

**ONLINE -
Suicide and Self Harm Prevention
DAY 1**

2021

Developed and Presented by Beate´ Steller

**Accredited Mental Health Social Worker
M.A.P.S., M.A.Ed., B.S.W (Hon), R.N.**

Association of Children's Welfare Agencies (ACWA) / Centre for Community Welfare Training (CCWT)



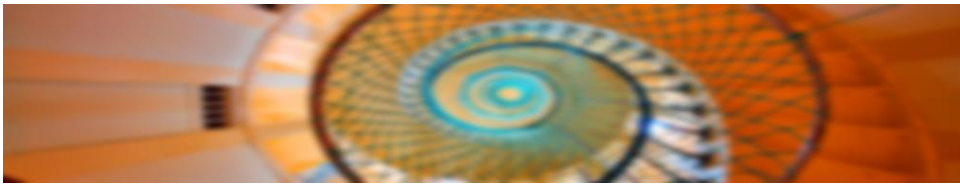
**Welcome and
Acknowledgement**



Reflective Learning...

Remembering and revisiting in a safe space....

...that may lead to new insights and learning



What's the story of your shoes....?
What are the stories of these shoes?



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An effective learning environment is...



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Housekeeping for online challenges

1. if you disconnect please contact **Beate's phone no: 0413 746 915- leave a text message** and your return number if it is a caller id no. I will ring back in break to help you with technical problems.
2. If your internet is weak or your video becomes frozen- Turn video camera off and only use mic for a while. Best if we can see each other. Only turn camera off if you have tried other alternatives please.
3. Minimize interfering noise.
4. Can you go outside for activities and can you take your phone or computer with you?
5. You will need to write on paper/journal – bring a note book and pen
6. Role plays will be different and we will experiment
7. If Beate gets disconnected – keep going and don't leave Zoom. Talk to each other until I join you via an other mode.





Participants will have the opportunity to:

- ❖ Learn and practice suicide prevention and intervention skills
- ❖ Apply enhanced confidence when working with people who present with suicidal and self-harming ideation and behaviour
- ❖ Learn the steps involved in suicide first aid
- ❖ Understand the needs of people bereaved through suicide
- ❖ Develop strategies to provide support and a healing environment for the bereaved
- ❖ Learn how to provide grief support after suicide
- ❖ Explore strategies that can turn the tragedy of suicide into actions of positive change
- ❖ Enrich their referral skills and referral resources
- ❖ Appreciate the value of self-care strategies, debriefing and supervision.

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Agenda Day 1 global overview and self harm

Suicide and Self Harm Prevention

9.30 am: Welcome, introductions and overview of the day

What are the most challenging issues when working with suicide and self harm loss? Facts and figures about suicide.

10.45 am: MORNING TEA

11.00 am:

Checking our own values and assumptions about suicide and self harm

Causes and management of Self Harm

12:30 pm: LUNCH

1:30 pm: Watching 'Walking on the Edge' dvd and lessons learned from the counsellor

3.00 pm: AFTERNOON TEA

3.15 pm: Overview of River analogy for assessing risks

4.30 pm: Self care and close of day 1

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Agenda Day 2 strategies, interventions & support

Suicide and Self Harm Prevention

9.30 am: Welcome back overview of the day 2

What is a crisis? Risk factors and warning signs. Overview of ASIST model

10.30 am: MORNING TEA

10.45 am: Practicing ASIST interventions

Complex /traumatic grief and suicide – frameworks that help us understand the Grieving process.

Communicating with a bereaved person –

12:00 pm: LUNCH

12:45 pm: Watching: The Truth of Life after Suicide BBC Doco – debriefing lessons learned

2:30 pm: AFTERNOON TEA

2.45 pm: Post-vention support work: Strategies for providing support after suicide. Self-care in grief and loss work

4:30 pm: Close



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In the moment skills: What are primary gateways to calm?

• Start with **STOP**

- **S**top what you're doing
- **T**ake a deep breath and exhale slowly and completely
- **O**bserve your
 - Intentions
 - Body
 - Mind
 - Emotions



• **P**roceed with Awareness

From: Executive Mandala 2014

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What is the most challenging
issue when working
with suicide, self harm and
suicide bereavement?

Use Chat Function and type a few
words



‘The person who commits
suicide today
may have wished to live
if they had waited a week’



Voltaire ,1694- 1778

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Myths versus Facts about Suicide

1. People who talk about suicide, won't do it True/False
2. Suicide occurs without warning True/False
3. People who talk about suicide are just attention seeking True/False
4. If you promise to keep a friend's suicidal plan secret you should always keep that promise True/False
5. Only certain types of people attempt suicide True/False
6. Asking someone if they are feeling suicidal will put the idea into their head True/False
7. Most suicides happen in the late afternoon or early evening True/False
8. A suicidal crisis is generally of short duration True/False
9. Use of alcohol and drugs increase suicidal risk True/False
10. Terminally ill people often suicide True/False

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**Prevention:**

is about health protection for the whole population and consists of strategies that eliminate the conditions that lead to suicide.

intervention:

involves early detection and prompt intervention for individual and populations.

Post-vention:

is “prevention for the next generation” (Shneidman, 1972). It involves addressing suicide prevention and traumatic stress.

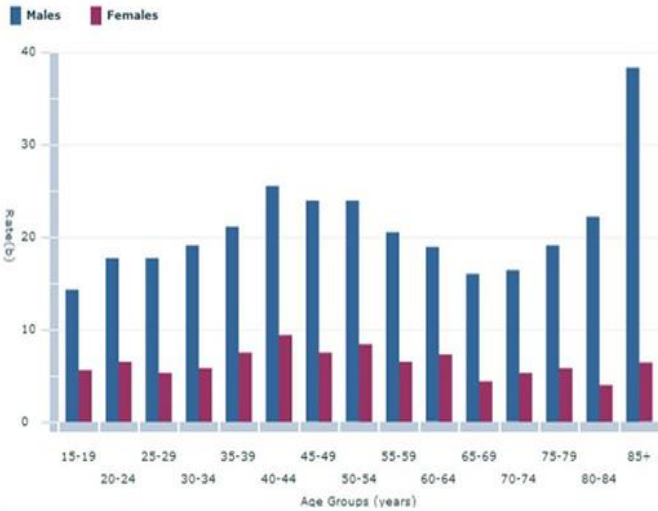
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- 90% of people who die of suicide have a mental illness (Living Works 2014)
- There is no suicide gene – it is the mental illness that is the genetically influence



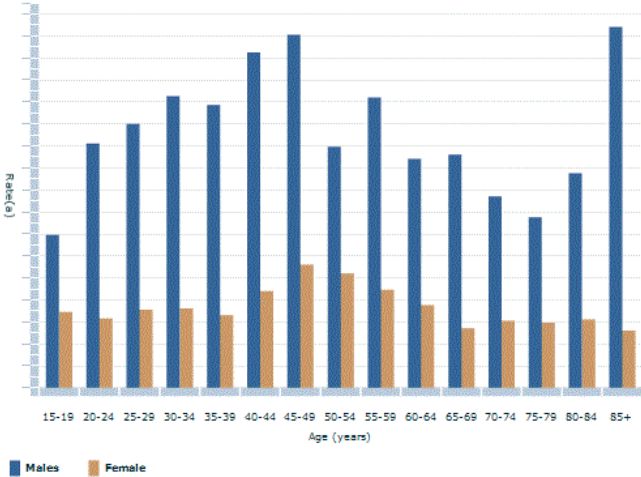
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AGE-SPECIFIC SUICIDE(a) RATES(b), 2013(c)



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Age-specific death rates for intentional self-harm, by sex, 2017 (a)(b)(c)



Footnote(s): (a) Age-specific death rate. Deaths per 100,000 of estimated mid-year population for each age group.

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SUICIDE FACTS*

- Every year over 65,000 Australians make a suicide attempt
- More than 3,000 Australian died by suicide in 2017
- Suicide is the leading cause of death for Australians between 15 and 44 years of age
- Prevalence: Australians are more likely to die by suicide than in motor vehicle accidents.
- In 2017, about 75% of people who died by suicide were males and 25% were females
- In 2017, the suicide rate among Aboriginal and Torres Strait Islander people was approximately twice that of non-Indigenous Australians

*Source: Australian Bureau of Statistics, Causes of Death, Australia, 2017

**Suicide in Australia**

- In 2017, in Australia, 3,128 people died from suicide (X60-X84, Y87.0) rising 9.1% from 2,866 in 2016. ABS
- Suicide is one of the top 3 causes of death for 15-35 year olds in every reporting country.
- There are an average of eight suicides per day in Australia.
- Rural rates are 50% greater than urban rates in Australia.

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Aboriginal suicide is different

- Many local researchers have identified that “Aboriginal suicide is different” yet it is under resourced, under researched and under valued.



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**Tatz (2013) has proposed that there are
8 factors that are involved in Aboriginal suicide:**



1. The persistent cycle of grief due to the high number of deaths within many communities
2. Feelings and experiences of exclusion and alienation
3. A lack of publicly recognised role models and mentors outside of the sporting realm
4. Lack of meaningful support networks within the community
5. Sexual Assault
6. Substance misuse
7. Conflict and ill will between community groups
8. Lack of a sense of purpose in life and feelings of emptiness

Trudy Hanson 2014 for NALAG

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- ❖ The highest suicide rates in the world are 34.3 in the Russian Federation in 2014 and 27.7 in Hungary in 2013*
- ❖ Men in Australia are four times more likely to die by suicide than women
- ❖ Indigenous people are four times more likely to die by suicide than non-indigenous people
- ❖ The most recent data (ABS, Causes of Death, 2014) shows that more people die from suicide in Australia than from skin cancer (1,837)



Former Australian Pro Athlete Is Trying To Prevent Suicide- Joe Williams



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FACTS

- Suicide is highest in remote communities
- Greece and Italy have the lowest rate
- The Russian Federation has the highest rate
- Finland and Japan is also high and Australia is in the middle range
- Self harm does not always lead to suicide **and** needs to be taken seriously

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Suicide attempts

- For every suicide it is estimated that as many as 30 people attempt suicide
- That's 180 attempts per day
- That's more than one new attempt in Australia, every 10 minutes

➤ **Thoughts of suicide (Suicidal ideation)**

- It is estimated that 249 people make a suicide plan everyday
- It is estimated that as many as 1014 people think about suicide every day
- We all have a role to play in suicide prevention.

<http://www.lifeline.org.au/About-Lifeline/Media-Centre/Suicide-Statistics-in-Australia/Suicide-Statistics>

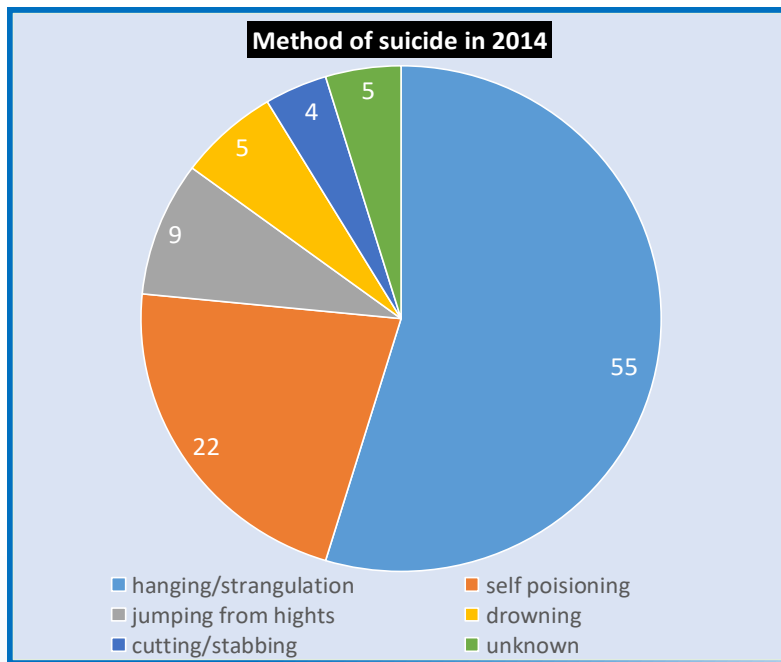


- Suicide affects every gender, race, socio-economic background, culture, religion etc.
- People who attempt suicide once are at risk for future attempts.
- People who talk about suicide are not being manipulative. Stats suggest 50% of all people who die by suicide visit their GP in the last week of their life.
- Children are capable dying of suicide.
- Sudden improvement in the person's presentation/ mental health does not always mean suicidal risk has passed.

Trudy Hanson 2013 for NALAG



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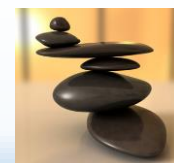
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Source: Local audit: 2013

Questions to consider to explore our values and assumptions-

We need awareness of this when we work with suicide

- What are some of the communities beliefs about suicide?
- What are your personal beliefs about suicide?
- Do I believe that suicide is wrong?
- Can I accept that some people chose suicide as an option?
- How do I explain suicide in my world view / faith/ religion?
- What/who has influenced my beliefs about suicide?
- **Consider:**
 - •Euthanasia/Rational Suicide
 - •Child or adolescent suicide
 - •Copy cat suicides



- **Self-harm comes in many forms** and can be really damaging to a person's physical and mental health.
- There are many reasons people engage in self-harm, but it is most often used as a way of coping with difficult emotions.
- There are a number of things you can do if you are self-harming, ranging from enlisting a support team to practicing self-help techniques.



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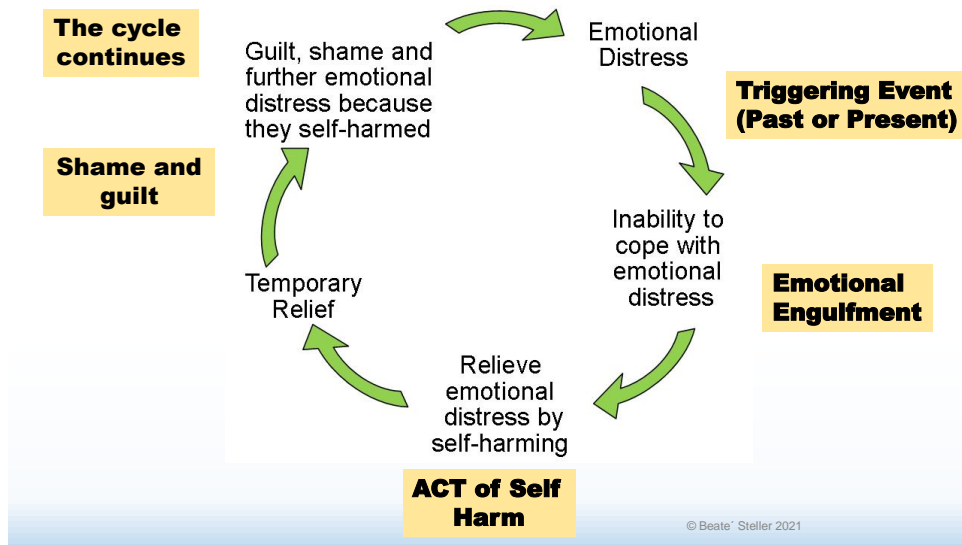
- **Self-harm is** the deliberate injuring of oneself in an attempt to cope with strong feelings such as anger, despair or self-hatred. Someone who self-harms may inflict physical injuries in a variety of ways such as cutting, piercing, burning or biting themselves.

The most comprehensive Australian study of self-harm published in 2013, estimates that around eight per cent of the Australian population, aged between 10 and 100 years have self-harmed

• http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Self_harm

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The Cycle of Self Harm



Self HARM "If you knew", by Joel Faviere

<http://www.youtube.com/watch?v=IW5juc5QC6Q>



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JOEL FAVIERE lyrics "If You Knew"

They think you're crazy.
 They think you're mad.
 They call you stupid, worthless, tell you you're not worth it.
 Now you're walking back, to a place you call home,
 but you feel so alone.
 The same hurtful hits, it's your darker place.
 In your virgin ears, the remarks they make.
 And if they, if they really knew all of those things.
 That you do in your room, to hide the pain.
 I bet their minds would change.
 Yeah,
 I'll bet their minds would change.
 They'd change, If they knew the pain.
 cause I believe in these scars, I believe.

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Self HARM "If you knew", by Joel Faviere

- Which words of the song stand out for you?
- What feelings does this song evoke?
- What does a self-harming person need?
- What are some strategies that that help the person express their pain in a constructive way?



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Reasons for self-harming behaviour

- To manage emotions
- The belief that punishment is deserved
- Low self-esteem
- Poor body image
- Self-hatred
- Post-traumatic stress disorder
- Strong feelings of anxiety or depression
- Emotional numbness (feeling physical pain is 'better' than feeling nothing)
- A response to physical, sexual or emotional abuse.

• http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Self_harm

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• How to help during an incident

If you witness self-harm, try hard to control your emotional response. Yelling, crying or becoming hysterical will only make the person more stressed, which can reinforce their self-harming behaviour. Suggestions include:

- Try to act in a neutral way.
- If necessary, take them to a more private place.
- Help them to administer first aid to their injuries.
- If their injuries are severe, take them to the nearest hospital emergency department for treatment.
- If this is the first time you discovered their self-harming behaviour, ask your doctor for referral to appropriate mental health services.

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- Generally speaking, someone who self-harms isn't trying to suicide. A person who is suicidal is desperate to never feel anything again, whereas the person who self-harms is only trying to make themselves feel better.
- In some cases, a person may self-harm in an attempt to drive away suicidal feelings. To distinguish self-harm from suicidal behaviour, the term non-suicidal self-injury (NSSI) is used.

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Treatment for self-harm

- Psychological intervention and/or counselling
- Psychiatric treatment
- Learning other forms of effective coping techniques
- Understanding and support from family members, friends and doctors
- Medical treatment for the physical injuries
- Until the self-harming behaviour is under control, advice on harm minimisation techniques; for example, how to keep piercing and cutting implements sterile
- Until the self-harming behaviour is under control, first aid training and adequate supplies of first aid equipment in the home (such as bandages and antiseptic solution).

• http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Self_harm



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- **Things to remember**

- Self-harm is the deliberate injuring of oneself in an attempt to cope with strong feelings such as anger, despair or self-hatred.
- Many workers in the medical and health professions don't understand self-harm and often react in negative ways.
- Self-harm is not a type of suicidal behaviour – in some cases, a person may self-harm in an attempt to drive away suicidal feelings.
- http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Self_harm

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- **Unpacking the feelings, giving them a name, a shape, a sound, a taste – be as creative as possible**

- Find creative ways to help the feelings that are locked inside come out in constructive and liberating ways.
- When you see the blood, what does it want to say to you, what does the colour of the blood mean to you?
- Create a playlist that tells me about the feelings inside of you.
- If you are feeling dead inside, what caused your inner self to feel like that?
- What would it take for that inner self to sprout new life again?

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Incorporating Expressive Arts Techniques into the Treatment of Adolescence Self-Injury by Amie Myrick, 2013.

This article states that research suggests that self-injury is common in adolescents, yet there is little published research on effective treatment for this population. There is, however, much research that suggests the usefulness of incorporating expressive arts techniques into the child and adolescent treatment. Great examples are provided.



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Four stage assessment process for self harm: D'Onofrio (2015)

1. **Containment:** ensuring adolescent's safety with respectful curiosity
2. **Engaging the adolescent:** use client's words to convey respect and understanding, expressing curiosity without demanding information eg: do you feel it would be helpful to talk more about your cutting? Would it help you to learn more about self-injury?
3. **Assessment phase:** gather information about the client in a variety of functional areas. Asking client and people close to her about behaviour, affect, cognition, biology/psychiatry and environment.
4. **Plan next step:** immediate needs are identified and ongoing goals are determined. Include client in process.

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Self HARM “If you knew” , by Joel Faviere

<http://www.youtube.com/watch?v=iW5juc5QC6Q>



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I told my friend of 10 years this and it helped her stop cutting/self infliction, for good.

“Cutting only transfers the pain to your body. Cutting takes the pain from your mind and your thoughts and memories and puts them directly on your body. I know that it helps you right now sweetie but you need understand one thing from me. Cutting only gets rid of the pain temporarily and thats why you go back to it. If it was a forever fix, it would happen once and it would be over with forever.

But its not that at all. Its really really hard to get out of but if you learn to stop you'll soon realize that its not needed, I promise.

Transferring pain from one place to another is useless and its only going to hurt you more. You are a beautiful human being, I promise you.

I believe in you and I believe that if you think about what I've told you, that you will be strong enough to quit. That is why you should quit.

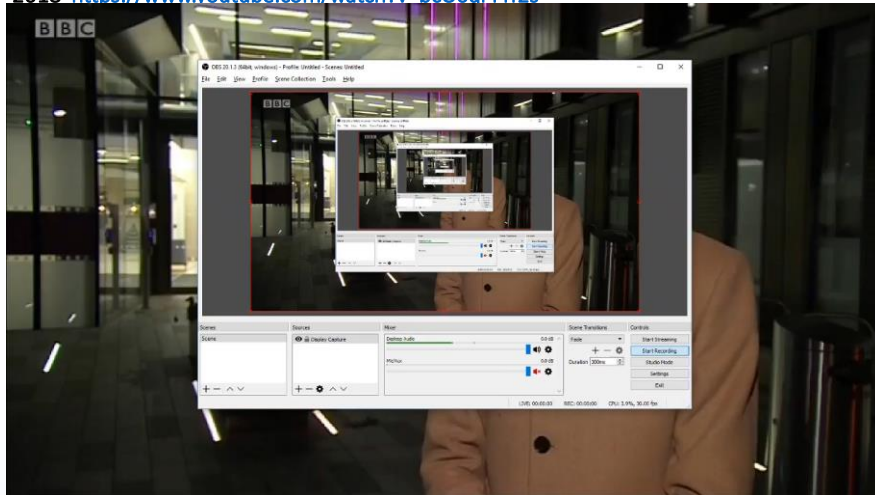
You will be a success, and you will matter in life. You aren't worthless and you aren't stuck in the past. You are a unique, one of a kind girl that doesn't need to inflict pain to herself. You can do it, I know it.

I love all of you and I want you to know you aren't alone in this world.”

By Joel Faviere 2, March 2013

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Springbank Ward, Cambridge, UK. Case reports on a different way of managing chronic suicidality. For Women who self harm with Borderline Personality Disorder. 2018 <https://www.youtube.com/watch?v=bcO0qrTyf2s>



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<https://theresilienceproject.com.au/>

The Resilience Project:

1. **Gratitude**
 2. **Empathy**
 3. **Mindfulness**
- **The Resilience Project delivers emotionally engaging programs to schools, sports clubs and businesses, providing practical, evidence-based, positive mental health strategies to build resilience and happiness. It has delivered programs to over 500 schools around the country and worked with many elite sporting teams including the Australian cricket, netball and soccer teams, NRL and AFL clubs.**

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**Mindfulness Meditation Groups in Residential Aged Care
and its relevance to Spiritual Growth and Wellbeing – research**

Beate Steller, 2019

**Four themes emerged that promote positive spiritual growth and
wellness in older people:**

- Meaningfully connecting and sharing
- Providing a supportive and reflective space
- Practicing mindfulness meditation
- Practicing and expressing gratitude

*From a strength based perspective,
how can you and your organisation focus on building
more resilience with your clients
in order to develop protective factors
that prevent self harm?*

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With suicide ,
there are no secrets

Suicide is caused by psych-ache

Psych-ache refers to the hurt, anguish, soreness, aching psychological pain in the psyche, the mind.



Suicide occurs when the psych-ache is deemed by that person to be **UNBEARABLE**

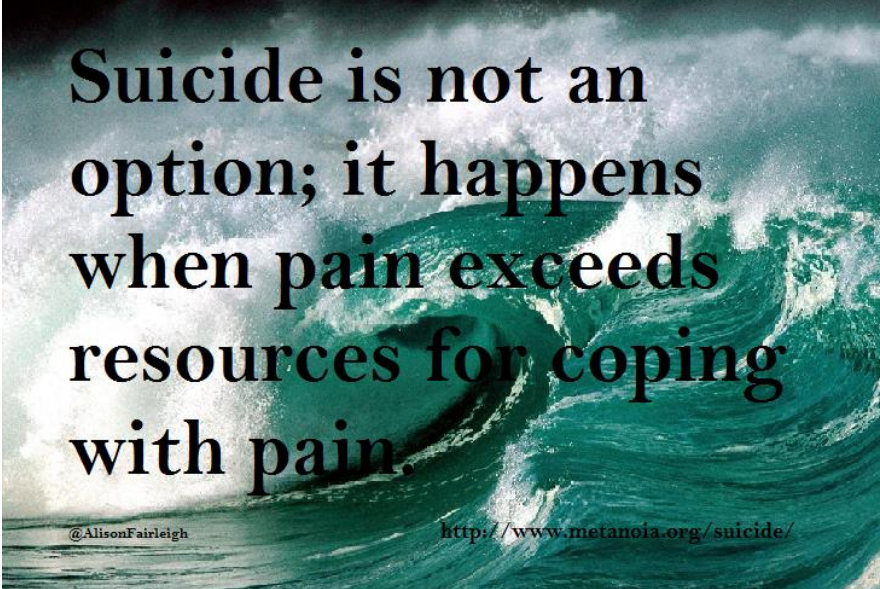
This means that suicide also has to do with different individual thresholds for enduring psychological pain.
(Schneidman, 1993, 52)

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- “Suicidal people generally have ambivalent feeling. They may experience hopelessness but at the same time hope to be rescued. Often the factors for and against suicide are so evenly balanced that if those close to them respond in a warm, concerned, and knowing way, the scales could be tipped in favour of life.
- This is why it is so important to be aware of the clues and warnings communicated by the suicidal person.’

Grollman 1988, 63





**Suicide is not an
option; it happens
when pain exceeds
resources for coping
with pain.**

@AlisonFairleigh

<http://www.metanoia.org/suicide/>

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**Walking on the edge DVD –
suicide prevention** 30 minutes

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Questions for reflection in small groups:

1. What scenes/ words stick out to you?
2. What scenes triggered the strongest feelings for you?
3. What did the counsellor do well?

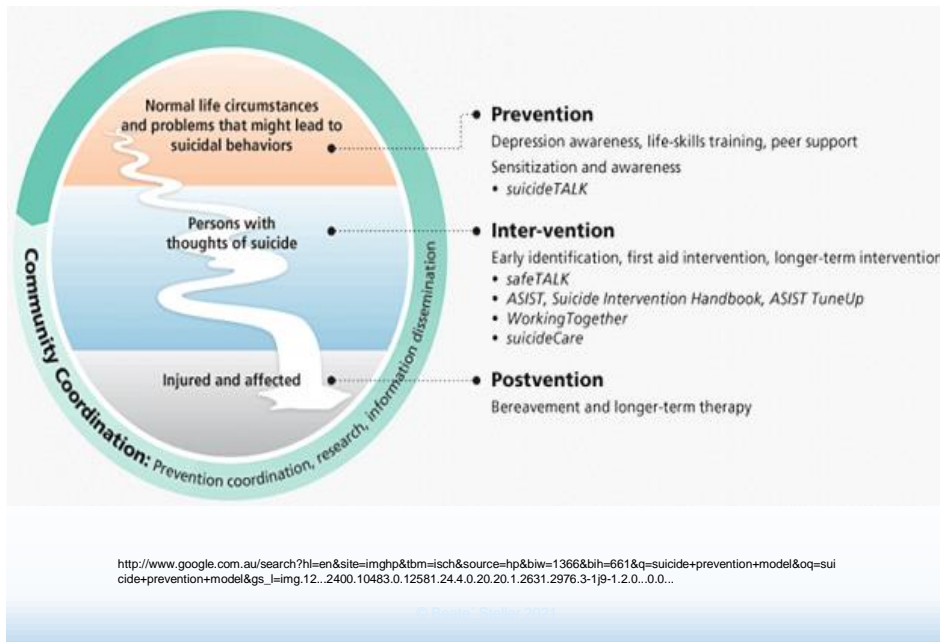


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**Imagine
every Community has a river running
through its centre
and the river is called
suicide.**



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- Think about your role and your organisation.
- Where are you situated in the river called suicide?
- How comfortable are you at the different places.
- Are you scared of heights?
- Are our own fears stopping us from going to the different places in the river?

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A crisis (from the [Greek](#) κρίσις - *krisis*; ^[1] plural: "crises"; [adjectival form](#): "critical")

- is any event that is, or expected to lead to, an unstable and dangerous situation affecting an individual, group, community, or whole society. ...A personal crisis can occur when events of an extraordinary nature trigger extreme tension and stress within an individual which require major decisions or actions to resolve.

• <http://en.wikipedia.org/wiki/Crisis>

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- A crisis situation can revolve around a dangerous situation such as extreme weather conditions or a medical emergency or long-term illness. A crisis can also be related to a change in events that comprise the day-to-day life of a person and those in their close circle. Such situations may be loss of a job; extreme financial hardship; alcoholism or addiction and other situations that are life altering and require action that is outside the "normal" daily routine.

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Chinese word for Crisis
has two characters and is composed to
represent "danger" and "opportunity"

危机

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Causes of suicide

Recent theories about types of suicide and different motivations suggest that suicide is a:

Direct result of a mental illness, although many people with a mental illness are not suicidal outcome of reckless behaviours – associated with drugs and alcohol referred to as death wish. Causes include:

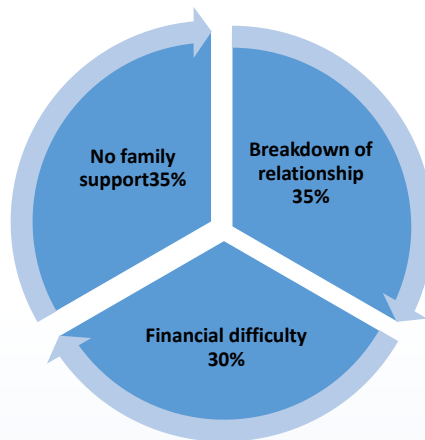
- An attempt to manage unbearable pain
- An attempt to send message or gain a particular outcome e.g.: vengeance, defiance, legacy
- An altruistic heroic act to save another
- An expression of the person's right to choose the manner of their death
- Bullying at work
- Break up
- Loss
- Major change
- Previous attempt
- Mental illness

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Warning signs usually occur in clusters. One individual may often show several warning signs.



An example of all the elements that can trigger suicide



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Look for the straw that breaks the camel's back....



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Warning signs

- ▶ Hopelessness
- ▶ Increased drug and alcohol use
- ▶ No way out
- ▶ Withdrawing
- ▶ Prior attempt

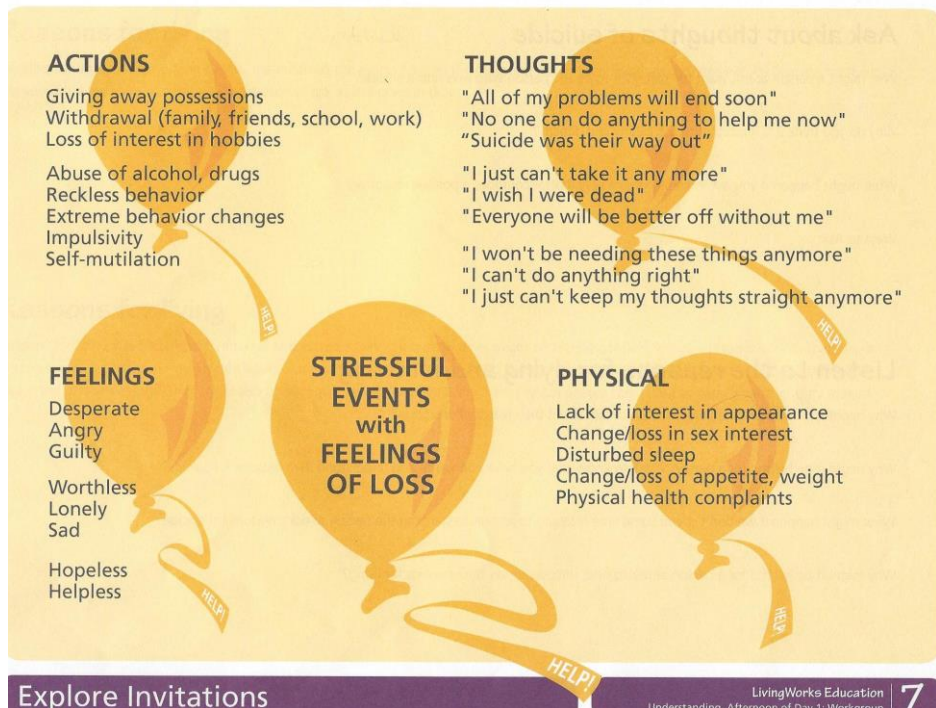
- ▶ **Tipping Point:**
 - Relationship ends
 - Loss of respect and status
 - Death or suicide of friend or relative
 - Argument at home
 - Being abused or bullied
 - Media report on suicide

Imminent Link

- Has plan
- Expressed intent
- Access to lethal means
- Impulsive, aggressive and anti social behaviour



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Risk factors of suicide

- **Individual**

- Male
- Chronic pain
- Mental illness
- Immobility'
- Addictions
- Little control over life
- Poor coping skills
- Hopelessness
- Guilt and shame

Social:

Abuse and violent
Family conflict
Social isolation
Family history

Contextual:

Neighbourhood violence and crime
Poverty
School failure
Lack of support and services
homelessness

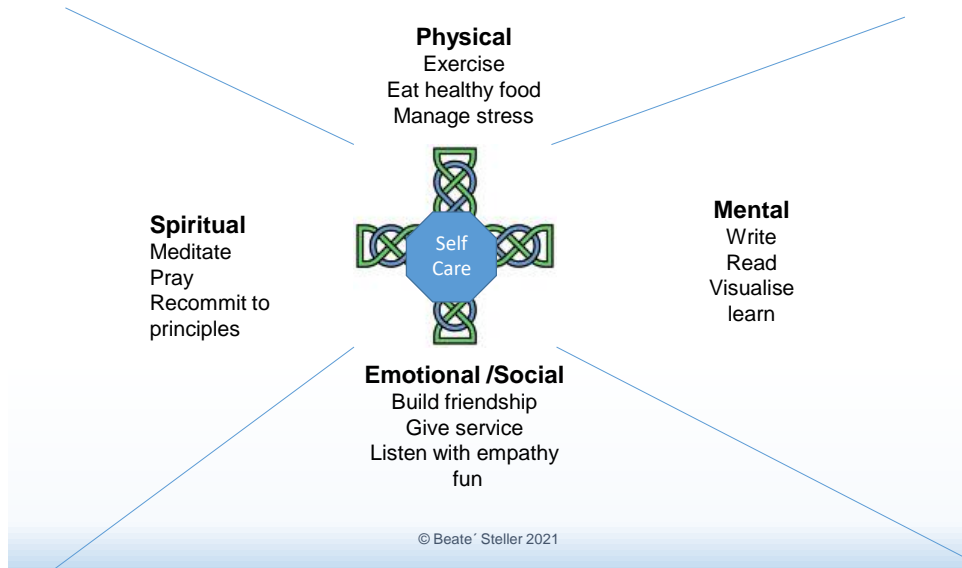
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**One way to find out
if a person is suicidal
is to ASK**

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Four dimensions of personal renewal

adapted from S. Covey (1997) "The 7 Habits of Highly Effective Families"



ONLINE - Suicide and Self Harm Prevention DAY 2

2020

Developed and Presented by Beate' Steller

M.A.P.S., M.A.Ed., B.S.W (Hon), R.N.



Association of Children's Welfare Agencies (ACWA) / Centre for Community Welfare Training (CCWT)

Agenda Day 2 strategies, interventions & support

Suicide and Self Harm Prevention

9.30 am: Welcome back overview of the day 2

What is a crisis? Risk factors and warning signs. Overview of ASIST model

10.30 am: MORNING TEA

10.45 am: Practicing ASIST interventions

Complex /traumatic grief and suicide – frameworks that help us understand the Grieving process.

Communicating with a bereaved person – role play

1:00 pm: LUNCH

1:45 pm: Watching: The Truth of Life after Suicide BBC Doco – debriefing lessons learned

3:00 pm: AFTERNOON TEA

3.15 pm: Post-vention support work: Strategies for providing support after suicide. Self-care in grief and loss work

4:30 pm: Close



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Welcome Back

- Checking in-
- I feel... I think... I hope...
- Reflections, comments

- STOP and

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In the moment skills: What are primary gateways to calm?

• Start with **STOP**

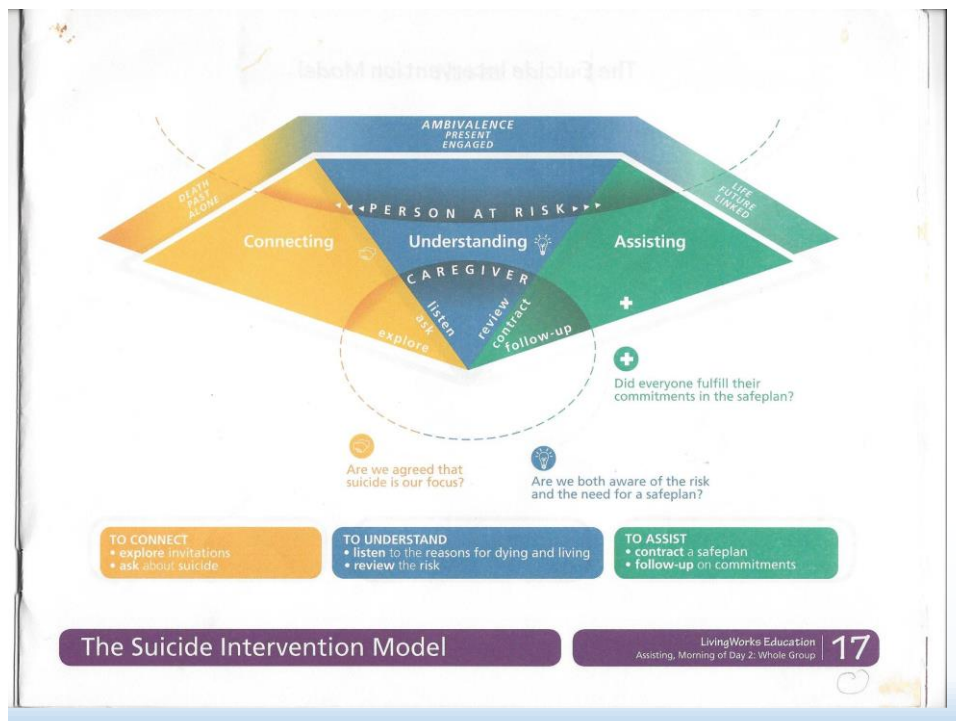
- **S**top what you're doing
- **T**ake a deep breath and exhale slowly and completely
- **O**bserve your
 - Intentions
 - Body
 - Mind
 - Emotions



- **P**roceed with Awareness

From: Executive Mandala 2014

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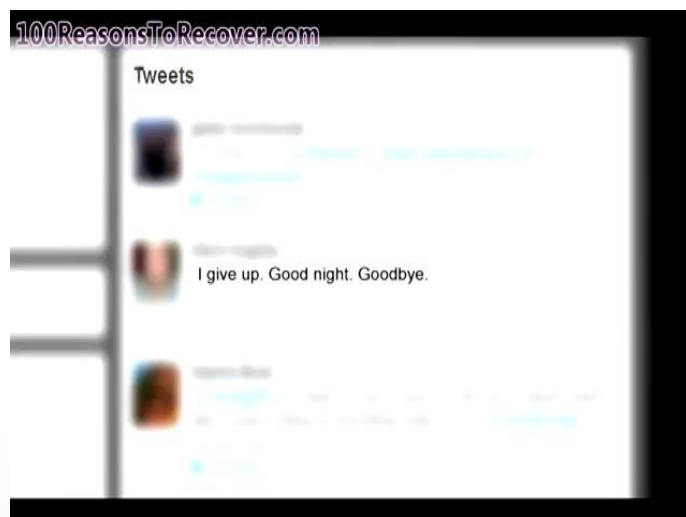


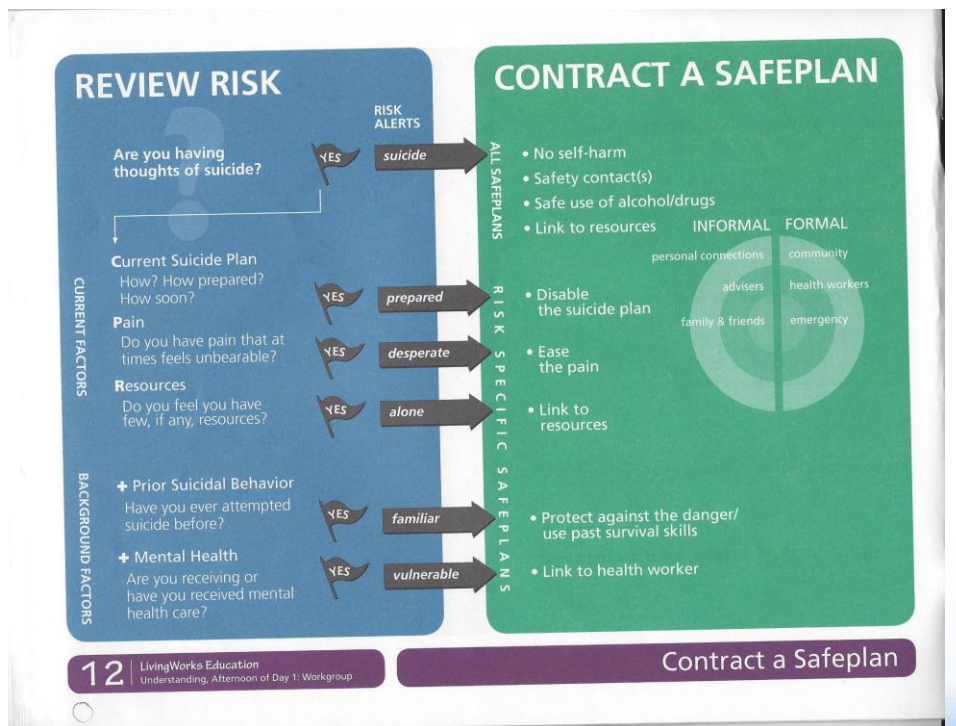
When caregivers . . .	they meet the person at risk's need for . . .	The person at risk feels . . .	and is more likely to . . .
EXPLORE invitations	recognition	valued	answer honestly about thoughts of suicide
ASK about suicide	permission	relieved	talk openly about suicide
CONNECTED			
LISTEN to reasons for dying and living	perspective	accepted	move toward their life side
REVIEW risk	care	respected	help develop their safeplan
UNDERSTOOD			
CONTRACT a safeplan	hope	encouraged	commit to their safeplan
FOLLOW-UP on commitments	safety	supported	keep safe
ASSISTED			

16 LivingWorks Education
Understanding, Afternoon of Day 1: Workgroup

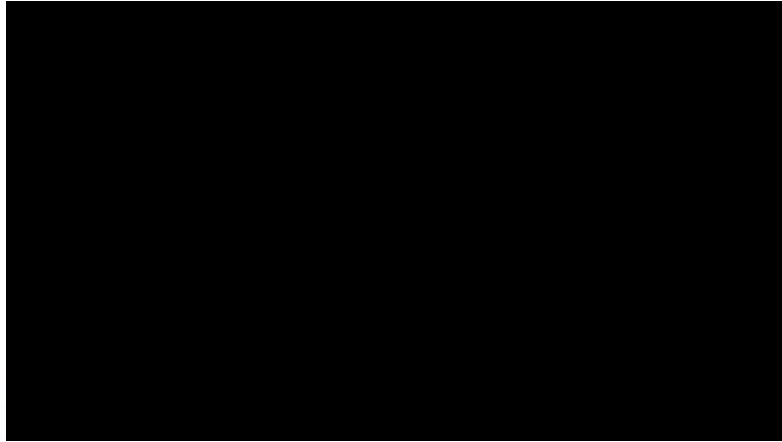
Understanding the Concerns of a Person at Risk

ASIST Program overview- wake up Wednesday



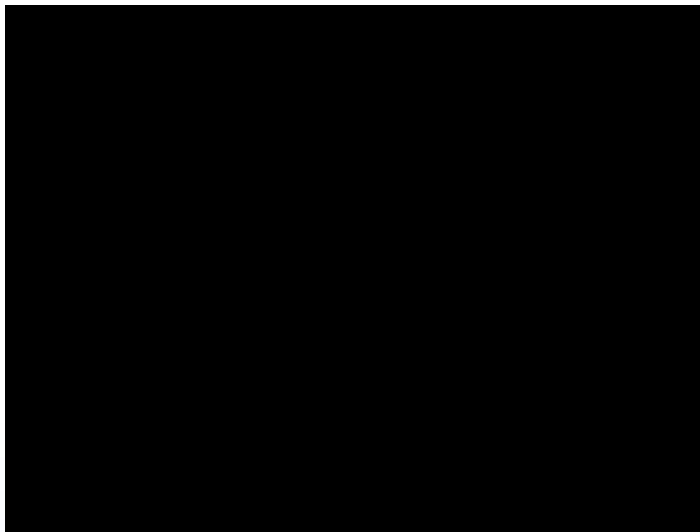


Don Ritchie has lived by the ocean cliff 'The Gap' in Sydney's eastern suburbs for almost 50 years



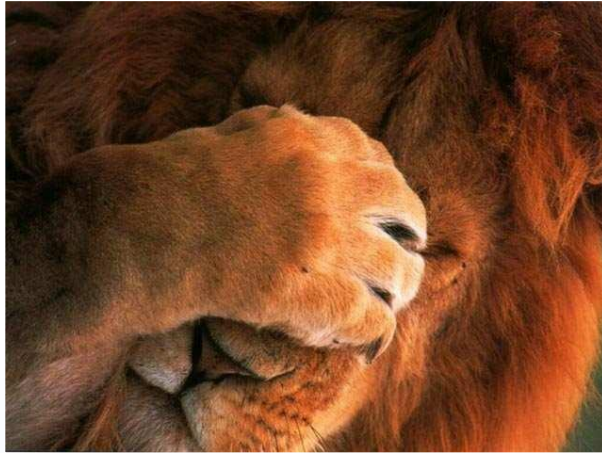
© Beate´ Steller 2021

Kevin Hines – I jumped the Golden Gate Bridge



© Beate´ Steller 2021

In suicide bereavement-
we work with the 'WHY'



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Not knowing the why.....

- It is all too difficult to understand and to come to terms with
- "I will never fully understand. He had nothing terribly going wrong. He had stressors but they were not so bad and his children loved him so much! "
- If he had thought about them he could not have done it. It is hard to imagine that he wanted to die! He had so much to live for and all he had to do is to say I don't want to do this. It was not worth dying for!
- "The hardest part is that I don't know why and that I will never know."
- "I find it hard to imagine how you could do this."

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Issue affecting survivors



- Stigma
- Shame
- Guilt
- Trust
- Blame
- Grief
- Anger
- Denial
- Suicidal thoughts

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Definitions of Loss and Grief

- **Loss** is the experience of having something of significance being withdrawn
- **Grief** is the process through which one passes in order to recover from a loss
- **Bereavement** is the reaction to the loss. It is the state being experienced as a consequence to a significant loss.

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Normal grief reactions:

Emotional:

- ▶Anxiety and fear
- ▶Sadness
- ▶Overwhelming sense of horror and shock
- ▶Anger
- ▶Guilt
- ▶Inadequacy
- ▶Hurt
- ▶Relief
- ▶Loneliness
- ▶Devastation
- ▶Overwhelmed
- ▶Helplessness
- ▶Bitterness
- ▶Betrayed
- ▶Disappointment
- ▶Frustration
- ▶Resentment
- ▶Emptiness

Physical sensations:

- Hollowness in the stomach
- Tightness in the chest
- Tightness in the throat
- Oversensitivity to noise
- A sense of depersonalisation
- Breathlessness, feeling short of breath
- Weakness of muscles
- Lack of energy – tiredness
- Dry mouth



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Behaviors:

- Sleep disturbances
- Appetite disturbances
- Absent-minded behavior
- Social withdrawal
- Dreams of the deceased
- Searching and calling out
- Sighing
- Restless over activity
- Crying
- Visiting places or carrying objects that remind the survivor
- Treasuring objects that belonged to the deceased

Spiritual:

- Looking for meaning
- Question "why"
- Various interpretations of God's intervention and purposes
- Consolidation from their own faith and beliefs
- Attitudes and beliefs about death are revisited

Cognitions:

- Disbelief
- Confusion
- Preoccupation
- Sense of presence
- Hallucinations
- Thoughts of suicide



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Tasks of Mourning:

Mourning is the journey one takes to adapt to one's loss. It involves:

Task 1: Accepting the reality of the loss

The very first task of grieving is to come face to face with the reality that the person is dead or that we have lost something of great significance. This task takes time and rituals will help people to move toward acceptance.

Grief Counseling and Grief Therapy J. William Worden 1982 (1st ed.) 2009 (4th ed)

- Range of disbelief can be wide
- Reality affected by death circumstances
- Process takes time
- Emotional and intellectual acceptance
- Objects are important for task 1
- Some can't believe and will never accept reality



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Task 2: Processing the pain of grief

This is a painful process which includes physical pain and many emotions are experienced. It is very important that people allow themselves to feel and express these strong feelings.

Grief Counselling and Grief Therapy J. William Worden 2009 .

- People stop the pain and /or others stop the pain
- Unprocessed pain will appear later as delayed grief or somatization
- Not feeling is the opposite
- Important to explore positive and negative feelings: eg What do you miss about them? And what don't you miss?
- + feelings and – feelings = total /balanced story.



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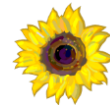
The healing process following a significant loss cont.:

Task 3: Adjusting to an environment in which the loss is present

This can mean different things to different people. Often a significant loss means coming to terms with new roles, behaviors and expectations. These tasks can be attitudinal or practical.

Grief Counselling and Grief Therapy J. William Worden 2009

1. External adjustments
 - Roles and functioning
2. Internal adjustments
 - Sense of self and identity
 - Who am I now? How am I different having loved him/her?
3. Spiritual adjustments
 - Shattered assumptions, beliefs and values
 - Why has God allowed this?
 - Shaken assumptions: World benevolent place? World makes sense?



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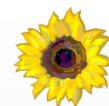
Task 4:

To reinvest emotional energy and moving forward (1982).

To find enduring connection with the deceased in the midst of embarking on a new life (2009).

This task requires us to reinvest emotional energy in new relationships and new ways of being. It might mean saying good bye to a certain body image and moving into new understandings. When we can be open to life and others again, we know we have moved forward. It means also memorializing and remembering. We need to help them find an appropriate place for the death in their emotional life that will enable them to go on living effectively in the world.

- based on continuous bonds research
- you can't keep the relationship the same way and need to find a new connection



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Continuing Bonds



**Death ends a life,
it does not end a relationship**

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Continuing bonds and reconstructing meaning: mitigating complications in bereavement

Robert Neimeyer, Scott BALDWIN, and James 2006

The authors assessed the relation between continuing bonds coping and meaning reconstruction following the death of a loved one . Five hundred young adults in the first two years of bereavement from a variety of losses completed the Inventory of Complicated Grief . The following was concluded:

Continuing bonds appear to interact with meaning making in response to loss, such that those survivors **who are able to make sense of the loss in personally meaningful terms experience fewer symptoms of complicated grief**. Moreover, the various component processes of meaning reconstruction (sense making, benefit finding, and progressive identity change) seem to mitigate (lessen) the impact of other risk factors focusing on the characteristics of the bereaved individual, the relationship to the deceased, and the death itself.





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The Phone Booth for Japanese Mourners

JESSICA LEIGH HESTER JAN 10, 2017

On the outskirts of Otsuchi, a town battered by the 2011 tsunami, a rotary phone is a gathering place for people to recall loved ones lost.

The white, glass-paned phone booth holds a disconnected rotary phone, its cables neatly coiled. It never jangles with incoming calls; outgoing messages don't travel through cords. Instead, the booth is a mediation on relationships, life, and death, and it has become a pilgrimage site of sorts for residents untangling grief that remains knotted in their stomachs.



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The phone of the wind doco. <https://www.youtube.com/watch?v=B1OVPaGRszU>



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Needs of grieving people

Reality – access of truth

Empathy – being heard with acceptance and patience

Permission -to express grief in their own way

Individuality – recognition as an unique person

Time- to be alone, have fun, be cared for, accommodate grief for as long as it takes

A caring person who is able to name the loss provided structure and boundaries, help the client retain a feeling of connection, help retain memory and give them things to do when they are feeling overwhelmed or disempowered.



How to listen and what to say.....

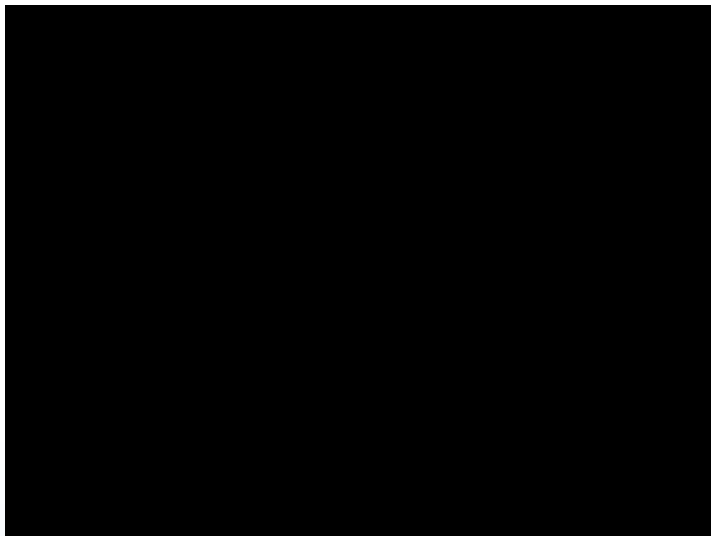


“ My biggest worry was that I just did not know what to say to her. So to err on the safe side, I decided not to say anything at all. That was the worst thing I ever did. Much later she told me that by not saying anything at all, I had caused a lot of pain and grief. Saying nothing at all was probably the worst thing I could have done.”

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The Terry Wise Story: A Suicide Attempt Survivor Stories of hope and recovery

3 min version, <https://www.youtube.com/watch?v=i9x1suuv6gw>



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WHAT TO SAY.....

- 🌸 Say something, no matter how clumsy. Don't be afraid to show some emotions
- 🌸 Respond carefully and thoughtfully
- 🌸 Be patient...don't rush them back into life
- 🌸 Be sincere, accepting, supportive and loving
- 🌸 Be open and honest
- 🌸 Be available to talk with the person or simply just be there
- 🌸 Reach out during anniversaries and special times
- 🌸 Encourage the person to get help from other sources.

From livingisforeveryone.com.au 2014

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What People have found helpful.....

- "I knew I could not do it on my own. I found the suicide support group good in that there were other people that knew what you were going through. It is all right for other people to say "I know what you are going through", but until you have been through it yourself you don't. To be able to talk to and listen to people that have been through things just as horrendous as what we have seen, I found that helpful.
- I think because women can talk to friends easier than men can, and I think I have been able to verbalise things to them, and get it out that way. And I think just the fact that I keep thinking that he is not longer in pain and no longer suffering and that is the thing that has helped me through.'

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**When we honestly ask ourselves which persons
in our lives mean the most to us,
we often find that it is those who instead of giving much
advice, solutions or cures, have chosen rather to share
our pain and touch our wounds with a tender and gentle
hand.**

**The friend who can be silent with us
in a moment of despair or confusion,
who can stay with us in an hour of grief
and bereavement, who can tolerate
not-knowing, not-curing,
not-healing and face with us
the reality of our powerlessness,
that is the friend who cares.**



Henri Nouwen



Empathically holding the space for someone who is grieving



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WHAT IT MEANS TO “HOLD SPACE” FOR PEOPLE
by Heather Plett, 2015

1. Give people permission to trust their own intuition and wisdom.
2. Give people only as much information as they can handle.
3. Don't take their power away.
4. Keep your own ego out of it.
5. Make them feel safe enough to fail.
6. Give guidance and help with humility and thoughtfulness.
7. Create a container for complex emotions, fear, trauma, etc.
8. Allow them to make different decisions and to have different experiences than you would.

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ROLE Play of initial conversation with client after loss through suicide: over the phone or face to face

Triades:
client
counsellor
and observer
5 min each

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3 roles in role plays:

1 Client:

- Don't make it too difficult
- Role play need to be relevant to context of learning – a client's bereavement story
- Use a story that is Relevant, Realistic, Resolved – the 3 R's

2 Counsellor:

- Practice the skills that we are learning
- Counselling is an art – so it is about continually learning and growing and not about getting it right!
- Use it as an opportunity to grow and learn! –reframe from stress to opportunity

3. Observer:

- Extremely important role – most learning occur after the role play
- Know what skills are being practiced in role play
- Make brief notes during role play
- Note specific examples
- Debrief actors
- Keep time



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How should we debrief a role play?

1. Ask Counsellor who they felt about the role play, what they thought they did well and they could improve?
2. Ask the Client how they felt about the role play, what was positive about the counsellors actions, what could be improved and name one way in which they are different from the role they just played?
3. The Observers comment on specific behaviours that they noted were positive and on areas they thought could be improved in the counsellor's technique.
4. The Counsellor should have last word to respond to feedback.

LUNCH – be back at 1.45 pm
for video



The Truth of Life After Suicide - Full Documentary Movies 2017-
48 minutes



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Strategies that provide support and referrals....



Postvention Australia's National Office is located 35 Lime Street, Sydney, New South Wales. It has a extensive website: postventionaustralia.org

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Sane Australia – excellent resource

Sane.org

'Lessons for life: stories of people who attempted suicide,2014'

Excellent qualitative report – what we can learn from suicide survivors.

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- Web chat 3 pm – 12 pm

- *beyondblue* has developed this site to provide information for people bereaved by suicide, those concerned about a friend or family member, or anyone who may be suicidal.

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**Saving
Lives**

Are you suicidal?

Are you experiencing a personal crisis?

Have you lost someone to suicide?

Why do people die by suicide?

What can you do to prevent suicide?

Call us on 13 11 14

Crisis Support Chat

If life is in danger call 000

"I never knew it would bring so much relief to talk to someone who cared"

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Headspace School Support – Suicide Postvention Tool kitwalk through kit

Suicide contagion refers to the process whereby one suicide or suicidal act within a school, community, or geographic area increases the likelihood that others will attempt or complete suicide.

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- For media
- For mental health and suicide prevention
- For universities
- For stage and screen
- For police
- For courts

The Australian Government's Mindframe National Media Initiative (Mindframe) aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media. The initiative involves building a collaborative relationship with the media and other sectors that influence the media (such as key sources for news stories).

Funded by the Australian Government's Department of Health and Ageing under the National Suicide Prevention Program, the Mindframe Education and Training program is managed by the Hunter Institute of Mental Health. Program activities include national leadership, resource development and national dissemination, and ongoing contribution to the evidence base in this area.

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Guidelines for postvention plans-schools



- Generally attempt to keep knowledge of serious suicide attempts from students if possible, dealing with those at an individual level
- Call a meeting of all school /organisational staff, inform them, give opportunities to ventilate thoughts, feelings, observations and theories
- Announce class room time for students to ventilate.
- Assign most experienced staff to peers of dead student
- Offer counselling support to family who experience loss
- Instruct staff to observe for any warning signs of individual students vulnerable to suicide by contagion
- Memorial services, plaque and statues – there is a mixed debate on this. Some claim it glorifies the suicide others see it an appropriate remembrance



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Supporting child survivors

- ☀ Be honest, don't soften the truth
- ☀ Encourage them to express their feeling, especially anger and abandonment
- ☀ Reassure them that they are not to blame. Check for guilt reactions
- ☀ Confront gently any denial of the death
- ☀ Involve the child as much as possible in activities to do with the death
- ☀ Involve the child in family therapy

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The Red Chocolate Elephants is a remarkable resource for children bereaved by suicide. In a world where children are forgotten mourners, this unique combination of text, pictures, and voices - all in the words of bereaved children themselves - is a treasured safe haven for young people to hear their fears, questions, and difficulties put into words by other children just like them

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Support in the workplace

- ☀️ Develop flexible policies to help the survivor adjust
- ☀️ Balance the need for performance with compassion
- ☀️ Give permission to take leave
- ☀️ Keep communicating lines open
- ☀️ Assign a change of roles/duties

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Supporting families in the hospital

- ☀ Be aware of complex thoughts and feelings survivors may have towards them, especially if they were involved professionally in any way
- ☀ Avoid prescribing drugs if possible
- ☀ Refer patients for counselling
- ☀ Differentiate between normal grief reactions and pathological depression – note this can only be done after at least 3 months after the death
- ☀ Offer survivors private rooms for talking
- ☀ Give the family unrestricted time with the dead person
- ☀ Offer to call support people

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Community Responses to Suicide

Life-force Memorial Day 2019

- ▶ In 2019 Sydney Life-force Memorial Service was held at the Sydney Opera House on **Sunday 8 October at 12 pm.**
- ▶ 10th of September each year is World Suicide Prevention Day
- ▶ Each year we hold a memorial service for those who are concerned about or who have been touched by suicide. The service is open to everyone, and we warmly invite you to attend; it is a unique opportunity for people to come together in a spirit of comfort and hope.

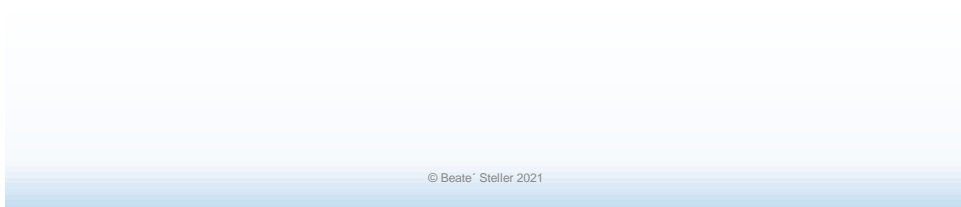


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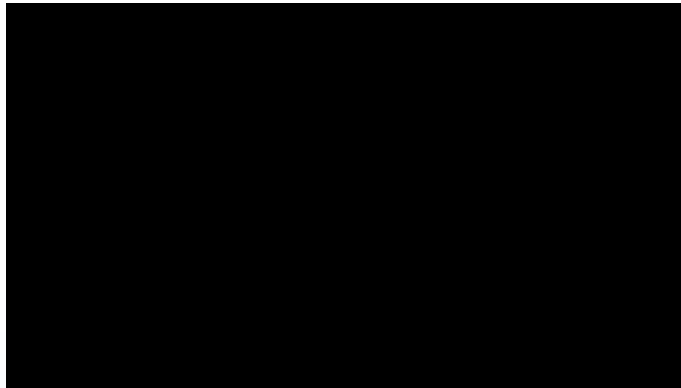
Wesley LifeForce Suicide Memorial Service Sydney 2017



- What strategies does your organisation have in place that support people affected by suicide.
- Look at individual and community strategies. Is there anything your organisation could improve?



Kevin Briggs TED talk



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Post-vention support group for survivors

1. Support groups should be set up by suitably qualified professionals and survivors
2. Support groups are valuable and may provide an opportunity to establish bonds and networks and to share information and feelings with other survivors
3. A support group should make you feel better; if it does not either search for another one or find a counsellor through your local community health services
4. Support groups offer opportunities to advocate for the whole issues of suicide if you want to

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Living-Beyond Words - creative expression of grief

- Anglicare SA.
- A suicide prevention strategy. Providing support in a variety of ways: home visits, telephone support, practical assistance, printed resources, referral to other services, support groups, and events such as annual Walk Through the Darkness
- Show handout and encourage to google



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Forgiveness in no way justifies the actions that caused your wounding nor does it mean you have to seek out those that harmed you.

It is simply a movement to release and ease your heart of the pain and hatred that binds it. It is the harvested fruit of a season of darkness followed by a season of growth and very hard work.



Dawna Karkova 1994 *No Enemies Within*

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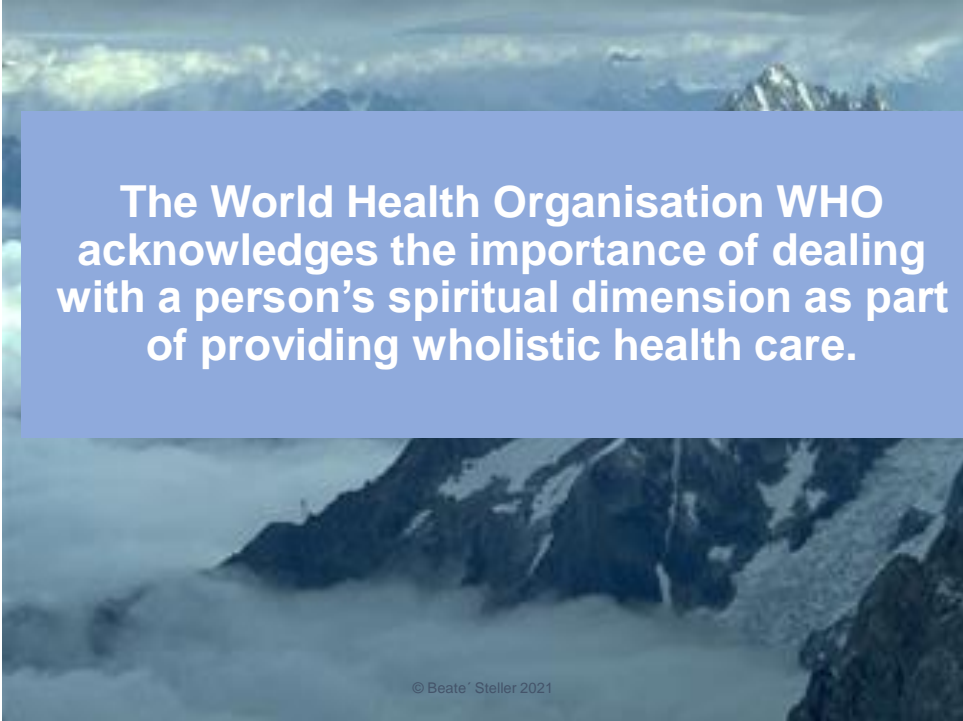
Reassuring family Members and Friends

Along with validating their experience of powerful stresses and emotions, give family members these important messages:

- 1. Whatever you are feeling is normal.**
- 2. Be kind to yourself.**
- 3. We're not designed to go through crises alone.**

C. Longaker, 1997:106, "Facing Death and Finding Hope", Century, London.

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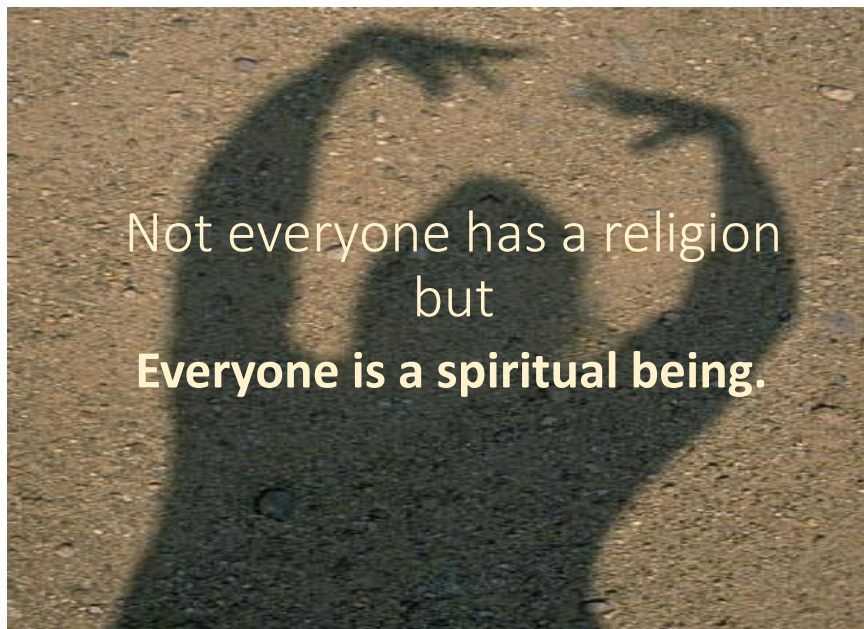
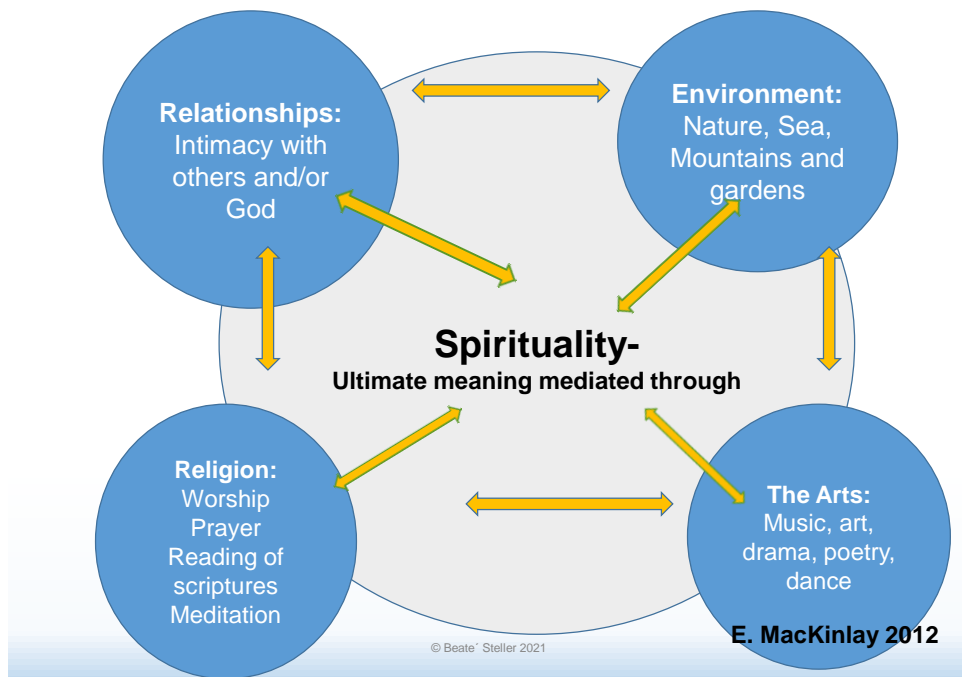
The World Health Organisation WHO acknowledges the importance of dealing with a person's spiritual dimension as part of providing wholistic health care.

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We all have an innate need to make meaning in our life. So when we are challenged with making sense of something that is incomprehensible such as suicide, our life is thrown into total chaos. Existential questions are raised and many people wake up to their dormant spiritual needs. Using a wholistic model of care means providing spiritual care in postvention work.

B.Steller 2012





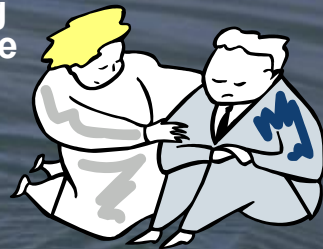
What sort of existential questions do your clients ask ?

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Context of spiritual Care in Post-vention:

Loss through suicide can bring about a shift in a person's value system:

- ❖ Relationships can increase in priority
- ❖ Time can take on a new dimension
- ❖ Emotions become more intense
- ❖ Accomplishments and meaning making are re-defined



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**The importance of
self care when
supporting others
on their journey**

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Vicarious bereavement/ trauma

Vicarious bereavement is the state of having suffered a vicarious loss.

A vicarious event is one that is experienced through imaginative or sympathetic participation in the experience of another person.

Therefore, vicarious grief refers to grief stimulated by someone else's loss.

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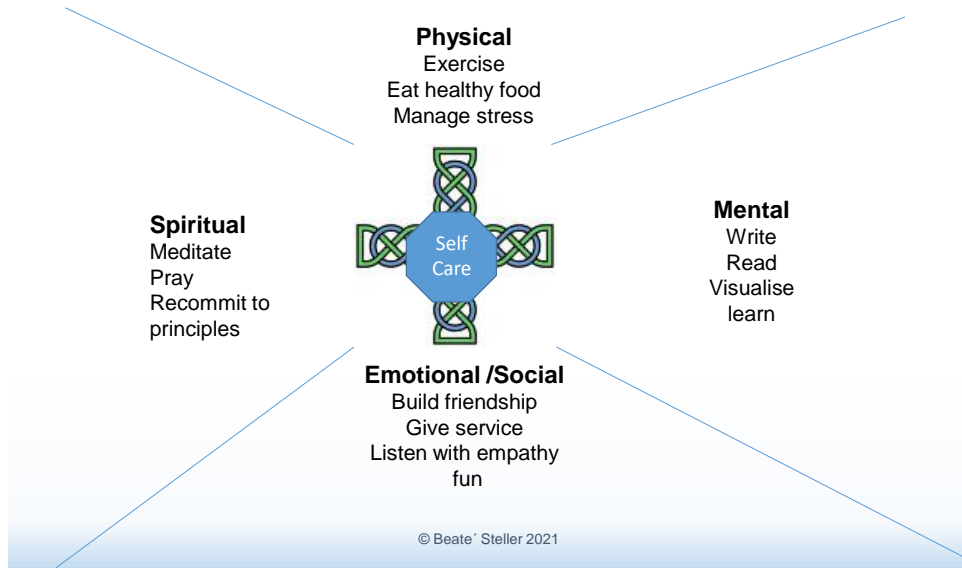
Vicarious Resilience or Post Traumatic Strengthening/ Growth

- Or **benefit finding** refers to positive psychological change experienced as a result of adversity and other challenges in order to rise to a higher level of functioning.
- These sets of circumstances represent significant challenges to the adaptive resources of the individual, and pose significant challenges to individuals' way of understanding the world and their place in it.
- Posttraumatic growth is not about returning to the same life as it was previously experienced before a period of traumatic suffering; but rather it is about undergoing significant 'life-changing' psychological shifts in thinking and relating to the world, that contribute to a personal process of change, that is deeply meaningful.

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Four dimensions of personal renewal

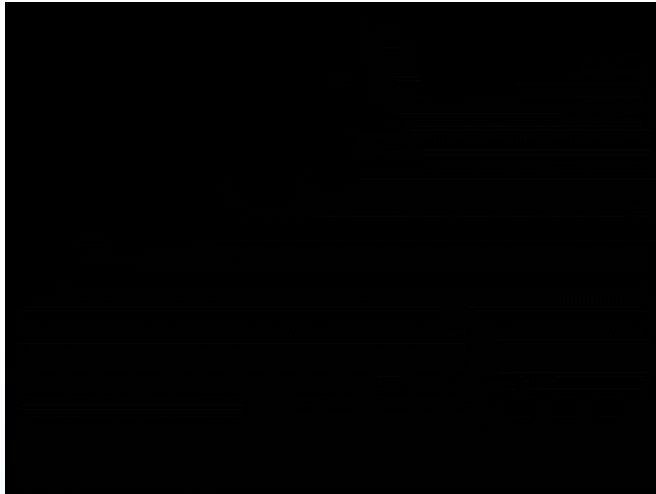
adapted from S. Covey (1997) "The 7 Habits of Highly Effective Families"



What will you take away from this training
that will help you to be more proactive
and supportive in your work
of preventing suicide and self harm?



The Importance of Gratitude in Selfcare



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Grief and Bereavement Organisations

These organisations can provide bereavement support:

NALAG Inc NSW – National Association of Loss and Grief
www.nalag.org.au, 6882 9222

Australian Centre for Grief and Bereavement
www.grief.org.au

Bereavement Information and Referral Service
 Telephone Toll Free - 1300 664 786

The Compassionate Friends
www.compassionatefriendsvictoria.org.au

Support following the death of a son or daughter at any age
 Telephone Freecall - 1800 641 091

Telephone Grief Support Line
 02 9489 6644

Lifeline 131114

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Contact ACWA/CCWT

Locked Bag 13
Haymarket NSW 1240
Level 4, 699 George Street
(Near Ultimo Road)
Sydney NSW 2000
Phone: (02) 9281 8822
Email: ccwt@acwa.asn.au
www.ccwt.edu.au

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Contact ACWA/CCWT

Locked Bag 13
Haymarket NSW 1240
Level 4, 699 George Street
(Near Ultimo Road)
Sydney NSW 2000
Phone: (02) 9281 8822
Email: ccwt@acwa.asn.au
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