



A Proposal for Hope and Healing

A Community Initiative to Reduce Suicide Attempt and Death in Washington County

Written and Proposed By

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In January of 2001, four days after attempting to end her life, a twenty-seven year old mother of two wrote the following. “When you start the New Year the way I have, there seems to be nowhere to go but up. Never would I have imagined finding myself at this juncture. I’m without answer to one question; at what point did I begin to lose touch with myself in such a way that I could consider death a suitable solution?” These are the words taken from my personal journal, written from within the walls of St. Joseph’s Hospital Mental Health Ward. As a statistic, I was one of 46 suicide attempts who were hospitalized that year (Wisconsin Department of Health Services, Self-Inflicted Injury-Related Hospitalization, 2014). In 2012, eleven years after my attempt, ninety members of our community were admitted as a result of a failed attempt to end their life. The sad truth is, our current statistics indicate that the numbers are not going down. Recently, I spoke with Deb DuFour, Program Manager of the Washington County Crisis Hotline. She shared that despite an expanded 24/7 mobile program in 2005, suicide related calls continue to be a rising concern. Unfortunately, the existence of a crisis hotline and psychologists specializing in suicide counseling, have not driven these statistics down. Individuals are still attempting and committing suicide. The development and implementation of a sustainable suicide awareness, support, and prevention program is needed in Washington County to reduce the effects of suicide on our residents.

Suicide. The topic itself raises many emotions, opinions, and difficult questions. It has been said that suicide is a permanent solution to a temporary problem. For those affected by a suicide attempt or death, the financial and emotional hardships are substantial and can be felt deeply across generational, racial, and social demographics. The reality is, Washington County is not immune to the realities of suicide attempts and deaths. A simple query on the Wisconsin Department of Health Services (2014) website reveals that from 2008 through 2012, there were



27,733 self-inflicted injury-related hospitalizations in Wisconsin. Of those, 465 were within Washington County. Further query exposes that in that same five year period, 3,724 Wisconsin lives ended in suicide with 82 of them from right here in Washington County (WDHS, Suicide-Related Mortality, 2014). These figures on their own are startling, but we cannot forget that those 82 were husbands, wives, children, parents, neighbors, co-workers, and friends within our municipality.

One such example occurred in the spring of 2014, when a 15 year old West Bend East student ended her life. As an honor roll student, camp counselor, and athlete who loved the outdoors. Her death came as a surprise to those who loved her. I talked with Matt Benidt, a West Bend Firefighter and EMT. While he was not on duty at the time of the response call, he shared that her passing was first thought to be accidental. Regrettably, the investigation revealed that her death would be classified a suicide. Benidt, having been called to more than ten suicide attempt cases in the past four years said that those are the ones that really stay with him, suggesting that the effects of suicide are not easily dismissed for those who come in contact with it. I recently visited with Lily Miller, a fellow classmate and close friend of the East student. She explained that the death has been difficult to comprehend. The girls knew one another for many years, having grown up in the same neighborhood. Miller believes that her friend is only one example of a bigger issue that is not addressed enough, but needs to be brought to light. She is not alone in her assertion.

Nationally, psychologists and others from the mental health field have long feared that speaking about suicide could lead others to take similar action. For those who experience suicidal ideation or attempt to end their lives, the shame, guilt, and negative stigma add to the silence. But for Heidi Bryan of Neena, Wisconsin and others like her, they are speaking out to



raise awareness, invite discussion, provide support, and offer greater understanding. In *The New York Times*, Author Benedict Carey addresses the longstanding taboo topic of suicide and how suicide prevention begins with removing its associated shame. Carey writes about Bryan, now 56, who attempted to end her life multiple times in the 1990s. He quotes Bryan who says, “For people working in suicide prevention, they always told us not to talk about our own experience, like they were afraid to tip us over the edge or something. Honestly, we’re the ones who know what works and what doesn’t” (Carey, 2014, para 5). She suggests that bringing the topic of suicide out in the open removes the shame, isolation, and fear of talking frankly so that it’s no longer viewed as a taboo topic of discussion. Psychologist and President of the Suicide Association, Wouldiam Schmitz Jr., agrees. He asserts that some survivors of a suicide attempt see the event as “part of their identity” while others view it as only one part of their life’s journey (Carey, 2014, para 13). They move beyond the event(s) to live successful, fulfilling lives. Schmitz asserts, “This is the best advertisement for getting treatment, showing that people get better and lead full, productive lives” (Carey, 2014, para 13). Bryan and Carey provide our Washington County community an opportunity to learn by their experience. The time has come to expand upon our existing resources.

In order to reduce the number of suicide attempts and deaths in Washington County, I propose a four part, comprehensive plan containing defined, interconnected initiatives be developed. A long-term, cohesive Suicide Awareness and Prevention Program for Washington County can be achieved through the support of multiple city, county, and state political and professional leaders, financial contributors, volunteers, and additional resources. Strategic planning resources can be found online and around the state to aid in this effort. For example, by visiting the Suicide Prevention Resource, a six step approach is provided (SPRC, n.d.). The



Strategic Planning Approach to Suicide Prevention includes (1) defining the problem, (2) setting long-term goals, (3) identifying key risk and protective factors, (4) developing initiatives that address these factors, (5) planning the execution and progress evaluation process, and (6) reviewing gathered data for modification as needed. Many of these steps have already begun and are included as attachments to this proposal in an effort to expedite a successful, life-saving program in our community. Further, by looking to other counties throughout the state who have established similar programs, Washington County can learn from their accomplishments and challenges, thus creating the most successful program available to our local citizens.

The four-part initiative I am proposing, entitled LIFE OF HOPE, is intended to raising a healthy awareness of risk factors, behaviors, and intervention options associated with suicide, void of judgment, shame, or negative stigma. It would ensure that the topic of suicide awareness and prevention remains relative and is no longer silenced. By providing expanded knowledge and resources to identify those experiencing suicidal thoughts and behaviors before action is taken, our community would be better equipped to support healthy, healing intervention.

Prior to a public forum held in West Bend on Thursday, August 21, 2014 the subject of suicide, like in most communities, has not been a focus of public discussion in our area. The event was the result of my having been introduced to Adam Fordham, a West Bend West High School student, Eagle Scout, and member of the West Bend Drama Troupe. Fordham shared his vision for addressing the issue of suicide as his chosen Eagle Scout project. When I asked Fordham why he chose to take on the topic of suicide for his project he shared, “It’s time to bring the topic of suicide out in the open so that people dealing with suicidal thoughts can feel



encouraged to speak up.” After recently losing a friend to suicide on June 16, 2014, I wholeheartedly agreed. I had become keenly aware that my silence, due to shame and fear of misinformed judgment, may have closed a door on my ability to serve as a positive role model of hope and healing for my friend, Kirk Strong, and perhaps others. I decided to break the silence of my own suicide attempt and offered to help Fordham with his honorable intentions.

Fordham recruited his 30 West Bend Drama Troupe peers and together we worked to create, market, and host a comprehensive forum aimed to break the silence on the topic of suicide. We recruited nine panelist speakers, each having a unique perspective on the topic of suicide. Some have served the mental health or medical needs of suicidal individuals, while others have attempted to end their lives or been effected by the loss or near loss of a loved one to suicide. Drama Troupe members prepared a skit demonstrating the many perspectives of the complex topic and worked closely with me to produce a five minute public service announcement video. Additionally, I was asked and accepted the role of guest speaker and panel moderator.

Marketing materials and announcements were created by Troupe Members under my volunteered leadership, including a press release, radio public service announcement, and flyer/poster print materials, which were distributed throughout Washington County at area businesses and at a non-profit booth donated by the West Bend Farmer’s Market on the last Saturday prior to the event. The dedicated efforts of the West Bend Drama Troupe, as well as the welcomed reception from community businesses were nothing short of amazing.

The Suicide Awareness and Prevention event “The Roads We Take” was by all accounts a great success. It attracted more than 150 members from the community in just over one week of active promotion. The Drama Troupe skit was performed live as the first part of the evening’s



program, followed by the speaker presentation where I shared a PowerPoint slideshow highlighting my personal suicide survival journey. It included mental health and suicide statistics, as well as a reflection of the last thirteen years of memories that never would have existed, were it not for having survived my attempt. The greatest focus of the presentation was a message of hope and healing. My presentation was followed by a moderated, intimate panel discussion. It provided audience members with an expanded perspective on the risk factors and behaviors most associated with a suicide attempt. Further discussion provided insight to preventative measures, local resources, and personal stories from panelists who know all too well the impact suicide plays on our community. Questions from attendees were also collected, vetted, and asked of panel participants. To close the evening's event, lights were dimmed and the produced public service announcement "There is Hope" was debuted.

Nearly all guest attendees chose to stay long after the close of the program, connecting with Drama Troupe members, panelists, and myself. Many were simply grateful for the experience and hope-filled message, having been personally affected by the topic of suicide. Some came simply to better understand the topic of suicide though they had no personal, direct experience, saying that it was a transforming experience which provided great insights on a topic they previously knew little about. Others turned to members of the panel for help and direction with their current struggles relating to the topic at hand. All shared that they hoped the event would not be the last of its kind.

INITIATIVE #1 – COMMUNITY AWARENESS

As the first of four LiFE OF HOPE initiatives, I propose that a Suicide Awareness and Prevention speaker and/or panel discussion initiative, similar to the one hosted by Adam Fordham and the West Bend Drama Troupe in August, 2014, be continued every six months. The



LiFE OF HOPE community educational forums would continue to raise awareness on the topic of suicide risks, behaviors, and intervention options. They would be free to the public and promoted to all members of the Washington County community. Suicide affects all walks of life, men and women, youth, seniors, rich and poor, from every racial demographic. For this reason, wide reaching promotion of these speaker and/or panel discussions must be shared with all residents of Washington County. The twice yearly schedule would establish an ongoing platform for keeping the topic of suicide awareness and prevention a top priority long into the future.

Each LiFE OF HOPE community educational event would include one volunteer guest speaker and/or a panel of four volunteer participants who would share on topics relating to suicide awareness and prevention. The specific focus would change from one event to the next. Participants might include medical and mental health professionals, suicide survivors, crisis hotline employees, research professionals, district educators, law enforcement officers, and others who might offer clarity on the topic of suicide. A portion of the program would be reserved for Q&A and resource pamphlet distribution. LiFE OF HOPE self-assessment questionnaires would be made available to anyone interested in completing one or for sharing with someone not in attendance.

INITIATIVE #2 – TEENS & YOUTH

The second of the four LiFE OF HOPE initiatives I believe are vital to a Suicide Awareness and Prevention Program is aimed at the high school youth of our county. Nationally, and here within Washington County, teens and young adults through the age of 24 make up a large proportion of suicide attempts and hospitalizations. From the years 2008-2012, 162 individuals in this age group were hospitalized as a result of having attempted to end their life, accounting for 34% of the 465 total suicide related hospitalizations in our county (Wisconsin Department of



Health Services, Self-Inflicted Injury-Related Hospitalization, 2014). As earlier mentioned, it is interesting to note that while 82 self-inflicted deaths occurred during this same five year period, 68 were between the ages of 25 and 64. Providing early education on the topic of suicide has the greatest potential for influencing and reducing future suicides within all age groups. The youth of our community are our future which means our greatest opportunity for changing future suicide related statistics is rooted in educating our teens and young adults. Knowledge truly is power.

I propose as the second of four LiFE OF HOPE initiatives outlined in this proposal, that all Washington County high school Superintendents initiate a LiFE OF HOPE Student Suicide Awareness and Prevention Program directed at grades 9 through 12. To reduce the number of suicide attempts and fatalities among our young adult population, we must first establish a greater awareness and prevention program within our area high schools. Where teachers currently receive instruction on how to identify and respond to suicidal risk behaviors in a supportive manner, so should our students receive these same, lifesaving skills. The forum presented by the West Bend Drama Troupe youth in August, 2014, is a significant indicator that our high school students are ready and willing to receive education empowering them to discuss the topic of suicide in a healthy and pro-active manner.

This LiFE OF HOPE high school focused initiative would be presented in two parts and repeated at the beginning of each school semester. Through the assistance of school counselors and faculty, and the support of mental health professionals specializing in suicide prevention, 30-45 minute group sessions, broken out by grade level, would be led by trained suicide prevention professionals. Facilitators would provide information specific to helping students understand suicidal risk-factors, behaviors, and community resources available for deterring acts of suicide. Open discussion to promote sharing and questions would be encouraged. Students



would be welcomed and encouraged to meet with school counselors and community therapists privately at no cost if they believe themselves or a loved one to be at risk. Mental health professionals would be onsite the day of, and day after, group education sessions are held to meet with students who request a private meeting at no cost to the student or their family.

As follow up to the bi-annual suicide awareness group sessions and with the council of area mental health professionals, a LiFE OF HOPE suicide risk self-assessment questionnaire would be developed. Questionnaires would be distributed to all high school students for completion following each education session. Once aware of the behaviors associated with suicide attempt and having had time to consider the information received during phase one of the high school awareness and prevention initiative, this exercise would allow students to use the assessment as a tool for evaluating their susceptibility to suicidal behavior. Students would be encouraged to share their feelings with school counselors, family, friends, therapists, or the local crisis hotline professionals if they score within a mid to high risk level. Note that the completed self-assessments would not be collected for statistical audit.

In conjunction with the two part high school initiatives, students would be provided mental health and resource pamphlet information including the crisis hotline number and upcoming meeting dates of suicide prevention speaker and/or panel discussions events, survivors of suicide support group meetings, and peer-to-peer suicide prevention support group meetings for distribution to the students. This information could be taken home and shared with family members who are also effected by the topic of suicide. District email communications with families would also serve to provide related materials and event dates to parents of school age children.



INITIATIVE #3 – PEER-TO-PEER SUPPORT

Additionally, as the third of four LiFE OF HOPE initiatives, I propose that a Washington County Suicide Awareness and Prevention Support Group be developed to expand upon the efforts of the existing Washington County Crisis Hotline which provides peer-to-peer support to those who are grieving the suicidal loss of a loved one. A LiFE OF HOPE peer-to-peer support group for those dealing with suicidal thoughts or actions, within themselves or with a loved one, would serve as a significant resource for prevention. Similar to other peer-to-peer support groups, persons experiencing the same thoughts, behaviors, beliefs, and struggles relating to suicidal thoughts, within themselves or a loved one, would benefit from an autonomous environment of sharing and healing. Peer-to-peer “LiFE Mentor / Mentee” relationships would provide those in the midst of suicidal crisis (the suicidal individual as well as their loved ones) a point person for guiding them through their journey of healing. In a Scientific American article, authors assert that research findings of peer-to-peer support groups, such as AA indicate, “...a combination of professional treatment and AA yields better outcomes than either approach alone” (Lilienfeld & Arkowitz, 2011, para. 8). This suggests that a peer-to-peer group of support, led by trained area mental-health professionals specializing in suicide prevention, would provide a structured and healthy environment for understanding and healing to occur. As Wouldiam Schmitz Jr. asserted, the best encouragement for treatment is to show that people get better and lead full, productive lives. Further, the example of another person having learned not only how to cope and survive, but thrive post-suicidal ideation or attempt could provide the peer-to-peer connection necessary to reach a suicidal individual in a way that mental health counseling alone may not accomplish.



By partnering with respected counseling service groups and professionals within the county, a safe, respectful, and anonymity based environment would serve those dealing with suicidal thoughts prior to taking steps that might end their life. Those who have attempted suicide but failed as well as their friends/family would also find understanding and healing from such a venue. Like the Survivors of Suicide Loss meetings, the weekly LiFE OF HOPE meeting would be led by a trained mental health professional. By providing peer-to-peer support, professional guidance, encouragement of open sharing, and community resource information to those who need it most, our community would be replacing fear and silence with hope and healing. Further, those within our community who lack the financial resources to obtain ongoing mental health treatment would have a resource to participate in professionally lead support groups. The result; a projected decrease in the number of suicide attempts in Washington County.

INITIATIVE #4 – MENTAL HEALTH ASSISTANCE

Finally, as the fourth and final LiFE OF HOPE initiative to a comprehensive Suicide Awareness and Prevention Program in Washington County, I propose a mental health treatment package be developed and implemented, at no or little cost to those who do not possess the financial means to seek professional mental health services. Mental Illness has been found to be a major risk factor in those who attempt to end their lives. Gone untreated, there is an increased chance of suicidal ideation and action.

There are many reasons why a person might go untreated. Financial inability to pay should not be one of them. The LiFE OF HOPE Mental Health Assistance initiative would be made available to individuals who do not have a private healthcare policy, do not qualify for state assistance due to earned income levels above the line of poverty, and/or do not have the



means to cover co-pay and deductible costs. An application and approval process would identify qualified candidates for LiFE OF HOPE Mental Health assistance.

For qualifying individuals who do not have the financial or health coverage means to undergo a mental health assessment, one would be provided by request. Additionally, 3-5 therapy sessions with a licensed and reputable mental health professional would be paid for in full or in part for qualifying individuals and families struggling to cope with suicidal thoughts or actions. This would serve as a foundation for healing through the counsel of a trained professional in the field of suicide prevention. Combined with the support of a peer-to-peer support group and speaker forums aimed at education, the addition of professional counseling sessions would enable those without health insurance or an ability to meet co-pay and deductible costs the ability to take part in a comprehensive suicide prevention program.

Partnerships would be formed between LiFE OF HOPE and local mental health service organizations and individuals throughout Washington County to establish reduced fee assessments and session packages. Further, mental health partners would be encouraged to refer patients to forum events and peer-to-peer support groups. Additionally, LiFE OF HOPE would identify and retain reduced fee mental health educational leaders and facilitators for the community speaker forums, high school education sessions, and peer-to-peer prevention and support groups. Through grants, private donations, fundraising, and corporate sponsorship funds, all four initiatives would be possible.

To accommodate many grant requirements and provide tax deductible credit to businesses and individuals electing to support LiFE OF HOPE here in Washington County, proper filing for a non-profit, 501(c)3 status is in process. Further, bylaws and financial management talent are being secured, as would the leadership and volunteers to support each of the four



afore mentioned LIFE OF HOPE initiatives. Public Safety funding, community fundraising efforts, and sponsorship opportunities combined with grant requests would all be sought to support this comprehensive, life-saving program.

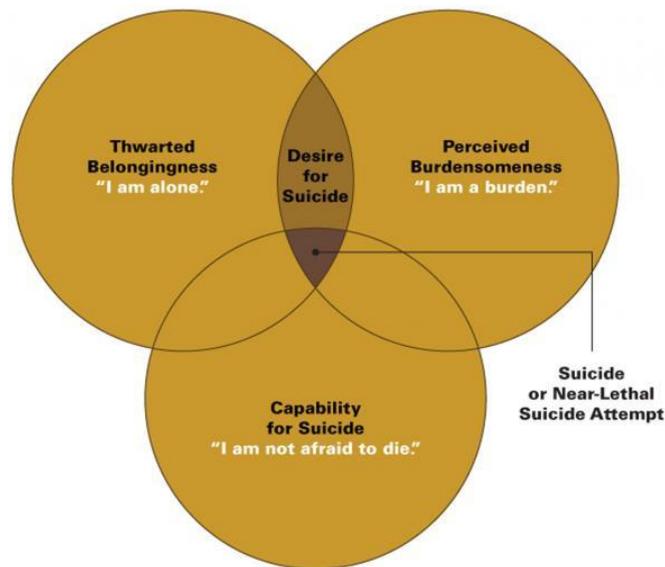
Continued misconceptions and the absence of open discussion, it's understandable that one might question if it's possible to reverse the trend of suicide attempts and deaths in our county. For example, Washington County leaders may be concerned that open discussions about suicide might trigger an increase in suicidal behavior. They may argue that for those who have never considered suicide, the prospect of having others talk about it could lead them to taking their own life. Lisa Fireston, an accomplished author and national lecturer on the topic of suicide, disputes the idea that suicide is a topic best left in silence. She asserts that, "80 percent of people have thought about suicide at one time or another" (Fireston, 2009, para 4). This suggests two things. One, if more people talked about having experienced thoughts of suicide openly, those feeling isolated and alone in their suicidal thinking would find that their feelings are not so unique and cannot be changed. Two, simply asking someone if they have thought about suicide would not cause them to end their life. Rather, it is better to talk about the topic openly than to ignore a person in potential crisis (Fireston, 2009). Through speaker and support group venues, Washington County has an opportunity to address the 80 percent by bringing suicide to the limelight with fact rather than fear and understanding, opposed to judgment.

Further, while some may feel that the topic of suicide is too complex to be addressed, Fireston says "This is not the case. We have to remember the simple healing power of making ourselves personally available to someone when they are in distress" (Fireston, 2009, para 9). Author Tony Dokoupil (2013) writes of Thomas Joiner's research and findings into the mind of a suicidal individual in his *Newsweek* article entitled, "The Suicide Epidemic. Why Are We Killing



Ourselves? How Can We Stop It?” The illustration below shows Joiner’s Theory of Suicide as a set of three intersecting beliefs, helping to dispel the idea that suicide is beyond our ability for intervention. Joiner asserts that the three belief systems, when experienced at the same time by a person desiring to end their life, have the capacity to transition desire into action. On their own, these beliefs are not particularly concerning as most people experience situational moments of depression, feelings of isolation, or self-actualization as they seek to define their

JOINER’S THEORY OF SUICIDE



purpose. It is through increased education and awareness here in Washington County that detection of these beliefs would provide an opportunity for life-saving intervention.

It could be argued that the financial implications of implementing such a comprehensive, four-part Suicide Awareness and Prevention Program within our county is beyond set public safety budgets. I would argue however, the county would save not only the physical and emotional anguish of those affected by this silent killer, but significant financial savings would occur as well. At an average cost of \$11,211 in 2012 for a single suicide attempt hospitalization, more than five million dollars went to cover suicide related medical bills that



year alone (WDHS, Self-Inflicted Injury-Related Hospitalization, 2014). Add to that, the cost of crisis and rescue services, lost wages, and post-hospital care. The financial burden endured by Washington County's citizens is massive. Additionally, grants and community led fundraisers are two avenues that could be explored to cover the necessary expenses associated with the development, implementation, and promotion of this proposal. With respected area professionals serving as volunteer guest speakers, some speaker costs could be reduced or eliminated. Press releases are often a low budget means of promotion, public service announcements provide an inexpensive broadcast medium for reaching the community, outdoor billboard advertising companies often offer non-profit rates, and print flyers/posters handed out by volunteer residents and businesses would provide additional avenues for getting the message out. Again, suicide attempt is impacted by undiagnosed or un/under treated mental health illness(es) as well as alcohol and drug addiction and a number of other risk factors. In fact, 90% of suicide victims are believed to have had a diagnosable mental health illness at the time of their death. For this reason, area medical and mental health clinics throughout Washington County would be encouraged to share LiFE OF HOPE promotional materials welcoming patients to attend an upcoming forum and/or support group. Flyers would also be made available to the local crisis center, 12-step recovery groups, The Positive Image Center (NAMI), Social Services, area churches, and other organizations for distribution as well.

The reality of suicide has a profound effect on our community. We cannot afford to address it through silence, shame, ignorance, and fear. If we have any desire to save others from becoming another statistic, we must speak up and speak often of the hope that exists for those heading down a deadly path. Suicide attempts and deaths can only be reduced with education, open dialogue, increased awareness, and active promotion of resources.



Placing a spotlight on the topic of suicide may feel uncomfortable at first but we must consider the alternative; to do nothing and continue to watch our neighbors and loved ones die unnecessarily. Suicide is preventable. Reducing the number of cases in our county is not something that can be accomplished overnight or with continued silence. Removing the negative stigma would take time, but through educational forums that encourage open dialog on the topic of suicide, we can work to remove its reputation as a taboo topic and save lives.

The leaders of Washington County have a choice; continue down our current path or expand to organize the time, talent, and resources necessary for redefine suicide in our community. Caruso writes, “We all need to examine our beliefs and try to purge any ignorance or insensitivities that we may have...” (Caruso, n.d., para 14). By implementing this proposal, detection of suicidal behaviors can occur through greater understanding, open discussion, and the use of suicide assessment questionnaires. Further, ongoing education and support resources are essential to move each of our 130,000+ county-wide citizens toward a day when suicide no longer claims the life of our neighbors (Washington County, Wisconsin, 2014). If leaders and residents of Washington County want to affect positive change where fear and judgment are replaced by hope and healing for those suffering the effects of suicidal thought, attempt, or death of a loved one, we must take action to develop and implement a sustainable Suicide Awareness and Prevention Program.

LIFE OF HOPE MISSION

What (the mission): reduce the number of suicide attempts, thereby leading to a natural reduction in the lives lost to suicide.

Where (geographic area): Washington County

Who (we strive to reach): one community, one family, one life at a time.

How (hope in action): raise a healthy awareness of risk factors, behaviors, and intervention options associated with suicide, void of judgment or shame, through a message of hope and healing.

Why (it matters): we believe every person has value.

LIFE OF HOPE VISION

What (our vision): create a world without suicide



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