

# *THE CIRCLE OF TRUST*



## *SUICIDE*

Recognition of symptoms & reactions  
An objective view of the suicidal mental state;  
what makes suicide an option  
Where can hope be found?  
Alternative treatments

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# *SUICIDE*

A graphic of a tunnel with a light at the end, transitioning from purple to yellow.

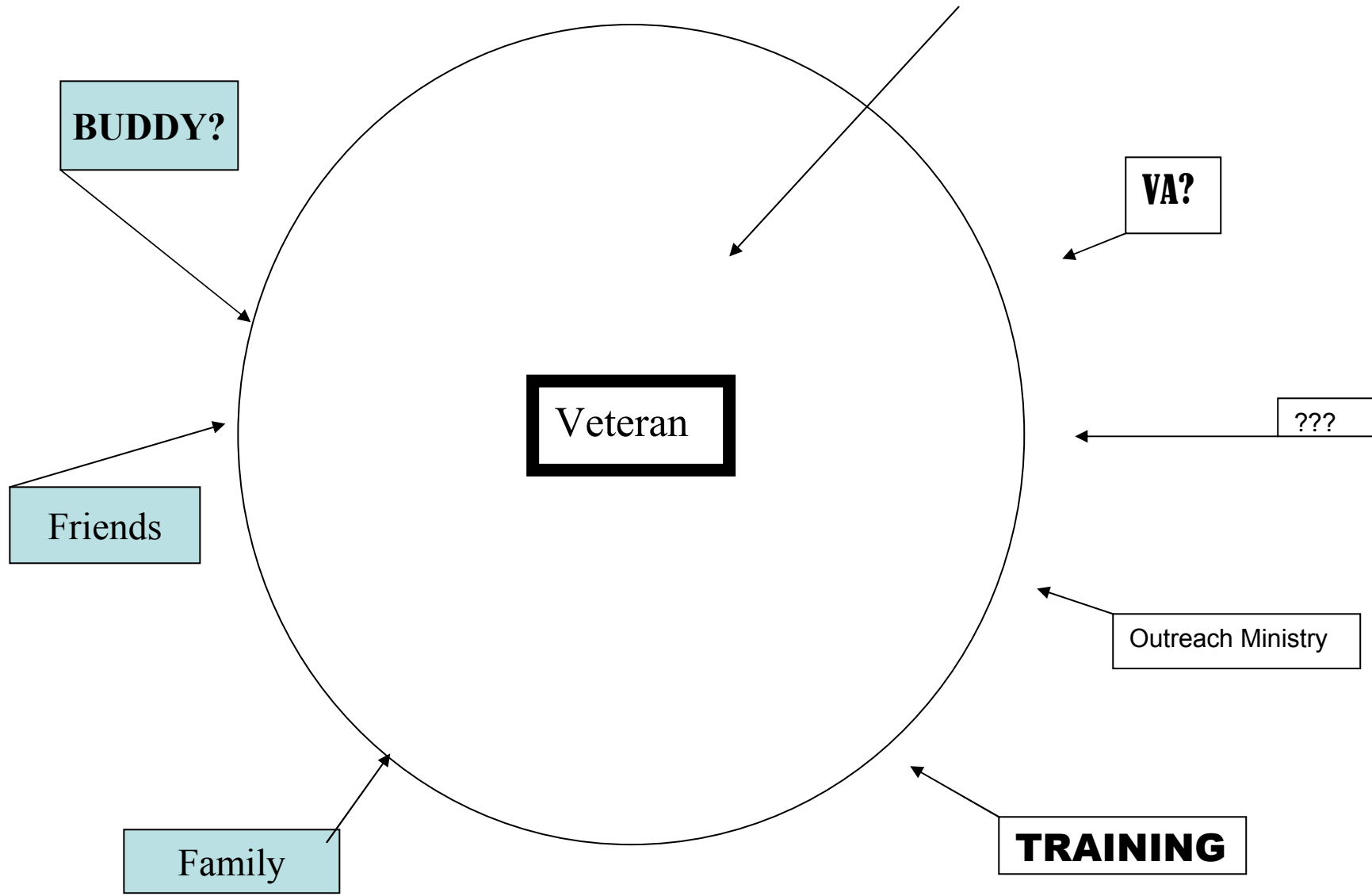
- No Light at the end of the tunnel
- No hope
- No future
- Running out of options or choices
- Continuing pain
- The pain gets greater
- No other way out

# *THE CIRCLE OF TRUST*



- Getting into that inner circle to where the veteran is hiding is not an easy task – sometimes it takes years.
- Finding out who the veteran is willing to let inside that circle is step one.

# CIRCLE OF TRUST



# *The Circle of Trust*



- *For a Veteran Returning Home –  
Returning Home is not as easy as it sounds.*
- *Everyone is different – everything has changed  
and for the Family – they do not understand  
the changes.*

## *CIRCLE OF TRUST*

- (1) It is vital that there be someone the veteran can trust: This person must be a **trained** individual who can communicate with both the veteran and the family what the veteran has experienced and give them tools to use in dealing with their life situations.
- (2) Someone available 24/7 that the veteran can talk to – someone who is trained in traumatic-stress and will listen without any overarching agenda of their own.

# *The Circle of Trust*

## THE PROBLEM:

Getting inside the Veterans Circle of Trust -- It may take years to accomplish that with the veteran; however, reaching the family with help may be quicker and easier with training:

- (1) Train** the veteran to help other veterans;
- (2) Train** family members in how to help other families;
- (3) Train** individuals how to reach out to them with effective tools.

# *Understanding the Overwhelming Emotions of Trauma*



Many people do not fully understand the notion of experiencing a truly – *overwhelming* - emotion.

Imagine experiencing an event of a catastrophic, graphic, unimaginable situation where you are being badly hurt or witnessing another being badly hurt or killed.



The feelings

- at that moment -

are **OVERPOWERING**;

one suddenly feels

**OVERWHELMED**

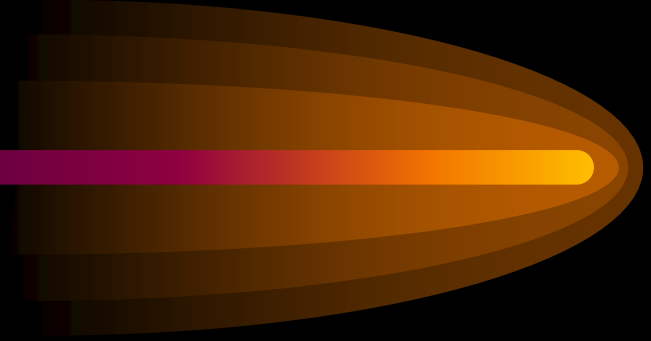
and may even feel

sick to the stomach.

If it has happened to you:  
for an instant  
you are under the effect  
of a traumatic emotion,

The unthinkable anxiety that comes with being  
helpless, hopeless and feeling out of control –  
in the face of something terrible happening to  
you . . .

These emotions are overwhelming.



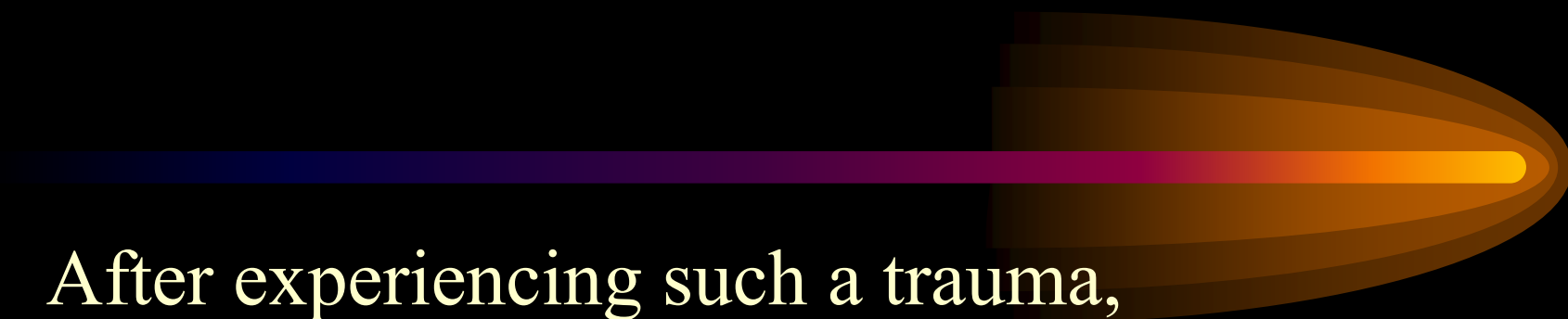


Now imagine

that you live with that  
overwhelming feeling  
just under the surface  
ALL OF THE TIME.

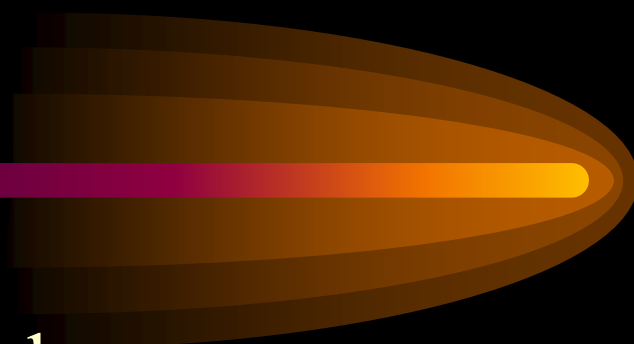
That is how it feels to live with


TRAUMATIZATION.




After experiencing such a trauma,  
it is likely that the individual  
will shut down significant parts of their  
spontaneous emotional reaction  
to the event,  
and perhaps even to  
the memory of it.

Just reading about or hearing about the event or similar events may trigger those terrible feelings and when that happens they quickly shut down the overwhelming emotion so that the memory can be viewed dispassionately.





- 
- When one shuts down their spontaneous emotional reaction because it is too overwhelming, part of their personality shuts down as well.
  - They lose touch with their own emotional makeup.





They are able to function,  
but they are emotionally numb, and  
this numbness is not restricted to the  
emotion surrounding the trauma.

It can become a way of life,  
a new part of their personality.

- 
- This is particularly true if someone is repeatedly exposed to trauma.
  - A traumatized individual quickly learns to numb out and insulate themselves from the effects of continued exposure.

- 
- This is not just the effect of war experiences.
  - This also happens to abused children who grow up learning to numb out at a moment's notice and by the time they are adults, emotional numbing is a way of life.

- 
- As a trauma survivor, the more they rely upon numbing to deaden potentially overwhelming emotions, the more they lose touch with their ability to spontaneously experience many kinds of emotion.
  - It is important that people are able to experience a wide range of emotions.



Most traumatized people  
live lives that are deadened by  
emotional numbing that is  
periodically disrupted  
by intrusion of disturbing memories and  
emotions related  
to the primary trauma.



They seldom feel good.

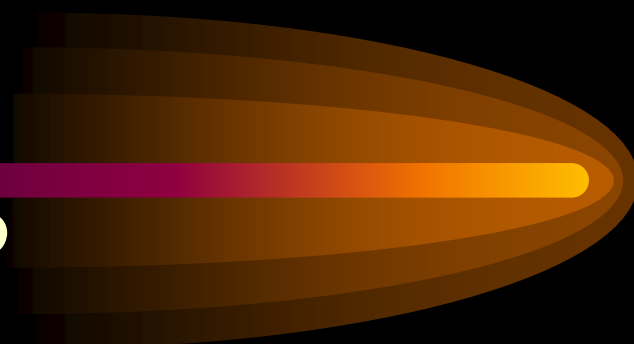
Usually they just feel numb;

however, most are able to keep

the traumatic memories bottled up or


pursue a life-style that allows control of the  
symptoms/reactions.


Such a life-style frequently includes:


- Withdrawing from society,
  - Relying on alcohol or drugs to remain numb (self medicate the pain),
  - Living a sensation seeking life to overcome the deadness inside or
  - Making a career out of reliving the trauma by discovering that you are defective and no longer a full-fledged member of society.
- 

Not only the traumatized person is affected by trauma, but the entire family is always affected, too.


No one experiences trauma without paying a huge price and often that price is at least some deadness inside – even after functioning well for many years they no longer feel that they are like others and have lost something in their sense of being connected with people.

- 
- Life takes on a whole new dimension of loneliness.
  - (This is why desentatization treatment is rarely effective and serves to only push the emotions deeper into withdrawal)

- 
- After experiencing a trauma – one is no longer the same person they were before. They cannot enjoy others in the same way.
  - They must contend - not only with the event(s) - but with the person they have become as a result of it.

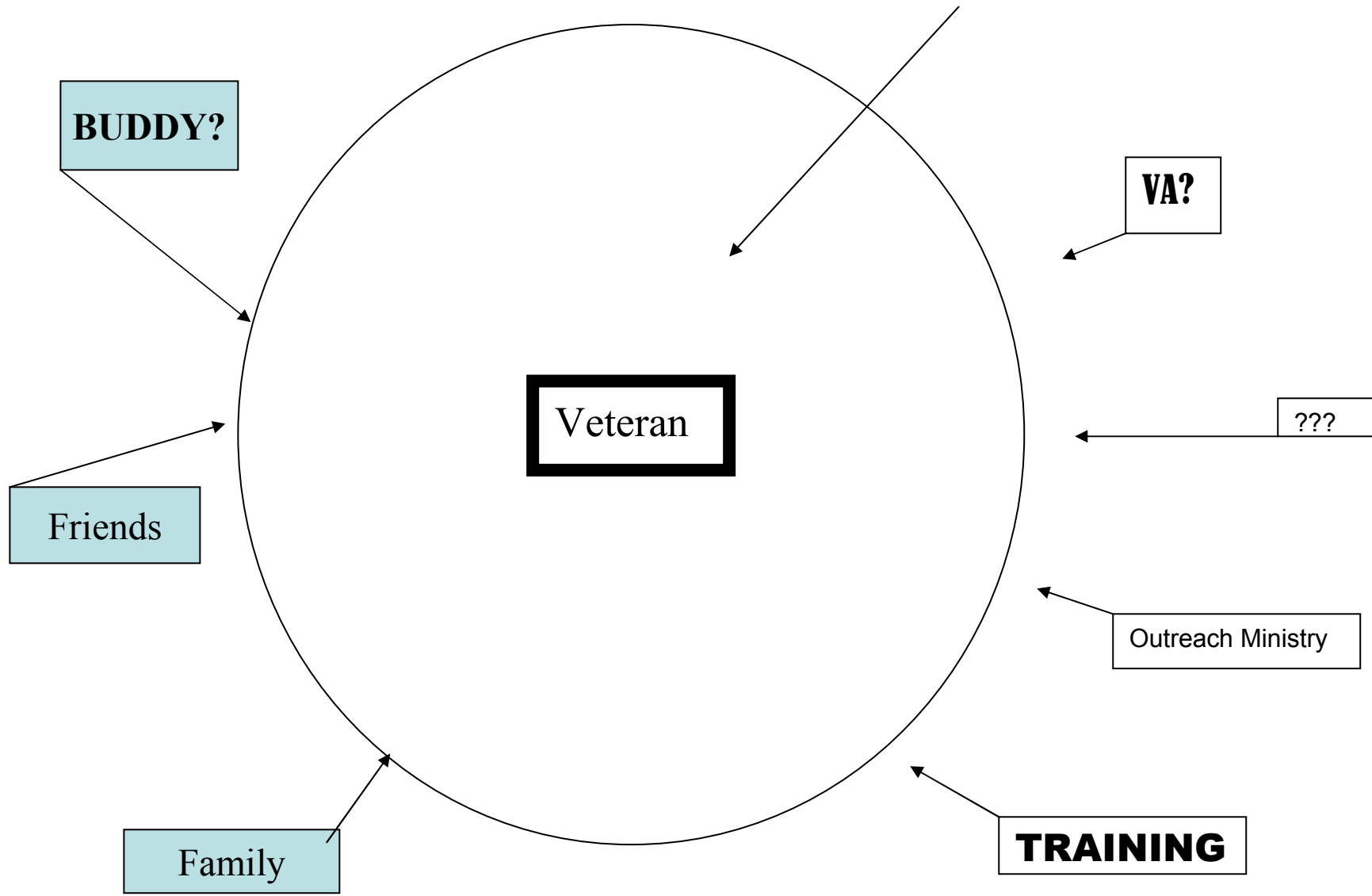
- 
- Their strongest connections to society is the family and close friends – but one thing that is certain – the greater the withdrawal the fewer groups they will find to which they can feel any sense of belonging and those surrounding them have learned to leave the subject alone.

They need to learn  
that traumatic stress  
symptoms/reactions are:



NORMAL REACTION  
in  
NORMAL PEOPLE  
to  
ABNORMAL events.

# CIRCLE OF TRUST




# WHAT CAN YOU DO?

- Establish a training program that teaches leaders, teachers and lay persons how to work with traumatized people.
- It is essential to provide a **Train the Trainer** course.
  - In this course the participants will learn many techniques
  - They will learn how to reassure traumatized individuals and what to say and do as well as what NOT to say and do.
  - They will learn how to ignite their personal time with God and not over run the Holy Spirit and/or the individuals with whom they work.
  - They will also learn that traumatic stress symptoms/reactions are **NORMAL REACTION** in **NORMAL PEOPLE** to **ABNORMAL** events.
- This course has already been developed and presented thousands of times to faith based organizations by Melissa Slagle, MSSW, LCSW, LMFT, Certified Traumatic Stress Specialist through: Living Solutions Crisis Management Training and Consulting, a 501(c)3 organization. This Faith Based Crisis Response Course © will certify individuals to teach others. Contact: (918) 494-0550 or [Livingolutions@sbcglobal.net](mailto:Livingolutions@sbcglobal.net) or [www.ICACHaplains.net](http://www.ICACHaplains.net)

SUICID

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What do you think of a person who is  
having suicidal thoughts?

# *SUICIDE*



- You cannot predict death by suicide.
- You can identify people
  - who are at increased risk for suicidal behavior
  - take precautions – and
  - refer them for effective treatment

# *DEALING WITH SUICIDE*



- What can you do?

SUICIDAL IDEATION

SUICIDAL ATTEMPT

# *ASK*



- Ask the person directly if he or she is having suicidal thoughts or ideas.
- Ask if they have a plan to kill them self
- Ask if they have access to lethal means.

# *ASK QUESTIONS*





- Are you thinking about killing yourself?
- Have you ever tried to hurt yourself before?
- Do you think you might try to hurt yourself today?
  - More . . .

## *Ask more questions*



- Have you thought of ways that you might hurt yourself?
- Do you have pills/weapons in your house?
- What is your plan to kill yourself?

- 
- These questions will NOT increase the person's suicidal thoughts.
  - It will give you information that indicates how strongly the person has thought about killing his or herself.

- 
- Take seriously ALL suicide threats and ALL suicide attempts.
  - A past history of suicide attempts is one of the strongest risk factors for death by suicide.

## *A No Suicide Contract*



- There is NO evidence that a “no suicide contract” prevent suicide
- In fact, they may give counselors a false sense of reassurance.

# *ARTICLE ON SUICIDE*

- The following few slides show an article that was published:
  - ◆ SUNDAY, March 23, 2008
  - ◆ In US News and World Report
  - ◆ (Health Day News)

# KNOW SUICIDE'S WARNING SIGNS

Quotes are from Sunday, March 23, 2008 (Health Day News)  
American College of Emergency Physicians.  
President Dr. Linda L. Lawrence

- **More people likely to take their lives in the spring, doctors say . . .**
- While many people view spring as a time of renewal and hope, the greatest number of suicides in the United States occur each year in April and May.
- It's not clear why suicide rates spike in the spring.
- We do know that:
  - ◆ Suicide is the 11th leading cause of death for all ages in the United States
  - ◆ One suicide occurring every 16 minutes or about 11 suicides per 100,000 people."

More ...

- Suicide is the
  - ◆ second leading cause of death among 25- to 34-year-olds and the
  - ◆ third leading cause of death among 15- to 24-year-olds.
- Men take their own lives nearly four times more often than women.
- Men ages 75 and older have the highest rate of suicide.
- Women (over a life time) attempt suicide two to three times as often as men.
- For every successful suicide attempt, there are 25 failed attempts that often leave people seriously injured and in need of medical care.
- More than 90 percent of all suicides are linked with a mood disorder or other psychiatric illnesses, which can be treated through behavioral therapy and medication.

More...

## WARNING SIGNS OF SUICIDAL BEHAVIOR :

- Feeling depressed, down or excessively sad.
- Feelings of hopelessness, worthlessness or having no purpose in life, along with a loss of interest or pleasure in doing things.
- Preoccupation with death, dying or violence, or talking about wanting to die.
- Seeking access to medications, weapons or other means of committing suicide. More...

- Wide mood swings -- feeling extremely up one day and terribly down the next.
- Feelings of great agitation, rage or uncontrolled anger, or wanting to get revenge.
- Changes in eating and sleeping habits, appearance, behavior, or personality.
- Risky or self-destructive behavior, such as driving recklessly or taking illegal drugs.

- Sudden calmness (a sign that a person has made the decision to attempt suicide).

- Life crises, trauma or setbacks, including school, work or relationship problems, job loss, divorce, death of a loved one, financial difficulties, diagnosis of a terminal illness.

- Putting one's affairs in order, including giving away belongings, visiting family members and friends, drawing up a will or writing a suicide note.

- If a person is threatening to commit suicide, take it seriously, remain calm and take the following steps:
- Don't leave the person alone. Prevent access to firearms, knives, medications or any other item the person may use to commit suicide.
- Don't try to handle the situation alone. Call 911 or the local emergency response number. Phone the person's doctor, the police, a local crisis intervention team, or others who are trained to help.
- While waiting for help, listen closely to the person. Let the person know you're listening by maintaining eye contact, moving closer, or holding his or her hand, if appropriate.

# *SUICIDE STATISTICS*

- **The Elderly**

Suicide rates increase with age and are very high among those 65 years and older. Most elderly suicide victims are seen by their primary care provider a few weeks prior to their suicide attempt and diagnosed with their first episode of mild to moderate depression.

- Older adults who are suicidal are also more likely to be suffering from physical illnesses and be divorced or widowed

# *SUICIDE STATISTICS*

- In 2001, 5,393 Americans over age 65 committed suicide.
- Of those, 85% were men and 15% were women (2004)
- Firearms were used in 73% of suicides committed by adults over the age of 65 in 2001 (CDC 2004).

# *SUICIDE*

- Suicide is a major, preventable public health problem.
- In 2004, it was the eleventh leading cause of death in the U.S., accounting for 32,439
- An estimated eight to 25 attempted suicides occur per every suicide death.
- Suicidal behavior is complex. Some risk factors vary with age, gender, or ethnic group and may occur in combination or change over time.

# ● USA Suicide Rates by States

Oklahoma rated 16<sup>th</sup> in Elderly suicide (above age 65)

Oklahoma rated 13<sup>th</sup> in Youth suicide ( ages 15-25)

\*\* By contrast Hawaii was rated 48<sup>th</sup> in Elderly suicides and 50<sup>th</sup> in youth suicide.

*This Data source: CDC's WISQARS website "Fatal Injury Reports," <http://www.cdc.gov/ncipc/wisqars/>;  
downloaded 24 January 2008*

*Prepared by John L. McIntosh, Ph.D., Indiana University South Bend for posting by the **American Association of Suicidology** ([www.suicidology.org](http://www.suicidology.org)) - January 2008.*

# *24 Hour Toll Free HELP!*

Toll-free number, available 24 hours a day, every day:

**1-800-273-TALK (8255).**

You will reach the National Suicide Prevention Lifeline, a service available to anyone.

You may call for yourself or for someone you care about.

**All calls are confidential.**

# *LISTEN & LOOK*

- Look for red flags for suicidal behavior.
- Look for red flags indicated by the

*Mnemonic:*

IS PATH WARM?

# *Mnemonic*



*Relating to memory*

*Helping you to be mindful*

*Assisting or intended to  
assist the memory*

# *IS PATH WARM?*

- **I**deation – threatened or communicated
- **S**ubstance abuse – excessive or increased
- **P**urposeless – no reasons for living
- **A**nxiety – Agitation – Insomnia
- **T**rapped – feeling there is no way out
- **H**oplessness

# *IS PATH WARM?*



- **W**ithdrawing – from friends, family, society.
- **A**nger (uncontrolled) rage, seeking revenge
- **R**ecklessness – risky acts, unthinking
- **M**ood changes (dramatic)

**I-S P-A-T-H W-A-R-M ??**

# *ACT*



- If you think the person might harm him or herself, **DO NOT LEAVE** the person alone
- Say, “I am going to get you some help.”



# RISK FACTORS

1-5

The first step in preventing suicide is to identify and understand the risk factors.

A risk factor is anything that increases the likelihood that persons will harm themselves.

However, risk factors are not necessarily causes.

Research has identified the following risk factors for suicide (DHHS 1999):

# RISK FACTORS

2-5

- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)



# RISK FACTORS

3-5

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide



# RISK FACTORS

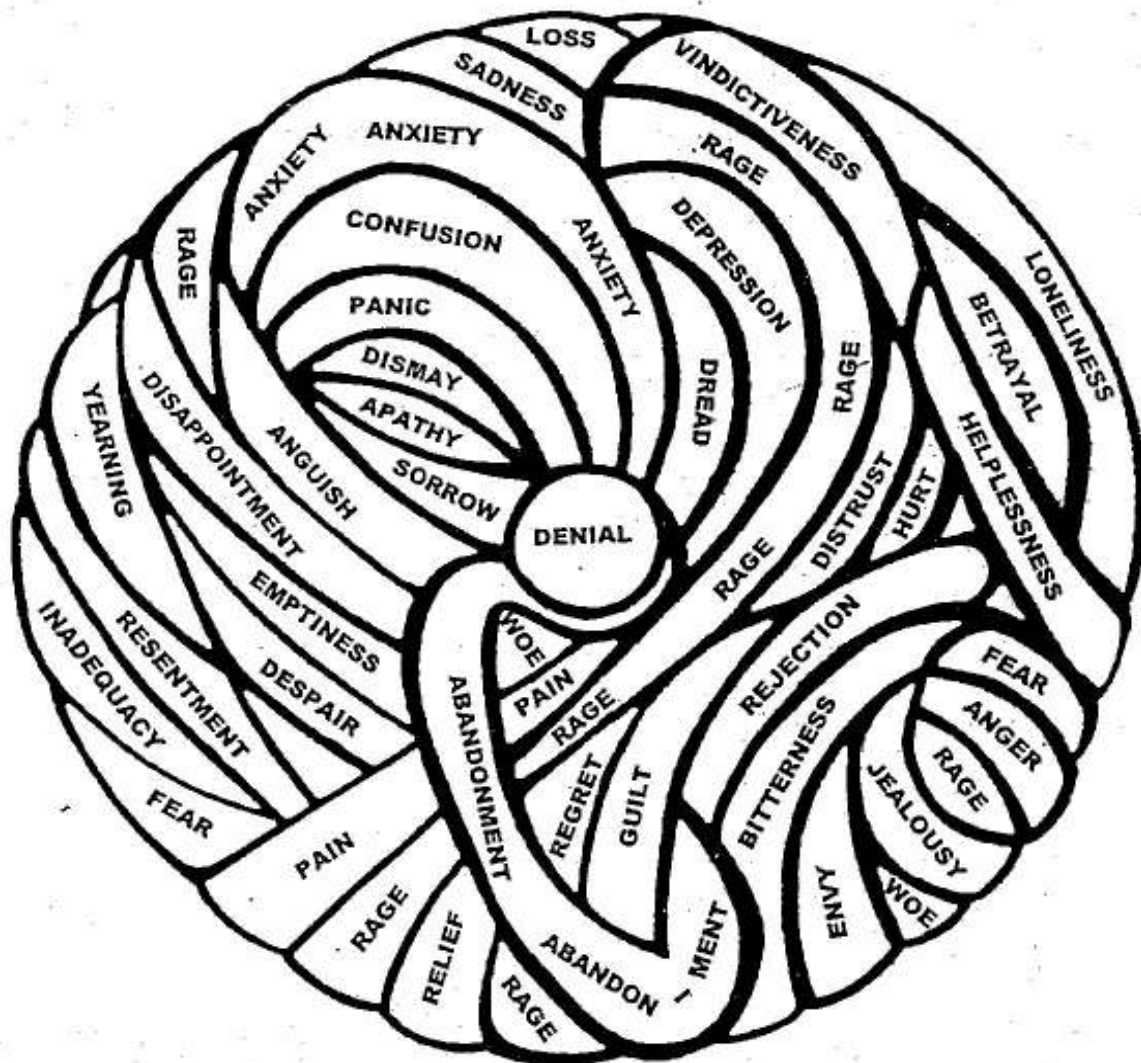
4-5

- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people



# GRIEF . . .

## A TANGLED 'BALL' OF EMOTIONS





Talk over tea:

Have you ever  
known someone who  
attempted or was  
successful at suicide?

How would we  
handle a **SUICIDE**  
Personally?

What do we think  
about suicide?

Have we ever  
thought about  
suicide?

# *Physical Symptoms*



Fatigue

Nausea

Muscle tremors

Twitches

Chest Pain\*

Thirst

Elevated BP  
breathing\*

Headaches

Difficulty

Vomiting

Visual problems

Grinding teeth

Weakness

Dizziness

Profuse sweating

Shock symptoms \*

Chills

*\*Indicates need for medical attention*

# *Cognitive Symptoms*



Blaming someone

Confusion

Poor attention

Raised alertness

Nightmares

Poor decisions

Lowered alertness

Flashbacks

Poor concentration

Hypervigilance

Impaired thinking

Loss of orientation

Memory problems

Poor problem solving

Poor abstract thinking

# *Emotional Symptoms*



Anxiety

Apprehension

Uncertainty

Intense Anger

Irritability

Severe Panic

Guilt

Emotional shock

Loss of Emotional control

Emotional outbursts

Feeling overwhelmed

Inappropriate emotional responses

Grief

Fear

Denial

Agitation

Depression

# *Behavioral Symptoms*



- ◆ Change in activity
- ◆ Emotional outbursts
- ◆ Loss of appetite
- ◆ Increase in appetite
- ◆ Change in usual communication
- ◆ Non specific body complaints
- ◆ Increase/decrease in sexual activity
- ◆ Change in speech
- ◆ Restlessness
- ◆ Restlessness
- ◆ Erratic movements
- ◆ Increase in substance abuse
- ◆ Intensified startle response
- ◆ Hyper-alert to environment
- ◆ Withdrawal
- ◆ Suspiciousness
- ◆ Pacing
- ◆ Acting out

# *Spiritual Symptoms*



**A**nger at God

**S**udden turn from God  
Worship

**A**ngry at Clergy

**L**oss of meaning & purpose  
involvement

**S**ense of isolation from God

**B**elief we failed God

**B**elieving God Doesn't care

**F**eeling Distant from God

**W**ithdraw from place of

**Q**uestioning our basic beliefs

**U**ncharacteristic religious

**B**elieving God is not in control

**B**elieving God is powerless

**F**amiliar Faith practice empty

# *Healthy Communication*



- Knows the fine art of listening
- Shares information neutrally, without insinuation, negative body language, etc.
- Is truly interested in hearing what the other person has to say—has “ears to hear”
- Uses communication to share ideas, solve problems, and work toward the “greater good”

# *Unhealthy Communication*

- Seeks to impress, gain power, dominate, manipulate, persuade, or avoid difficult situations
- Often a result of unhealthy upbringing, fear, insecurity, and need to control
- Refuses to listen
- More interested in “telling” than “sharing”
- Preaches, teaches, advises, instructs, directs, and bosses inappropriately

# *Attention-seeking vs. Problem-Solving*



- Attention-seeker resorts to blame, accusation, criticism, and other defensive tactics to shift focus when they make mistakes or are wounded by the behavior of others.
- Attention-seeker is needy, emotional, and drains leadership of energy and resources

**Problem-solving behavior focuses on  
the problem at hand  
instead of the person**

# *Ears to Hear*



- A person who wants to really hear another person looks that person in the eye and uses a kind manner, soft tone, and open, expectant expression
- They validate the other person and make them feel worthy of being heard
- Doesn't over-react to what the person says even if they are lying, being unkind, or expressing feelings inappropriately
- Remains neutral in the face of hostility, rage, attack

# *HEARING ANOTHER PERSON*




- A person who really hears another person takes times to reflect before responding; doesn't jump back with a quick argument
- Doesn't always need to have the last word
- A person who really hears another person seeks to find some truth in what the other person is saying, even if they fundamentally disagree. They note that truth before discussing disagreement.

## *Ears to Hear....*



- Doesn't make snide comments, roll eyes, or communicate with unkind facial expressions
- A person “with ears to hear” will remember the enormous spiritual power of the tongue to heal, wound, edify, or destroy another person or group of people.

- 
- A person who truly hears will reserve judgment until all the facts of the matter are in, and then will gladly admit having been wrong If new information surfaces.
  - A hearing person makes sure that the other person feels heard. Doesn't continue conversation until they are sure that validation has occurred.

# *Acknowledge*



- ...who the victim is and where they come from
- ...what they have lost
- ...what they believe
- ...their right to privacy
- ...their emotions and suffering
- ...their spiritual confusion
- ...your own limitations

## *Do Validate their Losses*



- I'm sorry you lost....
- This must be difficult
- I can't imagine how you must feel...
- At times like these, it is hard to know what to say
- We will help you all that we can
- I know this must hurt terribly
- You are not alone

# *What They Believe*



- This is not a time to share YOUR beliefs
- It is not a time to ask them what they believe
- Respect their spirituality no matter what
- Ask them if you can help them find their pastor, priest, etc.
- **DO NOT USE DISASTER AS A TIME TO EVANGELIZE!**

## *Right to Privacy*

- Do not ask invasive questions
- Do not plunder through their things or home without asking permission
- Do not touch them without asking permission (unless delivering life-saving interventions)
- Don't allow media to put a microphone in their face
- Don't ask them how it feels....

- Don't tell their business  
unless it is absolutely necessary
- Don't insert yourself into  
their grieving process
- Allow them to view body/stand off to the side
- Cover the body of a deceased person to restore  
dignity
- Inform one main family member and identify  
body
- Don't inform of death in a public place
- Make eye contact and use firm, kind voice, but  
don't drag it out

# *Accept their emotions*



- You don't have to change how they feel
- Allow them to be angry
- Tell them they have a “right to feel that way”
- Don't try to talk them out of a feeling
- Never say “you shouldn't feel that way....  
Or “don't say that...”
- Realize they need to express emotion honestly in times of crisis
- However, don't incite anger, rage, hate, hostility, grief etc.

# *Spiritual Confusion*



- Don't start trying to give them spiritual answers unless you are specifically asked a spiritual question
- Don't try to explain why God allowed this to happen
- Realize that in time their confusion will diminish
- Help them by validating their right to be confused

# *Your Limitations*

- Acknowledge that you don't have all the answers
- Acknowledge your own fatigue, fear, and confusion
- Know when to rest
- Be kind to yourself and forgiving of your mistakes in these situations
- Know when you have done all you can
- Know when the situation is out of control
- Know that you cannot do everything and that you shouldn't even try to do some things

## *Know Your Limitations*



- Know when YOU need help
- Be able to ask for help
- Know that you don't have to be right all the time
- Know your weaknesses as well as your strengths
- Allow others to correct you
- Be willing to be a leader AND a follower

*QUESTIONS ???????*



**If you support your troops,  
pray for them  
and tell every veteran you know –  
WELCOME HOME  
and  
THANK YOU !**

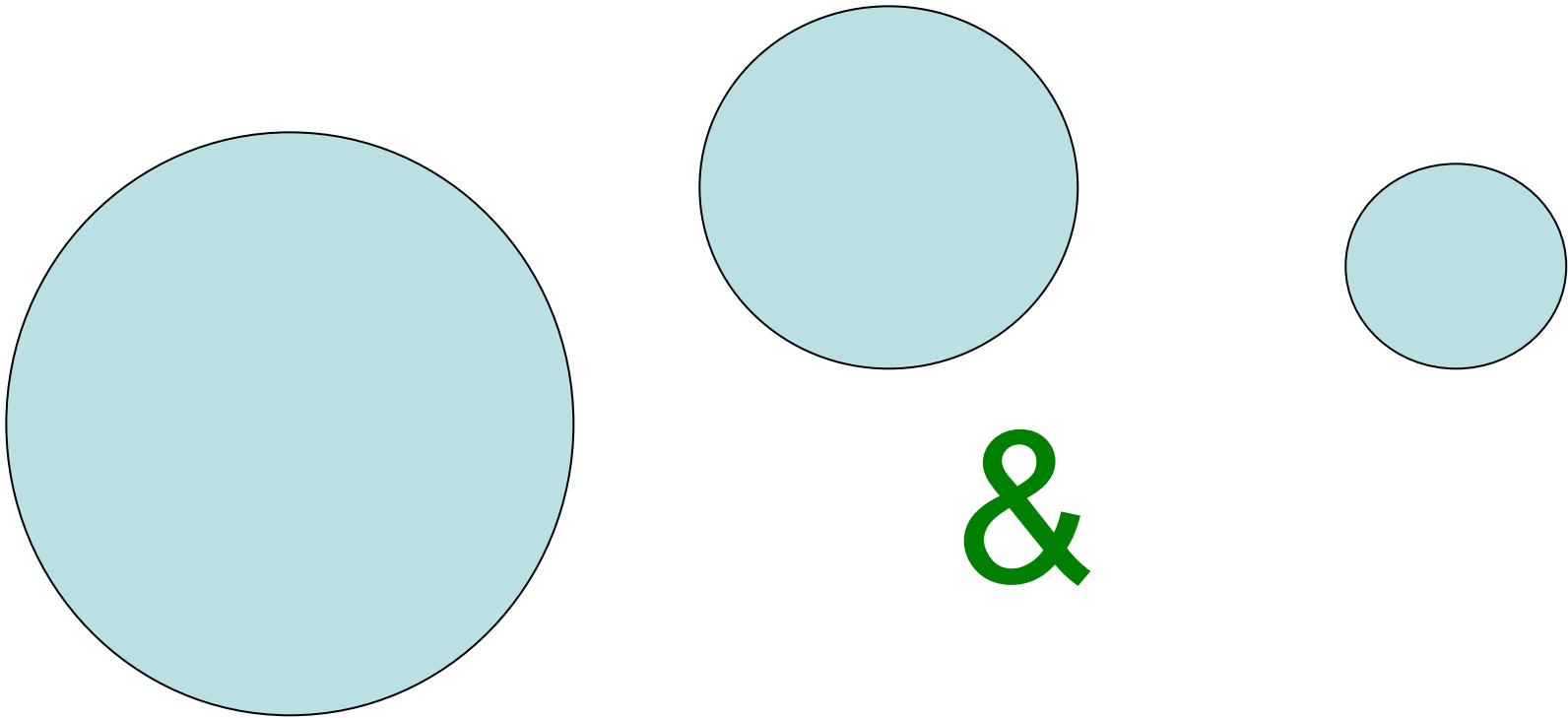


*Thank You for Listening*



- *Melissa Stagle*
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- [www.ICAchaplains.net](http://www.ICAchaplains.net)

# Unspeakable Truths



# Happy Endings



**Powerless**

**Helpless**

**Hopeless**

**Out of Control**

**The memories of Trauma Do Not go away simply because we wish them to.**

**Insisting that a person who experiences trauma simply “move on” insinuates that the person’s emotions are invalid.**

# Re- Victimization:

(How to really mess up when talking to a traumatized person)

- **Assign blame in the situation**
- **Insinuate that the victim does not remember correctly the events of the trauma**
- **That they could have prevented the incident**
- **That they could have protected themselves**
- **Ignore or deny the victim the right to their emotions**
- **Suggest that they should try to forget**

# **Normalize**

**Reassure that their emotional upheaval is a normal reaction in a normal person to an abnormal situation/event.**

# **Validate**

**Assure them that they are not alone in their reactions and that they have the RIGHT to feel the emotions they are experiencing.**

# **Support Groups**

**Helps the victim to realize that others have experienced similar situations and that someone understands the emotions that have resulted - there is hope. . .**

**A Counselor's Job is NOT to  
erase the effects of the trauma**

**. . . Assist victim in finding appropriate  
coping skills and ways to manage the  
pain and emotions**

**. . . Do not engage in judgment ,  
condemnation, or rationalization of  
the victim or the traumatic events they  
have experienced**

**Memories are not exact, they can be polluted, influenced and distorted.**

**Emotional State affects one's perspective of and memory of the event**

**Many Victims experience a kind of amnesia and may not remember events in order, or the memory may be incomplete**

Presentation to Brookhaven Hospital July 2009

Melissa Slagle, MSSW, LCSW

Certified Traumatic Stress Specialist

TOPIC:

**The Circle of Trust & Suicide Prevention**  
**In general and specifically for returning combat veterans**

For a Veteran, returning home is not as easy as it sounds. Everyone is different; everything has changed and for the family, very often, they do not understand the changes in their Veteran. The emotions of trauma and the after affects make it nearly impossible for a family to fully understand the notion of experiencing a truly – overwhelming – emotion and experiencing an event of a catastrophic, graphic, unimaginable situation where one is being badly hurt or witnessing another being badly hurt or killed.

The incomprehensible pain and feelings that there are no lights at the end of the tunnel, no hope, no future, running out of options or choices, continuing pain or pain getting greater, and no other way out can lead to thoughts of suicide. This presentation will look briefly at recognition of symptoms & reactions; what makes suicide an option; where can hope be found?