

My name is Julie van Ommeren. I am a non-traditional undergraduate student at the University of Mary Washington. I have created a special major called Advocating and Mentoring that is about understanding the connections between individuals, society, and society institutions such as education, business, and government. My course of study is based in sociology and psychology. It also includes courses in business, special education, economics and communication with the end goal of being able to advocate for the individual from the perspective of the institution for the benefit of society. The idea for my major came from the frustrations in the experience of being a mother with special needs children.

Additionally, I have dealt with suicidal thoughts and ideations since childhood. I am a survivor of the multiple suicidal attempts that I have made over the course of my life. I am also the other type of suicide survivor; my son died from suicide in 2016. He was only 19 years old. This led to an extensive research into suicide. I learned that suicide rates are rising in demographics across the board. Suicide is the second leading cause of death among college students. There are lies about death that are embedded deep into our society including our mental health system. These lies are the basis of current suicide preventions and there are better ways to prevent suicide. I realized that to prevent suicide the choice to live has got to be the easier and better choice than the one to die. I created three tools that can be used to help make life an easier choice. My thesis is that these are tools that **you** would use to your benefit, but I need your help to know if this is true. I am asking for you to please review these tools and provide feedback about your opinions of the tools. I want to know what you like and don't like about them. I also want to know if you needed additional information, or would like to see other things included. Most importantly would these tools help you and if so how were helped. If they wouldn't help, I would like to know why; and if there is something you think would help you, to please tell me.

These tools are part of a bigger program called a "Choose to Live". This program is a pro-active, self-focus suicide prevention program based in positive psychology with the idea of providing tools and components that promote coping and positive mental health well-being to the improvement of outlook on life and in the prevention of suicide.

Your feedback will not only be used to determine the direction of this project, which is my capstone project for my major. More importantly, I will be using it in the development of tools, elements of components, and in the promotion of this new program and idea called "Choose to Live"

I want this program to have the best possible benefit to the individuals within society, the society as a whole, and to the clinicians and professionals in being able to use it within their practice. This shows we are all connected to society and to each other and I KNOW that is because:

LIFE SUCKS! However, by Working Together....We Make It Better!!

Developmental Resiliency in Children- Parental Guideline.

Tool Introduction:

Suicide prevention needs to start at birth with helping parents raise resilient children able to cope with the changes, disappointments, and array of feelings that come with living life. This is the first portion of a three-point plan. The idea behind this point of the plan is that to be resilient in life first requires being able to cope with life. We don't have the ability to cope with life without first having the skills for doing so. The more skills and mastery of those skills we have to cope; the better our ability and the more resilient we are in life. Coping skills start at birth with their mastery being by learning that world is safe. The child has learned to trust their caregivers and has a positive attachment to them. This is the foundation of our resiliency and the very first block for developing coping skills. The development of coping skills start out as blocks and as children develop both physically and emotionally; they gain skills in speech, gross motor, and fine motor they also gain coping skills. The development of coping skills in babies lays the foundation for improvement and mastery in toddlers. As toddlers start developing new skills; they will become the foundation for preschoolers. Each age group becomes the foundation for the next. This guideline serves to illustrate the coping skills of each age group and offers development appropriate actions for caregivers to teach and promote the development of positive coping skills in their child to improve the child's ability to cope with life making them more resilient. As their ability to cope with life in a positive manner improves there will be fewer meltdowns and undesirable behaviors to negative situations. It is important for caregivers to remember that your child is learning from you. They are watching your every move. They are going to do exactly what they see you doing. If you throw something in anger, they will do the same. The Best thing caregivers can do for their child is let them see you handle negative emotions in a positive way. Show your child(ren) behaviors you want them to have. This starts with caregivers taking inventory of their own responses to negative situations and their own abilities to cope which is covered in the next points. Parents you know your child best, the care giver actions are just ideas that might work for you and your child. However, each child and situation is different so feel free to adapt them to fit your needs, and I strongly encourage using them as starting point in which to brain storm for your own ideas to try.

The Developmental Guidelines

Infants-

O to 3 months old - Crying and Facial Expressions

Crying and facial expressions are an infant's first coping skills. Crying is used to alert caregivers of a baby's needs to be fed, changed, or cuddled. Also, by reading facial expressions caregivers can tell if a baby is content, out-of-sorts, or uncomfortable. Infants also use crying and facial expressions to alert caregivers of pain and/or illness

4 -6 months old

As a baby's communication skill develop coping expands to include sounds and gestures. Babies coo in contentment and fuss or whine when distressed. They will stretch out their arms indicating they want to be picked up, and point to desired objects

7-12 months old

As they develop physically they become more self-reliant and can retrieve the desired item themselves. This self-reliance leads to more coping options.

Caregiver Actions- Responding to a baby's cries is essential to building the needed trust that world is safe. Talking to babies not only helps to develop language, but lays the foundation to build on in teaching them to recognize their feelings. If a baby is crying because of hunger, tell him he is hungry and bottle is coming. Maybe, he is frustrated because it is taking too long. Tell him you know waiting is frustrating but a part of life. They won't know what you are saying at first, but recognizing feelings is the first steps to coping with them, and naming them is the very beginning of this recognition.

Young children are also easily distracted changing positions, activities, or scenery are great coping strategies for both caregivers and child.

Toddlers- ages 1-2 years old

Strong feelings are very scary for young children and fuel strong emotions. Toddlers also experience feelings of anger, anxiety, fear, sadness, and are easily overwhelmed by life.

Care Giver Actions - Continuing to put names to feelings makes them more manageable and less scary. Also build on this as communication skills develop. Describe to them anger and other feelings as they arise. Giving feelings colors and shapes as you would imagine them to look provides a picture. This picture makes them less abstract to a child and less scary. Also, start describing feelings in terms of their physical responses and effects. Example: nervousness causes sweaty palms and feelings of butterflies in the tummy. Just describe what you feel physically when experiencing the same emotion as the child. Example: when I am angry, my face feels hot.. do you feel that? Everyone has different physical reactions. This lays the foundation in helping to recognize feelings and their own responses to them.

Toddlers are easily distractible and changing activities or introducing a new or favorite activity is a great way to help them cope. Bubbles are great for this age. Not only are they great for distracting but can be

introduced to practice deep breathing as they learn and are able to blow them. Also finger plays, stories, and songs can be a great distraction and coping mechanisms for this age in public.

Preschoolers/ younger children – Ages 3 to 6 years

Preschoolers are more focused and not as easily distracted as infants and toddlers.

However, they are able to communicate, draw, and describe their own feelings. This is the age when you can demonstrate to the child what you do when feeling similar emotions. They are also able to describe feelings and physical responses asking them to do so continues to build on the recognition of feelings and their own unique physical responses towards them.

Care Giver Actions - Taking them for a walk when angry, or tearing up paper. Demonstrate and have them take deep breaths to calm down. These kids are learning to count so practicing counting to calm down may help. Remember every child is different as is every situation. Think of coping skills as tools in a toolbox. The more you have the easier it is to find something that works

Older Children – Age 7 to 9 years old

All the foundational blocks for coping are in place. They can recognize their feelings and have been taught strategies to deal with them. They are becoming more independent and friends are more important. They all feel stress from school, their activities, and their friends. They are starting to experience stress from life more similar to the adult world. They are starting to learn which strategies work better for them, and can understand the stop sign of the second point and using it as a tool to help self regulate their own feelings. They can also be taught about journaling, and are developing more advanced friendships and activities to use for coping.

Care Giver Actions- introduce them to new activities like dancing, cooking, sports, and music. Help them find something they love doing and promote social connections. Introduce them to meditation, yoga, and provide journaling materials. Introduce and teach them the coping strategies of the second point. Share and teach your own coping strategies and stress relievers. Point out when strategies work and help inventory them. Also, should one no longer work; point it out to them. Promote positive communication with them by asking open ended questions about their day and their interests. Spend time with them by doing their choice of activity. Find ways to participate with them in their favorite activity. Nothing will communicate to them of their importance to you like doing something they know you hate just to be with them because it is something they love doing. Continue to do this throughout the tween and teen years and as their favorite activities changes. Now is the time to lay the ground work to have the relationship you want for the tween and teen years . Begin meeting with them in their rooms on a regular basis for the discovery of their dreams, desires, fears, worries, and to assess their moods. Don't wait for them to come to you with their problems or for problems to manifest into poor choices and bad behavior. Go to them and make yourself available to them. Also, these regular meetings are the time to bring up your own concerns with them Most importantly don't just listen with your ears use your heart as well.

The Tween Years- age 10 to 12 years old

The opinions of their friends are more important to them than the opinions of parents and caregivers. It is more important to them to belong to peer groups and fitting in with those groups. Their need to belong is so strong that they are easily peer pressured and will follow the group even at the expense of their own and their family's values and moral. Friends are becoming more important than family which will only be getting worse as teens .

Care Giver Actions- it is vital to have an open line of communication with Tweens. They need set boundaries and limits. The need to know that there are consequences for their choices and actions. Charts are a visual reminder of your expectations, and acceptable behavior as their parents. It also reminds them that choices and actions have consequences. Having this chart puts the responsibility of the consequences for actions on the child instead of parents being responsible for the punishments. Kids know and weigh the cost of each of their actions. Parents must constantly apply the consequences of the action to the bad choice that was made. Also, listing desirable behavior with a reward also helps children feel secured and empowered as they are learning to make good choices, the costs, and the value of their actions. Tip: Consequences need to match the seriousness of the infraction, and rewards to need be something you are able and willing to do. Don't promise a Disney vacation for straight A's if you are not able to afford it. Parents have to keep up there end of the deal when applying fair consequences and rewards. Ideally, parents and children will have agreed before hand on appropriate consequences and rewards before the behavior infraction.

The Teens- The teen years are an extension of the tween years but includes adjustments towards independence similar to the toddler years. Teens are no longer children, but aren't quite adults. There is a inner conflict between wanting to stay a child and wanting to be an adult. They will just as easy stay and join into adult conversations as run around and chase younger kids. They are often moody and unpredictable. They are figuring out who they are as a person and their place within the world. The adults within their world from teachers, parents, church leaders, and extended family all have a role in guiding children through the teen years leading them towards becoming an adult.

13 to 15 years – The beginning teens are developing interests in relationships with those they find attractive. They are capable of taking on more adult responsibilities, but need limits to ensure they only take on responsibility that they are ready for, and aren't over burden by to many. Just because they are capable of making straight A's while being the captain of a football team and volunteering every weekend, and get all there household chores done to include looking after younger siblings every evening doesn't mean they are not stressed or that they are handling it all well mentally and/ or emotionally.

Care Giver Actions: Parents need to be mindful of all of the child's activities and responsibilities. Don't encourage your child to participate in more activities but teach them to say no and only participate in extracurricular activities they care about and enjoy. If there are activities that you feel are important than share your concerns and create plan that is suitable for you both. Kids will do whatever they THINK will make parents happy to please them. Parents please take care to ensure that your expectations are both reasonable and manageable. Continue the charts of consequences adjusting for new privileges and responsibilities with consequences for failure to meet the agreed responsibility.

16 to 19 years old – Older Teens -Dating, Driving, First Jobs, School Dances, Proms, more Social Activities, college preparation, and high school graduation are all hallmarks of this age group. They are starting to take on more adult roles as they are becoming adults. They will be confronted with hard choices. Should they ride in a vehicle with an impaired driver, what if it is late or their only way to get home? The circumstances surrounding the situations they find themselves make it difficult for them to find the right choice. Preparing teens for these new situations includes discussing different possibilities within different scenarios to help them make the best choices.

Care Taker Actions- Parents, remember teens aren't yet adults. They are learning how to become adults. They are going to make a lot of mistakes each in itself is its own learning experience. They are not just learning from the mistake of their actions. They are also learning about your reactions to their mistakes. They are learning if there will be lasting grudges and anger from mistakes which will lead to hiding, lying and keeping secrets of future mistakes. This could lead to feelings of self loathing and the consequences of which may lead to suicide. However, approaches of calmness, love, support and understanding that they are still learning to be adults in the wake of horrible mistakes builds trusts as they learn the world is indeed safe and no matter how big or bad the screw up their parents will love and support them helping to creating confident, happy, and well adjusted adults.

Note: The adult brain is not fully formed into 25. Young adults are legally able to be adults. However, their brains aren't fully capable of it. Society hasn't caught up with the biology and we all believe 18-25 are fully capable logical adults. However, their willingness to take risks and belief in that nothing bad will happen indicate this lack of development and a need for parents to be a source of reason and logic to keep their kids safe and talk them out of bad ideas. Heck, for that matter regardless of age children may always need and/or want their parents.

Coping skills and ideas for Adults- See the second and third points

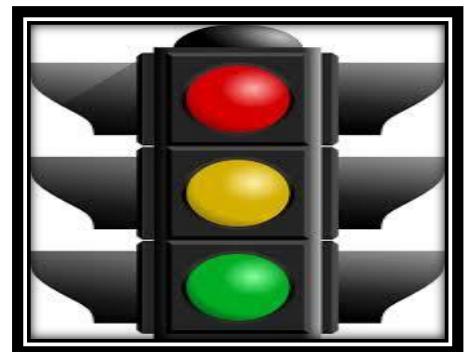
Tool Introduction: This is the second point of the program. It is based on using a stop light for the self-regulation of our own state of well-being. The goal is to be in the green zone. This tool also provides actions to take when in the yellow or red zone to get back into the green zone. The third -point is the final tool within this program. It is an action plan and a substitution for a developed suicide plan. It is the course of action for the red zone or a crises situation when we are no longer in control of our thoughts and actions. These tools as they stand are meant for teens and adults. The action plan tool will be made more developmentally appropriate for elementary school students and again for middle school students. The self regulation- stop light will be made more developmentally appropriate for preschoolers but will not include the action plan.

FEELING ZONES – STOP LIGHT

GREEN - This is where we want to be as it is a state of calm, happy, contentment.
The goal is to stay in this zone.

Think - What is your green zone ?
What activities are you doing that bring about Peace, Joy, Well-Being, Calmness, focus, and Contentment? Write those

What are your thoughts in the green zone?
Write those.



What other feelings do associate with being “good to go” and also what you feel physically when all is well.

Write these

Also, keep adding to your list anytime you are “good to go” write down any new action, thought, or feeling you have while in this zone. This builds your toolbox and you will have more options available to you when you need them.

YELLOW - WARNING!! NO LONGER in GREEN ZONE

The yellow zone means you are in a heightened state of alert. You are still in complete control of your thoughts and actions. You might be feeling fear, anxiety, stress, anger, frustration, excitement, annoyance, or nervousness. It is anything but the happy, calm peacefulness of the green zone but still in complete control of yourself.

ACTIONS – Once you notice you are no longer in the green zone take immediate action to get back to the green zone. Start with those thoughts and actions that you have when in the green zone. (You wrote them down.)

Additional Ideas: Walking/Exercising, Writing/ Journaling your feelings and why you have them and/ or what is causing them, meditating, deep breathing. Think of a place that you are the happiest describe it in great detail using all five senses and picture yourself being there, a warm bath, my favorite is staying in the here and now. When I start feeling anxious or overwhelmed I take account of where I am using the 5 senses to guide me. So, wherever you are right now, take a look around and make a mental note of everything you see. Then make a mental of everything you hear smell, physically feel against you, smell, and taste as you finish one moving on to the next. This is easy to do anywhere.

Be willing to share your coping strategies with others so we will have a huge collection of tools in our tool boxes.

Also, remember that temporary environmental factors like a huge project due at work, arguments with and between friends and family, medical issues, and the like that are short term stressors- over in a few weeks or less- are going to keep you out of the green zone. It is important in these situations to recognize that as long as you maintain control of your thoughts and actions you are fine, and you will be back in the green zone once that situation ends or is resolved. It is also important to be extra kind to yourself during these times and indulge in favorite treats and activities. These situations are high stress so do everything you can to lower your stress level in other areas of your life. If it is a high stress family situation compensate for it by doing what you can to lower your stress at work. This could be a reduction in hours, projects, or giving yourself more breaks. Take a lunch break if normally don't. Don't take on additionally responsibility if it can be avoided. Socially don't commit yourself to more responsibility during these times say no to running that bake sale. That annoying friend that you only hang out with because she is a part of you group. Tell her no as well when she asks to hang-out. Do everything you can relieve some of your stress and stressors.

RED ZONE- STOP EVERYTHING NOW!! CRISIS SITUATION!!-

Once you are no longer in control of your thoughts or actions you are in the red zone!! Immediate action needs to be taken to prevent someone or something from being hurt.

REMOVE YOURSELF FROM THE SITUATION IMMEDIATELY and CALL The SUPPORT PEOPLE WITHIN YOUR PLAN. NOW IS THE TIME TO USE YOUR PLAN to LIVE.

DO THIS BECAUSE - YOU MATTER!!!

And I know YOU MATTER!!

Tool Introduction: This is the third and final point of the program. It is the Plan to Live. It is an alternative to a suicide plan. It is your individual plan and tailored to fit your needs. Before you can develop your plan ideally you must first identify 3 support people that would be there for you during a crisis. You at least need one support person and the more you have the better. It is to be developed with the help of each individual support person.

A PLAN to LIVE – YOU MATTER!!

The purpose of this plan is to help facilitate difficult conversations with our support people and work together with them on a course of actions to keep everyone safe during the red crisis zone situation

This plan is to be developed with your support person before there is a crisis. The crisis situation is about losing control and that looks different for everyone and is dependent upon the issue and needs. Someone with an anger control issue could use this tool by going to their support person and saying “I get so mad and really struggle with controlling my anger; I am really scared that I will hurt my child.” The agreed upon action in this situation could be that the support person would help identify the anger triggers and once triggered they are to be called so they can take the child.

PREVENTING SUICIDE

Again, the plan of action is going to look different for everyone.

Some possibilities of how this could look: a support person could come to your home and stay with you to ensure your safety by removing potential hazards or weapons. The plan could be that you will go to the support person for safety, watch favorite movies so the support can monitor the situation as you have agreed to a thought of suicide without any intent would be best handled by this course of action. The agreed upon plans of actions are going to be different with each support person as they have to

be something the support person is comfortable doing and also meet your needs. Once you have your three supports number them 1 – ? with one being the course of action you like best. This will be order in which you will contact your support when in the red zone in case your first choice is unavailable at the time, and do not limit yourself to just three. The more you have the better your options and the bigger your tool collection in your tool box.

YOUR SUPPORTS

NAME	PHONE NUMBER.	ADDRESS	AGREED UPON PLAN OF Action
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1.

2.

3.

Also list your favorite/ best strategies that you used in the yellow zone that got you back in the green. Now is not the time for trying to remember them or trying something new. We are not thinking clearly in these crisis situations and being able to implement the tried and true strategies from a list as fast as possible is imperative.

A Personal Example of The Plan to Live illustrating the tool.

My support person – husband #1

Agreed Course of Action. He tells me when he is concerned by behaviors. I tell him when there are changes in thoughts. Together we inventory thoughts to assess my condition to determine if emergency treatment or an appointment is necessary

Staying in the here and now, escaping mentally to my favorite place, play a game on my phone.

The Developmental History of the Plan for Life Program

I have chronic suicidal thoughts and a will develop suicide plan within my head; that I don't share. It is just waiting to be triggered and put into motion. I have made multiple attempts throughout my life starting from middle school with thoughts of suicide beginning in elementary school. I have thought so long and hard about suicide that it developed into a "normal" brain pattern for me. It is my first go to thought when overly stressed and overwhelmed by life.

The summer after my 19 year old son died from suicide; I went into a downward spiral of depression; that had an intent to not cause an immediate end to my life, but would rather cause enough harm to myself that my over all life span would be shortened. This episode started in May and got worse over time. It took until October for the ending of it to began. The ending started when I finally had enough courage to share with my husband my true thoughts, feelings, and actions of what had been going on with me over the past several months. His concerns for me grew as he watched me helplessly spiral downward out of control. The years have allowed me to hone the craft of avoidance in sharing anything about my true condition regarding to suicide, anxiety, and depression. It took until October for my self-harming behavior to take a toll on my health and it did create lasting consequences in my health. However, it was these physical consequences that allowed me to open up and be honest with my husband so he could assist me in getting help. After I received treatment and was feeling better, we had very open and honest discussions about what we could do together to avoid having a similar incident happening again in the future. In my Plan to Live my husband is my first support contact and our agreed upon course of action is: I will tell him when my intent to act on thoughts increases or if I am thinking of acting on my thoughts. He will help me by telling me as soon as he is concerned by behavior changes that I am ignoring so that together we can take an inventory of my thoughts and assess my condition so I can get the correct help as soon as possible. This is so much better than both of us waiting for me to "snap out of it" as I continue to get worse. In all these years of therapy and treatment (I was born in 1972) I finally have a

tool that I find to be very helpful. Just this reassurance of having his support with a course of action is such a relief and comfort to me. I don't worry about a crisis situation happening and the what ifs if it did. I don't have to hide this dark side of myself or worry about him finding out about it. We had an open conversation about what happened took pro-active measures for the future and because of that my anxiety and depression is reduced improving my outlook on life, there is finally a reduction in suicidal thoughts, and for the first time I experienced an excitement and peace from the prospect of getting to live life and not having to live life. I only remember being excited to return to my Heavenly Father; and not having to deal with all the pain, suffering, and hardships of life.

These experiences as a suicide attempt contemplator and survivor combined with the experience of my son dying from suicide led to The Plan for Life. After my son's death I dove into researching everything I could about death and suicide so I could understand why the suicide prevention training that I and my husband have received failed. I also needed to understand death as it was now part of my son's life. I used both a psychological and a sociological perspective in applying my research to my son's life to better understand his death. Then I applied all of this new information to my own experiences with suicide and as a suicide attempt survivor. Only then did I realize that the current suicide prevention strategies are based in avoiding death to promote life. The implication being that there is no risk of suicide to the "self," and it is only everyone else that is at risk. Every person that has died from suicide was also a "self." There is no self-prevention suicide prevention strategies to help stop ourselves from acting. The focus of prevention strategies is on others. It places the onus of prevention on someone else getting the necessary help for someone in need. However, we can't control the choices and actions of someone else, yet it is our responsibility to get them help, but we are not responsible for the outcome. It can't be both ways, as long as, the onus is on someone else for help in order to prevent suicide, that since of failure and guilt will exist among the survivors. Additionally, the only person we have any control over is ourselves, yet suicide preventions offer nothing to help stop ourselves from attempting suicide or help recognize changes in thought and feelings to avoid a crisis.

Current suicide preventions are based on embedded cultural myths that are a fabric of our society. These are the same myths that fail to use the words "death," "dead" or "dying" in condolence cards. That cause funeral directors to make our dead loved ones look like they are sleeping. That cause parents to go to great lengths to shelter kids from death. All of

these are based on this embedded fear of death and that the only way to promote life is by avoiding death.

The truth is life cannot be promoted by avoiding death, and the recognition and discussion of death does not prevent life. Life and death are not opposites, but are on the same side of the coin. Neither can exist without the other. Every time we avoid death; we also avoid life; as our efforts to avoid death mean we missed an opportunity to experience life. Death ends one life and that one life that ends hurts us deeply, however, unnecessary it seems for that one life to end. It is necessary that each life does end so life can continue. The reality is death actually promotes life as it allows for the continued existence of life. If it wasn't for death there wouldn't be any new life. Death is really a tool to use to make life richer and sweeter. When we change the important focus of life from being one of quantity to one of quality, then death only improves that quality as we use it to gain the most from life.

Since childhood I have viewed death as being a better option than living life. This only begun to change last year (2018). Contemplating suicide is nothing more than choosing the best option between living and dying. The most effective suicide preventions would focus on making the choice of life the easier and better option over death. This starts at birth with positive coping skills and mastering the ability to use them effectively, having strategies for staying in the green zone, and a crisis plan focusing on life readily available when needed. It is my experiences as a being a survivor of both types of suicide that led to the Plan for Life program. It helps others to make the choice to choose life by providing the necessary tools to stop themselves from taking actions to cause suicide.

Our current suicide prevention programs only teach us how to support those that are suicidal, and that is very important as it makes life a better option, but making life a better option is not enough. The only way suicide is going be stopped is by making the option for life better than the option of death. This includes all of the supports in current suicide prevention, and everything else that is available to us to help make life great. The greater our option is for life and the worst our outlook is of the option of death, the lower our risk of suicide. Let's create and have the lowest risk possible for ourselves and each other.

This starts by thinking in terms of stopping suicide and not just preventing it. We need to stop ourselves and others from taking actions that lead to suicide. We are horrible at recognizing the reasons and changes in our own behavior. Preventing suicide with strategies expecting us to do this for someone are failing as it is neither preventing nor

stopping suicide. We can't prevent suicide if there are no recognizable changes. We can't prevent suicide when there is no mention of suicide. We can't prevent it when there are no signs and subtle signs are missed. We need to have actions for stopping it and taking actions to stop it. We need to stop trying to prevent suicide and start acting on stopping it.