Affairs. It includes publications, fact sheets, and other resources on the assessment, identification, and treatment of PTSD, many of which are useful for those in emergency medical services.

### National Organization for People of Color Against Suicide

[www.nopcas.com](http://www.nopcas.com) Provides resources to minority communities in the areas of survivor support and suicide prevention and education, including by sponsoring an annual conference. **1-866-899-5317**

### National Resource Center for Suicide Prevention and Aftercare

[www.thelink.org](http://www.thelink.org)

The Link Counseling Center. Provides suicide-related community education in prevention, intervention, and aftercare as well as healing support services for families, youth and those affected by the psychological trauma of suicide. Maintains a national calendar of survivor and prevention programs. **(404) 256-9797**

### National Suicide Prevention Lifeline

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

The National Suicide Prevention Lifeline provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: **(800) 273-TALK (8255)**

### Suicide Awareness Voices of Education

[www.save.org](http://www.save.org) Grassroots non-profit organization that educates about depression and provides resources on suicide and depression, newsletter, and survivor conference. **(952) 946-7998**

### Suicide Prevention Action Network

[www.spanusa.org](http://www.spanusa.org)

Suicide Prevention Action Network USA (SPAN USA) is the nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide. **(888) 649-1366**

## Support Groups

The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups.

- The AAS directory is located at [www.suicidology.org/associations/1045/files/support\\_groups.cfm](http://www.suicidology.org/associations/1045/files/support_groups.cfm).
- The AFSP directory can be found on its website [www.afsp.org](http://www.afsp.org) on the navigation bar under "Survivors."

## West Coast Post-Trauma Retreat

The West Coast Post-Trauma Retreat is a 5-day residential program for emergency responders suffering from severe critical incident stress. Visit [www.WCPR2001.org](http://www.WCPR2001.org) email [WCPR2001@aol.com](mailto:WCPR2001@aol.com)

## \_\_\_\_\_ Fire Department Employee Assistance Committee

### Employment Assistance Committee (EAC)

The EAC is a volunteer committee of firefighters who are dedicated to assisting anyone facing a personal or family challenge. All of our members understand the ins & outs of \_\_\_\_\_FD Employee Assistance Program and our **provider** \_\_\_\_\_

Your Employee Assistance Committee is always here to help. We are available to:

- Answer questions about how the various programs work
- Walk you through **contacting** \_\_\_\_\_, or obtain the information you need **from** \_\_\_\_\_ for you

Everything is confidential. If you contact any EAC member, no one but that particular member will be involved in assisting you. Confidentiality is a vital part of our service.

### Current Employee Assistance Committee – As of (Date)

(List individuals in the department with their contact numbers)

Contact any of us any time...for any reason!

Call (XXX) XXX-XXXX for a list of current EAC members.

### What services does (Your local health network) provide?

- Marriage & Family Issues: Including teen counseling
- Stress Management:
- Alcohol/Drug Dependency
- Emotional Challenges
- Work/Life Issues
- Childcare/Eldercare: Caregiving and financial options
- Face to Face Counseling
- Telephone Counseling
- Financial Issues: Help on budgeting & credit problems
- Legal Concerns: Family law, personal injury, landlord disputes, criminal law
- Federal Tax Consultation: IRS audits, unpaid taxes, etc.
- Pre-retirement Planning

This service is provided to you and your family at no charge. There are no co-payments, no deductibles and no limits on how much you can use the services.

\_\_\_\_\_ Fire Department  
**Critical Incident Stress Management (CISM) Team**

The \_\_\_FD Critical Incident Stress Management (CISM) provides education and support for emergency and public safety personnel who have experienced a critical incident.

**What is Critical Incident Stress?**

Critical Incident Stress is a physical and/or psychological response to events that provoke unusually strong emotions. Your response to such critical incidents may be very distressing if you do not understand that such reactions are normal.

Regardless of your experience, personality, or training, everyone is susceptible to Critical Incident Stress. Critical Incident Stress is a normal reaction to an abnormal event.

Please do not hesitate to call a member if you need any assistance or advice. We are available 24 hours a day and can be **contacted through** \_\_\_\_\_ if we are not on duty.

<b>CISM Team – As of (Date)</b>			
<b>A-Shift</b>		<b>C-Shift</b>	
XXXXXXXXX	E18	XXXXXXXXXXX	U5
XXXXXXXXX	E7	XXXXXXXXXXX	E21
XXXXXXXXX	T18	XXXXXXXXXXX	RB2
XXXXXXXXX	T2		
XXXXXXXXX	U5		
<b>B-Shift</b>		<b>40-Hour</b>	
XXXXXXXXX	E5	XXXXXXXXXXX	TRNG
XXXXXXXXX	E31	XXXXXXXXXXX	TRNG
XXXXXXXXX	U13		

The CISM Chairperson shall insure that any changes and or updates will take place on an annual basis.