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Program evaluation of a suicide prevention walk: finding postvention opportunities for promoting resilience in survivors of suicide loss

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Program Evaluation of a Suicide Prevention Walk:
Finding Postvention Opportunities for Promoting Resilience in Survivors of Suicide Loss
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A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

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Dedication

This study and the accompanying training manual are dedicated to all people who light the way during our darkest moments and to the courageous survivors of suicide loss who daily put one foot in front of the other and work to find meaning from pain and loss. It has been created in honor of my family and my brother, Joe, whose life and death has challenged me to love more deeply and live more compassionately.

Acknowledgements

As Joseph Campbell has said, “our own life lives on the acts of other people.” This project is the result of the time, compassion, and support of many individuals throughout the years who have believed in me, walked with me through my grief, and offered their time, talent, and energy to this cause. I would like to sincerely thank all of the people who have helped me throughout the years. This project would not have happened without you.

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Abstract

Each year more than 34,000 people die by suicide leaving between 6 to 10 survivors of suicide loss behind for every person who dies. The risk of suicide for these survivors is between 2 to 10 times the general population. It is imperative that postvention efforts target vulnerable individuals grieving suicide losses. Recent studies have examined the efficacy of postvention supports for these survivors, such as counseling and survivors of suicide support groups; however, little is known about the vast majority of survivors who do not seek services. Each year, large numbers of survivors of suicide loss attend community suicide prevention walks. For some, these walks may be the only activities they participate in where suicide is the focus. It is quite possible that these survivors of suicide loss use walks as a way to make meaning from their losses. This study examines how these walks fit into survivors healing journeys and advocates for the use of resilience-based activities at these events to support positive meaning-making, affect regulation, and instill hope.

Program Evaluation of a Suicide Prevention Walk:

Finding Postvention Opportunities for Promoting Resilience in Survivors of Suicide Loss

According to the American Foundation for Suicide Prevention (AFSP, 2011), over 34,000 people die by suicide each year in the United States, leaving hundreds of thousands of survivors behind to sort through their grief. The risk of suicide for those grieving the loss is 2 to 10 times the general population (Aguirre & Slater, 2010). Many of the bereaved experience complicated grief laden with self-blame, shame, and guilt that is often exacerbated by the accompanying public stigma (Aguirre & Slater, 2010; Knieper, 2010; Sakinofsky, 2007). Jordan (2008) cited that “many members of the community do not know how to help, and therefore avoid contact with the bereaved . . . a response labeled social ineptitude. Survivors may also self-stigmatize and avoid contact with others because of their shame and guilt” (p. 603).

The absence of public support, lack of closure, sense of rejection, guilt, and trauma related to the death itself may increase the desire for isolation, which can slow the healing process. While between 50% and 75% of survivors value informal support and see professional help as beneficial, they often struggle to find arenas for their grief (Aguirre & Slater, 2010; Cerel, Padgett, & Reed, 2007). Only 25% actually seek services, and most of those individuals have high levels of distress (Cerel, Padgett, & Reed, 2007). A lack of community supports serves as a significant barrier to their recovery.

Much of the current research on survivors of suicide focuses on resulting psychopathology, emotional distress, and comparisons of survivors of suicide with those who have lost loved ones through other forms of sudden death (Fiegelman, Gorman, &

Jordan, 2009). Recent research is beginning to examine the postvention needs of survivors. Many of these studies focus on understanding survivors' distress, and evaluating current forms of treatment and support, such as survivors' support groups. A few of these articles examine ways to reach survivors early in the grief process, such as Campbell's Active Postvention Model (APM), which links the newly bereaved with veteran survivors (Aguirre & Slater, 2010). While this can help survivors develop immediate connections and increase the likelihood that they will seek treatment, the ultimate goal of postvention is to help survivors do more than cope; the goal is to help them "live longer, more productively, and less stressfully" (Schneidman as cited in Linn-Gust, 2010). This goal requires a life-long approach to helping survivors rediscover and maintain their inner resilience, something rarely discussed in the current literature (Linn-Gust, 2010).

Suicide prevention walks offer unique opportunities to meet survivors' postvention needs in ways that bolster resilience while also working toward prevention. Many people who volunteer for or attend these walks have lost loved ones or friends to suicide. Carefully crafted events offer participants the opportunity to develop relationships with other survivors, provide a forum for education, and invite participants to engage in rituals that lead to healing, hope, and resilience. When established as annual events, they offer recurring occasions where the bereaved can participate as helpers in the prevention process and create continued meaning that can aid in affect regulation, combat isolation, and increase hopefulness. This can be especially important in communities that do not have Active Postvention programs.

On April 30th, 2011, the Chi Sigma Iota honor society at James Madison University hosted an AFSP Out of the Darkness Campus walk. This walk was the first campus walk held in the Shenandoah Valley. Eighty-one people registered for this walk, and 72 attended. Fifty-two percent of registrants reported that they had lost a loved one to suicide. Currently, little is known about the vast number of survivors who do not seek traditional forms of support, such as counseling or support groups (Aguirre & Slater, 2010). No studies were found during the preliminary research for this project regarding the impact of walks on the experiences of survivors of suicide loss. Given the number of survivors who attend community suicide prevention walks, this study provided an opportunity to find out how survivors who may or may not seek services cope with their losses, how suicide prevention walks support survivors' healing, and to learn how walks can be used as postvention opportunities for the myriad survivors living in our communities.

Program Description

The purpose of this research project was to evaluate the impact of the Out of the Darkness walk on April 30, 2011 by offering participants the chance to express their opinions regarding their experiences during the walk, and provide valuable feedback that can be used to improve future events. The walk was advertised by email to members of the three local universities and their alumni. Articles regarding the walk were published on the James Madison University Counseling Program website and in publications by the Central Valley Counselors Association. The walk was also advertised on local community service bulletins, and through flyers posted in the community. Volunteers were solicited from James Madison University's Counseling Program, the Central Valley

Counselors Association, and the local community to help plan the walk and facilitate activities on the day of the event.

Weekly walk reports were sent to the main walk organizer during the three months prior to the event. These walk reports included contact information for walkers, fundraising goals, and whether or not walkers were survivors of suicide loss. A final walk report was provided by AFSP that included data collected on all walkers who registered for the event. These reports allowed the walk organizers to see what percentage of walkers had lost loved ones to suicide. It became clear early in the planning process that a majority of the walk participants would be survivors of suicide loss. While the main focus of the walk was to raise funds for the American Foundation for Suicide Prevention, the walk organizers planned activities and provided resources during the registration period that were intended to increase individuals' access to resources and opportunities to bolster their inner resilience through activities designed to help them feel hopeful and connected to a caring community.

Mental health resources including sliding scale counseling services, local and state support groups, and national resources provided by AFSP were displayed on a resource table staffed by local mental health professionals and a facilitator for the local survivors of suicide support group Lanterns of Hope. These individuals were personally invited to attend the event so they could answer questions for people needing resources. Given that so many survivors of suicide express an interest in learning about services, we hoped that having professionals available to answer questions face to face would help interested walkers find resources that may best suit their needs.

Multiple activities were used during the walk to help facilitate positive meaning-making and instill hope, including a memory wall and an opening ceremony. The main walk organizer consulted with local professionals specializing in suicide prevention to consider the benefits and risk of having a memory wall at this event since it was likely that vulnerable individuals may read items on the wall and experience intense feelings of grief and loss. A theme was created for the walk that promoted stories congruent with safe messaging practices and supported positive meaning-making. The theme used at the walk was “United, we hold in our hearts the memories of those we love.” This theme and instructions for the memory wall were emailed to participants one week prior to the event (see Appendix A) so they could have the opportunity to bring pictures and other mementos with them to the walk. Materials were also provided at the walk so spontaneous memorials that could be created and added to the wall.

The memory wall offered survivors of suicide loss the opportunity to express their feelings regarding their losses in ways that would promote affect regulation and positive connections to the deceased. Volunteers from the James Madison University Counseling Programs who had taken a course in crisis intervention staffed the area where the wall was displayed and were instructed to reach out to walkers who may be deeply moved by its contents. This site became a place for reflection, sharing, and connection for survivors of suicide loss who attended this event.

During the opening ceremony, I told my story (see Appendix B) in an effort to promote positive meaning-making and the instillation of hope, two key components of building resilience (Echterling & Stewart, 2008). Efforts were made to ensure that the survivor’s story followed safe messaging guidelines, including offering a balanced

portrayal of the lost loved one that highlighted both the strengths and struggles of the deceased. The focus of the story was on my feelings about the loss and strategies used to cope with my grief. Information regarding safe messaging guidelines can be found in the training manual, which is part of the appendix for this document (see Appendix I).

Method

This research study evaluated walkers' overall experiences of the walk, but focused specifically on the resilience based interventions planned at the walk including the resource table, memory wall, and listening to a survivor of suicide speak during the opening ceremony. An IRB proposal was submitted and approved prior to beginning this study. Sixty-seven walkers over the age of 18 with valid email addresses were emailed an invitation (see Appendices C and D) to participate in an anonymous 51 question Qualtrics survey. This survey asked series of questions about specific aspects of the walk such as the experience of attending the walk, volunteering, fundraising, the resource table, the memory wall, and the opening ceremony (see Appendix G). The survey was designed using branch logic so that study participants would only see questions that were relevant to their experiences. If the participant selected "no" for the first question in the series they would be directed to the next series of questions.

Walkers who were also survivors of suicide loss were invited to participate in a one-hour semi-structured follow-up interview (See Appendices E and H). During the follow-up interviews participants were encouraged to offer more elaborate answers regarding their walk experience, while also offering additional information regarding how they have coped with their losses. Resources for survivors of suicide loss were

included in the informed consent for the Qualtrics survey and given to follow-up interview participants (see Appendix F).

All interviews were audio recorded and transcribed. Descriptive statistics for the Qualtrics survey were collected and analyzed to look for areas of satisfaction, and dissatisfaction regarding walk experiences. Follow-up interviews were transcribed, coded, and analyzed to see if trends existed that either supported the current literature regarding survivors of suicide loss, or posed questions for future studies. Data collected during the walk evaluation study, including excerpts of the transcripts from follow-up interviews, were used to create a training document that includes additional information regarding preparation, volunteers, speakers, resilient walk tips, and activities that supplement materials provided by AFSP. AFSP's focus for their walks is on fundraising:

While raising awareness is important, the focus of our event is on walker recruitment and promoting fundraising by walkers, the two key elements to maximizing our fundraising potential. Secondary benefits of the walk are raising awareness of suicide prevention, reducing the stigma surrounding this issue, identifying survivors in your community, identifying families who may have a loved one at risk" (American Foundation for Suicide Prevention, 2011, p. 4).

The activities described in this training document are designed primarily to increase participants' sense of connection to others and boost resilience as they make meaning from their experiences with suicide. The goal of these activities is to enhance the experiences of walkers during the walk, increasing the likelihood of future walk participation, and as a by-product increase fundraising for national organizations.

Participants

Twenty-five walkers responded to the survey, including 22 females (88%) and 3 males (11%). The median age of respondents was between 29 – 34 years of age; however, 40% of the participants were between the ages of 23 – 28 years of age. Twenty of the walkers (80%) had never participated in an Out of the Darkness Walk. Fourteen of the study participants (56%) were survivors of suicide loss. Five agreed to participate in the follow-up interviews; however, two dropped out during the scheduling process.

Results

Overall, walkers indicated that they were pleased with their participation in this event. Most participants (96%) felt welcomed by volunteers. Fourteen study participants (58%) also volunteered at this event. Six of these volunteers (43%) were survivors of suicide loss. All of the volunteers in this study reported that volunteering had been a positive experience. Fifty-six percent (n = 14) of study participants engaged in fundraising and, 86% of those (n=12) found that doing so helped them make meaning from this event. Nine of the fourteen fundraisers (64%) were survivors of suicide loss. Frequent responses both during the walk and during follow-up interviews were that participating in this event and raising money for AFSP gave them a chance to “make a difference,” and do something that might prevent future suicides. One interviewee stated:

I felt like the walk was a great way to bring attention to the issue [suicide prevention] that is so often not talked about, and I also wanted to help do some fundraising. . . . I thought it might be helpful to other survivors.

Another walker offered similar feedback, “I always wanted to get more involved and actually feel like I was doing something, so yeah, number one for me was to be able to

help out and volunteer at the walk. [I] felt really good and like yeah I'm doing something that I'm really passionate about. I'm helping to make a difference."

Memory Wall

Eight of the fourteen survivors of suicide loss in this study (57%) contributed to the memory wall. Of those, 76% (n=6) responded that they felt like they were able to express their thoughts and feelings, felt understood by other survivors, and felt more connected to others. One follow-up interview participants shared,

Oh let's see. I put up a poem, which expresses almost exactly how I feel and his picture. I looked at other people's pictures. I just liked seeing the memory wall. I liked seeing what other people would put up, and that too reminds you that you are not alone . . . that other people are in the very same shape.

Another described her experience with the memory wall with the following comment:

I put something on the memory wall, and I mean I'm not the most artistic person, so I just like wrote something and made a little heart . . . I see that and it was like oh, that's nice to see those memories up there. I'm not going to forget that, that they're kind of forever on this memory board.

While it was clear that participation in the memory wall was helpful for these participants, it created anxieties for at least one participant and some volunteers. One follow-up interview participant stated that she thought about participating in the memory wall, and considered bringing something to the event, but chose not to do so in the end. She offered the following reflection:

It was insightful for me to know that I didn't necessarily want to go there [to the

memory wall]. I kind of feel bad about that, and I guess I've been trying to figure out if it was just to avoid the pain of the other people there. I was in my own pain. I was having my own experience of the pain all over again . . . I was worried that I might run into more of the details or the stories of how the person died, or I just didn't want that to trigger thoughts."

The wall even stimulated concern in some of the volunteers who were unsure what they might encounter. During the volunteer training session held one day before the walk, volunteers asked many questions regarding what reactions survivors of suicide loss may have and how they could be helpful. One interviewee, who was also a volunteer at the event, was initially concerned about what might unfold, but found the experience led to a greater sense of community:

I volunteered at the memory wall. Yeah, I think I didn't know exactly what to expect. I wasn't like scared and I didn't think it was a bad idea. I was just . . . I think there was some pressure . . . I want[ed] to be helpful to people. What am I going to be able to do to be helpful? But then once I was there, it didn't happen. It was just . . . whether you are a survivor or whether you're a, I don't know the term, advocate we're all coming from the same place of remembering people we have lost. . . . It just felt like a great sense of community once I was actually there. But yeah, I'm sure I was intimidated by it before I actually got there."

Listening to a Survivor's Story

Twenty-three participants (92%) benefitted from listening to a survivor's story. During the follow-up interviews, one participant expressed a common theme by stating "I

felt like I needed that [survivor's story] at the beginning of the walk. Having someone tell their own story was really really beautiful . . . just to feel like you're not alone." A second interviewee shared, "I especially wanted to thank you for sharing your own journey. You expressed what I felt after losing my sister and I was very moved. It reminded me of the importance of sharing our stories and of connecting with other survivors." Another walker later stated, "hearing that you've made it this far lets me know that I can do it too."

It should be noted that not all participants found this to be helpful. One participant in the Qualtrics survey reported that hearing a survivor's story was unhelpful. While no additional feedback was provided, this response should be taken into consideration. Some survivors may feel so activated by hearing a story that they find it to be distressing. Others may see the story as incongruent with their expectations for suicide prevention walks. During an interview a survivor stated that while she found hearing someone speak about her loss to be helpful, she revealed, "I was also in a very emotional state after, after you had shared your story, and I was in tears. . . . And so yeah, I was definitely feeling those feelings" This comment highlights the need to be mindful of the feelings and expectations of walkers, and the importance of ensuring that specially trained volunteers are on hand to assist vulnerable participants who may have strong feelings during the event.

Discussion and Recommendations

There are several limitations of this study. The sample population was small (n = 25), mostly female (n = 22), and from a rural community in Virginia. The size of the population was even smaller when the subset of survivors of suicide loss was examined

(n = 14). The researcher was also the walk organizer, and a speaker at the event. It is quite possible that walkers who had negative experiences at the event were less likely to participate, especially in the follow-up interview. Yet despite these limitations, the data collected from this study can be used to shed light on the potential for walks as a place for both postvention efforts, and opportunities for future study if we are to understand the experiences of survivors of suicide loss who may not participate in traditional support services.

The results of the data show that most survivors of suicide loss who attend community suicide prevention walks appreciate activities designed to help them connect with others and find meaning from their losses; however, these activities require careful planning and the presence of knowledgeable supportive volunteer staff. Memory walls, which are common at these events, elicit many different responses from participants. It is vital that walk organizers are conscious of the variety of responses they may encounter. There are several ways walk organizers can increase walkers' comfort with this activity.

Choosing a resilient theme and advertising it heavily prior to the event can help steer the content of the wall in a positive direction and prepare participants for what they may encounter. The survivor who elected not to participate in the memory wall shared, "I'm also aware that you asked for people to share a memory. I felt that the directions were fairly clear what the wall was supposed to be about. I guess a part of it is that it's a bunch of strangers." It is important to place the memory wall in an inviting location that promotes quiet reflection and sharing for those who may be struggling with their losses. Providing sensitivity training for volunteers attending the event can reduce volunteers' anxieties and increase their confidence and willingness to reach out to struggling walkers.

This training should educate volunteers regarding how participation in this activity may impact walkers and what they can do to be a helpful presence in this area. Bear in mind that some walkers may not be able to handle the emotions a memory wall might evoke. Alternate activities and opportunities to share and engage with the walk community should be provided and promoted as equally valid ways of participating in the event. For some people, showing up is more than enough.

Many of the responses provided in the study supported the current literature regarding what is known about survivors of suicide loss. Survivors of suicide loss frequently struggle with feelings of guilt, self-blame, and shame, and wrestle with the unanswerable “why” regarding death by suicide. They would like to see more services in their communities, and would like to see these resources advertised more heavily, especially on TV. Most respondents found the resources available at the walk to be helpful. Yet, when survivors of suicide loss were asked during the Qualtrics survey if they would be personally interested in participating in a grief support group for survivors of suicide loss, 43% stated that they would not be interested, and 29% were indifferent to the idea. None of the survivors of suicide loss who participated in the study contacted any of the services found at the walk. These results support the statistics cited earlier, that while survivors of suicide loss find the idea of support helpful; they may not be interested in utilizing these services, despite their participation in suicide prevention events.

One follow-up interviewee made the following point regarding the services provided at the walk:

[I would like to see] information on the support groups, maybe for people who may be bereaved by suicide more recently, maybe having some books available

[and] maybe a couple of people who were from the support groups. I guess coming from my own journey, adding information about additional ways to heal like yoga and bodywork.

It is quite possible that survivors of suicide loss utilize alternative forms of support not currently being examined, such as exercise groups, yoga, massage, religious organizations, and other activities where the focus is not necessarily on suicide loss, but where coping and meaning-making are encouraged and resilience is bolstered.

Some studies of survivors of suicide examine the effects of suicide on family members (Kaslow, Ivey, Berry-Mitchell, Franklin, & Bethea, 2009; Mitchel, Sakraida, Yookyung, Bullian, & Chiapetta, 2009; Ratnarajah & Schofield, 2007). The statistics in the literature state that there are between six and ten survivors of suicide loss for every person who dies by suicide. It is quite possible that this number is a gross underestimate of the people who are affected by suicide grief. Six survivors of suicide loss in this study (43%) reported that they had lost a friend to suicide. Two follow-up interview participants seemed to have revelations regarding how friends may be affected by a suicide loss and whether or not they qualify as survivors. The number of friends who had submitted pieces for the memory wall surprised one interviewee:

One thing . . .so many were from the friends of the dead person [and] not from family. That made me think about people who lose a close friend, young people, college age kids, or anybody who loses a close friend. That can be painful too. . . .

I guess previously I had never thought that a friend could be so close. I would almost think, well she's just your friend. It isn't as though she was your sister, but now I don't think that way. I think my friend is my sister.

Prior to coming to this walk, this survivor had not considered the possibility that friends may be survivors too. Her participation in this event broadened her definition of who may be grieving.

The feeling that there are those who qualify and those who do not was shared by another interviewee who lost a friend to suicide:

Yeah that is definitely dead on that I don't usually call myself a survivor of suicide. I'm like, yeah as much as I hurt, other people hurt more which I think is just part of the complexity of that situation. . . . I can say that obviously I was hurt and obviously I was a friend of his and so . . . I feel comfortable doing this, but there is still a part of me that is like I hope I'm not betraying anything by talking about this, by sharing this as if it's my story when so many people are hurting so much more. . . . I think that the struggle that people sometimes have is that, like you know, I'm grieving this loss but am I a survivor of suicide? What does it mean to be a survivor of suicide? [I feel like] I would be a phony member [of a survivors of suicide group], like do you really belong here.

It is quite possible that friends, co-workers, and classmates of the deceased are deeply affected by suicide grief, but feel like their grief does not count because they are not related to the deceased. They may feel like they do not have a right to seek services to help them cope with their loss. It is important that the general definition of survivor of suicide loss is broadened to include all of the people who may be affected whether they are directly related or not. Given that suicide is the second leading cause of death for college students and the third leading cause of death for people ages 15 to 24, it is vital that we reach out to people not typically considered to be survivors to ensure that all

people struggling with their grief feel welcome by support groups and counseling agencies (AFSP, 2011). Suicide prevention walks, particularly the campus walks started by AFSP in 2010, are a way to invite survivors of suicide loss who may have been affected by a friend's death, but who may not feel like "official members of the club" to participate in activities that can help them make meaning from their losses and feel like a part of a community that cares and can support their healing.

Conclusion

Large numbers of survivors of suicide attend community suicide prevention walks held throughout the country, such as AFSP's Out of the Darkness Walks. It is possible that these events are the only suicide grief related activities that some of these survivors participate in as they deal with the losses. These walks can help the vast majority of survivors who do not seek traditional services increase their sense of resilience. Studies of future walks could help shed light on how many survivors use these walks as ways to cope with their losses and generate data on the vast majority of survivors of suicide loss who do not seek traditional services. Future studies of these walks could expand upon the themes presented in this study and broaden our perspective on what postvention looks like and how it is implemented in communities.

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Appendix A: Instructions Regarding the Memory Wall

Greetings to all walkers!

We welcome those who have recently registered for the walk. I hope all of you are doing well on this rainy afternoon. We only have ONE week left until the walk. Many of you have been working hard to raise funds and spread the word about the walk. We appreciate all of your efforts. Next week you will receive several emails from me regarding parking, the volunteers meeting on Friday at 5:30, and any other information about the walk that comes to mind.

Here are a few pieces of information to keep in mind:

Keep spreading the word about the walk. Many people have expressed interest, and we feel confident that the turnout will be good. When you can, encourage people to preregister on our website. This will make registration on the morning of the event run smoother.

Donations can be made either on the website or can be turned in on the day of the walk. If you are collecting donations from individuals offline, please use the offline donation form. All donations are tax deductible. For donations under \$200.00, people will use their canceled checks as a receipt. Larger donations will receive a receipt from AFSP.

We will walk rain or shine. Please dress in comfortable clothes that are appropriate for the weather. The walk will be 2.9 miles long and will circle around downtown. A few of you let me know that the map I enclosed last week couldn't be opened. I am attaching another one to this email. Please let me know if you have any problems opening it.

We will have a **MEMORY WALL at this event.** Here's the theme:

United we hold in our hearts the memories of those we love

Instructions: Please write a short piece regarding a favorite memory of the person you lost. This could be a piece of art, poem, story, song, or any other form of writing that expresses a favorite memory you have of this person. You may add a picture of this person to the wall.

After the walk the wall will be housed in Miller Hall on the JMU campus. You may leave your memory and pictures as a permanent part of this structure, or you may take your writing and pictures with you at the end of the walk.

Please feel free to bring something to add to the wall. If you know of anyone who cannot make the walk but would like to contribute to the memory wall, please feel free to bring their information. You can also have people contact me for more information.

We will have a volunteers meeting on Friday April 29th at 5:30 PM. We will meet at the RISE Mission House - 690 South Mason Street. This is on the corner of Mason and

Cantrell. Please let me know if you plan to attend this event so I have a good sense of who's coming.

Feel free to send any questions you may have about the walk. We appreciate your participation and efforts. Your presence is a wonderful gift to our community.

Appendix B: Survivors Story
Presented at the AFSP Out of the Darkness Walk 4/30/2011
By Lisa Ellison

Thank you for coming today to support our first AFSP Out of the Darkness Campus Walk. Your support means a lot to us. Many people attending the walk today have lost loved ones to suicide. I am one of them. I want to tell you about my brother Joe. He was great with his hands. He could build anything. He loved to lend a hand to friends in need. It was not uncommon for him to get up extra early and sneak over to my grandparent's house to shovel the walk before they woke up. He helped my parents with yard work and home repairs. One time he came to visit me and got to my house before I was able to make it home. The fridge was empty. He filled it.

My favorite memory of Joe was the time we went to Darien Lake as teenagers. We had never been to an amusement park so it was a pretty big deal. We spent weeks teasing each other about who would chicken out on the huge steel roller coaster called the Viper. At Darien Lake we rode the Viper together. We were both pale and deadly serious as we sat down in the cart, realizing it was too late. As we crested the first big hill looking over the park, we both looked at each other and laughed, and screamed the whole rest of the ride. We rode that coaster 15 more times that day. Joe was a kind loving person. While he was eager to lend a hand to others, he didn't always know how to reach out when he was in need. He battled depression for around four years. It often showed up as irritability, anger, and withdrawal. He had issues with drugs and alcohol. While he didn't openly cry, we felt something was wrong, but we weren't sure what to do. In 1997, he ended his life at the age of twenty.

The time following his death was pretty dark for me. I experienced what felt like a soul crushing grief, an intense shame that I had somehow missed the signs, and a sense that I was forever changed because of my experience. I was no longer a part of the “normal” world. I traveled on a different, very lonely road. I remember looking in the mirror the day after he died and thinking I will never smile again. For a while I didn’t want to care about anyone or anything because life just hurt so much.

Sometimes we come to a place in life where our pain is so great we’re at a crossroads where we can either give in to that despair or find hope. Sometimes it takes the light of others to lead us out of our inner darkness. A woman named Wendy passed that light on to me during one of my darkest moments. Wendy lived in my hometown. She lost her seventeen-year-old son Justin to suicide two years before my brother died. She read about Joe’s death in the newspaper and showed up at the funeral. She came up to me, looked me in the eye, smiled, and hugged me fiercely. She told me about her son and said, “I know.” There are times in life when “I know how you feel” can seem so trite and insincere. How can we really know another person’s experience? But that day, in that moment, her words were a huge relief to me. I was not the only one out there going through this. Wendy was also walking on this road. She was only a few steps ahead of me, and yet despite her pain she stood there smiling at me, caring enough to show up and pass on the torch of hope to a complete stranger. I think she read my mind that day because as she held me tightly she whispered in my ear “It gets easier. You’ll never forget, but one day you will smile again.”

I will never forget Wendy and her smile. I had to carry those words she told me in my pocket for a while before I could believe in them. I had to cry, get angry, and talk

about my grief with those who would listen to my story. It took time and a lot of tears, but one day I looked in the mirror and while there was still sadness on my face, I was indeed smiling – not just with my mouth, but with my heart.

I still feel forever changed by this experience, but I no longer feel that crushing despair and isolation. I look at the world with new eyes. I see how precious life is and I take time to be present with the people in my life. I always tell them I care, and if I feel concerned I express my worry without hesitation. Sometimes there are still tears. Those tears tell me I am a person who loves deeply and does not forget. Sometimes life takes on that bittersweet quality of recognizing an absence while also feeling intense joy. If I could say anything to all of you regarding my experience it is this: Talk to each other. Share your stories with those who will listen. When it gets tough, reach out your hand. For those of you here as support, keep your eyes open and when you see that hand reaching up to you, grab it and hold on. Be present and listen. Many people worry that if they bring up the memory of a lost loved one it will stir up strong emotions, causing intense pain. We carry these stories of love and pain with us every day. If we talk about it, we begin to heal.

Before we begin the walk today, we would like to have a moment of silence to honor the love we feel for those no longer with us. I ask that if you're willing, please join hands. For those of you out there wondering if you will ever smile again, know that as we stand here today we hold in our hearts the smile you will regain. Please honor and support each other as we walk to raise awareness of this silent killer. Carry on the conversation we began today. Be each other's hope and light. You never know the impact of your smile.

Appendix C: Invitation to Participate in Qualtrics Survey

E-mail Cover letter

Dear Participant:

You are invited to participate in a study that will examine walkers' experiences during the American Foundation for Suicide Prevention "Out of the Darkness Campus" walk held on April 30th, 2011. This study will help walk organizers plan activities and offer resources that will meet the needs of walkers participating in suicide prevention events. This study will also contribute to our understanding of the needs of survivors of suicide in the Shenandoah Valley. Your input would be greatly appreciated. We are posting this email to request your participation in the attached, brief, online survey. You will also be given the opportunity to participate in a follow up interview at the end of the online survey. Click here for the survey:

http://jmu.qualtrics.com/SE/?SID=SV_erPamQi1Wu6zyQY

**Please read the informed consent below before participating.*

I appreciate your time and consideration.

With Regards,

Lisa Ellison

Appendix D: Informed Consent for the Qualtrics Survey

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Lisa Ellison for James Madison University. The purpose of this study is to gather information from participants in the American Foundation for Suicide Prevention's (AFSP) Out of the Darkness Campus Walk held on April 30th, 2011. The information collected in this survey will be used to help walk organizers improve future walks and help address the needs of survivors of suicide in our community. This study will contribute to our understanding of walkers' expectations, experiences, and needs. The resulting data will be presented at professional conferences, in subsequent publications, and will be used to complete the primary investigator's Ed.S. project in partial fulfillment of her Educational Specialist degree.

Research Procedures

This study consists of an online survey that will be administered to individual participants through *Qualtrics (an online survey tool)*. You will be asked to provide answers to a series of questions related to your experience during the walk. Survivors of suicide who attended the walk may also be invited to participate in a follow-up interview where they will be given the opportunity to tell their story as survivors of suicide, elaborate on survey questions, and help walk organizers understand what has helped them cope with their losses and heal.

Time Required

Participation in the online survey will take no more than 30 minutes of your time. Participation in the optional follow-up interview will take approximately one hour.

Risks

The anticipated risks for your participation in this study are minimal, other than the discomfort of being reminded about your unique and personal loss of a loved one to suicide. Additionally, other questions in the survey may cause general discomfort. If you become uncomfortable and choose to stop participating in this study, you have the right to do so at any time. If you become distressed and need to speak to a crisis counselor at any time, you can call 1-800-273-TALK (8255), the national toll-free crisis line that is available 24/7. Lennis Echterling, Ph.D., will also be available to talk to any participant who feels a need for additional support. He can be reached at 540-421-0093, Monday through Friday from 8:00 AM to 5:00 PM. A list of additional resources for survivors of suicide including local support groups, low-cost counseling, books, and online resources is included at the end of this informed consent document.

Benefits

There are no direct benefits to you for participating in this research study. However, your participation can help us to improve this walk experience in the future. As you know, a great deal of time and energy went into organizing this walk and we would like to learn from you about your experience to make the next one even better. The resulting data and

conclusions of this study may have helpful implications for future walk participants and survivors of suicide loss in the Shenandoah Valley. This data will also contribute to the research being conducted regarding postvention for survivors of suicide.

Confidentiality

The results of this research will be presented at professional conferences and in subsequent publication(s). Individual survey responses are anonymously obtained and recorded online through the Qualtrics software. No identifiable information will be collected from the online survey participants. Minimal identifying information needed to contact participants for the optional follow-up interview will be collected. No identifiable responses will be presented in the final form of this study. All data will be kept in the strictest confidence, and will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be shredded. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However, once your responses have been submitted and recorded, you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Lisa Ellison
Department of Graduate Psychology
James Madison University
ellis2la@dukes.jmu.edu

Lennis Echterling
Department of Graduate Psychology
James Madison University
Telephone: (540) 568-6522
echterlg@jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am **at least 18 years of age**. By clicking on the link below, and completing and submitting this anonymous survey, I am consenting to participate in this research.

Appendix E: Consent Form for the Follow-up Interview

Identification of Investigators & Purpose of Study

You are being asked to participate in a follow-up interview for a research study conducted by Lisa Ellison for James Madison University. The purpose of this study is to gather information from participants in the AFSP Out of the Darkness Campus Walk held on April 30th, 2011. The information collected in this interview will be used to help walk organizers improve future walks and help address the needs of survivors of suicide in our community. This study will contribute to our understanding of walkers' expectations, experiences, and needs. The resulting data will be presented at professional conferences, in subsequent publications, and will be used to complete the primary investigator's Ed.S. project in partial fulfillment of her Educational Specialist degree.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This portion of the study consists of an interview that will be administered to individual participants in the Counseling Suite at Blue Ridge Hall, 601 University Boulevard, Harrisonburg, VA. You will be asked to provide answers to a series of questions related to your experience as a survivor of suicide loss during the walk. The interview will be audio-taped with your permission. If you do not consent to being audio-taped, the researcher will request permission to take notes during the interview in order to record your responses.

Time Required

Participation in this study will require approximately one hour of your time.

Risks

The anticipated risks for your participation in this study are minimal, other than the discomfort of being reminded about your unique and personal loss of a loved one to suicide. Additionally, other questions in the survey may cause general discomfort. If you become uncomfortable and choose to stop participating in this study, you have the right to do so at any time. If you become distressed and need to speak to a crisis counselor at any time, you can call 1-800-273-TALK (8255), the national toll-free crisis line that is available 24/7. Lennis Echterling, Ph.D., will also be available to talk to any participant who feels a need for additional support. He can be reached at 540-421-0093, Monday through Friday from 8:00 AM to 5:00 PM. A list of additional resources for survivors of suicide including local support groups, low-cost counseling, books, and online resources is included at the end of this informed consent document.

Benefits

There are no direct benefits to you for participating in this research study. However, your participation can help us to improve this walk experience in the future. As you know, a great deal of time and energy went into organizing this walk and we would like to learn from you about your experience to make the next one even better. The resulting data and conclusions of this study may have helpful implications for future walk participants and

survivors of suicide loss in the Shenandoah Valley. This data will also contribute to the research being conducted regarding postvention for survivors of suicide.

Confidentiality

The results of this research will be presented at professional conferences and in subsequent publication(s). No identifiable responses will be presented in the final form of this study. All data will be kept in the strictest confidence, and will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be shredded and audiotapes will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Lisa Ellison
Department of Graduate Psychology
James Madison University
Ellis2la@dukes.jmu.edu

Lennis Echterling, Ph.D.
Department of Graduate Psychology
James Madison University
Telephone: (540) 568-6522
echterlg@jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

I give consent to be audiotaped during my interview. _____ (initials)

I give consent to allow the researcher to take notes during my interview. _____ (initials)

Name of Participant (Printed)

Name of Participant (Signed)

Date

Name of Researcher (Signed)

Date

Appendix F: Resources for Survivors of Suicide Loss

Hotlines

| | |
|---|------------------------------|
| National Toll Free Crisis Line | 800-273-TALK (8255) |
| Line Covenant House Nineline (2PM – 12AM only) | 800-999-9999 800-342-9647 |
| Military One Source (for military members & families) | 800-784-2433 |
| National Hope Line Network | |
| Regional Suicide Concern Hotlines: | 540-743-3733 |
| Page County | 540-459-4742 |
| Shenandoah County | 540- 667-0145 |
| Winchester County | |

Additional Crisis Support

Lennis Echterling, Ph.D. 540-421-0093 (Monday – Friday 8:00 AM – 5:00 PM)

Websites:

- www.save.org
- www.sprc.org The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and resources to assist organizations and individuals to develop suicide prevention programs, interventions and policies, and to advance the National Strategy for Suicide Prevention.
- www.suicidology.org The American Association of Suicidology (AAS) promotes research, public awareness programs, public education, and training for professionals and volunteers. In addition, AAS serves as a national clearinghouse for information on suicide.
- www.afsp.org The American Association for Suicide Prevention (AFSP) is the only national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research and education, and to reaching out to people with mood disorders and those affected by suicide.

Books

- After the Darkest Hour the Sun Will Shine Again: A Parent's Guide to Coping with the Loss of a Child, by Elizabeth Mehren, 1997.
- After Suicide Loss: Coping with Your Grief, by Bob Baugher, Ph.D., and Jack Jordan, 2009.
- Grieving a Suicide: A Loved One's Search for Comfort, Answers and Hope, by Albert Hsu, 2002.
- Night Falls Fast: Understanding Suicide, by Kay Redfield Jamison, Ph.D., 2000.
- Touched by Suicide: Hope and Healing After Loss, by Michael F. Myers and Carla Fine, 2006
- Why People Die by Suicide, by Thomas Joiner, 2006.

Support Groups in the Shenandoah Valley

| | |
|-------------------|----------|
| Lanterns of Hope | 433-4580 |
| Rockingham County | 833-4185 |

Lanterns of Hope is a support group in Harrisonburg, VA for those who are suffering from the devastation of a loved one's suicide. The goal of this group is for the exchange of comfort and encouragement in a confidential and casual atmosphere of hope and healing. All those whose lives have been touched by suicide are welcome to safely share their struggles with other survivors. Nonreligious and nonclinical, the member run group gathers at Grace Mennonite Fellowship located at 209 Lacey Spring Road on the first Monday of each month. For more information, please contact Suzy LaBonte at (540) 833-4185 or at hopeforlife@juno.com.

Survivors of Suicide (SOS) 678-234-5133
678-494-2907
800-433-4580

Shenandoah Region Website: www.suicide.org/support-groups/virginia-suicide-support-groups.html

A group for anyone who has experienced the death of a loved one to suicide. Since group meeting facilitators, dates, and times change frequently, please call the number listed above for information regarding meetings in your area. For more information and a complete list of meetings in your community, please check the website listed above.

For information regarding Survivors of Suicide groups in the Staunton area please contact Dr. Cynthia Long at 383-2902 or clong@lfsva.org.

Sliding Scale Counseling Services

Counseling and Psychological Services (CAPS) 568-1735
601 University Blvd. MSC 9012
Harrisonburg, VA 22807

CAPS provides affordable services to children, adolescents, adults, and families to meet a variety of mental health needs. Flexible payment plans are available. Services include individual, family, couple, and group counseling; psychological assessment and testing; and consultation services. Day and evening appointments available. All counseling services provided on a sliding scale. Medicare/Medicaid not accepted.

Valley Hope Counseling Center 941-8933
20 Stoneridge Dr., Suite #202 Email: valleyhope@ntelos.net
Waynesboro, VA 22980
Ginny Harris, LPC, Executive Director

Sliding scale fee based on family income and number of dependents. Accept Medicaid, but not Medicare. Any age clients served. No current services for non-English speakers. Valley Hope is a United Way agency that provides quality mental health counseling services at an affordable fee. All types of mental health issues are addressed and counselors have a variety of theoretical orientations. By appointment only, evening appointments available.

Harrisonburg-Rockingham Community Services Board 434-1941
 1241 N. Main Street Emergency Services 24-hours a day, 7 days a week 434-1766
 Harrisonburg, VA 22802

The Harrisonburg-Rockingham Community Services Board provides services that promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals and families whose lives are affected by behavioral health or developmental disorders.

CSB charges are based on a sliding scale, which takes into account income and family size. Medicaid, Medicare, and many health insurance plans are accepted. All information is confidential and is not released without permission or authorization. Please call to inquire about hours and appointments.

Center for Marriage and Family Counseling 433-1546
 96 Campbell Street
 Harrisonburg, VA 22801

The Center for Marriage and Family Counseling is a private, non-profit agency supported in part by the United Way. We provide high quality, professional counseling in a relaxed and welcoming environment. Our experienced counselors see individuals, couples, and families on a sliding fee scale (ability to pay). Most insurance types are accepted as well. Ongoing domestic violence/anger management groups and parent/child visitation services are also provided.

Arbaugh, Thomas, Ph.D., LPC 885-5105
 219 W. Beverley Street, Suite 106 Website: www.DrArbaugh.com
 Staunton, VA 24401

My small practice is designed to be unique and comfortable. I do not report to insurance companies and so they do not have a record of sessions or the client's clinical diagnosis. I do provide a sliding fee scale in place of filing insurance. I work with couples and individuals with anxiety, depression, PTSD, and with basic personal growth issues. I also work with many sexuality issues and have considerable experience with lesbian, gay, bisexual and transgendered clients. I have had special training in Transactional Analysis and have done extensive research into the emotional survival of people who experienced sexual abuse. My dog usually attends sessions and is also intuitive about the needs of the client.

Augusta Behavioral Health 213-2525
 79 Medical Center Drive Fax: 213-2555
 Fishersville, VA 22939

Adults, adolescents, and families seen for substance abuse and mental health assessment and treatment. Employee Assistance Program options for local employers. Most insurances accepted. Sliding fee scale.

Appendix G: Qualtrics Survey Questions

Directions: This study will gather information from participants in the AFSP Out of the Darkness Walk held on April 30th, 2011. Information collected in this survey will be used to help walk organizers improve future walks and address the needs of survivors of suicide in our area. It should take no longer than 30 minutes to complete this survey. At the end of the survey survivors of suicide loss who participated in the walk will be offered the option to participate in a one-hour follow-up interview.

*Note: Questions that are to be skipped will not be seen by participants. All questions will be formatted so that they can be skipped without answering.

1. I am
 - a. Male
 - b. Female
2. I am
 - a. 18 – 22 years of age
 - b. 23 – 28 years of age
 - c. 29 – 34 years of age
 - d. 35 – 39 years of age
 - e. 40 – 44 years of age
 - f. 45 – 49 years of age
 - g. 50 or older years of age
3. Had you participated in an Out of the Darkness Walk prior to the one held on April 30th, 2011?
 - a. Yes
 - b. No
4. How did you hear about the walk?
 - a. By word of mouth
 - b. Poster or flyer
 - c. Internet
 - d. Other (please list)
5. Advertisement for the walk was:
 - a. Extensive
 - b. Adequate
 - c. Inadequate
 - d. Hard to find
 - e. I did not see any advertisements for this walk
6. When did you register for the walk?
 - a. Three months before the walk
 - b. Two months before the walk
 - c. One month before the walk
 - d. Two weeks before the walk
 - e. Less than two weeks before
 - f. On the day of the walk

7. I felt welcome by the volunteers.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
8. The registration process was:
 - a. Very easy
 - b. Easy
 - c. Somewhat easy
 - d. Difficult
 - e. Very Difficult
9. The facilities were adequate.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
10. The length of the walk was:
 - a. Very appropriate
 - b. Appropriate
 - c. Neutral
 - d. Inappropriate
 - e. Very Inappropriate
11. The conditions along the walk were:
 - a. Very appropriate
 - b. Appropriate
 - c. Neutral
 - d. Inappropriate
 - e. Very Inappropriate
12. The location of the walk was:
 - a. Very appropriate
 - b. Appropriate
 - c. Neutral
 - d. Inappropriate
 - e. Very Inappropriate
13. Did you raise funds for the walk?
 - a. Yes
 - b. No (if no skip to question 16)
14. It was easy to raise funds for the walk.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree

15. Raising funds for the walk helped to make the walk more meaningful for me.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
16. The mental health and support group resources provided by the organizers were:
 - a. Very helpful
 - b. Helpful
 - c. Somewhat helpful
 - d. Unhelpful
 - e. Very Unhelpful
 - f. I did not know that resources were available to me
17. The opening ceremony was meaningful to me.
 - a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
18. The information provided to me about suicide during this event was
 - a. Very appropriate
 - b. Appropriate
 - c. Neutral
 - d. Inappropriate
 - e. Very Inappropriate
19. Listening to a survivor's story during the opening ceremony was
 - a. Very helpful
 - b. Helpful
 - c. Neutral
 - d. Unhelpful
 - e. Very Unhelpful
20. Was anything missing from the opening ceremony?
 - a. Yes (please explain)
 - b. No
21. Would you consider attending another Out of the Darkness Walk?
 - a. Yes
 - b. No
22. Next year I would like to see the following item, person, or activity at the Out of the Darkness Walk (please list all that apply)
23. Did you volunteer at this event?
 - a. Yes
 - b. No (if no, please skip to 26)
24. What job did you have?
 - a. Helping with Registration
 - b. Assisting with the memory wall
 - c. Helping with Setup

- d. Helping with Cleanup
 - e. Other (please list)
25. Volunteering at this event was a
- a. Very positive experience
 - b. Positive experience
 - c. Neutral experience
 - d. Negative experience
 - e. Very negative experience
26. I would consider volunteering at future events:
- a. Yes
 - b. No
27. Did you lose someone to suicide?
- a. Yes
 - b. No (if no end survey)
 - c. Prefer not to say (end survey)
28. How long ago did you lose your loved one?
- a. Less than one year ago
 - b. 1 – 3 years ago
 - c. 4 – 6 years ago
 - d. 7 – 10 years ago
 - e. More than ten years ago
29. What relationship did you have to your loved one?
- a. Parent
 - b. Child
 - c. Sibling
 - d. Other relative (please list)
 - e. Friend
30. How old was your loved one at the time of his or her death?
- a. Younger than 10 years of age
 - b. 10 – 14
 - c. 15 – 19
 - d. 20 – 24
 - e. 25 – 29
 - f. 30 – 34
 - g. 35 – 39
 - h. 40 – 44
 - i. 45 – 49
 - j. 50 or older (please list age if you feel comfortable)
 - k. I prefer not to say
31. Did you meet other survivors of suicide during this event?
- a. Yes
 - b. No (skip to question 35)
32. Did you share information about your losses during the walk?
- a. Yes
 - b. No

33. Have you kept in contact with any of the survivors of suicide you met during the walk?
- Yes
 - No
34. Meeting other survivors of suicide during the walk was
- Very Helpful
 - Helpful
 - Neutral
 - Unhelpful
 - Very Unhelpful
35. The contents of the memory wall were
- Very appropriate
 - Appropriate
 - Neutral
 - Inappropriate
 - Very Inappropriate
 - I did not see the memory wall
36. The location of the memory wall was
- Very appropriate
 - Appropriate
 - Neutral
 - Inappropriate
 - Very Inappropriate
 - I did not see the memory wall
37. Did you contribute something to the memory wall?
- Yes
 - No (if no, skip to question 42)
38. I was able to express my thoughts and feelings through my contribution to the memory wall
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
39. I felt like other's understood my experience after reading the entries on the memory wall
- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
40. I felt connected to others by participating in the memory wall
- Strongly agree
 - Agree
 - Neutral
 - Disagree

- e. Strongly Disagree
41. I found participation in the memory wall to be helpful
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
42. Did you seek support services after your loss?
- a. Yes
 - b. No (if no, skip to question 44)
43. What kinds of support services did you attend (list all that apply)
- a. Counseling
 - b. Survivors of Suicide Support Group
 - c. Support Groups through a church or other faith group
 - d. Other, please list
44. I found these services to be helpful:
- a. Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
45. I found the resources for survivors of suicide provided at the walk to be
- a. Very Helpful
 - b. Helpful
 - c. Neutral
 - d. Unhelpful
 - e. Very Unhelpful
46. I have contacted one of the resources provided during the walk?
- a. Yes
 - b. No (skip to question 48)
47. I found the services and/or support to be
- a. Very Helpful
 - b. Helpful
 - c. Neutral
 - d. Unhelpful
 - e. Very Unhelpful
48. I would be interested in participating in a grief support group if one were created?
- a. S Strongly agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
49. I would like to see the following resources made available in my community:
(please list all that seem appropriate)

50. The best way to advertise these resources would be:
- By word of mouth
 - Newspaper
 - Radio
 - Television
 - Internet
 - Other, please explain
51. I would be interested in participating in the follow-up interview
- Yes (please list your contact information below)
 - No
- *Participants who would like to be contacted for the follow up interview will be redirected to a page where they can input their contact information. In order to keep all survey answers anonymous, this page will not be connected to the survey.
- The best way to contact me is
- Email (provide email address)
 - Telephone (please provide telephone number and first and last name)

Appendix H: Follow-Up Interview Questions

1. How long ago did you lose your loved one?
2. How old was your loved one when he or she died?
3. Tell me about your loss
4. What has been the biggest struggle you have faced during your healing process?
5. Did you seek services or help after the death of your loved one?
6. What services did you receive?
7. How helpful were those services?
8. What stumbling blocks have you encountered on your healing journey?
9. Who or what has been your greatest source of support?
10. What has been the most important thing you have done to help yourself on your healing journey?
11. What stories do you tell about your lost loved one?
12. With whom do you share these stories?
13. What feelings do you currently have about your loss?
14. How did the walk fit into your healing journey?
15. Did you participate in the memory wall?
16. What was that experience like for you?
17. What was helpful about the walk?
18. What do you wish had been handled differently?
19. What resources do you wish had been made available?
20. What advice do you have for new survivors?

Appendix I: Resilience-Based Walk Manual

Walking with Resilience: A Hopeful Approach to Planning Community Suicide
Prevention Walks



Walking with Resilience: A Hopeful Approach to Planning Community Suicide Prevention Walks

By Lisa Ellison

James Madison University

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Introduction

According to the American Foundation for Suicide Prevention (AFSP), over 34,000 people die by suicide each year, leaving at least 6 to 10 people behind to grieve their loss. These survivors of suicide loss frequently struggle with complex emotions, including shame, guilt, and self-blame, as they also must contend with the public stigma associated with suicide. While 75% of survivors of suicide loss feel that resources for survivors are beneficial, only 25% go on to seek help through traditional support and treatment programs such as counseling and support groups. Little is known about survivors of suicide loss who do not seek services.

Evidence suggests that while survivors of suicide loss struggle with complex, intense emotions, they also display acts of courage, compassion, and Posttraumatic Growth (PTG) in the aftermaths of their tragedies. Participation in community suicide prevention walks is seen as evidence of PTG because these walks provide opportunities to break the silence, reduce stigma, make positive meaning from the loss, and advocate for prevention. Fifty-one percent of the walkers who participated in the AFSP Out of the Darkness Campus walk hosted by Chi Sigma Iota on April 30th, 2011 in Harrisonburg, Virginia were survivors of suicide loss. While no official statistics regarding walk demographics have been reported by AFSP, other walk organizers have confirmed that a significant number of walkers attending these events are survivors of suicide loss who view these events as part of their healing journeys.

This manual is intended to supplement the training materials provided by national organizations, such as AFSP, that host suicide prevention walks. The information included in this manual is based on training and research in the areas of crisis intervention, suicide prevention, and postvention for survivors of suicide loss, coupled with my experience as a walk organizer, survivor of suicide loss, and feedback I received as a part of a post-walk evaluation study. This reference manual contains information, resources, and activities you can use during the planning and implementation stages of your walk. It is designed to be read in tandem with any walk materials written by your host organization. A list of references containing supplemental information is provided at the end of this document. When appropriate, footnotes providing relevant information appear at the bottom of the page. Always refer to your national organization's materials and guidelines to ensure that the activities you choose do not conflict with the goals set by the host organization¹. Whenever possible, I have referenced chapters from AFSP walk manuals that offer additional information regarding the topics covered in this document.

Please keep in mind that the primary goal of most suicide prevention walks is to raise money for suicide prevention. The activities you choose should align with your organization's primary purpose, your walk theme, and the training levels and experiences of your core walk planning committee. The activities listed in this document are designed to increase participants' sense of connection to others and boost resilience as they make meaning from their experiences with suicide. The goal of these activities is to enhance the experiences of walkers during the walk, increasing the likelihood of future walk participation and as a byproduct increase fundraising for the organization.

This manual is organized into nine sections. The first six sections include resilience-based information and suggestions you can consider during the planning and implementation stages of your walk. Resources pertinent to each topic are included in specific sections of this document; a comprehensive list of suicide prevention resources is listed in a separate section. An appendix has been provided that includes supplemental information such as handouts, templates, and song lists you may wish to use. This document is intended to be an easy to read reference manual. Information used in this manual was obtained from a

¹ According to the American Foundation for Suicide Prevention:

While raising awareness is important, the focus of our event is on **walker recruitment** and **promoting fundraising by walkers**, the two key elements to maximizing our fundraising potential. Secondary benefits of the walk are raising awareness of suicide prevention, reducing the stigma surrounding this issue, identifying survivors in your community, identifying families who may have a loved one at risk. (American Foundation for Suicide Prevention, 2011c, p. 4).

variety of resources, which are listed in the reference section at the end of this document. Please refer to the reference list if you are interested in learning additional information about any of these topics.

Suicide Prevention Walks and the Basics of Resilience

Resilience is the ability to bounce back after adversity. At one point in time it was seen as an inherent personality characteristic – you either had it or you did not. Now researchers believe that resilience is something people experience that can be enhanced through repeated exposure. It is a reciprocal process of both giving and receiving hope and support. Even if people have never been aware of experiencing resilience in their lives, they can feel it with us in the moment. This experience can have a powerful effect on the person’s outlook and coping skills leading to Posttraumatic Growth, rather than illness and distress.

Community Suicide prevention walks provide unique opportunities for survivors of suicide loss, those struggling with suicidal feelings, and other vulnerable participants to experience resilience that can lead to increased coping and hope. There are four main building blocks of resilience to consider as you prepare for your walk: social connection, affect regulation, meaning-making, and the instillation of hope.

Social Connection

Social connection refers to the sense of connectedness we feel towards others who understand our experiences and can offer support and solace during difficult times. Support for survivors of suicide loss is a vital part of developing resilience in the aftermath of tragedy. Yet, survivors of suicide loss frequently struggle to find social support in their communities, resulting in isolation and a heightened potential for complicated grief. Through intentionally crafted activities and a good use of volunteers, walkers can leave the event having met new friends, discovered resources that can help them during tough times, and realized that they are not alone.

Affect Regulation

Many survivors of suicide loss experience a complex set of emotions that can range from shame, guilt, and heart-wrenching sadness to even feelings of relief that the person they love is no longer struggling. Those individuals who are struggling with suicidal thoughts and feelings also experience this wide range of powerful emotions.

In the work of promoting resilience, affect regulation involves helping people who have suffered a tragedy begin to experience a broader range of emotions related to the event. In addition to honoring the painful feelings that walkers experience, you can also invite them to share with you their memories of happy times spent together with a lost loved one, a joke shared or a moment of laughter. For some, the opportunity to simply talk openly about the deceased’s life and their complicated feelings can be a gift rarely experienced in their everyday routine. Reminders of happy memories are also a way to incorporate the loved one’s life into a moving forward process that creates a place in the survivor’s heart for their lost loved one as they develop a new normal. Feelings of gratitude for those who were helpful, circumstances that went well after the crisis, and reminders of what has helped participants cope with their difficult feelings or circumstances can increase the range of feelings associated with those events. Activities such as memory walls, “Coping Hearts,” and memory quilts are designed to increase the variety of feelings associated with loss.

Meaning-Making

One of the main struggles survivors of suicide loss live with is the unanswerable “Why?” surrounding a loved one’s death by suicide. In some cases, an investigation into the circumstances of the death helps the survivor piece together the warning signs, risk factors, and final events that led to the death. While this forensic investigation can be helpful, some survivors can become bogged down in the “how” of the situation (as in, how did this happen?), leading to a sense of stuckness and difficulty moving forward. Activities in this manual, such as “Helping Hands,” are designed to assist with the moving forward portion of the meaning-making process by looking at the “why” of the situation (as in, why did this happen to me?) – in particular, examining the inner strengths discovered along the way and the lessons learned that can be passed on to others.

Instillation of Hope

Emily Dickenson called hope²:

the thing with feathers,
that perches in the soul,
And sings the tune without the words,
And never stops at all.

Hope is an essential building block of coping and moving forward. Those who experience loss by suicide and those who struggle with suicidal feelings may feel like they have lost the ability to transcend and reach new heights. They may feel like life has lost its meaning, and believe that they will never truly smile again. It is vital that your community walk promote acceptance, unity, prevention, and a deep sense of caring for all who attend so walkers can develop new feathers to fly again. Approachable volunteers willing to reach out and help demonstrate that there are people in the community who care about their experiences. Mental health providers staffing the resource table can offer a friendly face for the services available in your community. Survivors of suicide loss volunteering at your event who are willing to share their experiences of struggle, coping, and hope can provide the newly bereaved with role models who have found ways to handle painful losses and difficult experiences that seem out of control. Activities such as “Coping Hearts,” “Lifting Our Love, and “Mandalas of Hope” are designed to increase survivors’ sense of hopefulness and inner strength.

The next section contains logistical information you may wish to consider as you begin to plan your walk and develop your walk committees. My experiences as a walk organizer are included to illustrate some of the questions that may arise, problems we encountered, and solutions we found that worked for us.

² Hope is a thing with feathers – <http://www.poets.org/viewmedia.php/prmMID/19729>, see appendix B.

Walk Logistics & Helpful Hints

The manual provided by the national organization hosting your walk will contain important logistical information regarding planning your event such as timelines, fundraising strategies, and information regarding the types of volunteers and materials you will need. The following items are additional suggestions for a successful walk.

Choosing a Date for your Event

- It is important to *plan early* and consider other events that may conflict with your walk. During our walk, we discovered that many mental health professionals regularly volunteer to help with events in their communities. A wide range of community awareness activities are held in the spring and fall, including walks for autism, breast cancer, child abuse, and sexual assault. Check local community calendars and the event calendars for universities in your area to find out what events have already been scheduled. If possible, meet with the mental health professionals in your area before deciding on a date so you can ensure their support. We invited several members of the mental health community to represent their organizations at the walk so they could field questions, offer additional information, and most importantly, provide a face for the services offered in our community. While several groups joined us, many were already committed to other events.
- Organizations typically schedule their walks within a three to four month period of time. When considering dates, consult the National Weather Service's Climate Prediction Center at http://www.cpc.ncep.noaa.gov/products/OUTLOOKS_index.shtml to see what weather conditions are expected in your area. This will help you choose a date that will be more likely to have optimal weather conditions.

Walk Location

- When deciding on the location of your walk, estimate the number of people who will attend so you can make sure there will be ample room for everyone to gather for your opening ceremony. Field based staff at your national organization may be able to provide you with some general guidelines for estimating regarding attendance and selecting venues. Determine how many bathrooms you will need and research the possibility of renting portable toilets if necessary. Make a list of the equipment you will need to obtain such as a PA system, microphone, and podium so your audience can hear your speakers. Consider the impact of background noises such as traffic and construction so that the space you choose is welcoming and offers the opportunity to honor those involved. Initially we wanted to have our walk at a local park; however, the parks in our area did not open until after the first of May. We chose to have our walk at a local faith-based organization near our university, which gave us ample room for parking and gathering. Overall, participants in the AFSP Out of the Darkness Walk held on April 30, 2011 judged this to be an appropriate venue (36% found the location to be very appropriate and 52% considered it to be appropriate); however, it is important to keep in mind that some walk participants may have had negative experiences with religious organizations. Walks should not be religious in nature.

Walk Route

- Consider the physical safety of walk participants by choosing lower traffic areas with few street crossings or physical barriers. The walk committee should decide on a route early in the planning process. During other walks I have attended, I noticed that some walkers brought young children in strollers to the walk. Make sure that your chosen route can accommodate strollers, young children, and walkers with varying abilities and mobility. Whenever possible, someone on the walk planning committee should walk the route and check for possible barriers, including hills that could be very tiring and unpleasant for some walkers. Take note of the scenery, opportunities to place walk signs, and good locations for water stops. Several members of our walk committee walked the route and made note of barriers that walkers might encounter so we could have volunteers at these locations.

- Most AFSP Out of the Darkness walks are between 3 to 5 miles in length. There are several ways to determine the length of your walk. You can use a pedometer while walking or track the mileage in your car if you are able to drive the route. We used the following website to measure the distance of our walk. It also allowed us to make an easy map of the walk for the day of the event: <http://www.mapmyrun.com/>. Other websites may be available for the same purpose. We provided participants with handouts of the walk map created on mapmyrun.com that included a map of the route, important cell phone numbers should anyone need assistance, and a description of the follow cars that were circling the event that could pick people up if they were unable to finish the walk.
- If you choose to walk on city sidewalks, keep in mind that permits may be required to close or police intersections. Permits should be submitted to city officials at least two to three months prior to your walk to ensure that everything is approved.
- AFSP can provide you with an insurance policy for the day of the walk. The cost is deducted from your walk proceeds, so there are no out of pocket expenses. Parks may require proof of insurance before they will allow you to rent their locations. Please see the logistics chapter in your manual for specific information from your host organization.

Advertising

- Consider how you will promote the event, including how you will spread the word, solicit sponsors and donors, and recruit volunteers. Some local TV stations have free event calendars where you can announce your event. Email listserves and Facebook event pages are also effective publicity strategies that can help you communicate easily with walkers and volunteers. It is important to broadly advertise for the following positions early in the planning process: EMTs/nurses, catering/food, and anyone else who will provide a vital service for your event. These services include: registration, set up, clean up, T-shirt and other booths/tables, and walk leader/walk follower.³ It may be advisable to seek out specific people who might serve on your media relations and “Care and Connect” teams, as these positions will require additional training.

Staffing and Providing Materials for Your Resource Table

- Many walks place a resource table near the registration site that provides flyers regarding national, state, and local resources and support groups. Early in the planning process invite local counseling agencies, Survivors of Suicide groups, Compassionate Friends, and other appropriate support groups and agencies to send representatives to your event who can distribute literature regarding services they offer. This strategy provides a personal touch that allows people to have their questions answered in face-to-face conversations. It can be a particularly important link for those who may be unsure about seeking services.
- If this is your first walk, consider the best way to contact mental health professionals who may be interested in staffing your resource table. Some localities have directories of mental health services, such as the Comprehensive Directory of Mental Health services published by James Madison University⁴, that include listings for mental health professionals in your area who may be interested in volunteering for your event. In the state of Virginia you can also consult the Virginia 211 website: <http://www.211virginia.org/211provider/consumer/index211.do>.
- Students from graduate counseling programs in your area may be interested in volunteering for your event. Some counseling programs have active honor societies, such as Chi Sigma Iota, that regularly volunteer for mental health related events. To find the CACREP accredited counseling

³ See the Resilient Walk Suggestions section of this manual for more information regarding these positions

⁴ Please go to the following website to view the online version of the Comprehensive Directory of Mental Health Services: <http://psyc.jmu.edu/counseling/servicesdirectory.html>

programs in your area please check the following website:

<http://www.cacrep.org/index.cfm/finding-a-cacrep-program>.

- For a listing of local SOS chapters across the country, please check out the following link provided by the American Foundation for Suicide Prevention:
http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=FEE4D90C-A27B-456E-36DDF23261B4378D
- During our walk evaluation study, a majority of participants felt that the resources provided were appropriate (93%). In addition, participants offered helpful suggestions during the follow-up interviews regarding other services and materials to have on hand. One person felt that it might be helpful to have literature from Survivors of Suicide groups in adjoining counties. Another participant suggested that we have copies of books available for walkers to preview, as well as additional information regarding nontraditional ways to heal such as yoga, mindfulness, and bodywork. Considering that a majority of survivors of suicide do not seek treatment through traditional means, it is important to provide a variety of diverse resources survivors may access to help them through the grieving process.

The next section of this manual offers some practical ways you can apply the elements of resilience to your walk. It addresses issues such as setting the mood, organizing your registration area, and creating a resilience-based framework for your walk through the use of rituals and activities that promote unity, acceptance, coping, and hope.

Resilient Walk Suggestions

Walkers will come to your event with a variety of needs and expectations. Some will seek out quiet spaces for reflection. Others will want to celebrate the life of a lost loved one through laughter and the sharing of happy memories. Some walk participants may not be able to handle intensely emotional experiences, while others may crave them. It is important to honor all of the feelings survivors and participants bring to this experience. You want to keep your event from being so heavy that it overwhelms participants who need levity, but solemn enough to honor the complex and at times intense feelings some walkers will experience. To do this, consider the ambiance you will create and the location of activities and gathering spots so that spaces exist for all needs.

Ambiance

- **Music:** You can use music and art to set the emotional tone for your walk, especially during the registration period when people will be milling around. If you choose to use music at your walk, review the lyrics to determine whether they support the theme you have chosen for your walk and whether the content of the songs support resilience and affect regulation for vulnerable groups present at your event. A playlist used at the Active Minds “Send Silence Packing” event at James Madison University in the spring of 2010, and the AFSP Out of the Darkness Campus Walk on April 30th, 2011 is located in the Appendix A.
- **Poetry:** Consider whether or not you will display poems during the walk or read passages during the opening ceremony. Inspirational pieces of writing can offer another opportunity for affect regulation and meaning making – particularly if copies are made available for walkers to take home. A list of poems that inspire hope is listed in Appendix B.
- **Pictures:** Recruit volunteers who will take pictures at the event. Post the pictures of the walk on your Facebook event page or on a flickr account where walk participants can have the opportunity to share the memories you have recorded. Some of these pictures can be printed and used to decorate the walk area at future walks. **Be sure that your photographers obtain permission from individuals before taking pictures at the event.

People

- The topic of suicide can evoke a variety of uncomfortable feelings for some people. Make sure that volunteers are sensitive to the needs of survivors and other vulnerable individuals who are likely to attend these events. Volunteers should be warm, friendly, outgoing, and alert to the emotional needs of others. They need to be respectful of the need for compassion, laughter, and at times solemn tribute to those who have been lost. People experiencing grief may congregate around activities that honor or memorialize lost loved ones. Volunteers in these areas may need to monitor the mood and regulate the tone of their conversations in these areas to match the feelings of participants. We received feedback from some walkers who had recently lost loved ones who were frustrated by what felt like trivial conversations about weekend plans and movies. In the future, we plan to be more mindful of these experiences, and increase training for volunteers to help increase their sensitivity. For additional information regarding the use of volunteers, please see the “Training Volunteers” section of this manual.

Spaces

- It is important to intentionally create spaces that will foster the experiences you would like walkers to have. Some activities create great pairings; however, others do not work well together. The following guidelines are based on our experiences during the walk held on April 30th, 2011. For more information, please see the “Event Logistics” and the “Preparing for the Big Day” sections of the AFSP Out of the Darkness Manual.

- **Registration Table:** Make sure that your registration table is located in a space that is visible and inviting. Decorating your table can enhance the sense of welcome conveyed to walkers. Place your resource table close to the registration table so walkers will see the resources available to them.
- **Refreshments:** Refreshments are another great way to welcome walkers at your event. Make a list of the items you would like to have, such as bagels, pastries, granola, yogurt, whole pieces of fruit, water, juice, and coffee. Consider asking local grocery stores, coffee shops, food co-ops, and other organizations to donate food to your walk. Contact these organizations at least one month in advance so they will have ample time to make decisions and prepare for your needs. It is quite common for people to congregate around the refreshment table. Make sure that the refreshment table is close enough to the registration table that people see it, but far enough away that it doesn't clog registration traffic. Place refreshments away from meaning-making events. When reviewing the walk evaluation data, it became clear that the refreshment table was too close to our memory wall. We plan to keep them separate during future walks.
- **Activities:** Consider what activities you will have at your event. Some activities work well outdoors, while others might require some additional planning. Choose locations for meaning making activities that support quiet reflection and a sense of community. Think about how you will handle inclement weather, including rain and wind. Activities using paper products, or items that could be damaged by the wind, such as memory walls, should be completed in a sheltered location.

Opening Ceremony

- Rituals are an important part of the healing process. They provide the opportunity for structure, meaning-making, and connectivity as they affirm and celebrate the roots of a community. The opening ceremony offers walkers a chance to come together as a community that shares a common purpose – suicide prevention. When planning your opening ceremony, consider its purpose and the messages you would like to leave with your audience. Some potential components of the ceremony include: guidelines on walk logistics and safety, information on suicide prevention and resources, personal stories⁵, and closing words of inspiration.
- During our walk, we set a time limit of 20 minutes for the entire opening ceremony, allotting five minutes to each speaker. The first speaker offered logistical information by sharing where to find maps, introducing the walk leader and walk follower, and providing safety tips regarding sticking together and crossing streets. Our second speaker was from Campus Suicide Prevention and ASSIST. She spoke about suicide prevention, general risk factors, and warning signs. The final two speakers, a survivor of suicide loss, and someone who had struggled with depression and suicidal feelings, offered personal inspirational stories regarding their experiences with suicide. An inspirational poem was read to the crowd before the walk commenced.
- Feedback from the walk evaluation showed that walkers were pleased with the opening ceremony. Ninety six percent of evaluation participants stated that hearing a survivor's story was helpful and gave them the sense that they were not alone. During our follow up interviews, it was stated several times that hearing a survivor's story can bring up powerful emotions for listeners in the audience. If you choose to have speakers, make sure you have "Care and Connect" members available to scan the crowd for vulnerable walkers who may need additional support. "Care and Connect" volunteers are specially trained volunteers who walk through the crowd looking for and reaching out to people who are experiencing strong emotions. Please see the training section for more information on recruiting and training "Care and Connect" volunteers.

⁵ For information regarding speakers, please see the Speakers section in this manual

Walking the Walk

- Help keep walkers together so that no one is walking alone. During our walk, we designated a “walk leader” who kept everyone on the right path. We also chose a “walk follower,” who was the last person to finish the walk. The “walk follower” could update volunteers at the registration site regarding the walk’s progress, and report any problems encountered along the route. During the walk evaluation we found that most walkers were pleased with the route and the experience of the walk; however, some participants were still experiencing strong feelings after hearing a survivor’s story. In the future, we plan to stagger “Care and Connect” volunteers in the walk line so they can reach out to walkers.

Ending Rituals

- I have attended walks for a variety of different charities, including breast cancer, suicide prevention, and autism. Many walk organizers do an excellent job planning and implementing opening activities during the registration period. They frequently have an opening ceremony that allows walkers to come together as a community united for a certain cause. However, few walks contain ending rituals. Walkers simply return to the registration site and then go home. There are no goodbyes. I have spoken with several walkers who also attended walks without ending rituals. They felt unsure of what to do when they returned to the registration site. The event felt anti-climatic. The meaning becomes muddled because there are no take home messages. A particular concern was that most survivors of suicide loss were not given the opportunity to say goodbye to the loved ones they lost to suicide. Rituals that allow survivors of suicide loss the opportunity for closure can increase connectivity and help with the healing process.
- Recognizing how essential and meaningful a closing ritual can be, carefully consider how walkers will leave the event and what message they will carry with them. It might be helpful to have bracelets, rocks, mementos, or other anchors that participants can take with them that will remind them of the positive feelings they experienced during the event. During our walk, several volunteers stayed behind and made sure to cheer on all walkers as they made it back to the registration site. These volunteers stayed until everyone finished the walk. A reflection box was provided where walkers could share their experiences with the walk organizers and say goodbye.
- While walkers were generally satisfied with the walk, and many walkers who were survivors met other survivors (93%), very few kept in contact after the walk was over. We intend to offer more opportunities to communicate during the walk, and promote ways to say goodbye that will help facilitate future connections. Please see the Activities section of this manual for a list of activities that can be used as ending rituals.

Successful walks require dedicated volunteers. The next section provides training guidelines for volunteers who will help make your event successful. Detailed information regarding safe messaging guidelines, considerations for media representatives, and “Care and Connect” volunteers have been included for your consideration.

Training Volunteers

Volunteers are the lifeblood of your walk. They donate their time, talents, and energy to make sure that tasks are completed and activities run smoothly during your event. There are several training experiences that help volunteers learn the specific knowledge and skills they need to successfully carry out their roles. All volunteers should be trained regarding safe messaging, so that they use proper terminology when talking to walkers. National organizations, such as AFSP, clearly outline the duties for specific tasks, such as registering participants and collecting money⁶. Please refer to their manuals for this information. Those responsible for media relations, speakers, and “Care and Connect” volunteers will need additional training to help prepare them for the day of the event. Be respectful of your volunteers’ time. Let them know about training involved with their position when they sign up. Communicate training dates and times early and often. Make sure all training sessions are organized, timely, and efficient. If possible, assign one or two people on your walk committee to be in charge of training volunteers.

Safe Messaging for All Volunteers

- Shame and public stigma often surround the topic of suicide in our society. The way suicides are portrayed in the media and the language used to discuss these tragedies can either reinforce this sense of stigma or combat it. Unsafe messaging practices can re-traumatize vulnerable groups and can increase the risk for suicides and suicide attempts⁷. Safe messaging is the use of appropriate language to discuss suicide in a respectful way that helps educate others and reduce stigma and distress.
- Volunteers, speakers, and anyone who may talk to the media should be trained in the use of safe messaging. Ideally, this training should occur at least one to two weeks prior to your event so people have the opportunity to practice using this language, and formulating responses. The general training for all volunteers should take no more than 15 to 20 minutes to complete. During the training session, volunteers should be given the two-page Comprehensive Guide to Safe Messaging, which can be found at the Suicide Prevention Resource Center (SPRC) website: <http://www.sprc.org/library/SafeMessagingfinal.pdf>.
- Topics to be addressed include: terminology and the “dos” and “don’ts” when speaking to the public. Be sure to review all training manuals and materials provided by your national organization regarding how to work with the media to ensure that you are following their specific guidelines. Let volunteers know that while everyone will be trained in safe messaging, no one is obligated to speak publicly about suicide. In fact, media representatives and speakers should receive additional training regarding safe messaging that involves role-play and rehearsal. This can be completed after the general training session, or at another time convenient to your media representatives and speakers. Additional information regarding training and requirements for media representatives and speakers can be found later in this chapter.

Safe Messaging Guidelines

- **Terms**
 - “Survivor of Suicide”: While much of the professional literature uses the term survivor of suicide to describe a person who has lost a loved one to suicide, this can be confusing for the general public. For some, the term survivor of suicide can be interpreted as someone who survived a nonfatal suicide attempt. Use of the term “survivor of suicide loss” can help reduce confusion.
 - “Successful” and “Failed” suicide attempt: There are no successes or failures in suicide. Use “died by suicide” or had a “nonfatal suicide attempt” to describe what has happened.

⁶ See the Training Day of Event section of the AFSP Walk training manual for specific information regarding training volunteers.

⁷ Suicide Prevention Resource Center

- “Committed suicide”: The word committed is often associated with sins or crimes, thereby increasing stigma. Use the phrases “died by suicide,” or “completed suicide” instead.

For Media Representatives

➤ **Avoid**

- Glorifying suicide by talking only about the positive qualities of those who die by suicide.
- Detailed accounts of the death. This can re-traumatize vulnerable participants who have lost loved ones to suicide, and may increase the risk of someone who is contemplating suicide. It is also possible that detailed accounts of the death may become the focus of media stories, which could skew the message you are trying to send to the general public.
- Oversimplifying the cause. Suicide is a complex issue. While the act of suicide may appear to be precipitated by an identifiable event, many people who have nonfatal attempts or die by suicide have symptoms for a period of time. Stating that the death was due solely to a breakup, fight, or other singular event can increase the shame, guilt, and regret experienced by survivors of suicide loss and may not accurately reflect the true nature of the problem.
- Making suicide seem inexplicable. Sixty to 90 percent of people who die by suicide have a diagnosable mental illness or substance abuse disorder.⁸
- Overstating the frequency of suicide
- Using estimates or unverified statistics.

➤ **Do**

- Mention resources in the local community and national hotlines such as 1-800 –273 – TALK.
- Talk about warning signs and risk factors for suicide.
- Offer a balanced perspective regarding those who die by suicide. Talk about both the person’s strengths and struggles.
- Offer statistics from reputable organizations such as the American Association for Suicidology (AAS), the American Foundation for Suicide Prevention (AFSP), and the Suicide Prevention Resource Center.

- The Suicide Prevention Resource Center (SPRC) offers a succinct two-page brochure on safe messaging that can be given to media at your event. This resource offers guidelines for safe messaging and a rationale for each suggestion. It can be found at: http://www.sprc.org/library/at_a_glance.pdf
- Additional recommendations for reporting on suicide can be found on the following website, which was developed by the American Association of Suicidology, the American Foundation for Suicide Prevention, and many other international associations: <http://reportingonsuicide.org/wp-content/uploads/2011/Recommendations14.pdf>

Special Populations: Safe Messaging with the LGBT Population

- In recent years, there have been some nationally publicized instances of death by suicide among LGBT youth. Bullying has been reported in several of these cases. As an advocate for suicide prevention planning a walk, you may find that there have been suicide attempts or completed suicides by LGBT youth or adults in your area. It is also possible that LGBT organizations in your community will want to be involved in your walk and other suicide prevention efforts. Please use the following safe messaging guidelines developed by the American Foundation for Suicide Prevention specifically for the LGBT population when appropriate for your audience.

⁸ Suicide Prevention Resource Center

- DO emphasize individual and collective responsibility for supporting the well-being of LGBT people.
 - DO encourage help-seeking by LGBT people who may be contemplating suicide, and emphasize the availability of supportive resources.
 - DO emphasize the vital importance of family support and acceptance—not just as a factor that can help protect against suicide, but also as a crucial part of nurturing the emotional and psychological well-being of LGBT and questioning youth.
 - DO NOT include details of a suicide death in titles or headlines.
 - DO NOT describe the method used in a suicide death.
 - DO NOT attribute a suicide death to experiences known or believed to have occurred shortly before the person died.
 - DO NOT normalize suicide by presenting it as the logical consequence of the kinds of bullying, rejection, discrimination and exclusion that LGBT people often experience.
 - DO NOT idealize suicide victims or create an aura of celebrity around them.
 - DO NOT use terms like “bullycide.”
 - DO NOT talk about suicide “epidemics.”
 - DO NOT say that a specific policy (or its absence) will in and of itself “prevent suicide.”
- Please go to the following website for additional information about suicide prevention and the LGBT community:
http://www.AFSP.org/files/Misc_/talking_about_suicide_and_lgbt_populations.pdf.

“Care and Connect” Volunteers

- “Care and Connect” volunteers will scan the crowd looking for walk participants needing additional support. They will make contact with these walk participants to offer support and helpful resources. These volunteers should have additional training or experience working in crisis situations with people who may be experiencing suicidal ideation. Possible “Care and Connect” volunteers include mental health professionals, counseling graduate students, and volunteers who have attended ASSIST or other suicide prevention trainings. It is important that these volunteers feel comfortable talking about suicidal feelings with individual’s experiencing strong emotions and are knowledgeable about local, state, and national resources and hotlines. “Care and Connect” volunteers do not serve as counselors during the event. Rather, they are offering crisis information and support to ensure that those needing additional help are linked with professionals and organizations that can assist them.
- **Training:** Training for “Care and Connect” volunteers should last for approximately one hour. A hand out containing risk factors and warning signs for suicide, information on reflective listening and resilience, and helpful resources should be distributed to all “Care and Connect” volunteers. A sample handout can be found in the appendix. Make sure volunteers have the 1-800-273-TALK (8255) number memorized. If possible, provide them with 1-800-273 TALK cards to pass out to walkers as needed. You can order these cards through AFSP. Some cards may also come with your walk materials. When listening to walkers, “Care and Connect” volunteers should briefly discuss the walkers’ feelings and validate their experiences. During the conversation, they should listen for risk factors and warning signs, while also highlighting aspects of resilience by asking about important people in their lives who can offer support, and positive ways they are making meaning from their situation. A simple question that can be used to probe for resilience is “How did you get yourself to come to this event, despite how you are feeling?” Whenever possible, “Care and Connect” volunteers should connect walkers with friends or loved ones who have joined them at the walk. Encourage walkers who are distressed to call 1-800-273-TALK, especially if they attend the walk alone. If the walker is highly distressed, encourage the person to call in the volunteer’s presence to ensure that the person is connected to professional support. Make sure to give them a copy of local resource handouts from your resource table.
- All general volunteers should be introduced to the “Care and Connect” volunteers. Whenever possible, general volunteers should alert “Care and Connect” volunteers to situations where people

need additional help; however, all volunteers should be aware of the national 1-800-273- TALK hotline, and offer kindness and compassion to the walkers they encounter during the event.

Specific Duties

- Your walk manual will contain information regarding the requirements for specific jobs such as registering walkers, distributing t-shirts, and collecting money. Consider what training volunteers will need and offer it in an orderly fashion to ensure that you respect your volunteers' time. In the AFSP walk manual, please see the "Logistics: Training Day of the Event" section for more information.

Media Representatives

- The media can be powerful tools that can help spread your message of acceptance, hope, and healing. However, it is important to keep in mind that the job of a reporter is to print stories that will sell advertising. While there are many well-meaning, compassionate members of the media, it is unlikely that they will be trained in safe messaging. It is quite possible that they will ask deeply personal questions about a survivor's loss and feelings.
- Between one and three people should be designated as media spokespeople at your event. All volunteers should know who these people are and should refer reporters to them. You may want to have a special registration table just for the media. Registration table volunteers should connect media personnel with the media representatives so they can offer them information on safe messaging and answer their questions. This will ensure that the media reports your intended message. It will also prevent the media from catching participants off guard by asking questions people are not prepared to answer.
- **Training:** Media representatives should attend an additional 45-minute training to help them prepare for questions they may be asked by reporters. Prior to attending this training, media representatives should read the "Preparing for Media Interviews: Walker Key Messages," and the "Media Training" sections of your national organization's walk manual. They should also prepare answers to any questions listed in these sections of the walk manual, as well as the guiding questions for media representatives listed in the appendix. This is particularly important for survivors of suicide loss who may have volunteered for this role. During the training, media representatives will discuss their answers so they can receive feedback and support. They will also participate in a role-play exercise where they will be given the opportunity to practice delivering their responses and come up with respectful ways to shift the conversation away from private information they would not like to share with the public. Guiding questions for the role-play are listed in the appendix.

Many suicide prevention events recruit speakers who can help bring the event's core message to life. The next section provides information regarding how to select an effective speaker. It also includes resources for individuals in your community who may be interested in filling this role at your event.

Speakers

Survivors of suicide loss have powerful stories. Speaking at a suicide prevention event offers survivors the opportunity to construct a loss narrative and frame their stories in ways that promote coping and resilience for both the audience and the speaker. Their stories also offer names and faces to suicide, humanizing the subject and reducing stigma. While this experience can be very therapeutic, it is important to keep in mind that discussing the loss narrative can be very emotional. Great care should be taken when selecting people to speak, and assistance provided to help them manage their emotions during the experience. It is important to make sure that those who volunteer to speak are emotionally ready, able to tell their story in ways that promote healing, coping, and hope, and that they are capable of speaking to a large crowd. Speaking about the suicide loss can bring up powerful feelings of grief that can overwhelm people even ten or twenty years after the loss.

National organizations, such as Active Minds, and some state associations have speakers bureaus with professionally trained survivors of suicide loss who are willing and able to tell their stories in public. Some of these organizations charge fees for speakers, so you may need to consider this expense as you are planning your walk. Several states, including New Hampshire and Virginia, are beginning to offer Speaker Training sessions for survivors of suicide loss, with the hopes of developing speakers bureaus of trained volunteers who are willing to tell their stories. Many of these training sessions are free to the public and help speakers explore their feelings about the loss, their reasons for speaking, and offer a safe place where survivors of suicide loss can construct and practice their stories. Regardless of whether you choose a professional speaker from a national organization or a local volunteer, please respect your speaker's time and efforts. If possible, reimburse speakers who are traveling from out of town for their travel expenses. Make sure the speaker has a support person present at your event who can offer words of encouragement, hugs, and when needed a shoulder to cry on.

Table 1. Speakers Bureaus and Speaker Training Programs for Survivors of Suicide Loss

| Location | Organization | Contact | Website |
|---------------|--|--|---|
| National | Active Minds | speakers@activeminds.org | http://www.activeminds.org/index.php?option=com_content&task=blogsection&id=8&Itemid=273 |
| National | Campus Speak | www.Campuspeak.org | http://workingminds.org/speakers.html |
| California | Fresno Survivors of Suicide Loss | Use web form to contact this organization | http://www.fresnosos.org/Home |
| Maine | Maine Youth Suicide Prevention Program | Christine Canty Brooks at ccantybrooks@namimaine.org or Carrie Horne at chorne@namimaine.org | http://maine.gov/suicide/survivors/index.htm |
| Minnesota | Save.Org | Dr. Daniel Reidenberg dreidenberg@save.org | http://www.save.org/index.cfm?fuseaction=home.viewPage&page_id=584EB46E-0D29-726E-2D9C57F160410DD2 |
| New Hampshire | The Connection Project | Becky McEnany Phone: 225-5359 Email bmcenany@naminh.org . | http://www.theconnectproject.org/ |
| Virginia | Department of Health, Suicide Resource Center (SPRC) | Christina Bento: Christina.bento@vdh.Virginia.gov | http://www.sprc.org/stateinformation/statepages/showstate.asp?stateID=46 |

- If time and funds are available, it is recommended that you encourage untrained speakers who are interested in sharing their stories to attend a training session. However, if you are interested in having a local speaker at your event, but are unable to secure training for this person, please consider the following information.

Selecting a Speaker

- Many organizations such as AFSP and SPRC recommend that survivors of suicide loss wait at least two years before volunteering to lead groups, or attend trainings. This is a good rule of thumb for selecting and working with speakers. Distance from the loss gives the person the opportunity to grieve, reflect, and develop valuable coping skills that he or she can relay to others. If a recently bereaved person (less than one and one half years) is interested in speaking at your event, please consider carefully the individual's readiness for speaking about his or her loss. Consult with other members of your planning committee and your contact person at the national organization sponsoring your walk before making a decision.
- Here are some guiding questions that may help you and the speaker decide if this is the right time to speak:
 - What is your reason for talking about your loss?
 - Who have you told about your loss?
 - Have you ever spoken to large crowd about your loss? (If so, how large was the crowd?)
 - What feelings did you experience when you spoke about your loss?
 - What strategies did you use to help you stay on message when you were speaking?
 - Did you find yourself overwhelmed by emotions at specific points in your story?
 - Who can act as your support person on the day of the walk?

Information Speakers Need to Know

- **Ceremony:** Consider your walk's theme and the message you would like to leave with participants. Make sure to communicate this vision clearly to your speakers so they can tie your theme into their personal messages.
- **Time:** Consider the overall length of your ceremony and the amount of time you would like individuals to speak. Let speakers know how much time they will have to tell their stories. Encourage speakers to rehearse their story with someone who can time them to ensure that your event runs on schedule.
- **Audience:** It is not uncommon for survivors of suicide loss and those struggling with suicidal feelings to attend walks as a way to make meaning from their struggles. These individuals could be deeply affected by the powerful words offered by speakers. It is recommended that you have at least two "Care and Connect" volunteers scanning the crowd during the opening ceremony to determine if any walk participants need additional support.

A Speaker's Experience

I shared my story of experience, strength, and hope as a survivor of suicide loss at the event held on April 30th, 2011. Telling my story was a powerful experience. It allowed me to see how far I have come, and gave me the opportunity to give back and help others who suffer with suicide grief. I thought carefully about the decision. It had been fourteen years since my brother had died by suicide. I had spent a considerable number of years moving through my grief, and had shed many years. While I felt like I was in a good place with my grief and have significant public speaking experience, I worried that speaking about his death might bring up powerful emotions. I wondered if I had the strength to do it.

It took a great deal of courage to write and share my story. I had several people read it to make sure that what I had written seemed appropriate for this event. While I did experience some intense feelings and even teared up, I was able to tell my story in a way that honored my loss and my healing. I utilized safe messaging practices, and spoke honestly about both my brother's strengths and his struggles. This was an

important part of my story, but I felt vulnerable sharing the details of his struggle with a large crowd. I wondered what the audience would think of my family and me?

Fortunately, I had support people with me who gave me hugs and created a space where I could re-center myself before transitioning to the next part of the walk. Many of the walkers later told me that they considered that hearing a survivor's story to be a meaningful part of the walk. The frequent feedback was that "it made me feel like I was not alone." Hearing that my story has helped others boosted my inner sense of resilience and strength. I am grateful for the speakers training I attended, which helped me formulate my story in a way that honors my loss and highlights the strategies I have used to cope with my grief. I would definitely choose to speak again; however, I will be very mindful of the energy it takes and will practice good self-care before, during, and after the event.

A copy of my story is included in the appendix as an example of one way a speaker may include information about the lost loved one, the survivor's struggles, and strategies used to cope with painful feelings. In the next section I describe creative activities that can enhance resilience during a community walk.

Activities

Carefully planned activities can make your event memorable –increasing walk participants’ satisfaction and the likelihood that they will return for future events. The activities listed here are designed to promote affect regulation and positive meaning-making regarding suicide losses. Please choose activities that match your walk theme, resources, and staff capacity. Creative expression through art and other activities can help with the healing process; however, it is important to keep in mind the goals you have for your event when selecting specific activities.

Considerations for Creative Expression

- Physical safety (scissors, other sharp objects)
- Emotional safety - consider goals of the activity and the needs of your population.
 - Will the typical walker have the ego strength to complete the activity?
 - How has the activity been framed? Consider how you will incorporate resilience.
- Mediums
 - Items that create well defined lines (pencils, colored pencils, crayons, markers etc) promote containment.
 - Items that are more undefined and visceral (paints, pastels, chalk, clay) promote the expression of primary emotions.

Activity One: Memory Wall

- Memory walls are a great way to help survivors of suicide loss express a wide range of feelings regarding their lost loved ones. While it is important to allow participants the freedom to personalize their messages, it is vital that you consider not only the feelings of the survivor, but also the feelings of other vulnerable participants who will view the piece. Themes are one way to ensure safe messaging practices are upheld. It can also help participants construct new narratives regarding their losses that promote resilience and hope by reframing or focusing on specific parts of their grief. This is a good activity for the registration period.



Materials

- large sheet of paper, foam core or other sturdy wall
- copy paper and construction paper
- pencils, crayons, and markers
- scissors
- glue sticks, tape, and/or poster putty

Directions

- Allow walk participants to bring a memorial they created at home, or allow them to create a memorial using the materials listed to the left.
- Ask the participants if they would like the item to be a permanent or temporary part of the memory wall.
- Securely tape all permanent items to the wall using tape, or other fasteners. Tack the temporary items on the outside edge of the wall using tape or poster putty.

Themes that promote affect regulation & positive memories

- Most Treasured Memory
- United we hold in our hearts the memories of those we love
- Helping Hands - Passing on what we know about loss

Themes that allow survivors to connect and offer positive messages to lost loved ones

- If I could tell you about today
- What would make you proud

Advertising

- Email participants during the week prior to the event to let them know about your activities and any themes you have created to help survivors construct new narratives. This will give walkers the opportunity to create something they can bring to the event.

Construction and Preservation of the Wall

- Make sure to communicate key information to those who participate in this activity. This can be done by posting a simple sign to the side of the memory wall that answers some of the questions listed below. This information can also be emailed to walk participants during your final pre-walk email.
 - Where will you post the memory wall? (Consider inclement weather)
 - Who will take care of the wall after the event is complete?
 - Where will it be housed?
 - Will this be a permanent or temporary construction?
 - What will you use to make it?
 - Can participants tack something to the wall and remove it at the end of the event?
 - How will you let walk participants know about the wall in case they want to bring pictures or mementos they have created

Emotional Considerations

- Memory walls can be a place to honor loved ones lost to suicide. While this can be very helpful to many walkers, the act of honoring those no longer with us can stir up deep and intense reactions. If possible, have a “Concern and Connect” volunteer near the memory wall so he or she can offer additional support. While we want to make the walk fun, encourage volunteers and other walkers to be respectful around the memory wall. Some people will want this to be a place for quiet reflection.
- We had a memory wall at our walk. Overall, participants found this to be a valuable part of the walk; however, the presence of the memory wall was complicated. I received the following valuable feedback from study participants:
 - “Oh let’s see. I put up a poem, which expresses almost exactly how I feel and his picture. I looked at other people’s pictures. I just liked seeing the memory wall. I liked seeing what other people would put up, and that too reminds you that you are not alone . . . that other people are in the very same shape.”
 - “It was insightful for me to know that I didn’t necessarily want to go there [to the memory wall]. I kind of feel bad about that, and I guess I’ve been trying to figure out if it was just to avoid the pain of the other people there . . . I was in my own pain. I was having my own experience of the pain all over again . . . I was worried that I might run into more of the details or the stories of how the person died, or I just didn’t want that to trigger thoughts.”
 - “I put something on the memory wall, and I mean I’m not the most artistic person, so I just like wrote something and made a little heart . . . I see that and it was like oh that’s nice to see those memories up there. I’m not going to forget that, that they’re kind forever on this memory board.”
- Even volunteers had something to say about the memory wall.
 - “I volunteered at the memory wall. Yeah, I think I didn’t know exactly what to expect. I wasn’t like scared and I didn’t think it was a bad idea. I was just . . . I think there was

some pressure . . . I want[ed] to be helpful to people. What am I going to be able to do to be helpful? But then once I was there, it didn't happen. It was just . . . whether you are a survivor, or whether you're, I don't know the term, advocate . . . we're all coming from the same place of remembering people we have lost. . . . It just felt like a great sense of community once I was actually there. But yeah, I'm sure I was intimidated by it before I actually got there."

As you can see, memory walls elicit many different responses from participants. Be mindful of the variety of responses you may encounter. Help walkers participate in ways that seem meaningful to them, but understand that some walkers may not be able to handle the emotions a memory wall might evoke. Choosing a resilient theme and advertising it heavily prior to the event can help steer the content of the wall in a direction that will be helpful to others, and create the safety needed for walkers to participate. Alternate activities and opportunities to share and engage with the walk community should be provided and promoted as equally valid ways of participating in the event.

Activity Two: Helping Hands – Together We Can Heal

- This activity can be used in lieu of a memory wall during the registration period, or as a closing activity. If you are also using a memory wall, the Helping Hands wall may be a good closing activity where walkers can reflect on all of the strategies people are using to cope with their grief and pain. This wall can be stored and posted by the registration table at future walks to help increase participants' sense of resilience.



Directions

- Give each participant a pre-cut hand.
- Encourage survivors to write down someone or something that has helped them cope with their loss on each finger of the hand.
- On the arm have them write down one piece of advice they have for a new survivor.
- Staple or tape the hands to your Helping Hands wall.
- Encourage walkers to reflect on this list as they finish the walk, so they can use the knowledge of the group to help others who may be struggling.

Materials

- large sheet of paper, foam core, or other sturdy wall,
- copy paper and construction paper
- pencils, crayons, and markers
- scissors
- glue sticks, tape, and/or poster putty
- hand cutouts (see example in the appendix)

Activity Three: Memory Quilt



Materials

- 12x 18 pieces of construction paper
- white copy paper
- pencils, crayons, and markers
- scissors
- glue sticks

Directions

- A paper "quilt" can be created using pieces of construction paper that are taped together on a large piece of bulletin board paper or foam core.

- Have the survivor write down or draw a favorite memory of their lost loved one. You can email participants ahead of time to let them know they can bring copies of photos to add to their square.
- Find out if they would like their contributions to be a permanent part of the display or something temporary they would like to remove at the end of the walk.
- Additions to the memory national memory quilt can be made on the day of your event. See the Lifekeeper Quilt flyer in the appendix for more details.
- In the state of Virginia, please contact Christie Letsom at the Planning Council: 757-622-9268 ext. 3041 or cletsom@theplanningcouncil.org

Activity Four: Lifting our Love

- This activity can be started during the registration period and can be completed at the beginning of the opening ceremony. Two options are listed for you to choose from based on available materials.



Materials

- balloons
- helium
- blunt tipped markers
- pens and pencils

Directions

Option One: Inserting the Message into the Balloon

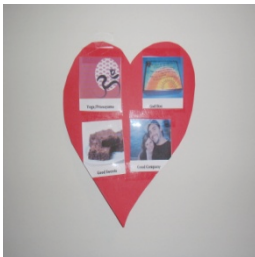
- Give participants a piece of paper where they can write a message to their loved one. (Make sure that the piece of paper is no larger than 2" x 2").
- Have the person fold up the piece of paper so that it can fit into the balloon.
- Put the piece of paper in the balloon.
- Once the piece of paper is securely in the balloon blow it up using your helium tanks.
- Tie a string to the balloon.
- Let the participant know that we will all let our balloons go at a specified time.

Option Two: Writing Messages on the Balloon

- Encourage walkers to write their messages on their balloon.
- Walkers who would not like to write a message can simply let the balloon go with everyone else.
- Make sure you have blunt tipped markers to prevent balloons from popping when the messages are written on them.
- Let the participant know that we will all let our balloons go at a specified time.

- If possible, practice setting this up on the day before your event.

Activity Five: A Coping Heart



Materials

- heart shaped cutouts (see example in the appendix)
- markers, pencils, and crayons
- tape, and string

Directions

- Draw a line down the middle of the heart and then another to create four sections.
- In each section have participants draw a picture or write the words for something that helps them feel better when they are sad and frightened.
- These hearts can be posted on a coping wall or worn around the participants' necks.
- Have people share their stories with others.

Activity Six: Mandalas of Hope



Materials

- cut out circles or provide pieces of paper with circles on them (see appendix),
- pencils, colored pencils, crayons, markers
- scissors
- tape, and/or poster putty

Directions

- Invite participants to draw a picture, write a story, or add words that represent ways they have coped with their grief.
- Encourage participants to decorate and title their pieces.
- Display the Mandalas of Hope on a wall of hope.
- Alternate activity: Create yin/yang or half-and-half mandalas. On the left side have participants represent their grief through pictures, words, or colors. On the right side have them create a representation of their hopes for the future.

Conclusion

Planning and implementing a suicide prevention walk takes a great deal of time and energy. The work you put into creating a successful event will impact many people in your community. Given how few survivors seek services, and how many attend suicide prevention walks, it is quite possible that your event will be the only place where survivors of suicide loss address their feelings. Annual walks are in themselves rituals. They offer regular opportunities for people to honor their feelings, develop a sense of community, and bolster resilience. I hope you find activities and suggestions in this manual that will make your work easier and will increase the effectiveness of your walk's potential to not only prevent suicides, but to also provide vital postvention support for survivors of suicide loss in your area. I wish you the best of luck in your endeavors.

Resources

Crisis Lines

- National Suicide Prevention Lifeline (24/7) 1-800-273-TALK (8255)
 - Military Hotline (press 1)
 - Spanish (press 2)
- Local Community Service Boards and ERs (please check for numbers in your region)

National Resources

- www.save.org
- www.afsp.org
- www.griefnet.org
- www.survivorsofsuicide.com/index.html
- www.suicidology.org
- www.sprc.org
- www.taps.org
- www.realwarrior.org
- www.1000deaths.com/lists.html
- www.compassionatefriends.org

Virginia Resources

- Virginia Department of Health: www.preventsuicideva.org
- Virginia Suicide Prevention Resource Directory: http://www.vahealth.org/injury/preventsuicideva/documents/2011/pdf/virginia_suicide_prevention_directory.pdf (*note: this resource offers a comprehensive list of support groups, hotlines, coalitions, general information about suicide, and the steps in the referral process)
- National Alliance on Mental Illness: Virginia: www.namivirginia.org
- Mental Health America: Virginia: www.mhav.org
- Virginia Wounded Warrior Program: www.wearevirginiaveterans.org (*note: this service is available to service members and their families)
- Military One Source: www.militaryonesource.com (*note: use of this resource will not affect security clearance for active service members)
- LGBT Youth Suicide Hotline Trevor Project: 1-866-4-U-TREVOR
- Virginia Crisis Centers & Hotlines
 - Arlington: CrisisLink, 2503 D N. Harrison St. PMB #114, Arlington, VA 22207, Hotline: 703-527-4077, www.crisislink.org
 - Blacksburg: The Raft Crisis Hotline, 700 University Boulevard, Blacksburg, VA 24068, Hotline: 540-961-8400, www.nrvcs.org
 - Bristol: The Crisis Center, 100 Oakview Ave, Bristol VA 24201, 1-866-953-0484, Hotline: 800-273-TALK, www.crisiscenterinc.org
 - Clarke Hotline: 540-667-0145
 - Charlottesville: Madison House, 170 Rugby Road, Charlottesville, VA 22903, 434-977-7051, www.madisonhouse.org
 - Dumfries: ACTS/Helpline PO BOX 74 Dumfries, VA 22026 Hotline: 703-368-4141 www.actspwc.org
 - Lynchburg: Crisis Line of Central Virginia, PO Box 3074, Lynchburg, VA 24503, Crisis Line: 434-947-HELP (4357), Suicide: 800-273-TALK, Teen Talk: 434-947-7277, ChatterLine: 434-947-KIDS (5437); Sexual Assault Response Program: 434-947-RAPE(7273); www.crisislineofcentralvirginia.org
 - Frederick Hotline: 540-667-0145
 - Page Hotline: 540-743-3733
 - Shenandoah Hotline: 540-459-4742
 - Winchester: Concern Hotline, PO BOX 2032 Winchester, VA 22604 concern@visuallink.com, www.concernhotline.com
 - Winchester Hotline: 540-667-0145

Youth/Teen Hotlines associated with the National Suicide Prevention Lifeline Network:

- ACTS/Helpline (Dumfries, Manassas, Manassas Park) Teenline: 703-368-4141
- Crisis Line of Central Virginia: Teen Talk: 434-947-7277 Chatterline: 434- 947-KIDS (5437)

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Appendix A: American Foundation of Suicide Prevention Song List

51 songs, 3.4 hours, 274.2 MB

| Song Name | Time | Album | Artist |
|--------------------------------------|------|---------------------------------------|-----------------------------|
| Barbeque | 4:03 | Fly Between the Walls | Animal Liberation Orchestra |
| O Bla Di Obla Da | 3:11 | | The Beatles |
| Laugh So You Don't Cry | 3:47 | Thinks of Her | Andy Davis |
| Hey Jude | 7:03 | | The Beatles |
| Lean On Me | 4:21 | | Bill Withers |
| Wonderwall | 3:30 | | Boyce Avenue |
| Blessed | 3:20 | Brett Dennen | Brett Dennen |
| Just the Way You Are | 3:41 | Doo-Wops & Hooligans | Bruno Mars |
| Fix You | 4:56 | X&Y | Coldplay |
| Waiting for my Real Life To Be | 5:45 | Going Somewhere | Colin Hay |
| Hope | 5:25 | Taking the Long Way | Dixie Chicks |
| Santa Monica | 3:11 | | Everclear |
| Dog Days are Over | 3:45 | | Florence and the Machine |
| Good Life | 3:23 | | Francis Dunnery |
| Look After You | 4:29 | How to Save a Life | The Fray |
| See the World | 4:04 | How We Operate | Gomez |
| Come On | 3:37 | Come On – Single | Green River Ordinance |
| There's Hope | 3:57 | Testimony, Vol 1: Life & Relationship | India Arie |
| Closer to Fine | 4:03 | | Indigo Girls |
| The Edge of the Ocean | 4:26 | Grey's Anatomy | Ivy |
| Better Together | 3:28 | In Between Dreams | Jack Johnson |
| You Give Me Something | 3:33 | Undiscovered | James Morrison |
| Wonderful World | 3:30 | Undiscovered | James Morrison |
| Shower the People you Love With Love | 3:57 | | James Taylor |
| I'm Yours | 4:18 | Sampler 001 | Jason Mraz |
| Carry On | 3:51 | Scrubs Soundtrack | Jeremy Kay |
| Running on Sunshine | 4:49 | Dance Chart Vol 16 | Jesus Jackson |
| Waiting on the World to Change | 3:21 | Continuum | John Mayer |
| Say | 3:49 | | John Mayer |
| Amazing | 3:53 | | Josh Kelley |
| Firework | 3:48 | Teenage Dream (Delux Edition) | Katy Perry |
| Somewhere Only We Know | 3:57 | Grey's Anatomy | Keane |
| One Day You Will | 4:31 | Lady Antebellum | Lady Antebellum |
| I Wanna Go Home | 3:47 | | Michael Buble |
| Man in the Mirror | 5:20 | Bad | Michael Jackson |
| Happy Ending | 4:36 | Life in Cartoon Motion | Mika |
| Unwritten | 4:19 | Unwritten | Natasha Beddingfield |
| Happy | 3:40 | Pocket Full of Sunshine | Natasha Beddingfield |
| Good Life | 4:13 | Waking Up | One Republic |
| Raise Your Glass | 3:24 | Raise Your Glass – Single | Pink |
| Let My Love Open the Door | 2:45 | Empty Glass | Pete Townsend |
| Float Back on Top | 2:02 | | Rachel's CD |
| Stand | 3:43 | Me and My Gang | Rascal Flatts |
| Someday | 4:08 | Cradle Song | Rob Thomas |
| Many the Miles | 5:11 | Little Voice | Sara Bareilles |

| | | | |
|-------------------------|------|--------------------------------------|-------------|
| We Live | 3:12 | Beauty From Pain | Superchick |
| Live Your Life | 4:01 | Paper Trail | T.I. |
| Hey, Soul Sister | 3:37 | Save Me, San Francisco (Bonus Track) | Train |
| Light up the Sky | 3:37 | Paper Walls | Yellowcard |
| The Heart of the Matter | 5:15 | | India Arie |
| Lake of Silver Bells | 5:35 | Rock Boat Artists 2010 | Carbon Leaf |

Appendix B: Poems

Death is Nothing at All

Henry Scott Holland

Death is nothing at all.
I have only slipped away to the next room.
I am I and you are you.
Whatever we were to each other,
That, we still are.

Call me by my old familiar name.
Speak to me in the easy way
which you always used.
Put no difference into your tone.
Wear no forced air of solemnity or sorrow.

Laugh as we always laughed
at the little jokes we enjoyed together.
Play, smile, think of me. Pray for me.
Let my name be ever the household word
that it always was.
Let it be spoken without effect.
Without the trace of a shadow on it.

Life means all that it ever meant.
It is the same that it ever was.
There is absolute unbroken continuity.
Why should I be out of mind
because I am out of sight?

I am but waiting for you.
For an interval.
Somewhere. Very near.
Just around the corner.

All is well.

Do Not Weep

Mary E. Frye

Do not stand at my grave and weep.
I am not there, I do not sleep.
I am a thousand winds that blow.
I am the diamond glints on the snow.
I am the sunlight ripened grain.
I am the gentle autumn's rain.
When you awaken in the morning's hush,
I am the swift, uplifting rush
Of quiet birds in circled flight.
I am the soft stars that shine at night.
Do not stand at my grave and cry;
I am not there, I did not die.

When I Am Among the Trees

Mary Oliver

When I am among the trees,
especially the willows and the honey locust,
equally the beech, the oaks and the pines,
they give off such hints of gladness,
I would almost say that they save me, and daily.

I am so distant from the hope of myself,
in which I have goodness, and discernment,
and never hurry through the world
but walk slowly, and bow often.

Around me the trees stir in their leaves
and call out, "Stay awhile."
The light flows from their branches.

And they call again, "It's simple," they say,
"and you too have come
into the world to do this, to go easy, to be filled
with light, and to shine."

Hope is the thing with feathers

Emily Dickenson

Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all,

And sweetest in the gale is heard;
And sore must be the storm
That could abash the little bird
That kept so many warm.

I've heard it in the chillest land,
And on the strangest sea;
Yet, never, in extremity,
It asked a crumb of me.

Appendix C: Guiding Questions for Media Representatives
(To be distributed prior to the Media Representative Training)

Here are some guiding questions people can use as they prepare for the event:

1. Why are you participating in this event? _____

2. If you have lost someone to suicide, what would you like the media to know? _____

3. How is this event meaningful for you? _____

4. What do you want to keep from the media regarding your personal experience with suicide? _____

5. How will you handle questions that you do not want to answer? _____

While we do not want suicide to be a “secret,” there are many aspects of a loss by suicide that are very personal and private. It is perfectly acceptable to keep this information private and to formulate kind and respectful ways to say no to the media.

****Keep safe messaging principles in mind as you formulate your questions.** Refer to your national organization’s training manual to learn specific messages, facts, and statistics the organization would like you to relay to the media.

Appendix D: Role-Play Questions for the Media Representative Training Session

Please ask several of the optional questions and all of the required questions to help Media Representatives formulate their responses.

Optional Questions

- Why are you volunteering for this event?
- How is this event meaningful to you?
- Why are you interested in suicide prevention?

Required Questions

- Have you lost someone to suicide?
- How did that person die?
- What was your loved one like?
- Did he or she get into trouble with the law?
- Did your loved one leave a suicide note?
- What is it like to lose someone to suicide?
- How are you feeling right now?

Appendix E: “Care and Connect” Volunteer Handout

In the United States a person dies by suicide every 16 minutes, claiming more than 34, 000 lives each year. It is the second leading cause of death for college students and the third leading cause of death for youth ages 15 – 24. Yet, while suicide is often seen as crisis for the young, suicide rates for older adults and the elderly are rising. In fact, elderly Caucasian males have the highest suicide rates. At least 90 percent of people who commit suicide have a diagnosable and treatable psychiatric illness. Between 20 and 50 percent of people who kill themselves have previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their lives.

Your Job

- Scan the crowd for walkers who may be struggling with intense feelings of grief
- Make contact with these walkers and use reflective listening skills to assess the situation
- Connect the walker with friends or loved ones present at the event and offer resources for additional help
- While you will be utilizing reflective listening skills and assessing the situation, you are NOT acting as the walker’s counselor during this event. Your job is to help the walker make valuable connections that can offer support, increase their sense of resilience by pointing out strengths and strategies they already possess, and help the walker feel like he or she is not alone.

What to do if you encounter someone who is experiencing strong emotions during the walk

- Acknowledge that you see the person is having feelings about the event. Say, “Sometimes suicide prevention walks bring up strong feelings for people. How are you doing today?”
- Listen for potential risk factors and warning signs (see below)
- Use Reflective Listening Techniques including: paraphrasing what has been said, paraphrasing utterances, highlighting the feelings present in the walker’s statements
- Make resilience focused statements such as:
 - “Tell me about the people who are supporting right now.”
 - “How did you get yourself to come here, knowing that you might feel this way?”
 - “What lessons have you learned from your loss?”
 - “How has coming to this event helped you make sense of what has happened?”
 - “Tell me about what has been helpful as you have dealt with your feelings?”
- If you become concerned, express your concerns directly, particularly if the walker has mentioned risk factors or warning signs during their conversation with you
- Hand them a Suicide Prevention Lifeline Card
- Connect the walker with loved ones or friends who are also attending the event.
- If you have serious concerns about the person, encourage him or her to call the Suicide Prevention Lifeline 1-800-273-TALK (8255) while in your presence

Suicide Risk Factors

- Psychiatric Disorders
- Past history of attempted suicide
- Genetic predisposition including family history of suicide, suicide attempts or depression
- Impulsivity
- Males are 3 to 5 times more likely to die by suicide than females
- Elderly Caucasian males have the highest suicide rates

A suicide crisis is a time-limited occurrence signaling immediate danger of suicide. Suicide risk, by contrast, is a broader term that includes the above factors such as age and sex, psychiatric diagnosis, past suicide attempts, and traits like impulsivity. The signs of crisis are:

- **Precipitating Event:** A recent event that is particularly distressing such as loss of loved one or career failure. Sometimes the individual’s own behavior precipitates the event: for example, a man’s abusive behavior while drinking causes his wife to leave him.
- **Intense Affective State in Addition to Depression:** Desperation (anguish plus urgency regarding need for relief), rage, psychic pain or inner tension, anxiety, guilt, hopelessness, acute sense of abandonment.

- **Changes in Behavior Speech:** suggesting the individual is close to suicide. Such speech may be indirect. Be alert to such statements as, "My family would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away. **Actions** ranging from buying a gun to suddenly putting one's affairs in order. **Deterioration in functioning** at work or socially, increasing use of alcohol, other self-destructive behavior, loss of control, rage explosions.

Warning signs of suicide include:

- Observable signs of serious depression: Unrelenting low mood, Pessimism, Hopelessness, Desperation, Anxiety, psychic pain and inner tension, Withdrawal, Sleep problems
 - Increased alcohol and/or other drug use
 - Recent impulsiveness and taking unnecessary risks
 - Threatening suicide or expressing a strong wish to die
 - Making a plan: Giving away prized possessions. Sudden or impulsive purchase of a firearm. Obtaining other means of killing oneself such as poisons or medications
 - Unexpected rage or anger
- Most suicidal individuals give some warning of their intentions. The most effective way to prevent a friend or loved one from taking his or her life is to recognize the factors that put people at risk for suicide, take warning signs seriously and know how to respond.

Recognize the Imminent Dangers –The signs that most directly warn of suicide include:

- Threatening to hurt or kill oneself
- Looking for ways to kill oneself (weapons, pills or other means)
- Talking or writing about death, dying or suicide
- Has made plans or preparations for a potentially serious attempt

Other warning signs include expressions or other indications of certain intense feelings in addition to depression, in particular:

- Insomnia
- Intense anxiety, usually exhibited as psychic
- Pain or internal tension, as well as panic attacks
- Feeling desperate or trapped -- like there's no way out
- Feeling hopeless
- Feeling there's no reason or purpose to live
- Rage or anger

Certain behaviors can also serve as warning signs, particularly when they are not characteristic of the person's normal behavior. These include:

- Acting reckless or engaging in risky activities
- Engaging in violent or self-destructive behavior
- Increasing alcohol or drug use
- Withdrawing from friends or family

Remember: *Is Path Warm - A Mnemonic*

Ideation

Ideation

Substance Abuse

Purposelessness

Anxiety

Trapped Hopelessness

Withdrawing

Anger

Recklessness

Mood Changes

Appendix F: Survivors Story

Presented at the AFSP Out of the Darkness Walk 4/30/2011 By Lisa Ellison

Thank you for coming today to support our first AFSP Out of the Darkness Campus Walk. Your support means a lot to us. Many people attending the walk today have lost loved ones to suicide. I am one of them. I want to tell you about my brother Joe. He was great with his hands. He could build anything. He loved to lend a hand to friends in need. It was not uncommon for him to get up extra early and sneak over to my grandparent's house to shovel the walk before they woke up. He helped my parents with yard work and home repairs. One time he came to visit me and got to my house before I was able to make it home. The fridge was empty. He filled it.

My favorite memory of Joe was the time we went to Darien Lake as teenagers. We had never been to an amusement park so it was a pretty big deal. We spent weeks teasing each other about who would chicken out on the huge steel roller coaster called the Viper. At Darien Lake we rode the Viper together. We were both pale and deadly serious as we sat down in the cart, realizing it was too late. As we crested the first big hill looking over the park, we both looked at each other and laughed, and screamed the whole rest of the ride. We rode that coaster 15 more times that day. Joe was a kind loving person. While he was eager to lend a hand to others, he didn't always know how to reach out when he was in need. He battled depression for around four years. It often showed up as irritability, anger, and withdrawal. He had issues with drugs and alcohol. While he didn't openly cry, we felt something was wrong, but we weren't sure what to do. In 1997, he ended his life at the age of twenty.

The time following his death was pretty dark for me. I experienced what felt like a soul crushing grief, an intense shame that I had somehow missed the signs, and a sense that I was forever changed because of my experience. I was no longer a part of the "normal" world. I traveled on a different, very lonely road. I remember looking in the mirror the day after he died and thinking I will never smile again. For a while I didn't want to care about anyone or anything because life just hurt so much.

Sometimes we come to a place in life where our pain is so great we're at a crossroads where we can either give in to that despair or find hope. Sometimes it takes the light of others to lead us out of our inner darkness. A woman named Wendy passed that light on to me during one of my darkest moments. Wendy lived in my hometown. She lost her seventeen-year-old son Justin to suicide two years before my brother died. She read about Joe's death in the newspaper and showed up at the funeral. She came up to me, looked me in the eye, smiled, and hugged me fiercely. She told me about her son and said, "I know." There are times in life when "I know how you feel" can seem so trite and insincere. How can we really know another person's experience? But that day, in that moment, her words were a huge relief to me. I was not the only one out there going through this. Wendy was also walking on this road. She was only a few steps ahead of me, and yet despite her pain she stood there smiling at me, caring enough to show up and pass on the torch of hope to a complete stranger. I think she read my mind that day because as she held me tightly she whispered in my ear "It gets easier. You'll never forget, but one day you will smile again."

I will never forget Wendy and her smile. I had to carry those words she told me in my pocket for a while before I could believe in them. I had to cry, get angry, and talk about my grief with those who would listen to my story. It took time and a lot of tears, but one day I looked in the mirror and while there was still sadness on my face, I was indeed smiling – not just with my mouth, but with my heart.

I still feel forever changed by this experience, but I no longer feel that crushing despair and isolation. I look at the world with new eyes. I see how precious life is and I take time to be present with the people in my life. I always tell them I care, and if I feel concerned I express my worry without hesitation. Sometimes there are still tears. Those tears tell me I am a person who loves deeply and does not forget. Sometimes life takes on that bittersweet quality of recognizing an absence while also feeling intense joy. If I could say anything to all of you regarding my experience it is this: Talk to each other. Share your stories with those who will listen. When it gets tough, reach out your hand. For those of you here as support, keep your eyes open and when you see that hand reaching up to you, grab it and hold on. Be present and listen. Many people worry that if they bring up the memory of a lost loved one it will stir up strong emotions, causing intense pain. We carry these stories of love and pain with us every day. If we talk about it, we begin to heal.

Before we begin the walk today, we would like to have a moment of silence to honor the love we feel for those no longer with us. I ask that if you're willing, please join hands. For those of you out there wondering if you will ever smile again, know that as we stand here today we hold in our hearts the smile you will regain. Please honor and support each other as we walk to raise awareness of this silent killer.

Carry on the conversation we began today. Be each other's hope and light. You never know the impact of your smile.

Appendix G: Memory Quilt Information
American Foundation for Suicide Prevention
Lifekeeper Memory Quilts



Share your story and honor
 The memory of your loved one by crafting a quilt square for an American Foundation for
 Suicide Prevention Lifekeeper Memory Quilt. It's easy to do –no sewing skills are
 needed. To get started, contact your local volunteer Lifekeeper Memory Quilt Organizer:

Christy Letsom
 The Planning Council
 757-622-9268 ext. 3041
cletsom@theplanningcouncil.org

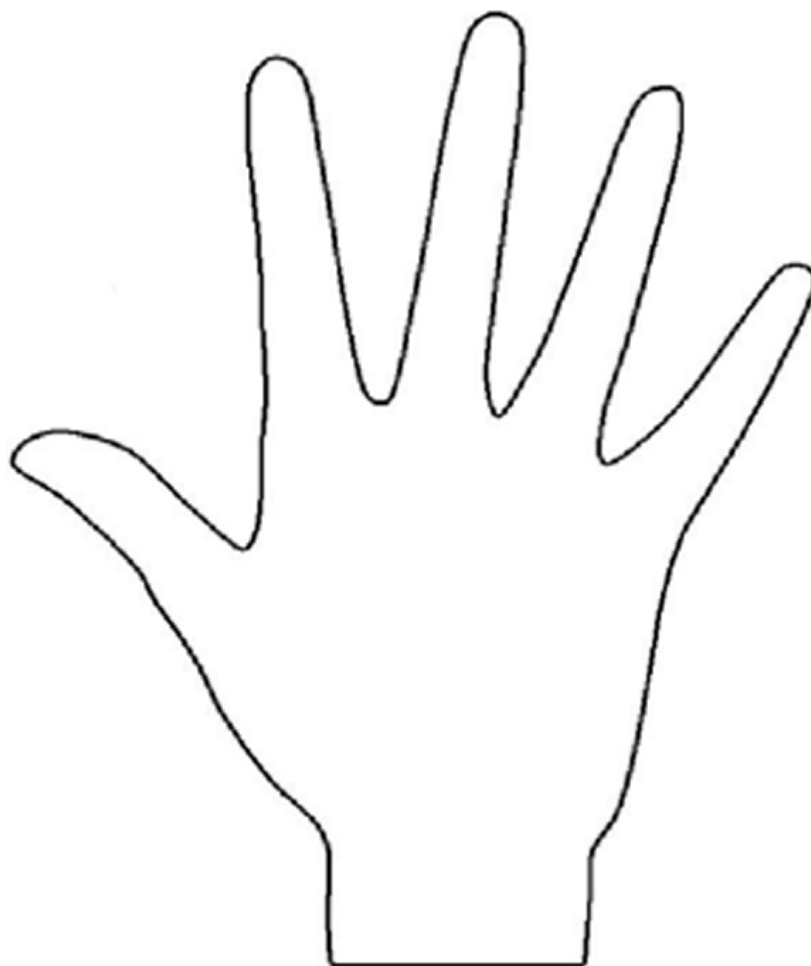
Together, we will show that behind the statistics are thousands of stories and memories of
 those we loved most dearly.



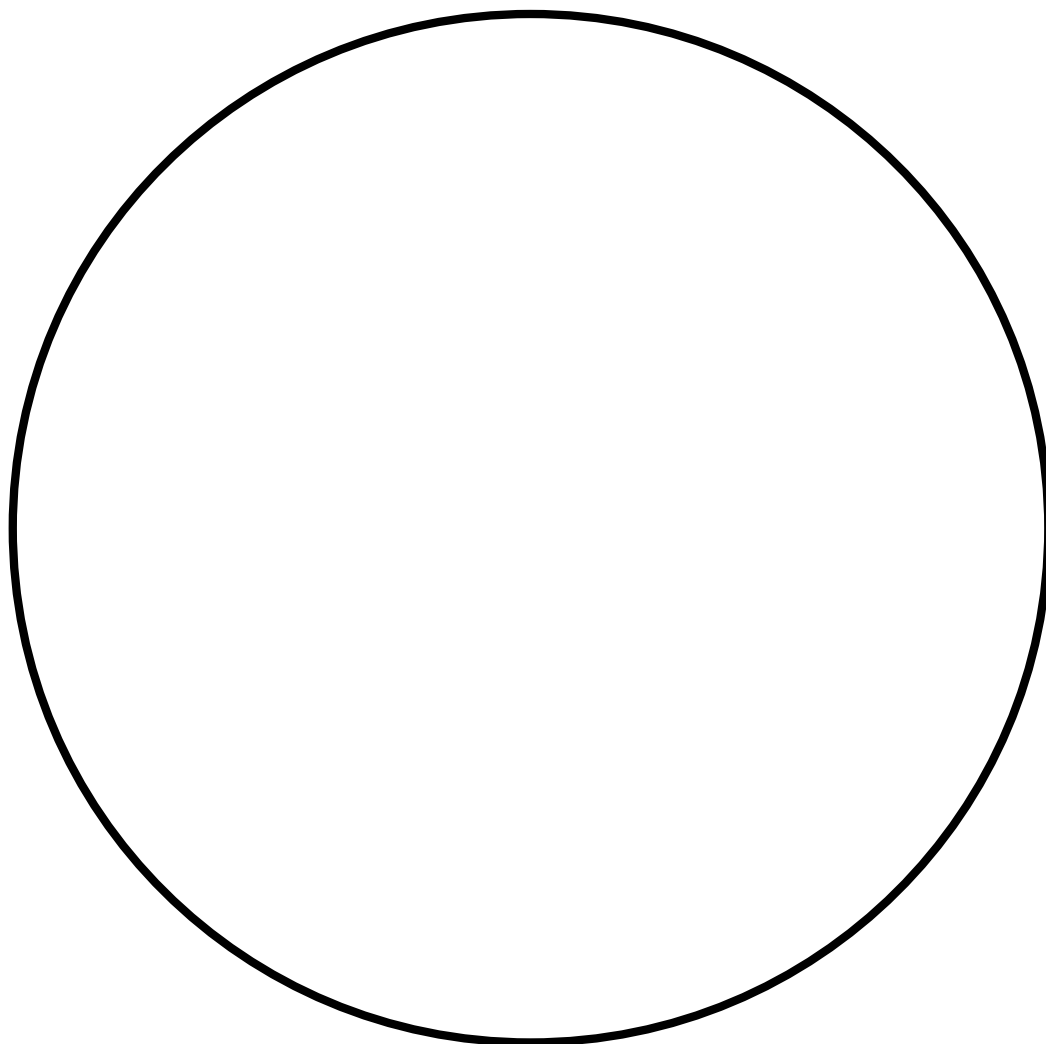
American Foundation *for* Suicide Prevention

Learn more about AFSP's programs for survivors of suicide loss by visiting:
www.afsp.org/survivingsuicideloss

Appendix H: Activity Templates

Activity 2: Helping Hands Cutout

Activity 5: Mandalas of Hope Cutout



Activity Six: Coping Heart Cutout