CO/PC671 Suicide Prevention for Professional Caregivers
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Office hours: over lunch and after class

“Even Christians can, and do, take their own lives.”

“Most suicides, although by no means all, can be prevented.”

“As a society, we do not like to talk about suicide.”

Course Description:
The goal of this course is to introduce the student to all relevant and basic aspects of suicide prevention for professional caregivers including chaplains, counselors and other clergy. Specific aspects of suicide prevention that will be emphasized include (1) the unique role of faith communities and clergy caregivers in protecting individuals and communities from suicide, and (2) the development of a theology of suicide, (3) helping the student develop understanding and skills needed to help suicidal individuals, individuals who have attempted suicide and their family members, and the family members and a faith community following a suicide death, and (4) an understanding of the importance of postvention for the community and self-care for the professional caregiver.

Course Objectives:
• The student will be able to list diverse attitudes toward suicide, diverse theologies of suicide and diverse theories of suicide.
• The student will be able to explicate a personal theology of suicide.
• The student will be able to list unique suicide prevention activities of clergy, counselors and other professional caregivers.
• The student will demonstrate suicide risk assessment and intervention skills.
• The student will develop response protocols for use in a community following a suicide as well as self-care for the professional.

Instructional Methods:
Instructional methods will include lecture, guided discussion, small group discussion, case discussion, demonstration, role-play, and paired practice.

Disability
Gordon-Conwell Theological Seminary (GCTS) is in compliance with the provisions of the Americans with Disabilities Act. If you have a disability, which meets GCTS' Disability Accommodation Policy, first inform Student Life Services in writing. Then discuss with your professor the disability requiring accommodation.

This syllabus is subject to change.
CACREP
The objectives of this course are designed to meet the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) requirement of Section 2, F, 5 relating to a core component of Counseling and Helping Relationships:

1. suicide prevention models and strategies

And the CACREP requirement of Section 2, F, 7 relating to Assessment and Testing:

c. procedures for assessing risk of … self-inflicted harm or suicide

Required Texts


Read 1,000 pages total from these lists and the required texts


Chapter: “A Theology of Death and Dying.” Dennis P. Hollinger


This syllabus is subject to change.


**Lived experience with Suicide**


This syllabus is subject to change.


**Websites**


Boy’s Town Hotline [http://www.boystown.org/hotline](http://www.boystown.org/hotline)


Mennonite Media’s Fierce Goodbye website [http://store.mennomedia.org/Fierce-Goodbye-P978.aspx](http://store.mennomedia.org/Fierce-Goodbye-P978.aspx)


National Organization for People of Color Against Suicide (NOPCAS) [http://www.ncsp.org/nopcas.html](http://www.ncsp.org/nopcas.html)

National Suicide Prevention Lifeline [http://www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/)

Organization for Attempters and Survivors of Suicide in Interfaith Services (OASSIS) [http://www.ktullis.com/OASSIS/OASSIS.htm](http://www.ktullis.com/OASSIS/OASSIS.htm)

Samaritans [http://samaritanshope.org/](http://samaritanshope.org/)

Suicide Anonymous [http://www.suicideanonymous.net/](http://www.suicideanonymous.net/)


The Jed Foundation [https://www.jedfoundation.org/](https://www.jedfoundation.org/)

What a difference a friend can make campaign by Substance Abuse Mental Health Services Administration [http://www.whatadifference.samhsa.gov/](http://www.whatadifference.samhsa.gov/)

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Requirements
Students are expected to attend all classes and to participate actively. Students will discuss all absences with the instructor. Absences of more than 2 hours may result in additional assignments or a grade penalty depending on the number of absences.

Students will complete all reading and other assignments ON TIME. If life intervenes to prevent you from turning in an assignment on time, I will honor your prioritization of your life over schoolwork and the grade penalty is 1 point per day including weekends with no late assignment accepted more than 1 week late. Walker Percy said, “You can get straight A’s and flunk life.” Choose life and incur the grade penalty.

Assignments

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Theology of Suicide</td>
<td>25</td>
</tr>
<tr>
<td>Observer Report</td>
<td>10</td>
</tr>
<tr>
<td>Presentation of Suicide Prevention Activity</td>
<td>30</td>
</tr>
<tr>
<td>Response protocol</td>
<td>20</td>
</tr>
<tr>
<td>Reading (1,000 pages) + 5 websites</td>
<td>10</td>
</tr>
<tr>
<td>Read CAMS before class</td>
<td>5</td>
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</tbody>
</table>

1. The Personal Theology of Suicide is a double spaced 4-6-page statement of the student’s own theology of suicide, which will be amply supported with scriptural references. Moral objections keep some people from suicide but do not provide theological arguments for not taking one’s life and being with the Lord now. Therefore, include a theology of life (why live?), a theology of suffering (why live in a broken world full of suffering?), and a theology of community (can anyone ever be a burden?)

2. The Observer Report is an observer’s write-up of an analysis of a Suicide Risk Assessment in a triad, where one student is the caregiver, one is a suicidal person and one is the observer. Students will rotate in their roles, so as to allow for learning from all perspectives. The report reflects the observer’s analysis of the suicide risk assessment session.

3. The Presentation of a Suicide Prevention Activity will be a 20-minute final presentation to the class as if the class were a faith community or a part of the faith community such as a youth group or other organization like a school or counseling center. The activity
could be a sermon on choosing life or a youth group activity on building a Hope Kit or a suicide funeral message or a school activity on reasons for living, or caring letters to a suicidal counseling client, or a presentation to counselors on suicide prevention, or a handout for suicide survivors. Post a handout so that other students can replicate the activity. See rubric below.

4. The Response Protocol is a 3-5-page procedural manual on what your faith community or other organization like a school or counseling center will do both in an acute suicidal crisis and following a suicide. Make sure to mention what you will do for long-term care for survivors if applicable.

5. Annotated reading log of 1,000 pages and 5 websites will include the required texts and other resources from the additional reading list, including an annotated commentary on 5 websites. Write a 100 to 150-word evaluation of each book and website. An annotation is a summary and/or evaluation. Therefore, an annotated bibliography includes a summary and/or evaluation of each of the sources.

Course Outline with Assignments (summer intensive format)

June 4 Introduction to the issue of suicide, prevention and skill development; myths about suicide; attitudes and cultural beliefs about suicide; theology of suicide.

June 5 Protecting against suicide through community building, preaching and teaching; theories about suicide; evidence-based interventions.

June 6 Intervention: Screening; referrals; crisis lines; legal considerations; CAMS; self-injury; helping someone who has attempted and family members.


June 7 Postvention: Funerals and memorial services; caring for survivors and communities through protocols; managing contagion and clusters; caregiver guilt and self-care.

June 8 Student presentations

July 9 4pm Turn in all assignments (Personal Theology of Suicide, Observer Report, Response protocol, and annotated reading).

This syllabus is subject to change.
OBSERVER REPORT

Name:___________________________    Date:_____________
Caregiver:___________________________   Suicidal Person:________________________

1) Summarize briefly the caregiving session: How did it begin? What were the main issues? What was the mental state of the suicidal person?

2) Describe the conduct of the caregiving session. Include attention to non-verbal cues, themes and transitions. Any particular difficulties encountered in the process? What interventions were used?

3) Describe to the best of your abilities the suicide risk level of the suicidal person and whether the caregiver was able to discern risk and match the intervention to the risk level.

4) How was the caregiving session concluded? What plans were made for follow-up?

5) What did you learn about yourself as a caregiver as you observed the session?

6) What suggestions did you share with the caregiver during the debriefing session?
## Presentation Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Criterion</th>
<th>Not Evident 0</th>
<th>Needs Work 1</th>
<th>Good 2</th>
<th>Excellent 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation style</td>
<td>The style strikes a balance between formal and colloquial. The style demonstrates confidence through eye contact and voice projection.</td>
<td>The presentation style lacks confidence and is either too formal or too colloquial.</td>
<td>The presentation balances between formal and colloquial at times and some confidence is demonstrated at times.</td>
<td>Most times the presentation is well balanced between formal and colloquial approaches. Most times the presenter demonstrates a confident style.</td>
<td>The balance between colloquial and formal and the presenter’s confidence are evident throughout.</td>
</tr>
<tr>
<td>Organization</td>
<td>Presentation is well organized. Transitions between points are clear and easy to follow.</td>
<td>It is difficult to follow the point or meaning of the presentation.</td>
<td>Some transitions are unorganized and unclear.</td>
<td>The majority of transitions are well organized and clear.</td>
<td>Every transition is clearly made and well organized.</td>
</tr>
<tr>
<td>Scope</td>
<td>Includes 1-2 activities that are well-developed</td>
<td>Includes no activities or 7 or more activities and none are well-developed</td>
<td>Includes no activities or 5-6 underdeveloped activities</td>
<td>Includes no activities are 3-4 underdeveloped activities</td>
<td>Includes 1-2 activities that are well-developed</td>
</tr>
<tr>
<td>Handout</td>
<td>Handout is clear and useful for intended audience</td>
<td>No handout</td>
<td>Handout is either unclear or lacks usefulness</td>
<td>Handout is mostly clear and mostly useful</td>
<td>Handout is clear and useful for intended audience</td>
</tr>
<tr>
<td>Presence</td>
<td>Student is present for all student presentations</td>
<td>Student misses several student presentations</td>
<td>Student misses 2-3 student presentations</td>
<td>Student misses only 1 student presentation</td>
<td>Student is present for all student presentations</td>
</tr>
</tbody>
</table>
### Protocol Rubric

<table>
<thead>
<tr>
<th>Category</th>
<th>Criterion</th>
<th>Not</th>
<th>Needs Work 1-2</th>
<th>Good 3-4</th>
<th>Excellent 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both types of protocol are present</td>
<td>A protocol for both a suicidal individual and a suicide death are included</td>
<td>Neither is present</td>
<td>Either one or the other is missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Development</td>
<td>Each of the protocols are well developed with at least 10 steps each</td>
<td>Both have less than 5 steps</td>
<td>One of the protocols is underdeveloped with less than 5 steps</td>
<td>One of the protocols is underdeveloped with 9 steps or less</td>
<td>Both protocols are present and include at least 10 steps</td>
</tr>
<tr>
<td>Prevention, Intervention and Postvention</td>
<td>Includes a broad focus on all 3 strategies including long term care for survivors</td>
<td>Focuses on one strategy only</td>
<td>Focuses on 1-2 strategies</td>
<td>Focuses on all 3 strategies but 1 is cursory</td>
<td>Includes a broad focus on all 3 strategies including long term care for survivors</td>
</tr>
<tr>
<td>Usefulness</td>
<td>Protocol is clear and useful for intended audience</td>
<td>No Protocol</td>
<td>Protocol is either unclear or lacks usefulness</td>
<td>Protocol is mostly clear and mostly useful</td>
<td>Protocol is clear and useful for intended audience</td>
</tr>
<tr>
<td>Category</td>
<td>Criterion</td>
<td>Not Evident 0</td>
<td>Needs Work 1-2</td>
<td>Good 3-4</td>
<td>Excellent 5</td>
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<tr>
<td>Development of theology of suicide</td>
<td>A clear theology of suicide including suicide as sin, as forgivable, and the distinction between eternal security and fire insurance</td>
<td>Unclear and incomplete theology</td>
<td>One aspect of theology (e.g., suicide as sin) is developed but others (e.g., forgivable or not) are not</td>
<td>Mostly clear and well developed</td>
<td>A clear theology of suicide including suicide as sin, as forgivable, and the distinction between eternal security and fire insurance</td>
</tr>
<tr>
<td>Development of theology of life, suffering and community</td>
<td>A clear theology of why suicidal people should choose to live with hope in a broken world with suffering</td>
<td>Unclear and incomplete theology</td>
<td>One theology (e.g., life) is developed but the others (e.g., suffering, community) are not</td>
<td>Mostly clear and well developed</td>
<td>A clear theology of why suicidal people should choose to live with hope in a broken world with suffering</td>
</tr>
<tr>
<td>Scripture</td>
<td>All claims are supported by scriptural references</td>
<td>No Scripture support for claims is offered</td>
<td>3 or more claims are not supported by Scripture</td>
<td>1-2 claims are not supported by Scripture</td>
<td>All claims are supported by Scripture</td>
</tr>
<tr>
<td>Clarity of arguments</td>
<td>Arguments are clearly made</td>
<td>Arguments are difficult to follow</td>
<td>Several arguments are clear and several others are not</td>
<td>Arguments are mostly clear</td>
<td>Arguments are clearly made</td>
</tr>
<tr>
<td>Style</td>
<td>4-6 pages only Double-spaced Writing is clear and grammar is correct. Use complete sentences. APA or other style is used.</td>
<td>Not within page limit. It is difficult to follow the meaning of the paper. No attempt is made to use APA or other style.</td>
<td>2-3 pages too long or too short. The style is colloquial and not formal. APA style is attempted but is faulty at times</td>
<td>Within page limit. Generally clear and grammatically correct. Citations are in APA or other style in the text but the reference section is either missing or not in APA or other style.</td>
<td>Within page limit. Entirely clear and grammatically correct. APA or other style is used correctly throughout the paper.</td>
</tr>
</tbody>
</table>