

FRIENDS FOR SURVIVAL

PATHWAYS TO PURPOSE & HOPE

A guide for creating a sustainable grief support organization for families and friends after a suicide death.



CREATED BY: FRIENDS FOR SURVIVAL, INC., A NATIONAL OUTREACH
AND SUPPORT ORGANIZATION FOR FAMILIES AFTER A SUICIDE DEATH

May 2013

Pathways to Purpose and Hope, A guide for creating a sustainable grief support organization for families and friends after a suicide death.

Funded by the voter approved Mental Health Services Act (Prop. 63)

About CalMHSA: An organization of county governments working to improve mental health outcomes for individuals, families, and communities. CalMHSA operates services and education programs on a statewide, regional, and local basis.

Created by Friends for Survival, Inc.

Friends for Survival, Inc.

P.O. Box 214463

Sacramento, California 95821

916-392-0664, 800-646-7322

www.FriendsforSurvival.org

This document can be downloaded from *www.FriendsforSurvival.org*
or from the Resource Center at *www.YourVoiceCounts.org*.

Table of Contents

| | |
|---|----|
| Executive Summary | 7 |
| Introduction | 8 |
| Vocabulary—Terms to Know | 10 |
| 1. Decisions and Readiness | 11 |
| 2. Where to Start | 14 |
| 2.1 Needs of grieving persons after a suicide death..... | 15 |
| 2.2 Provide Adequate Response to Families After a Suicide Death | 16 |
| 2.3 Provide Multiple Services..... | 17 |
| 2.4 Benefits of an SBSG Program | 17 |
| 2.5 Community Readiness—Assessing The Need | 18 |
| 2.6 Community Meeting to Announce Plans to Start an SBSG Program..... | 18 |
| 2.7 Organizational Meeting to Plan and Develop The SBSG Program..... | 19 |
| 3. Essential Components Required for Sustainability | 21 |
| 3.1 Agency Brochure | 22 |
| 3.2 Database | 23 |
| 3.3 Website | 24 |
| 4. Critical Services for Sustainability | 26 |
| 4.1 That First Connection Over The Phone | 27 |
| 4.2 New Family Packet | 28 |
| 4.2.1 Why this Packet is Important..... | 28 |
| 4.2.2 Suggested Materials For The Packet | 28 |
| 4.3 Support Meetings..... | 29 |
| 4.3.1 What is the Purpose of a Support Meeting?..... | 29 |
| 4.3.2 Closed vs. Open-Ended Meetings..... | 29 |
| 4.3.3 Educational Topics at Meetings | 30 |
| 4.3.4 Benefits of Speakers and Topics | 30 |
| 4.3.5 What is a Facilitator? | 31 |
| 4.3.6 Guidelines for Meetings..... | 31 |
| 4.3.7 Logistics of Meetings | 32 |
| 4.3.8 Follow-Up After a Meeting | 33 |
| 4.4 The Newsletter..... | 33 |
| 4.4.1 Critical for Survivors..... | 33 |
| 4.4.2 Critical for Your Organization | 33 |
| 4.4.3 Your Database and The Newsletter Are Related | 34 |
| 4.4.4 How To Get Started..... | 34 |
| 4.4.5 Content and Criteria..... | 35 |
| 4.4.6 Potential Sources of Materials For The Newsletter..... | 36 |

Table of Contents

| | |
|---|----|
| 5. Optional Services | 38 |
| 5.1 Lending Library..... | 39 |
| 5.2 Memorial Quilts..... | 39 |
| 5.3 One-On-One Survivor Peer Support..... | 40 |
| 5.4 Birthday and Anniversary Notes..... | 41 |
| 5.5 Community Resource List..... | 41 |
| 5.6 Retreats..... | 41 |
| 5.7 Conferences For Professionals and Survivors..... | 42 |
| 5.8 Events and Activities..... | 44 |
| 5.9 Speakers' Bureaus..... | 45 |
| 5.10 Initial Outreach Team: L.O.S..... | 45 |
| 5.11 Outreach to Third-party Survivors..... | 46 |
| 6. Communication | 47 |
| 6.1 Using Media Guidelines..... | 48 |
| 6.2 Your Slogan..... | 48 |
| 6.3 Advertising vs. publicity..... | 49 |
| 6.4 Creating a message..... | 49 |
| 6.5 The press release (also called a "news release")..... | 49 |
| 6.6 PSA (public service announcement)..... | 51 |
| 6.7 Becoming an effective spokesperson..... | 51 |
| 6.8 The interview process..... | 51 |
| 6.9 Using television and radio to tell your story..... | 52 |
| 6.10 Using print media to tell your story..... | 54 |
| 6.11 Facebook and other social networking (including your own website)..... | 54 |
| 6.12 Community collaboration..... | 55 |
| 6.12.1 Why facilitators should make personal visits..... | 55 |
| 6.12.2 Reaching out to professionals and the community..... | 55 |
| 6.12.3 Professionals to contact..... | 55 |
| 6.12.4 Community introduction form letter..... | 56 |
| 7. Finances and Fundraising | 57 |
| 7.1 Private donations..... | 58 |
| 7.2 Fundraising events..... | 58 |
| 7.3 In-kind donations..... | 60 |
| 7.4 Corporate donations..... | 60 |
| 7.5 Grants..... | 60 |
| 7.6 Thank-you notes and donation receipts..... | 61 |

Table of Contents

| | |
|---|----|
| 8. Governing and Structure | 63 |
| 8.1 Governing your organization | 64 |
| 8.1.1 Board of Directors | 64 |
| 8.1.2 Leadership team | 64 |
| 8.1.3 Volunteers | 65 |
| 8.1.4 Paid staff | 65 |
| 8.2 Structuring your organization | 66 |
| 8.2.1 Unincorporated group | 66 |
| 8.2.2 Additional meeting of a nearby SBSG | 66 |
| 8.2.3 Sponsored by another nonprofit organization | 67 |
| 8.2.4 Chapter of another nonprofit organization | 68 |
| 8.2.5 Separate nonprofit corporation | 68 |
| 9. Evaluation and Outcomes | 72 |
| 10 Training | 75 |
| 10.1 Telephone training | 76 |
| 10.1.1 Interacting with the bereaved on the telephone | 76 |
| 10.1.2 The nature of questions | 76 |
| 10.1.3 Additional telephone techniques | 77 |
| 10.1.4 Addressing the clichés of grief | 78 |
| 10.1.5 Needs assessment of the caller | 78 |
| 10.1.6 Summary of general guidelines for PTCs | 79 |
| 10.1.7 Road map for calls | 80 |
| 10.1.8 Suggested steps for specific types of calls | 81 |
| 10.2 Facilitator training | 82 |
| 10.2.1 Training, resources and structure | 82 |
| 10.2.2 Role of a facilitator | 82 |
| 10.2.3 What makes a good facilitator? | 83 |
| 10.2.4 How to conduct a group process | 83 |
| 10.2.5 Dealing with difficult group members | 85 |
| 10.2.6 Meeting preparation and follow-up activities | 86 |
| 10.2.7 Ethical issues | 87 |
| 10.2.8 Compassion fatigue and self-care | 87 |

Table of Contents

| | |
|--|-----|
| 11. Final Word for Sustainability | 89 |
| 12. Appendix | 91 |
| 12.1 Software resources..... | 92 |
| 12.2 Online resources..... | 92 |
| 12.3 Sample forms..... | 100 |
| 12.3.1 Agency Brochures (4 pages)..... | 100 |
| 12.3.2 Code of Ethics..... | 104 |
| 12.3.3 Compassion Fatigue Self-Assessment..... | 105 |
| 12.3.4 December: A Holiday Memorial..... | 106 |
| 12.3.5 Meeting Leadership Agreement..... | 107 |
| 12.3.6 Meeting Sign-in Sheet..... | 108 |
| 12.3.7 Cover Letter..... | 109 |
| 12.3.8 Short Bibliography..... | 111 |
| 12.3.9 Grief and Health Brochure..... | 113 |
| 12.3.10 New Family Profile with worksheet (2 pages)..... | 115 |
| 12.3.11 Opening Statement for Meetings..... | 117 |
| 12.3.12 Quick Assessment..... | 118 |
| 12.3.13 Quilt Packet forms (2 pages)..... | 119 |
| 12.3.14 Volunteer Application..... | 121 |
| 12.3.15 Volunteer Agreement..... | 122 |
| 12.3.16 Volunteer Sign-in Sheet..... | 123 |
| 13. Annotated Bibliography | 124 |
| 14. Contributors | 129 |

Executive Summary

Pathways to Purpose and Hope was created to give California communities the tools to mount an effective and sustainable response. Survivors need more than a meeting with a couple of sympathetic souls and a box of tissues. These guidelines are based on a program designed by 50 survivors over a period of 30 years to provide multiple services to meet the complex needs of survivors in the aftermath of suicide.

This guide offers a detailed discussion of the process for creating and sustaining a suicide bereavement support program that is effective, community based and supported by professional resources in the local area.

READINESS AND WHERE TO START

Chapters 1 and 2 help individuals examine whether they are ready to take part in the creation of a suicide bereavement support program, what steps are necessary to start such a program and who can help.

CRITICAL ELEMENTS

Chapters 3 and 4 discuss the critical elements necessary to make such a program effective and sustainable. These chapters include suggested models and formats for an agency brochure, database, website, new-family packet, phone connection, support meetings and newsletter.

OPTIONAL SERVICES

Chapter 5 offers 11 suggestions for optional services that will enhance a basic program.

COMMUNICATION AND FUNDRAISING

Chapters 6 and 7 discuss the importance of publicity, outreach and community collaboration and partnership building. These will enhance the multitude of ideas listed for fundraising efforts in your community and among the survivors.

GOVERNING AND STRUCTURE

Chapter 8 discusses these important behind-the-scenes infrastructure elements to build and sustain a well-run, stable organization.

EVALUATION AND OUTCOMES

Chapter 9 suggests tools to determine if your organization is effective.

TRAINING

Chapter 10 provides detailed and specific information for training both telephone personnel and those who facilitate support meetings.

APPENDIX AND BIBLIOGRAPHY

Software and online resources can provide additional information and the sample forms will save you time and help standardize your records. The annotated bibliography will acquaint the reader with a vast array of books written specifically by and for survivors and for those who care for them.

Creating *Pathways to Purpose and Hope* was the joint effort of many writers and support group practitioners who have extensive practical experience in accomplishing what they have written about. Their many years of caring for survivors demonstrate the need and purpose for this program. Many others across the country have blazed a path for us and it is our hope that you, the reader, will be able to use this guide to launch and sustain programs that offer comfort, compassion, encouragement and education to the survivor community.

Introduction

“A secret grief living in silence is a very lonely dark place. The heavy burden of unspoken sorrow may become unbearable. A shared sorrow may ease the burden, shed light in the darkness, give voice to the pain, understanding to the hurt, comfort and hope for a better day.”

– Marilyn Koenig, Friends for Survival co-founder

Nearly 3,300 Californians die by suicide every year. In their new book, *Grief After Suicide*, John R. Jordan and John L. McIntosh state that research estimates that 14 persons are profoundly affected by each suicide death. This translates into over 45,000 Californians who must begin the difficult process of trying to understand the complex sorrow and anguish that comes in the aftermath of suicide. Referred to as “survivors of suicide loss,” they often suffer in solitude and isolation because they are unable to give voice to their pain, and without that voice the outside world cannot understand how desperately they are suffering.

Only a small percentage of the 45,000 new survivors in California each year will have access to a suicide bereavement support group (SBSG). The limited number of support programs in California is not sufficient to offer all survivors the help they so desperately need and are willing to seek. In *Devastating Losses*, by William Feigelman, John R. Jordan, John L. McIntosh and Beverly Feigelman, several chapters are devoted to the research of survivor grief and the value of support groups, and states that “this research has demonstrated the value of peer-support groups to suicide survivors.”

The 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action, a report of the U. S. Surgeon General and the National Action Alliance for Suicide Prevention, lists individuals bereaved by suicide as a group “identified as being at a higher risk for suicidal behaviors than the general public.” The report also states: “Research suggests that many individuals who have been bereaved by suicide experience difficulty mobilizing themselves to seek help, knowing where to find services in their communities, and knowing how to cope when the services are inadequate to meet their diverse and complicated needs. The lack of services may include an absence of information about where to find resources, a scarcity of peer-to-peer opportunities to interact with other survivors in a safe and facilitated setting, and a dearth of mental health professionals who have the training and experience to work effectively with the special needs of this population.”

The California Strategic Plan on Suicide Prevention (2008) outlines a full range of strategies, starting from prevention through postvention, to reduce suicide in our state. It includes state and local recommendations to build grassroots peer support services for survivors of a suicide loss. This guide is part of a statewide effort to implement these strategies by offering a tool for survivors to create sustainable suicide bereavement support groups (SBSG) in communities across California. This guide is funded through the commitment of California counties and stakeholders to address the tragic problem of suicide in our state. Creating a sustainable grief support organization is the goal of this guide.

In areas where long-term quality services are readily known and available, a large percentage of survivors will seek them. Friends for Survival, Inc. (FFS) has been offering such services for over 30 years and 55% of those affected by a suicide death in the Greater Sacramento area take advantage of this free resource. Serving the needs of this grieving segment of our population is called postvention. This *postvention* effort *is* prevention, it just looks different.

WHY DO YOU NEED THIS GUIDE?

People in every community, village, town, city, county and state regularly experience the after effects of a suicide death. People often find it difficult to respond to family or friends when this happens. The community is stunned and sometimes lacks the resources to respond. That dilemma is the reason for this guide, which is put forth to help communities and individuals respond in a compassionate and supportive manner.

In the summer of 1982 two mothers, Chris Moon and Marilyn Koenig, who had each experienced the suicide death of a teenage son, met at a meeting in Sacramento, California. Their connection was immediate and their feeling of compassion for each other spurred them on to consider helping others who were also grieving. Each mother knew intuitively that her own grief was complicated and that most of her family and friends were also struggling. Resources for this type of grief were nonexistent and nothing was available locally and very little nationally.

This is the guide that they were seeking. A guide that had never been written; to walk them through the process of providing a community resource to offer services to comfort, encourage and educate families and friends struggling with the aftermath of a suicide death.

They started with eight people in a living room, sharing their grief. Six agreed to help start an ongoing support group for the Sacramento community, eventually named Friends for Survival (FFS). They never dreamed that the organization would get so large. In the past 30 years FFS has responded to over 8,000 grieving families. During that time more than 50 survivors, who have served as volunteer board members, have developed principles, programs and services which have created a strong, vibrant, sustainable organization.

FFS is not just a support group, but a “suicide bereavement support program.” A “group” sounds like a meeting, and a program offers more than meetings. A program offers a variety of services on a long-term basis to meet the complicated needs of families. For example, many families will receive a newsletter for years, not because they are stuck in their grief, but because the newsletter continues to give them help and support. These families then pass its value on to others. FFS mails 4,000 monthly newsletters, including 3,000 to Californians. In 1996 FFS started a Suicide Loss Helpline, [1-800-646-7322](tel:1-800-646-7322). This helpline, staffed by survivors most weekdays, is not a crisis line. Callers needing additional help are referred to the National Suicide Prevention Lifeline, [1-800-273-8255 \(TALK\)](tel:1-800-273-8255). Seven support meetings a month are hosted in Northern California. More than 300 new grieving families contact FFS every year.

HOW TO USE THIS GUIDE

There are a variety of support group models. This guide describes a comprehensive model, but segments of this model can be helpful as you develop, grow and customize a program for your community. Included are a wide array of services and activities for you to consider. They may seem overwhelming, but we have suggested many practical steps that can be implemented incrementally as needed. Your organization can start with any subset of services and grow to include others as your capacity allows. FFS has had more than 30 years to develop its program and it is still growing with new ideas for areas of service.

Perhaps you are involved in an existing support group but want to develop a more comprehensive program. Do you need to increase your funding? Are you experiencing difficulty reaching grieving families? Focus on the sections of this guide that address the needs in your community.

Whether you live in a metropolitan or rural area, customize your organization to fit your specific community—but remember that the larger community and surrounding counties may need resources too. This guide will give you suggestions about how to include survivors who live outside your immediate area.

Your desire to help other survivors will be greatly appreciated!

*Compassion
demands
action—sharing
and giving.*

*Compassion is
the open door
to a healing
heart.*

Vocabulary—Terms to Know

As you navigate this guide, you will come across some specific terms, explained as follows:

BPS

Bereavement phone support.

COMMIT SUICIDE

Suicide is not a crime and using the word “commit” makes it sound like one. Grief support groups prefer to use the phrase “died by suicide” or “killed themselves.”

FFS

Friends for Survival, Inc., P.O. Box 214463, Sacramento, CA 95821-4463; [916-392-0664](tel:916-392-0664) or [1-800-646-7322](tel:1-800-646-7322); FFS@truevine.net. www.FriendsforSurvival.org. FFS is the creator of this guide.

GRIEF JOURNEY

The process people go through after a death.

LEADERSHIP TEAM

A small group of people sharing the responsibility for carrying out a program.

PTC

Peer telephone counselor.

PEER-LED SUPPORT MEETINGS

Survivor support meetings led by people who have been affected by a suicide death.

POSTVENTION

Services provided after the death to those affected by a suicide death.

SUICIDE BEREAVEMENT SUPPORT GROUP (SBSG)

The generic term for all organizations providing services to those bereaved by a suicide death.

SUICIDAL IDEATION

Thinking about or having ideas about suicide.

SUICIDE

Suicide is an act, not a person. We believe that referring to a person as “a suicide” is labeling and can promote stigma. The act of suicide was a moment in time. How someone died is not who or what that person was.

SUICIDE BY COP

A suicidal individual deliberately acts in a threatening way, with the goal of provoking a lethal response from a law enforcement officer.

SUICIDE PREVENTION

A continuum of services and support, related to suicide, from prevention to early intervention and postvention.

SURVIVOR

Anyone who has been affected by a suicide death.

CHAPTER 1

Decisions and Readiness

1. Decisions and Readiness

ARE YOU READY TO START A BEREAVEMENT SUPPORT PROGRAM?

The trauma of a suicide death may cause you to lose drive and energy for some time. Then the day comes when you actually feel as though some semblance of life has returned. This may take a while, but it will eventually happen—with time and effort. There is not one standard way to react to the extreme stress of a traumatic experience from suicide. Some people suffer adverse effects for a long time while others recover quickly.

That's why it's important for you to pause and perform a personal inventory before you begin the really big job of starting an SBSG. The following considerations were excerpted from *Facilitating Suicide Bereavement Support Groups: A Self-Study Manual*, Jordan, J. R., & Harpel, J. (2007), New York, NY: American Foundation for Suicide Prevention.

To assess whether you are ready to become a support group facilitator, ask yourself these questions:

Am I:

- Able to think and talk about my own loss without becoming overwhelmed with grief?
- Able to hear the stories of other survivors without becoming immobilized by my own grief reactions?
- Able to put my own loss aside so I can concentrate on other tasks (including facilitating a group)?
- Able to see and honor the difference between my way of coping and that of other survivors?
- Able to facilitate without needing to use the role as a platform for telling others my story?
- Able to respond compassionately to group members with different religious, ethnic and lifestyle backgrounds?
- Able to allow people to be wherever they are in their grief, without feeling that I must “fix” or alleviate the situation?
- Able to work collaboratively with a co-facilitator (provided your recommendation is for co-facilitation for a support meeting)?
- Comfortable with silence in a support meeting?
- Comfortable taking charge of a support meeting when it is needed (leading an opening ritual or introductory go-round, for example)?
- Comfortable asserting myself with group members who may be monopolizing the conversation, judging other people's grief, giving unsolicited advice or behaving in other ways that are problematic or disruptive of the group's process?
- Willing to learn and improve my skills as a facilitator?

Facilitators do not necessarily need to be:

- Completely “over” their loss.
- A therapist or otherwise prepared to deal with the psychiatric problems a group member may be having or displaying.
- An expert on grief, suicide or mental health.
- Sure how to handle any situation that may come up in a group meeting.

Before beginning the challenging task of creating a new organization, take a personal inventory of your own current strengths and weaknesses. Check with family and friends for their opinions and assessments. Check with your support network to ensure that it is ready to take on the effort of helping you build a new organization.

Be sure that you are really prepared before doing something as demanding as building a new grief support organization. Only when *you* are truly ready should you turn the key and get started. Part of creating a sustainable organization is your ability to produce a sustaining effort.

Ask yourself, “Am I really ready to do this?” And answer honestly.

CHAPTER 2

Where to Start

2. Where to Start

2.1 NEEDS OF GRIEVING PERSONS AFTER A SUICIDE DEATH

Each of us is unique in our grief journey after a suicide death. No two grief experiences are the same. Understanding this is important before we make any attempt to respond to and help survivors. Many survivors have shared their grief experiences and responses in books and articles. Reading this material can be extremely helpful (see Chapter 13 “Annotated Bibliography”).

Suicide grief is often described by professionals as “disenfranchised grief.” This means that it is the kind of grief that cannot be openly acknowledged, publicly mourned or socially supported. The families, friends and loved ones left behind may feel isolated due to the stigma that is sometimes attached to suicide. They may feel shunned, hurt by insensitive remarks and socially isolated. Survivors of a suicide death experience a unique and special grief—a grief that is often prolonged and complicated due to the shock and sometimes violent circumstances of the death.

The complexity of suicide contributes to the complexity of grief after a suicide death. Most people ask, “How I am going to get through this?” and “How long is this going to take?”

The following list of the characteristics and struggles of survivors was compiled by survivors themselves at a training meeting. This is an indication of some of the issues that are common among persons who are coping with a suicide death:

- Shock and disbelief
- A feeling of isolation—even in a crowd
- Memory loss
- Inability to work and the lack of productivity
- Compulsive behavior: overeating, excessive shopping, the use of drugs, the excessive use of alcohol
- Depression
- Spiritual struggles
- Wishing one were dead/an urge to join the deceased
- Physical and/or mental exhaustion
- Guilt, hurt, anger, rejection
- Post Traumatic Stress Disorder, which involves denial, recurring nightmares, obsessive or compulsive thoughts, poor appetite and sleep, lack of concentration

*The grief after
a suicide death
is complex.*

It has long been recognized that the death by suicide of a loved one or acquaintance can be a devastating and life-altering experience. It is never forgotten. Many studies have found that persons who have had an intimate experience with a suicide death are likely to suffer from elevated rates of suicide themselves, depression and social difficulties.

Professional one-on-one therapy can be very helpful for some and in many instances can provide a critical life-saving intervention. A suicide bereavement support group (SBSG) should encourage professional therapy for those that need it. Therapy is a personal choice and the thoughtful evaluation of a person’s existing support system and resources may help decide if it is needed.

However, not everyone needs professional therapy. Many who grieve can benefit from other levels of support: family, a circle of friends and colleagues, clergy or those who have also experienced a suicide death.

Research suggests that those who grieve significantly prefer a support program involving those who have had the same experience. A SBSG can step in and alleviate the isolation, painful symptoms and lack of support that survivors may experience. Survivors are encouraged by the growth and wisdom of their fellow survivors, are relieved to learn that their grief experience is normal and appreciate informed suggestions and ideas for healthy coping. Creating a sustainable SBSG is the goal of this guide.

2.2 PROVIDE ADEQUATE RESPONSE TO FAMILIES AFTER A SUICIDE DEATH

We know that a suicide death causes extreme devastation and trauma, and we need to respond to this overpowering event with purpose, respect and understanding.

An adequate response involves dignity and respect for the surviving family and friends regardless of the circumstances—mental illness, murder/suicide, a suicide death in prison, the suicide death of a college student in a local park, “suicide by cop” (see “Vocabulary List”), and so on. The first contact (usually by phone) with a family is critical. They need to know that we understand their pain, accept them without judgment and have something helpful to offer them.

An effective SBSG program will focus on three major tasks: to comfort, to encourage and to educate survivors with the understanding that the grief process is long and complicated. Therefore, a program needs to offer a variety of long-term services incorporating all three of these tasks.

There are three major tasks in responding to bereaved families: comfort, encourage, educate.

task
1

Comfort is an acknowledgment of the survivor’s devastating pain. Survivors need to know that this particular pain is understood. It is often said, “This may be the hardest event you will ever experience.”

task
2

Encouragement includes confirming the normalcy of the grief experience. What relief survivors feel when it is confirmed that they are not going “crazy.” Positive comments can be very helpful, such as: “If it were up to you, your loved one would still be alive” or “You can get through this, but it may take some time.”

Comfort and encouragement are effective tools to make a difference and a connection. Grieving people cannot hear about the final task, Education, until after they have been comforted and encouraged.

task
3

Education is about teaching healthy coping skills and conveying accurate information about suicide. Often it is said, “Suicide is not about dying, it is about ending your pain.”

Survivors may be reluctant to seek help from a suicide prevention agency or a mental health agency. Survivors often feel at fault and are shocked to realize that the suicide death actually happened. Talking about suicide prevention may only add to their pain. They may already feel that they failed to prevent the suicide death. They may feel that the suicide prevention community failed their loved one. They question what they could have done to prevent this outcome. Certainly they will say that they don’t want this to happen to another family. Suicide prevention is critically needed, however, it is important to be sensitive to how survivors may perceive it in the aftermath of the death of a loved one.

Be respectful of survivors’ vulnerabilities and recognize their acute need for “postvention” services. They must be encouraged to engage in activities that will not derail their own personal journey of healing and wellness. The challenge for a community is how to reach out and offer multiple services to every survivor. Our experience can offer helpful guidelines and suggestions as to how to accomplish this goal.

2.3 PROVIDE MULTIPLE SERVICES

Each survivor's needs are unique to their own experience and personal coping style. Therefore, it is important to offer a variety of services so that each person can choose those services they think will be the most helpful.

Monthly meetings are important, however, simply offering monthly meetings is not sufficient to meet the wide variety of survivor needs. We have found that only about 20% of the families who call ever come to a meeting. Isn't there an obligation to meet the needs of the other 80%? What can be offered to them? We have found that the most important long-term ongoing service that can be offered is a monthly newsletter. Providing information is a vital support service. A newsletter is like a meeting in print, and it is available to everyone on a regular basis (see Section 4.4 for more information on how to develop a newsletter).

Survivors will access different services at different points in their grief journey. Some will seek services the day of the suicide death, but, for a variety of reasons, others don't make contact until many years later. Years ago there were no after-suicide grief services and families may still be struggling. Other sections of this guide will discuss a broad variety of possible services.

There are survivors in your community who may be unaware that survivor services exist as well as people who think they don't need them. Or there may be a lack of public awareness and sensitivity regarding suicide, which you can minimize by following the suggestions in Section 6.12 "Community Collaboration."

Providing information is a vital part of support services.

2.4 BENEFITS OF AN SBSG PROGRAM

An SBSG program:

- **Counters Isolation**
Many people feel isolated and alone in their grief. A newsletter or a meeting can help counter these feelings.
- **Provides a Safe Environment**
A meeting can provide a safe nonjudgmental place for the expression of emotion and the expression of issues with religious faith or nonreligious beliefs.
- **Teaches**
Coping with the aftermath of a suicide death often involves learning and practicing new skills, particularly in dealing with others who may mean well but do not understand the survivor's unique grief.
- **Restores Trust**
A suicide death can often destroy the trust once felt in close relationships. At times many survivors also feel that they can no longer trust themselves to cope with and survive this traumatic event.
- **Offers Role Models**
Seeing how other people cope and manage their journey through the various stages of grief often gives survivors new insight and hope.
- **Promotes Giving**
A meeting is not only a place where one receives; it is also a place where one can offer support and understanding to others. The gift of giving is a powerful healing force.
- **Is Empowering**
A support program can encourage and empower survivors to work through the process of grief in their own way.
- **Inspires Hope**
The direct experience of understanding and caring that an organization can provide often gives hope.

- **Brings Together New Friends**

Meetings are a great place to meet new friends who understand what other survivors are going through.

- **Can Help Restore The Joy of Life**

The supportive and positive environment can help one regain that zest for life often lost after the death of a loved one by suicide.

2.5 COMMUNITY READINESS—ASSESSING THE NEED

It is helpful when several people work together to assess the need for an SBSG in your community—and don't forget the surrounding communities. Survivors often indicate that they would probably be willing to drive 30 to 60 minutes to attend a meeting or event.

Here are a few suggestions to get started:

Find data on suicide in your community. Finding out how many suicide deaths occur in a given year in your area can help you estimate the demand for services. Contact the local coroner, public health department or state department of health to gather the last 5 years' statistics for suicide deaths in your extended community. The California Department of Public Health maintains a website, <http://epicenter.cdph.ca.gov>, where you can find out the number of suicides in a given year by county. The California Department of Health Care Services' Suicide Prevention Program can also help you find this data. Visit: <http://www.dhcs.ca.gov/services/MH/pages/suicideprevention.aspx> for more information.

Reach out to community partners to get buy-in and support for your efforts. Contact and develop relationships with your local funeral directors, crisis centers, hospices, chaplains and other bereavement groups including churches that may conduct grief groups. Also reach out to therapists and other professionals who serve the bereaved community. Check your local yellow pages. Work to identify other interested persons willing to work with you to pursue this community effort.

In conducting your research, ask your contacts these questions:

1. What other bereavement services are available in the community?
2. Does the community lack specific resources for persons affected by a suicide death?
3. Would they be willing to help start such a program?
If someone has been affected by a suicide death, they may share your passion to help the community develop this needed resource.
4. Do they know of others in the community who may have an interest?

Develop relationships with professionals who serve the bereaved.

2.6 COMMUNITY MEETING TO ANNOUNCE PLANS TO START AN SBSG PROGRAM

If you are confident that you, along with your volunteers, still want to pursue the creation of an SBSG, proceed with a plan to advertise and announce a community meeting for those bereaved by suicide in your community.

The location for this initial meeting could be a library meeting room, the community meeting room at a senior center, a Parks and Recreation or other municipal meeting room. If you live in a small community or rural area, consider meeting in someone's home. From those who come to this meeting, you can ask for volunteers to form a leadership team to help you develop the SBSG program (see Chapter 6 "Communication" for some ideas regarding publicity).

The purpose of this meeting is to gather and get acquainted with prospective families to discuss the formation of an SBSG. Make it clear that this is not a support meeting but an effort to organize future services that may be of value to them.

The following are some suggestions and format for holding such a meeting:

- Create an atmosphere of cheerful hospitality: decorate with colorful flowers and napkins (in any color but red, which is too much like blood), serve delicious refreshments and have friendly greeters.
- Design a sign-in sheet with space for the attendee's name, address, phone number, email address and category of loss: son, daughter, parent, spouse, sibling, friend, etc. (see the sample form in the Appendix).
- Open the meeting with “get acquainted time.” Ask each person to introduce themselves, tell why they came, who died by suicide and when—but do not let them tell their whole story. Do this by having the leader speak first and give their own *brief* introduction followed by a second volunteer who does the same (discuss this prior to the event).
- Share the results of your community assessment and your vision for the SBSG.
- Pass around a sign-in sheet as described above. Announce that you will keep everyone updated on the progress of the formation of the SBSG. Encourage everyone to sign in so you can contact them.
- Invite attendees to volunteer to form a leadership team to organize and develop the SBSG.
- Using the sign-in list, contact attendees regularly about future plans and meetings. This is the beginning of your database. Keeping connected is critical.

2.7 ORGANIZATIONAL MEETING TO PLAN AND DEVELOP THE SBSG PROGRAM

It may take several meetings to plan the details for the proposed program. You should try to recruit at least six people as leadership team members to design, develop and launch your SBSG. Consider interested health care professionals who may be survivors and other dedicated persons who have been affected by a suicide death, who have had a reasonable amount of time to grieve and who possess the leadership skills needed to make the initial decisions that will affect the effectiveness, credibility and sustainability of your organization.

Here are some suggested tasks for your leadership team:

- Establish your goals to meet the needs of the bereaved.
- Develop a list of committee or task responsibilities.
- Establish a base of operation: a home or other space.
- Discuss fundraising. See Chapter 7 “Finances and Fundraising”
- Discuss pursuing nonprofit status, which will offer benefits including tax-deductibility for donors, eligibility for grants, corporate donations, United Way funding, bulk mail rates and so on. See Chapter 8 “Structure and Governing”
- Select a name for your program. See Section 8.2.5 on name availability. You may need to contact your state Attorney General's office to check the availability of the name or names being considered. You will need the information prior to incorporating or obtaining nonprofit status. Give thoughtful consideration to whether to include the word suicide in your name. Some people may not want that word on the return address of their mail.
- Design a flyer/brochure that will encourage the bereaved to contact you. See Section 3.1 “Agency Brochure”
- Start a database of bereaved and community contacts. See Section 3.2 “Database”
- Acquire a dedicated phone number for your organization. This number needs to be permanent. Changing your phone number undermines your stability and integrity. See Section 4.1 “That First Connection”

Develop a leadership team.

- Develop a form to gather information from new families. See Appendix
- Develop a response packet for each new family seeking help from your organization. See Section 4.2 “New Family Packet”
- Start keeping records of support meetings and minutes of planning meetings.
- Discuss start-up costs (refreshments, advertising, printing of brochures, flyers, newsletter). How much of this can be donated? See Chapter 7 “Finances and Fundraising”
- Plan support meetings. See Section 4.3 “Support Meetings”

CHAPTER 3

Essential Components Required for Sustainability

3. Essential Components Required for Sustainability

There are tasks you will need to accomplish to make sure your organization achieves long-term sustainability. Chapter 2 discussed community outreach, dedicated leadership, purpose, program planning and decision making. This chapter describes the three fundamental components—agency brochure, database and website—that need to be created. The following suggestions may be helpful.

3.1 AGENCY BROCHURE

A brochure is the foundation on which to build your public outreach. A brochure is more than just a source of information—it is the visual representation of your organization and its mission. It is a quick and easy way to tell your story at health fairs, United Way events, workshops, to prospective donors, and so on. A brochure can also be used by others in your community that have contact with the bereaved, such as law enforcement chaplains, therapists, social workers and healthcare providers (see Section 6.12 “Community Collaboration”).

The time and place of meetings should not be included in your brochure. Those are subject to change and would then make the brochure out of date. Describe what the group is all about and let people know how they can get in touch by including your contact information and website address (see Appendix for samples of agency brochures).

Consider the following when you create your brochure and it will attract survivors. Your brochure should explain your organization, facilitate fundraising, increase the number of volunteers and help find qualified board members.

Appeal

Often your brochure is the first contact a person has with your organization, so it should make a good first impression. While a brochure does not need to be printed in full color or on fancy paper, it should be graphically well organized and simple. Is the brochure appealing? Does it attract the readers' interest? It should not be imposing or printed in difficult-to-read type.

Name vs. Services

The front cover of your brochure should be more about your services than about your name. People care more about what you offer than what you call yourself. No matter how clever or appealing the brochure, help is what people are looking for.

Explanation

Does the brochure adequately explain who you are and what services you offer? It should provide sufficient information so the reader can understand what you do in just a few seconds. The brochure should stand on its own with little need for additional explanation.

Clarity

Is the information in your brochure clear, concise and helpful? Use language that anyone can understand, and avoid clinical jargon or clichés. As useful as some technical terms may be, unless the material in your brochure is understandable to the vast majority of the general public, it will not be effective. Have someone outside your organization review it to see if they understand your mission and services, and don't be afraid to make changes or perform major rewrites based on their feedback. The best brochures are not just written but rewritten (sometimes many times over).

*Your brochure
is the visual
representation of
your organization
and its mission.*

Contact Information

Does your brochure include several different ways for people to contact you (phone number, mailing address, website address, email address, Facebook or other social media address, etc.)? Make sure the phone number includes the area code, and the address includes your suite or box number and zip code so that someone out of area can still find you. The point of the brochure is to encourage the reader to get in touch. Many people in need of services may simply give up if some vital piece of information is missing. If the brochure doesn't bring someone to your organization directly and easily, its value is greatly diminished.

Other Agency Brochures

Look at samples of other agency brochures. An expensive, glossy multicolored brochure with fancy graphics and photos is not necessary. You can create a brochure that is simple and in good taste just by using colored paper with an attractive font and ink color. Often, the more simple and direct the brochure, the more effective it will be for people who have real needs.

Printer Suggestions

Ask your local printer for suggestions. Printers have experience with what combinations of paper, ink and fonts (typefaces) are most effective, and can suggest a cost-effective but visually appealing design. If someone in your group doesn't know a printer, visit several nearby. Make sure the printer is a good fit for your organization. Many printers only do very large runs of material for very large organizations and cannot service a small organization well. Others may have only copiers, not actual printing presses. Selecting a printer is an important part of the creation of your brochure, so examine your options and choose carefully.

Professional Graphic Design

Unless your organization has a volunteer trained in graphic design and knowledgeable about professional software and printing, pay the extra money to have a professional graphic designer create your brochure. A working graphic designer in a print shop will know how to create an effective brochure using the equipment readily available in the shop and can suggest the lowest-cost design that will give you the best results. Make clear to the printer that the files created belong to your organization and avoid using a printer who will not agree to this. These files are important, because they can be changed when information changes so a whole new brochure will not have to be created.

Quantity

How many brochures you print at a time will greatly affect the price. Printing too many at once can lead to waste and leftover brochures with outdated information. Printing too few makes the per-brochure price unnecessarily high and additional print runs necessary too quickly. In the beginning, when information about the organization is changing rapidly, printing a three-month supply is a good idea. Once the organization is established and information is more stable, print a year's worth at a time. Ask your printer for a range of prices, such as the cost for printing 100, 500, 1,000, or 5,000 brochures. You will quickly see where the price-per-brochure levels out and savings from an increased run would not have a major impact.

Distribution

Get your brochure into circulation. Every visit to every contact should end with your leaving several brochures. Every visitor to your office should leave with several. Have brochures in your car, briefcase or purse and give them away at every opportunity (see suggestions for distribution in Section 6.12 "Community Collaboration").

3.2 DATABASE

A database is an organized way to keep track of the people you serve as well as volunteers, donors and community resources. It is a list of facts and information ("data" such as people's names, addresses and contact information) that can be sorted in a number of different ways. For example, one could sort the list "by name" to look a person up, or sort "by zip code" when printing mailing labels. A database can be as simple as a set of file cards or as complex as a large spreadsheet on a computer. For most organizations, a file on a personal computer is sufficient.

A well-designed database is a vital component in the foundation and sustainability of your organization. A support group without a database is an organization without a memory. The database is the heart of your communication with your community of grieving families and friends, with supporters, donors, and the professional community. Sustainability comes, in great measure, from your organization's ability to maintain contact with these individuals, such as through your newsletter (see Section 4.4).

The database is the heart of your communication.

The data documents the number of people and families you serve and how long you have been serving them, which can be important information in applying for funds or grants, or when you are trying to determine how effectively you are reaching the majority of the bereaved in your community. Your database is also an excellent source of information for research and other purposes.

Your database should include names, addresses, telephone numbers, email addresses, type of loss with the name, age and date of death of the deceased, and any other information you wish to include. How this information is set up in the particular database program you use is very important.

When listing a professional individual or organization, always include the specific profession or category (therapist, medical doctor, chaplain, medical center, etc.). You may also wish to list dates of contact (e.g., when a bereaved person first called you) or the event and year in which you first came in contact with the listed group or person.

Your database needs to be maintained accurately and in a timely manner. It is suggested that changes be entered at least once a month. You should always make several backup copies following each update. Keep one copy at the office site and two more offsite with a trusted group or staff member. Also, limit the number of people allowed to enter or change information so you can keep the entries consistent and to protect sensitive information. In other words, use a "need-to-know" basis for access.

3.3 WEBSITE

To get the best exposure for your organization, a website, blog or social media page should be seriously considered. While you can be an effective and sustainable group without an online presence, not having one makes the job more difficult. With a website people can find out about your organization and its services whenever they need to. With a simple search, people in the first hours of grief can discover there is someone out there who can help them. It will be one of your most effective tools in connecting with potential members, particularly younger people.

When you have a website, people in the first hours of grief can discover there is someone out there who can help them.

Your website can be as simple as a single page that describes what your group does and how to contact you, or it can have multiple pages providing users with information, links and downloadable resources. It is important that contact information is readily visible. This encourages people to call, and there is no substitute for one-on-one personal conversation (see 4.1 "That First Connection" and 10.1 "Telephone Training" for more information on telephone contact and training).

Websites can even be set up to accept donations and sell supporting materials. Since good names for websites are taken daily, the sooner you apply for your website name, the better your chance that the name you select will be available.

Lastly, most people don't realize that a website name is not case sensitive. This means that it doesn't matter whether you use all lower-case letters or both upper- and lower-case ones.

For example, the computer sees this website name:

www.thisisthenameofourgriefsupportorganizationontheweb.com

exactly the same way it sees this one:

www.ThisIsTheNameOfOurGriefSupportOrganizationOnTheWeb.com

Which name do you think is easier to read and type into a browser? When preparing materials that use your website address, we suggest that you use both upper and lower case to help people remember your name correctly.

Another effective online option is to use social media (Facebook, Twitter, etc.), which is an easy, cost-efficient way to have others share who you are. This is also a good way to get events and messages passed on through a network of friends and survivors.

CHAPTER 4

Critical Services for Sustainability

4. Critical Services for Sustainability

4.1 THAT FIRST CONNECTION OVER THE PHONE

A trained peer telephone counselor, or PTC, is extremely important to the program. An SBSG offers peer support—not counseling or therapy (see Section 10.1 “Telephone Training”).

A phone inquiry is usually the first (and sometimes only) contact families have with your organization. A calming voice that encourages conversation is critical. Usually, callers want to tell their story. As that story unfolds, the PTC has the opportunity to gather family data necessary for your database. The goal is to develop a bond with each family—a bond that may prove essential as survivors navigate their way through a difficult time. Another goal for the PTC is to convey comfort and hope through the shared experience of grieving a suicide death.

We support grieving families through their intensely emotional journey. This process must take its own course. We offer a compassionate ear, loving concern, validation of pain and helpful suggestions. Our goal is to promote a healthy grief journey.

We have found that there are three primary steps involved in helping families and that these steps must be taken in the following order:

Comfort. The bereaved can't hear what we say if we don't first comfort them and validate their pain.

Encourage. We encourage the bereaved with helpful comments.

Educate. Finally, we educate by providing information on the complexities of grief after a suicide death.

These three steps are extremely important when we are dealing with an initial call from a family member or friend. Of course we may not utilize all three steps on every call—it depends on the caller's needs and questions, the flow of the conversation and the reason for their call.

The tone and tempo of the person answering the telephone should create a positive first impression of your organization and its services. Be very selective about who answers the telephone or records a voicemail response to calls.

A typical voicemail response could be as follows: “You have reached (name of organization), a bereavement support program for family and friends after a suicide death. This is not a crisis line. If you are in crisis and need to speak to someone immediately, please call **1-800-273-8255**. However, we would appreciate the opportunity to share helpful information with you regarding our services or any other resources you may find helpful. Please leave your name and phone number, repeat your phone number two times, and speak clearly and slowly. We will return your call as soon as possible. Thank you for calling (organization name) and we look forward to talking with you.” (See Section 10.1 “Telephone Training”).

The goal of your first contact is to develop a bond with each grieving family.

Select and train your peer telephone counselors carefully.

That first connection is critical and may be life changing. The following is a letter received from a young woman regarding her first call to FFS:

A few months ago after reading about your organization I hesitantly picked up the phone and made one very important call. I sat in fear as I waited for someone to answer. A gentleman by the name of Ray picked up the phone and for the first time in over nine years I felt a connection with someone who truly understood me and my situation. I could have talked with this complete stranger for hours. My father took his own life nine years ago. I was only seventeen years old and was left completely devastated. Never once have I felt at ease speaking about it. That wasn't the case when I was speaking to Ray. He was up front, honest, and real. He understood my feelings of guilt and anger because he too was a survivor. I want to take this time to thank you all very much for all you have done for me. Your hard work and dedication are very much appreciated. Since making that call I have received your monthly newsletter. Please find enclosed a small donation. I'm sorry it couldn't be more.

– A.C., Ohio

The first time a survivor contacts your organization, whether by phone or other means, it is imperative that your response be prompt. A prompt response indicates concern. A slow response tends to confirm for some survivors that compassion and understanding are lacking in the community and that resources are not readily available.

4.2 NEW FAMILY PACKET

4.2.1 WHY THIS PACKET IS IMPORTANT

After the initial contact with a bereaved family or friend it is important to acknowledge the contact. They reached out to you, now you must reach out to them. Remember that you are dealing with people who are or who have been traumatized. They may not remember who they called, who they spoke with or how to get in touch with you again. Packets should be sent as soon as possible after the initial contact. If their first contact with you was at a meeting (they may have been brought by a friend), a follow-up call or email may be needed to get the necessary information for your database/new-family profile. Friendly concerned support is usually welcomed.

New family packets should be sent as soon as possible after the initial contact.

The packet you send should include relevant information for personal support and information about the services you offer. Materials should be concise and easy to read. This is just one of the mailings you will be sending to help survivors pace their grief in a healthy manner. Grieving is a long process and it is unwise to send too much material before people are ready to absorb it. Those who are natural readers will seek out additional material and will probably take advantage of your lending library (see Chapter 5.1 “Lending Library”).

Some support groups give each new family a book about suicide and grief, but that gets expensive. Also, many find that reading a book is beyond their emotional ability at this time. People will choose whatever resources are best for them.

4.2.2 SUGGESTED MATERIALS FOR THE PACKET

1. Your brochure.
2. A pamphlet or article about grief and health issues.
3. One suggested booklet (among many) is: the Grief after Suicide booklet. This booklet only costs 60 cents and is a concise, easy read. It is published by Mental Health Association in Waukesha County, Inc., S22 W22660 E. Broadway, Suite 5-S, Waukesha, Wisconsin 53186-8100. The phone number is **262-547-0769**. See other survivor materials in the “Online Resources” section of the Appendix
4. Handouts that explain grief, a brief bibliography and a current newsletter.
5. If possible, a handwritten note from the person who responded to the initial contact to thank the caller for their inquiry and refer back to some positive part of their conversation.

This packet can be assembled and mailed very inexpensively. See samples of all these materials in the Appendix

4.3 SUPPORT MEETINGS

4.3.1 WHAT IS THE PURPOSE OF A SUPPORT MEETING?

Survivor support group meetings are like forums. A forum is a meeting of equals exchanging views. The dictionary defines forum as “a place to express yourself” or “a meeting for discussion”—which is what an effective support meeting actually is.

Meetings are not therapy sessions. More importantly, meetings are not the place for survivors to tell their entire stories. Each survivor has their own tragic story and listening to others recount theirs may retraumatize the listeners so much that they won't come back. It is recommended that survivors share the intimate details on a one-on-one basis. This usually happens when they make their initial phone call and talk to a PTC. It is the responsibility of the trained meeting facilitator to direct the discussion through a helpful dialogue (see Section 10.2 “Facilitator Training”).

What we do at a meeting is share our struggles with grief and our coping suggestions about what did or didn't work. We share our frustrations and questions. We share our victories over depression and grief. We offer support, encouragement and information through our shared experiences. We take this journey together while we help each other cope.

Meetings are not the place for survivors to tell their entire stories.

4.3.2 CLOSED VS. OPEN-ENDED MEETINGS

A closed-ended 8 or 10-week weekly support group works for those few people who are able to make a commitment to attend all the meetings. Once the cycle starts, new persons cannot join until a new group starts, usually some time later. This short-term resource can be helpful for some people, at least at first. But if it is the only service you offer, you should be aware of its drawbacks.

Weekly meetings can be quite intense and overwhelming to attend. Because of their trauma, many people find it difficult to commit to a weekly schedule. Since their grief is long-term, they may need support after these short-term sessions end. For this reason, we recommend open-ended meetings for your SBSG program.

Open-ended meetings allow persons to choose if and when to attend based on their own particular needs. As survivors, we know that grief is long lasting—so support should also be long lasting. This creates a balance of people new in their grief and those who have attended for some time who can share their journey and the wisdom they have gained. Meetings no more frequently than monthly, are helpful because it allows attendees time between meetings to assimilate what they have learned, pace their grief journey, and adapt and adjust to their new reality.

The consistency of monthly meetings, year after year, creates a history of stability and reliability. Survivors will know that they can always depend on these services to be available, which contributes to the sustainability of your organization and the survivors' confidence in your services.

Weekly meetings can be more difficult to maintain than monthly ones. Facilitators are more likely to burn out and survivors may become overwhelmed with too much information and such intense feelings that they drop out and don't come back.

Open-ended monthly meetings are the most helpful way to provide long term, flexible support for most survivors.

4.3.3 EDUCATIONAL TOPICS AT MEETINGS

Having a designated topic encourages the bereaved to focus on one particular aspect of their grief, to pace their grief and embrace their pain in manageable “doses.” This is the education component of the SBSG program.

People are more eager to come to a meeting if they know they will receive help on their grief journey. The facilitator or guest speaker should prepare a topic, which is then announced in the monthly newsletter or email reminder. For example, a meeting could feature a discussion of a particular article or book that is pertinent to the grief journey. Videos on grief can also provide an educational component and can be a good alternative to a guest speaker. One suggestion of a source for grief videos is www.WillowGreen.com. Videos may work quite well if your attendance at meetings is small or if you live in a rural area where speakers are not available.

Education is a critical component of the SBSG program.

4.3.4 BENEFITS OF SPEAKERS AND TOPICS

Guest speakers are a great benefit to meetings because they offer attendees the opportunity to get information from a variety of viewpoints, gain confidence in seeking help from the professional community and bring interest to every meeting. Community and professional contacts may be an excellent source for volunteer speakers, as are local college and universities, crisis lines and medical centers.

You should prescreen and evaluate possible speakers by attending one of their speaking engagements in your community. Are they responsive to the audience they are addressing? Is the information they are sharing practical and doable? Do they stay on topic? What is their experience with suicide and grief? Ask them to give an interactive presentation encouraging attendees to make comments and ask questions. Speakers' topics should always, of course, relate to the unique experience of grief after a suicide death.

Speakers and topics provide a source of discussion and education.

If a large number of survivors attend the meetings, a combination of speaker time and “sharing time” can be an effective model. Speakers can share their expertise for the first half of the meeting (including questions and discussion of the chosen topic) while the second half of the meeting could be set aside for small-group sharing. Attendees could be encouraged to break up into groups by type of loss (spouse, child, parent, sibling, friend or men's group) with each group assisted by a designated facilitator who has experienced the same type of loss. These groups could discuss the speaker's topic or any other grief issue. The facilitator should manage the discussion so that everyone has an opportunity to share their concerns and offer helpful coping suggestions (see Section 10.2 “Facilitator Training”).

Here are some examples of topics given by speakers invited by FFS:

- Depression, treatments and medication (given by an M.D.)
- Coping with “If only,” “What if,” and “I should have”
- Myths about suicide and how to grieve
- Forgiveness and suicide
- Survivor grief: What to expect and when to get professional help
- Healing effects of reading, writing, and journaling
- Coping with depression and anger after a suicide death
- Guilt vs. regret, is it reasonable?
- Children's grief and how families can work together
- Medical aspects of bipolar disorder and suicide

- The effects of alcohol, depression and the risk of suicide
- Grief and milestones—anniversaries: 1st year, 5th year, 10th year

Most of these topics should be presented by doctors, therapists, clinicians or chaplains. Professionals from the health care field are an integral part of a sustainable program and should be regularly considered as guest speakers. They may never have had the experience of sharing and learning from a collective group of survivors. Their relationship with you will give them insight into the grief journey of families and will probably increase their referrals.

Each meeting should have at least two facilitators.

4.3.5 WHAT IS A FACILITATOR?

A facilitator's role is to help a group of people understand and focus on a common issue (in this case, grief due to a suicide death) without taking a specific position in the discussion. In other words, a facilitator must always remain neutral. The empathy, warmth and skill of the group's facilitators can be the critical factor in determining the effectiveness of a support meeting. Peer support group facilitators are unique in that they are usually volunteers who have been affected by their own suicide grief journey and are willing to come forward to help others.

It is always helpful to have at least two facilitators at a meeting. They can share the role or take turns guiding the meeting. In the event of a scheduling conflict there is still one person to carry on with the meeting. Therefore, this team approach minimizes the possibility of having to cancel a meeting (see Section 10.2 "Facilitator Training").

4.3.6 GUIDELINES FOR MEETINGS

Meetings should emphasize the importance of ensuring confidentiality. That assurance allows people to share their struggles and feelings honestly while asking questions of others and suggesting coping skills. As people give and receive help they begin to feel less helpless and come to know what is normal and when it might be time to get professional help. Attendees are advised not to share other survivor's stories outside the meetings but are encouraged to share the helpful coping suggestions that were discussed. To reinforce this policy of confidentiality at meetings, the following statement or your own revised version may be read at meetings, given as a handout and/or printed in your newsletter. A sample of an opening statement can be found in the Appendix.

Emphasizing confidentiality at meetings encourages sharing and openness.

The following sample Meeting Guidelines and Statement of Purpose (from Linda L. Flatt, *Surviving Suicide*, 1996) are used by various SBSG groups:

- We respect the commitment of each other's time; therefore we will begin the meeting at _____ o'clock and end at _____ o'clock.
- Our meetings are open only to those who have lost a family member, friend or co-worker to suicide (not to observers or those who have survived a suicide attempt of their own). Each suicide loss has equal value in our group.
- We define and discuss these stages of the grieving process as they relate to suicide loss: shock and denial, fear and anger, guilt and shame, grief and sadness and, eventually, acceptance and hope.
- We encourage all group members to share openly, honestly and from the heart. There is healing in talking about our feelings and comfort in knowing that we are not alone in our grief—although no one should feel pressured to participate as there is also healing in listening.
- We provide a safe place to share our loss and are free to discuss our anger, fear, guilt, shame, embarrassment, disappointment and sadness in the meeting without fear of judgment, criticism or condemnation.
- We practice acceptance of others in this group.

- We practice taking responsibility for ourselves by speaking in the first person and respecting healthy boundaries in our discussions.
- We ask that each person respect the group by speaking one at a time and not interrupting another group member.
- We practice respect for the beliefs and values of others.
- Spiritual issues may be discussed as long as they do not divide the group and prevent the discussion from moving forward.
- All group discussions will be kept confidential.
- Please do not use drugs or alcohol before coming to a meeting.
- Please turn off all pagers and cell phones when you enter the room.

4.3.7 LOGISTICS OF MEETINGS

Meetings are opportunities for the bereaved to share, to connect with others with similar experiences and to consider choices for coping with their pain. It is important to create an atmosphere of hospitality and encouragement.

Hospitality begins with location. When you consider a location, ask yourself:

- Is this location centrally located in the community?
- Is it a neutral location? Churches, hospitals, mental health centers and crisis centers are not neutral. Many persons have bad memories of them and will not attend meetings there. Consider a meeting room at your local library, parks and recreation center, senior center or community center.
- Is the room available on a regular basis—same day and time? (Schedule meetings each month on the same day of the month: the first Wednesday, the second Tuesday, etc. Avoid Mondays, which are more likely to be holidays, and avoid the first of the month since people may not yet realize that a new month has begun—some may be struggling with memory problems.)
- Does this location offer easy access, sufficient parking and good lighting?
- Is the size of the room appropriate for the estimated size of the group?
- Is there comfortable seating with tables?
- Is the location free?

Hospitality extends into the meeting room. Be sure there are directional signs and a sign on the door with the name of your organization.

The facilitator team and any additionally needed volunteers should arrive early and set up the room to create a welcoming atmosphere. Setting up tables with chairs is preferred over a circle of chairs. Tables are not a barrier to sharing but a helpful support. Tables provide a place for people's drinks, snacks and tissues, and for writing notes. Also, tables improve the acoustics in a room.

On each table use colorful napkins and plates filled with snacks. Avoid using primarily red in decorations and in facilitators clothing as some survivors may find this reminiscent of blood.

It is helpful to have greeters at the door to remind attendees to sign in and wear name tags and direct them to the refreshments, lending library, and so on. If someone is attending for the first time it is helpful for a member of the meeting team to sit with them. Meetings are intended to give survivors the confidence to talk about suicide and to understand it, which minimizes feelings of stigma, isolation and shame. Although meetings insure confidentiality, they are not anonymous and people are encouraged to share their names.

Create an atmosphere of hospitality and encouragement.

Suggested format for meetings:

1. Welcome.
2. Announcements.
3. Opening statement.
4. Have each person introduce themselves, stating who died and when. Encourage survivors to use the name of the person who died. It is a good idea to start with the facilitator so they can demonstrate the form this introduction should take. Assure new attendees that they can pass if they prefer not to talk.
5. Announce the topic and begin the discussion or introduce the speaker and topic.
6. Issue a closing statement and expression of appreciation to everyone for coming and sharing.

4.3.8 FOLLOW-UP AFTER A MEETING

It is suggested that the facilitator team debrief after the meeting, discuss any necessary changes and plan future meetings and responsibilities. First time attendees may appreciate a follow-up phone call or email that checks in with them regarding the value of the meeting, asks if they have questions (and answers them if they do) and encourages their attendance at the next meeting.

4.4 THE NEWSLETTER**4.4.1 CRITICAL FOR SURVIVORS**

A newsletter is the most effective way to reach all survivors on a regular basis and is designed to be read in the comfort and privacy of a survivor's home. Ideally published monthly, it becomes a valuable resource to facilitate healthy grieving. A newsletter crystallizes your message and supports your organization by making your services available to a broader audience than could ever attend meetings in person. It serves as a valuable tool for education about grief, shares a message of understanding and hope, encourages survivors to pace their grief and gives each a sense of connection to the larger community of fellow grievers.

4.4.2 CRITICAL FOR YOUR ORGANIZATION

The monthly newsletter is an efficient way to connect with all the families, friends and supporters in your database. It is a reminder of the time and place of meetings. It is a news bulletin board for future events. It is a gentle reminder to give back by volunteering and donating funds for the operation of the organization. It creates a sense of community, inspires readers to reach out and support one another, encourages readers to submit articles and invites feedback from readers, which is helpful when you are considering material for publication.

The newsletter provides a valuable service to the bereaved in rural areas where no support program exists or where support meetings may be too far away to conveniently attend.

It also provides a reliable flow of useful information and support that can greatly enhance your organization's credibility and result in increased donations and financial support from the community.

“Your newsletter has been a comfort to me for 20 years following the suicide death of my son, and I will be forever grateful for having received it.”

*– N.P.
Southern California*

“This newsletter has been a true blessing for me. It helps to keep me grounded and it reminds me that I am not alone—survivors are everywhere and we do need each other for support.”

*– A.C.
Ohio*

4.4.3 YOUR DATABASE AND THE NEWSLETTER ARE RELATED

Chapter 3 discussed the necessity of compiling a database in the beginning stages of your organization. In this section we explore how this database relates to your newsletter.

Your computer database allows you to sort addresses and print labels in zip code order so you can qualify for a reduced mail rate. Large mailings such as a newsletter need to meet United States Postal Service standards to qualify for low mailing rates. The nonprofit bulk mail rates for local mail can be one-fourth the cost of First Class. For more information on bulk mail and who can qualify for the rate, see USPS Publication 417, available at www.USPS.com, or consult with your local bulk mail center at the Post Office.

Your database can also serve as a guide as to who should receive the newsletter. Some people, such as donors, may not wish to receive a newsletter. However, their information should be retained in your donor records and your database adjusted to reflect this.

Your database can be your guide as to who reads the newsletter, where they live and what topics are important for their region. Since the database can provide information about the readership in any given area, articles can be tailored to meet that area's specific needs. For example, if the death of children affects many families in a particular city or suburb, there could be an emphasis on material designed to help grieving parents. For readers living in more rural areas, articles could focus on the special difficulties of coping with grief in places that may lack resources.

Each time your newsletter is published, your database will give you an accurate count of how many newsletters you need to print for mailing. It is a good idea to print extra copies to send to each new family who contacts you between monthly mailings. With most printers, the cost per unit of printing goes down as the size of your order goes up.

Just as your newsletter needs interesting content, good graphics and timely publication, it needs a good database. An accurate, extensive, and well-maintained database is critical for a newsletter that will be a great resource for the people who depend on the services of your organization.

4.4.4 HOW TO GET STARTED

1. **Select someone to be the editor of the newsletter and make the final decisions. This may be a volunteer with basic computer skills and experience.**
2. **If possible, develop an editorial staff of two or three people, volunteers if possible, able and willing to:**
 - Decide on the frequency of publication (monthly is preferable).
 - Determine the size of the newsletter (you can start small).
 - Determine content categories. See Section 4.4.5 "Content and Criteria" for content suggestions
 - Choose which submitted items to use (it is desirable to have an editorial committee do this).
 - Research printing options and costs such as postage, paper, etc.
 - Brainstorm and select a name for your newsletter.
 - Design the masthead. Your selected printer may help with this.
 - Decide format and layout.
 - Negotiate assignments (who will find material, type, proof, copy, format, distribute, etc.).
 - Review bereavement newsletters from various other organizations to get articles and design ideas. See Section 4.4.6 "Potential Sources of Materials"
 - Develop a timeline for assembling articles, formatting, editing, printing and preparation for mailing.

"I appreciate the help these newsletters gave me through letters of survivors. It helped me in difficult times."

*- L.R.
California*

Some organizations have recently begun to email their newsletters instead of sending them out by regular mail. Since this is a fairly new idea, there are some concerns regarding the ability of traumatized people to connect and track this resource. Many persons struggle to manage the deluge of email. A newsletter received in the mailbox will be more likely to get noticed and may seem more personal. Many donations are received by way of a self-addressed envelope enclosed in the newsletter.

By using volunteer help to prepare the newsletter for mailing, your only cost is printing and if you use the bulk mail rate, it is possible to provide a monthly newsletter to one family very inexpensively.

4.4.5 CONTENT AND CRITERIA

Most bereavement newsletters include poems, stories, articles, a listing of upcoming events, the times and location of meetings, information on other community bereavement groups, book reviews and often an editor's column.

Ask your readers for feedback and give them opportunities to participate in survivor research.

Be sure to include the following information in your newsletter: your organization's name, address with zip code, phone with area code, website address, email address, date of publication and the names of your editor and staff.

What criteria should you use when choosing items for publication? Choose items that meet the needs of your readers, especially material that encourages healthy grief. Many readers, usually after several years, will write a note of thanks with the comment, "I am doing well now and no longer need your newsletter."

When that happens, it means that your SBSG will have accomplished its goal—it has supported a family until they no longer need it.

Carefully chosen articles should:

- Relate to suicide and grief.
- Be short, concise and easy to read.
- Acknowledge the pain.
- Include a healing element.
- Include gentleness and respect.
- Have a positive ending or lesson.
- Include different relationship losses.
- Be educational.
- Fit the season or holiday (Mother's Day, etc.).

Articles should not be:

- Overly opinionated.
- Morbid or excessively descriptive of a death.
- "Feel good" items. This type of material is widely available in resources that focus on positive thinking and "lovely thoughts."
- Too clinical or psychological.
- Focused on suicide prevention (this may be too sensitive for readers since they are probably already agonizing over their perceived failure to prevent the suicide death of their loved one).

A monthly newsletter is a support meeting in print.

A newsletter needs to be all-inclusive with a strong element of compassion for all its readers. Most of the content should be articles and poems that are helpful and encouraging. The reader must be able to receive information from the newsletter that is a comfort and makes a positive difference in their grief journey.

A newsletter can have a theme such as Mother's Day, Father's Day, holidays, summer or vacations, and should cover a variety of relationship losses. Use photos and other visuals to illustrate the articles.

Strive for balance in each issue. If you have an article on depression, provide balance in that issue with resources and articles that end on a positive outcome. Some poems are helpful and fit in well. Review and critique the flow of articles from page to page. Imagine that you are receiving the newsletter and ask yourself: Is it helpful? Did I learn anything? Has it encouraged me to grieve in a healthy manner? Has it helped my perspective? Has it made a difference? Do I appreciate it? If the answer is yes, other readers may have the same reaction and send in a donation in the enclosed envelope (people are often willing to donate if they feel they are receiving a valuable service).

People will begin to expect your newsletter on a regular basis. Mark your calendar and prepare the newsletter in a timely manner, mailing it at the same time each month and allowing it to arrive in mailboxes several days prior to a monthly meeting. Don't let your readers down—be consistent.

4.4.6 POTENTIAL SOURCES OF MATERIALS FOR THE NEWSLETTER

It is not necessary to write your own newsletter. There are a number of newsletters in the country that share articles and poems. Very talented and articulate bereaved persons have written about their experiences and are willing to share. In addition there are professional writers who specialize in writing articles about grief. Most of this material is timeless.

Most grief newsletters do not have reprint policies. This means that you are free to reprint their articles. Many writers feel honored when you reprint their writing, provided that you do not profit from it.

Here are some guidelines for reprinting articles and poems:

- Always use the author's name, city and state.
- Always give proper credit to the publication where you found the article, including its name and date of publication.
- Articles that need permission to reprint usually state that requirement at the end of the article or in the publishing information. Follow reprint instructions if given in the publication or call them for clarification.
- Do not edit original articles unless you have permission to do so.
- You do not need to get permission for an individual quote (provided you credit the person who said it).
- Do not charge for your newsletter if you are reprinting other people's material. You cannot profit from other people's writings.

The following is a list of resources and newsletters you can exchange with and reprint from freely: (*no permission required*)

When editing your newsletter, ask yourself: 'Are we creating a unique and valuable resource that is serving our readers in a timely manner?'

Friends for Survival
 P.O. Box 214463
 Sacramento, California 95821
 916-392-0664, 800-646-7322
www.FriendsforSurvival.org

**The Compassionate Friends*, Sacramento Valley Chapter
 P.O. Box 163294
 Sacramento, California 95816
 916-457-4096
<http://sacvalleytcf.wikispot.org>

**The Compassionate Friends of Los Angeles*
 P.O. Box 67823
 Los Angeles, California 90067
www.tcfla.org

**The Compassionate Friends*,
 The Cape Cod and the Islands Chapters
 69 Martin St.
 Buzzards Bay, Massachusetts 02532
 Peggy Satinover Kaiser, Editor
tcf-newsletter-cc@comcast.net

**The Compassionate Friends*, South Shore Chapter
 147 North Street
 Hingham, Massachusetts 02043
www.tcf-southshore.org

Survivors of Suicide, "Mayday"
 528 South Batavia Avenue
 Batavia, Illinois 60510
 630-482-9699
info@spsamerica.org

Survivors of Suicide Loss (SOS) Newsletter
 Fresno Survivors of Suicide Loss, Inc.
 2585 East Perrin Avenue #102
 Fresno, California 93720
 559-322-5877
www.fresnosos.org

*The Compassionate Friends is a bereavement support organization open to parents who have had children die from any means. The articles in their newsletters usually refer to parental grief but many articles on general grief are appropriate for survivors of a death by suicide.

Please note: Articles published in *Surviving Suicide* are governed by copyright law. Permission to reprint or copy any part of its newsletter must be secured through the AAS Central Office: www.suicidology.org.

Solace, A Publication for Survivors of Suicide
 Alachua County Crisis Center
 218 SE 24th Street
 Gainesville, Florida 32641
 352-264-6789
www.alachuacounty.us/Depts/CSS/CrisisCenter/Pages/SurvivorsofSuicide.aspx

Heartbeat/Survivors After Suicide Newsletter
 722 Centauri Drive
 Grand Junction, Colorado 81506
 Chet and Renee Little
 970-985-4551
chetandrenee@bresnan.ent

Survivors After Suicide Newsletter
 Didi Hirsch Mental Health Services
 4760 South Sepulveda Blvd.
 Culver City, California 90230
 Rick Mogil
 310-895-2326
rmogil@didihirsch.org
www.didihirsch.org/sas-newsletters

HOPELine, a newsletter of HOPE for Bereaved, Inc.
 4500 Onondaga Blvd.
 Syracuse, New York 13219
 315-475-9675
 Kelly O'Neill-Rossi, Editor
krossil@aol.com
<http://hopeforbereaved.com/about-hope/newsletter>

Lifelink, A Source of Support for Survivors of
 Suicide Loss
 The Crisis Call Center
 P.O. Box 8016
 Reno, Nevada 89507
 775-784-8090
www.public.navy.mil/bupers-npc/support/suicide_prevention/command/Pages/LifeLink%20Newsletter.aspx

The American Association of Suicidology has an email newsletter, *Surviving Suicide*. Its information is as follows:

Subscribe to *Surviving Suicide*
 Fee: Free to AAS Individual Members; \$25 for all others
 Send check (U.S. funds, payable to AAS) to:
 5221 Wisconsin Ave. NW, Second Floor, Washington, DC 20015

CHAPTER 5

Optional Services

5. Optional Services

5.1 LENDING LIBRARY

A lending library can be a valuable resource for the bereaved, particularly regarding the subject of suicide. For those who feel able to read despite their trauma and anxieties, books can help them to understand their unique grief journey.

As a rule, public libraries and bookstores have few if any books available on suicide bereavement, although they do have books on depression and general grief. For your lending library, books on suicide grief should constitute the majority of your lending material. When assembling your library, keep in mind that you may need to transport it to meetings as a “portable” library. To help you start this library, see the Annotated Bibliography at the end of this guide.

A volunteer librarian can maintain the lending library.

A lending library provides an opportunity for a regular meeting attendee to volunteer as a librarian. Obviously, persons who like to read would be best suited for this role and can provide a valuable service by:

- Familiarizing themselves with your materials so they can answer questions from prospective borrowers.
- Developing a list of appropriate materials.
- Preparing materials for lending, including labeling each publication with your organization’s name, enclosing a card in a pocket for signing the item in and out and including a return-mailing label. Attaching a bright tag with your SBSG name to the spine of a book may help identify it should someone misplace it in their home or elsewhere.
- Acting as the group librarian, setting up the library at meetings and overseeing the signing out and return of books.
- Contacting people who have not returned borrowed materials in a timely manner. It is suggested that a basic one-month turnaround policy for lent materials be established, handled easily through monthly meetings.
- If your SBSG has established a strong online presence, you might consider placing an easy-to-read list of resources on your website so the bereaved can review, consider and possibly borrow them.

In an effort to minimize the problem of lost books, some groups charge a one-time small fee, perhaps \$5, to use the library. Some organizations specify that anyone who takes out a book must be on their mailing list with a current address and phone number. It may help to have borrowers write their names, addresses and phone numbers on the sign-out card in the pocket of the book. This is the system regular libraries used before the advent of electronic book withdrawal.

5.2 MEMORIAL QUILTS

Survivor Sandy Martin founded the Lifekeeper Memory Quilt Program in 1997 after the suicide death of her son Tony. She believed that survivors should have the opportunity to use their experience “to do good, to work to dispel the myths about suicide, and to educate about suicide and its prevention.”

The first quilts, which came from many states across the country, were displayed at a national American Association of Suicidology (AAS) conference in 1998. Since that time numerous quilts in all 50 states have been lovingly completed. Most quilts have been created by local SBSGs.

Memorial quilts are displayed at survivor meetings, community events, health fairs, trainings for local first responders, national conferences, United Way events, television interviews, fundraising events and so on. When the quilts are

displayed they attract a great deal of attention and the messages on them are often read with great interest. Each family needs to be aware that these quilts will be displayed publicly and should sign an agreement to that effect.

Each quilt is usually made up of fabric squares designed by individual survivors who are encouraged to use photos, names and dates on them. Designing a square may be very emotional for an individual, but it may also aid in their healing to know that a memorial quilt increases public awareness of the tragedy of suicide and helps minimize the stigma often associated with it.

To assemble a quilt that has some conformity of size and fabric, it is a good idea to develop a quilt kit to distribute. This kit may include:

1. Fabric squares at least 14 inches square.
2. Instructions. See Appendix for sample instructions
3. A release form. See Appendix for sample release form

It is easier to transport and set up a quilt that has a limited number of squares. The optimum arrangement would be to use four or five squares horizontally and four or five squares vertically, with strips of fabric between the squares. This would result in a quilt about six feet square.

Your quilt should include a banner or identification square that includes your organization logo, name, city or area, state, year of completion and other pertinent information. If your organization name does not include the word suicide, you could include an identifying line such as “Separated by Suicide.”



A “quilt party” is suggested where participants get together to assemble a new quilt and decide (very carefully) where each square should be placed. For example, a square with trees might be placed on the bottom row so the trees would appear to be growing out of the ground (see quilts at the website FriendsforSurvival.org/memory-quilts).

5.3 ONE-ON-ONE SURVIVOR PEER SUPPORT

The newsletters of many bereavement organizations publish the names and phone numbers of volunteer survivors who are willing to take calls from other survivors. These volunteer survivors are usually identified by the type of loss they experienced. This encourages those with similar losses to network between meetings and reach out to one another for comfort and support. Volunteers willing to take such calls should be carefully screened and trained (see Section 10.1 “Telephone Training”).

During meetings, attendees can be encouraged to exchange phone numbers and/or email addresses (at their own discretion, of course). This is another example of how meetings provide an opportunity for new survivors to connect and network with other survivors.

5.4 BIRTHDAY AND ANNIVERSARY NOTES

Many families receive great comfort in the acknowledgment of their loved one's life. Consider publishing monthly birthday and death-anniversary dates in your newsletter (per a family's written request). This private information should come to you in writing as proof that the family has consented to its publication (be sure to maintain this information in a special "permission" file). Each month volunteers can send handwritten notes to those families still receiving the newsletter. These notes should acknowledge the loved one's birthday and/or death anniversary and should always include the name of the deceased.

5.5 COMMUNITY RESOURCE LIST

A community resource list can be developed to aid survivors who may be searching for services in addition to the ones you regularly offer. This list can be a resource for your phone support persons and for your organization as well. Survivors may ask for special services by name or may mention particular situations in which special services are needed. As you compile this list you will also increase community awareness of your organization and create a support network for future collaboration and fundraising.

A list of community resources might include the names and phone numbers of:

- Your local crisis line
- Other bereavement organizations
- Children's bereavement services
- Bereavement or grief centers
- Law enforcement or military chaplains
- Churches that provide grief support services
- Widow/widowers' organizations
- Therapists who specialize in bereavement, especially suicide grief
- Hospice organizations that schedule bereavement support groups
- Organizations that specialize in mental health issues, such as National Alliance on Mental Illness (NAMI)
- Organizations that specialize in suicide prevention

Some areas have community service directories, which can also be good references.

5.6 RETREATS

A retreat is usually structured as a "quiet time and place for reflection" devoted to a particular issue. One-day retreats can be a helpful option for some survivors, especially those who live quite a distance from your usual meeting place. Many may be willing to drive several hours to attend an all-day event to gather information and receive comforting guidance.

At the request of survivors, FFS developed several one-day spiritual retreats. These retreats were held at a retreat center and hosted by the board of directors who offered attendees a continental breakfast, salad luncheon and cookies or brownies at the end of the day. Special speakers were invited and paid an honorarium to conduct the major portion of the program.

Create a budget including space rent, signage, speaker's honorarium, food, paper products, handouts and so on, and charge a fee accordingly. Minimize cost by asking volunteers/board members to donate food.

Send handwritten notes to families to acknowledge their loved ones' birthdays and/or death-anniversary dates.

If your organization plans to hold a spiritually themed retreat, excellent speakers can be found in the hospice, chaplaincy, nursing or faith communities. Each year you could feature a different theme and speaker. A decorated folder could be provided containing information, handouts and notepaper for attendees to use at the retreat and take home. Attendees can be asked for evaluations and opinions at the end of the event. A memento appropriate to the chosen theme (a plaque with an appropriate saying or a handmade purple heart, for example) could be given to attendees as a pleasant surprise. Attendance at this type of retreat averaged 35 people.

The schedule for a typical retreat program might include:

- Welcome
- Keynote speaker
- Small-group sharing
- Lunch
- Hands-on activity
- Group activity
- Music
- Second session with keynote speaker
- Closing ceremony

Here is a list of topics and keynote speakers that have been featured at spiritual themed FFS retreats:

- “The Shepherd of Our Grief”—Pam Brubaker, RN, hospice nurse, grief counselor, inspirational speaker
- “And We Shall Be Comforted”—Clarice Friedline, survivor and author
- “Healing Hearts Thru the Psalms”—Dr. Ethel Mae Bonner, inspired speaker, survivor, soloist
- “Loving, Losing and Living”—David Powell, chaplain

***Comments
From Retreat
Attendees:***

“I could feel the love, the pain, and the support.”

“Sharing—open-ended – nonjudgmental helped me prioritize.”

“Wonderful, so restful, and refreshing to the spirit.”

5.7 CONFERENCES FOR PROFESSIONALS AND SURVIVORS

Conferences are educational events that usually feature several speakers, workshops and discussion groups. A budget can be created and a fee charged accordingly.

Conferences for Professionals

FFS has sponsored several one-day conferences for professionals on various topics related to suicide and bereavement. Our goal is to further acquaint the professional community with the after effects of a suicide death. Focus can be directed to a specific group of professionals and can offer continuing-education credits when possible. Conferences are held on weekdays so they can be part of the attendees’ regular work schedules, and are often held on Fridays. This means that the invited keynote speaker can speak to the professionals on Friday and to a second group of conference attendees, bereaved survivors, on Saturday. Due to the sensitivity and different focus of the two types of conference, separate events are suggested.

As a part of these conferences, various local professionals may conduct individual workshops related to the featured topic. Panels of four persons who share their own grief journeys (related to the day’s topic) are often featured.

Conferences are educational events with several speakers, workshops and discussion groups.

It is important that a hospitable location and atmosphere be provided, a delicious catered lunch is served, qualified speakers presented and useful information be distributed.

Here are some of the topics, keynote speakers and target populations that have been part of FSS conferences:

“Managing Sudden Traumatic Loss in Our Schools and Community”

Karen Dunne-Maxim, MS, RN, survivor, author, expert on trauma in the schools. School personnel were invited.

“The Many New Facets of Suicide”

Iris Bolton, MA, survivor, author, director of Link Counseling Center. Therapists were invited.

“Critical Points in Suicide Risk Assessment”

Jerome Motto, MD, Chair of Psychology, University of San Francisco. Therapists were invited.

“Working with Suicidal Clients”

Sue Chance, MD, survivor, author. Therapists were invited.

Contact Friends for Survival, [916-392-0664](tel:916-392-0664), for more information about FFS professional conferences and to receive sample programs with handouts.

Conferences for Survivors

As we said earlier, many people are willing to drive longer distances to attend an all-day event. An all-day conference provides an opportunity for survivors to be inspired by keynote speakers, to take part in various workshops and to meet fellow survivors. These conferences should usually be held on a Saturday. Providing a hospitable atmosphere is important, as is a solid program that will be helpful to the attendees.

These conferences usually concentrate on one specific topic and feature a welcoming committee at the registration table, a bookstore, a continental breakfast, a catered lunch, a keynote speaker from out of the area and local professionals who conduct workshops. Attendees are usually seated at large round tables with tablecloths (conducive to collaboration and discussion), creative centerpieces that relate to the day’s topic and “table friends.” A “table friend” is a volunteer willing to host a table, facilitate “get acquainted” time for tablemates and provide a friendly atmosphere throughout the day.

As with the professional conferences, a panel of four survivors can be included who share their grief journey as it pertains to the day’s topic.

Some of the keynote speakers and topics for FFS survivor conferences have been:

Seamus McCarthy, survivor and producer of Seeing Our Way Through

Topic: “The Road to Healing”

Michelle Linn-Gust, author, speaker, Past President of the American Association of Suicidology, AAS

Topic: “Rocky Road of Grief”

Iris Bolton, MA, survivor, author of “My Son, My Son”

Topic: “Sounds of Grief, Sounds of Healing”

Sue Chance, MD, survivor, author

Topic: “Seeking Comfort in Rocky Places”

Karen Dunne-Maxim, MS, RN, survivor, author

Topic: “Healing the Family Tree”

Contact Friends for Survival, [916-392-0664](tel:916-392-0664), for more information about FFS survivor conferences and to receive sample programs with handouts.

Another option is to plan a conference on Survivors of Suicide Day, an event sponsored by American Foundation for Suicide Prevention. See www.AFSP.org for more information.

5.8 EVENTS AND ACTIVITIES

EVENTS AND ACTIVITIES HELD BY FRESNO SOSL

Leann Gouveia, Executive Director of Fresno Survivors of Suicide Loss (Fresno SOSL), would like to share some of the events and activities her organization has developed since it was established in the early 1980s. SOSL provides support to those who have lost a loved one to suicide and educates the community about suicide-related issues. Its top priority is empowering survivors, since survivors often have the resources and potential to become actively involved as board members, advisory board members, volunteers and financial donors.

Here are some of the survivor/educational activities that have proved successful for the Fresno SOSL (Ms. Gouveia's comments are included):

Film Day: A showing of survivor-based films including "Daughter of Suicide" with the filmmaker on hand to answer questions. This was a no-fee event with refreshments although donations were requested.

Suicide Awareness Week: A community-wide activity that promoted suicide prevention and included survivors as a resource. A proclamation was presented from the City Council and Board of Supervisors and a week of activities and presentations led up to Fresno SOSL's first Candlelight Memorial.

Candlelight Memorial: A multifunctional event that has been held every year for over 10 years. It includes a healing program with a speaker, recognizes someone in the prevention field with a certificate and makes donations to another community group in need (shoes, clothing, food, etc.). Our message is "Giving Can Be Healing." It includes short survivor-made slides of lost loved ones, reading the names of those lost to suicide and lighting candles accompanied by moments of silence.

Anniversary Event: An anniversary luncheon held every five years to celebrate Fresno SOSL's accomplishments. We have had keynote speakers (Mariette Hartley, Iris Bolton) and invite key supporters and public officials to participate in the luncheon program.

EVENTS AND ACTIVITIES HELD BY SACRAMENTO FFS

Marilyn Koenig, Executive Director of Friends for Survival, Inc, provides the following commentary:

Family Picnics: Outdoor events held in the summer, hosted by the board of directors, allowing families with children to meet one another.

Anniversary Celebration of Organization: A time of reacquaintance among survivors, the acknowledgment of donors and the opportunity to thank volunteers.

Workshops: Scrapbooking sessions directed by a professional scrapbook representative to help families with their photo albums. Our board members hosted this event and snacks were served.

Holiday Meetings: Each December's meeting begins with the lighting of a memorial holiday candle wreath (see Appendix for a complete description of this ceremony). We decorate the tables and create ornaments that are given to attendees. We ask attendees to bring a favorite snack in memory of the person who died. Attendees share a favorite memory or story of their loved one. We also collect toys for a local charity.

Newsletter Announcements: Families have been invited to participate in several national research projects to advance the understanding of grief after a suicide death.

*Your newsletter
is essential to
publicize events.*

5.9 SPEAKERS' BUREAUS

A speakers' bureau is another helpful link to the community for your organization. As you build a presence, there will be times when your organization may be asked to speak to a company where an employee has died by suicide, at a United Way event, to a college class on Death and Dying, to a women's group, or to the Rotary Club or other organization.

Since a spokesperson represents your organization, you should carefully screen, select and train those who are to persuasively and intelligently communicate about suicide, your program and help solicit potential funders and individual donors.

A speaker must:

- Have a passion for the organization.
- Have had at least two years of receiving your services and feel very comfortable and confident in their own grief journey.
- Dress in professional attire.
- Be dependable, available and willing to respond as needed.
- Be willing to share a personal story in public.

A spokesperson represents your organization.

Participation in a local Toastmasters program may help your speakers perfect their verbal skills (see Section 6.7 "Becoming an Effective Spokesperson" for more information).

5.10 INITIAL OUTREACH TEAM: L.O.S.S.

L.O.S.S. stands for "Local Outreach to Suicide Survivors." A L.O.S.S. Team attempts to connect suicide survivors to grief support services within a month or so after their loss and provides this outreach most frequently through volunteers who are themselves survivors. This survivor-to-survivor connection is important, providing comfort to the bereaved through shared experience.

The goals of this outreach are to:

- Connect the newly bereaved with other survivors.
- Normalize what survivors are experiencing *now*.
- Educate survivors on what they will experience *in the future*.
- Provide survivors with resources including self-help books and a list of grief support services in the community, preferably including a suicide survivors group.

The L.O.S.S. program connects survivors with resources.

L.O.S.S. Team's goal is not to provide counseling or therapy to the newly bereaved but to connect them with appropriate resources. The Team learns of a death through a variety of sources depending on its community: the Coroner or the Medical Examiner or through law enforcement and affiliated chaplains. This outreach begins with an initial visit and may involve several follow-up visits depending on the nature of the community's grief support services.

There are three different ways a L.O.S.S. Team can work:

- Immediate outreach to survivors at the scene of the death.
- Delayed outreach to survivors.
- A combination of the two above approaches.

The key steps in starting a L.O.S.S. Team include: assessing the community, developing the outreach process, mobilizing resources and ongoing evaluation.

Essential components to starting a L.O.S.S. Team include:

- The involvement of survivors—they know what other survivors need and are a tremendous resource.
- The involvement of the community.

More information on the L.O.S.S. program is available through Dr. Frank Campbell at www.LossTeam.com.

5.11 OUTREACH TO THIRD-PARTY SURVIVORS

Being a witness to self-inflicted violence and death can have long-lasting ramifications regardless of whether one has witnessed the suicide of a loved one at home or that of a stranger in a public place. Strangers who have witnessed a suicide death, who have come upon the deceased's body after the fact or who have heard or read graphic details regarding the death are called "witness survivors."

Witness survivors' common initial reactions are often the same as primary survivors have experienced. As such, these witnesses should consider talking about their experience with a qualified professional if they have difficulties coping with the event.

After a number of suicide deaths at very public locations in both New Hampshire and Vermont in 2011, a state resident and survivor of multiple suicide losses became concerned about the effects these deaths might have on passersby and on the general public exposed to the resulting media coverage. There was concern that without some outreach effort or education, these survivors would feel isolated and could perhaps in time become vulnerable to suicide themselves. This witness reached out to the Connect™ Program at the New Hampshire Chapter of the National Alliance on Mental Illness (NAMI NH). A workgroup was formed to develop resources to be made available to witness survivors. Three methods were identified:

- Encourage media to provide resources for witness survivors in a story involving suicide.
- Create a wallet-sized card of helpful resources distributed by first responders to distribute these cards to witness survivors both at the scene of a suicide and afterwards.
- Add a Witness Survivor Outreach Program Resource Page to the NAMI NH Connect website. For more information about this program, go to: <http://www.TheConnectProgram.org/survivors/support-and-resources-coping-suicide-loss>

*Witness survivors
are also impacted
by suicide.*

CHAPTER 6

Communication

6. Communication

A wide variety of communications opportunities are available to the organizers of an SBSG. The purpose of this chapter is to suggest ways to promote your organization and its activities and services. At first, the information in this chapter may seem overwhelming, but it is possible to implement these activities incrementally as you grow and the number of volunteers increases. Maintaining visibility will enhance your sustainability and help minimize the stigma of suicide in your community.

6.1 USING MEDIA GUIDELINES

Suicide is a sensitive subject, and members of the media often find it challenging to cover. Media coverage can be a valuable tool in promoting your programs; however, it can also perpetuate myths and misunderstandings if not handled correctly. Fortunately, several resources exist for the media, and for those who work with the media, to provide guidance on ways to report on and talk about suicide.

Making Headlines: A Guide to Engaging the Media in Suicide Prevention in California provides basic information about how to interact with the media and how to create a suicide prevention message. It lists the proper steps for developing a media outreach program, including how to write a press release and other media documents, tips on media interviews and information about how to become a good spokesperson. The Guide also includes two nationally developed evidence-based resources for communicating correctly about suicide. The first is Recommendations for Reporting on Suicide, which provides guidance on media reporting (available from www.ReportingOnSuicide.org). The second, *Safe and Effective Messaging for Suicide Prevention*, provides guidelines from the Suicide Prevention Resource Center on appropriate ways for the media, and others, to talk about suicide (available at www.sprc.org/library/SafeMessagingfinal.pdf).

You are encouraged to obtain a copy of *Making Headlines* as a reference tool when you consider and plan media outreach activities. It includes a more detailed discussion of the material included in this guide. You can download a copy for free from the Your Voice Counts Resource Center by registering your email address at www.YourVoiceCounts.org. Once you are registered you can visit the Resource Center and find the Media Guide, along with many other useful resources.

The above source material is written primarily for the purpose of suicide prevention, but the principles of media outreach are the same. The services that SBSG provides to survivors are called *postvention*; but postvention services are also a form of *prevention*. As we work together and educate ourselves about suicide we will have the opportunity to save lives.

6.2 YOUR SLOGAN

Your slogan, when you have one, should always be included in your communications with the media. A good slogan communicates your reason for being, your mission, your promise and the personality of your organization. It must be clear, concise and to the point. Here are some excellent slogans, also called “tag lines:”

“...that their light may always shine”—TCF Worldwide Candle Lighting

“Your Path Toward Healing”—Survivors After Suicide

“Comfort, Encourage, Educate”—Friends for Survival

“A Journey Together”—Bereaved Parents of the USA

Short is best when it comes to a slogan. Most great slogans are from four to nine words long. If you are looking for a good slogan for your organization, ask everyone involved to make suggestions and let their creative juices flow.

Maintaining visibility will enhance your sustainability and help minimize the stigma of suicide.

6.3 ADVERTISING VS. PUBLICITY

Publicity and advertising are both important forms of communication. Publicity is what you get for free, while advertising is what you pay for. This may make publicity sound better—but the fact that it's free also means that you can't control its outcome. With advertising, you buy and pay for print space or airtime, so you can control what is said. If you use paid advertising, be sure to ask if you receive a special rate as a nonprofit.

*Publicity is free,
advertising is
what you pay for.*

Publicity comes when a member of your organization is selected to do something like carry the Olympic flame or when (because of your visibility) you are called by a television station to participate in a special project on depression and suicide. Striving for visibility can make a big difference.

6.4 CREATING A MESSAGE

You may need help in creating your message. There are many accomplished advertising and PR (public relations/publicity) professionals who may be willing to assist. Ask if they donate their services “pro bono” (“for the good”) which means that they don't charge for them. However, you may still need to pay for the ad space or airtime you use and often at a greatly reduced rate. The “creative” people in advertising and PR agencies often welcome nonprofit assignments; this can be another opportunity for you to connect with the business community and raise awareness of your organization.

You may also be able to get help from the TV station, radio station or print media where your advertising will run. Another place to get help is from marketing or advertising students at local colleges. Find out who teaches such courses and talk with them. Students are often very enthusiastic about working on “real” projects.

6.5 THE PRESS RELEASE (ALSO CALLED A “NEWS RELEASE”)

Press releases should be an important part of any media outreach. A press release is a written statement you prepare for the media which can do anything from announcing the formation of your organization to revealing a new prize for a fundraising event. To stand out, a press release must be relevant to the journalist's beat, contain newsworthy information and be timely. It sometimes helps a press release get noticed if it includes a quote from your organization's spokesperson or an “issue expert.”

Soft news, human-interest or feature stories should be suggested to journalists through “pitch letters” or telephone calls.

A press release can be sent via email, regular mail or fax; it can be hand-delivered; or it can be included in a press kit—a folder of material about your organization. It can be directed to the news directors, program directors or events-listing editors of your local print media, radio stations or TV stations, as well as to recipients at any media outlet or website. If you send a press release by email, never send it as an attachment—always send it in the body of the email.

Occasionally a press release will be printed exactly as you send it, but more often only a portion will be used. Sometimes it will provide the impetus for a news or feature story.

*Press releases
should be an
important
component
of any media
outreach.*

Certain guidelines apply:

- 1. The headline:** The headline should be brief, compelling and to the point, a clear, compact, attention-getting summation of the main point of the press release. It should be in boldface type. Try to keep it to one line and underline (underscore) it. If you send your press release by email or fax, use its actual title for the subject line (not “press release”).
- 2. Text copy:** Begin with the date and city in which the press release originates or in which an event is taking place. Make sure that the lead (first) sentence grabs the recipient’s attention. If that sentence is the only sentence that gets read, make sure that the most important information has been communicated. Keep the document short (one page is best, with 500 words the absolute maximum), don’t add attachments, and if you are sending hard copy, double-space the text. The final sentence should always read, “For more information, contact _____ (insert name of the designated contact person).” The release should end with three hash marks (###) on a line by itself to indicate the end of the press release.

When it comes to content, communicate the following information as clearly and succinctly as possible:

- Who the press release is about.
 - What the news is that you want to communicate.
 - When (the event, whatever) is happening.
 - Where it is happening.
 - Why it is news.
 - How it is happening.
- 3. Contact information:** Be sure to include names and contact information for the key people associated with your story.

The contact list should include the following (perhaps as part of your letterhead):

- The name of the designated contact person
- The official name of your organization and its slogan (if any)
- Your office address
- Your phone number(s)
- Your email address(es)
- Your website address, if any

You can send out several different press releases about the same event if you can find a different “hook” for each of them. For example, if the subject were a 20K race to raise money, the first press release could announce the event, the second could describe the grand prize, the third could let people know that entries are about to close and the fourth could announce the winners (and perhaps mention the number of entrants and how much money was raised, if those numbers are impressive).

Whatever you do, don’t forget to keep a copy of every press release you send out, filed chronologically or by subject or recipient.

6.6 PSA (PUBLIC SERVICE ANNOUNCEMENT)

PSAs are messages “in the public interest” disseminated by the media without charge. They are designed to raise awareness, change public attitudes and behavior toward a social issue, or encourage people to donate to a good cause.

While radio and TV stations are not required by the Federal Communications Commission to run a specific number of PSAs each year, they are required to prove that they broadcast “in the public interest.” Running PSAs is one of the ways in which they meet that requirement.

Call your local radio and TV stations and ask to speak with the Public Service Director. Ask for help in spreading information about your organization. Ask about the station’s policy on PSAs.

6.7 BECOMING AN EFFECTIVE SPOKESPERSON

The development of a spokesperson for your organization will take time, training and a long-term commitment. Whether it’s a television or radio news broadcast or a news story in a magazine or newspaper, the majority of news stories will quote at least one person within the story. This person should be versed in media reporting recommendations and safe messaging guidelines (see the resources listed in Section 6.1 “Using Media Guidelines”) and also be familiar with basic data, local statistics, local resources such as local crisis hotlines and the specific services of your SBSG program.

Once your organization has identified a spokesperson, this person should receive media training, if possible. Media training may be offered through public relations firms, a specialized media training company or through community colleges or universities. Whether or not media training is available, the information in this chapter will help a spokesperson be prepared and effective.

A good media spokesperson will establish credibility and be successful in promoting the services of your organization. Much can be achieved by a well-executed media interview, but it requires thoughtful planning and preparation.

A spokesperson should receive media training.

Some tips to help prepare for a media interview, taken from Making Headlines, are:

- Ask questions: What is the reason for the story? What is the story’s deadline?
- Gather background on the reporter. What is the tone of articles the reporter has previously written?
- Ask that your contact information and communities resources be included.

6.8 THE INTERVIEW PROCESS

Talking to the media can be intimidating for many, until practiced. The following are tips and suggestions for how to conduct interviews with members of the news media.

- **Stay on message.** Be sure to state your message in the first 45 seconds or less.
- **Simplify your language,** be conversational and use words and language that the readers or audience will understand.
- **Use facts,** data and examples to back up your message.
- **Do not speculate** or answer questions outside your area of knowledge or expertise.
- **Be honest.** If you don’t know the answer, offer to find out and get back to the reporter.
- **Never say “no comment.”** It will make you look uninformed or as though you are hiding something. Instead, say something like, “It would be inappropriate for me to speak on behalf of the individual’s family.”

- **Never speak off the record.** You should consider every conversation with the media as on the record.
- **Be quotable.** Offer “sound bites” that convey your message in a brief but interesting manner.
- **Share your experiences.** Audiences relate best to people with whom they can identify.
- **Be positive** and avoid sounding intimidated, defensive or combative. The reporter is only trying to do a job and has as much to gain from you as you do from them. Your relationship should involve give and take, just like any other business interaction.
- **Be enthusiastic.** Stress key points. Vary your pitch and tone, especially for TV or radio interviews.

Although you have no direct control over how the story will appear, you do have control over the message and the strength with which you deliver it. Remember that how you deliver your message is as important as what you say. Effective delivery includes beginning with the message you want to convey, offering supporting points or proof and reiterating the key points in the summary of the interview. In other words: tell them what you’re going to tell them, tell them, and then tell them what you told them.

During an interview, you may be asked difficult questions or ones that stray from the topic you agreed to discuss. Remember that you want to cultivate a relationship with the media and be seen as a valuable resource. If a reporter asks a question you prefer not to answer, acknowledge that you heard and understood the question but use the “bridging techniques” explained as follows to transition back into one of your own messages. It is important during any interview not to repeat a negative question or remark by the reporter or to refuse to answer a question. Instead, block the negative question and “bridge” to something that you do want to talk about.

Here are some examples of how to do that:

- “The best way to answer that question is to tell you what we are trying to do...”
- “I can’t speak to that. But what I do know is...”
- “Let’s focus on the facts...”

It is important to follow up after the interview or after a reporter’s story is printed. Call or email the reporter shortly after your interview. This will give you an opportunity to clarify information or facts if necessary. Ask if there is anything else you can provide. And be sure to thank them for the opportunity to speak with them.

6.9 USING TELEVISION AND RADIO TO TELL YOUR STORY

Your own personal story is often the most powerful thing you can use to impact the community and minimize the stigma of suicide. Hearing your voice will empower other survivors to seek the support and services of your organization.

As part of their license to operate under Federal Communications Commission regulations, media outlets (such as TV and radio stations) are required to broadcast a certain number of “public service” programs a year. These programs need guests, events to promote and topics to discuss. Take advantage of this to get exposure for your organization.

While you may not get your first story on television, there are many alternatives that will help you establish credibility and build toward more news coverage over time. Don’t be hesitant to consider all of your media options. University and public broadcasting stations often do not have news departments, but do broadcast programs that appeal to local audiences. You can find lists of local broadcasters on websites such as www.stationindex.com.

You want to cultivate a relationship with the media and be seen as a valuable resource.

Here are some useful tips about how to work with local broadcast media and who to contact:

- Ask the Public Information or Community Affairs Director at your local radio and television stations (both over-the-air and cable stations) about their community calendars. You should be able to get your event or activity on the calendar if you get the information to the station early enough.
- News Assignment Editors are the persons who choose the stories that the station will cover and assign the reporters who will cover them. A good rule of thumb for contacting a News Assignment Editor is to provide at least 2–3 weeks lead-time to schedule an interview or to invite a reporter to cover your event or press conference.
- News Planning Editors are the people who assign reporters to long-lead stories and list events on the station’s planning calendars. Allow at least a one-month lead-time to publicize your event.
- Beat Reporters cover specific issues such as health care or mental health and are likely to be knowledgeable about those issues.
- Feature Reporters cover soft news and human-interest stories.
- Program Producers select features for radio and television programs, such as talk shows. Contact the appropriate producer to suggest a topic or spokesperson for their show. You don’t have to know the producer’s name, just ask to be connected with “the producer of the _____ show.”

In addition to public service programs, many stations air local daytime or weekend shows. These shows frequently cover events put on by nonprofit organizations. While you are talking with the Public Service Directors of radio or TV stations, ask them to put you in touch with the producer or “booker” of their station’s show.

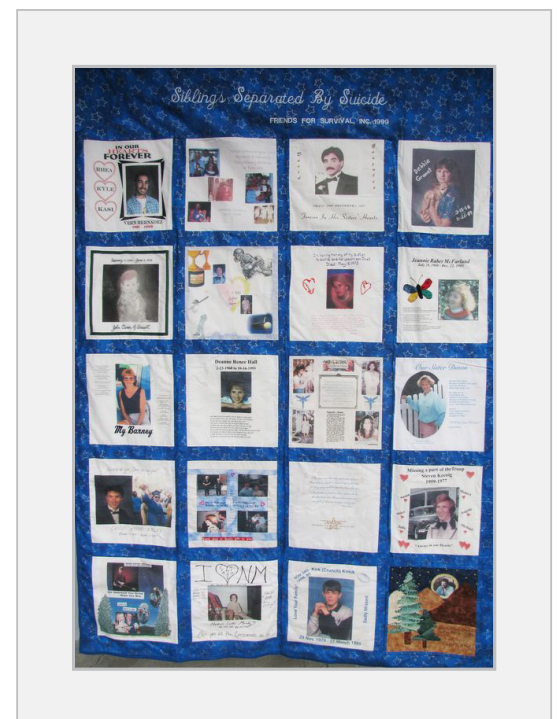
Television is a visual medium that requires appealing images to make a story come alive for the viewer. If possible, have a great visual to offer—a live event or interview, footage of people engaged in an interesting activity or a compelling graphic image such as a colorful memorial quilt.

If you don’t have a great visual to offer, radio can be an excellent medium to deliver your message, as there are many local and national radio programs that address specific issues. Radio is a particularly valuable form of communication in rural areas.

Consider:

- News segments
- Listener call-in programs
- Morning and afternoon “drive-time” programs
- Talk shows
- Public affairs programming

At radio stations, the News Assignment Editor generates story ideas and assigns them to reporters, while the News Director chooses which stories get on the air. In small markets, a radio station may have only a News Director or a News Assignment Editor but not both (one individual would play both roles). Assignments are sometimes based on schedule and availability. A radio program often has a highly targeted focus, so make sure your news is relevant to its listeners.



A radio program often has a highly targeted focus, so make sure your news is relevant to its listeners.

If you are invited to be on a TV or radio program, be sure to watch or listen to that program in advance. Try to get a feel for the tempo of the show, see how the participants dress (if it's on TV), and figure out what to expect from the host(s). Becoming familiar with a show in advance can also help you select the most appropriate spokesperson(s) from your organization.

Tape the show and then rehearse with the tape so that when it comes time to appear on the program, your spokespeople will have the confidence to relax and just be themselves. And don't forget to ask for a tape, CD or DVD of the show afterwards, even if you have to pay for it. Watching or listening to this tape will help you evaluate the performance and learn what could be done better next time. Excerpts from this tape can also be used to produce PSAs (if copyright restrictions allow).

6.10 USING PRINT MEDIA TO TELL YOUR STORY

Major daily newspapers, as well as daily and weekly community newspapers, offer great variety in the types of stories they cover. From in-depth interviews to announcements about local events, newspapers strive for balance and variety. It is unlikely that any one reporter will cover all types of stories. If possible, identify and establish a rapport with a variety of local reporters who may be interested in different aspects of your cause such as health, mental health or community fundraising.

All print media outlets have editors who decide which stories will run and oversee content for a specific section of the publication. Contact the City or Metro Editor with information about an upcoming local event. Beat Reporters focus on specific issues. It is your job to provide a reporter with as complete a story as possible, including quotes and data or facts to back up your story.

Calendar and Daybook Editors manage the listings of regional events open to the community. Contact them well in advance of your event to help maximize attendance.

In addition to the all-important daily and weekly newspapers, the print media provides you with numerous other opportunities to convey your message, especially to special audiences. Most print media also maintain websites, which gives you even greater reach for your stories.

Magazines provide opportunities to reach key segments of your target audience such as youth, seniors, parents, teachers, veterans, faith leaders and health care workers, just to name a few. Magazines cover hard news, soft news, general-interest stories, human-interest stories, profiles and other feature stories. One drawback of monthly magazines is their deadlines. Most have a very long lead-time (approximately three months).

6.11 FACEBOOK AND OTHER SOCIAL NETWORKING (INCLUDING YOUR OWN WEBSITE)

Perhaps the least expensive and most efficient way to get the word out about your group is to use Internet and social networking sites like Facebook. Make sure that your website is maintained and up to date. This is a your chance to make a great first impression. Also consider using the "email this page to a friend" feature to reach those who may be surfing your page.

Fresno SOSL has had some excellent experience with social media. It first focused on a website (www.fresnosos.org) in the mid-2000s. A college student donated his services to teach volunteers how to maintain the site. The organization joined Facebook to reach survivors, held a contest to get as many "likes" as possible and drew a name for a prize. It has also created videos of the group's activities and incorporated them into music videos, which are posted on social media outlets.

Twitter can be linked to Facebook to reach an even bigger audience.

6.12 COMMUNITY COLLABORATION

It is vital to work with your community when setting up and maintaining a viable SBSG program. Simply advertising it in the newspaper is not enough. A personal visit to professionals in your community will establish productive relationships and give you the opportunity to distribute your brochures and share meaningful information about your programs. This personal effort will raise the visibility of your program and increase support from the community.

6.12.1 WHY FACILITATORS SHOULD MAKE PERSONAL VISITS

To sustain a growing and viable operation, facilitators (and other organization leaders) should make personal visits regularly to other community organizations. To ensure new referrals, it is important for everyone to know that your organization continues to provide quality services. As you keep making personal visits, information will trickle down through the various branches of city or county governments and private agencies, and awareness of your services will spread. As your organization grows, other members can be selected to conduct routine visits so that facilitators and other leaders can focus on expanding contacts with those not yet familiar with your services.

Reaching out personally will raise the visibility of your program and increase support from the community.

6.12.2 REACHING OUT TO PROFESSIONALS AND THE COMMUNITY

Making personal visits, emailing and making phone calls to appropriate professionals, agencies and organizations will ensure that they recognize the value of your organization. It will also reinforce the benefits of your services to those who may, in turn, refer survivors to you.

Contact hospitals and ask for an appointment to meet with the Head of Social Work or Head of Nursing and acquaint them with your programs. Visit the head law enforcement chaplain so emergency services can learn that you exist. Contact other groups, such as hospice, churches and others who sponsor grief support groups. These organizations may be at a loss when it comes to helping survivors of suicide and will be glad to know that an SBSG is offering appropriate services.

During each visit, be sure to leave brochures and post flyers if you can. If any organization you visit has a newsletter or news bulletin, ask if they would be willing to mention your SBSG in it. Be sure your contact phone number is on your brochure and that you follow up several times a year in person, by phone, by mail or by email to see if more brochures are needed.

6.12.3 PROFESSIONALS TO CONTACT

Every community has a number of professionals, organizations and agencies who come into contact with the bereaved, including:

- Legal agencies and private attorneys
- Churches, clergy and chaplains
- Educators
- Funeral directors/mortuaries
- Hospitals and hospice staffs
- Law enforcement, first responders, medical examiners and coroners
- Mental health practitioners, both private and agency affiliated
- Physicians, nurses and other health care providers
- Schools and libraries

6.12.4 COMMUNITY INTRODUCTION FORM LETTER

Mailing out a form letter and brochures is a fast and easy way to tell community leaders and organizations about your programs. In all public announcements of support group meetings, prescreening of attendees can be done. Explain what your group is all about, whom it's for and how people can get in touch with you.

Here is an example of such a letter:

“ Bereaved by Suicide Group Starting/Forming _____ (insert date).

To Whom It May Concern:

The suicide death of a loved one, friend or co-worker is a traumatic loss that requires unique support. _____ (insert name of organization) is a nonprofit group offering a variety of free services in your community. We are peer-led, have experienced the pain of a suicide death ourselves and offer services to assist others in their healing. Here are just a few of our services:

- Monthly meetings of support and education
- Monthly newsletters
- Referrals to local resources
- Comprehensive lists of printed resources and lending library
- Suicide Loss Helpline staffed by volunteers who have shared the tragedy of a suicide death
- Programs for educating the community on suicide awareness
- Consultation by experienced staff available to workplaces and agencies affected by a suicide death
- Conferences and retreats
- Speakers' bureau
- Training of volunteers

Please feel free to call me, _____ (insert name), at _____ (insert telephone number) to discuss any of our services or for more information. For assistance not listed above or to help someone you know, please call me at _____ (insert name of organization).

(Add your website and email address.)

”

CHAPTER 7

Finances and Fundraising

7. Finances and Fundraising

You should raise money from as wide a variety of sources as possible. If yours is a new organization, start small by raising money for just the bare essentials. A good way to begin is by approaching the leaders of your own organization. One of them might be willing to fund phone expenses, for example, while another might be able to pay for printing your brochures and another might provide refreshments for your meetings.

It takes time to build up a list of dedicated donors. Survivors who appreciate your services will eventually begin to donate and will do so more generously once they realize that you are a nonprofit organization.

As your organization actively promotes itself and becomes better known (see Chapter 6 “Communication”), more fundraising opportunities will present themselves as the community takes note of your achievements.

7.1 PRIVATE DONATIONS

Most private donations will come from survivor families through your newsletter, which provides them with a consistent and greatly appreciated source of support and encouragement. Include a donation coupon and self-addressed envelope in every issue. Readers tend to respond generously when they feel they are receiving a valuable service—but remember that you must ask for donations.

Also, don't forget to start each meeting by passing around a donation basket filled with envelopes. A sticker should be placed on each envelope for the attendee to fill out. This sticker should read:

From _____

In memory of _____

Readers tend to respond generously, but remember that you must ask for donations.

7.2 FUNDRAISING EVENTS

Network with other community organizations to get fundraising ideas which can be adapted to fit your organization. Here are some examples.

Fundraising in Fresno (SOSL)

Leann Gouveia, Executive Director of Fresno Survivors of Suicide Loss, is a champion fundraiser. She says, “We receive generous in-kind donations of office space, CPA services, computer services and meeting facilities. But we still need cash donations to continue our efforts.” For more details, contact Fresno SOSL.

- **Run/Walk:** Funds are raised through sponsorships, donations, event registrations, the sale of memorial signs, T-shirts and a silent auction at the event. Included is a “resource fair” focusing on community resources. Over \$30,000 is raised each year from this one activity.
- **Benefit Shopping Day:** A major retailer designates one day a year for shoppers to buy at a discount if they purchase \$10 “shopper discount” tickets from a nonprofit organization.
- **Grocery Store Support:** Some grocery stores have programs that benefit nonprofits. After joining such programs, shoppers swipe a card at checkout and the organization receives a percentage of the amount they pay for certain items.
- **Annual Fundraising Letter (letter of appeal):** Every year, a survivor or community VIP writes a letter of appeal which is sent to the organization's database. Thousands of dollars are raised just by asking for it.

- **Grants:** Write small, manageable grants from organizations such as Rotaries, Kiwanis and Lions. Banks and large real estate and construction companies often offer community grants and event sponsorships; some insurance companies have foundations and other programs that their agents participate in. Some of your survivors may work for corporations that match employees' charitable deductions; and United Way offers nonprofits the opportunity to take part in workplace payroll-deduction programs.
- **Public Auction:** Donations of goods are solicited from the community and sold at an auction. A local auction company may donate their services. An auction generated more dollars than the usual yard sale.
- **Business partnership program:** Develop relationships with business owners and offer to set up an educational table to distribute life-saving information, display memorial quilts and train staff during lunch hours and breaks. These relationships have resulted in sponsorships for events, workplace donation campaigns and so on.

Fundraising in Sacramento (FFS)

Marilyn Koenig, Executive Director of Friends for Survival in Sacramento, provided the following information as examples of fundraising activities:

- **United Way:** Become an affiliate of United Way and complete the annual application to be approved as a qualified nonprofit. Designated funds are received through United Way's payroll deduction program. These funds come from our survivor families and sometimes from their workplace colleagues who have heard of our services. We make appearances at United Way events with memorial quilts and brochures to acquaint people with our services. Receiving a quarterly check from United Way is a great boost to the budget.
- **Grocery program:** A major grocery store chain where cardholders swipe these cards in the stores and that corporation donates to the nonprofit up to 3% of the total amount of the groceries purchased. If enough cards are distributed a custom-designed card with your logo and name can be obtained. Using the card gives families and their friends another way to support the group. "Buy groceries and support your SBSG" is a good slogan. Many people in the community are willing to support an SBSG by using the card even though they don't receive services.
- **Challenge grant:** Someone can issue a challenge grant asking the readership nationwide to answer the "challenge" by matching the amount offered in memory of a loved one. It was a very successful fundraiser.
- **Sponsoring a runner:** Some survivors find that running is beneficial for healing. Entering and running in a marathon can raise money from sponsoring families in memory of their loved ones. Personal notes to friends and acquaintances asking them to respond with a donation can be quite successful.
- **Annual garage sale:** This is an easy one-day event, usually held on a Saturday at the beginning of the month (when many people have just been paid). Find a good location (probably somebody's front yard) near a major street where signs can be readily seen. Consider advertising in a local publication and in your own newsletter for volunteers, sale items and buyers. Advertise the event as a multifamily sale and fundraiser. Have brochures available at the sale since this is an opportunity to meet families in need of your services. End the day with a barbeque or potluck in the backyard of the family whose front yard provided space for the sale. Remember that, by law, any unsold merchandise must be donated to another nonprofit.
- **Golf tournament:** Two families who own businesses and play golf organized a fundraising golf tournament with a dinner and many raffle prizes. Volunteers staffed an exhibit table with a memorial quilt and information. Some survivors played golf while other volunteers helped with registration, solicitation of prizes and so on.
- **Entertainment Coupon Books:** Some families sell Entertainment Books at their places of employment, at their local fitness centers and to friends and neighbors. There is not cost to the organization until the books are sold. A 20% profit can be realized. Information about Entertainment, Inc., which publishes the books, can be found at www.entertainment.com.

*Newsletters
are essential
for publicizing
fundraising efforts.*

- **Annual raffle:** Ask business partners and families to donate several large prizes and some smaller ones, print tickets and advertise in the newsletter. An annual raffle can raise thousands of dollars for your group. In California you must register your raffle with the State Attorney General's office and file a report after the raffle drawing.

Encourage your survivor families to help you raise funds. For example, a volunteer belonging to a Women's Giving Circle, a group of women who donate individually to a different nonprofit organization each month, can present a worthy SBSG to their group, which increases its visibility in the community and results in generous donations. A family, while taking a leadership class, appeals to the class to donate and attend a fundraising golf tournament dinner. The class members can be very generous.

Consider selling advertising in your newsletter. Ask for and seek out products/businesses/events that will buy advertising space. Merchants and even other nonprofit agencies can be approached to buy ads. Researchers may offer to pay to advertise for participants for their research. When accepting ads, however, be sure to keep the sensitivities of your readership in mind.

7.3 IN-KIND DONATIONS

Businesses and individuals can and will step forward to donate in-kind items such as office equipment, office space, copy paper, envelopes, books, meeting facilities, snacks for meetings, raffle prizes and so on. The more people served, the more donations and in-kind gifts will be received. When families learn of the group's needs they will try to step up and help. The newsletter can publish a wish list of items needed.

Publish a wish list of items you need.

As an affiliate of United Way you may receive notices of free office equipment when a nonprofit moves and/or shuts down its operation. The IRS requires that when one nonprofit liquidates its assets, those assets must be given to another nonprofit.

Keep track of in-kind donations the same way as cash donations. This information may be helpful if you apply for grants.

7.4 CORPORATE DONATIONS

Find ways to seek out corporations that are sympathetic to your services and obtain a copy of what procedures they follow when they approve donations. There may be rigid requirements to qualify and it may be a long process. One approach is to find out if any high level corporate executive has been affected personally by suicide and then write to this person requesting their help in securing a corporate contribution. Many corporations match employees' donations to nonprofits.

Be prepared to persevere and be open to investigating new methods of approach.

7.5 GRANTS

Grant writing is a very specific skill. One way to start applying for a grant is to ask members of your survivor families if any of them has any experience in grant writing. Use the newsletter to get the word out that you need someone with this particular skill. Perhaps a volunteer can donate this service to your organization. Some nonprofit resource centers offer classes on grant writing and it might be a good idea for one of your officers or volunteers to take such a class.

Check with locally owned corporations who may have developed an annual giving program, using the grant application process, to "give back" to the community. Not-for-profit hospitals and banks often have community giving/grant programs.

Your organization can announce a grant "challenge" through meetings and the newsletter asking for motivated, interested survivors to "sponsor a challenge grant."

7.6 THANK-YOU NOTES AND DONATION RECEIPTS

Thank-you notes and donation receipts can be combined to save time and effort. However, they serve different purposes, which should be kept in mind when you decide whether or not to combine them.

There are numerous situations in the day-to-day operation of your support group that warrant the sending of a thank-you letter. Some typical situations include appreciation for special consideration extended by another organization, thanking a speaker for a presentation at a support meeting or thanking employees and volunteers for exceptional service or performance. The most common reason for a nonprofit organization to send a thank-you note is to thank a donor for a contribution to the organization. This contribution could be of money, service or goods.

Whatever the occasion, a thank-you note should always be signed by the official leader/director of the organization. There may be several people who need to sign if they all were involved. For small donations and other considerations, an email may suffice, but thank-you notes should generally be sent by regular mail. You may wish to have note cards created specifically for small thank-yous, but thank-you notes for particularly large donations or major acts of support should be customized and personalized on your organization's letterhead.

The format for your note or letter should thank the party in the first line and mention the effort or consideration given in the first paragraph. A sample note card thanking a speaker might read something like:

“ This note is to thank you for your helpful presentation on the use of journals to assist in the grief journey. We learned a great deal and many of our attendees put your ideas into practice immediately. We deeply appreciate your time and hope you will agree to speak to our group again in the future. Our thanks again.

Sincerely,

Jane Doe,
Executive Director

John Smyth,
Speaker, Coordinator

A sample note thanking a donor might read like this:

“ Thank you very much for your donation of \$100.00 in support of our newsletter. Your generosity will allow us to provide a year's subscription of Comforting Friends, our newsletter, to more than 16 families this year. Thank you for your generous donation.

Sincerely,

Jane Doe,
Executive Director

Roger Haney,
Newsletter Editor

IRS requirements

If you are a 501(c)(3) nonprofit, the Internal Revenue Service (IRS) has specific requirements regarding donations. A written acknowledgment should always be provided to the donor for any single contribution of \$250 or more as documentation for a claim of a charitable contribution on the donor's Federal Income Tax return or when a donor receives goods or services in exchange for a single payment in excess of \$75.

There are some exceptions, so refer to IRS Publication 1771, Charitable Contributions: Substantiation and Disclosure Requirements, from the Internal Revenue Service.

Thank-you notes are necessary and receipts are often required by the IRS for tax purposes.

IRS requires that all receipts for such cash donations should contain a statement such as:

“ (Organization name) is a 501(c)(3) nonprofit charitable organization, so your donation may be tax deductible, depending on your individual tax situation. Our tax ID number is 00-0000000. Please consult with your tax advisor regarding your specific tax reporting situation. ”

Donations for goods or services can be complicated. When it comes to tax matters, therefore, you should consult with the IRS, a tax preparer, an accountant or an attorney. Note that donated goods can only be valued at fair market value—and determining fair market value can be complicated. There are special rules for donated vehicles.

Receipt information can be included in a thank-you letter; however, sending separate receipts and thank-you letters allows you to reach out to the donor twice. Each contact presents a new request opportunity for giving, although legal requirements and IRS restrictions may make the thank-you letter seem a bit impersonal. For small donations received at a large event, the use of a receipt book with ready-to-go receipts provides the donor with an immediate receipt and facilitates collection of the information necessary to send a thank-you note and add the donor to your database file.

A donor should always receive both a thank-you note and a receipt—whether you combine the two or send them separately.

CHAPTER 8

Governing and Structure

8. Governing and Structure

8.1 GOVERNING YOUR ORGANIZATION

For an organization to develop, grow and be sustainable, it is wise to have several layers of responsibility. When all levels (board of directors, leadership teams, paid staff and volunteers) work seamlessly together, the organization will run smoothly and accomplish its goals.

8.1.1 BOARD OF DIRECTORS

The board of directors has the highest level of responsibility. A board of directors is a group of elected or appointed members who jointly oversee the activities of the organization. They are listed on legal documents and reports as responsible parties. Typically, the board chooses one of its members to be President or Chairman (or whatever title is specified in the bylaws).

A board's activities are determined by the powers, duties and responsibilities detailed in the organization's bylaws. The bylaws also specify the number of members on the board, how they are to be chosen and when they are to meet.

Typical duties of the board include:

- Governing the organization by establishing broad policies and objectives.
- Selecting, appointing, supporting and reviewing the performance of the Chief Executive.
- Ensuring the availability of adequate financial resources.
- Approving annual budgets.
- Setting salaries and the compensation of staff.

In the beginning, your board or leadership team may be acting as volunteers, facilitators and chairpersons for all events. They will edit the newsletter, answer the phone and manage fundraising efforts. As a group, they may do most of the work and make all of the decisions. As the organization grows, it will likely need to reorganize, establish leadership teams and hire part-time staff so that board members do not need to oversee the minute details of the organization.

8.1.2 LEADERSHIP TEAM

As a second level just below the board, under a coordinator or board director, leadership teams of volunteers can be organized to assist facilitators in teams of two or three at monthly meetings. It is always a good policy to have more than one volunteer at every meeting. When there are three on the team and one goes on vacation, becomes ill or is unable to attend a meeting, there is still adequate coverage.

Each leadership team member should sign a Leadership Agreement (see sample in the Appendix), attend training sessions and be accountable to the designated coordinator or board member. The coordinator should contact Leadership Team members regularly, provide them with handouts for the meetings and review and tabulate their sign-in sheets. Events are usually managed by a committee or team headed by a board member.

For an organization to develop, grow and be sustainable, it is wise to have several layers of responsibility.

8.1.3 VOLUNTEERS

Most nonprofit organizations are started and managed by a body of dedicated volunteers. These volunteers work together with a committee or board of directors and the person who coordinates activities. When the organization grows beyond this structure, it is helpful to establish an official Volunteer Coordinator position to assist with the management of volunteer activities. Volunteer positions can be announced on the website, through social media, through word of mouth and in the newsletter.

Volunteering can be a means of giving back and can be healing for survivors. Volunteers are very important and most nonprofit organizations could not function without them. Remind the readers of your newsletter of your need for volunteers.

There are many ways a volunteer can make a meaningful contribution. A Volunteer Application can be used to obtain important detailed information about a volunteer's skill set and interests, which can help in matching them up with jobs or tasks. A personal interview can assist in assessing the compatibility of a prospective volunteer with the duties and the organization. It is important to keep in mind that there is a time period when survivors may not be suitable for volunteering due to the demands of their grieving process (see the Appendix for a sample copy of this application).

When trying to match skills with duties, it is a good idea to have volunteers start out with simple tasks to see if they arrive on time and complete their assignments properly or if it is too soon after their loss for them to volunteer.

In addition to the various volunteer positions mentioned elsewhere, here are some additional tasks volunteers might perform in the office or in their homes:

- Assembling new-family packets
- Shredding papers that contain sensitive information
- Word processing for newsletter articles
- Folding and labeling newsletters
- Writing thank-you notes
- Addressing envelopes for special mailings or appeals
- Fundraising activities
- Hosting exhibit tables at community events

Ways to communicate and coordinate with volunteers include email, social media such as Facebook and Twitter, the telephone and the newsletter.

Volunteers are a valuable resource and deserve appreciation. Institute some ways to show your volunteers that the organization is very appreciative of their generosity of time, energy and skills. Send them handwritten thank-you notes from time to time, remember their birthdays, give them small thank-you mementoes such as ceramic hearts, special coffee mugs and so on. And consider hosting an "Afternoon of Gratitude" with awards and prizes to honor them.

8.1.4 PAID STAFF

Paid staff is a tremendous help when an organization grows beyond the limits of an all-volunteer group. However, paid staff requires funding. Be sure to create a well-defined job description before you advertise an open position in your newsletter or elsewhere.

Remind your readership of your need for volunteers.

It takes a special person to work for an organization that consistently interacts with a sensitive group such as survivors of suicide. While the office should strive to be a happy, relaxed place, the people in it must always be mindful of the seriousness of the issues they share with callers.

8.2 STRUCTURING YOUR ORGANIZATION

There are five main ways to structure an SBSG. They are:

1. As an unincorporated group
2. As an additional meeting of a nearby SBSG
3. As sponsored by another nonprofit organization
4. As a chapter of another nonprofit organization
5. As a new nonprofit corporation

Each of these structures has its own plusses and minuses and they become more complex and time consuming to establish as you go down the list. But complexity isn't all bad; that very complexity can become a major factor in making your organization sustainable. Before making final decisions about your legal structure, review this chapter. Some structures require more work than others to establish but allow for more freedom of action, while others are easier to set up but limit your choices.

8.2.1 UNINCORPORATED GROUP

There isn't anything you need to do to form an unincorporated group except meet. A group may meet for a particular project, such as reading books or sharing a hobby. Thus it is the easiest entity to form but also one of the least sustainable, with many legal risks for its members.

While an unincorporated group may have a set of rules that the members of the group agree to, it doesn't have a set of bylaws or governing documents. Nothing is legally enforceable and the group can't really own any property in its name. However, individual members are legally liable for any problems with the group. Thus, if someone were to be injured at a meeting of an unincorporated group, individual members' assets could be used to satisfy a claim. Members could lose their homes because of something the group did, even if those members were not responsible.

Unincorporated groups are usually not sustainable except for small ones organized around one simple activity such as playing bridge or exercising, and their existence may depend on the availability of the original members. If someone were to move away or no longer be able to meet, the group could easily disband. Unincorporated groups have an additional challenge if they try to raise money. Most groups that last any length of time eventually become some type of legally incorporated entity, specifically to avoid the liability issue.

Because of the liability problem we do not recommend the unincorporated group structure except at the very beginning while you are gathering a team and making initial decisions about how to create a sustainable SBSG.

8.2.2 ADDITIONAL MEETING OF A NEARBY SBSG

If you are within a couple of hours of another well-established SBSG, contact that organization to discuss the possibility of joining their program. Perhaps they may be willing to extend their outreach and work with you to establish a meeting for survivors in your underserved area if there are people willing and able to host, facilitate and attend such a meeting.

This SBSG may already have materials developed for use at meetings—including various printed forms and a lending library.

Organizing an SBSG by region may ultimately create a stronger and more sustainable program.

They may even agree to help you with training. Much of the work of maintaining a sustainable group, such as creating a database of members and publishing a newsletter, would probably be handled by the established SBSG. Their newsletter would advertise your meetings, and they may also be able to offer you liability insurance coverage.

Collaboration is often an advantage. Oregon has just one SBSG organization and newsletter, but it has meetings in several different locations across the state. Organizing by state or region may ultimately create a stronger and more sustainable program.

8.2.3 SPONSORED BY ANOTHER NONPROFIT ORGANIZATION

When considering the legal structure of your group, one way to avoid the potential problems and work of creating a new nonprofit corporation is to place your group under the umbrella of an existing nonprofit organization. This may be advantageous when your group is new and resources are limited, since it would allow the group to be fully functional even before it seeks legal status and governance.

To consider this structure you would need to find an existing charitable nonprofit that would allow your group to function under its corporate nonprofit status. Such a sponsor might be an organization that supports your mission, such as a grief center, hospital, crisis line or community health organization. Be sure the organization you are approaching is actually a charitable nonprofit and is well established. Search the online California Attorney General's Charity Research Tool at:

<http://oag.ca.gov/charities/forms>

to find out if an organization is nonprofit and sound. When an appropriate organization is found, approach its Community Services Coordinator or the person identified as its public contact representative. Make an appointment for a meeting to present a short, written summary of your group's goals, your mission statement, a community needs assessment and brief biographies of the persons involved (see Section 2.5 "Community Readiness—Assessing the Need" for more information).

Not all charitable nonprofits are legally able to sponsor other groups. If the first organization you approach is unable to help, ask them to suggest other groups you might approach. Should an organization be found that is interested in your proposal, the project will probably need to be approved by its board of directors and a presentation to this board may be required. If board members ask difficult questions, this indicates that your proposal is being taken seriously and given deep consideration. The purpose of this process should be to make sure that the endeavor is a "good fit" for both organizations.

The next step would be to work out a written agreement specifying the role each organization would play. In the draft agreement be sure that:

- Your group could later separate but still keep its name.
- Donations to your group would remain your property, although the sponsoring organization might require a small percentage for overhead and processing. Donations for your group would be specified for your group but made to the sponsoring organization. This is called "a restricted donation."
- Your group would be allowed to operate independently within the sponsoring organization's guidelines and would be led by your own operating committee. This committee might later become your group's board of directors once the organization has become large enough to separate and create its own nonprofit corporation.
- Your group's resources, such as equipment, logo, database and intellectual property would remain its property after a separation.
- Your group would be covered under the sponsoring organization's liability insurance policy, although premium contributions from your group might be required.

Working under the umbrella of a good, well-run, existing charitable nonprofit organization can not only save you time in getting your group up and running but can provide valuable training and operational support. That is the structure for the SBSG organization HEARTBEAT, based in Colorado.

8.2.4 CHAPTER OF ANOTHER NONPROFIT ORGANIZATION

Another option is to become a chapter of an existing national SBSG organization with an IRS group exemption. This group exemption allows that organization to extend its charitable status to other corporations. The exact process and requirements for this are different for different organizations.

Since your chapter would be a separate entity, state incorporation would be required (see Section 8.2.5. “Separate Nonprofit Corporation”). Once the process of becoming a state corporation is complete, the process for becoming a chapter of the national nonprofit can begin and you would not have to go through the process of becoming a nonprofit charity. The national organization can grant your corporation charity status and provide you with an Employer Identification Number (much like a Social Security number, but for a corporation).

As a separate corporation, your chapter would have the right to own property and raise funds, and your board of directors would be responsible for managing the corporation, usually within some guidelines of the national organization. You would be able almost immediately to accept tax-deductible donations, apply for grants, apply for bulk mailing privileges and become an affiliate of United Way.

The advantages of not having to go through the process of becoming a charitable organization under IRS code section 501(c)(3) cannot be overstated. Of all the tasks involved in creating an organization, this process may be the most difficult and time consuming. One should balance the freedom of being a completely separate group against the minimal restrictions associated with becoming a chapter of another nonprofit corporation.

8.2.5 SEPARATE NONPROFIT CORPORATION

Your group can create a completely new and separate organization to provide an SBSG for your area. Your organization would have complete control over everything from creating its name and logo to deciding how the organization should be structured. The nonprofit corporation status contributes to your sustainability by increasing your fundraising opportunities, lowering some of your costs and enhancing visibility in your community. You might consider consultation with a legal firm to ensure that you have filed all the necessary paperwork. This can be a daunting exercise but nonprofit status does have considerable advantages, and is one of the best strategies for long term sustainability.

Here are some of the advantages and disadvantages of setting up a nonprofit corporation:

Advantages

- Independence
- Protection from liability
- Exemptions from taxes
- Donations deductible by donor
- Corporation exists in perpetuity
- Nonprofit bulk mailing at reduced rates

Working under the umbrella of a good, well run, existing charitable nonprofit can save time and may also provide training and operational support.

As a separate nonprofit, your organization will have complete control over everything from creating its name and logo to deciding how the organization is structured.

Disadvantages

- Administrative tasks of setting up and maintaining a separately constituted entity
- Becoming familiar with various terms, forms, procedures and agencies: Secretary of State, Articles of Incorporation, board of directors, minutes of meetings, corporate officers, bylaws, Form 1023, Form 990, Attorney General, tax ID number, annual report, tax exemption, etc.
- Being subject to a certain degree of public scrutiny
- Restriction of assets upon dissolution
- The need to remain apolitical

There are a number of steps necessary to set up a corporation with the State of California. You will need to become familiar with these steps to keep the corporation in compliance with the various state agencies it must report to annually. There is an information and compliance website at <http://c3compliance.net> that explains these steps in detail.

The following is brief overview of what's involved. For more detail, visit www.nprcenter.org/starting-nonprofit. In some instances, there are filing fees associated with these steps.

Basic steps to becoming a nonprofit corporation:

1. Check name availability: <http://kepler.sos.ca.gov/>.

Select several possible names for your new organization. Then access the California Secretary of State's database of corporations to see if the name is already in use. Other restrictions on a corporate name include: it must be clearly distinguishable from the name of an existing active California corporation or of an out-of-state corporation registered to do business in California.

2. Reserve corporate name: www.sos.ca.gov/business/corp/pdf/naavreservform.pdf.

Although this step is not absolutely required, completing it acts as a kind of insurance that your Articles of Incorporation will not be rejected because your chosen corporate name was unavailable. The purpose is to "lock in" the chosen corporate name for your use for 60 calendar days or until you incorporate, whichever comes first.

3. Generate Articles of Incorporation:

The Articles of Incorporation are called the principal "organizing document" of your corporation. It is through the filing of this document that your corporation comes into being. The Articles are filed with the Secretary of State and, therefore, must satisfy state requirements but must also include language that satisfies IRS requirements for tax exemption.

4. File Articles of Incorporation: www.sos.ca.gov/business/contact.htm.

As a filed document: (1) the Articles of Incorporation are not valid unless and until they are filed, approved and stamped, and (2) any changes to them must go through the identical filing process (called "Certificate of Amendment") to truly effect a change. You must provide four copies of these Articles to file with the State of California, two of which will be returned to you. These are the crucial documents of your organization so store them in a safe place.

5. Formulate bylaws.

An organization's bylaws contain information about its internal administration. California statutes specify just one requirement, that the document indicate the number of directors on your board.

Consider obtaining legal counsel for the process of state incorporation.

An organization's bylaws contain information about its internal administration.

Traditionally, your bylaws contain information on the following issues:

- The purpose(s) of the organization
- The number of directors that constitute your board
- The directors' terms of office
- The schedule of board meetings
- A description of the officers' duties
- Whether or not you have voting members separate from the board
- The percentage of votes required to amend your articles or bylaws
- The dates of the fiscal year of the corporation
- A conflict-of-interest policy statement

Be sure to take advantage of the provision for a variable number of board members, since it will save you from having to amend your bylaws if the number of board members changes. Remember that the bylaws are an internal document, not a document that is filed formally or reviewed, so draft your bylaws according to the needs of your organization.

- 6. File Statement of Information (Form SI-100):** You can file online at <https://businessfilings.sos.ca.gov/> or find out about filing by mail at www.sos.ca.gov/business/corp/pdf/so/corp_so100.pdf.

The purpose of the Statement of Information is to communicate basic information to the Secretary of State and is due within 90 days of your organization's incorporation date, and every 2 years thereafter. It is recommended to file online since mail processing time can be from 3 to 4 months.

- 7. Set up your nonprofit with the IRS.** Generate IRS Tax Exemption Application (Form 1023)

Phone: 877-829-5500 or <http://apps.irs.gov/app/picklist/list/formsPublications.html>

The toll-free phone number is a valuable resource if you need help in completing your application or if you have questions regarding IRS regulations. To access detailed information on how to fill out this application, refer to resources online or seek legal counsel.

The narrative that accompanies Form 1023 is the real crux of your application. Here are some suggestions to help you create a strong narrative to ensure faster approval of your application:

- The suggested length is at least one page, and ideal length is two to three pages. There is no need to make the narrative longer than necessary.
- Be sure to use language that is easy to read, not overly technical.
- Using bullet points may be helpful. Lists allow you to organize and simplify the points you need to make.
- Use a "situational" format: "Here are the situations we encountered and here are our solutions."
- Provide a scenario of what you hope to accomplish in the next year, then make projections for three years and five years.
- The IRS is very numbers-oriented. Provide numerical projections, such as: "In the first year we hope to hold n meetings in n cities and expect an average of n people to attend each meeting."
- Have a third party (who knows nothing of your plans) read your narrative and point out anything that may be unclear.
- After review and corrections, wait several days before reading it again and then making your final submission.

Create a strong narrative to ensure faster approval of your application.

8. Generate State Tax Exemption Application (Form 3500A).

Phone: 916-845-4171 or www.ftb.ca.gov/forms/search/index.aspx

This step is required to establish your tax-exempt status in the State of California. As a nonprofit corporation, you are not automatically exempt from state income tax. In fact, in California all corporations pay a minimum annual corporate tax, even if they show no profit, unless they establish their tax-exempt status.

9. Register with the Attorney General (Registry of Charitable Trusts) (Form CT-1): <http://ag.ca.gov/charities/forms>.

In California, a division of the Attorney General's office known as the Registry of Charitable Trusts has jurisdiction over all charitable and educational nonprofit organizations. Form CT-1's purpose is to register your organization with this division. Be sure that you are including all required documents with your submission.

CHAPTER 9

Evaluation and Outcomes

9. Evaluation and Outcomes

There are many survivors who will tell others how useful attending an SBSG has been in helping them cope with their grief. They will readily recommend support group attendance to newly bereaved survivors. In addition, peer support has been demonstrated to promote healing and recovery (Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury).

But alarmingly, from the perspective of established research, “Little is known about the effectiveness of suicide bereavement support groups in meeting any of the desired outcomes” (Cerel et al., 2009, p. 279). The lack of knowledge is important because there are hundreds of SBSGs in the United States utilizing a wide range of methods, run by facilitators who have had different types of training (including no training at all) and employing an array of approaches intended to help survivors cope with their grief. Yet, there is no proof of which facilitation methods or training are the most effective or which approaches to helping survivors are best for accomplishing the objectives of the organization.

Evaluation of program effectiveness is usually a relatively sophisticated and expensive endeavor carried out by specialists funded by a university, government agency or other established sources. This is currently not being done in any methodical way in the United States even though researchers have pointed out how important evaluation is in establishing peer support in a group setting as an evidence-based practice for helping survivors.

From a practical perspective, what should the leadership of an SBSG know and do about evaluation? First of all, there are straightforward approaches to implementing some basic evaluation practices that merit consideration. In addition, incorporating evaluation into the work being done in SBSGs can be immediately helpful to leadership/facilitators and to the survivors being served.

Regardless of whether a group’s approach to evaluation is simple or complex, whether a professional evaluator or the leadership of the organization handles it, evaluation results need to be put to good use.

Some specific questions that might be answered are:

- Are survivors coping with their grief more effectively because of their participation in the program?
- Are some people benefiting from group attendance more than others?
- Are some services more helpful to some survivors than to others?
- Are some facilitation methods more helpful to some survivors than to others?
- What percentage of newly bereaved survivors in the community is attending support groups?
- Are more women attending meetings than men (or is some other demographic group over or under-represented)?
- Do survivors benefit more if the meetings are held more frequently?
- Do survivors want more follow-up activities in-between meetings (and if so, what kind of activities)?
- Do people who need a referral for other assistance receive one that truly helps?
- Who is referring survivors to the organization?
- Does the community know about the services of the SBSG?

Finding the answers to such questions is ultimately the reason why evaluation is such an important matter. It is the responsibility of the leadership whose goal is to provide an effective SBSG to learn the answers to questions that are most pertinent to their particular group’s situation and to apply what they learn to program planning, quality improvement and sustainability of the group’s operations on behalf of the people being served.

Evaluation of processes and results obtained can effectively focus and guide leadership in correcting weaknesses in structure and operation. In addition, the SBSG organization will gain insight and awareness regarding current survivors and their needs, as well future trends in their communities. Thus a measure of SBSG success can be obtained to justify the funds needed now and in the future.

If the leadership of an SBSG is interested in tackling the challenge of evaluation using a prefabricated model, then a tool such as the “Community-Based Project Evaluation Guide,” developed by the University of Arizona (free download at bit.ly/evaluationguide), provides guidance to help with working through the process. The guide is based on a five-tiered approach to program evaluation (program definition, accountability, understanding and refining, progress toward objectives and program impact).

Evaluation of processes and results obtained can effectively focus and guide leadership.

The basic five parts are a starting place for leadership to assess and improve their individual program and to position themselves to contribute to the larger knowledge base that is needed to establish the SBSG as an evidence-based practice. Beyond the basics, there are a number of excellent resources that leadership and stakeholders can use to increase their familiarity with evaluation. One place to find more information is “A Framework for Program Evaluation: A Gateway to Tools,” which is based on the Centers for Disease Control’s evaluation framework (free online from the University of Kansas Community Toolbox at bit.ly/ctb-evaluation). Another excellent source of additional information is the Suicide Prevention Resource Center’s (www.sprc.org) “Evaluation Resources” handout (free download at bit.ly/sprc-evaluation).

Another resource that provides comprehensive guidance is the “Guide to Performance Measurement and Program Evaluation,” developed by the Office for Victims of Crimes (free online from the U.S. Department of Justice at <https://www.ovcttac.gov/views/resources/dsppperformancemeasurement.cfm>), which includes a number of appendices containing basic instructions and generic templates to design an evaluation.

References

Cerel, J., Padgett, J., Conwell, Y., & Reed, G. (2009). *A call for research: The need to better understand the impact of support groups for suicide survivors.* *Suicide and Life-Threatening Behavior.* 39(3).

Lifeline Australia (2009). *Practice handbook: Suicide bereavement support group facilitation.* Canberra, Australia. (The example on pp. 89–91 is from Jesuit Social Services. The complete handbook is available as a free download at bit.ly/sbsg-handbook.)

Money, N., M. Moore, D. Brown, K. Kasper, J. Roeder, P. Bartone, M. Bates. (2011). *Best practices identified for peer support programs.* Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. Arlington, VA. Available at http://www.dcoe.health.mil/Content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf

SPAN USA (2001). *Suicide prevention: Prevention effectiveness and evaluation.* Washington, DC. Available at <http://www.sprc.org/sites/sprc.org/files/library/prevtoolkit.pdf>

CHAPTER 10

Training

10 Training

10.1 TELEPHONE TRAINING

Many survivors make their first contact with a support group by telephone while searching for information, understanding and support. How these conversations are handled is vitally important and phone training is critical. The conversations need to be positive and productive for both the survivor and the organization. Unlike business calls, they are very sensitive and personal.

We'll start by discussing basic telephone attitudes and skills before dealing with the specifics of answering a survivor phone call. To explain a couple of abbreviations used throughout this chapter, note that:

- The system is referred to as bereavement phone support (BPS).
- The person who answers the telephone is called a peer telephone counselor (PTC). The word counselor here does not mean “licensed professional” but “advisor.”

Although lengthy, the following information can be used as in-house instruction for your volunteers and/or paid staff.

10.1.1 INTERACTING WITH THE BEREAVED ON THE TELEPHONE

A telephone conversation with a recently bereaved person (who may be traumatized or in crisis) requires considerable skill, training and sensitivity to make sure that the caller gets the most effective care possible. This section discusses telephone skills such as active listening, assessment of need and providing empathy. This is important because of the unique nature of postvention via telephone and the importance of making an adequate assessment of what is needed when talking to a person who may be in crisis.

When working with someone on the telephone, communication is totally verbal. This may seem obvious, but a common shortcoming of phone support is that a PTC can become too passive and unresponsive. Interaction on the phone involves only what is audible, unlike face-to-face interaction where body language and facial expression play an important part.

The role of a trained volunteer PTC is to function as a peer support person to the caller. It is important for callers to feel that the PTC is someone who can understand and help them. Active listening skills by PTCs are necessary to accomplish this and to give the caller audible feedback. These skills include asking questions, reflecting the caller's feelings, encouragement, attentive silence, using the right tone of voice and staying focused.

10.1.2 THE NATURE OF QUESTIONS

The forming and use of questions in conversation will vary according to the amount of time available and the emotional intensity and personality of the caller. It is important for a PTC to remember that questions, when used correctly, demonstrate both interest and involvement.

PTCs are the most effective when they sense what type of question to ask. A closed-ended question (e.g., “how old was _____?”) is good for gathering information (age, location, date of loss, etc.) while an open-ended question (“How did you feel when _____?”) is more effective when the focus is on the emotional content of the situation. That's because an open-ended question helps the caller feel understood in an emotional context instead of just being a person giving information.

Questions can bring clarity to a discussion and encourage callers to talk about things they would never bring up on their own. When asked an open-ended question, the caller directs their response, thus keeping control of the conversation. The PTCs role is not to determine what to explore but to help the caller express the feelings associated with the crisis.

More examples of open-ended questions include:

- “What did it mean for you when...?”
- “How did you hear about...?”
- “How have you been getting along...?”

Closed-ended questions, on the other hand, usually elicit a “yes” or “no” response and are best used to get information or to clarify what the caller has said. When asking a closed-ended question, the PTC is the one directing the response.

More examples of closed-ended questions include:

- “Do you have someone to be with you?”
- “When did your loved one end his life?”
- “Are there any young children in the family?”

Both types of questions should be asked slowly to allow the caller time to think and respond. Questions should provide structure to the conversation and address the emotional content of the call. Suggested dialogue is included in various segments of this training exercise. (A worksheet of questions and suggested dialogue is included in the Appendix.)

10.1.3 ADDITIONAL TELEPHONE TECHNIQUES

The following are suggestions for having effective, sensitive conversations with survivors over the phone.

Reflection of feelings

Reflecting the caller’s emotions is critical so the caller knows that the PTC understands what is being expressed. Often persons in crisis become emotionally overwhelmed and cannot identify what it is they’re feeling. When feelings intensify, thoughts may become confused, the ability to make decisions compromised and coping skills diminished. It may be useless for the PTC to ask what the caller is feeling. The only way a caller may be able to express emotion is through tone of voice and/or content, so it is important for the PTC to be able to pick up on and “reflect” these characteristics.

Limited encouragements

“Limited encouragements” are ways for the PTC to express interest in a conversation without interrupting the caller.

Here are some examples:

- “For example...?”
- “I hear you...”
- “Sure...”
- “Tell me more...”

Attentive silence

By letting silence occur, a PTC can encourage a caller to fill in conversational gaps. Attentive silence is best used after asking a question, since it gives the caller time to answer. It is important that PTCs listen to themselves as they speak and try to imagine how the caller is receiving them.

“Suicide can have a profound effect on people’s emotions, beliefs, behavior, health, and life.”

– Jill Marks, survivor, bereaved mother, psychologist

Tone of voice

It is important to use the best tone of voice possible when helping a person in crisis, as well as to consider exactly what that tone of voice is communicating. When helping a person in crisis, the PTCs tone of voice should communicate understanding, acceptance and competence. When someone is overwhelmed with loss and grief, speaking to them in a cheerful customer service tone is inappropriate. It is important for a PTC to learn to sense how the caller is responding. To learn about your own tone of voice, read aloud to yourself or others or listen to others speak on the radio. If your voice communicates a sense of calm and understanding, the caller will find it soothing.

“The objective is to establish a caring and supportive communication.”

The technique of focusing

After determining the actual purpose of a call, the PTC should keep the conversation focused as much as possible in that specific direction. Focus is sometimes difficult for persons in crisis since they may be overwhelmed by many different feelings, thoughts and tasks. Focusing the call and caller, however, will make the conversation more productive and helpful.

10.1.4 ADDRESSING THE CLICHÉS OF GRIEF

There are many responses or clichés of grief that have nothing to do with grief after suicide and are not helpful to those experiencing that bereavement. In fact, some of those clichés are actually hurtful. Clichés are usually uttered from well-meaning ignorance—the speaker wants to help the grieving person feel better—but the result can be exactly the opposite. A caller may have been told some of these clichés and would probably welcome suggestions for how to respond to them. Obviously, PTCs themselves should never use clichés.

Here are examples of some inappropriate clichés of grief and how survivors may react to them:

- **“Time heals.”** Time can heal wounds but it’s what one does with the time that counts.
- **“All things work together for good.”** It is difficult to see any good in something as horrific as a death by suicide.
- **“There is a reason for everything.”** It is often impossible to find a rational reason for death by suicide.
- **“You have other children.”** When a child dies, other children cannot replace that loss. Each child is unique and the grief is unique.
- **“Your child or loved one is better off. They are not in pain any longer.”** A survivor may realize this but still miss the deceased tremendously.
- **“Count your blessings.”** Grief can be so overwhelming that no blessing could possibly compensate for it.
- **“You had so many wonderful years together.”** One wants more years and never dreamed of an ending like this.
- **“Think of your precious memories.”** The tragedy of the death often blocks out even the most precious memories.
- **“Keep your chin up.”** Sometimes a person feels so sad that it helps to cry.

10.1.5 NEEDS ASSESSMENT OF THE CALLER

A needs assessment is a way to get information from callers and find out what they really need. Do they need information for a friend or for themselves? Are there small children involved? Do they have someone they can talk to? Do they need referrals to other community resources?

It is somewhat common for survivors of a suicide death to experience thoughts of suicide themselves and to have intense feelings about it. Having these thoughts may be accompanied by feelings of shame, anger, depression and hopelessness. It is important to understand that these feelings and thoughts are a reflection of the intensity of a person's pain. It is possible to help a person at risk articulate or quantify the intensity of their emotional pain. This then becomes an expression of empathy for the caller.

A PTC should not attempt to argue someone out of suicide. Instead, let that person know that you care, that they are not alone, that suicidal feelings are temporary and that depression can be treated. Encourage them to call the crisis line: 1-800-273-TALK (8255).

Avoid the temptation to say, "You have so much to live for," or "Your suicide death would hurt your family."
Instead:

- Listen to their words.
- Tell them you are concerned.
- Ask if they are considering suicide, using the word deliberately.
- Ask if they have a particular plan or method of suicide in mind.
- Ask if they have a therapist or someone to talk to.
- Ask if they are taking care of their basic needs—eating, sleeping, taking their medications, etc.
- Explore what options they have—living with a friend, changing jobs, taking time off from work, starting an exercise plan, etc.
- Encourage them to seek professional help.
- Offer to call them back to check on how they are doing.

If after the call you are still concerned about the caller's risk of suicide, consult with your local crisis line to determine what next steps should be taken. And do make a follow-up call if you have promised to do so. A depressed person is usually very appreciative when someone cares enough to call back.

10.1.6 SUMMARY OF GENERAL GUIDELINES FOR PTCs

- Listening is a process of helpful communication. Listen and become involved in the flow and intensity of the caller's feelings.
- Speak slowly and clearly.
- Show an attitude of care, concern, acceptance, nonjudgment and compassion for the caller's personal situation. Set your own norms and values aside. For clarification of the events of the suicide or immediate crisis, ask questions that encourage the caller to share and verbalize the grief—but try not to question intrusively.
- Use active listening, the proper tone of voice and mood, and convey understanding by saying things like, "This is a very difficult time for you," or, "Coping with a suicide death is very traumatizing." Listen for the caller's own tone of voice or mood and respond with a statement of understanding. Say, "I realize that this is a very difficult time for you." Give the caller your undivided attention. If possible, eliminate any noise the caller might hear in the background of your call.
- Remember that the caller's feelings are real and that callers are important and should be encouraged to discuss their true grief experiences.
- When dealing with a caller's conflicting feelings, respond with, "This is a very confusing time for you, but that is normal for many of us." Often survivors are totally caught up in their grief; a comment like that can help them sort out their clashing feelings and relieve their anxiety.

- Grief is usually overwhelming. Focus the conversation on the caller's main concern.
- There is no one right solution for everyone. Always suggest that the caller make every effort to continue normal communications with family, friends, pastors, etc.
- If the caller is quite stressed or isolated, focus on the importance of self-care. Offer suggestions about what can be done today to minimize stress. For example, urge the caller to eat, drink fluids, shower, get dressed, open the drapes, take a walk to the corner and so on.
- Do not raise false hopes or give false encouragement. Avoid saying, "Everything will be better soon." Explain that grief is a long process but that the intensity lessens over time.
- Comment minimally about your own experience but do reveal that you have also experienced a suicide death.
- If you are unable to answer a question, let the caller know that you don't have the answer but you will call back.
- End the discussion with a helpful but simple plan of action. A caller may be too traumatized to take any sort of action. Help formulate a course of action, allowing choices and encouraging an acceptance of the realities and responsibilities those choices entail.
- As a PTC, you must take care of yourself too. As you relate to a grieving person you are grieving yourself. Find ways to express your grief outside of your BPS time. The entire PTC team and volunteer coordinator should be available to support one another (see Section 10.2.8 "Compassion Fatigue and Self-Care").

10.1.7 ROAD MAP FOR CALLS

ANSWER...each call in a calm, confident, professional manner: "Good morning. This is Jane at Help for Survivors. How may I help you?" This will confirm that the caller has reached the right organization and that a real person is available.

LISTEN...attentively. Grief wants and needs to be heard. Remember that everyone grieves in their own way, in their own time. Don't rush them.

SYMPATHIZE...Show concern and sorrow. A simple, "I'm so sorry," is appropriate and honest. Saying "This is a very tragic time for you and your family" helps to validate the enormity of the suicide death.

ACCEPT & NORMALIZE...Let the caller know that almost any human emotion is appropriate at this time. Feelings are neither right nor wrong. They just are. Statements such as: "Most of us have had to deal with these same issues," will help normalize the situation.

ENCOURAGE...Most callers are doing well considering what has happened. Tell them this! Encourage them to do what they feel comfortable doing. Offer ideas, not advice. If during the conversation they identify what they have been doing and are making positive and healthy choices, point that out, "It sounds as though you are making some positive choices." If they seem unusually stressed, suggest counseling in addition to a practical plan of self-care such as taking time to breathe deeply, taking one day at a time and spending time with people who are helpful.

EDUCATE...During the call, insert some brief basic information about suicide and grief such as "four out of five suicides are by men," or "there are _____(number of) suicides every year in our area." Small bits of information can help a caller feel less alone.

Additional suggestions—DO NOT:

- Dominate the conversation.
- Sit passively back and become an auditory sponge.
- Question intrusively with personal questions—callers will share what they feel comfortable sharing.
- Assume that you know what's best or give advice.
- Say "I know how you feel." You don't know how they feel.

- Add to their feelings of grief and guilt by pointing out things that should have been done differently.
- Be judgmental or argumentative. Don't dispute what they say.
- Tell them that this was God's will.
- Repeat horror stories about yourself or others. Callers have horror stories of their own and this is a breach of confidentiality.
- Let the call turn into an amateur therapy session.
- Set time limits, especially with your first contact (but keep perspective). Give them all the time they need. If you have previously established a rapport, then you may limit the time of a follow-up phone call.

10.1.8 SUGGESTED STEPS FOR SPECIFIC TYPES OF CALLS

Establish and maintain a phone log by date. Include the date of the call, the name of the caller, the caller's phone number, the reason for their call and your response. As part of a PTC training session, practice role-playing the following:

For initial calls:

1. Utilize the "New Family Profile" (NFP) form. Collect the information for the form from the conversation. Callers should not feel that you are grilling them (see the Appendix for a sample NFP form and worksheet).
2. Establish that there has indeed been a suicide death. "Who died by suicide?" "When did that happen?"
3. Express your condolences. "I am so sorry."
4. Allow adequate time and give your undivided attention so the caller can talk.
5. Assess their support system. Do they have the support of family and friends? Are they taking care of themselves? Are they functioning at a somewhat normal level (returning to work, etc.)? Ask, "Do you have family or good friends you can talk to and are they helpful?" Offer suggestions for coping (keep it simple). Suggest professional help if there is a history of depression, abuse or addiction. If they seem isolated, ask if they would like to talk with a "telephone friend" (a volunteer mentor).
6. Inform them of your services and organization: say "We have been providing our services since _____; we have all experienced a suicide death; our program is exclusively for those affected by a suicide death; we provide a monthly newsletter, meetings, a lending library," etc. Then ask, "May I send you our packet with our newsletter, suggestions on coping and more information to acquaint you with our services?" If a mother or father calls, ask for the spouse's name. This may encourage both parents to read the newsletter.
7. Determine whether or not you have received the necessary information so you can fill out the NFP form completely.
8. Ask, "How did you find us?"
9. Close with an appropriate comment such as, "I look forward to meeting you in person at one of our meetings."

For follow-up calls:

1. Introduce yourself and your organization. Ask, "Do you have a few moments to talk?" Or, "Is there a better time for me to call you?"
2. Give a reason for the call with an appropriate opening statement.
 - (a) For follow-up after sending an initial packet: "Did you receive the packet we sent you? Was it helpful? What questions do you have?" Encourage attendance at a meeting.
 - (b) For a friendly follow-up by a telephone friend/mentor (to someone assessed as having a limited support system): "We have a phone committee or mentor friend program that can keep in touch with you on a regular basis. Do you think that might be helpful?"

- (c) Regarding anniversary or birthday time: “We know that this is a difficult time for you. Do you have plans for honoring the birthday or anniversary of the death of your son John?” Be personal. Use the name of the deceased.
- (d) For follow-up after someone attends a first meeting: “You attended our recent meeting. Was it helpful? What questions do you have? How can we help?” Every meeting is different, so encourage attendance to at least three meetings.
- (e) To update the mailing list: “We have some returned mail. We may have made an error. What is your correct mailing address?” Encourage conversation to establish a caring rapport.

10.2 FACILITATOR TRAINING

10.2.1 TRAINING, RESOURCES AND STRUCTURE

Before you actively begin promoting a group in your area, you should complete some minimal training and agree to continue ongoing training. Ongoing training ensures that information on “best practices,” problem solving for difficult situations and educational materials are readily available.

There are several different ways to obtain facilitator training. The American Foundation for Suicide Prevention sponsors training for facilitators (see www.AFSP.org and “Online Resources” in the Appendix). There may be training available in your community given by therapists who conduct other types of support groups. Do you have a mental health center, a hospice program with bereavement support, a nonprofit resource center or a grief center in your area? They may have information and training available, and perhaps may be willing to conduct the training for your organization.

The following subsections suggest guidelines for in-house training of facilitators.

Suggested initial in-house training involves one four-hour evening session plus one all-day (eight-hour) intensive session. These sessions provide the basic information a potential facilitator needs to effectively facilitate a group and address the issues covered in some of the sections of this guide (e.g., “How to Conduct a Group Process,” “Ethical Issues” and “Compassion Fatigue and Self-Care”). Time should be built into this 1.5-day training for questions and answers, role playing of difficult situations and feedback by the volunteer to the trainer to see if additional training is needed.

Quarterly training sessions might focus on specific topics that would be educational and refreshing for volunteers. Time should be set aside in those sessions for any debriefing, questions and problem-solving practice the volunteer requires.

10.2.2 ROLE OF A FACILITATOR

Facilitators are usually trained volunteers and peer survivors who, regardless of their backgrounds, are not acting as therapists or trying to do so. They are in a position to suggest professional resources, if necessary, not to replace them.

An SBSG meeting will ideally have two volunteers who become a team of co-facilitators. They set out the rules and objectives for a meeting, take turns in planning the themes, offer support to a group member who may need to leave the group while the other facilitator remains, provide support to one another after meetings and “problem solve” issues that come up in the group.

Facilitators are most often trained volunteers and peer survivors.

Facilitating:

- Is about listening and supporting another person in pain and allowing them to express their pain without evaluation or judgment. It is not about minimizing or fixing it.
- Is about sharing sadness and grief with another person, again not about fixing it.
- Is about listening to the struggles of others, not about judging or directing those struggles.
- Is about walking with another, not leading or following them.

- Means respectfully allowing silence, not adding to or finishing somebody else's thoughts or sentences.
- Is about learning from others, not about teaching.

A facilitator should have an empathetic approach—the ability to step into another's shoes. However, one can never say to another, "I know how you feel." However, as someone who has also been bereaved by suicide, a facilitator could say, "I have an idea of how you feel." "This has happened to me." Or "I'm so sorry for your pain."

In meetings, a facilitator may hear about horrific tragedies. For example, some people kill themselves when battling illness. Sometimes that illness is HIV. Perhaps HIV was contracted from drug use and the facilitator is extremely opposed to the use of drugs. If facilitators are unable to overcome their own attitudes and prejudices, they may not show the proper respect and empathy when they hear how somebody's friend or loved one died.

A facilitator must show respect for another's suffering and pain.

You were helped out of your grief and now want to give back.

10.2.3 WHAT MAKES A GOOD FACILITATOR?

First and foremost, the facilitator of a peer-led SBSG must have experienced after-suicide bereavement first hand. Secondly, it is critical that facilitators have addressed their own loss. They should not offer their services as facilitators until at least 9 months into their grief. Some bereavement specialists, such as Barbara Rubel, author of *The Support Group Guide*, suggest that a potential facilitator wait at least 14 months. Some organizations have a 2-year waiting period. The protocol varies.

If you are interested in becoming a facilitator for an SBSG, ask yourself if you are really ready and exactly why you want to become a facilitator. Do an assessment of yourself and be totally honest (see Chapter 1 "Decisions and Readiness"). If you are hoping to promote your own belief system or feel that you have a cornerstone on grief, then it may be best to wait and talk about it with a therapist or friend. If, however, your motivation is to help others because you, yourself, were helped out of your grief and now want to give back, or if your community has nothing like this and you feel it is needed, facilitating might be a good fit.

If you have a passion to help others, facilitating will allow you to develop and exercise that desire. You must also be willing to step into a place of discomfort when others are sharing their innermost feelings and not flee when a discussion becomes intense (use the "Quick Assessment" test in the Appendix to determine your readiness to become an effective group facilitator.)

10.2.4 HOW TO CONDUCT A GROUP PROCESS

A support meeting should start with the facilitator(s) welcoming the attendees, basic housekeeping chores (such as telling attendees where the bathrooms and refreshments are and encouraging them to use the lending library), announcing future events and activities and reading the guidelines for discussion (as detailed in Section 4.3.6). This is to reassure attendees that they do not have to speak unless they want to. Comments and discussion are encouraged. The facilitator then begins introductions around the room, summarizes the introductions with an encouraging comment and then introduces the speaker or selected topic for discussion. This topic, whether by speaker's choice or leadership team decision, should focus on one particular aspect of grief. At the conclusion of the discussion a closing statement, poem or comments will help to end the meeting on a hopeful note.

It is most important to avoid "vicarious traumatization." This happens when an attendee shares lengthy and graphic details of their individual experience with suicide, which can traumatize others who have already been traumatized by their own experience. Excessive detail will overwhelm the group and make attendees not want to come back. The following scenario can best explain this.

A new member, Jane, joins a group. She explains that her husband of 35 years could not manage his pain. She tried to get help and they went from doctor to doctor. One day while Jane slipped out to the store, her husband went out to the garage and shot himself. Jane found him when she returned. She describes, in graphic detail, what it was like to find her husband shot, see the blood, have to call 9-1-1, and think how it was all her fault, that if only she'd stayed and so on. She's weeping throughout her explanation and other group members are crying too.

What is your reaction as you read this? Has your breathing changed? Is your neck tense? Do you feel teary-eyed? Are you remembering your own suicide experience? The very act of someone describing such a scene has the effect of traumatizing you, the reader, just as it would a facilitator and group. For this reason the group process should not include survivors telling their entire stories. Sharing parts of a story (or a brief incident) is preferable.

“Vicarious traumatization” can result in:

- **Physical changes:** Rapid heart rate or shallow breathing
- **Emotional changes:** Tearing up or feeling angry
- **Mental changes:** Flashbacks to one's own suicide experience or a desire to flee the situation or meeting

*Talk less, listen more.
Cherish silence.*

As we said, attendees should not tell their detailed stories at a group meeting; they can do that when they first contact your organization. Facilitators can have one-on-one conversations away from the group or consider referring the survivor to a professional for help. A facilitator's primary focus should be on quality of care for the entire group.

The following are some specific suggestions on how to keep a meeting running smoothly:

- Briefly discuss your own loss for the purpose of group cohesion and understanding. Model the type of description you want attendees to make—that is without excessive detail. Remember that your own support needs are to be met outside the group. The emphasis should be on talking less and listening more. The facilitator is not the expert; the group is the expert.
- Strive to keep the group moving forward conversationally but keep the focus on the designated topic of the evening. Periodically summarize key points if the group meanders off topic.
- Maintain flexibility so individual concerns are recognized.
- Work with your co-facilitator during the meeting. Alert each other to individual difficulties or if you need a break.
- Avoid “yes-or-no” questions. Instead, ask open-ended “how” or “what” questions.
- Use generalizing and summarizing skills. After someone has shared, summarize what was said and ask the group, “Has anyone else experienced something like this?” In this way, you indicate that the entire group is welcome to share.
- Do not single anyone out or point out who has not shared. Everyone has a right to remain silent. If someone is clearly connecting with something being said, but remains quiet, make contact with that person after the meeting and say something like, “I noticed that when Sam spoke about his son's death, you had a strong reaction. Would you like to talk about that?” Sometimes anxiety, grief, sadness or even shyness can prevent individuals from sharing in a group.
- Cherish silence. In quiet moments people often connect the dots and emotions come bubbling to the surface.
- Use your own authentic emotional reactions to identify with the group process. If you are feeling particularly sad or affected by what a group member has said, mention it and generalize it. “That really stirred a lot of sadness in me. Did anyone else have the same reaction?” This demonstrates appropriate grief and invites group members to connect to their own intense feelings.

- Do not be afraid to use humor and laugh. Group members often need to feel that they have permission to smile, laugh and experience a range of feelings again. It can also release some built-up tension.
- Have a referral list of professionals in the mental health field available. If a group member shares that they are feeling suicidal, you could also give them the number of the National Suicide Prevention Lifeline: **1-800-273-8255 (TALK)**.

10.2.5 DEALING WITH DIFFICULT GROUP MEMBERS

Survivors attending meetings are very considerate of one another. No group is totally without its difficult members but it is uncommon. A skilled facilitator can learn how to handle most uncomfortable situations by validating a difficult person when they exhibit positive behavior, interrupting any potentially damaging message they are sending and getting the flow of the discussion back on track (see Section 4.3.6 “Guidelines for Meetings”—these opening statements offer suggested rules for meetings which, when communicated to the group, may prevent difficult situations).

However, there may be participants like these from time to time, so the following are some suggestions on how to handle them:

The Monopolizer (the most common)

The monopolizer dominates the discussion, taking up a disproportionate amount of the group’s time. If someone has a pressing issue or is new to the group, it may be acceptable to focus on them for one session; to keep successive meetings from being similarly dominated, however, you could:

- Open up the discussion. The facilitator must indicate that everyone’s story, opinion and words are of equal value and that everyone is entitled to adequate time to share. A simple statement such as “Let’s hear what others in the group have to say” or “Can someone who hasn’t shared tonight relate to what Mary is saying?” are ways to redirect the monopolizer.
- Offer some preventative medicine before each session with a statement such as, “Everyone is invited to share and we ask that no one individual dominate the group.”
- Be direct. When all else fails, it may be necessary to say something like, “Bill, we appreciate your input, but we need to hear from others in the group at this time.”
- If the person continues to monopolize, a phone call or one-to-one conversation after the meeting is important for the well being of the group. If you are hesitant, remember that you are doing this for the integrity of the group.

The Interrupter

The interrupter has trouble allowing others to finish a story and may even interrupt productive silence. You can remedy this situation in several ways:

- Ask the interrupter to wait a minute; remind them that someone else has the floor.
- Once the original speaker finishes, return to the interrupter and validate them by saying something like, “Maurice, it feels like you could really relate to what Louise was saying.”
- Give direction and instruction such as, “Maurice, please wait until Louise is finished and then we’d like to hear your thoughts about that.” By doing this you are not disciplining or shaming anyone but offering corrective instruction to change behavior. If the problem continues, approach the interrupter in private.

There is nothing as distracting as two members having a private conversation while the group is discussing an issue.

The Sidebar Communicator (somewhat common)

There is nothing as distracting as two members having a private conversation while the group is discussing an issue or a speaker is presenting.

- Your opening statement may cover this problem.
- Try telling group members that it is difficult to hear the speaker when there are other conversations going on. This will usually suffice.
- If the problem continues, it may be necessary to speak individually with the group member(s) after the meeting to see if something triggered their grief or they felt a need to share but could not do so in the larger group.

The Advice Giver

The advice giver may say, “You know what you need to do?” “Here’s your problem,” or “Don’t do that!” The facilitator should remind the group that while we all have something in common, each of us is unique and what works for one may not work for another.

The Minimizer

An attendee should not be allowed to compare experiences, stories or tragedies that minimize or maximize the suffering of others.

The Proselytizer

When an attendee focuses group attention on his beliefs about religion, coping styles and so on, the facilitator should ask the proselytizer to couch suggestions in terms of, “Here’s what works for me” or “I’ve found this to be helpful.” This can support an idea without implying that a particular thought, creed or religion is the only answer. Should this continue, remind the proselytizer that the group is a place of safety and equality and does not endorse any one particular belief system.

By protecting the group process with the use of effective tools for handling potential problem behaviors, the facilitator is unlikely to be “blind-sided” when emotional issues arise, conflict occurs or group members engage in potentially damaging and unsupportive behaviors.

10.2.6 MEETING PREPARATION AND FOLLOW-UP ACTIVITIES

It is helpful if facilitators can enlist other volunteer survivors to help with various duties related to meetings such as acting as greeters, bringing refreshments and setting up the room.

Here are some extra tasks that can be done to ensure a fine-tuned support group meeting: preparing handouts related to the topic, getting a guest speaker, providing delicious snacks, a flowery centerpiece or a dedication table.

The following list of tasks can be ongoing during a meeting. The list also includes some other activities a facilitator or volunteer may be called on to do:

- Co-plan the monthly meeting with the co-facilitator. Choose the topic or invite a guest speaker.
- Be sensitive to the diversity of group members with respect to age, culture, physical condition, religious practice and sexual orientation.
- Set up the lending library, encourage group members to utilize books and remind those who have outstanding books to return them.
- Have a sign-in sheet on a table and advise members, even returning ones, to sign in with their full address and phone number.
- Encourage members to donate through an “in loving memory” gift; remind them that the group is nonprofit and every dollar helps.

- Introduce educational materials and/or introduce the speaker for the meeting's topic.
- Follow up with new contacts to make sure they are receiving the newsletter.
- Remind group members of upcoming monthly meetings via phone call or email three or four days before the meeting.
- Answer calls from the community, listen empathetically and record the caller's address, phone number and email address (see Section 10.1 "Telephone Training").
- Provide group members with crisis numbers and counseling referrals.
- Encourage group members to exchange email addresses and/or phone numbers to support one another and bridge the gap between meetings.
- As co-facilitator, be prepared to care for an attendee who may abruptly leave the meeting due to an emotional reaction.
- Discuss the meeting with your co-facilitator after the group session.
- Ensure that new members' addresses, phone numbers and email addresses have been provided fully; confirm that they are receiving a newsletter; and determine if any additional follow-up may be required.

10.2.7 ETHICAL ISSUES

As a facilitator, you are providing a service to the community and have certain ethical responsibilities. Some ethical issues may include conflict of interest, respecting rights of privacy, nondiscrimination policy, respect of persons and professional behavior. It is suggested that clarification of these issues be discussed in training to ensure the safety and well being of the group and of each individual member. Grief specialist and author Barbara Rubel has developed a useful code of ethics for support group facilitators (a copy of this "Code of Ethics" is included in the Appendix).

10.2.8 COMPASSION FATIGUE AND SELF-CARE

As a facilitator it is not unusual to have your own grief reactivated or triggered during group sharing. If this occurs, take time after the meeting to share with a co-facilitator, trusted friend or therapist. An effective facilitator is not one who is void of emotional reaction or feelings, in fact quite the contrary. You must be able to discuss intense emotional content (while keeping group members' confidentiality) or you may experience burnout or so-called compassion fatigue.

As a volunteer working with survivors, you hear tragic stories, the reality of others' lives shattered by suicide. People are raw, vulnerable and broken. Most facilitators, by nature, are empathic and have the capacity to take on others' pain. However, when exposed to the pain of multiple bereaved persons in one evening, facilitators may feel as though they are being put through the spin cycle of a washing machine. It can take a great deal of experience, practice and determination to be attentive and empathic yet not let others' pain seep into you.

Patricia Smith, founder of the Compassion Fatigue Awareness Project[®], shares on her website www.compassionfatigue.org that physical, emotional and mental changes (see Section 10.2.4 "How to Conduct a Group Process") are "normal displays of chronic stress resulting from the care-giving work we choose to do." Those who choose to help those bereaved by suicide will hear stories that are filled with troubling and often graphic details. When interrupted thoughts, nightmares, loss of energy, hyper-vigilance, dread rather than joy in volunteer work and somatic (body) experiences such as head and stomach aches replace empathy and compassion, you may be suffering from compassion fatigue.

Other potential symptoms the Compassion Fatigue Awareness Project has documented include:

- Excessive blaming
- Bottled-up emotions, isolation from others
- Receiving an unusual number of complaints from others
- Voicing excessive complaints about administrative functions
- Substance abuse to mask feelings
- Compulsive behaviors such as overeating or sexual addiction
- Legal problems, indebtedness, overspending, gambling
- Poor self-care (i.e., hygiene, appearance)
- Reoccurrence of nightmares and flashbacks to a traumatic event
- Chronic physical ailments such as gastrointestinal problems or recurrent colds
- Apathy, sadness, lack of pleasure in activities
- Difficulty concentrating, mental and physical fatigue
- Denial

Most facilitators, by nature, are empathic and have the capacity to take on others' pain.

Author Barbara Rubel has adapted a self-assessment scale to see if a volunteer is at risk for compassion fatigue (see her “Compassion Fatigue Self-Assessment” test in the Appendix). As a volunteer/facilitator it is important to refer to this test if you are highly symptomatic. If your activities become overwhelming, it may be time to turn to professional help to develop an action plan. Refer to the following tips on self-care.

Self-care

Self-care is critical throughout your time as a volunteer working with the bereaved by suicide. The following are some specific suggestions on practicing healthy habits to combat compassion fatigue:

- Follow the basics—eat well, get enough sleep and get some type of daily exercise.
- Participate in activities and hobbies that add joy and balance to your life.
- Practice stress-minimizing activities such as walking in the park, walking your pet, gardening, listening to music, meditating, etc.
- Laugh! Mood-lifting chemicals are released by the body during laughter, which can equate to a full workout if you laugh long enough.
- Take breaks, time off and time away when needed.
- Set healthy boundaries. It can be tempting to extend help beyond the group, but by allowing people into your personal space you invite burnout. A better way is to provide group members with emergency numbers and referrals and to encourage friendships within the group.
- Take time to debrief with your co-facilitator after a meeting or later in the week. You hear feelings, memories and stories filled with strong emotions. Allow yourself to release pent-up emotions if necessary.
- Give yourself permission to seek professional help if symptoms persist or worsen.

Take care of yourself—you are a valuable asset!

A facilitator/volunteer should understand he or she is limited in capacity and abilities and does not have the perfect answer, the one “right remedy” or an infallible plan for moving people forward in their grief. This, along with a good measure of self-care, is important and can prevent burnout or compassion fatigue. One cannot give what one does not have; balance in one’s life and replenishing one’s soul are vital to sustaining this work. Make sure that you laugh, play, exercise, eat correctly, splurge on occasion and balance the intensity of the facilitator’s role with life-affirming, enriching activities. Take care of yourself—you are a valuable asset!

CHAPTER 11

Final Word for Sustainability

11. Final Word for Sustainability

This guide will prove to be a great resource to you both now and in the future. Please consider it a continuous resource upon which to draw as you establish and sustain your organization.

Please feel free to contact FFS (Friends for Survival), www.FriendsForSurvival.org, for additional information and support. We are here to help you succeed.

It is our hope that this guide will help encourage and inspire you to implement new and healing programs for the hurting hearts of loving families coping with the tragedy of suicide. As we share together this journey, hearts will be mended.

“What do we live for, if it is not to make life less difficult for each other?”

– George Eliot

CHAPTER 12

Appendix

12. Appendix

12.1 SOFTWARE RESOURCES

A computer system and Internet access are essential to the work of any organization, profit or nonprofit, and an SBSG is no exception. A fully functioning computer (desktop or laptop) will give your organization flexibility, especially if you do not have a dedicated office space.

SOFTWARE

A fully functioning organization will need four types of software: basic office software, database management software, graphic design software for the newsletter and financial software for accounting and donor tracking. There are many choices and options available and the following lists a number of them. You may also have a knowledgeable volunteer or acquaintance that can advise you.

Microsoft® Office Suite is still popular for the basic office tasks of writing letters, making presentations and creating a spreadsheet. Most people are already familiar with Microsoft Word, Excel and so on, so using this software can save you time and money in terms of training.

For database management, FileMaker Pro and Access are good choices. For creating newsletters, good choices include Adobe Creative Suite, CorelDRAW, QuarkXpress and Microsoft Publisher.

Two useful guides to newsletter design (in book form) are:

The Non-Designer's Design Book by Robin Williams. This book is just about the only place where an untrained graphic designer can find quick, nonintimidating help. It covers the basic principles of good design.

Design Literacy: Understanding Graphic Design by Steven Heller. This book explores the basic elements of good graphic design and how they function.

For accounting purposes, the choice of applications includes (among others) QuickBooks Online™ and a system of Excel spreadsheets.

BACKING UP YOUR DATA

Backing up your computer's data is an important and critical function, and should be performed weekly. There are several options available: an external hard drive, a thumb drive and a system available online or through your computer's operating system.

12.2 ONLINE RESOURCES

The organizers of any SBSG must assess their goals, objectives and abilities to determine how best to utilize online resources. Currently, suggestions on how to reach a population of suicide survivors runs the gamut from distributing brochures by hand to maintaining a highly sophisticated social media communication. Those starting an SBSG need to investigate, determine and develop the best ways of reaching out to their community. The goal is to reach the largest possible number of survivors with the most helpful information and services.

This section provides a list of online resources specifically designed to help survivors cope with after-suicide grief. It is organized in several general categories. A brief description of each item is given, unless its title is self-explanatory. Resources that require payment are preceded by a dollar sign (\$). Any questions about a particular website or sales material should be directed to the site's owner or author (normally found under the "About" or "Contact Us" section of the site).

The links we've listed point to material that has been used by survivors and caregivers in various settings over time and even if not yet evaluated for effectiveness, they have gained some standing or acceptance in the field of survivor

support. Links (or hyperlinks) for online resources in this section are designated by their URL (Uniform Resource Locator, or Internet address). When a URL consists of a long string of characters, an abbreviated form of it from bitly.com is used (e.g., bit.ly/xyz).

A number of these listed resources are also listed in the Suicide Prevention Resource Center's Best Practices Registry for Suicide Prevention (www.sprc.org/bpr). The Best Practices Registry (BPR) lists "best practices" that address the objectives of the National Strategy for Suicide Prevention. Boldface italic type is used to identify the names of items listed in the BPR.

When seeking assistance on the Internet for an issue as important, sensitive and personal as grieving the suicide of a loved one, you should always be careful about what you find. In *Evaluating Internet Research Sources* at bit.ly/assess-information, author Robert Harris provides a useful checklist of questions to ask about "CARS"—the Credibility, Accuracy, Reasonableness and Support of information on the Internet. Don't let this cautionary note discourage you from accessing the information and considering the resources listed below, as long as you evaluate the material using the same principles and values you would use to evaluate other important matters. In doing so, an abundance of useful material, much of it free, can be found to help survivors cope with their grief.

The following section covers a wide array of online resources that range from "how to create a website" to "how to use sophisticated social networking"—and includes almost everything in-between. Support group organizers should consult with other support group leaders, independent IT advisers and online experts to help determine which online resources best fit their needs and capabilities.

WEBSITES

The following websites focus exclusively or primarily on suicide grief and the needs of survivors.

- Alliance of Hope for Suicide Survivors: www.allianceofhope.org
- Friends for Survival: www.friendsforsurvival.org
- HEARTBEAT: heartbeatsurvivorsaftersuicide.org/index.shtml
- Suicide: Finding Hope: www.suicidefindinghope.com

The following websites are designed for specific groups of people within the after-suicide-bereavement community.

- For clinicians and other caregivers who have had a client die by suicide: Clinician Survivor Task Force (AAS), bit.ly/aas-cliniciansurvivors
- For bereaved children (also see *When Families Grieve* in the following subsection "Materials"):
 - A Child in Grief (New York Life Foundation),
 - The Dougy Center—The National Center for Grieving Children & Families, www.dougy.org/grief-resources
- For bereaved parents of a deceased child: The Compassionate Friends, www.compassionatefriends.org
- For people of color: National Organization for People of Color against Suicide (NOPCAS), www.nopcas.org
- For military and veteran service members and their families:
 - Make the Connection: Death of Family or Friends (U.S. Department of Veterans Affairs), personal testimonials and resources to help veterans, bit.ly/vetgriefconnection (resources for families, bit.ly/vetfamilyfriends)
 - Military One Source (U.S. Department of Defense), for active duty military, Guard, and Reserve service members and their families. <http://www.militaryonesource.mil>
 - TAPS (Tragedy Assistance Program for Survivors): for service members, veterans, and their families, www.taps.org

National suicide prevention organizations: Many national organizations, in addition to focusing on their primary mission of preventing suicide, offer information and support for survivors of a suicide loss. Below are links to key organizations' home pages and to their featured web pages for survivors:

- **American Association of Suicidology (AAS)**
 - Home page: www.suicidology.org
 - Survivor resources: bit.ly/aas-survivors
 - History of the survivor movement: bit.ly/aas-survivorhistory
- **American Foundation for Suicide Prevention (AFSP)**
 - Home page: www.afsp.org
 - Survivor resources: bit.ly/afsp-survivors
 - Survivor Outreach Program: bit.ly/afsp-outreach
- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)**, free, confidential, 24/7 suicide crisis line—crisis centers also support people bereaved by suicide: suicidepreventionlifeline.org
- **Suicide Awareness Voices of Education (SAVE)**
 - Home page: www.save.org
 - Survivor resources: www.save.org/coping
 - Suicide Bereavement Support Group Database: bit.ly/save-sbsg
- **Suicide Prevention Resource Center (SPRC)**
 - Home page: www.sprc.org
 - Suicide bereavement library section: bit.ly/survivorlibrary

MATERIALS (PLEASE ALSO SEE ANNOTATED BIBLIOGRAPHY)

A number of print materials are available for people bereaved by suicide; the following cover all aspects of the grief process.

For survivors:

- After a Suicide Death: An Activity Book for Grieving Kids: bit.ly/dougy-grievingkids
- Beyond Surviving, by Iris Bolton: handout, free download: http://www.suicidology.org/c/document_library/get_file?folderId=257&name=DLFE-454.pdf
- Suicide: Coping with the Loss of a Friend or Loved One (SAVE), booklet: bit.ly/save-copingwithloss
- SOS: A Handbook for Survivors of Suicide (AAS), by Jeffery Jackson, booklet: bit.ly/aas-store
- Surviving a Suicide Loss: A Resource and Healing Guide (AFSP), booklet: bit.ly/afsp-survivingsuicide
- When Families Grieve (Sesame Street), covers grief for any cause of death, focuses on helping children and families, includes a version for military families: bit.ly/sesamegrief (free downloads at bit.ly/kidsgriefresources)

For those helping children:

- But I Didn't Say Goodbye, Helping Children and Families after a Suicide, by Barbara Rubel at www.griefworkcenter.com/books.html
- Child Survivors of Suicide: A Guidebook for Those Who Care for Them, by Rebecca Parkin and Karen Dunne-Maxim, booklet: bit.ly/afsp-childsurvivorsguidebook

- When a Child's Friend Dies by Suicide (Society for the Prevention of Teen Suicide), free to view: bit.ly/childfrienddies

RESOURCES FOR CAREGIVERS

- Grief After Suicide, edited by John R. Jordan and John L. McIntosh, book: bit.ly/jordanmcintosh-griefaftersuicide (book review, bit.ly/FJC-jordanreview)
- Suicide Bereavement Resource Library (SAVE), searchable database, free to use: bit.ly/library-save
- SurvivorVoices: Sharing the Story of Suicide Loss (Connect, NAMI-New Hampshire), training: bit.ly/connect-survivorvoices

Immediately after a death:

- After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances (SPRC), booklet, free download: bit.ly/sprc-religiouservices
- LOSS Team Postvention Workshops & Training (Campbell & Associates), instruction in the Active Postvention Model of survivor outreach: www.lossteam.com
- Help at Hand: Supporting Survivors of Suicide Loss: A Guide for Funeral Directors (SPRC), booklet, free download: bit.ly/sprc-funeraldirectors

For suicide bereavement support groups:

- How to Start a Survivors' Group (World Health Organization), free download: bit.ly/who-sbsghandbook
- Towards Good Practice: Standards and Guidelines for Suicide Bereavement Support Groups (Lifeline Australia), free downloads: bit.ly/sbsg-guidelines (Practice Handbook based on the standards, bit.ly/sbsg-handbook)
- Survivors of Suicide Loss Support Group Facilitators Training (AFSP), versions on facilitating adult and youth groups, as well as a self-study manual: bit.ly/afsp-facilitators

Postvention guidelines:

There are several sets of guidelines containing information on suicide grief support that focus more broadly on suicide postvention, which is a comprehensive response to suicide attempts or fatalities emphasizing prevention in the population affected and intervention for high-risk individuals.

- After a Suicide: A Toolkit for Schools (AFSP, SPRC): free download, bit.ly/schooltoolkit
- Connect Postvention Training (NAMI-NH): bit.ly/connect-postvention
- Lifelines Postvention: Responding to Suicide and Other Traumatic Death, by Maureen Underwood, Fred T. Fell, and Nicci Spinazzola, (Hazelden): manual, bit.ly/lifeline-schoolpostvention
- Riverside Trauma Center Postvention Protocols, free download: bit.ly/riverside-postvention
- Youth Suicide Prevention, Intervention, & Postvention Guidelines: A Resource for School Personnel (Maine Youth Suicide Prevention Program), free download, bit.ly/maine-postvention

INTERACTIVE ONLINE SUPPORT

Helping people bereaved by suicide by utilizing systematic online interactions is a new and emerging practice in the field of suicide grief support, and learning about what approaches might be effective is an ongoing process.

People who benefit from support groups might also find it helpful to participate online with others bereaved by suicide, particularly if you don't live nearby to an existing support organization or group. The Internet can be a valuable resource for survivors of a suicide loss who live in rural areas and are unable to access grief support in their own communities.

Forums, chats, listservs

Online interactions in forums, chats and listservs are guided by netiquette (“Internet” plus “etiquette”), a set of rules for behaving properly online as codified by Virginia Shea in *The Core Rules of Netiquette*. Free to view at bit.ly/corerules.

In a discussion forum (also called an Internet forum, discussion board or message board) one member of the forum posts a typed statement or question on a particular topic, which is described in the subject line of the original post. After the topic is posted, other forum members read and respond to it individually, creating an ongoing thread of separate discussion comments or replies. These discussion threads are organized and remain available to participants so they can return to them and add fresh responses at any time.

The following are some discussion forum websites:

- Alliance of Hope Forum (Alliance of Hope for Suicide Survivors): free, forum.forsuicidesurvivors.com
- PTSD (Post Traumatic Stress Disorder) Forum: free, www.ptsdforum.org
- Suicide Survivors: Help for People Left Behind: (Grieving.com), free, bit.ly/grieving-suicidesurvivors
- Suicide's Survivors (Legacy Connect): free, bit.ly/legacy-suicidesurvivors

In an online chat (or Internet chat), communication takes place through typed messages in real time, much like an in-person conversation would take place (caution should be used with real-time conversations since discussion can quickly become negative and inappropriate). The conversation takes place in a chat room, which is a shared virtual space created by chat software. Many people can participate at the same time because all have the same chat window open on their computers, where everything being typed by all the participants is continuously displayed and refreshed. A chat occurs for a finite period of time, and the text of the chat is usually not available for viewing after the session ends (although some chats allow a transcript to be downloaded or printed).

The following are some online chat websites:

- The Compassionate Friends Survivors of Suicide Chat Room, exclusively for parents whose children have died by suicide: free, bit.ly/tcf-chat
- TAPS Survivors of Suicide Loss Chat, for military, veterans and their families: free, <http://bit.ly/tapsevents> (also [1-800-959-TAPS/8277](tel:1-800-959-TAPS/8277) or info@taps.org)
- Veterans Crisis Line Chat, National Suicide Prevention Lifeline: one-on-one chat for any type of crisis (with a professional VA caregiver) for veterans or anyone concerned about a veteran: free, bit.ly/vetcrisischat (also, [1-800-273-TALK/8255](tel:1-800-273-TALK/8255) press “1”)

An email listserv is a type of software program (a list server) that sends messages simultaneously to multiple email addresses on a mailing list. When someone subscribes to this mailing list, the listserv automatically adds that person's email address to a database and distributes future email messages to that address along with the others on the list. Members receive messages from the listserv in their regular email inbox, either individually or in a periodic digest that includes the name of the sender, the subject line and a link for the current day's (daily digest) or week's (weekly digest) messages. Members can also send email to the entire mailing list through the listserv.

The following are some email listserv sites one can subscribe to:

- Grief-Suicide Listserv (GriefNet), bit.ly/griefnet-suicide
- Parents of Suicides and Friends & Families of Suicides (POS-FFOS), one listserv for parents, a separate listserv for others: free, www.pos-ffos.com; discussion board, www.suicidegrief.com; online chat, bit.ly/pos-ffos-chat

Blogs

The word blog refers to a web log which, as the name implies, is a “log” of entries or posts organized much like a diary, with various dated items entered one after the other. Blogs are interactive in that readers are usually permitted to add their own comments to posts creating a discussion, which is organized in a thread of comments directly below each post (similar to a thread in a discussion forum, as previously described).

The following are blogs that focus on suicide bereavement and are sponsored by respected organizations:

- Alliance of Hope for Suicide Survivors Blog: includes posts from a number of authors on a variety of topics of interest to survivors, bit.ly/hope-blog
- Grief after Suicide (Unified Community Solutions' blog): deals with help for people bereaved by suicide and other traumatic losses, bit.ly/suicidegriefblog
- Suicide Grief: News & Comment (SAVE): focuses on topics for caregivers of people bereaved by suicide, suicidegrief.save.org

ONLINE MEMORIALS

The Internet is home to thousands of personal memorial websites, including tributes created by survivors of loved ones who have died by suicide. To get an idea of what is required to create and maintain a personal website, see the article Modern Free Website Builders, which reviews five examples of free software that can be used for this purpose, bit.ly/freewebuilders.

Online memorials hold the promise of being easily accessible Internet destinations where family and friends can share their memories in different ways, ranging from signing an online guestbook to viewing a video biography of the deceased. However, maintaining a memorial in cyberspace can require time and expertise to keep the website functional and up-to-date, and may involve financial cost.

Anyone who creates content for, or posts or comments on the memorial website of someone who has died by suicide should be aware of the following information about suicide contagion that comes from the National Suicide Prevention Lifeline's Online Postvention Manual (available for free download at bit.ly/onlinepostvention):

Exposure to suicide, whether through a personal connection or through the media, is an established risk factor for suicide. There is substantial evidence that certain messages (e.g., those that glamorize the suicide) and certain information (e.g., details regarding the method used) may contribute to contagion. The comments posted on memorial pages can contain unsafe messages and include expressions of suicidal ideation by friends or family of the deceased.

The National Suicide Prevention Lifeline manual offers authoritative information about how to handle communications on memorial websites, including a step-by-step guide to such practical considerations as how to comment online in the aftermath of a suicide and how to contact a website administrator to help resolve problems with a site's content. Additional resources on communications and suicide contagion include guidelines for public awareness campaigns (Safe and Effective Messaging for Suicide Prevention, bit.ly/safemessages) and guidelines for the media (Recommendations for Reporting on Suicide, bit.ly/reportingonsuicide). Both are free downloads.

There are also centralized memorial websites that provide a standardized format for creating and maintaining a memorial.

These include:

- Gone Too Soon: searchable by cause of death, free, www.gonetoosoon.org
- Legacy Memorial Websites: bit.ly/legacysites
- Virtual Memorials: bit.ly/virtualmemorials

In addition to such centralized sites, many funeral homes provide ways for people to share memories of their loved ones on the Internet, often as part of the package of services they provide.

Another avenue for expressing grief online is through Facebook Memorial Pages, where people add posts to the Facebook page of a person who has died. Here is the official Facebook policy on a page that belonged to a deceased individual:

When a user passes away, we memorialize their account to protect their privacy. Memorializing an account sets the account privacy so that only confirmed friends can see the profile... or locate it in a search. (Confirmed friends)... can leave posts in remembrance. Memorializing an account also prevents anyone from logging onto the account.

(For more information about Facebook's policies on a deceased person's account—including how to notify Facebook of a user's death or an account that needs to be memorialized—see on.fb.me/deceasedpolicy).

A confirmed friend on Facebook is another Facebook user who has been approved by the page owner to view or respond to content on his page. This policy prevents anyone from accessing a deceased person's page unless the original user had previously approved them. This policy came about because of morbid or otherwise inappropriate or offensive content being posted to the accounts of the deceased.

Survivors can also memorialize loved ones through Facebook Group Memorials designed to honor people who have died by suicide. Here are some examples:

- Died by Suicide Memorial Page (POS-FFOS), on.fb.me/posffos-memorial (the companion website, Faces of Suicide, is at bit.ly/posffos-faces).
- Putting a Face on Suicide, on.fb.me/faceonsuicide (videos from the Putting a Face on Suicide project are at bit.ly/pafos-video).

Social networking

Facebook (www.facebook.com) is currently the largest and best known among hundreds of social networking sites. For a two-minute introduction to social networking, see bit.ly/networkingprimer. Anyone unfamiliar with Facebook can learn how to sign up for a Facebook account or to discover what it means to like or to friend someone on Facebook, as well as what a user wall is. They can get started by going to Facebook 101 at bit.ly/beginfacebook or to Facebook's customized help site at www.facebook.com/help/pages.

One of the best ways to become proficient on Facebook is to like the Facebook page of an organization or group you know and to friend acquaintances who have Facebook accounts. Virtually every organization mentioned or linked to in this chapter maintains a Facebook page (which can be found by using the search bar at the top of any Facebook page or by going to an organization's website and looking for the Facebook logo, which will then link to the Facebook page).

The Friends for Survival Facebook page (on.fb.me/ffsfacebook) gives suicide survivors the opportunity to share grief stories, support others who are bereaved, upload photos of their loved ones and post educational content about coping with grief. The Facebook walls of suicide prevention and suicide survivor support organizations listed in this chapter are often visited by survivors who want to share about their loved one and their grief. This provides ample opportunity for people bereaved by suicide to join online discussions with fellow survivors.

If a support group has a presence on Facebook, it is important for the group's organizer to know how to report that someone posting to the group's Facebook page is expressing thoughts of suicide. This can be done by filling out a special Facebook form at bit.ly/reportsuicide. As soon as a report is made to Facebook, the person posting the suicidal comment immediately receives an email from Facebook suggesting that they call the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** or click on a suggested link to begin a confidential chat session with a crisis worker.

Facebook is only one example of social networking on the Internet, and, in fact, social networks are now a major part of online activity. Social networking sites are used by millions of people, and their audiences include people bereaved by suicide who are sharing about their loved ones and their grief, communicating to the world and with one another and sharing their experiences as survivors of a suicide loss. The following are a few examples of sites designed to strengthen the social networks that survivors who visit the Internet are likely to encounter:

- Classmates, to share among school communities, www.classmates.com
- Flickr, to share photos, www.flickr.com
- Meetup, to arrange offline gatherings of like-minded people, www.meetup.com
- StumbleUpon, to rate and discover web pages of interest, www.stumbleupon.com
- Twitter, to share micro-messages (140 or less characters), twitter.com
- YouTube, to share videos, www.youtube.com

Conclusion

There are many online resources available to the bereaved, and the links in this chapter are maintained by organizations and individuals with strong incentives to keep their online information up-to-date.

In a printed format it is not possible to provide absolutely current information about the ever-changing Internet, so go to Suicide Grief Support Quick Reference at sg.sg/griefreference, where the Consumer-Survivor Subcommittee of the National Suicide Prevention Lifeline has established an online list of resources that is kept constantly up-to-date.

This summary of online resources is designed to help survivors of suicide cope with their grief and will, we hope, serve as a valuable tool for those who help others seek assistance, mutual support and healing.

12.3 SAMPLE FORMS

The following are sample forms previously referred to in this guide:

12.3.1 AGENCY BROCHURES (4 PAGES)

Our Mission

Friends for Survival, Inc. is an organization of people who have been affected by a death caused by suicide.

We are dedicated to providing a variety of peer-support services that comfort those in grief, encourage healing and growth, foster the development of skills to cope with a loss, and educate the entire community regarding the impact of suicide.

Your Local and National Contact

Marilyn Koenig
Executive Director

916 • 392 • 0664

P.O. Box 214463 • Sacramento, CA 95821

Friends for Survival, Inc.

A National Outreach Program for
Survivors of a Suicide Death

www.FriendsForSurvival.org

You can also e-mail us at

FFS@TrueVine.net

Suicide Loss Helpline

800 • 646 • 7322

6 HOPE CA



United Way
Certified Partner
Agency #3043

Offering Help after a Suicide Death



**A National
Outreach Program
For Survivors
of a Suicide Death**

www.FriendsForSurvival.org



You can also join us on facebook

What Is Friends For Survival?

Friends for Survival, Inc. is a national, non-profit organization for those who have experienced a death by suicide of a family member or friend. It also accepts professionals who work with those who have been touched by a suicide tragedy.

Friends For Survival organized by and for survivors has been offering services since 1983.

All staff and volunteers have been directly impacted by a suicide death. We provide a variety of peer-support services that comfort, encourage, and educate those in grief. We strive to increase community and national awareness of the impact of suicide.

What Does Friends For Survival Offer?

- Community-based chapters
- A monthly newsletter of sharing and information
- Monthly Bereavement Support Forums
- Education from health-care professionals and community advocates
- Information and referral regarding local resources
- Lending library of books
- Suicide Loss Helpline with volunteers who have shared the tragedy of suicide
- Training of volunteers
- Program for educating the community on suicide awareness
- Consultation available to work places and agencies impacted by a suicide death
- Conferences and retreats
- Speakers Bureau

Your tax-deductible donation enables **Friends For Survival** to continue to serve the needs of grieving families. Please contact your local chapter, as listed on the back of brochure, or write or national office:

Friends For Survival, Inc.

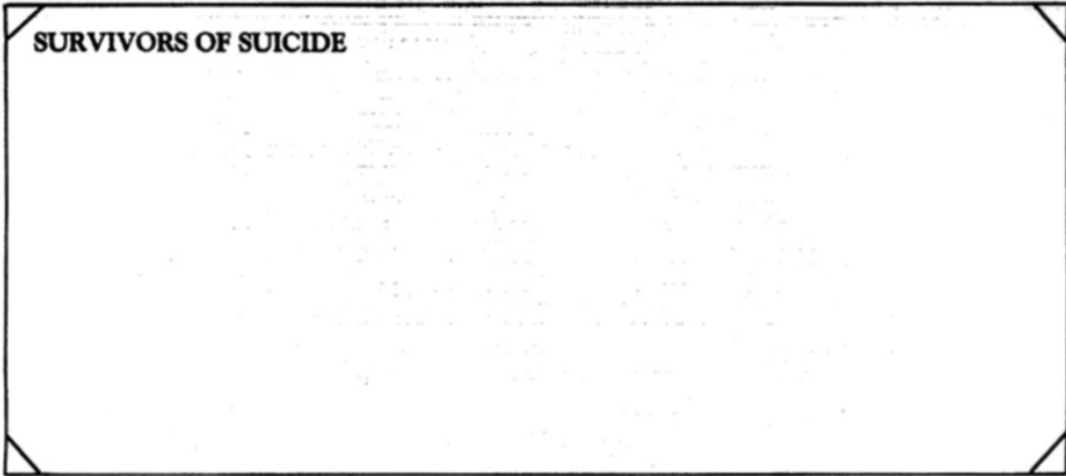
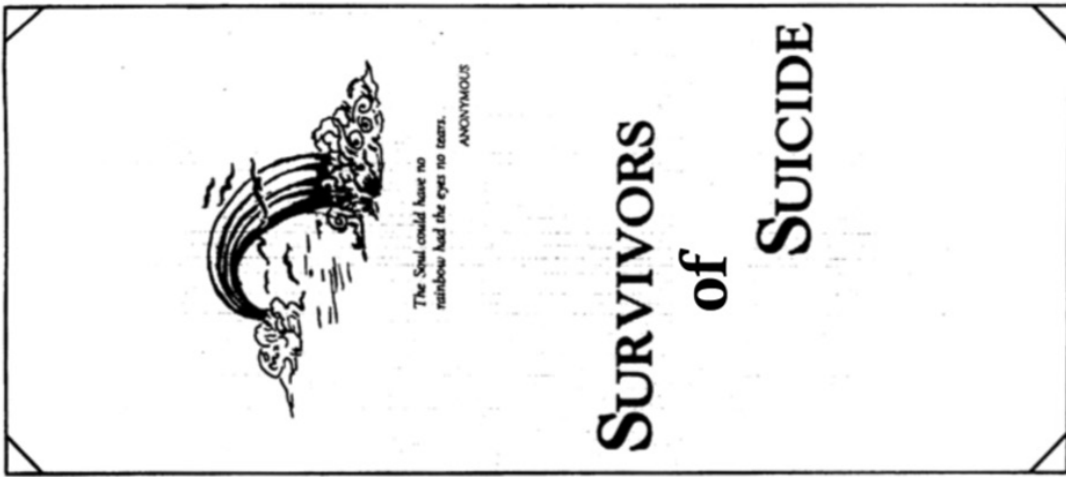
P.O. Box 214463 • Sacramento, CA 95821

Shock
Disbelief
Guilt
Shame
Memory Loss
Anger
Sleeplessness
Loss of Productivity
Depression
Relief
Intense Emotional Pain

These are some of the feelings and reactions experienced by those who are left after a loved one dies by suicide. Survivors are troubled by such feelings for longer than society generally recognizes.

Although each person's grief is personal and individual, similarities are shared with others who have experienced a suicide death. Many people find talking to family and friends about the death difficult, thus experiencing feelings of isolation and alienation. For survivors to feel completely alone is not unusual *unless* contact is established with others who share this commonality of experience.

The loving outreach of **Friends For Survival** volunteers can bridge the gap between despair and renewed hope. Those whose grief is recent or overwhelming can lean on the shoulders of those who have made progress in the difficult task of working through grief.



Structure of S.O.S.

Survivors of Suicide is a non-denominational self-help support group and there are no dues or fees. Contributions and donations by individuals and community groups are used for operational expenses.

S.O.S. Meeting Sites

Survivors of Suicide have monthly meetings in San Diego and Vista, California. Information about meeting place, date and time may be obtained by calling:

SAN DIEGO
482-0297

The printing of this brochure is made possible by your contributions to Survivors of Suicide.

Purpose of S.O.S.

Survivors of Suicide (S.O.S.) is a self-help support group that is designed to help those who have lost relatives and friends through suicide. It is a support group of people who help one another through the stages of grieving. We share feelings of guilt, anger, frustration, emptiness, loneliness, and disillusionment. For some, it is hard to identify or to even understand their feelings. Through others' expression of what they are feeling, we begin to have a better awareness of what is going on inside us.

To uncover our feelings as we talk about them instead of holding them in is a great release. It helps us on the road to recovering from our grief and promotes healing. Thus, talking to others who have had a similar experience, who can understand and listen in a special way is a gift we can give to one another that we might not receive elsewhere. There is a caring and sensitivity to one another's needs and feelings that many times is not found outside the group. Nobody understands like one who has experienced it himself.

The art of sharing our feelings and recognizing that others have similar feelings is the very strength of S.O.S. It aids us in gaining perspective on our situation and in making life meaningful and productive for ourselves again.

History of S.O.S.

The Survivors of Suicide group evolved from a Traumatic Death support group started in March 1981 by the Grief Center of Episcopal Community Services. As a result of apparent need, a group specially oriented to suicide deaths was established in June of the same year. By January 1982, S.O.S. had grown so much in membership that the frequency and number of meetings each month had to be increased to enhance the support and intimacy that is so important to our group. As the membership and public interest swelled, S.O.S. became involved in sensitizing police, funeral directors, coroners, clergy, counselors and other members of the community to the special needs of persons surviving the death of a loved one by suicide.

Currently, S.O.S. is actively involved in educating the community about suicide and its effect on surviving family and friends, providing information about grief related services, and working with similar groups in the USA to establish a network for providing information and referral nationwide and fostering new support groups.

From its inception, the S.O.S. group goal has been to provide a relaxed, caring environment of mutual support and understanding in which to give comfort and help one another to regain our sense of hope for future happiness.

What Happens at an S.O.S. Meeting

Our meetings are held in an atmosphere that is warm and friendly. Anyone who has lost a family member or friend by suicide is invited to attend.

We begin our meetings by reciting our affirmation of love and courage. New members are invited to share their feelings or to just listen. Feelings shared are kept confidential and discussed only within the confines of the group meeting. Thus, our S.O.S. group provides a comfortable, non-threatening setting to share our experiences and feelings.

Usually one member has volunteered at the previous meeting to name a topic to discuss such as: guilt, anger, depression, coping with the holidays, birthdays of the loved one, etc. Questions and suggestions are encouraged to assist in coping with the different stages of the grieving process.

Occasionally we have a guest speaker during our meetings. In addition, books on grief and suicide are exchanged which give insight and promote healing through understanding.

We end our discussion sessions with talk of something positive that has happened since the last meeting. The sharing of the joys as well as the sorrows is encouraged in the group.

The meetings close with the serving of refreshments and informal conversation.

12.3.2 CODE OF ETHICS

CODE OF ETHICS

This code will govern your conduct as a competent and compassionate support group facilitator. You will:

- Attain competency as a facilitator through education and training.
- Truthfully represent your role, title, and qualifications.
- Be aware of your own values, needs, and limitations.
- Disclose any potential conflicts of interest.
- Not conduct your personal business at group sessions or use attendees as clients for your personal gain.
- Not use your position to acquire gifts, money, or special privileges.
- Be non-judgmental. Accept statements of events as told, withholding opinion or judgment.
- Value justice, treat everyone fairly and do not appear to take sides.
- Respect the right to privacy and confidentiality and not reveal information about group members to the media, the public or to other group members.
- Provide resources and information so that members may help themselves.
- Be compassionate, using empathy to understand and address issues.
- Establish clear and firm boundaries.
- Not make any person feel any sense of obligation for the group meeting.
- Not use profanity or derogatory language.
- Not facilitate while impaired by medication, alcohol, or drugs.
- Ensure that co-facilitators have access to resources and support.
- Appropriately acknowledge the contributions of the co-facilitators.
- Make a commitment to meet with your co-facilitator to discuss reactions to what transpired during the group.
- Not discriminate on the basis of age, gender, disability, race, ethnicity, religion, marital status, political values, physical or mental handicap, HIV status or sexual orientation.
- Keep relationships with group members professional.
- Report acute suicide threats immediately to the appropriate authorities.
- Report intent to commit a crime or harmful act against another person.
- Talk the least and listen the most.
- Take care of yourself so you don't experience compassion fatigue.

By signing this document, I hereby acknowledge that I have read, understand and aspire to the Support Group Facilitator Code of Ethics.

Signature/Date

From *The Support Group Guide* by Barbara Rubel©2012.

www.griefworkcenter.com

12.3.3 COMPASSION FATIGUE SELF-ASSESSMENT

Compassion Fatigue Self-Assessment

This self-assessment test will give you a basic understanding about your level of compassion fatigue. Look over this list of ten common compassion fatigue symptoms. In answering the questions, consider that each question applies to the past six months. Indicate in the box whether the statement applies to you for *none or a little of the time*, *some of the time*, *a good part of the time*, or *most or all of the time*. Mark the appropriate column for each statement.

| Statement | None or a little of the time | Some of the Time | A good part of the time | Most or all of the time |
|---|-------------------------------------|-------------------------|--------------------------------|--------------------------------|
| 1. I feel that listening to traumatic stories has engulfed me. | | | | |
| 2. I feel the need to take away the pain of those I help. | | | | |
| 3. I empathize with those I help. | | | | |
| 4. I have little control over my work schedule. | | | | |
| 5. I am irritated more than people think. | | | | |
| 6. The basic assumptions I have about life have been shattered. | | | | |
| 7. I experience similar trauma symptoms as those I support. | | | | |
| 8. I feel more isolated than usual. | | | | |
| 9. I feel guilty that I can't do more to help. | | | | |
| 10. I have nightmares based on the stories of those I help. | | | | |

Now consider the number of statements you checked in each column. The more checks placed in the *"A good part of the time"* and *"Most or all of the time"* column, the higher your chances of experiencing compassion fatigue and secondary stress that often hold a tight grip on your heart and mind.

12.3.4 DECEMBER: A HOLIDAY MEMORIAL

DECEMBER:
A HOLIDAY MEMORIAL

A holiday wreath is a traditional part of Christmas in most homes. It is a simple wreath, usually of fresh greens in which you can place four candles. The wreath may be placed on a table or fireplace mantel. As you light each candle this year you may create a new ritual, which will become a lasting tradition for Thanksgiving and Christmas. We hope this memorial will help you include your loved one in celebration.

As we light these four candles in honor of you, we light one for our grief, one for our courage, one for our memories and one for our love:

- **This candle represents our grief. The pain of losing you is intense. It reminds us of the depth of our love for you.**
- **This candle represents our courage: to confront our sorrow, to comfort each other and to change our lives.**
- **This light is in your memory: the times we laughed, the times we cried, the times we were angry with each other, the silly things you did and the caring and joy you gave us.**
- **This light is the light of love. As we enter this holiday season, day by day, we cherish the special place in our hearts that will always be reserved for you. We thank you for the gift your living brought to each of us. We love you.**

Sent to us by Ethel Bucek, founder of West Michigan Survivors of Suicide and editor of the group's newsletter (December 1989).

12.3.5 MEETING LEADERSHIP AGREEMENT

Meeting Leadership Agreement

This agreement is between _____ and the Meeting Leader, indicated below, for operating a _____ Bereavement Support Meeting. In exchange for _____ providing its name and program information to the Meeting Leader, the Meeting Leader agrees to follow all rules and requirements of _____ for Bereavement Support Meetings as listed below. This agreement runs for One (1) Year and must be renewed annually by both parties to remain in effect. It may be cancelled by _____ at any time, with or without cause.

No one may lead or supervise a Bereavement Support Meeting without indicating their assent to the terms and conditions herein. All members of the leadership of a Meeting shall agree to be Meeting Leaders. _____ may revoke the Meeting Leadership standing of anyone who fails to follow the conditions below or may suspend the Meeting.

The Meeting Leader agrees to:

1. Accept responsibility to lead their assigned group for One (1) Year.
2. Include a minimum of Two (2) people/families who have been affected by a suicide death at each Meeting.
3. Attend One (1) sharing and Two (2) Educational Forums at (location) prior to starting a group so the Meeting Leader can experience the atmosphere _____ creates at the meetings.
4. Obtain a free location that is easily accessible, well lit, and politically and emotionally neutral.
5. Attend a Three (3) hour Orientation Training offered by _____, training to include:
 - a. How to answer telephones and give guidance and referrals over the phone
 - b. Mock Meetings
 - c. Review of the Meeting Leader manual
6. Provide _____ with a list of all people and contact information assisting with the Meetings.
7. Provide a list of new Survivor and/or contacts as they get them with the following information:
 - a. Name of the Survivor
 - b. Address of the Survivor
 - c. Phone number of the Survivor
 - d. Who died
 - e. When they died
 - f. Age when they died
 - g. How the Survivor found _____
8. Provide a sign-in sheet at each Meeting and provide a copy of the sign-in sheet to _____ within One (1) week of the Meeting date.
9. Conduct all Meetings in a professional manner, as the Meeting Leader is representing _____.
10. Ensure all attendees refrain from all political and personal business promotions and/or recruitments, as such activities at Meetings are prohibited.
11. Not to use my position as a Meeting Leader to promote my own business to attendees, staff or other volunteers.
12. Notify the _____ office of speakers in a timely manner, at least Two (2) months in advance, so speakers can be announced in the _____ monthly newsletter.
13. Encourage donations to _____ by passing the basket at every Meeting. All collected monies to go to _____.
14. Shall not collect funds to pay for refreshments. All refreshments are in-kind donations.

In return and in consideration, organization will:

1. Provide on-going support and consultation on an as needed basis.
2. Mail out packets to new families and put them on the Newsletter mailing list.
3. Provide handouts from Meetings and extra Newsletters.
4. Provide Liability Insurance coverage, as the _____ Board believes is reasonable and prudent.

The above terms and conditions are accepted and agreed:

Meeting Leader Signature/Date: _____

12.3.6 MEETING SIGN-IN SHEET

Meeting Sign In Sheet

Please fill in the fields below for each Support Meeting you attend. Your information will remain completely confidential and not be shared with anyone. However, the information does allow us to serve you better and the data arrived from collecting meeting information assists us in grants and Donation to sustain the Organization. You help us help you and many others by completing this form.

| | | | | |
|----------|--------|------------------|-------|------------------------|
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |
| Name: | | Phone: () | | First Visit? Yes No |
| Address: | | Email: | | |
| City: | State: | ZIP: | Loss: | |

Meeting Location: _____ Meeting Date: ____ / ____ / _____

12.3.7 COVER LETTER

FRIENDS FOR SURVIVAL, INC.
An Outreach Program for Survivors of Suicide Loss
P.O. Box 214463 • Sacramento, CA 95821
(916) 392-0664 • www.friendsforsurvival.org

Excerpted from "Friends for Survival Newsletter" of September 1983

STAGES OF SURVIVAL

Someone close to you has completed suicide. You are a survivor in the sense that you are still alive, left behind, trying to comprehend the premature termination of a valuable life. The loss of a loved one by suicide is especially tragic in that it leaves survivors carrying enormous burdens.

You experienced a feeling of shock at first, followed by guilt, helplessness, shame, and severe depression. If the dead person subjected those close to him or her to a period of emotional turmoil before death, the survivors sometimes feel an initial sense of relief, which leads to increased guilt later. Anger, which intensifies to rage, is not uncommon in survivors.

Your past, present and future seem irreparably damaged. You feel victimized by circumstances beyond your control, possibly by some helping system or person who did not respond appropriately to your loved one's needs.

Many times during the ensuing months and years, you wonder if you can go on facing the dreadful ordeal of each new day. You gain understanding of how the dead person must have felt enduring such unrelenting depression prior to suicide.

People tell us that the death could not have been avoided, that someone intent upon suicide cannot be stopped. This assumption might be correct in a small percentage of cases but I personally believe that most suicidal people remain ambivalent up until the last moment. If circumstances had developed differently, the soon-to-be victim could have been stopped or would have rethought his or her intent.

However, we as survivors are faced with the harsh reality that suicide did occur; the circumstances are now irreversible.

Well-meaning friends and professionals tell us to set aside guilt, stop agonizing over the "what ifs", look toward the future. "You have suffered enough." We are told, "you were the best parent (wife, husband, brother, sister, lover, whatever your relationship to the deceased) you knew how to be." Why are these words of little solace? Because no one is always the "best ..."

Stages of Survival

Page 2

Premature reassurances become roadblocks, which prevent the grieving person from facing and addressing guilt in the manner that has to be done in order to move beyond it.

In my situation, after losing a son, I look back, for example, and remember times when I was unfair, unjustifiably angry at small issues because I had had a difficult day at work. I realized during those times that I was not being the "best parent". It has been important for me to look at my responsibility or I would have encountered a roadblock in my grief work. A great deal of energy, which was needed elsewhere, would have been used to try to convince myself I had no part in the tragedy that occurred.

Many survivors did not recognize signs of depression that led to the suicide. Others were aware but did not believe suicide would occur. The resulting self-recrimination lasts months or years but is an important part of the grief work that must be done by survivors after suicide.

Gradually and slowly a realization develops within each survivor that one cannot go through life "analyzing" each member of the family everyday.

The dead person had a responsibility too. He or she could have sought help or made the emotional pain that was felt known to someone else.

Even when the suicidal person was receiving professional help, no person on earth can be fully responsible for the life and well-being of another.

Until I honestly explored and accepted each aspect of what I considered to be my responsibility, I was not able to begin resolving guilt or anger. I cannot speak for others, but for me, this acceptance was the real turning point whereby I was finally able to stop punishing myself with tremendous, self-defeating guilt. I began to be a survivor in a different sense in that I had regained a measure of self-esteem and desire to take charge of my life again. I felt a determination to work toward building more meaningful relationships with the other survivors in my family as well as to assume new purpose and direction in my life.

I do not believe that now or in the future will I have all the answers or resolve all my grief, but I do know I am making progress and looking forward to the future.

Chris Moon

For further information please call:
MARILYN KOENIG - (916) 392-0664

12.3.8 SHORT BIBLIOGRAPHY

A SHORT BIBLIOGRAPHY FOR SUICIDE SURVIVORS

After a Suicide, Young People Speak Up, by Susan Kuklin, published by G. P. Putnam & Sons, New York (1994).

A variety of stories, offering great insight into young people's experiences and reactions to suicide.

After Suicide Loss: Coping with Your Grief, by Bob Baugher, Ph.D. & Jack Jordan, Ph.D., published by Robert Baugher, Ph.D., 7108 – 127th Place S.E., Newcastle, WA 98056-1325, (2002).

This booklet was written to help survivors understand some of what they may experience during the early months. This booklet includes input from suicide survivors, the term commonly used for people who are surviving the death of a loved one to suicide

After Suicide, by John H. Hewett, published by Westminster Press, Philadelphia, PA (1980).

A classic book that is outstanding in describing the experience of grief after suicide and presents positive steps that can help family and friends find strength together as they readjust and return to healthy, productive living. Also included is an Anniversary Memorial Service with a recommitment to life.

Ben's Story: The Depression, ADHD, and Anxiety Disorder That Caused His Suicide, by Trudy Carlson, published by Benline Press, 118 N. 60th Ave. East, Duluth, MN 55804 (1998).

A mother shares the profoundly moving story of her son's life and illustrates the symptoms of depression and anxiety disorder that led to his suicide death at age 14. The book also includes 17 pages of valuable information useful for recognizing and treating at risk individuals.

But I Didn't Say Goodbye: For Parents and Professionals Helping Child Suicide Survivors, by Barbara Rubel, published by Griefwork Center, Inc., P.O. Box 5104, Kendall Park, NJ 08824 (2000).

This book offers a practical approach to working with children grieving a death by suicide. Nine chapters include most frequently asked questions, activities, worksheets with helpful discussions, and a list of national resources.

Healing After the Suicide of a Loved One, by Ann Smolin CSW & John Guinan, a Fireside Book, published by Simon & Schuster, NY, (1993).

A very informative book that provides suicide survivors with insights into the emotional responses they may be experiencing. The authors are direct and honest as they offer support, hope, and permission to go on with life.

My Son, My Son: A Guide To Healing after a Suicide in The Family, by Iris Bolton with Mitchell C. Bolton, published by Bolton Press, 1325 Belmore Way N.E., Atlanta, GA 30338 (1983).

A therapist shares the story of the suicide of her son, a compelling, powerful and informative book about suicide, grief, survival, and hope that will profoundly touch the heart and provide new insights for everyone.

No Time to Say Goodbye, Surviving the Suicide of a Loved One, by Carla Fine, published by Doubleday, New York (1997).

The author shares her own journey of grief following the suicide death of her physician husband. She also integrates the voices of others who have endured the desolation of a loved one's suicide.

Our Forever Angel, by Barb Scholz, published by 1st Books Library, (2002).

Author Barb Scholz shared the experience of her husband's suicide death, what worked and did not work for her to be able to survive. The techniques she used to help her children cope with their loss are extremely valuable.

When Suicide Comes Home – A Father's Diary and Comments, by Paul Cox, published by Bolton Press, Atlanta (2002).

Paul Cox, a truck driver by trade, wrote his first book at night sitting in the cab of his truck, devastated by the suicide death of his son in 1998. This is a man's book, emotional and candid, full of plain talk and an indomitable spirit.

12.3.9 GRIEF AND HEALTH BROCHURE

your social activities. If you feel unsupported by relatives or friends, seek out a mutual help group for the bereaved. Your mental health specialist, pastor, or funeral director can assist you.

THE SECOND FACTOR is having daily an adequate and balanced diet. Without the nurturing support of others, many mourners lose their appetites, or use "junk" or "quickie" foods. High risk health habits such as smoking, heavy consumption of alcohol and erratic eating which leads to fluctuation in weight are far more likely to occur among the socially isolated. Researchers have found that we need daily at least a small portion from each of the four food groups: milk or milk products like yogurt, cheese, ice-cream or cottage cheese; meat, poultry or fish; fruits and vegetables as fresh and unprocessed as possible; and grain or whole or fortified and enriched grain products. Nutrition experts also advise that if you eat only one large meal a day, do so at breakfast or lunch, not as an evening meal. Make your breakfast and lunch highest in proteins, because they stimulate the natural energizers or "uppers" in our brain chemistry. At the evening meal, choose foods highest in carbohydrates, because they stimulate our brains to release relaxants.

The THIRD MOST IMPORTANT THING to do to protect your health is to daily drink adequate amounts of water. We have found that mourners have a tendency to override their sense of thirst, yet adequate hydration is very necessary to carry away the body's toxic wastes and to maintain appropriate blood chemistry. Beverages with alcohol or caffeine should not be used, except in the most moderate amounts. They cause our bodies to become further dehydrated.

FOURTH, if we are to maintain our health, we also need to exercise daily; taking vigorous walks, for example, of at least 20 minutes duration, stretching exercises, or aerobic activities. And finally, we need daily to maintain our usual rituals of rest, whether we sleep soundly

or not. It's normal for mourners to have difficulty both in falling asleep at night and getting up in the morning. Following the dietary advice given earlier will help you maintain your normal cycles of rest and activity.

As a precaution, it is appropriate for you to have a thorough physical examination. The best time seems to be between the fourth and fifth month following your loss. Statistical studies indicate that if you are one of the minority of mourners who will develop a life-threatening illness, the symptoms are likely to be present during that time, yet is still early enough for effective medical intervention. Remember, despite common misunderstandings of mourning, it will take you many months to become reoriented to living. As painful and lonely as loss can be, following the habits as outlined in this brochure are the best things you can do to cope with your grief.

Permission has been granted by Glen W. Davidson to quote from his book "Understanding Mourning: A Guide For Those Who Grieve" (Augsburg). At the time he released his study of 1000 mourners, he was Professor of Medical Humanities and Psychiatry at Southern Illinois University. He is now a scholar and chair of the Board at the School For Advanced Research in Santa Fe. His research focuses on the needs of those who feel they have been pervasively and irreconcilably contaminated in their lives by traumatic circumstances such as military personnel who have been exposed to depleted uranium.

❖

Understanding & Coping With Your Grief

❖

Most people find the loss of a loved one the most intense and difficult experience of their lives. To lose someone is a universal experience. To mourn is a universal emotion, yet many people, both members in the helping profession and the bereaved themselves, are confused about the nature of mourning. Many of those who grieve try to hide their sorrow. Many in our culture believe that mourning should be suppressed. We now know that to suppress our sorrow, to thwart the mourning-process, further disorients us and makes us more at risk for both emotional and physical illness.

If you are newly bereaved, you may find it very difficult to concentrate on what you are reading, and that is perfectly normal. We will discuss specific topics in depth to be used when it's not so difficult to think. Let me mention some errors many mourners make.

THE MOST COMMON ERRORS made by mourners usually begin with people believing that mourning should be over in a short period. We know, on the basis of scientific polls, for example, that a majority of people believe mourning should be over in 48 hours to two weeks. **THIS ASSUMPTION IS FALSE.** Loss of your loved one will have measurable and visible impact on you well beyond a year's time.

Secondly, many people believe that they can suppress their sorrows, or at least to other peoples' eyes. They try to use alcohol or tranquilizing drugs or magical thinking to suppress their emotions. They inevitably fail. Our emotions and their expressions are the only means we have to reorient ourselves after a major change in our lives. It is important for your emotional and physical health to express emotions in non-destructive ways. One of the most effective ways of recovering from sorrow is to cry. Whether you are a man or a woman, to cry seems to be necessary for your health. To cry with others who grieve makes the task of reorientation easier.

A THIRD COMMON ERROR of mourners is to try to make their sorrow a private matter. A famous poet, John Donne, was quite correct when he wrote "No man is an island unto himself." No matter how overwhelmed, lonely or impotent you feel, your loss is others' loss also. It is very important that you include, not exclude, others in mourning your loss.

A FOURTH COMMON ERROR is attempting to escape the pain of loss by making even more changes in their lives; selling the house, changing their jobs, going on long trips. All of these may be appropriate in time; but not when we mourn. Like our shadows, our feelings of sorrow cannot be run away from. Buying binges... radical changes in our living habits... taking flight from our routines of care... these are but a few examples of how we can erroneously try to avoid sorrow. What is important for you is to make as few changes in your circumstances of living as possible. While there will be many changes you cannot avoid, postpone as many as you can.

A FIFTH COMMON ERROR of mourners is to ignore their own health. For some, it seems to be going to the extreme of feeling the best way of honoring the dead is to die with them. For others, it is to abandon self-esteem. Whatever the reason, you need to care for your own health.

For now, it is important that you know mourning is a part of healthful living. Mourning is not short. Its characteristics cannot be suppressed. **YOUR LOSS IS NOT A PRIVATE MATTER. YOUR FEELINGS CANNOT BE ESCAPED.** Mourning is the means by which we recover our orientation to living following a significant change in our lives. Mourning is a normal and necessary part of living. It is the process we use to overcome the disorientation of living which follows loss. Your loss may not only be painful, but the most significant change in living

you have ever experienced. The best thing we can do when we mourn is to respect our feelings and others' feelings and give ourselves the time to adapt. As many as one-fourth of mourners fail to adapt and are at high risk to life-threatening illness.

Now I'd like to share ways to cope with your loss healthfully. When our lives are running smoothly, we can compromise good living habits without having to pay too heavily with our health. But when we grieve the loss of someone we love or when our lives are changing rapidly, those compromises with good living habits take a heavy toll with our health and make our mourning all the more difficult. Here are some things you can do to stay healthy as possible, physically and emotionally. While research is ongoing, it is very clear that these five things are necessary for healthy living. They are: first of all, having nurturing and supportive friendships; second, a balanced diet; third, an adequate fluid intake; fourth, daily exercise; and fifth, daily rituals of rest.

Of these five, **THE MOST IMPORTANT** is having and maintaining nurturing and supportive friendships. You need to maintain your friendships. Start with the funeral. Let others do things for you. Ask for their help.

Mourners often cut themselves off from relatives and friends. A frequently-used rationalization is the fear that those closest to us will reject us if we grieve too much. There is some justification to the fear. Mourning is not well understood in this society. It is erroneously assumed by many people that mourning is, or should be, short, and that the bereaved should hide their grief. These assumptions are wrong. A mourner needs other people with whom to share self-doubt, uncertainties and hurt. Scientists have been able to prove that even the most intelligent and emotionally-balanced person becomes disoriented when deprived of human contact. If you are a mourner, continue to participate in some of

12.3.10 NEW FAMILY PROFILE WITH WORKSHEET (2 PAGES)

New Family Profile - Part 1

All volunteers: Please use this interview form to record information about those requesting services for the first time. Please try to gather all the information below, but be sensitive to the needs and emotions of the interviewee. Use the New Family Worksheet to help guide you through the conversation. Remember, establishing a connection is our goal.

| | | | |
|---|--|---|--|
| Last Name | | M.I. | |
| Agency Name, if Applicable | | | |
| Mailing Address, with Apt. No., if Applicable | | | Apt. No. |
| Additional Mailing Address Information, if any | | | |
| City | | ZIP (with plus four, if known) | |
| Contact Phone 1 | | Contact Phone 2 | |
| () , x | <input type="checkbox"/> Home <input type="checkbox"/> Office | () , x | <input type="checkbox"/> Home <input type="checkbox"/> Office |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Other: | |
| Email Address | | | |
| Name of Spouse | | Has Been Effected by Previous Suicide Death? | |
| <input type="checkbox"/> None <input type="checkbox"/> Didn't Get | | <input type="checkbox"/> Yes <input type="checkbox"/> No Info: | |
| Level of Support | | | |
| <input type="checkbox"/> 1 - Significant | | <input type="checkbox"/> 2 - Sufficient | |
| | | <input type="checkbox"/> 3 - Additional needed Info: | |
| who died? (Relationship — mother, father, son, etc.) | | Name of Deceased | Deceased DoFD Deceased Age |
| | | | / / |
| Where Did The Suicide Occur? | | Any Children (minors) Affect? | Send Info for children |
| City State | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Packets for Other Family Members (for more than one additional packet, use additional sheets) | | | Deceased's Relationship |
| <input type="checkbox"/> Yes, if Yes: Name: | | | |
| <input type="checkbox"/> No: Street Address with Apt. No., if applicable | | | Apt. No. |
| City | | State ZIP (with plus four, if known) | |
| Contact Phone 1 | | Contact Phone 2 | |
| () , x | <input type="checkbox"/> Home <input type="checkbox"/> Office | () , x | <input type="checkbox"/> Home <input type="checkbox"/> Office |
| | | <input type="checkbox"/> Cell <input type="checkbox"/> Other: | |
| Comments and Other Info | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| How Did Caller Find Us? | | Date of Call | Form Complete by |
| | | / / | |
| Date Entered into Database: | By: (initials of volunteer) | Date Packets Mailed: | By: (Initials of volunteer) |
| / / | | / / | |

New Family Profile Worksheet–Part 2

All volunteers: Please use this worksheet to help guide you through the conversation with a new family. Remember, establishing a connection and soothing the pain of grief is more important than gathering data, so listen first, establish a personal connection with the caller, and only once they are at ease, try to gather the information for the New Family Profile form, but do so only as part of conversation. Do not make the caller feel they are the subject of an interrogation

1. Who died by suicide? Express condolences: ***“I am so sorry about your son.”*** Be sure to get both the name of the person who died (i.e., Steve, Mary, James) and the relationship (i.e., my son, husband, sister).
2. How long ago was the suicide? Where?
3. How old was the person? Name? ***“Tell me about John.”***
4. Encourage them to ***“tell their story.”***
5. ***“Are there young children in this family?”*** Refer to the children’s grief group from yellow Community Bereavement Resource Directory or they can dial 211.
6. If the caller has a history of depression, abuse, addiction, or ***witnessed the suicide/found the body***, recommend to the caller one-on-one counseling (see list). ***Are they eating? Are they back to work?***
7. Determine caller’s level of support. ***“Do you have family or friends you can talk to?”*** If support is minimal ask, ***“Would you like a telephone friend to call you?”***
8. Ask if the person has been touched by suicide before.
9. Ask if you can send a packet with information about the services you provide, suggestions for coping, information regarding local meeting, etc”
10. Ask ***“What is your name, address, phone?”*** Repeat back this info, ask if there is an apartment number, and verify spelling. Ask for the spouse’s name, if appropriate (it will be added to packet address).
11. Ask if there any other family members or friends you would like me to send a packet to?” Be sure to obtain the full name, address (including apartment number, if any) and the relationship to the suicide.
12. Ask “How did you hear about us?”
13. Ask “Do you have any other questions for me?”

12.3.11 OPENING STATEMENT FOR MEETINGS

Sample of an opening statement for Support Meetings

(adapted from Omega Emotional Support Services):

“Each of us comes to this group with a common sorrow: we have lost a loved one to suicide. The emotional pain can be quite intense at times, and more so when there is no one to help us carry it. Perhaps others we love and look to for support are carrying their own burdens and aren’t available to help. Or perhaps we feel we must be strong in order to help someone else carry on. Today, however, let us use our time together as an opportunity to share our own concerns, feelings, and experiences. We come to this group to find support in one another. At different times each of us will need different things from the group. Some may want silence to formulate their thoughts or make sense of their feelings. Still others may need encouragement to tell their own stories. We can help one another by listening without judging, by asking questions without advising, and by sharing our own experiences. Everyone has a different way of handling grief, and our goal today is to give and receive support for our unique journey as survivors of a suicide death. We agree to hold in confidence the many things that are shared. With this support, we believe we can help ourselves and one another live even more richly because of the gift of compassionate hearts.”

12.3.12 QUICK ASSESSMENT

| Quick Assessment: Am I Ready to Be a Group Facilitator? | | |
|---|----|---|
| Yes | No | Am I Ready? |
| | | 1. I have received training to facilitate a support group (see training section below) |
| | | 2. Enough time has passed for me to have worked through my own experience. |
| | | 3. I have discussed my issues with support persons. |
| | | 4. While others are talking about their struggles, I do not have an urgent need to tell my story. |
| | | 5. Listening to those with similar situations does not exhaust me. |
| | | 6. I am able to talk about my experience without feeling overwhelmed. |
| | | 7. I can find at least one hour to organize what I will need for the group meeting. |
| | | 8. I have found effective ways to deal with my feelings and my triggers so they won't get in the way of facilitating a group. |
| | | 9. I am capable of demonstrating preferred behaviors in a support group. |

Success Factors

How did you do? Review your results. Count the number of "Yes" responses.

7 — 9 = Excellent time to begin to facilitate.

4 — 6 = Good time to perhaps facilitate.

1 — 3 = Not ready to facilitate.

From *The Support Group Guide* by Barbara Rubel©2012,
www.griefworkcenter.com

12.3.13 QUILT PACKET FORMS (2 PAGES)

Lifekeeper Memory Quilt

The purpose of the Lifekeeper Memory Quilt is to place a “picture on suicide”. The quilt will serve as a visual image of the loss of our loved ones. The Lifekeeper Memorial Quilt may be displayed during TV interviews, workshops, conferences, training sessions, etc. These quilts become a tangible message to educate our nation and our community to reduce the incidence of suicide so that we might all become Lifekeepers.

Instructions

This will be an heirloom quilt that will be cherished for years. We encourage you to use a picture of your loved one (thus the picture of suicide). Kinko’s, camera shops and T-shirt shops can transfer a picture onto your fabric square. We suggest you sketch out your details on a separate piece of paper, to be used as a blueprint, before placing it onto the fabric square. Please use hand or machine-embroidered lettering, cross stitch, sewn appliqués, permanent fabric paint, colorfast dye, brush on textile paint or indelible ink and only things that can go through laundering and dry cleaning. Please do not use glue, fabric paint, puffy paints, marking pens or anything that may run, wash off, flake or bleed onto another square. Also, please do not attach objects to your square.

On the quilt square provided, create a message, picture, etc. to reflect the soul of your loved one. This project will aid in the healing of grief and lend an opportunity for your family and friends to work together to honor your loved ones life.

We must have a 1-inch border left all the way around the square and squares must comply with instructions or may be unusable.

Along with your completed square please submit a one page letter sharing about our loved one. You might include your relationship to him or her or something about how they would like to be remembered. Please include your name and address and the names of those who helped construct your quilt square. Also, include the name of your loved one and date of birth and death. Your letter may also include a photo of your loved one.

Quilt squares must be turned in no later than .

To: Organization Name
 Address
 City, State, Zip

Please do not fold the completed square. Press flat and transport flat by placing between two pieces cardboard. We ask that a \$10. donation be made for each quilt square to help cover the cost of the quilt.

Contact person:

Phone and/or e-mail address

INFORMATION FORM & RELEASE STATEMENT FOR SURVIVOR MEMORIAL QUILT

Name of person on quilt square _____

Date of birth and death _____

Your relationship to the deceased _____

Special memories or what you want your family member/friend remembered for:

Your name, address and phone

number _____

Names of others who helped create quilt square _____

Statement of release: I hereby acknowledge that this quilt square will be included in a
your organization name _____ Lifekeeper Memory Quilt and that said Quilt will be displayed
publicly for the purpose of suicide prevention and awareness.

Signature _____

Date _____

12.3.14 VOLUNTEER APPLICATION

Volunteer Application - Part 1

Please fill out the application below. Information on this application will be kept confidential and not shared with other organizations. If you have any questions, please contact Barbara Ballas at the office (916) 482-3855 or her cell (530) 305-4908 for an interview.

| | | | |
|--|--|--|--|
| Name (last, first, mi) | | Today's Date | |
| | | / / | |
| Street Address (include apt. or unit number) | | | |
| | | | |
| City | | State | ZIP (include four plus, if Known) |
| | | | |
| Phone One | | Phone Two | |
| () | | () | |
| <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Other _____ | |
| Email | | Birthdate | |
| | | / / | |
| who died by suicide (e.g., brother, sister, mother, father, son, friend) | | Date of Loss | |
| | | / / | |
| First Emergency Contact Name | | Phone | |
| | | () | |
| Second Emergency Contact Name | | Phone | |
| | | () | |
| First Personal Reference Name | | Phone | |
| | | () | |
| Second Personal Reference Name | | Phone | |
| | | () | |
| How Were You Referred to FFS | | | |
| | | | |
| Languages Spoken Other than English | | | |
| <input type="checkbox"/> ASL | | | |
| Interests, Hobbies, or Skills | | | |
| | | | |
| | | | |
| Training & Degrees | | | |
| | | | |
| Please Check the Boxes that Interest You | | | |
| <input type="checkbox"/> Fund Raising <input type="checkbox"/> Clerical <input type="checkbox"/> Special Events <input type="checkbox"/> Answering Phones <input type="checkbox"/> Newsletter <input type="checkbox"/> Computer (<input type="checkbox"/> Mac or <input type="checkbox"/> Windows) <input type="checkbox"/> Meeting Facilitator <input type="checkbox"/> Quilting <input type="checkbox"/> Board Member <input type="checkbox"/> Public Relations <input type="checkbox"/> Other Prof. Skills: _____ | | | |

Volunteer Signature

Revised 11/2010

Date

(Over)

Barbara Ballas, Volunteer Coordinator

Date

12.3.15 VOLUNTEER AGREEMENT

Volunteer Agreement—Part 2

This agreement is between Organization and a volunteer, name indicated below, concerning their conduct as an Organization Volunteer. In exchange for the honor and accolades of serving as Organization Volunteer, as well as for the safety of the families served by Organization, the volunteer agrees to follow all rules and requirements listed below. This agreement remains in effect until cancelled by the Volunteer with 30 days notice or it may be cancelled by Organization at any time, with or without cause. No one may serve as a volunteer without indicating their assent to the terms and conditions herein.

The Volunteer agrees:

- To perform the tasks as outlined in the designated job description in a competent manner
- To be prompt and reliable in reporting for work
- To record hours worked on the Volunteer Sign-in Sheet on the clipboard
- To notify the supervisor or Volunteer Coordinator as early as possible if unable to report to work
- To accept supervision, maintain confidentiality and observe the same rules and policies as paid staff
- To complete all required training promptly

In exchange for the above, Organization agrees:

- To provide volunteers with ongoing training and competent supervision
- To maintain confidential personal records and provide work references when appropriate and with permission
- To be available to discuss problems, ideas or suggestions
- To provide adequate work space and necessary tools and equipment to perform the tasks assigned safely
- To respect the function of the volunteer and to contribute to a smooth working relationship between staff and volunteers

I hereby agree to the above, as well as to indemnify and hold harmless Organization, its officers and staff from any and all claims, causes of action, suits, actions, damages, losses or liability arising out of termination of my volunteer position that may occur should any of the above elements not be observed or the information provided on the back of this form as Volunteer Application be determined to be false, misleading or untrue. Such determination shall be at the sole discretion of the Board of Directors of Organization.

Volunteer Signature

Date

Volunteer Coordinator

Date

Note: When volunteer has completed form, please mail to:
Attn: Volunteer Coordinator
Your Organization Address City, State, Zip

12.3.16 VOLUNTEER SIGN-IN SHEET

Volunteer Sign-in Sheet

All volunteers: please sign in and indicate all hours worked, whatever the location, here at the office, at home, or elsewhere. Some of our grants depend on documenting the work of volunteers and their hours. Your help is greatly appreciated.

| Date | Name | Phone | Task | Hours |
|------|------|-------|------|-------|
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |
| / / | | () | | |

CHAPTER 13

Annotated Bibliography

13. Annotated Bibliography

GENERAL SUICIDE SURVIVOR GRIEF

Silent Grief: Living in the Wake of Suicide, by Christopher Lucas and Henry M. Seiden, Ph.D., published by Bantam Books, New York, NY (1989). A survivor and a psychologist offer support and advice for getting past the grief—and moving on. This book also deals with the multitude of reasons people don't talk about suicide. One of the author's, Christopher Lucas, lost his mother to suicide.

After Suicide Loss: Coping with Your Grief, by Bob Baugher, Ph.D. and Jack Jordan, Ph.D., published by Robert Baugher, Ph.D., 7108 127th Place S.E., Newcastle, WA 98056-1325, (2002). This booklet was written to help you understand some of what you may experience during the next several months. We wrote this booklet with input from suicide survivors, the term commonly used for people who are surviving the death of a loved one to suicide. For now, surviving may seem like the hardest thing you've ever done in your life.

Rocky Roads: The Journeys of Families through Suicide Grief, by Michelle Linn-Gust, Ph.D., published by Chellehead Works, Albuquerque, NM, 505-266-3134 (2010). The grief journey following a suicide loss is not a quick and easy path. Because people are unique, as are the life experiences of individuals, the road can open up in several ways for each person. No one travels the same way, Michelle Linn-Gust, also the author of *Do They Have Bad Days in Heaven? Surviving the Suicide Loss of a Sibling*, guides the family unit with a road map to navigate suicide grief as individuals and also as part of the family unit with the ultimate goal of strengthening the family even after a devastating suicide loss.

Mourning after Suicide, by Lois A. Bloom, published by The Pilgrim Press, Cleveland, OH (1986). The author lost her son to suicide. This easy-to-read 24-page booklet is an excellent introduction for someone newly bereaved. It normalizes the grief and the reference to spirituality is gentle and noninvasive.

Healing the Hurt Spirit, by Catherine Greenleaf, published by St. Dymphna Press, P.O. Box 284, Lyme, NH 03768, 603-735-4321 (2006). Daily affirmations for people who have lost a loved one to suicide.

Healing after the Suicide of a Loved One, by Ann Smolin CSW and John Guinan, a Fireside Book, published by Simon & Schuster, New York, NY (1993). A very informative book that provides suicide survivors with insights into the emotional responses they may be experiencing. The authors are direct and honest as they offer support, hope and permission to go on with life.

After Suicide, by John H. Hewett, published by Westminster Press, Philadelphia, PA (1980). A classic book that is outstanding in describing the experience of grief after suicide and presents positive steps that can help family and friends find strength together as they readjust and return to healthy, productive living. Also included is an anniversary memorial service with a recommitment to life.

Dying to Be Free, A Healing Guide for Families after a Suicide, by Beverly Cobain and Jean Larch, published by Hazelden Foundation, Center City, MN (2006). With extraordinary courage and compassion, the authors break through dangerous silence, complicated emotions and brutal stigma to offer this gentle, healing guide for family members who have lost a loved one to suicide.

A Long-Shadowed Grief: Suicide and Its Aftermath, by Harold Ivan Smith, published by Cowley Publications, Cambridge, MA (2006). The author guides us on a spiritual exploration of suicide, probing shadows, secrets and silences, and brings us into a helpful light.

Touched by Suicide: Hope and Healing after Loss, by Michael F. Myers and Carla Fine, published by Gotham Books, New York, NY (2006). In this definitive guidebook, the authors combine their perspectives as a physician and a survivor to offer compassionate and practical advice to anyone affected by suicide.

LOSS OF A CHILD

Everything to Live For, by Susan White-Bowden, published by Gateway Press (1993). The author lost her son and husband to suicide. It is a deeply honest, courageous account of what happened and of the painful lessons that came too late to help her son, but that can surely help others. A moving and compelling book.

Stronger Than Death, When Suicide Touches Your Life, by Sue Chance, M.D., published by W.W. Norton & Co., New York, NY (1992). A psychiatrist shares the life and suicide death of her only child and her personal struggle to cope with this tragic event.

Prayers for Bobby—A Mother's Coming to Terms with the Suicide of Her Gay Son, by Leroy Aarons, published by HarperCollins Publishers, New York, NY (1995). Unable to reconcile his gay sexual orientation with his family's religious and moral beliefs, Bobby had leaped to his death from a freeway bridge in 1983. He left a daily diary covering the last four years of his life, and along with the companion tale of his mother, Mary, a blue-collar suburban housewife, this book was able to be written.

Ben's Story: The Depression, ADHD, and Anxiety Disorder That Caused His Suicide, by Trudy Carlson, published by Benline Press, 118 N 60th Ave. East, Duluth, MN 55804 (1998). A mother shares the profoundly moving story of her son's life that illustrates the symptoms of depression and anxiety disorder that led to his suicide death at age 14. The book also includes 17 pages of valuable information useful for recognizing and treating at-risk individuals.

When Suicide Comes Home—A Father's Diary and Comments, by Paul Cox, published by Bolton Press, Atlanta, GA (2002). Paul Cox, a truck driver by trade, wrote his first book at night sitting in the cab of his truck, devastated by the suicide death of his son in 1998. This is a man's book, emotional and candid, full of plain talk and an indomitable spirit.

Sanity & Grace—A Journey of Suicide, Survival and Strength, by Judy Collins, published by Jeremy P. Tarcher/Penguin a member of Penguin Group (USA) Inc., New York, NY (2006). The author, singer Judy Collins, wrote this book to shed more light upon the dark taboo of suicide. The suicide of her son was devastating beyond words, yet she managed to put everything she knew or read or heard or thought about suicide into words, for her own healing as well as that of others.

My Son, My Son: A Guide to Healing after a Suicide in the Family, by Iris Bolton with Mitchell C. Bolton, published by Bolton Press, 1325 Belmore Way N.E., Atlanta, GA 30338 (1983). A therapist shares the story of the suicide of her son, a compelling, powerful and informative book about suicide, grief, survival and hope that will profoundly touch the heart and provide new insights for everyone.

A Mother's Story, by Gloria Vanderbilt, published by Plume, a division of Penguin Group (USA) Inc., New York, NY (1996). Gloria Vanderbilt's son died by suicide at the age of 22. Her book tells the story of his life and death, and the story of her life and struggle to live on after that death.

LOSS OF A PARENT

Voices of Strength: Sons and Daughters of Suicide Speak Out, by Judy Zions Fox, RN, LSW and Mia Roldan, published by New Horizon Press, P.O. Box 669, Far Hills, NJ 07931 (2009). The process for this book mirrors the message that the authors' book gives: that even when you're faced with a difficult task, one that you don't think you're experienced enough or emotionally equipped to handle, you can achieve so much fulfillment from your efforts. Asking for and receiving help from others will all lead you to where you eventually want to be.

In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide, by Nancy Rappaport, published by Basic Books, a member of the Perseus Book Group, New York, NY (2009). In 1963, Nancy Rappaport's mother died by suicide after a bitter public divorce and custody battle. Nancy was just 4 years old and the youngest of 6 children. Growing up in a blended family of 11 children after her father remarried, Nancy was bewildered about why her mother took her own life and left her behind. Years later, encouraged by her own children's curiosity about their grandmother and fortified by her training as a child psychiatrist, Nancy began to investigate her mother's life and the mysteries surrounding her death.

After a Suicide, Young People Speak Up, by Susan Kuklin, published by G. P. Putnam & Sons, New York, NY (1994). A variety of stories, offering great insight into young people's experiences and reactions to suicide.

Crossing 13: Memoir of a Father's Suicide, by Carrie Stark Hugus, published by Affirm Publications, LLC (2008). This story is a captivating coming-of-age story about a 13-year-old girl whose life is instantly altered upon finding her father dead from suicide.

Dead Reckoning: A Therapist Confronts His Own Grief, by David C. Treadway, published by BasicBooks, a division of HarperCollins Publishers, Inc., New York, NY (1996). A mother's suicide and how it affected her husband and four children, including the author. Through his own therapy, he comes to understand her depression and how it affected the rest of his family. This openhearted book is an inspiration for all who struggle with unresolved grief.

LOSS OF A SPOUSE

No Time to Say Goodbye, Surviving the Suicide of a Loved One, by Carla Fine, published by Doubleday, New York, NY (1997). The author shares her own journey of grief following the suicide death of her physician husband. She also integrates the voices of others who have endured the desolation of a loved one's suicide.

Our Forever Angel, by Barb Scholz, published by 1st Books Library (2002). Barb shares the experience of her husband's suicide death, what worked and did not work for her to be able to survive. The techniques she used to help her children cope with their loss are extremely valuable.

She Never Said Good-bye, One Man's Journey through Loss, by Robert Dykstra, published by Harold Shaw Publishers, Wheaton, IL (1989). This book reflects the range of emotions, questions and wrestlings the author, a minister, experienced following his wife's sudden suicide. While its central focus is grief and loss, it also explores husband/wife relationships, loving and being loved and God's infinite mercy and pervasive grace.

Dawning of a New Day, a Journey Out of Darkness, by Carolyn M. Deleon, published by Inkwater Press, Portland, OR (2004). After her disabled husband died by suicide, the author called on her Christian faith to help herself heal.

LOSS OF A SIBLING

Surviving Bill, by Mike Reynolds, published by iUniverse, Inc., Lincoln, NE (2007). As a survivor of his brother's suicide, the author knows the pain and confusion attached to loss and the immeasurable ways it changed his life. Going beyond the typical narratives on the five stages of grief, on religion or on counseling, this book shares those "ordinary" moments in his life that moved his healing forward, be they relationships, synchronistic moments or even his love of surfing.

Do They Have Bad Days in Heaven? Surviving the Suicide Loss of a Sibling, by Michelle Linn-Gust, M.S., published by Bolton Press, Atlanta, GA (2001). Regardless of age, sibling suicide survivors, the forgotten mourners, will find identity, comfort and encouragement in this poignant recount of the author's grief journey following her sister's suicide.

LOSS OF A FRIEND

Living When a Young Friend Commits Suicide—Or Even Starts Talking About It, by Earl A. Grollman and Max Malikow, published by Beacon Press, 25 Beacon Street, Boston, MA 02108-2892 (1999). This book discusses why people commit suicide, how to deal with the various emotions caused by the suicide of someone you know, how to help someone suicidal, religious issues and popular misconceptions about suicide.

MALE GRIEF

***When a Man Faces Grief/a Man You Know Is Grieving: 12 Ideas for Helping Him Heal from Loss*, by James E. Miller and Thomas R. Golden, published by Willowgreen Publishing, 10351 Dawson's Creek Blvd., Suite B, Fort Wayne, IN 46825, 260-490-2222 (1998).** James E. Miller is a clergyman, grief counselor, writer and photographer. Thomas Golden is a practicing psychologist and writer. This is two books in one: one half is for men who are grieving, with 12 helpful suggestions, each a chapter by itself. The other half is for those who want to understand and help men who are grieving, also in 12 short, helpful chapters.

RESOURCES FOR CHILDREN

***But I Didn't Say Goodbye: For Parents and Professionals Helping Child Suicide Survivors*, by Barbara Rubel, published by Griefwork Center, Inc., P.O. Box 5104, Kendall Park, NJ 08824 (2000).** This book offers a practical approach to working with children grieving a death by suicide. Nine chapters include most frequently asked questions, activities, worksheets with helpful discussions and a list of national resources.

***Child Survivors of Suicide: A Guidebook for Those Who Care for Them*, by Rebecca Parkin with Karen Dunne-Maxim, published by NJ Chapter of American Foundation for Suicide Prevention (1996).** This guidebook takes the reader through the first year of questions that a child might ask. The format asks the questions, gives answers and the reasons for the answers. Extremely honest, sensitive, practical and empowering.

***After a Parent's Suicide: Helping Children Heal*, by Margo Requarth, published by Healing Hearts Press, Sebastopol, CA (2006).** This is a "how-to" guide for parent survivors: how to manage both the immediate and long-term implications of suicide, how to talk to your children, how to see them through the heart-rending anguish to a place of acceptance, healing and, finally, a renewed and deepened capacity for joy.

CHAPTER 14

Contributors

14. Contributors

PROJECT COORDINATOR

Marilyn Koenig is the co-founder of Friends for Survival, Inc. and has been the Executive Director since 1983. She is a founding board member of Suicide Prevention Action Network USA (SPAN USA; Washington, D.C.) and Suicide Prevention Advocacy Network California (SPAN-CA). She is Past President and current Vice President of Bereavement Network Resources of Sacramento. Her 18-year-old son, Steven, died by suicide on April 4, 1977.

WRITERS

Regina T. P. Aquirre, Ph.D. LMSW-AP is an Assistant Professor of Social Work at the University of Texas at Arlington. She is a co-founder of the LOSS Team of Tarrant County, Texas. Her research interests include suicide bereavement and the effect of trauma on suicidality.

Franklin Cook, M.A. is the owner of Unified Community Solutions, where he specializes in peer suicide grief support and project development and leadership focused on helping people bereaved by suicide (for more information, please see his website at <http://bit.ly/copewithgrief>). His father, Joseph, died by suicide in 1978.

Elizabeth Fenner-Lukaitis serves as liaison for the New Hampshire Department of Health & Human Services and the New Hampshire National Guard with the New Hampshire Office of the Chief Medical Examiner. She records information from all suicides that occur in New Hampshire to assist suicide prevention and postvention programs.

Leann M. Gouveia, M.P.A. has served as the Executive Director of Fresno Survivors of Suicide Loss since 2001. Leann is a founding board member of Suicide Prevention Advocacy Network California (SPAN-CA). She is involved both nationally and in California State suicide prevention efforts. She is Past President and CEO of Trauma Intervention Program of Fresno County (TIP). Her mother, Sharon, died by suicide in November 1994.

Catherine Greenleaf is a nondenominational spiritual director and author living in New Hampshire. She is the author of *Healing the Hurt Spirit: Daily Affirmations for People Who Have Lost a Loved One to Suicide*, published by St. Dymphna Press, Lyme, New Hampshire, www.healingthehurtspirit.com.

John R. Jordan, Ph.D., FT. is in private practice in Pawtucket, Rhode Island, where he has specialized in work with survivors of suicide and other traumatic losses for more than 30 years. He is the Clinical Consultant for Grief Support Services of the Samaritans in Boston, Massachusetts, and the Professional Advisor to the Survivor Council of the American Foundation for Suicide Prevention (AFSP). For over 25 years, “Jack” has provided training nationally and internationally for professional caregivers and has helped to lead many healing workshops for suicide survivors. Jack has published over 35 clinical and research articles, chapters and full books in the areas of bereavement after suicide, support group models, the integration of research and practice in thanatology and loss in family and larger social systems. He is the co-author of three books.

Marilyn Koenig, see “Project coordinator.”

Becky McEnany is the Community Educator and Prevention Specialist for the Connect™ Program at the National Alliance on Mental Illness in New Hampshire. Connect™ is a nationally designated best practice program for suicide prevention, intervention and postvention developed by NAMI NH, www.theconnectprogram.org.

Daniel Reidenberg, Psy.D. is the Executive Director of SAVE (Suicide Awareness Voices of Education) and the Managing Director of the National Council for Suicide Prevention.

Jonathan Royer, M.A. has worked with persons in crisis for 20 years. Jonathan has answered thousands of calls from persons in crisis on the Sacramento Suicide Prevention Crisis Line, has trained hundreds of volunteers and provided hundreds of prevention skills trainings to the community. Jonathan currently fields crisis calls for the Friends for Survival Grief Support line, continues to provide suicide prevention trainings and currently works as a clinician providing therapy and crisis intervention for victims of sexual assault and domestic violence.

Barbara Rubel, M.A., BCETS is a professional speaker and nationally recognized leader in the field of coping with traumatic loss and compassion fatigue. She is the author of *But I Didn't Say Goodbye: Helping Children and Families after a Suicide*. Her father, Alex, died by suicide in 1986 while she was in the hospital awaiting the birth of her triplets.

Susan Salluce, M.A., CT has her Master's in Counseling Psychology and is a Certified Thanatologist, specializing in death, dying and bereavement. In addition to helping the bereaved, she is also a full-time writer, having published her first novel *Out of Breath*, a fictional account of parental grief and a therapist's experience as she guides the bereft couple through that first year; sipnsharewithsusan.com or susansalluce@yahoo.com.

Adrienne Schultz is a recent suicide survivor through the loss of her 31-year-old son. She is a former pension administrator with a B.S. in Business Administration, and is currently volunteering in the community and working on ways to help other suicide survivors.

Stephen R. Stapleton is a graduate of the University of the Pacific with a B.A. in the management of nonprofit organizations. He has held positions with the U.S. Robotic Society, the Humane Society of the United States and the Sacramento Philharmonic. He is just completing law school.

Josh Wagner attended U.C.L.A. and U.C. Berkeley and is an IRS Registered Tax Return Preparer. Since 1987 he has run the Santa Cruz consulting firm PlanRight, specializing in nonprofit start-ups, compliance issues and tax filings. As Executive Director of Cultural Media Services, Inc. (which serves as fiscal sponsor to a number of projects), he has been producing and hosting educational radio and TV programs since 1985.

TECHNICAL ASSISTANCE

Stephen Stapleton, see "Writers."

EDITOR

Nancy J. Foster is the Creative Director of The Write Stuff, an advertising and public relations agency near Santa Fe, New Mexico. She spent her career in New York City where she served as writer and creative director for major advertising agencies including Wells, Rich, Greene and Dancer, Fitzgerald, Sample. A multiple Clio winner and Stanford graduate, she began her career as a writer at CBS TV in San Francisco and was promotion manager for several New York and San Francisco radio and TV stations.

REVIEWERS

Christine Beeby is a retired elementary school teacher and a volunteer at Friends for Survival. Her daughter, Maureen, died by suicide at age 25 in July 2008.

Karen Eggen, A.A. is a retired California State employee. She has been a volunteer and staff member of Friends for Survival. Her nephew, David, age 38, died by suicide September 4, 2005.

Sandra Black, M.S.W. is a Program Manager with Education Development Center, Inc. and is currently a subject matter expert to the "Know the Signs" Suicide Prevention Social Marketing Campaign in California. Sandra has also served as the manager of the California Office of Suicide Prevention and Public Health Advisor at the Substance Abuse and Mental Health Services Administration

Anara Guard, M.S. is a Senior Project Director with Education Development Center, Inc. Formerly the Deputy Director of the National Suicide Prevention Resource Center, she is now a subject matter expert with the “Know the Signs” Suicide Prevention Social Marketing Campaign in California.

David S. Wagner was serving with the U.S. Army in Germany in 1957 when he received word via the Red Cross office on post that his father had died by suicide. “I have first-hand experience with this terrible thing, and in those days there was no support at all for those that were hurting.”