**Topics in this issue:**

**Robin Williams Battled Depression**
A Great Comedian Dies by Suicide

**Important new findings from Local Interview research with Suicide Survivors**

**Save the Dates!!**
Aug 21st – Suicide Risk Assessment
Oct 16th – Steering Committee
Nov 13th – Fall Conference
See our Events page for more info!

**Suicide rates are on the rise in Delaware County. In a typical year, we lose 60-65 community members to suicide. In 2007, we saw a shocking rise to 89 suicides….. Let's Talk About It!!**

Who we are: The Delaware County Suicide Prevention and Awareness Task Force (DCSPATF) was begun in 2002 by volunteers who care and who want to increase suicide awareness, decrease stigma and decrease suicide risk in the community. Our mission is to promote understanding that suicide is a preventable community-health problem in our county and to work together toward viable solutions.

Our Newsletter: Our newsletter continues to be a success! We are going ‘green’ and sending this out electronically to save paper! Please forward this to anyone who may be interested in reading this so that we can all work together to BUILD suicide AWARENESS, DECREASE STIGMA, and PREVENT future SUICIDES!

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If you are in crisis and need immediate help

Please call 1-800-273-TALK (8255) or Delaware County Crisis Connections Team at 1-855-889-7827

To submit future articles to our newsletter, please email drafts to Terri Erbacher at terbacher@dciu.org. Submissions for our Fall newsletter are due by October 1st.
**Note From the Guest Editor:** It is with great pleasure that I was given the opportunity to review current research and provide summaries of the great work that suicide preventionists and interventionists have completed to this point in time. In addition to updates to the statistics and general patterns that we should be aware of when discussing the current state of suicide rates, the information included in this newsletter focuses much on the vulnerable populations (including our nation’s youth, clinical populations, and grieving families) and the suggested prevention/intervention strategies that professionals have found to be helpful in not only detecting suicide risk but decreasing the rates of suicide. I am continually humbled and encouraged by what comes out of the efforts of such a caring and committed group of individuals and I am excited to see how our knowledge regarding how best to prevent suicide grows in the weeks and years to come.

-Wendy S. Lam

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Robin Williams

A Tribute to Robin Williams
Terri Erbacher, Ph.D.

A wonderful life was lost this week to suicide. I have seen tributes on social media showing Mr. Williams’ most exuberant moments in acting, his funniest comic acts, and pictures of him with children in the hospital, showing the utmost of care and compassion. But, he suffered.

Reports are currently indicating that Robin Williams died by suicide. This has touched us all in many ways as Mr. Williams has made us all laugh at one time or another. Many of us grieve this man, who we may never have met personally. We are left to wonder how the man who has brought us all smiles could have been experiencing such despair on the inside. Suicide, depression and mental illness are issues that remain stigmatized. Those suffering are often doing so in silence. The pain to one in the depths of despair is unimaginable to those who have never experienced it. If you fall in that category, be thankful and count your blessings.

If you have experienced depression or other mental illness, we hope you find a way to reach out. Your friends, family, coworkers, neighbors or religious supports care to hear you are suffering. Sometimes we experience that the first person we tell doesn’t listen. If that happens, find someone who will. Depression and other psychiatric disorders are treatable. For further suicide prevention information and resources, visit [www.suicidology.org](http://www.suicidology.org) or [www.afsp.org](http://www.afsp.org).

Let’s hope we can all learn from yet another tragedy and act with kindness toward one another. Remember that we never know who may be suffering in silence. A small kindness can go a long way. You may even just save a life. As we remember Robin Williams, let’s lean toward each other. If you need help, there is help 24/7. Call the LIFELine at 1-800-273-TALK (8255).
Suicide is the third leading cause of death for those ages 15-24 years and risk becomes even greater in middle age. Over 38,000 individuals die by suicide each year, yet working with suicidal clients often presents as both a professional challenge and a personal fear. Attendees will leave this workshop with many specific assessment and risk management strategies and skills that can be implemented immediately.

“Very practical information. Provided tools that I can take back to my district and use right away.”
- School Counselor

Participation in this program will enable you to:
- Conceptualize risk factors and warning signs of suicidal behavior
- Apply skills to manage your own reactions to a suicidal client and build a therapeutic alliance
- Conduct and document a comprehensive suicide risk assessment
- Assess level of risk and apply strategies to monitor suicide risk over time
- Employ practical strategies in treatment planning for suicidal clients
- Relate concepts learned to actual case studies

Active Learning Methods:
Learning in this workshop will be encouraged through interactive small and large group discussion, promotion of questions, and participation in case reviews. Further, there will be a self-scored quiz to determine knowledge gained throughout the workshop.

Dr. Terri Erbacher, PhD., is a School Psychologist for the Delaware County Intermediate Unit and a Clinical Assistant Professor at Philadelphia College of Osteopathic Medicine. She is extensively trained in Crisis Intervention, Traumatic Stress Management, and the PREPARE Model of Crisis Prevention, Intervention and Recovery. In Schools, Dr. Erbacher serves on multiple boards and crisis teams, is a consultant to school districts in the aftermath of crises, and is an author and distinguished speaker on the topics of crisis intervention, suicide, and bereavement.

Dr. Erbacher was the recipient of the 2007 Survivors of Suicide Award, the 2010 Delaware County Suicide Prevention Task Force Award, the Delaware County Intermediate Unit Service to the Community Award in 2010, and the American Foundation for Suicide Prevention Lifesaver of the Year Award in 2010. In 2011, for her efforts and dedication to Suicide Prevention. To honor her vast achievements, Dr. Terri was named Pennsylvania’s School Psychologist of the Year in 2011.

Cognitive Health Solutions...
1201 West Elm Avenue, Unit 2
Hanover, PA 17331

To register, please send completed registration form(s) and payment to Cognitive Health Solutions via one of the following options:
- Email: education@cognitivehealthsolutions.com
- Fax: 717-652-4930
- Mail: Cognitive Health Solutions, 1201 West Elm Avenue, Unit 2
  Hanover, PA 17331

Cognitive Health Solutions is approved to provide the following continuing education credits:
- American Psychological Association (APA)
- Association of Social Work Boards (ASWB)
- National Association of School Psychologists (NASP)
- Pennsylvania Department of Education (PDE)
- Pennsylvania Board of Social Work, Marriage and Family Therapy, and Licensed Professional Counselors
Find from the website www.delcosuicideprevention.org

**SAVE THE DATE: THE DCSPATF’S FALL CONFERENCE WILL BE HELD NOVEMBER 13TH AT THE SPRINGFIELD COUNTRY CLUB!**

Delaware County Family Engagement Workshop

Every other Monday Feb. through December Delaware County Intermediate Unit 200 Yale Ave. Morton PA.

The Delaware County Family Engagement Workgroup would like to extend an open invitation to all Delaware County residents to participate in our upcoming meetings and community events. The goals of this workgroup are to be inclusive and more responsive to our county residents and to provide guidance to the County’s Child Serving System of Care through identification of system needs, barriers to family engagement, and outreach and education at local events on existing resources. Attending the Family Engagement Workgroup meetings will provide you with an opportunity, as youth, parents, family members, and Delaware County residents to receive current updates on new and existing programs or to pose any questions you may have about existing services within our Child Serving System of Care. Your input about the needs of youth and families is vital to developing a holistic System of Care here in Delaware County. Current membership is diverse and comprised of parents, advocates, family members, Behavioral Health Providers, School Districts, community prevention & education providers, Magellan Behavioral Health, Delaware County Intermediate Unit, Head Start, YMCA of Philadelphia and Vicinity, Library System, and County representatives from Children and Youth, Juvenile Court, Behavioral Health, Early Intervention, Intellectual Disabilities, and Child Care Information Services.

Family Engagement Workgroup meetings are scheduled every other month (February, April, June, August, October, December) and held at the Delaware County Intermediate Unit, which is located at 200 Yale Ave in Morton, PA 19070. If you would like further information on Delaware County’s Family Engagement Workgroup or if you would like to be on the agenda for an upcoming meeting, please contact Shannon Thomas of the Delaware County Office of Behavioral Health, at 610-713-2479 or email the workgroup at delcofamilyengagement@yahoo.com.
The Great Recession and New Statistics on Suicide

Summary by Wendy S. Lam

According to an article covering the effects of the Great Recession in regard to economic trends and employment rates, it was reported that suicide rates in the United States and Europe rose during this time of great financial difficulty. Specifically, Maanvi Singh included the following in an article included on NPR's website: “before the recession, the suicide rate in Europe was falling. But it rose by 6.5 percent in 2009 and remained at that level through 2011. And in the United States, where the suicide rate had an upward curve even before the recession, the rate rose more sharply during the recession years. Ultimately, according to the report, which appears in the British Journal of Psychiatry, North America and Europe together experienced roughly 10,000 more suicides during the severe downturn than the trend from earlier years predicted.” In fact, middle-aged or older men represented the population that was particularly vulnerable. Although it is impossible to ascertain whether the people who died by suicide were the individuals who lost their jobs and/or homes during this challenging time in history, these rates encourage further probing. For example, one potential explanation for the rise is that men's sense of masculinity may be principally affected by unemployment. Public programs that address unemployment and/or efforts to question underlying gender assumptions may prove helpful in preventing suicide. Thus, although economic pain may be only one factor at play in raising these rates, the reality stands that close analysis of what is increasing these rates is an essential suicide prevention effort. To read the entire story: http://www.npr.org/blogs/krulwich/2014/06/11/318885533/suicide-rate-in-u-s-and-europe-climbed-during-great-recession

At Pennsylvania School, Teens Build Empathy by Confiding in a Crowd

Summary by Wendy S. Lam

In a creative, proactive effort, Philadelphia's Freire Charter School is making empathy part of its curriculum in its efforts to prevent future violence within the school community. Specifically, students were encouraged to stand in front of their peers in an assembly and reveal their fears, frustrations, and insecurities. Students' shared such deep subject matter beginning with the statement “if you really knew me, this is what you'd know...” With that simple prompt, students revealed a myriad of individual struggles spanning personal battles with illness to student contemplation of suicide. In light of the “safe space” that this empathy-building exercise provided, students were able to express themselves without fear of judgment or criticism. Rather, the point of such an approach was to combat the tendency for students to feel isolated, the very thing from which violence can spring, according to school principal Kelly Davenport. She
expressed the shift in the student culture she has observed in the following statement: “when a community can come together and celebrate the humanity in each of our kids, that gives each and every one of our students the right to be who they are, and to make that OK.” Specifically, Elijah, a student who spoke of his thoughts of suicide, reported that publically sharing his innermost thoughts with a large group of students was “one of the greatest moments of his life.” Since sharing his story, he indicated that his classmates have commiserated by telling him “yeah, I know what you was dealing with. I went through the same thing.” The empathy and support the students in this school have felt from being encouraged to simply open up with others about their life concerns has provided them with much hope and has given them the confidence to pursue their dreams. To read the entire story: http://www.npr.org/2014/05/23/307753290/at-pa-school-teens-build-empathy-by-confiding-in-a-crowd

Golden Gate Bridge to Get Suicide Net
Summary by Wendy S. Lam

According to a decision made by the board that runs the San Francisco’s Golden Gate Bridge at the end of June 2014, the $76 million dollar plan to put suicide nets alongside the span was approved. The nets will be 20 feet wide on each side and be made of stainless steel mesh. There were 46 suicides off the bridge last year, the highest number since it’s opened in 1937. More than 1,400 people have taken their lives by jumping from the bridge and the board, as well as concerned citizens, are hopeful that such barriers will ensure that no more individuals will be lost to that bridge. To read the entire story: http://www.npr.org/2014/06/28/326406800/golden-gate-bridge-to-get-suicide-net

Research Briefs

Suicidal Ideation and Suicide Plans or Attempts in Adults
With Asperger’s Syndrome
Summary by Wendy S. Lam

A group of authors based in England investigated the prevalence of self-reported suicidal ideation and suicide plan and/or attempts in a group of adults who were diagnosed with Asperger’s syndrome. The authors utilized a clinical cohort study in which they reviewed clinical survey data that included self-reported measures of traits association with Autism and empathy as well as provided information in regard to lifetime experience of depression, suicidal ideation, and suicide plan or attempts. The research team found that 243 (66%) of the 367 respondents disclosed suicidal ideation, 127 (35%) of 365 respondents reported plans or attempts at suicide, and 116 (31%) of 368 respondents revealed depressive symptoms. Thus, adults with Asperger’s
syndrome were significantly more likely to report lifetime experience of suicidal ideation than were individuals from a general UK population sample (more than nine times higher!), people with one or more medical illness, or people with psychotic pathology. Additionally, people diagnosed with both Asperger's syndrome and depression were more likely to report suicidal ideation and suicide plans or attempts compared to those with Asperger's syndrome without depression. The authors conclude that depression may be an important potential risk factor for suicidality in adults on the Autism spectrum. Thus, the need for appropriate community-based services and support to address depression is essential for addressing suicide risk within this group.

Citation for the entire article:
www.thelancet.com/psychiatry

Suicidal Thoughts and Attempts Among High School Students: Trends
Summary by Wendy S. Lam

According to recent research, it appears that impulsive or unplanned suicide attempts have become more common in adolescents (specially high school age students) in the past 20 years. The authors based their data analysis on results from the bi-annual Youth Risk Behavior Survey (YRBS). These results imply that in addition to screening for students' mood status, presence of suicidal thoughts, and history of suicide attempts, that it is important to also inquire about the health-risk behaviors that are associated with suicide. Specifically, they report that “consistent with other research, we found the strongest associations between suicide attempts and the types of health-risk behaviors that may be associated with poor impulse control and aggression, including substance abuse, community- and school-related violence, and unhealthy weight control/disordered eating.” The health-risk behaviors most strongly associated with high risk for suicide among girls included injection drug use, carrying weapons on school property, and methamphetamine use. Among boys, the highest risk factors included injection drug use, attempting to control weight by vomiting or using laxatives, and having been forced to have sex. Awareness of the role of health-risk behaviors within the profile of students who are attempting suicide is essential for all interventionists to be cognizant of and to inform the questions that are asked to our vulnerable population of US high school students.

Citation for the entire article:
When family members struggle emotionally the dynamic at home is disrupted. American Foundation for Suicide Prevention (AFSP) Distinguished Investigator Guy Diamond, Ph.D., has developed Attachment Based Family Therapy (ABFT) for suicidal teens to help families reconnect and better manage communication and problem solving.

ABFT introduces five tasks aimed at reducing family distress and improving family functioning, including:

1. As a first step, teens and their parents start by working together to improve their relationships; followed by

2. Teens meet one-on-one with their therapists to build an alliance and identify core family struggles and ways to address those struggles;

3. Parents meet one-on-one with the therapist to restore family harmony by accessing love and empathy, and learning new parenting skills;

4. Next, the teens and their parents regroup and meet together to identify and discuss problems and practice their new communication and problem solving skills together.

5. As a final step, the family engages in tasks aimed at increasing the adolescent’s ability to function more effectively.

After developing and pilot testing the treatment, Dr. Diamond received a larger grant from the National Institute of Mental Health (NIMH) for a more definitive evaluation. Sixty-six families participated and were randomly assigned to ABFT or Enhanced Usual Care (EUC).

Those receiving ABFT were more likely to stay in treatment (65%) than those who received EUC (6%). Assessments done 24 weeks after the baseline assessment revealed that suicidal ideation declined more among teens who received ABFT than EUC. Eleven percent of teens in the ABFT group made subsequent attempts compared with 22% of teens who received EUC. Both groups showed decreased depression over the course of treatment, though ABFT showed a somewhat quicker decline.

Key Takeaways:
- Attachment Based Family Therapy (ABFT) shows promise for suicidal teens and their families.
- An adaptation of ABFT for LGB teens also shows promise as an effective family intervention.
- In many instances family balance can be accomplished with treatments such as ABFT and sustained efforts by family members and trained family therapists.
Post-Discharge Follow-up as Suicide Prevention

Summary by Wendy S. Lam

In line with the tenant that our community has come to know, “postvention is prevention,” a recent research review suggests that multiple contacts with patients in their aftercare post-release from hospitalization may prevent future suicidal behaviors. Specifically, “the time after discharge from psychiatric hospitalization is one of heightened risk for suicide and repeat suicide attempts for patients.” Further, fewer than half of suicidal patients admitted to inpatient psychiatric units or treated in emergency departments receive aftercare. Although the exact amount and type of contact and how those factors relate to the particular profile of individuals receiving follow-up care are not clearly defined (or deemed prescriptive) at this time, these findings are promising and should inform post-hospitalization discharge activities. The authors discuss that these follow-up activities that could include telephone calls, postcards, in-person contacts, emails, and texts, serve as a reminder to discharged patients that someone cares about them. Additionally, these activities provide the informational support necessary if the patient would need to access mental health care again. Above all else, postvention efforts such as these “provide a sense of connectedness” and could be pivotal to preventing future suicides.

Citation for the entire article:

As First Responders, Family Medicine Doctors Receive Training in Suicide Prevention

Summary by Caitlin E. GilMartin

A recent article in the Billings Gazette (by Cindy Uken, July 5, 2014) highlighted a new application for training in light of research. The article discussed a new program in Montana’s Family Residency Program, which provides training to family medicine residents in using the Q, P, R (Question, Persuade, Refer) method of suicide prevention. Family medicine doctors were identified as a "first responder" and the "first line of defense" to help prevent suicide. This program was identified as a need due to some startling statistics, citing that 45% of people who completed suicides were in contact with their primary care physician within 30 days, and 20% of them had been in contact with their PCP within the 24 hours prior. In addition, Physician Assistant students are also being trained in the method. This article was representative of a program designed to meet a specific, defined need in the research and how further research in preventing suicide can lead to programmatic change.
Task Force Says Asking All Patients About Suicide Won’t Cut Risk

Summary by Wendy S. Lam

According to a federal panel that evaluated the effectiveness of existing screening tools for suicide, they found that there wasn't enough evidence to know whether screening the general public helps or hurts. Rather, it is imperative that the primary care providers pay particular attention to people with symptoms of depression and other mental health concerns (that include self-harm) as well as people who have been recently discharged from a psychiatric hospital setting. Intervention during these high-risk periods has been found to be effective in reducing completed suicides. Since primary care doctors don’t typically have extensive training in mental health and/or access to the appropriate referral options, training doctors to recognize warning signs and learn of the available mental health services are recommended. However, professionals such as Julie Goldstein Grument, director of prevention and practice for the Suicide Prevention Resource Center, instill that friends and family members are integral for detecting suicide risk. Grument says: "if you're concerned about someone, you should always seek to get them help. You should feel comfortable to ask them directly if they're having thoughts of suicide." That may be as simple as saying: "Sometimes people feel so bad that they're thinking about killing themselves. Is that you?" Most importantly, after a conversation like this occurs, it is advised that friends or family members stick to the plan of bringing their loved one to a mental health clinic, primary doctor, or spiritual adviser, and explain to them why seeking out help is needed. Regardless, the message that such intervention sends to the individual in crisis that they don't have to go through it alone is valuable.

To access the entire story:

AFSP - Philadelphia

AMERICAN FOUNDATION FOR SUICIDE PREVENTION
GREATER PHILADELPHIA CHAPTER
https://www.facebook.com/AFSPphiladelphia

AFSP - Philadelphia Chapter is proud to announce their new website!!! Please check it out for current events, ways to get involved and recent research in the field:

www.afsp.org/philadelphia.
Want to make a difference?

Out of the Darkness
Keeping the momentum for change in our community

COMMUNITY WALKS
American Foundation for Suicide Prevention

2014 PHILADELPHIA COMMUNITY WALK
3rd Annual DISTRIBUTION DAY
Walk Fundraising and Participant Package
Saturday, August 16, 2014
11:00 – 2:00 PM
3535 Market Street
Philadelphia, PA 19104

Come out and pick up your Walk Package!

- Meet the Philadelphia Board Members and our 2014 Walk Chairs
- Chances to win prizes: Out of the Darkness Hoodies, Gift Cards, etc.
- Learn about the many different educational programs, research grants and advocacy victories in our area as a result of your hard work.
- Meet Fellow Team Captains and walker participants

What’s in the Package?

- Walk Flyers for distribution
- Fundraising Ideas
- Wristbands
- T-Shirts
- Key Chains
- Flashlights, Pins, and more

Questions or Concerns Contact:
Walk Chairs
Sissy Williams — sd32050@yahoo.com
Jan Evans — janevan48@aol.com
Cathy Siciliano, Associate Area Director, Philadelphia
csiciliano@afsp.org 267-678-3327

We will continue to hold our annual Out of the Darkness walk in October. To register for the Philadelphia Community Walk, visit http://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.event&eventID=2591

Survivor’s Corner...

A survivor is a term used to describe someone who has lost a loved one to suicide.

Suicide is real.

Survivor’s corner is new! It has been created as a place to share YOUR stories, poems, thoughts. Help other survivors relate and help those who have never experienced this loss begin to understand...Simply submit material to Terri at terbacher@dciu.org.

Have you visited Survivor’s of Suicide’s website?
Survivor support group locations are listed!

www.sosphilly.org

Suicide Bereavement and Mental Health Outcomes
Summary by Wendy S. Lam

In light of the large number of individuals who are confronted by suicide bereavement (estimated to be up to 500 million people in a year), Pitman, Osborn, King, and Erlangsen recently conducted a narrative review of existing studies on the topic of suicide bereavement. Their review focused on the effect of suicide bereavement on mortality, mental health, and social functioning, and compared those findings with the effects and outcomes as a result of other bereavement types (e.g., death as a result of cancer, sudden accidental death, homicide, etc.).
The following summaries highlight the general trends and findings they have found as a result of conducting such a comprehensive analysis:

**Risk factors for suicide bereavement**

- Mothers bereaved by the suicide of an adult son experienced more childhood losses (early separations) than did mothers bereaved by the motor-vehicle death of an adult son, and were significantly more likely to have had a conflictual relationship with their deceased son.
- Parents bereaved by the suicide of a child had an excess of mental disorders, physical disorders, single status, and low income before their offspring's death compared with matched non-bereaved control parents and parents bereaved by accidental death.
- School-age children bereaved by suicide of a parent seem to have had a significant excess of behavioral and anxiety disorders and of parental separation or divorce before the death, compared with children bereaved by death of a parent not by suicide.
- Surviving parents of children bereaved by parental suicide had a significantly lower educational level than had parents of children bereaved by non-suicide parental death.
- Offspring of people who died by suicide had significantly higher rates of any psychiatric disorder before suicide than had non-bereaved control individuals.
- The partners and ex-partners of people who died by suicide had significantly higher rates of depression and any psychiatric disorder before the suicide than had non-bereaved control individuals.

**Summary for partners bereaved by suicide**

- Increased risk of suicide in the 2 years after suicide of a partner compared with after death of a partner from non-suicide causes.
- No clear difference in risk of admission for depression after suicide of a spouse compared with death of a spouse not from suicide.
- No difference in spousal depression and other psychopathology after suicide of a spouse compared with death of a spouse due to other violent and non-violent causes.

**Summary for parents bereaved by suicide of offspring**

- No apparent differences in risk of a parent's suicide after the suicide of offspring of any age in relation to offspring non-suicidal death.
- Increased risk of maternal suicide after the suicide of an adult child, in comparison to the non-suicide death of adult offspring.
- No apparent difference in risk of admission for depression of a parent after the suicide of offspring compared with risk after non-suicide death of offspring.
- Higher risk of hospital admission for mental illness among parents bereaved by the suicide of offspring of any age than for parents bereaved by motor-vehicle crash, but higher risk of depression in parents bereaved by motor-vehicle crash.

**Summary for suicide of parent**

- Indirect evidence for a higher risk of admission for depression in offspring after suicide of
their mother than after non-suicide death of their mother, but no apparent difference in risk of admission in individuals after suicide death of their father in relation to non-suicide death of their father

- Risk of more severe depressive symptoms in schoolchildren after suicide of a parent than after death of parent from cancer

**Summary for suicide of a sibling**

- No apparent increase in risk of admission for depression after suicide of sibling compared with after non-suicide death of sibling

Citation for entire article:

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**A Qualitative Investigation of the Family Experiences of Suicide Survivors**

*Research Project Summary by Wendy S. Lam*

Despite the importance of focusing on the needs of individuals who are likely to engage in suicidal behavior, the emotional toll experienced by their surviving friends and family (termed suicide survivors) is profound, potentially unparalleled. Given the vast numbers of people who are left to continue on in the aftermath of suicide (estimated to be 6 people who experience grief for each suicide that occurs), there is little systematic research that details the experiences of those who are left behind and ways in which they can be authentically served.

In addition to the large numbers of people impacted by suicide, much evidence exists to suggest that suicide survivors may be at risk for developing complicated grief responses, and experience other psychiatric and medical hardships post-loss that include risk of additional suicide acts and engagement in self-destructive behavior. Suicide survivors are also prone to post-traumatic stress symptoms and confront distinctive bereavement issues that include feelings of guilt, blame-worthiness, and shame that are reportedly unique to suicide loss. Additionally, families are profoundly affected and typically experience dysfunction, changes in communication and interaction patterns, low cohesion, marital dissatisfaction, anger, shock, and collectively face stigma and social isolation/social network destruction post-loss. Despite these concerning outcomes, the general level of family functioning prior to the suicide is not commonly addressed. Thus, it is an open question as to whether the negative family outcomes reported in the literature originated prior to the suicide or are a result or product of the loss.

In light of these open questions, I conducted a research project for my dissertation work that addressed the perceived experiences and family functioning of suicide survivors both
before and after suicide loss. I was happy to have the support of the following collaborators: Terri Erbacher-Duff, Rosemary Mennuti, and Scott Poland.

**Project Design:** Twenty-one adult suicide-survivors participated in a semi-structured interview. The questions were designed to examine the distinctive impact of suicide by asking participants to recall and reflect upon their families’ historical patterns of interaction prior to the loss in times of general difficulty (particularly in terms of the factors of family cohesion and patterns of communication/expressiveness) and how the family dynamics compared to what was observed after the suicide occurred. With an eye toward future intervention design, the interviews with suicide survivors included investigation into what had been of particular help to them in their grief and what they would have sought out had it been available. All interviews were transcribed for analysis by the lead author and a validation team comprised of mental health professionals.

**Results:** After analysis of the interview transcripts, a general explanation (a theory) of the process by which individuals and families cope with suicide bereavement was formed. Many of the dominant themes that pertained to the family experiences prior to the loss corresponded to the components of the Interpersonal-Psychological Theory of Suicidal Behavior popularized by Thomas Joiner. The dominant themes also revealed that there was consistency in the family patterns of interaction both prior to and post-loss, suggesting that families who tended to communicate openly with one another and spent time in each other’s presence largely followed this pattern of interacting with one another after suicide loss. Conversely, family members who reported interpersonal disconnection and dysfunctional patterns within the family prior to the loss (e.g., substance abuse, untreated mental health concerns, family discord and poor communication) tended to experience continued family strain and perceived interpersonal distance post-loss. Additionally, a majority of families struggled to talk about suicide together and had difficulty sharing in grief together. In regard to healing, the results revealed that expressiveness and the continued commitment of family members to spend time with one another were significant in coping with the loss. Furthermore, seeking out the support of empathetic others (mostly through peer-led survivor support groups) and engagement in advocacy were regarded as helpful even if family was not seen as supportive.

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**PENNSYLVANIA YOUTH SUICIDE PREVENTION INITIATIVE**

**Check out our new user-friendly Website:** [www.payspi.org](http://www.payspi.org)

**Who are We?**

If you are not yet familiar with us, we’d like to introduce the Pennsylvania Youth Suicide Prevention Initiative! We are excited that we began as a workgroup and have been up and
running since 2005. We have continued to grow with our advisory committee now including many individuals from across the state of PA with a common mission of striving to raise awareness about suicide and its prevention so that fewer Pennsylvanians experience the pain and grief resulting from the suicide death of a loved one. To join our listserv for task forces throughout the state to share ideas, ask questions, promote events, network and collaborate, please contact Harriet at hsb5@PSU.EDU.

Upcoming Local Events

Our own Delco Task Force Events can be found below in purple...

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<th>Date</th>
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<tr>
<td>Thursday, October 16th</td>
<td>9:00-11:00AM</td>
<td>Main Line Health Center</td>
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<td>Wednesday, December 3rd</td>
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Other Upcoming Events:

**August 21, 2014:** Suicide Risk Assessment Training for all clinicians presented by Dr. Terri Erbacher. Innovations in assessing and monitoring suicidal clients and youth will be presented in this engaging seminar. Information and details on registration can be found on page 3 of this newsletter.

**September 15 & 16, 2014:** Applied Suicide Intervention Skills Training (ASIST) from 8:30am-4:30pm (registration begins at 8:15am on 9/15). Cost: $75 (to cover materials and meals) - additional cost if you would like Act 48 or LSW/LCSW/LPC/MFT CEUs. Held at Elwyn Administration Building, Room #317, 111 Elwyn Road, Elwyn, Pa 19063. For more information, go to [https://www.livingworks.net/find-a-training/view/3116](https://www.livingworks.net/find-a-training/view/3116).

**October 5, 2014:** SAVE THE DATE for AFSP's Out of the Darkness Walk at the Philadelphia Museum of Art. Visit [www.afsp.org](http://www.afsp.org) for information or contact Pat Gainey at pgainey@afsp.org.

**October 15 & 16, 2014:** SAVE THE DATE for PAYSPI's annual suicide prevention conference in State College, PA. Visit [www.payspi.org](http://www.payspi.org) for information as the date gets closer!
November 13, 2014: SAVE THE DATE for DCSPATF’s annual conference at Springfield Country Club! The topic this year is Building a Safety Net! Visit www.delcosuicideprevention.org for details as the date gets closer!

November 22, 2014: For the 15th Annual AFSP International Survivors of Suicide Day, thousands of survivors of suicide loss will gather together in locations around the world to grieve, heal, and honor the person they lost. Join us: www.afsp.org/survivorday. For additional information, contact sosphilly30@gmail.com. Register online at www.sosophilly.org.

Ongoing events:
- Prysm Youth Group meets every Wednesday night from 6:30 until 8:30 at Holcomb Behavioral Health Systems on Baltimore Pike in Media. Visit us at: www.prysm.vpweb.com.
- Delco Youth Connection for students in grades 7-9 meets every Thursday from 4-6PM at Holcomb Behavioral Health, 126 E. Baltimore Avenue, Media, PA 19063. For info, call 484-444-0512.
- Delaware County Depression and Bipolar Support Group meets every Monday night at Riddle Hospital in the Rothman Building on the second floor from 7-9 pm.
- NAMI: Grief & Loss Family Support Group - Second Thursday of each month from 7:30-9:30PM in Downingtown. For location and more info., call 610-269-3476.
- Chester County Suicide Prevention Task Force - Second Wednesday of each month from 3:30 - 5:00PM at COAD, 930 E. Lancaster Ave., Exton. For more info., call 610-344-6265.
- Survivors of Suicide Support Group every 3rd Tuesday of each month at 7:30PM at Main Line Health Center, Community Room A, Sproul Rd (PA Rte 320), Broomall, PA.

Special thanks to this quarter’s contributors: Caitlin E. Gilmartin and Wendy S. Lam

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Please forward the newsletter on the friends and colleagues and have them join our Constant Contact List! They can do this online on our website: www.delcosuicideprevention.org

For more information or to get involved, visit www.delcosuicideprevention.org
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