

NOW WHAT DO I DO?

Surviving a Suicide Attempt



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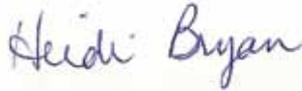
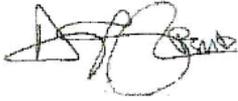
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DISCLAIMER:

This booklet is not meant as a substitute for treatment or therapy. It is intended to be used as a supplemental aid in helping someone recover from a suicide attempt. It is strongly recommended that the attempt survivor seek professional treatment. This document is intended to help the suicide attempt survivor understand and cope with the aftermath of his or her attempt. Included are tips for helping the attempt survivors if they feel suicidal again, how to ask for help, where to get help, and what kind of help is available. A sample safety plan is also included.

Forward

One afternoon Amy and I were discussing suicide and suicide attempt survivors and what we could do to help them. This booklet was borne from that conversation. Surviving a suicide attempt is one of the most life changing events a person can experience. It is often a time filled with confusion, mixed emotions and an overwhelming sense of being lost. We wrote this booklet in the hopes that this information will answer some of your questions and guide you in a direction where you can find an effective way to reduce your pain.



Dr. Cunningham and Ms. Bryan also co-authored *After an Attempt: The Emotional Impact of a Suicide Attempt on Families*, and continue to work on other projects.

ABOUT THE AUTHORS

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Dr. Cunningham received her doctoral degree from LaSalle University in 2009 in Clinical Psychology and completed her predoctoral internship at Yale School of Medicine and her postdoctoral fellowship at the University of Pennsylvania. Clinically, she has been committed to providing empirically supported and evidenced based psychological interventions to adults and adolescents struggling with chronic suicidal and self injurious behavior.

Heidi Bryan, BA

Heidi Bryan is the founder of Feeling Blue Suicide Prevention Council, a suicide prevention, education, and support nonprofit organization for Pennsylvania. Heidi has battled with depression most of her life, is a suicide attempt survivor, and lost her brother to suicide in 1995. Heidi was the recipient of the Suicide Prevention Action Network (SPAN) USA's Sandy Martin Grassroots Award in 2005. Ms Bryan serves on the National Suicide Prevention Lifeline's Consumer/Survivor Subcommittee and on the Board of Directors for the American Foundation for Suicide Prevention. Heidi holds a Bachelor's Degree in Chemistry.

I've Survived?!?

The first few days after you have attempted suicide will likely be the most confusing and emotional days of your life. You may feel overwhelmed with a variety of different emotions. Or, it is completely possible that you feel absolutely nothing! Perhaps you'll be numb by the shock of waking up. The important thing for you to understand is...*whatever you feel is ok.*

You may feel *happy*. Friends and family may realize how bad things have been for you and offer to help you. You might feel like you have been given a second chance at life. This is completely normal. It is important to remember that a large majority of people who have attempted suicide get the help they need and are able to go on to live happy and productive lives.

You may be *angry*. You put considerable time and effort into the attempt and now feel disappointed for not taking it one step further. You might think you have let yourself down somehow. You may even have thoughts like "Wow, I can't even do this right." These thoughts are normal and it is important that you talk to someone about them. The idea of talking to family and friends about it is scary, however keeping it to yourself is dangerous and will make the situation worse.

Perhaps you feel *embarrassed or ashamed* of your behavior. You feel defective, like something is seriously wrong with you or otherwise you would want to live like everybody else. Again, the important thing to remember is that *you're OK and what your feeling is normal for your situation.* Attempting suicide does not make you a bad person. You have been in unbearable pain and you were trying to do the only thing you could think of to make things better. Now, hopefully you'll be able to find a more effective way to solve your problems.

Some people feel *guilty*. You might feel as though you have hurt the people you love by attempting suicide or that you have broken a promise to a friend or loved one. It's possible you believe or might be wondering if you have committed a sin and are inherently bad in some way because you have attempted suicide. There is *nothing inherently bad about you* because you attempted suicide. You need help and hopefully you will find your way to get some help.

The take home message is *whatever you feel is completely normal* and it is important to talk to someone about it.

Suicide attempts are traumatic and affect everybody in the family, including you. They can be also be the catalyst for change. Counseling, both individual and family/marital, can help everyone through this difficult time.

Telling Friends and Family

Now that you have survived, you are faced with the daunting task of telling the people you care about that you have attempted suicide. Other family/friends or the police may have already informed some of your loved ones. This is a large task, so take things one step at a time.

What is important for you to remember is that this is your story. It is up to you who you tell and how much you tell. It is hard to predict how others will react to learning about your suicide attempt, so it is important that you ensure you have plenty of support around you for after you tell someone.

The majority
(almost 90%)
of people who attempt
suicide will go on to live
happy, productive lives.
So can you!

How do you decide if you should tell someone about your suicide attempt? Who people decide to share this with varies greatly between people, and here are some general tips to help you decide. The people who you share this information with should be people:

- you generally share personal information with about yourself,
- you feel will keep your story to themselves,
- you trust and with whom you feel safe
- who are usually supportive to you

Some people may have a lot of questions and may take the news very personally. It is normal for some people to think that they could have stopped you if they only had done something. At the same time, others may be fearful to ask questions and may try to change the subject quickly due to their own anxiety around suicide or death. Either way, this is their reaction and *you cannot control, nor are you responsible for their reactions.*

It will likely be helpful for you to think about the answers to some typical questions before you start telling people. For example, people are likely going to ask you the following questions:

- Is there anything I can do to help you?
- What happened that made you think about suicide?
- How did you attempt suicide?
- Is there anything I could have done to stop you?

Unfortunately, some people may be angry with you for having attempted suicide, especially if this is not your first attempt. For some people, it's easier to feel anger than it is to feel or admit their fear at the possibility of having almost lost you. It may also be easier for others to feel anger rather than the guilt they are probably feeling for having "let you down" somehow. They might want to blame you instead of themselves. Suicide is an extremely emotionally charged issue, mostly because of the guilt, shame, and stigma still attached to it, whether you are an attempt survivor or a survivor of suicide loss. You may be asked:

- How could you do this to me?
- Do you know/do you have any idea what you put me/us through by doing this?

Finally, they may be so angry that they say hurtful things, which they will probably later regret, such as, “Next time I hope you get it right,” or “You can’t even kill yourself right,” or “Next time let me know and I’ll help you.” If they didn’t care about you, they wouldn’t have any reaction at all so while it’s hurtful to hear, it’s important you remember that. Again, you cannot control, nor are you responsible, for other people’s reactions.

It would be good for you to think, in advance, about how much information you are comfortable sharing with others. You may feel comfortable sharing more with some people than others. Again, it is completely up to you how much you share with whom.

It is also recommended to avoid going into too much detail about your actual attempt with people, especially your family and friends. This may scare them or cause them to be upset. This type of graphic information is best saved for your therapist or psychiatrist.

How Do I Ask For Help From My Loved Ones?

After a suicide attempt, you are now dealing with all of the problems that lead you to attempt suicide **in addition** to all the mixed emotions you might have in reaction to surviving your attempt. *You need the support from your loved ones and professionals now more than ever.* However, you are in an awkward position: you want to ask people for help, but you don't want to scare anyone or just automatically be put back in the hospital.

Here are some tips for asking for help:

- √ *When you are telling someone you need help, let them know you are committed to safety and need some help to maintain the commitment.*
 - *An example might be: "Mom, I really want to keep myself safe and I'm feeling really depressed right now, do you think we could talk for a while?"*
- √ *Be direct: It may seem very obvious to you that you are struggling and need help, but other people may not understand. Trying saying something like "I've been having a hard time figuring out how to get a ride to my doctor's appointment, could you help me?"*
- √ *Make sure to ask a question and wait for a response: If you just say that you are having hard time, people may not realize that you are directly asking them to help you. The more direct you can be the less room there is for confusion.*
- √ *Know the people in your support system*
 - *Everyone has a unique set of strengths and weaknesses. It is important for you to understand who in your support system is good at what. ∴ cf YUádY maybe your father is really good at providing transportation or \Yd|b|ci h with paying the bills, but not as good with just being someone to \g|b|c|ri when you are upset. Try to match your requests from people with hMf strengths.*
- √ *Set up a system for communication: Another way for you to communicate with your family and/or loved ones is to set up a system much like our homeland security system¹. If your feelings are approaching the dark yellow or orange stage, then you need to talk to someone about them. You can also create a numeric scale associated with the colors. For example:*

1-2	Slight distress such as anxiety, annoyance, loneliness, sadness, etc.
3-4	Level of distress increasing but still manageable
5-6	Distress, anxiety, anger, frustration, etc, increasing and becoming more intense. Occasional Suicidal thoughts.
7-8	Very upset, distraught, anxious, angry, frustrated. Increasing suicidal thoughts.
9-10	Extreme emotional upset, struggling with significant suicidal thoughts with plan, etc.

Together you can work out a system that works for everyone. This way the other person knows when to offer help and you know when to ask for help. You can devise a plan where if you reach a level 5, for example, you will automatically go to someone and reach out for help. This system also allows you to monitor if things are getting better or worse and how to proceed.

¹ (Bryan, Brophy, Cunningham, & Schwarz, 2006)

- √ *Timing is everything: Remember to ask the other person if this is a good time for them to help you. When people are feeling suicidal, they tend to focus only on themselves and their situation and forget that other people may have a lot on their plate as well. They may not be available to help you at a particular time. That doesn't mean they don't love you or care about you. That is why it is so important to have more than one person on your support team. Responsibilities or events are going to come up for people that can't be postponed. Naturally, if things are in crisis and you can no longer trust yourself to be safe that needs to be communicated. Most likely the individuals within your support will drop everything to help you. But the point of this book is to help you to not reach that point where suicide is imminent.*
- √ *Sign release of information: You may want to consider signing a release of information so that close people in your support network can speak with your therapist or psychiatrist. Allowing this open communication may ensure that everyone is working on the same page to help you the best way they can.*
- √ *Some people find it helpful to share with their primary care physician that they have attempted suicide. Again, it might be helpful to sign a release of information so the doctor can be in touch with your mental health professional. The more people who can be on your "team" to help you through this difficult time, the better.*
- √ *Finally, not everybody will have a strong support system already in place. Consider joining support groups such as the ones offered by the Depression and Bipolar Support Alliance, or the National Alliance for Mental Health to meet other individuals who may be more understanding of your situation or may have attempted suicide also.*



Knowledge is Power

After you are discharged from the hospital and things start go to back to “normal” you are at risk for becoming depressed again and start having thoughts of suicide again. Therefore, it is important for you to be aware and get help if you start to experience any of the following warning signs:

What to do if you start to feel suicidal again:

- Call a friend or family member to talk
- Make plans to spend time with a supportive friend
- Do something to distract yourself from the suicidal thoughts. The more you think about the suicidal thoughts, the worse you will feel.
- Call your therapist/social worker psychiatrist
- Call 1-800-273-TALK (8255)
- Go to your local emergency room

Thinking about suicide is NOT a weakness, IT IS PART OF A DISORDER.

Asking for help to keep yourself SAFE is the most courageous thing YOU could do.

Tips for when you are feeling suicidal:

Hold ice cubes in both hands and let them melt

Practice mindfulness²

Clean the house, a room, a drawer, closet, etc.

Go for a walk

Go to the local coffee store or library

Try to keep busy until the feeling passes or loses intensity

Watch a funny movie – it’s hard to feel suicidal if you’re laughing.

TALK TO SOMEONE

Call 1-800-273-TALK (8255)

² (Williams, Teasdale, Segal, Kabat-Zionn, 2007)

Wrestling with the Devil

Heidi Bryan, Founder

Feeling Blue Suicide Prevention Council

I have struggled with depression and suicidal thoughts most of my life; I can't really remember a time when I didn't think about wanting to die or killing myself. In high school, I went for a walk in the country to decide whether or not I was going to kill myself. I walked up a hill, turned and saw a valley with fields and woods below and mountains in the distance, and thought how beautiful it was. I figured if I could still see beauty in this world, then I'd keep giving life a chance. One year my mother was hospitalized and the person in the bed beside her had woken up from a suicide attempt. I distinctly remember my mother talking about how horrible it was for her to witness that – the crying, the anger, the anguish the person felt upon waking up and realizing her attempt was just that – an attempt. I was not going to wake up from an attempt. When I did it, it would be final. In the meantime, I figured I'd continue with life until I couldn't anymore, that I had given it my best shot, and it just wasn't meant to be. I would know when I reached that point and when it was the time to finally kill myself. I was reaching that point too – I had a plan and a back-up plan and a back-up plan to the back-up plan when my older brother killed himself. Living through the aftermath of his death, I realized suicide was no longer an option for me and I had to go on. Nothing changed, however, and soon I was deeply depressed and suicidal, but now I couldn't kill myself. I was in purgatory. Finally, with help from my husband, I got help and this time I stuck with it. It took several different doctors and several different medications, but my persistence paid off and my life and outlook on life changed drastically. I was happy! It was amazing – I was cured! Or so I thought.

But the thoughts of death and dying would come back, especially when I was stressed. I'd have this automatic thinking, "I'm worthless, a piece of dirt, I want to die." I got involved in suicide prevention which helped, but still the thoughts would come. Finally I met Dr. Ken Tullis who introduced me to the idea of being addicted to suicide. A light went off in my head and I realized that I was using my thoughts of suicide (and how I'd do it) like an alcoholic uses a drink. Fortunately, I was already involved in a program of recovery so I knew how to apply the same program to my suicidal thoughts. Wow, what a difference. Now I had the tools to combat them and I could forgive myself for having them. I didn't have the thoughts as often, they were fleeting at most, and I was relieved.

Then one Saturday morning in early March, my husband went to work for a couple of hours. As he drove away, suddenly the thoughts and urges with all their intensity and might were upon me. I wanted to die, but I didn't want to die. I wanted to kill myself, but I couldn't kill myself. I was scared; I didn't even know if I could stop myself from killing myself. It was as though a part of me was observing me – the logical me and the suicidal me. The suicidal me was giving all sorts of reasons why not to live, how to explain it, why it was a good idea, while the logical me would counter each of those thoughts with an opposite reason. I began to clean the house, but they didn't dissipate.

My husband was at work for a few more hours, could I hold out until he came home so I could talk to him? Should I call my therapist even though it was a Saturday? Maybe my psychiatrist? Should I take myself to the hospital? I decided I wasn't at that point yet however it felt as though the struggle was increasing and I was losing the fight. The only way I can describe it is to say I felt as though I was wrestling with the devil. Finally, I thought about one of my closest, childhood friends, who lost her mother and how she was like a sister to me. I realized she would be devastated; she would never forgive herself (as though she was to blame but I knew she'd think that) and it would hurt her deeply. I felt a little relief – I could go on. My husband came home and I told him about it, we talked and the feelings lessened and diminished. I was exhausted but I was alive.

I'm still not sure what to make of that episode. In my mind it made me believe even more than I did before that suicide is its own illness and deserves its own diagnostic code. I really believe the brain chemistry of people who are chronically suicidal or who die by suicide is different from the rest of the population. (I think Dr. John Mann at Columbia University is finding that out in his research, too.) Now I believe it's a chronic illness that I have to be vigilant about and try to maintain a healthy lifestyle as much as possible to combat it. I also learned the importance of talking about the thoughts as soon as they appear. Dr. Robert Schwarz once said that he believes suicidal thoughts signal that a change has to be made in the person's life; that somehow, in some way, something isn't working and that often people feeling trapped begin to feel suicidal. Initially, I thought that was an over-simplification, and while it's not the definitive answer, I find there is truth in his belief. Usually something does need to be changed, even if it's just my attitude about something.

Will I have another episode? I don't know. It's been over three years and I haven't had another one so far and I'm hoping I never will again. I did fine-tune my safety plan though, so that should the devil ever visit me again, I'll know better what to do and hopefully this time he'll just be passing through and not staying awhile.

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How To Get Help

Now that you have survived your suicide attempt, the most important thing you can do for yourself is get professional help. Many people think that if they just ignore their problems, they will go away....THEY WON'T. *By ignoring the problem, you are actually making it worse.*

There are people out there who are professionally trained to help you address all the thoughts and feelings that have come up as a result of your suicide attempt along with the feelings that lead you to attempt suicide in the first place. Professionals are out there waiting to help you but it's up to you make the first step.

If you are already in therapy, it is very important that you tell your therapist that you attempted suicide. (Don't assume he or she already know what happened.) Some people are afraid that their therapist will be upset or disappointed with them for attempting suicide. It's normal to have these thoughts, however, it is critical that you tell your therapist. Chances are that this professional has dealt with this issue before and will be open to talking with you about it.

If you don't already have a therapist, here are some ways to find a therapist:

- √ *If you have insurance, call your insurance company and ask for a recommendation for a psychologist/ therapist. They will give you a list of mental health clinicians in your area that take your health insurance.*
- √ *Ask for recommendations from the hospital staff where you were treated for your suicide attempt.*
- √ *Call the National Suicide Prevention Lifeline (1-800-273-8255) or your local crisis center for referrals.*
- √ *Call your primary care doctor's office and ask for a recommendation. Your doctor probably knows you well so he or she may be able to recommend a therapist who suits your personality.*

It is important to understand that not all therapists/psychologists are equal. There are different kinds of therapy that can be offered to you. Here is some information to help pick the right therapist for you:

- √ *Cognitive Behavioral Therapy: A treatment that is usually short-term and aimed at helping you understand the connection between your thoughts, feelings and behaviors. It deals with the issues that you are currently facing and is problem focused.*
- √ *Dialectical Behavior Therapy: This treatment is aimed at helping you learn to balance accepting the things you cannot change and changing the things that you can. You will learn specific skills on how to cope with your emotions, tolerate distress more effectively and how to get your needs met in relationships. This treatment was originally created for people struggling with chronic suicide and self-harm or people with borderline personality disorder and is now being researched for use with other disorders.*

- √ *Psychodynamic Therapy: This treatment is a long-term therapy that is aimed at helping you understand how the important relationships in your life have shaped who you are today and helping you be curious about yourself and learn to relate to your thoughts in a different way.*
- √ *Supportive Therapy: This is therapy that is aimed at supporting you through the hard times in your life by giving you a safe and nonjudgmental place to talk about the things that are on your mind.*
- √ *Eclectic: Many therapists will say that they are “Eclectic”. This means that they offer certain aspects of many different types of therapy.*

This is not an exhaustive list of therapy options. Your therapist may offer another type of therapy or a combination of therapies that could be very helpful to you. The most important thing to remember is that there are many different types of therapy, so you are encouraged to shop around until you find the right fit for you!

Selecting a therapist is an important task. When you meet the person for the first time, it is helpful and encouraged to ask a lot of questions to ensure this is going to be a person that you can trust. Questions like:

- √ *What level of education do you have?*
- √ *How long have you been a psychologist/therapist?*
- √ *What type of treatment do you offer?*
- √ *Do you specialize in any specific disorder/ treatment?*
- √ *Have you ever treated a patient with the type of problems that I have?*
- √ *If I'm in trouble and it is after regular business hours, how should I get help?*
-? *Do you take crisis calls/ after hours emergency calls?*
- √ *What will you expect from me in therapy and what can I expect from you?*
- √ *How will your treatment help me with my thoughts about suicide?*

If you do not feel comfortable with your therapist, it is ok to ask to be transferred to a different therapist. THIS DOES NOT MEAN THAT THERAPY WON'T WORK FOR YOU, it means that you did not connect with that one person or the type of treatment that he/she is offering isn't right for you at this time.

If you feel your therapist is uncomfortable around the topic of suicide, or doesn't want to address your suicide attempt, then you need to find a therapist who is comfortable with and will talk about it. There are many other therapists and treatments out there that you can work with.

What may work for one person may not be right for you, so don't be afraid to try different doctors or techniques. It may take you a few times to find the right person.

This can be a frustrating process at times, and may take several different doctors, but in the end, it will be worth it. *Whether you believe it or not right now, you deserve to have the best treatment available for you.*

Opposing the “Voice of Suicide”

Sometimes it helps to separate yourself from your suicidal thoughts and think of the thoughts as having the ability to “talk” to you. For example, it might say things like:

- They’d be better off without me.
- They wouldn’t care if I died anyway.
- I’ll show them, they’ll be sorry.



As you recover, or when these thoughts fade, you will begin to see they are not accurate or true. Your family, friends, etc., will in fact miss you. One thing is clear – people never get over losing a loved one to suicide. They won’t be better off without you, they will care if you died & killing yourself because you feel angry or hurt is not helpful. When these thoughts start to enter your head, evaluate them & don’t just believe everything you think. On page 17 we discuss using Hope Cards to challenge these thoughts & others that lead you down the road to suicidal thoughts & behaviors.

Learn your triggers and stressors. What prompts the “Voice of Suicide” to start telling you to begin to think about suicide or harming yourself? Do you feel inadequate? Unloved? Worthless? Hopeless? Why? What made you start feeling this way? Are certain thoughts and feelings allies of the “Voice of Suicide?” Sometimes just listing them will help you to uncover what triggers these thoughts. For example, when my father yelled at me for getting a bad grade, I felt stupid and worthless. When I tripped on the way to the store in front of my friends I felt clumsy, embarrassed and ashamed. This type of thinking is also called automatic thinking, and is common in people with depression and anxiety. Automatic thoughts are the quick thoughts you have in between when a situation happens to you and when you feel an emotion. Often, the automatic thought is so quick and “automatic” that we don’t even realize that we had a thought! Research shows that humans have countless numbers of automatic thoughts every day. It is perfectly normal to have automatic thoughts, they only become problematic when they are overly negative or inaccurate. On page 19 you will find an Automatic Thinking Questionnaire developed by Dr. Steven Hollon and Dr. Philip Kendall in 1980. Take a look at this questionnaire and circle the automatic thoughts that you typically experience. It will be important to share this information with your therapist so he or she can help you learn how to examine your automatic thoughts and correct them when they are not helpful.

When we’re feeling OK, these thoughts or voices of suicide seem extreme and untrue. But when we’re upset, depressed, anxious or agitated, we fall prey to the voices of suicide and believe it. Keeping a journal to track when the “Voice of Suicide” speaks up can be helpful. After you write these thoughts down, it is important to share them with your therapist to help you make sense of everything.

So now that you recognize the thoughts, feelings and events that can lead you to feeling suicidal, now what? Tell yourself that these are just thoughts and are NOT facts! The most important thing is not to give the thoughts any extra energy or emotion. Don't add fuel to the fire, try to put the fire out. Instead of getting angry with yourself, or thinking that you are a terrible person, think something like, "Oh, there goes the 'Voice of Suicide' again trying to trick me into killing myself. I am not falling for that. I'm not going to listen to it. I'm not going to let it rule my life. I had plans and I am going to do what I planned. But first I'll spend a few minutes and figure out what was going on earlier in the day that



made me vulnerable to these thoughts." Take a few minutes and write in your journal what happened earlier that upset you. Then try to do something to distract yourself, talk to a friend, try to challenge those thoughts.

Talking to someone about how you are feeling is also a great way to dispel those feelings. So you got a bad grade, it doesn't mean you're stupid – maybe the teacher's method isn't one that works well for you or maybe you hate the subject. So you fell, everybody falls

and everybody has felt clumsy and embarrassed after falling – it's normal. You have the power to allow these thoughts and feelings to take root and begin the downward spiral and you have the power to oppose them.

Therapy is also helpful in helping you determine why and how you feel suicidal and what you can do to counter those thoughts. A trained professional can help you with deal with the thoughts and issues that might be affecting your recovery.

Gradually, as you improve, you might begin to see areas in your life that might be contributing to your suicidal thoughts and behaviors. Do you drink excessively? Are you in a relationship where you don't feel safe or where your partner tries to control you and puts you down? Do you feel stuck in your job? Did you have a bad experience during your childhood? Again, working with a therapist or trained counselor can help you with these issues. If you are suffering from depression, anxiety, bipolar disorder or schizophrenia, you might be able to find a support group in your area so you can meet other people in situations similar to yours. (The Depression and Bipolar Support Alliance and National Alliance of Mental Illness have various support groups – visit our resource section at the end of this booklet for their information.)

Keeping a healthy lifestyle, exercising, and establishing a regular routine are all helpful in keeping depression, bipolar disorder, etc., manageable and at bay. There is no magic cure for suicidal thoughts and behaviors, but being proactive instead of reactive can help prevent you from acting on them.

Safety Plan

It is important for you to make a plan on how you are going to keep yourself safe in case you begin to feel suicidal again. By completing this enclosed safety plan, you can begin to recognize the warning signs that you are starting to feel suicidal and get yourself help before it's too late! It is also recommended you create your safety plan when you are not in crisis or distressed.

Either by yourself or with friends/family/therapist, you can complete the blank safety plan on the next page. You are encouraged you to keep multiple copies of this safety plan in places where you can easily find it in case of an emergency.

In this safety plan, you should include all the warning signs that you are starting to feel suicidal. To figure this out for yourself, ask yourself “What was I feeling/thinking/doing before I started to feel suicidal?” Here are some signs that other people have identified:

- | | |
|---------------------------------|---------------------------------|
| Feeling really depressed | Pushing people away |
| Not sleeping well | Picking fights with loved ones |
| Canceling doctors' appointments | Staying in bed all day |
| Crying all the time | Stopping eating/eating too much |

The next step in a safety plan is to think of something you can do when you notice the above warning signs to help yourself feel better or distract yourself from the suicidal thoughts. Some coping ideas are:

- | | |
|---|-------------------------|
| Read a good book | Read the Bible |
| Listen to music | Take the dog for a walk |
| Call a friend | Play with my children |
| Go shopping | Take a bubble bath |
| Volunteer at a soup kitchen, homeless shelter or local nonprofit organization | |

It is true that these activities will not solve the problems in your life that are leading you to consider suicide. However, they will distract you for a little while to allow you to take a mental break from your problems.

It is also recommended that you keep a daily planner with your appointments, contacts, as well as make a list of tasks to do each day. When you begin to organize your life, your thoughts will follow and you will begin to feel calmer and less stressed.

Make a survival kit, box or folder. Put music, poetry, notes, pictures, anything that will comfort you and make you feel better. If you get a nice e-mail or birthday card or thank you note, put it in the kit so you can see how you have made a difference in someone's life. Include items that sooth you from each of the five senses (smell, taste, touch, sound and sight). This kit is similar to a first aid kit; you want to put things in this kit that will help you survive a suicidal emergency.

³ (Wenzel, Brown, & Beck., 2009)

You can also create Hope Cards³. These are index cards with the reasons why you feel suicidal on one side of the card and a list of things that can challenge or change those thoughts on the other side. For example, perhaps you feel suicidal when you think that you are a failure. On one side you can write, “I think I am a failure” and on the other side you can list all of your accomplishments, such as obtaining your GED or graduating high school, maintaining a job and so on. You can carry these cards with you at all times and when these feelings arise and you begin to feel suicidal, you can easily pull out of the stack of cards, read them, to help you manage your feelings.

The last step in this safety plan is to include the names and numbers of people in your support network that you can call on to help you when times get tough. It is important to include their phone numbers so you don’t have to try to remember them when you are in crisis. Here are some suggested people to include:

- | | |
|----------|-------------------------------|
| Parents | Girl/Boyfriend/Partner/Spouse |
| Siblings | Therapist |
| Friends | Local Emergency Room |

Also, include the 24-hour Suicide Prevention Lifeline. This number is 1-800-273-TALK (8255). There are trained individuals available 24/7 to talk with you when you are feeling badly.

Some people find that they do not have enough supportive people in their life. There are numerous ways you could build your support network, such as joining AA or NA, take a class at the local YMCA or community college to meet new people, spend time at the dog park or at a local coffee shop, attend free events at the local library and introduce yourself to new people.

In addition, you could attend a support group meeting offered by the National Alliance on Mental Illness in your area. You can find out if there is a support group in your area by going to the following website:

www.nami.org/template.cfm?section=Consumer_support

There are also various online support groups that can offer help.

We recommend that you share your safety plans with your therapist, social worker, psychiatrist and the people in your support network. This can ensure that everyone is aware of how hard you are working to keep yourself safe and can support you the best way they can.

For more information on developing a safety plan, see *The Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version*; Stanley, B. & Brown, G. K. (2008). Washington, D.C.: United States Department of Veterans Affairs. You can view this document at:
www.mentalhealth.va.gov/MENTALHEALTH/College/docs/VA_Safety_planning_manual.doc

You can get through this difficult time and live a healthy, happy life again!



Sample Safety Plan

Warning Signs

What I Can Do to Help Myself

People I Can Call to Help

Automatic Thought Questionnaire

Please take a few minutes to read over this list of potential thoughts that might make a person feel badly. It is important to be aware of the thoughts that repeatedly go through your mind that might influence how you feel and how you behave. Circle the thoughts that you find yourself having repeatedly.

Once you have selected the thoughts that you repeat to yourself, see if you can find any evidence that would show you that thought is incorrect and write it down for yourself.

1. I feel like I'm up against the world.
2. I'm no good.
3. Why can't I ever succeed?
4. No one understands me.
5. I've let people down.
6. I don't think I can go on.
7. I wish I were a better person.
8. I'm so weak
9. My life's not going the way I want it to.
10. I'm so disappointed in myself.
11. Nothing feels good anymore.
12. I can't stand this anymore.
13. I can't get started.
14. What's wrong with me?
15. I wish I were somewhere else.
16. I can't get things together.
17. I hate myself.
18. I'm worthless.
19. I wish I could just disappear.
20. What's the matter with me?
21. I'm a loser.
22. My life is a mess.
23. I'm a failure.
24. I'll never make it.
25. I feel so helpless.
26. Something has to change.
27. There must be something wrong with me.
28. My future is bleak.
29. It's just not worth it.
30. I can't finish anything.



Resources

Websites:

Active Minds: www.activeminds.org
American Association of Suicidology: www.suicidology.org
American Foundation for Suicide Prevention: www.afsp.org
American Psychiatric Assoc.: www.psych.org
American Psychological Assoc.: www.apa.org
Association for Behavioral & Cognitive Therapies: www.abct.org
Association for Comprehensive Energy Psychology: www.energypsych.org
ClinicalTrials.gov: www.clinicaltrials.gov
Depression & Bipolar Support Alliance (DBSA): www.DBSAAlliance.org
Mental Health America: www.nmha.org
National Alliance on Mental Illness (NAMI): www.nami.org
Behavioral Tech, LLC. A website dedicated to Dialectical Behavior Therapy:
http://behavioraltech.org/resources/tools_consumers.cfm
DBT Self-Help: a website with many helpful skills to help you cope with suicidal thoughts:
<http://www.dbtselfhelp.com/>
Live Through This: www.livethroughthis.org
National Institute of Mental Health : www.nimh.nih.gov
National Organization of People of Color Against Suicide (NOPCAS): www.nopcas.com
National Suicide Prevention Lifeline: www.suicidepreventionlifeline.org
Substance Abuse and Mental Health Administration (SAMHSA): www.samhsa.gov
Suicide Anonymous: www.suicideanonymous.net
Suicide Prevention Resource Center: www.sprc.org
Trevor Helpline (GLBT Youth): www.thetrevorproject.org
What Happens Now? Attempt Survivor Blog: www.attempturvivors.com
Yellow Ribbon Suicide Prevention Program: www.yellowribbon.org

Books:

The Savage God – A Study of Suicide; Alvarez, A.; Random House; 1972.
How I Stayed Alive When My Brain Was Trying to Kill Me; Blaumer, Susan Rose; Harper Collins; 2002
Choosing to Live How to Defeat Suicide Through Cognitive Therapy; Ellis, Thomas E, Newman, Cory F.; New Harbinger Publications, Inc.; 1996.
Seduced by Death; Hendin, Herbert, M.D.; W W Norton & Co; 1998.
Why People Die by Suicide; Joiner, Thomas; Harvard University Press; 2006.
Eight Stories Up An Adolescent Chooses Hope Over Suicide; Lezine, Dequincy A. Ph.D. with Brent, David, M.D., Oxford University Press, 2008.
Suicide in Later Life –Recognizing the Warning Signs; Osgood, Nancy, Ph.D.; Macmillan, Inc.; 1992.
Counseling Suicidal People; Quinnett, Paul G; The QPR Institute, 2000.
Suicide – The Forever Decision; Quinnett, Paul G; The Crossroad Publishing Co; 2000.

Clues to Suicide; Shneidman, Edwin S. Ph.D. and Farberow, Ph.D.; McGraw-Hill Book Co.; 1957.

The Suicidal Mind; Schneidman, Edwin, Ph.D.; Oxford University Press; 1996.

Seduction of Suicide; Taylor, Kevin, M.D.; 1stBooks Library; 2002.

Secrets of Suicide; Tullis, Ken, M.D.; AuthorHouse; 2007.

Waking Up: Climbing Through the Darkness; Wise, Terry L.; The Missing Peace, LLC, 2012

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Williams, M., Teasdale, J., Segal, Z., & Kabat-Zinn, J. (2007). *The Mindful Way through Depression*. New York: The Guilford Press, A Division of Guilford Publications, Inc.

Wenzel, A., Brown, G. K., & Beck, A. T. (2009). Cognitive therapy for suicidal patients: *Scientific and Clinical Applications*. Washington, DC: APA Books.

Check your local universities that offer graduate training in psychology or psychiatry. They often offer low cost therapy or medication management.

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