Not One More!
Stopping the Suicide Epidemic

A Program Developed and Presented by the California Highway Patrol Employee Assistance Unit and the members of the California Highway Patrol Peer Support Team

Some Good Advice

1. Whenever possible use your own equipment – laptop, projector, flipcharts, pens, etc. This allows you to be familiar and well-practiced with the technology and the material.
2. If it is not possible to take your own equipment make sure you arrive at the venue early enough to warm-up the equipment, load your presentation and make sure that your video will run and has adequate sound on the provided equipment. Make sure that marker pens work and that pens and paper are available for the students.
3. The ideal room configuration is a U-Shaped with the instructor able to move freely through the interior of the U in order to engage all participants. When this is not possible or convenient the next best configuration is to have the tables facing forward in a V-shape with the widest point of the opening of the v nearest the presenter. This creates a center aisle to move down in order to engage the students.
4. If it is possible to have a remote clicker device use one as you move about the room. Make eye contact and be careful not to neglect one side of the room in favor of the other. Instructors are known to drift toward the receptive members of the audience by paying more attention to them but try to avoid this and engage everyone.
5. Students want to know that they are going to take breaks so announce that you will be taking a ten minute break each hour.
6. This presentation is *very* tightly scheduled and is allotted for 3 ten minute breaks only. If you go over you will be cutting material! In addition, the time allotted for discussions and exercise is pretty tight so manage your classroom carefully.
7. If you are asked a question that you either cannot answer or are not certain how to answer; admit it and say that you do not know but will certainly find out.
8. Do not read the information directly off the slides. This is one of the biggest errors a new presenter makes. Most of the participants can read so make sure you are simply using your own words to describe what the slide is saying. Keep direct reading of the slides to a minimum. Also do not read the script verbatim – the examples provided are just to make you comfortable with the material – find your own voice; it will be far more powerful.
9. Remember the adage, “Do no harm!” This has particular application with this topic. Suicide is a volatile subject and many of the students you teach will have had very personally painful experiences with it. You must be respectful and careful in presenting this material. Make certain students understand that peers are present to talk afterward and that they make take a break as necessary to deal with reactions to the presentation.
10. There is nothing more essential for an excellent presentation than a thorough knowledge of the subject matter. Read the training notes, read the suggested background materials, study and practice.

Section: Introduction
Time: 40 minutes allotted
Slides: **1-10**
Exercises: Ten Sentence Exercise
Write a Name Exercise (optional)
Video: The Enemy Within (15:00)

Section: The Tipping Point by Malcolm Gladwell
Time: 30 minutes allotted
Slides: **11-17**
Exercises: none
Video: none

Section: Motivations for Suicide
Time: 40 minutes allotted
Slides: **18 - 28**
Exercises: Life's Most Valuable Part I
Phil's Letter to Mom *(See Appendix of this document)*
Life's Most Valuable Part II (Discussion)
Video: none

Section: Signs and Symptoms of Suicide
Time: 25 minutes allotted
Slides: **29-34**
Exercises: none

Section: Intervention and Postvention
Time: 50 minutes allotted
Slides: **35-55**
Exercises: Asking the question
Video: Suicide Interviews (18:21)

Section: Conclusion – Question and Answer
Time: 5 minutes allotted
Slides: **56-57**
Exercises: None

As you can see this schedule is very tight. You are going to have to watch the timing carefully and really manage the breaks to keep on schedule. As you rehearse you will want to see where you can build in the hourly breaks. Also, if you find you do not need as much time in some areas, add it onto the areas where you feel the most need. Do NOT shorten the Conclusion. A strong introduction is a must and a powerful close will hold this in memory. The goal is to build their confidence and awareness so that they will DO SOMETHING!

Section: Introduction

Time: 40 minutes allotted
Slides: **1-10**
Exercises: Ten Sentence Exercise
Write a Name Exercise (optional)
Video: The Enemy Within (18:00)

Slide 1 Not One More! Stopping the Suicide Epidemic

Jump right into the topic on the first slide rather than conduct the typical course business of introductions and expectation setting. Simply say, "I am _____ and I am here to have a conversation with you today about the suicide problem within the _____."

You will need to run this course very participatively or risk losing your audience. They have heard a lot of talk about the problem and want to know why this is going to be any different. You want to immediately acknowledge that they may not want to be sitting here today. They may not be interested in hearing any more about suicide. They might be thinking that this is the same old thing with management coming up with some program to solve their problem. By acknowledging this resistance and resentment we tell them that we get what they feel and respect it. This technique is called "joining" and is especially important when the topic is sensitive. Do not overdo this just acknowledge and solicit their patience with a promise of meaningful content.

The slide comes up blank and when you **click** automatically rotates through the suicide posters as you talk ending with the title of the presentation.

Slide 2 **Suicide Is**

Exercise (10 minutes allotted total)

1. Ask the participants to number their paper 1 though 10
2. Next they should write ten sentences all beginning with the words "Suicide is…" Allow no more than 5 minutes for this portion of the exercise.
   NOTE: The timing is important not only to staying on schedule but also to rush their thought process. Presumably this causes them to write down the first things that come to mind.
3. Ask a couple of class participants to write student answers on the board.
   NOTE: If you prefer and have them available your co-presenters or peers could perform this task. The answers should be written as one or two words or very short phrases.

After the exercise is complete spend just a couple of minutes acknowledging the wide range of opinions and beliefs that surround the topic of suicide. Make note that many of us formed these opinions as children or as a result of religious beliefs or very painful personal experiences.

Suicide is, at best, challenging to talk about and part of reluctance to even face the topic contributes to the difficulties of preventing a suicide. Almost no one is ever neutral about suicide and it produces strong emotional and often negative reactions even as a topic.

When suicide is personalized by the involvement of someone we know the emotion tends to be even stronger, more confusing and infinitely more painful. We must be sensitive and tolerant in our approach to each other and aware of the impact of what we say.

We will tolerate and support widely divergent points of view while insisting on mutual respect and sensitivity for the personally painful experiences we have had the past three years.

NOTE: When you click to transition this slide the video "The Enemy Within" will automatically begin playing so take a few seconds to prepare the class and to invite those who prefer to step out during showing. The video runs 18:00

Slide 3 **The Enemy Within**

Video The Enemy Within 18:00 approximate

This is a Primetime Live presentation from 1995 on NYPD's suicide epidemic. There is one very graphic and disturbing scene where an officer shoots himself in front of news cameras.

You do not have to use the following as a lecture but you should be aware of these points made during the video so that you can adequately lead any follow-up discussion in the classroom.

- It is not just us and we are not the first agency this has happened to.
- Suicide in law enforcement is not a personal act it is a community event.
- Suicide is an impulsive act.
- Suicide is devastating to those left behind.
- "People do not see it coming because they just do not know what to look for and if they do find it they sure do not know what to do with it."
- Getting adequate help seems to be one of the most important suicide prevention tactics we can have.
- The partner officers and the spouse had very different views of the officer.
- Contagion suicide happens when the first crosses the taboo and makes it easier for others.

You should be aware in case you are asked that the officer helping in the suicide scene later suicided as well. The point is not to discourage officers helping other officers but to raise awareness that the officer who negotiated was second-guessed not only by fellow officers but most relentlessly by himself. Again, the point that support and compassionate understanding are important. When supporting anybody through the suicide of a loved one, friend or colleague or whether supporting them through a time of suicidal thoughts of their own we must be sensitive to their needs.

You do not have a lot of time here for discussion so keep it short while addressing any issues the class may raise. If they do not raise any issues make sure you hit at least a couple of points from the list.

Some excellent quotes from the video:
"Life is too short for you to cut it in half." NYPD friend
"I would rather face the cop who has had his gun removed than face the family at the funeral." Captain Cannon, NYPD
"He was young. He was good looking. He had everything going for him." NYPD friend
The amazing thing about this quote is that these qualities would be assumed as protection against suicide.

Slide 4 **Definition of Suicide**

Suicide Defined:

a. L/E defined as a problem solving behavior aimed at improving a threatened self-image (sudden shame)
b. An act in which the person has defined a problem for which suicide seems the best, and sometimes the only solution.
c. Suicide represents a crisis in problem solving.

"It (suicide) remains the least identifiable of our foes because we hide thoughts of it within ourselves. We often mask the desire to do ourselves harm behind feelings of denial and rationalization."

Jim Reese, FBI SA, Retired
Suicide and Law Enforcement Conference
FBI Behavioral Sciences Unit

The Jim Reese quote is particularly important because it is a cop identifying why suicide is such a problem and so difficult to address in law enforcement.

Slide 5 Suicide Survivors

When this slide appears ask for a show of hands if they know or have known someone who attempted or completed suicide. You should see a large number of hands go up and we will use this later when the point comes up that statistics indicate that there are at least 6 individuals intimately impacted for every suicide. Note that this is probably a huge underestimation of the actual numbers as evidenced by the number of hands you saw up in the room.

Slide 6 Nationwide Statistics

Nationwide Statistics – have not changed much in thirty years – they stay pretty much the same year in and out except for minor fluctuations in numbers that occur following disasters, suicide epidemics in a geographical region, etc.

NOTE:

There is a great deal of information available on suicide statistics. Two good sources are: American Association of Suicidology www.suicidology.org or http://mypage.iusb.edu/~jmcintos/ and click on "Recent Suicide Statistics" link

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Slide 7 Suicides in Specific Populations

This graph portrays the rates of suicide in the United States. "Rate" is different than the actual number of suicides in that it is based on a per 100,000 of population figure. So, rather than report numbers which may be misleading and less realistic we report how many in 100,000 of Eskimos, for instance, will commit suicide in a year.

Make note of the statistically small difference between white males and those in law enforcement. The issue here is not that law enforcement is so vastly higher than the white male population. It is that it is so much higher than line of duty or other causes of death. And, suicide is preventable, not all of the time, but most of the time.

NOTE: Once again you will need to be paying attention to time here. These statistical graphs contain shocking information and you have to provide enough information and enough time to let the magnitude hit the students without losing too much time.

Slide 8 Law Enforcement Suicide Compared

This slide compares Law Enforcement Suicide to other types of law enforcement death.

We place about 150 names on the memorial wall in Washington DC every year. We spend countless hours and dollars analyzing officer safety issues, training, mentally rehearsing and developing new technologies to make the job safer and yet every year we place a similar number of names on the wall. This is not to suggest that we should do any less for officer safety. Certainly, every loss of each officer is a terrible burden to carry and we must do everything we can, at any cost to prevent a line of duty death (LODD) in anyway possible.

Why then do we not concern ourselves with the 350 names that each year goes unwritten on any wall? We lose over twice as many officers to suicide as to LODD. If you were to ask who is the most dangerous person an officer ever faces? - the answer is not likely to be him or her – but that is the accurate and chilling answer. We must face that the most deadly threat posed to any law enforcement officer is himself/herself.

Slide 9 **Law Enforcement and Retirement**

This graph shows the rate of suicide per 100,000 among retirees. The smallest graph figure is the general population of retired persons. The next highest is law enforcement retirees and is 10 times higher than the general population of retirees! But the real shocker and the figure you must speak to is the last bar that shows a rate of suicide among law enforcement retired due to disability that is nearly 8 times the rate of law enforcement retiree suicides and nearly 74 times the rate of non-law enforcement retirees.

This has huge implications for how we treat our retirees especially our colleagues that are out on injury. Are we maintaining contact with our former friends? Do we support them while their cases come before worker's compensation?

ASK: Have the class speculate about why this might be.

Possible answers you will get:

- Worker's comp is so difficult
- They have nothing else in their lives
- They are in pain
- Their whole identity was in the job.

Slide 10 **Write a Name Exercise**

Exercise (Optional) Remember that you only had 40 minutes of allotted time for this If you have used your 40 minutes you should consider eliminating this exercise in order to leave time for other material

In this exercise you will need tent cards for each participant.

1. Have course participants fold their tent cards in half horizontally.
2. Have participants write the name of any person or persons they have personally know who has suicided or attempted suicide.
3. On the back of the folded card ask the participants to write one word that best describes how they reacted to news of that suicide.

Lead a brief discussion asking class members to shout out some of those reactions and making verbal note as you go of how powerful suicide is.

4. Ask class members to fold their cards inside out and write their names on the outside of card to identify them so that you can call them by name.

The purpose of this exercise is to take the powerful information they have just received and make it a lot more personal. Now we have asked them to write down their feelings (do not use the word – “reaction” is less threatening). By having them write their names as identification on their card we are asking them to psychologically ‘own’ their own participation in this process.

Do not allow this to become a time waster. Spend no more than 5 minutes total (including any discussion) on this exercise and then move on!

Section: The Tipping Point by Malcolm Gladwell

Time: 30 minutes allotted
Slides: **11-17**
Exercises: none
Video: none

Slide 11 **NOTE:** Object of this section is the "sell" the idea that epidemics are more than just diseases. They are about fads, social trends, behaviors *and* viruses and they have a characteristic way of spreading that we know as an "epidemic." The issue is, that we will not stop the trend until we recognize it for what it is. We must identify the origins and capture a way of tipping back.

BACKGROUND You will want to use this material for your lecture. Commit the examples to memory, explain it to two other people so that you are sure you can describe clearly and concisely and then practice until you have an entertaining and informative story to tell about "Tipping Point"

How many of you remember Hush Puppies – the brush-suede, light-weight crepe sole shoe that was so popular back in the 60's? There is a remarkable story about Hush Puppies that has a striking relationship to the California Highway Patrol – social epidemic.

In 1994 Hush Puppies was considering shutting down production. They had sold only 30,000 pairs when Isaac Mitzariri (famous designer) showed up at a couple of clubs in the East Village wearing them. Soon young people were scouring the thrift shops trying to find the hot new fashion statement. In 1995 two prominent designers sought company permission to use the shoes as accessories while showing their designs at Fashion Week. In 1995 the company sold 430,000 pair of the previously forgotten shoes and in 1996 nearly ten times that many. In late 1996 the CEO of Wolverine Boots (parent company of Hush Puppies) stood on stage at the Lincoln Center flanked by Donna Karan and Calvin Klein to accept the award for Best Fashion Accessory of 1996! This was an epidemic that the company had almost nothing to do with. A company ready to shut down tipped – why? A couple of vogue designers used the shoes to sell their own product and they passed a certain point in popularity and they tipped.

With Hush Puppies, neither the cause nor the cure came from the top This is an epidemic that started in the field and can only be tipped back by the field.

The Tipping Point provides the best way to understand the emergence of fashion trends, the ebb and flow of crime, the phenomena of word of mouth, an outbreak of avian flu, and yes, the epidemic of suicide in law enforcement. Contagiousness is an unexpected property of all kinds of things. Think about "yawning" and once you have mentioned it, or read it, or seen it you are almost compelled to yawn too. The central premise is that unexpected things can cause an epidemic to take hold and even tiny changes can shatter an epidemic's equilibrium.

Slide 12 **The Tipping Point: Agents of Change**

You will see after the last slide that we have an epidemic of suicide within Law Enforcement not literally in terms of some kind of bug but certainly in terms of a drastic social trend.

Epidemics are a function of:

1. The people who transmit infectious agents.
2. The infectious agent itself.
3. The environment in which the infectious agent is operating.

When an epidemic tips, when it is jolted out of equilibrium, it tips because something has happened, some change has occurred in one (or two or three) of those areas. These are the three agents of change:

The Law of the Few – some people matter more than others in spreading an epidemic
The Stickiness Factor – sometimes something transforms the message itself
The Power of Context – humans are more sensitive to their environment than we thought

Human beings are heavily socialized to believe in proportionality – a rough approximation of cause and effect. Big outcomes happen because of big events.

Think about a piece of folded paper. Some poor mathematician somewhere had to do all the work on this – probably some government employee. Anyway, take a piece of paper and fold it over once, then again and again, 50 times and think about how high it would be. Ask class to guess… The answer is that it would be as high as the sun. In other words, all the way to the sun in 50 steps! This is the principle of geometric progression and epidemics follow this principle. We are gradualists at heart and it is difficult to conceptualize that such dramatic and traumatic events like this suicide problem could come from very tiny causes.

Let's talk about syphilis. From 1995-1996 there was a 500% rise in the number of baby's born with syphilis in Baltimore. On a graph the syphilis level ran flat for years and then suddenly it rose at almost a right angle? Why? The CDC explained that the "context" had changed with an upsurge in the use of crack cocaine a drug closely associated with risky sexual behavior. Infectious disease specialists at Johns Hopkins University pointed to the closure of medical clinics in the poorest areas of the city which caused the average wait for treatment to nearly quadruple. Epidemiologists listed physical changes to the city itself when two large public housing projects were demolished sending their residents and their sexual behaviors into other areas of the city. One researcher identified 165 key people and their behavior associated with most of the infections. So, in Baltimore we see that you can take relatively stable infection and "tip" it by changing the context, increasing the length of time the agent can stay infectious and by spreading a very few sexually active people throughout the community.

The Law of the Few **The Stickiness Factor** **The Law of Context**

Slide 13 The Law of the Few

Some people matter more than others.

80/20 Rule	20% of the people will do 80% of the work 20% of the people will commit 80% of the crime 20% of the people will drink 80% of the beer

The success of any kind of social epidemic is heavily dependent on the involvement of people with a particular and rare set of gifts. Social epidemics are fueled by a handful of exceptional people:

- They are sociable (connectors)
- They are knowledgeable and giving (mavens)
- They are energetic and influential (salesmen)

Six degrees of separation does not mean that everyone is linked to everyone else in just six steps. It means that a very small number of people are linked to everyone else in a few steps, and the rest of us are linked to the world through those special few.

Connectors are people with a special gift for bringing the world together – they know lots of people – what is called the strength of weak ties (friendly yet casual social connection (which may work against suicide prevention in terms of not feeling intimate enough to intervene.)

Mavens are people we rely on to connect us with new information —- they help because they like to help – turns out to be awfully effective in getting someone's attention.

Salesmen are people who persuade with special powers of emotional contagion – their faces are expressive, they communicate with emotion, they literally infect others with their ideas, influence, etc. Because salesmen are very good at expressing emotion and feelings they are thus more emotionally contagious than the rest of us.

The law of the few is going to have important bearing on both starting and stopping this epidemic. But how does the law of the few apply to tipping the epidemic back into equilibrium? We will see in the next few slides that the work of a few influential people can turn around this trend in very important ways.

Slide 14 The Stickiness Factor

Epidemics sometimes tip when something happens to transform the epidemic agent itself. Did you all know that HIV was first noticed in a hospital ward for premature infants in Limburg in 1955? Eighty-one infants were diagnosed with pneumocytis pneumonia and twenty-four died. What is significant here is that only 24 died – even these unhealthy newborns were able to purge what would later become a universally deadly virus. Why? Somewhere along the way the virus itself mutated. It is the very thing we are watching with such fear concerning the Avian Flu – Bird Flu. This is a virus that has not yet mutated allowing it to be passed human to human but the epidemiologists (epidemic doctors) are just frantic that it is going to. When a virus mutates it gets sticky and literally we cannot get rid of it. This happened with the pandemic flu of 1918. When it was first noticed in the spring of that year it was quite mild and virtually everyone recovered but by years end after mutating and becoming incredibly sticky it had killed between 20 and 40 million people worldwide!

Stickiness affects the messages we send as well. Madison Avenue specializes in creating sticky messages to sell products. In 1954 a new brand of cigarette was marketed using the slogan " _____ tastes good like a cigarette should." (Winston) The sentence was not grammatically correct in the conservative 1950's caused quite a stir but it stuck and within weeks the tag line catapulted Winston to the #1 selling spot. It was the kind of phrase like Wendy's 1984 campaign, "Where's the _____? " (beef) that sold us.

Stickiness is a critical component in tipping.

What are the stickiness factors in the Law Enforcement suicide epidemic? What got everybody talking? (Allow the class a moment or two to suggest some ideas they may have.)
The significance of tipping in neutralizing this destructive epidemic is in finding a message that sticks – NOT ONE MORE! and selling it to everyone

Slide 15 **The Power of Context**

The power of context says that human beings are a lot more sensitive to the environment than they may seem. "Epidemics are strongly influenced by their situation – by the circumstances and conditions and particulars of the environment in which they operate." To understand the power of context we need to talk about two events separated by decades but both occurring in New York City.

Some of you will remember the story of a young woman named Kitty Genovese who was brutally murdered in her Queen's neighborhood. Genovese was chased by her assailant and attacked three times on the street, over the course of half an hour, as thirty-eight of her neighbors watched from their windows. Not one called the police or came to her aid. Why? (Allow participants to speculate for a moment and then go on with this story) Numerous psychological studies were conducted to determine the cause of this breach of humanity. Ultimately, what was discovered was that it was the power of context in action. One factor that predicted above all others whether help would be offered was how many witnesses there were to the event. In one study if there was only one person witnessing they would help 85% of the time but if there were four or more witnesses help would only be offered 31% In other words when people are in a group responsibility for acting is diffused.

This may well have huge implications for our epidemic given the tendency for people in law enforcement to take a 'live and let live" respectful distance regarding our personal business. In addition, our identity as 'help givers' not 'help getters' makes us reluctant at best to call attention to a co-workers apparent need for assistance.

Another example of context in epidemics also comes from New York City. This one deals with NYC's dramatic improvement in crime in the mid-1990's. In 1992 NYC had 2,154 murders and 626,182 serious crimes. Citizenry and police were in a state of siege and then, quiet suddenly, they were not! In less than five years murders dropped 64.3% and total crime fell by 50%. What changed? Well, criminologists pointed to declines in crack trade, law enforcement pointed to changes in policing and staffing strategies, economists pointed to gradual improvement in the city's unemployment rates. None of these things explained the dramatic plunge over such a short time. However, about this time two influential persuaders named Rudi Giuliani and William Bratton decided to take a single course of action – they decided that they would focus their crime and clean-up efforts on fare beaters and graffiti artists in the NYC subway system. They put all their enforcement efforts into those that were fare jumping and instituted a policy of removing graffiti before 24 hours of it is appearance had passed. This small change produced profound results and even spawned law enforcement as we know it today with it is emphasis on community oriented policing.

So what is the context of the Law Enforcement suicide epidemic? Possibilities include the post dot com bust hiring freezes combined with the increased work load of the post 911 world, worker's compensation claims more adversarial, etc.

Slide 16 **One Voice**

This slide animates with our three responses to the suicide epidemic. If we are to tip this epidemic back we must be willing to be **aware** that there is suicide problem and that people who are considering suicide often give hints as to their state of mind and struggle. We must be willing to **communicate** our concern directly to the person and to **courageously** take a stand to prevent this needless manner of death by offering our assistance, support and time. And, if this is to change **we must express with ONE VOICE – NOT ONE MORE**

Slide 17 **Suicide is completed in inches not in leaps**

There are a lot of ways to "measure" lethality in suicide. It is important to note that suicide rarely happens as a sudden and momentary resolution to a problem. It is often considered, planned and ultimately implemented only long periods of isolation and despair.

Ideation Almost all suicide begins with thoughts or "ideation." The thoughts build into planning and finally into a well devised plan.

Gesture As the thoughts build there will almost always be some behavioral manifestation of the thinking – something we refer to as gestures – gestures can be verbal references to suicide, motions that mimic methods of suicide (the hand as a gun or a hanging motion or throat slitting, etc), they may include "the dry run" (cutting, taking a few pills, even firing the weapon.) Writing the note may be included in this category

Attempt Intentions are most important here. Any attempt may be purposeful with the intent to die or end suffering or the attempt may be accidental – a gesture gone to far but with lethal potential.

IMPORTANT NOTE:
"Completion" - Please make sure we refer to "completed suicides" not "successful suicides."

Suicide is completed in inches not in leaps. There are a lot of inches along the way where we can intervene and encourage and perhaps prevent a death.

Section: **Motivations for Suicide**

Time: 40 minutes allotted
Slides: **18- 28**
Exercises: Life's Most Valuable Part I
Phil's Letter to Mom
Life's Most Valuable Part II (Discussion)
Video: none

Slide 18 **Life's Most Valuable**

People place value and importance on various things in their lives. Think for a moment about the things you cherish in your life. People generally choose death rather than face some terrible loss or perceived humiliation. Think for a moment about what you value the most. Those things or people or activities you just cannot imagine going without.

Exercise:

1. Distribute 3X5 cards or have participants write their answers on their paper.
2. Participants are to list their top 3 most cherished things in life.
3. Have them place their lists face down on the table. They will be discussed later.

Again, make sure this exercise moves along and does not just become an informal break time. Spend no more than 1 minute explaining what they are supposed to write and no more than 2-3 minutes writing then get right back into the lecture.

Slide 19 **Myths?**

Along with our deeply held beliefs about the meaning of suicide and our painful reactions to it we are hindered in our efforts to help by some commonly held assumptions about suicidal persons. Sometimes these assumptions reassure us that a person is not really all that distraught when they really are. Denial is a strong psychological motivator for not taking action and here it can be deadly. The purpose of this slide is to just debunk the myths of suicide risk. In other words you get to be "Mythbusters" for the next few minutes!

Happens without warning – Most suicidal people give definite warnings signs they will attempt suicide but most of us just do not know what to look for or what we are looking at. A large percentage of suicidal people have communicated their intent to someone within one week of their suicide.

Low risk after mood improvement – This is actually just the opposite. A lot of emotional turmoil and energy go into trying to make the decision. Once decision is made that energy is freed up and tension relieved. Extreme depression and despair saps the energy leaving too little for the planning and commission of suicide. In fact a significant percentage of individuals who commit suicide have seen their doctor within a week of their death and suicide often occurs within the first three months after depression lifts.

Once suicidal, always suicidal – remember that law enforcement personnel are generally a high functioning population. When they are at risk, they are at high risk. But when the crisis is past, they compensate quickly and often swiftly return to optimal functioning.

Only experts can prevent suicide – Suicide is everybody's business and anyone can prevent a suicide by stepping in with resources, reassurances and support in times of crisis. Remember however, *you can be responsive to someone without being responsible for them.*

Runs in the family – Suicide is not genetic but may be very prone to modeling and contagion effects. There is often a predisposition within biological relatives to depression which is a big risk factor for suicide.

No note, no suicide – Notes are found only about 1/3 of the time in completed suicides. When notes are found they often take the form of offering absolution ("it is not your fault") or guilt ("look what you have done to me!") Often notes are rambling and incoherent perhaps because so many of those who complete suicide are intoxicated at the time of their death.

NOTE: Instructors, please do not just read off these items. You need to be comfortable enough with this material to be able to debunk the myth with just a few of your own, well-chosen words.

Slide 20 **More Myths**

Suicide is not preventable – Suicide is viewed as one of the most preventable forms of death and almost any positive action may save a life. Dr. Daniel Clark of the Washington State Patrol has noted, "although law enforcement personnel have greater solidarity than most other populations, this solidarity may not lend itself to sharing emotional or psychological concerns with peers." In other words we often have support at our fingertips but often do not let anyone know we are in trouble until the problems are well developed and entrenched. We must get at the problems early before the suicidal crisis develops but when we cannot or have not there are still many things to be done to prevent completion of the act.

Only certain "types" of people become suicidal – we like to tell ourselves that we would never do that to our families or we reassure ourselves that only people accused of crimes have suicided or only those who have "mental illness." It is human nature to want to distance ourselves to things that are upsetting or disturbing and so we may overlook the signs and signals in someone we cannot recognize as different – our best friend, our graveyard partner, the godfather of our children…

Do not talk about suicide – You are not going to plant the idea of suicide in someone's mind. Typically they will have contemplated this for weeks, months and perhaps years. If we fail to talk we fail to use an opportunity for prevention.

Antidepressants cause people to be suicidal – There has been a lot of publicity on this matter and a lot of concern on the part of officers and others that these medications actually cause people to want to commit suicide. We talked previously about suicide actually becoming a bigger threat once a person's mood starts to improve. Antidepressants such as Prozac or Lexapro or Zoloft work to stabilize and improve mood and thus may be linked to a period of increased suicidality after treatment is begun. In addition, we have to consider that way too often the family physician prescribes the drug based on symptom description but does not refer the patient into treatment – so we are just giving a drug that improves mood and energy but does not have some magical property to solve the problems that created the depression or anxiety or trauma in the first place. Bad idea – treatment is necessary when taking antidepressants. Finally, some people will initially experience some negative side effects when they begin treatment with these drugs. The side effect are usually mild and rarely last but if you were at the end of your rope and a doctor handed you a drug and said that it would make it better but you only felt worse at first what do you think that would do to your level of despair?

Slide 21 **Phil's Letter to Mom**

Read through this letter and discuss the particulars of why this person became suicidal and what you think of the motivations.

Slide 22 **Life's Most Valuable Exercise**

In this exercise you will ask participants to go back to the list they made earlier. Either share your own by reconfiguring the slide as described or list yours on the board and talk about them authentically with the real emotion, etc. As you cross each one off honestly share at what point you believe your world might be rocked enough to consider suicide. Try to stimulate participant discussion by calling on individuals to share their lists as well. You do not have a lot of time here but it is a good exercise to use following Phil's letter because it tends to give us a little more compassion and understanding and a lot less judgment towards those who consider or commit suicide.

INSTRUCTIONS:
If you wish to change only the words click on "VIEW" menu and click "Normal"
This will show the slide elements and allow you to edit. Right click on the text box you want to revise and highlight the word. Then simply retype your information. If you wish to eliminate this portion entirely right click on each of the text boxes and then hit "CUT". You can also call me and ask for help and I'll send you a replacement slide without any of this.

Slide 23 Loss or Change

This most important point to make on this slide besides the fact that loss and change often prompt the deterioration of an individual that leads to suicidality is that the loss, the change, the pain, the importance and the intolerableness of it are all defined by the individual. Suicide is a self-defined problem solving strategy. It is all about perception – theirs not ours.

Law enforcement suicide has been defined as a problem solving behavior aimed at improving a threatened self-image or ending pain.

Suicide is a problem solving behavior aimed at:

- Improving an unpleasant and untenable (unsustainable) situation
- Improving a threatened self-image (ending shame or guilt)
- Exercising power instead of feeling hopelessness and helplessness

Slide 24 Social Support Warning Signs

The point here is that isolation from friends, family and coworkers produces an increase risk of suicide. We are compelled to think about the trainee hazing that is sometimes part of break-in, we need to think about the new guy that transfers in, we need to especially think about those separated from their family either due to transfer or divorce or conflict, etc. We need to think about those who are off on disability or extended sick leave. We need to ask what are we doing to support and sustain our personnel deployed in military service. How do we treat those who may transfer in with a bit of 'jacket' or reputation following them – do we give them another chance?

Slide 25 Why Police Officers Commit Suicide

Spend a very brief time here. This just lists some of the reasons cops kill themselves and emphasizes that the greatest common denominator is “loss.”

Slide 26 Loss of Rational Thinking

This material is very “mental healthy” so do not get caught up in it. The idea here is that you can literally impair your ability to process mentally if you have any of these problems for an extended period of time.

Sleep deprivation is one of the most common outcomes of shift work and yet is one of the prime causes of temporary psychosis or mental processing impairment. Substance abuse is another huge factor that we will consider later in the presentation but it is important to note that alcohol intoxication in particular is extremely common in suicides. Nine studies have shown that 35% of officers who committed suicide involved alcohol. The items listed under psychosis are significant only in that they are extremely dangerous not just to the suicidal individual but to potential helpers as well. If you see any of these things and yes, occasionally stress will drive even a normally stable officer off these edges, then get the individual safely to a hospital as rapidly as possible.

Command hallucinations ***never*** order positive acts!

Slide 27 Symptoms of Depression

This slide contains a list of indicators of depression. Having one or two of these does not mean you are depressed but if you have three or more it may warrant a discussion with a helper – clergy, peer, therapist, EAP, physician, etc.

The most important element of this slide is the final click when the words “Hopelessness and Helplessness” come up as banner across the screen. ‘Hopelessness’ is defined as believing things are terrible and will never get better. ‘Helplessness’ is believing that there is nothing you can do to change it. Helplessness and hopelessness are very dangerous states of mind! If you are there you need to seek help. If you know someone is there you need to deliver help. (Note the choice of words here – I said “deliver” not “offer.” How many times do we all say, “Let me know if there is anything I can do to help?” Particularly with depression people are almost never able to access help and often are reluctant to accept it when it is offered. Therefore, lending a helping hand must be a sometimes uncomfortably proactive endeavor.

60% of completed suicides occur among those diagnosed with depression
Most treatable of all psychiatric illnesses – between 80-90% respond positively to therapy
More Americans suffer from depression than heart disease, cancer and AIDS – combined!

Slide 28 **PTSD**

Section: **Signs and Symptoms of Suicide**

Time: 25 minutes allotted
Slides: **29-34**
Exercises: none

Slide 29 **It is Everybody's Business**

Slide 30 Suicide and Alcohol

The slide pretty much says it all here. The main point of emphasis is that statistics tell us that alcohol is very highly associated with suicidal thoughts, gestures, attempts and completions. Alcohol and depression, distress, PTSD, and relationship problems is a very deadly mix.

Slide 31 Indirect Verbal Clues

In discussing the verbal clue and later the indicators just make sure that you either adequately describe what these look and sound like – in other words, that you have translated words into a understanding what it is actually going to feel like when you encounter someone who may be suicidal. The idea here is to have every student leave the classroom with more than a "conceptual" understanding of suicide prevention and intervention. We want each person to have a practical knowledge of and skill set for actually identifying and intervening with suicidal friends and coworkers.

Slide 32 Indirect Suicide Indicators

Slide 33 **Direct Verbal Clues**

Again, do not get bogged down here. They can read and the statements are pretty self-explanatory. The idea is simply to raise awareness that sometimes the suicidal will actually tell us they are going to end their life. We have to overcome our own denial and avoidance so that we can even be available to hear what they are saying.

Slide 34 **How Bad Is It?**

This portion of the lecture is to raise awareness about lethality. Lethality simply is another way of saying assessing how likely the person is to actually kill themselves. This is not so that we can walk away but so that we can determine how immediate the threat is and how urgent our response needs to be.

The more of these check-marked items you could answer the more critical the threat. The picture of the Eiffel Tower is on the page because when assessing lethality one must determine whether or not the person's plan includes available means that they have easy access to – if the answer to these questions is affirmative we must eliminate the means or the access to them while getting the individual to a higher level of care.

Slide 35 Intervention is Action

This is the transition slide between identifying suicide and its causes and figuring out what to do about it. This very important slide introduces the concrete notion that we are each going to take personal responsibility to act to reverse this epidemic or trend. Here would be a good place to remind everyone of the original quote from James Reese, FBI:

"It (suicide) remains the least identifiable of our foes because we hide thoughts of it within ourselves. We often mask the desire to do ourselves harm behind feelings of denial and rationalization."

Jim Reese, FBI SA, Retired
Suicide and Law Enforcement Conference
FBI Behavioral Sciences Unit

Colleagues who are considering suicide may not issue that "Emergency Call For Help" but they are likely to show us subtle signs. There is not one person in this room who would not risk all the respond Code 3 and more to the emergency call of a fellow officer in trouble. We have that opportunity at this crucial time in Law Enforcement. We can RESPOND! We will DO SOMETHING!

It would be good here to engage participants in a brainstorming activity where they come up with suggestions of what we could do to turn the tide on this epidemic or to individually work to prevent another suicide. If you do this activity you just have to make sure to accept all answers even ones that may be "out there." In this way you include everyone and the atmosphere seems safe for continued participation.

Slide 36

What Prevents People From Seeking Help?

- **Denial:** the suicidal person and the people around them convince themselves the situation is not that serious.

Always remember if there is any question about suicidality a mental health person needs to make that decision.

- **Avoidance:** many people hope that by avoiding a problem it will go away. Joking with the person and changing the topic is the wrong approach. You may be the only person they are confiding in, you want to make sure their faith in you is warranted by getting them the help they may be indirectly asking you to get for them.

- **Anger:** may not seek help because they blame the helping agencies for their current difficulties or will not go to their chain of command because they blame them.

- **Fear:** of possibly being embarrassed if others know their feelings. Also about the impact of seeking help on one's job and fear about command being contacted.

Again this is a good area to use brainstorming and listing as your methods of extracting this material. They already know why people do not seek treatment early and they know why some are not going to seek treatment or help at all. They will be more engaged if you ask them to be involved with coming up with these answers. You would do any brainstorming before clicking to list the answers contained on the slide.

Slide 37 Do's of Intervention

- Listen with all of your attention! This is really hard to do when we are so used to multi-tasking and attending to all kinds of information at the same time. Sometimes the undivided attention of a caring helper is all it takes to reduce the distressed person's urge to end it all.
- Make sure you have privacy. This is no time for an audience to overhear.
- Make sure no matter how hopeless the situation seems to offer hope in any form – even if it sounds terrible let the person know that you will work with them to find a solution to the problem that will work and that if you cannot you know people who can.
- Give yourself plenty of time. Everything else may well have to wait if you ask and the person admits to suicidal feelings. That is not the moment to then excuse yourself to go to your dental appointment. This is one reason why we try to never be the only one helping. When we have a team or at least a pair helping we can spell each other out and add more ideas to the mix.
- Allow the person to talk freely, say anything they need and want to say without being contradicted.
- Know your resources – who will you call for professional help?

Slide 38 **Don’ts of Intervention**

The main points to emphasize here include that fact that you cannot stage a successful intervention if you are overlooking signs and that you are unlikely to be successful with an acutely suicidal person when you remain the only one helping. What happens if you have to go to the bathroom? What happens when you have to start arranging for a higher level of care? Every step along the way you must assist the person in getting the appropriate level of help and in reassuring them that you will not let them go through this alone.

Slide 39 A Good Listener

If you have time without compromising your powerful ending you could do some guided class discussion or brainstorming here. We all know how good it feels to really be listened to but not everybody knows what constitutes a good listener. One of the main points to list is that we must make sure we have the time, energy and interest to listen. It can be a fatal error to engage someone who is suicidal but not really have the time to stay with them until the crisis is resolved.

Slide 40 **The Question**

You may want to warm up to the question by asking them if they have been unhappy recently or if they have been really stressed about something or if they have been so upset that they are thinking about ending their life…

The direct approach to the question is to just ask.

"You look like things are pretty bad? Are you okay? Have you been thinking of killing yourself?

"Are you thinking about killing yourself?"

Do not kid yourself this is not an easy thing to ask. Go ahead. Try it: turn to the person next to you and ask the question.

Slide 41 Important Questions

These questions are used when the person you are attempting to help, is a bit evasive in response to the suicide question. If the person denies suicidal thoughts but shows several of the signs, signals and life events that make you feel concerned then you have to take your inquiry to the next level. Too often we take the simple answer feel relieved, walk away and the person is left even more alone than they started. This point will come home dramatically when you show the Suicide Video and the need for this tactic should be revisited as a reminder at that time.

In addition, further questioning of this type can help us assess how lethal or probable a suicide attempt is likely to be. It informs us of how necessary immediate intervention is or whether we can afford to assist the person in getting to a therapy appointment.

Slide 42 Referrals

You should have a brochure/handout that mirrors this slide. You could also distribute EAP cards here. Above all else it is important to emphasize and discuss how to go about securing an appropriate referral.

An appropriate referral is one that is readily available, that recognizes the critical nature of suicide intervention with law enforcers, and that is willing to take responsibility for the individual's safety for the moment.

You must teach to the point that it is insufficient at a time that is this critical for the suicidal individual to just hand them an EAP card or even to accept their word that they are talking with somebody. You could use this as brainstorming activity to get the participants to develop ideas for how to assist someone in finding a reliable referral and getting to the appointment.

NOTE: It is acceptable to call a therapist when you believe someone is suicidal and inform them of this fact regarding their client. A therapist has a legal duty to prevent suicide and to use extraordinary means to accomplish this where necessary.

Slide 43 **Suicidal Thoughts**

I added this slide because I thought it was important as a graphic illustration of how suicidality develops. It is similar in concept to the Bobby Douglas "Life's Most Valuable" exercise where we point out how people react when one door after another closes in our faces. What would it take to box us in?

This slide is meant to show that when people lose one option after another and then get boxed in by things like alcohol abuse, etc. they have fewer and fewer sources to turn for problem solving. Their thinking becomes progressively narrower and narrower. The good news here is that simply "Doing something" almost anything can shift this narrowing balance and promote lifesaving decision.

The main points of the graphic on this slide is the key danger points leading up to suicidal thoughts

1. Relationship Difficulties - we have earlier established this as key ingredient in suicidal issues for police officers. Too often we ignore this or try to placate a person's loss by telling them that the person they lost or are losing is not worth it or other such trite reassurances. This tactic fails to address the very painful feelings and sense of failure the individual may well be experiencing. Take your cue from the individual and be willing to ask how they are doing. Be willing to acknowledge how awful conflict, divorce, separation or infidelity can be.
2. Adverse job actions – this does not have to be termination. Several officers who later suicided were exposed to nothing much more than verbal reprimands. The issue is that the 'offense' is in the eye of the beholder. Some individuals can accept no form of failure or 'loss of face.' So it becomes important to recognize that they may need a lot of reassurance and even some coaching to know how to appropriately handle a disciplinary issue. Again, though, you must initially focus on what the suicidal individual is perceiving and address the feelings associated with those issues rather than trying to talk them out of their viewpoint.
3. Alcohol Abuse - this also includes legal and illegal drug abuse as well. Suicide and alcohol almost cannot be separated. The association of alcohol with suicide as a courage provider is chilling and must be emphasized throughout the presentation.
4. Posttraumatic Stress/Depression – these two states create much of the emotional pain that drives suicidal intent. The only appropriate response to these things is to seek professional help. Specialized assistance will almost inevitably produce positive results over time. Do not forget however that the individual will need your continuing support while they are working through the problems associate with depression or PTSD.

Slide 44 **Do Something! Continue C.P.R.**

We are trained that once begun CPR must be continued until the patient is handed over to the next level of care or until they are revived. This is very much the focus for Suicide Intervention as well. Emphasis here is on the necessity of continued support and contact throughout the duration of any suicidal crisis.

Caring Once again we look at the issue of caring turned into an action verb. We must do more than care we must take action to support co-workers going through difficult circumstances. This is difficult in the law enforcement culture because it is engrained in us to put on our image armor. We are problem solvers not problem havers and as such it is difficult to admit when we find something in our life overwhelming.

Preserving Life This portion of the acronym speaks to encouraging life-preserving and enhancing choices on the part of friends and co-workers. We can no longer afford to maintain a “live and let live” stance when it comes to maladaptive or self-destructive behaviors and attitudes.

Referrals and Resources Again, I think it very important here to make sure that every course participant is aware of the options for referral and the numerous resources that can be accessed when one needs help. Another critical point would be to rehearse assisting a co-worker or friend with finding the help they need.

Slide 45 **Suicide Postvention**

When starting this section you should briefly point out that the aftermath of suicide is exceptionally difficult. It is in many ways more complex and disruptive than even line of duty death. This is in no way meant as a comparison between the two and it is definitely not meant to equate suicide with line of duty death and you must take pains to avoid sounding that way but it is true that people have enormous emotional reactions to suicide that can become quite disruptive and difficult.

Slide 46 **Survivor Reactions: High Risk Groups**

The purpose of this slide is to promote discussion about the impact of suicide on survivors. This slide leads up to the Suicide Video.
Specifically here we should make sure to introduce the concept of "stigma spillover" which is the reactions of others to the family members of close friends of those who commit suicide.

Undoubtedly some of the participants will have experienced this personally either as family members of someone who suicided or as co-worker suicide survivors. Exercise great caution and compassion here as some may want to tell their stories and you will have to manage it so that they do not disclose too much.

NOTE: If someone becomes upset during this or any other portion of the presentation use peer support personnel or co-presenters to help manage the individual outside the classroom. Make every effort to return the individual to the classroom in much the same way we do when Debriefing.

Slide 47 **Survivor Reactions**

Do not spend too much time here. The point is simply to say that suicide aftermath is exceptionally difficult. Emphasis here on the classic "why" question that just cannot be answered even when there is a note. We can understand conceptually why someone would commit suicide we have just spent at least three hours discussing the motivations but when it is some we care about it never makes sense – after all we cared – did they not know that?

NOTE: Again, I would point out that the 18 minute video coming up really says all this better than any of us ever could and our time might be best spent setting up the video, prepping participants to view it and then devoting time to a more thorough discussion afterward.

Slide 48 **Guilt**

Note discussion on previous slide. Very well portrayed in the video. This is an extremely common emotion.

Please make sure you mention one more time that the only person ultimately responsible for the suicide decision is the individual themselves. Anyone involved with a suicidal individual now or in the past will tell you how much guilt they suffer but we must always be reminded that there is only one responsible party!

Slide 49 **Survivor Reactions**

Make a brief point here that survivors often experience fewer monetary supports/benefits and certainly experience a great deal of social isolation as they attempt to cope with the loss of a loved one.

Slide 50 **Suicide Interviews**

Video (18:32) Peer Interviews
You need to watch this video at least 3 times before you show it. You need to be intimately familiar with it and with the reactions participants are likely to have to it.

Interviews:
Captain Susan Coutts
Pat Layton
Perry Miller
Sergeant Mike Palacio
Sergeant Joy Palmquist
Viktor Scrivner
Mark Schaukowitch

These folks lent these stories so that everyone else can learn and maybe, with a bit of grace, we can all avoid this pain again... there is no fault or wrongdoing in the actions or reactions of any you see here. Please afford these folks the respect they are due for their sacrifice in telling their very painful and personal stories.

You cannot *not* discuss this video after you play it!

Do your best to engage your students in a compassionate discussion of the individual reactions. There are several profound teaching opportunities in these interviews. Pay attention to the guilt, the second guessing, the hurt of facing the families and the coworkers. Make sure you get people talking about their reactions to the video.

Slide 51 **Suicide Is…**

This is an opportunity to simply review the previous exercise. We want to see how attitudes may be changing among the group. What have they learned? Do they now see suicide any differently?

This is a good point at which to tie in the previous exercise (Ten Sentence Exercise or the Write a Name Exercise) where we noted our most personal reactions to the subject of suicide. It would work to do a brief review/reminder of those things now.

Slide 52 **The Cost of Suicide**

Slide will appear with the Title “COST OF SUICIDE” and a slide show of funeral images from the suicide funeral. The images that project on the screen are sad and poignant. The funeral is stark and the church pews not filled. There is no shame or criticism in this just a commentary on the very difficult and confusing aftermath left in the wake of a suicide. It all stands in such stark contrast to the images of honor that we bestow on non-suicide loss.

After the slideshow the text of the slide will automatically appear and should be discussed. There may be a great deal of heated opinion here regarding what we “should” and “should not” do by way of “honors” to those lost to suicide. DO NOT GET INTO A DEBATE! None of this is about honoring the act of suicide but it is about allowing people to grieve the loss of their loved one, their friend and their co-worker. Suicide is fraught with many intense emotions and we, as peer trainers, must promote coming together respectfully from many different points of view.

Slide 53 **Hindering Survivors**

The main point to be communicated here is that we will often unwittingly harm surviving family members, surviving friends, or surviving coworkers through insensitivity to their feelings. Suicide leaves in its wake so much confusion, self-blame, self-doubt, regret, remorse, seconding-guessing, grief, horror and pain that working our way through the Emotional Ground Zero of these events takes great care and compassion.

Slide 54 **Helping Survivors**

This is a picture of parents receiving a plaque honoring their son who suicided. Note that the honor is to the son and the parents not the act. The teaching points are really speaking to just normal compassion. Compassion that is not colored by our own personal beliefs about the rightness or wrongness of suicide must be what we all strive for. This is just a review about how to support the survivors who, no matter what you think about the act of suicide, do not deserve to be left to fend for themselves.

No one has the power to choose for another especially when it comes to the act of suicide. We have pointed out repeatedly that only one person is ultimately responsible for that decision. What the rest of us is left with is how to support the families, ourselves and our co-workers and it must be our goal to do so with the as much compassion and courage as we can muster.

Slide 55 **Additional Help**

See notes previous slide.

Slide 56 **Do Something!**

Expert presenters know that the most important moments for learning are the beginning and end of any presentation. It is imperative to leave your audience with an exceptional and strong message here. We hope by this time to have convinced everyone listening that suicide is a problem for all of us and the suicide solution rest with each of us. As your reach for this powerful conclusion you are literally looking to see nods and murmurs of agreement. The goal is to have the students non-verbally show us that they are willing to be on-board. That they are willing to be vigilant for the wellbeing of their co-workers, that they are willing to ensure that well-being with immediate supportive intervention when necessary and that if they are personally in need of assistance that they will step up to get it. We are building the case and need their agreement that we will all make it our business to have "NOT ONE MORE!"

Slide 57 **Not One More!**

This is your conclusion. Do not let it just fade away. Take any questions before you get to the last two slides. Make this your power ending. Make it your own. You are all involved in this project because of you care and because you already know that together we can make a difference.

Phil's Suicide Note to Mom

Mom & Dad,

I love you both very much, so don't feel that your at fault. You did not fail nor did anyone else. I love everyone, and no one is to blame, but me! Please forgive me and pray for me.

The pain that I feel in my heart grows stronger as each day passes by. Nothing or no one can take that pain away, its unbearable.

I cannot continue this way, time will not heal this wound, it is complete and will last forever in my life on earth. I cannot live an empty life.

I hope that you all will forgive me and I myself. But must of all I hope that God will forgive me.

I don't know what's worse? The torcher of Kathleen's death and knowing that I am responsible for taking the life of the most beautiful person I ever known here on earth, or living with the pain I feel right now for knowing that I've hurt you all. I'm sorry. Justice, I feel must be served and it's the only answer for both that and the insanity I am facing now.

You know the pain I feel, understand there's nothing that can change it. Be strong for me and Kathleen and pray for us.

You must be strong for Mom, Dad and Candy, they will need you. You must all be strong for each other.

I should had died in the accident. Spiritually I did. Physically I did not.

You all should know and I'm sure you do that I love each and every one of you very much.

I ask for repentance now for I don't know if I can once I'm gone.

Tell all those who care, thank you and that I love them and to pray that I'm with Kathleen and that both of us are with God.

I love you all, forever,

Phil

Remember me as I was, and not how I've been.