



## From the Executive Director By Nancy Salamy, LMFT

Dear Friends,

This issue of our newsletter highlights Crisis Support Services of Alameda County's work in suicide prevention. While this newsletter shares our agency's recent work in suicide prevention with you, it also shares the important message that each of us can play a role in suicide prevention.

Fifty years ago, Crisis Support Services of Alameda County (CSS) was founded on a humanistic idea that skilled intervention by nonprofessionals can help people in emotional crisis. Over the past five decades we have trained hundreds of staff, volunteers, and interns to reach out to people of all ages and backgrounds during times of crisis, to prevent the suicide of those who are actively suicidal, and to offer hope and caring during times of hopelessness.

Every day since 1966, when someone in our community reaches out to us in pain and at their darkest hour, our CSS staff, volunteers and interns are there, at all hours of the day and night, to listen and to provide the utmost compassionate care.

Today, the humanistic idea of connecting people in need with people who care is an international movement with crisis centers like ours existing on every continent. It is estimated that in the United States alone, there are over 500 crisis lines at which volunteers provide services. We at CSS are so proud to be an early pioneer of this movement and celebrate fifty years of providing the very best services to our Alameda County community.

As you may already know, the work of CSS is so important. Hundreds of people contact us every day about our programs and services and we rely on the generous support from friends like you to keep our programs and services available. I hope you will take a moment to think about the people we serve and consider making a tax-deductible gift today. We are so very thankful for your support and could not do our work without you.

Warmest regards,

### DURING THIS PAST YEAR: 2015-2016

#### Grief Counseling

# of adult clients served...68  
# of sessions...300

#### Senior Counseling

# of senior clients served...139  
# of sessions...2,185

#### School-Based Counseling

# of individuals served...265  
# of sessions...3,427

#### Community Education: Teens for Life

# of middle & high school students served...9,121  
# of classroom presentations...324

#### Community Gatekeeping & Mental Health Consultations

# of adults from the community trained...971  
# of community health fairs attended...15  
# of community members at fairs reached...1,605

#### The Crisis Line

# of Crisis Line calls...64,977  
# of emergency outreach calls...345  
# of emergency dispatch rescues for clients w/imminent risk for self-harm...112

#### Text Counseling

# of text sessions...578

#### Clinical Interns & Volunteers

# of clinical interns trained...32  
# of licensed supervisors...20  
# of Crisis Line volunteers...201



# What Inspired Me This Year

By Mercedes Coleman, Director of Community Education

**What inspired me this year?  
World Suicide Prevention Day and Suicide Prevention Month**

## World Suicide Prevention Day

“Connect, Communicate, Care” was the theme of the 2016 World Suicide Prevention Day. According to the International Association for Suicide Prevention, these three words are at the heart of suicide prevention. On September 10th of every year, people are asked to join others around the world who are working towards the common goal of preventing suicide.

Here is what the International Association for Suicide Prevention has to say about the three words that are at the heart of suicide prevention (PDF: [https://iasp.info/wspdpdf/2016/2016\\_wspdp\\_brochure.pdf](https://iasp.info/wspdpdf/2016/2016_wspdp_brochure.pdf)):

### Connect

Fostering connections with those who have lost a loved one to suicide or with those who have been suicidal themselves is crucial to furthering suicide prevention efforts. Although every individual suicide is different, there are some common lessons to be learned. Those who have been on the brink of suicide themselves can help us understand the complex interplay of events and circumstances that led them to that point, and what saved them or helped them choose a more life-affirming course of action. Those who have lost someone who was suicidal, can provide insight into how they moved forward on their journey. The sheer number of people who have been affected by suicide would make this a formidable network.

Of course, these connections should be two-way. There will often be times when those who have been bereaved by suicide, and those who might be feeling suicidal themselves, need support. Keeping an eye out for them and checking that they are okay could make all the difference. Social connectedness reduces the risk of suicide, so being there for someone who has become disconnected can be a life-saving act. Connecting them with formal and informal supports may also help to prevent suicide. Individuals, organizations, and communities all have a responsibility here.

### Communicate

Open communication is vital if we are to combat suicide. In many communities, suicide is shrouded in silence or spoken of only in hushed tones. We need to discuss suicide as we would any other public health issue if we are to dispel myths about it and reduce the stigma surrounding it. This is not to say that we shouldn't exercise necessary caution; we don't want to normalize suicide either. Careful, considered messages about suicide and its prevention are warranted, as is an awareness of how different groups of individuals may receive and interpret this information.

Equipping people to communicate effectively with those who might be vulnerable to suicide is an important part of any suicide prevention strategy. Broaching the subject of suicide is difficult, and these sorts of conversations are often avoided. There are some simple tips that can help, however. Most of these relate to showing compassion and empathy, and listening in a non-judgemental way. People who come through an episode of extreme suicidal thinking often say that sensitively-managed conversations with others helped them on their course to recovery.

The media also have an important role to play in suicide prevention. Some types of reporting on suicide (e.g., prominent and/or explicit stories) have been shown to be associated with “spikes” in suicide rates, but others (e.g., those that describe mastery of suicidal crises) have been shown to have a protective effect. Media recommendations have been developed by the International Association for Suicide Prevention and the World Health Organization to assist journalists in getting stories right. Please see: <http://goog.gl/4qVhUp>

## Care

All the connecting and communicating in the world will have no effect without the final ingredient- care. We need to make sure that policy-makers and planners care enough about suicide prevention to make it a priority, and to fund it at a level that is commensurate with its significance as a public health problem.

We need to make sure that clinicians and other service providers care enough about it to make suicide prevention their core business. And we need to make sure that communities care enough about it to be able to identify and support those who may be at heightened risk.

Most of all, we need to ensure that we are caring ourselves. We need to look out for others who may be struggling, and let them tell their story in their own way and at their own pace. Those who have been affected by suicide have much to teach us in this regard.

### More info for World Suicide Prevention Day

Website: <https://www.iasp.info/wspd/>

PDF: [https://iasp.info/wspd/pdf/2016/2016\\_wspd\\_brochure.pdf](https://iasp.info/wspd/pdf/2016/2016_wspd_brochure.pdf)

**#BeThe1To** Help Them  
Connect.

Help your friend **connect to a support system** so they have others to reach out to for help;

whether it's **800-273-TALK (8255), family, friends, clergy, coaches, co-workers or therapists.**

Find out why this can save a life at [BeThe1To.com](http://BeThe1To.com).  
If you're struggling, call the Lifeline at

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



### Suicide Prevention Month

#BeThe1To was the National Suicide Prevention Lifeline's message for 2016's National Suicide Prevention Month and beyond, which helped spread the word about actions we can all take to prevent suicide. The Lifeline network and its partners are working to change the conversation from suicide to suicide prevention and the actions we can all take that can promote healing, help, and give hope.

What we know about mental health problems in the United States is that often, people delay seeking help for themselves. We also know that there are not enough mental health professionals for everyone in our community who needs help. These barriers highlight a need for our community to know that we can help until a person receives professional help if appropriate. The mission of the CSS Community Education Program is to promote suicide as a public health problem and empower everyone in our community to act when someone they know is in a suicidal crisis. Our strongest messages are: Connection matters; Show you care; Communicate your concern; and Connect someone to care.

I think these themes also speak to what our volunteers do on our Crisis Line. At the end of the day, it is the power of one human being communicating with another human being and fostering a connection about pain, suffering, hope and healing.

### More info for Suicide Prevention Month

Website: <https://suicidepreventionlifeline.org/promote-national-suicide-prevention-month/>



# Suicide is Different

By Devah DeFusco, LMFT, Clinical Director

**Crisis Support Services of Alameda County provides Survivors of Suicide Support Groups that are for those grieving the loss of a loved one to suicide. For all grief counseling services, call: 800-260-0094**

**Suicide is different.** The person lost seems to have chosen death, and that simple fact makes a world of difference for those left behind to grieve. The suicide survivor faces all the same emotions as anyone who mourns a death, but they also face a somewhat unique set of painful feelings in addition to their grief.

**Guilt.** Rarely in other deaths do we encounter persistent feelings of responsibility. With diseases, accidents and old age, we know instinctively that we cannot cause, prevent or control these things. But the survivor of suicide, even if they were only on the periphery of the deceased's life, invariably feels that they might have, could have or should have done something to prevent the suicide. Dispelling this common mistaken assumption is one of the suicide survivor's unique and difficult challenges.

**Stigma.** Society still attaches a stigma to a death by suicide, and is still largely misunderstood. While most in grief usually receive sympathy and compassion, the survivor of suicide may encounter blame, judgement, or exclusion. Those grieving may also suffer in silence, without the support of others in an attempt to spare the family the shame of societal stigma.

**Anger.** It's not uncommon to feel some form of anger toward a loved one who died. This anger may be intensified for survivors of suicide. For us, the person we lost is also the person we may be angry with for causing the profound grief and confusion we feel.

**Disconnection.** When we lose a loved one to disease or an accident, it is easier to retain happy memories of them. We know that, if they could choose, they would still be here with us. But it's not as easy for the survivor of suicide. Because our loved one seems to have made a choice that is abhorrent to us, we feel disconnected and "divorced" from their memory. We are in a state of conflict with them, and we are left to resolve that conflict without them.

The shock and grief that consumes us after we lose someone to suicide is overwhelming. It feels like a hole out of which we cannot possibly climb. But these are natural feelings that will soften as you pass beyond the early stages of the grieving process. The best thing you can do is simply let yourself feel however you feel. You don't have to "hold it together" for anyone else, not even for the benefit of children. If you need to talk about it until you're hoarse, then do it with anyone who will listen. If you need to cry, then cry. It is never too early to start healing.

**To inquire about a grief support group or an individual grief counselor call: 800-260-0094**



## Teen Suicide Prevention by Text Message By Karen Oberdorfer, LMFT, Text Line Coordinator

A population in Alameda County that is especially vulnerable to suicidal thoughts, is youth. According to the CDC, suicide is the third leading cause of death among youth aged 10-14, (recently overtaking motor vehicle deaths in the same age set) and the second leading cause of death for youth aged 15-34 years, in the United States. <sup>1</sup> In 2013, in Alameda County, there were 12 documented youth suicides, <sup>2</sup> and 19.5% considered suicide each year in 2011-2013. <sup>3</sup>

In 2011 Crisis Support Services of Alameda County's (CSS) launched the Text Line Program, where youth can text with a trained counselor from the Crisis Line. Since its inception, CSS counselors have engaged in more than 2200 text conversations and almost 1000 youth have contacted the Text Line. Youth, especially teens, are often trying to separate from the adult caregivers in their lives, and are sometimes reticent to reach out to adults for help.<sup>4</sup> So when they choose to contact our Text Line, we assume that it took a great effort and is an important first step.

According to the International Association for Suicide Prevention (IASP), "Suicide is complex with psychological, social, biological, cultural, and environmental factors involved. While mental disorders (namely depression and alcohol use disorders) are a major risk factor for suicide; impulsivity can also play an important role, particularly following a life crisis."<sup>5</sup> This is especially concerning as we know that youth already have a predilection for impulsivity combined with a myriad number of normal stressors for that stage of life, including school pressures, learning about oneself as an independent young adult, and shifting friendships and family dynamics. Some youth in Alameda County may also be dealing with depression, poverty, and trauma, according to a study of Adverse Childhood Experiences. <sup>6</sup>

One study that looked at factors influencing death by suicide of youth in England found that youth who had multiple stressors (mental health challenges, trauma, and more) might withstand them, but then something, such as failing a math test or an argument could be the "final straw."<sup>7</sup> Offering a safe, respectful and confidential space to talk is important to youth. It can help combat the way many stressors that youth and young adults experience could potentially coalesce into an impulsive and regrettable act.

In a 12 month period between 2015 and 2016, the Text Line engaged in 25 text sessions where texters at the session start expressed a desire to die, had a plan and the means, but not yet taken action. By the end of the text session most texters expressed relief or said they would reach out again to stay stable.

The majority of texters to the Text Line report a lower suicide rating, yet they reach out because they need a supportive ear. It is important they know they are welcome to text in at whatever level of crisis they find themselves in. Sometimes they check in with the Text Line at a time when they are not in acute crisis. If they ever find themselves in crisis later, they will have an established connection to a source of support at their fingertips.

While youth may experience multiple challenges, there are also inherent gifts of that age, says Dan Siegel, some of which include a willingness to innovate and try new things. This includes reaching out for help via text. Youth usually find out about the Text Line through CSS' Community Education Department's Teens for Life presentations in Alameda County middle and high schools.

After receiving the Teens for Life presentation, one youth wrote:

*Thank you for coming to our health class to talk to us! I learned a lot more about Crisis Support, which I hadn't heard much about. It is awesome that you have texting services too; that makes it a lot more accessible, especially to teens. It was also interesting to learn about how many things/situations Crisis Support Services deals with. Before, I thought it was mainly just calls about suicide or depression, not things like problems with friends or even feelings of loneliness.*

*Thanks again!*

The Text Line aims to create connection, opportunities for emotional regulation, and reinforce a mindful “pause” before a youth might act on any impulsive urges. Every text session is important, whether it is with a youth texting in about an experience of intractable depression or about a light squabble with a sibling.

One texter started their conversation with a Text Line counselor by first saying, “Can I ask you a question?” Then they asked: “Are you going to tell my parents that I texted you?” The counselor assured them that unless they or someone else was in imminent danger that the Text Line was confidential. That satisfied the texter.

The texter wrote: “So um I really want to leave this world right now because it’s my birthday Friday and no one seems to care about me. No one wants to celebrate it.”

The counselor mirrored the texter’s feelings and then asked “How old are you turning?” The texter wrote “15” and then wrote “I know I’m young.”

According to the World Health Organization, “Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.” A youth reaching out to the Text Line is a wonderful sign that they are learning to advocate for themselves and if we can give them a positive experience they will be more likely to reach out for treatment later, if needed.

As the Text Line counselor continued the session, the counselor used supportive and empathetic language while engaging in more suicide assessment questions as the texter had indicated earlier that they had “wanted to leave this world”. The texter wrote they felt suicidal “every single day” and wrote: “I have problems I know, but which problem is making me want to kill myself is the biggest question.”

The counselor replied: “Sometimes we don’t have a reason, but it’s important enough that you have these feelings. And it’s good that you can talk about them. We want to be here for you.”

The counselor asked the texter if they had a plan for how they would kill themselves. The texter had no plan. During the course of the session the texter wrote they had an argument with their father while discussing their upcoming birthday. They rehearsed with the Text Line counselor what they would say to their father later when they felt calmer.

At the end of the session the texter wrote to the counselor: “Well thanks for talking to me Bonnie, I feel much better now.” The counselor let the texter know that the Text Line is always there to listen and then asked if the texter felt they would be safe if they experienced suicidal feeling the next day.

The texter wrote back: “Of course” and then wrote: “Since I know I could always talk to someone.”

**Information on the CSS Text Line Program**  
**[crisissupport.org/programs/text-line](http://crisissupport.org/programs/text-line)**

**Other Youth-Focused Resources:**  
**[teenonline.org](http://teenonline.org) | [yourlifeyourvoice.org](http://yourlifeyourvoice.org) | [thetrevorproject.org](http://thetrevorproject.org) | [us.reachout.com](http://us.reachout.com)**

NOTES

1 CDC, (2015). Suicide Facts at a Glance, <http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf> (retrieved July 2016)

2 California Dept. of Public Health, Death Statistical Master Files; CDC, Mortality data on WONDER (Apr. 2015). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of the Lucile Packard Foundation for Children’s Health. Retrieved July 2016.

3 California Department of Education, California Healthy Kids Survey and California Student Survey (WestEd). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of the Lucile Packard Foundation for Children’s Health. Retrieved July 2016.

4 Siegel, D., (2013) *Brainstorm: The power and purpose of the Teenage Brain*. New York: Penguin Group

For a quick description on adolescent brain development by Dr. Dan Siegel: <https://www.youtube.com/watch?v=gw9GrgNcYcg>

5 [https://www.iasp.info/wspd/powerpoint/2016/2016\\_wspd\\_pp\\_facts\\_and\\_figures.pptx](https://www.iasp.info/wspd/powerpoint/2016/2016_wspd_pp_facts_and_figures.pptx)

6 <http://www.childhealthdata.org/> Child & Adolescent Measurement Initiative (2014). “Adverse Childhood Experiences among Oakland and California’s Children.” Data Resource Center, supported by Cooperative Agreement 1-U59-MC0680-01 from the U.S. Department of Health & Human Services. Health Resources &

Services Administration, Maternal & Child Health Bureau. Revised on 10/15/14

7 Rodway, C., Tham, S-G., Ibrahim, S., Turnbull, P., Windfuhr, K., Shaw, J., ... Appleby, L. (2016). Suicide in children and young people in England: a consecutive case series. *The Lancet Psychiatry*, 3(8), 751–759. DOI: 10.1016/S2215-0366(16)30094-3

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*Running for suicide prevention shows you that there are others out there who share in your struggle.*

*Together, we honor those we've lost and those we still have.*

*-Jessica Mar*

CSS Crisis Line Counselor  
Healing Hearts 5K 2014 Runner



Save the Date!  
Saturday,  
June 3, 2017



More Info  
Coming Soon!

Annual  
**ROBBY BABCOCK**  
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