Suicide Safer Care: Suicide Prevention in Primary Care

May 6, 2021

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Disclosures

No financial relationships or conflicts of interest to report.
About SPRC

The Suicide Prevention Resource Center (SPRC) is the only federally funded resource center devoted to advancing the implementation of the *National Strategy for Suicide Prevention*. SPRC is supported through a grant from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA).

SPRC builds capacity and infrastructure for effective suicide prevention through consultation, training, and resources for state, tribal, health/behavioral health, and community systems; professionals and professional education programs; and national public and private partners and stakeholders.
This activity is being accredited and implemented by the American Psychiatric Association (APA) as part of a subaward from the Suicide Prevention Resource Center (SPRC).

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education. The APA is accredited by the ACCME to provide continuing medical education for physicians. The American Psychiatric Association designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Suicide Prevention Resource Center is the sole owner of the activity content, including views expressed in written materials and by the speakers.
How To Download Handouts

**Desktop**

Use the “Handouts” area of the attendee control panel.

**Instant Join Viewer**

Click the “Page” symbol to display the “Handouts” area.
How To Participate in Q&A

Desktop
Use the “Questions” area of the attendee control panel.

Instant Join Viewer
Click the “?” symbol to display the “Questions” area.
Language Matters

Choosing Compassionate & Accurate Language

Died of/by Suicide vs Committed Suicide
Suicide vs Successful Attempt
Suicide Attempt vs Unsuccessful Attempt
Describe Behavior vs Manipulative/Attention-Seeking
Describe Behavior vs Suicidal Gesture/Cry for Help
Diagnosed with vs they’re Borderline/Schizophrenic
Working with vs Dealing with Suicidal Patients
Overview

- Role of the primary care provider (PCP) in suicide safe care
- Identification of patients at risk for suicide
- Assessment of patients at risk for suicide
- Safety planning
- Office-based interventions for PCPs
Why Focus on Health Care Settings?

- 84% of those who die by suicide have a health care visit in the year before their death.

- 92% of those who make a suicide attempt have seen a health care provider in the year before their attempt.

- Almost 40% of individuals who died by suicide had an emergency department (ED) visit, but not a mental health diagnosis.

Source: Ahmedahni, 2014; Ahmedahni, 2015
The suggested actions in this alert cover detection of suicidal ideation, as well as the screening, risk assessment, safety, treatment, discharge, and follow-up care of individuals at risk. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk of suicide, and documenting their care.

Joint Commission Sentinel Event Alert 56

A complimentary abridgment of The Joint Commission

Joint Commission Sentinel Event Alert 56

Detecting and treating suicidal ideation in all settings.

The rate of suicide is increasing in America. Now the 10th leading cause of death, suicide claims more lives than traffic accidents and heart disease combined as many as frontières. All at the point of care, providers often do not detect the suicidal thoughts that haunt as suicide ideation of individuals (including children and adolescents) who eventually die by suicide. Little thought may be given to the warning signs of suicidal ideation or the opportunity to intervene and prevent the suicide.

Accredited organizations should review information in a Sentinel Event Alert when designing or redesigning processes and consider implementing relevant suggested interventions included in the alert.

This alert replaces two previous alerts on suicides (Issues 40 and 7). The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, treatment, discharge, and follow-up care of at-risk individuals. Also included are suggested actions for educating all staff about suicide risk, keeping health care environments safe for individuals at risk of suicide, and documenting their care.

Some organizations are making significant progress in suicide prevention. 10 The “Partnership for Suicide Prevention” in the Behavioral Health Services Division of the Harvey Ford Health System achieved “10 consecutive calendar quarters without an indicator of suicide among patients participating in the program.” The U.S. Air Force’s suicide prevention initiative reduced suicides by over one-third over a six-year period. Over a period of 12 years, Asher and Birdman Hospital in Oslo, Norway, implemented continuity-of-care strategies and achieved a 64 percent decline in suicide attempts in a high-risk population with a history of severe depression with follow-up. Additionally, the hospital’s multidisciplinary suicide prevention team accomplished an 85 percent success rate for getting patients to the follow-up program in which they were referred. 10

Dallas’ Parkland Memorial Hospital became the first hospital in Texas to implement universal screening to assess whether patients are at risk for suicide. Through preliminary screenings of 109,900 patients from its hospital and emergency department, and of more than 60,000 outpatient clinic patients, the hospital has found 1.8 percent of patients to be at high suicide risk and up to 3.5 percent to be at moderate risk. 10

www.sprc.org
National Patient Safety Goal (NPSG) 15.01.01

- SEA 56 was retired in February 2019.
- NPSG 15.01.01 covers the topics in SEA 56 and includes new and revised performance elements effective July 2019.
- The Joint Commission website includes a Suicide Prevention Portal with resources and guidance.
National Patient Safety Goal 15.01.01

A FOCUS ON PATIENT SAFETY AND ERROR REDUCTION

- Screening
- Assessment
- Risk Formulation
- Collaborative Safety Plan
- Treat Suicidal Thoughts and Behavior
- Continuity of Care

Avoid Serious Injury or Death

SUICIDAL PERSON

Adapted from James Reason’s “Swiss Cheese” Model Of Accidents
7 Elements of ZEROSuicide
Zero Suicide

Access at:

www.zerosuicide.com
What We Hear Sometimes…

“I don’t have the **knowledge** to assess or intervene.”

“With such a short amount of time, I don’t have time to ask or address suicide risk.”
In the Office: Three Things that People at Risk of Suicide Want from You

- Do not panic.
- Be present, listen carefully, and reflect.
- Provide some hope, e.g., “You have been through a lot, I see that strength.”

**LANGUAGE MATTERS!**
Identification

• Many offices are screening for depression.

• Ask patients directly (ask what you want to know).

• Social determinants play a role.

• Many patients don’t have depression.

• Substance and alcohol use play a role.

• Transitions are a time of risk.
Population of Patients at Risk for Suicide

- Do you know how many are on your panel, in your practice, or organization?

- Are you adding ICD-10 codes to your problem list?

- Do you have expectations/standards for BOTH newly identified patients and patients following up for routine primary care?

- What does excellent care for patients at risk of suicide in your organization look like?
The Patient Health Questionnaire (PHQ-9)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Visit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 2 weeks, how often have you been bothered by any of the following problems?</th>
<th>Not At all</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Column Totals: ______ + ______ + ______
Add Totals Together: ______
# PHQ-9 modified for Adolescents (PHQ-A)

**Instructions:** How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>(0) Not at all</th>
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<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
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<td></td>
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<tr>
<td>8. Moving or speaking so slowly that other people could have noticed?</td>
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<tr>
<td>Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?</td>
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<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
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</table>

**In the past year** have you felt depressed or sad most days, even if you felt okay sometimes?

- [ ] Yes  
- [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?

- [ ] Not difficult at all  
- [ ] Somewhat difficult  
- [ ] Very difficult  
- [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?

- [ ] Yes  
- [ ] No

Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?

- [ ] Yes  
- [ ] No

**"If you have had thoughts that you would be better off dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911."**

**Office use only:**

Severity score: __________

Modified with permission from the PHQ (Spitzer, Williams & Kroenke, 1999) by J. Johnson (Johnson, 2002)
Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?  
   - Yes  
   - No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  
   - Yes  
   - No

3. In the past week, have you been having thoughts about killing yourself?  
   - Yes  
   - No

4. Have you ever tried to kill yourself?  
   - Yes  
   - No
   
   If yes, how?
   
   When?

If the patient answers Yes to any of the above, ask the following acuity question:

5. Are you having thoughts of killing yourself right now?  
   - Yes  
   - No
   
   If yes, please describe:

Next steps:

- If patient answers “No” to all questions 1 through 4, screening is complete (not necessary to ask question #5).
  No intervention is necessary (Note: Clinical judgment can always override a negative screen)
- If patient answers “Yes” to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - Yes to question #5 = Acute positive screen (imminent risk identified)
    - Patient requires a STAT safety/mental health evaluation.
    - Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient’s care.
  - No to question #5 = Non-acute positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient’s care.

Provide resources to all patients:

- 24/7 National Suicide Prevention Lifeline: 1-800-273-TALK (82555).
- En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text “HOME” to 787-787.

asQ Suicide Risk Screening Tool
NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
Ask Suicide-Screening Questions

Say to parent/guardian:
“National safety guidelines recommend that we screen all kids for suicide risk. We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child’s safety, we will let you know.”

Once parent steps out, say to patient:
“Now I’m going to ask you a few more questions.”
Administer the ASQ and any other questions you want to ask in private (e.g. domestic violence).

If patient screens positive, say to patient:
“I’m so glad you spoke up about this. I’m going to talk to your parent and your medical team. Someone who is trained to talk with kids about suicide is going to come speak with you.”

If patient screens positive, say to parent/guardian:
“We have some concerns about your child’s safety that we would like to further evaluate. It’s really important that he/she spoke up about this. I’m going to talk to your medical team, and someone who is trained to talk with kids about suicide is going to come speak with you and your child.”

www.sprc.org
Your child’s health and safety is our #1 priority. New national safety guidelines recommend that we screen children and adolescents for suicide risk.

During today’s visit, we will ask you to step out of the room for a few minutes so a nurse can ask your child some additional questions about suicide risk and other safety issues in private.

If we have any concerns about your child’s safety, we will let you know.

Suicide is the 2nd leading cause of death for youth. Please note that asking kids questions about suicide is safe, and is very important for suicide prevention. Research has shown that asking kids about thoughts of suicide is not harmful and does not put thoughts or ideas into their heads.

Please feel free to ask your child’s doctor if you have any questions about our patient safety efforts.

Thank you in advance for your cooperation.
I just always run into the issue where as soon as things start becoming difficult, they just immediately suggest that I go to the mental hospital and I just cannot stress enough that it was not a good environment for me. And, they still suggest that I go back, when it’ll just make things worse . . . It just seems like that’s one of their first options when it should be a last resort.

Source: Richards, 2019
Appropriate Levels of Care

- Not everyone needs an alternate level of care.

- There is no “emergency room” magic.
Assessing Risk

• Can and does happen in primary care settings; appropriate level of care

• Helpful to speak the same language and understand the assessment process

• The suicide risk becomes the focus of the primary care visit
## Response Protocol

Ask questions that are in bold.

<table>
<thead>
<tr>
<th>Question</th>
<th>Past Month</th>
<th>Lifetime</th>
<th>Past 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Have you wished you were dead or wished you could go to sleep and not wake up?</strong></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td><strong>2. Have you had any actual thoughts of killing yourself?</strong></td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>If <strong>YES</strong> to 2, ask questions 3, 4, 5 and 6. If <strong>NO</strong> to 2, go directly to question 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Have you been thinking about how you may do this?</strong></td>
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<tr>
<td><em>e.g. “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.”</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Have you had these thoughts and had some intention of acting on them?</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><em>as opposed to “I have the thoughts but I definitely will not do anything about them.”</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><em>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</em></td>
<td></td>
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</tr>
<tr>
<td>If <strong>YES</strong> to question 6, ask: <strong>Was this in the past 3 months?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule Follow-Up

- **Address Lethal Means, Safety Planning, Schedule Follow-Up**

### Evaluate Hospitalization

- **Hospitalization, Address Lethal Means, Safety Planning, Schedule Follow-Up**

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**Suicide Safer Care: Suicide Prevention in Primary Care**

28
Suicidal Ideation

Method

- “Have you been thinking about how you may do this?”

Intent

- Have you had these thoughts and had some intention of acting on them?”

Plan

- Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?
Protective Factors

What are reasons you would not die by suicide today?

Some common protective factors:

- Kids
- Family/spouse/parents
- Pets
- Religion
- Job
What is Safety Planning?

The Safety Planning Intervention consists of a written, prioritized list of coping strategies and sources of support that patients can use to alleviate a suicidal crisis.
The Minimum: What to Do

• Before the patient leaves your office, add the National Suicide Prevention Lifeline or Crisis Text Line in their phone.

• Call 1-800-273-8255.

• Text the word “hello” to 741741.

• Address guns in the home and the patient’s preferred method of suicide.
NowMattersNow.org Works

Website visits are associated with decreased intensity of suicidal thoughts and negative emotions. This includes people who rated their thoughts as “completely overwhelming.”
SuicideIsDifferent.org provides suicide caregivers with interactive tools and support to:

- Learn About Suicide
- Process Your Feelings
- Adapt to Change
- Set Safe Boundaries
- Talk About Suicide

“I’m a suicide caregiver and this is exactly what I didn’t know I needed! Thanks for reminding me to take care of myself.” - Suicide Is Different User
Safety Plan

NowMattersNow.org Emotional Fire Safety Plan

Select boxes that fit for you. Add your own. Form is based on research and advice from those who have been there. Visit nowmattersnow.org/safety-plan for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

Direct advice for overwhelming urges to kill self or use opioids

— Shut it down —
Sleep (no overdosing). Can’t sleep? Cold shower or face in ice-water (30 seconds and repeat). This is a reset button. It slows everything way down.

— No Important Decisions —
Especially deciding to die. Do not panic. Ignore thoughts that you don’t care if you die. Stop drugs and alcohol.

— Make Eye Contact —
A difficult but powerful pain reliever. Look in their eyes and say “Can you help me get out of my head?” Try video chat. Keep trying until you find someone.

Things I Know How To do for Suicidal Thoughts and Urges to Use (practice outside of crisis situations)

- Visit NowMattersNow.org (guided strategies)
- Opposite Action (act exactly opposite to an urge)
- Paced Breathing (make exhale longer than inhale)
- Mindfulness (choose what to pay attention to)
- Call/Text Crisis Line or A-Team Member (see below)
- Mindfulness of Current Emotion (feel emotions in body)
- “This makes sense: I’m stressed and/or in pain”
- “I can manage this pain for this moment”
- “I want to feel better, not suicide or use opioids”
- Notice thoughts, but don’t get in bed with them
- Distraction:
# Patient Safety Plan Template

## Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

## Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. 
2. 
3. 

## Step 3: People and social settings that provide distraction:

1. Name: __________ Phone: __________
2. Name: __________ Phone: __________
3. Place: __________ 4. Place: __________

## Step 4: People whom I can ask for help:

1. Name: __________ Phone: __________
2. Name: __________ Phone: __________
3. Name: __________ Phone: __________

## Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name: __________ Phone: __________
   Clinician Pager or Emergency Contact #: __________
2. Clinician Name: __________ Phone: __________
   Clinician Pager or Emergency Contact #: __________
3. Local Urgent Care Services:
   Urgent Care Services Address: __________
   Urgent Care Services Phone: __________
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

## Step 6: Making the environment safe:

1. 
2. 

---

The one thing that is most important to me and worth living for is: __________
Safety Planning

• Can the activity happen all times of the day and all times of the year?

• Call someone from the patient’s team. “Sarah and I would like to speak with you; she has listed you on her suicide safety plan.”

• Be creative – Walmart!

• How can we keep you safe today?
Lethal Means Reduction

- Temporary
- Matter of Fact
- Standard Practice
- Safety Approach (Public Health!)
- Preferred method is important to know and note
Lethal Means

• How much medication is in your home? (neighbors, family)

• Medication boxes, family, individual wrapping, “pill packs”

• Gun locks, boxes, family or surrender for holding

• The time to talk to the pharmacy is now
Caring Contact

Henry,

I don’t know you well, yet I am glad that you told me a little more about your life. I have lots of hope for you—you’ve been through a lot. I hope you’ll remember that and come back to see us.

With care,
Nurse Matt
Caring Messages

We asked over 1000 people. Here are the top results. Please use and adapt these any way you like for those you care about.

Dear you. Yes you! Remember that one time you felt connected to the universe. No one can take that away from you. It’s yours. — Ursula Whiteside

You may feel you don’t matter but you do. So, please let it evolve because the world needs you and your contribution. — Kristine Laaninen

If I could fill the world with more people who feel the world, I would. Understanding suffering is a heavy burden to carry, but you are never a burden for feeling it. — Nina Smith

This is part of a poem from Jane Hinchfield, “The world asks of us only the strength we have and we give it. Then it asks more, and we give it.” — Sara Smucker Barnwell

I was trapped in the Dark Place: Drowning in it. Lost in the fog. Sinking in the quicksand. Unable to get out. Slowly, slowly, slowly. I am. You might be able to too. Just get through today. — Amy Dietz

Things can be completely dark for some of us sometimes. I don’t know where you are at today, or if this message can shine through, but I’m here sending you a tiny bit of light - a light beam. — Ursula Whiteside

Wishing to be rid of pain is the most human of impurities. You are brave to hold that. You are worth so much. Because you exist. And breathe air. Contingent on nothing else. — Sara Smucker Barnwell

Live. If only, at times, because it is an act of radical defiance. — Ursula Whiteside

Your story doesn’t have to end in this storm. Please stay for the calm after the storm. This is possibly a rainbow. Maybe not tomorrow or next week, but you can weather this. — Breanna Laughlin

I’ve been there - that place where you’d do anything to stop the pain. It’s a dark, suffocating birth canal to a better place. Life changes can suck, but nothing ever changes sucks more. — Kathleen Bartholomew

This is a favorite line from Desiderata, “you are a child of the universe, no less than the trees and the stars: you have a right to be here.” — Andy Bogart

Please don’t stop fighting. You are being prepared for something far greater than this moment. — Breanna Laughlin

Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light. — Debbie Reisert

I’ve found this Franklin D. Roosevelt quote helpful. “A smooth sea never made a skilled sailor.” We’ll be prepared for something bigger. — Ursula Whiteside
# Caring Messages

<table>
<thead>
<tr>
<th>Ursula Whiteside</th>
<th>Kristine Laaninen</th>
<th>Daniel DeBrule</th>
<th>Breanna Laughlin</th>
<th>Debbie Reisert</th>
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<td>Dear you. Yes, you! Remember that one time you felt connected to the universe. No one can take that away from you. It's yours.</td>
<td>You may feel like you don’t matter, but you do and see no future. Yet it is there – please let it evolve because the world needs you and your contribution.</td>
<td>When things have been rough, I think of things or touch items that give me a sense of pride, joy, encouragement, or hope. Sometimes memories that remind me I'm okay and things often change quickly. I don’t know if that would help you.</td>
<td>Please don’t stop fighting. You are being prepared for something far greater than this moment.</td>
<td>Just like winter, the long dark days slowly get shorter until there is more light than dark. Please believe this while you wait to see the light.</td>
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Questions?
References


Thank you!

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How To Claim Credit

Simply follow the instructions below. Email LearningCenter@psych.org with any questions.

1. Attend the virtual event.
2. Submit the evaluation.
3. Select the CLAIM CREDITS tab.
4. Choose the number of credits from the dropdown menu.
5. Click the CLAIM button.

Claimed certificates are accessible in My Courses > My Completed Activities