

# Suicide Prevention in Primary Care

## Engaging Primary Care

Thanks to ACU ([www.clinicians.org](http://www.clinicians.org)) and Centene

## Suicide Safer Care Primary Care Project

Funded by Centene

ACU in cooperation with Centene

Currently trained 3,000 primary care providers and their teams in 23 states

Now word of mouth !

Came out of Zero Suicide – bringing changes to the front lines

## What we Learned

More than 95% of providers of all disciplines said they thought suicide prevention was part of their role

Most providers of all disciplines said they had never been trained to work with patients at risk for suicide in either their training or current role

Over 50% of behavioral health providers in primary care settings did not feel comfortable or confident to care for someone at risk for suicide

States with high rates of suicide did not change rates of training

# 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 ED visit, but not a mental health diagnosis.
- Wellcare data reported patients “resurface” into primary care

Luoma, J.B., Martin, C.E., & Pearson, J.L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *American Journal of Psychiatry*, 159(6), 909-916..

# Joint Commission Sentinel Event Alert 56

## Sentinel Event Alert

EMBARGOED UNTIL FEB. 24

A complimentary publication of The Joint Commission  
Issue 56, February 24, 2016

### Detecting and treating suicide ideation in all settings

Published for Joint Commission-accredited organizations and interested health care professionals, Sentinel Event Alert identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a Sentinel Event Alert when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

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The rate of suicide is increasing in America.<sup>1</sup> Now the 10<sup>th</sup> leading cause of death,<sup>2</sup> suicide claims more lives than traffic accidents<sup>3</sup> and more than twice as many as homicides.<sup>4</sup> At the point of care, providers often do not detect the suicidal thoughts (also known as suicide ideation) of individuals (including children and adolescents) who eventually die by suicide, even though most of them receive health care services in the year prior to death,<sup>5</sup> usually for reasons unrelated to suicide or mental health.<sup>6-7</sup> Timely, supportive continuity of care for those identified as at risk for suicide is crucial, as well.<sup>8</sup>

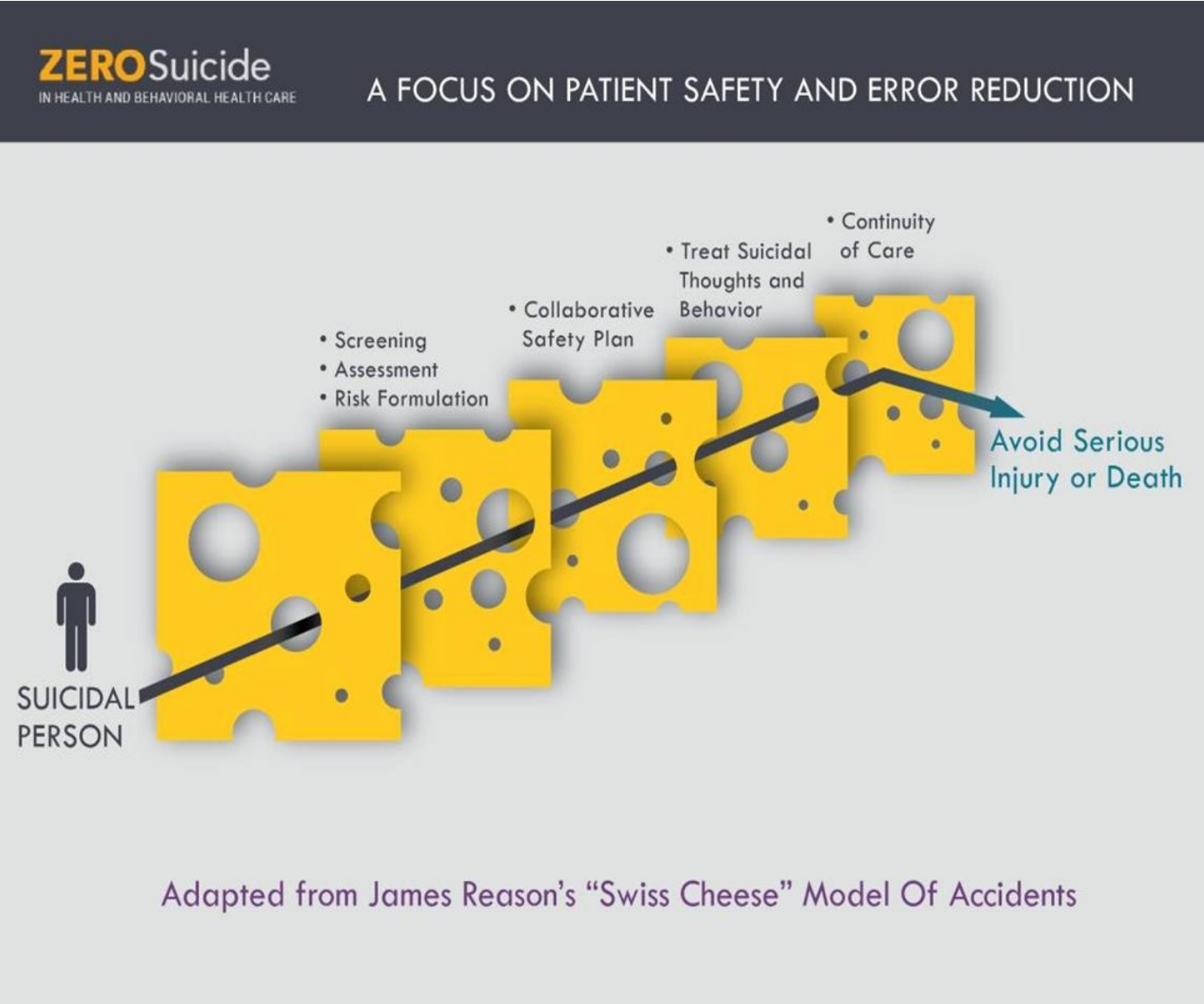
Through this alert, The Joint Commission aims to assist all health care organizations providing both inpatient and outpatient care to better identify and treat individuals with suicide ideation. Clinicians in emergency, primary and behavioral health care settings particularly have a crucial role in detecting suicide ideation and assuring appropriate evaluation. Behavioral health professionals play an additional important role in providing evidence-based treatment and follow-up care. For all clinicians working with patients with suicide ideation, care transitions are very important. Many patients at risk for suicide do not receive outpatient behavioral treatment in a timely fashion following discharge from emergency departments and inpatient psychiatric settings.<sup>9</sup> The risk of suicide is three times as likely (200 percent higher) the first week after discharge from a psychiatric facility<sup>9</sup> and continues to be high especially within the first year<sup>10</sup> and through the first four years<sup>11</sup> after discharge.

This alert replaces two previous alerts on suicide (issues 46 and 7). The suggested actions in this alert cover suicide ideation detection, as well as the screening, risk assessment, safety, 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 for suicide, and documenting their care.

Some organizations are making significant progress in suicide prevention.<sup>12</sup> The "Perfect Depression Care Initiative" of the Behavioral Health Services Division of the Henry Ford Health System achieved 10 consecutive calendar quarters without an instance of suicide among patients participating in the program. The U.S. Air Force's suicide prevention initiative reduced suicides by one-third over a six-year period. Over a period of 12 years, Asker and Baerum Hospital near Oslo, Norway implemented continuity-of-care strategies and achieved a 54 percent decline in suicide attempts in a high-risk population with a history of poor compliance with follow-up. Additionally, the hospital's multidisciplinary suicide prevention team accomplished an 88 percent success rate for getting patients to the aftercare program to which they were referred.<sup>8</sup> Dallas' Parkland Memorial Hospital became the first U.S. hospital to implement universal screenings to assess whether patients are at risk for suicide. Through preliminary screenings of 100,000 patients from its hospital and emergency department, and of more than 50,000 outpatient clinic patients, the hospital has found 1.8 percent of patients there to be at high suicide risk and up to 4.5 percent to be at moderate risk.<sup>13</sup>

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# Patient Safety and Error Reduction



## Systemic Approaches in Primary Care

Share risk with all members of the care team including front desk and other ancillary services

Engage everyone in caring for patients at risk

Primary Care Practices of all Types are Screening



# The Problem List

Think About Two Populations

# 7 Elements of ZERO Suicide



# Zero Suicide

The screenshot shows the Zero Suicide website homepage. The header features the Zero Suicide logo and navigation links: HOME, ABOUT, CONTACT US, RESOURCES, and ORGANIZATIONAL SELF-STUDY. Below the header are three buttons: Toolkit, Champions, and Get Involved, along with a search bar. The main content area is a grid of colorful tiles:

- WHAT IS ZERO SUICIDE?**: A teal tile with a white plus sign in the bottom right corner. Text: "Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools."
- ZERO SUICIDE TOOLKIT**: A green tile with a white briefcase icon and a "VIEW TOOLKIT +" button.
- FOR CHAMPIONS**: A purple tile with a white plus sign in the bottom right corner. Text: "Zero Suicide Champions believe that anything short of zero suicides in health care is unacceptable."
- MAKING HEALTH CARE SUICIDE SAFE**: A dark grey tile with a video player showing a man speaking. Text: "Mike Hogan describes why now is the time for Zero Suicide."
- GET INVOLVED**: A teal tile with a white plus sign in the bottom right corner. Text: "Join the Zero Suicide community."
- NEWS AND EVENTS**: A red tile with a white plus sign in the bottom right corner. Text: "Zero Suicide is an evolving initiative."
- ZERO SUICIDE ACADEMY™**: A yellow tile with a white plus sign in the bottom right corner.
- GET TECHNICAL ASSISTANCE**: A purple tile with a white plus sign in the bottom right corner.

Access at:

[www.zerosuicide.com](http://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.”

# The Minimum How (to do it)

3 things that  
suicidal people  
want

## In Your Office

- Do not panic.
- Be present listen carefully and reflect)
- Provide some hope  
*Ex. “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 in your on your panel, in your practice or organization ?

Are you adding ICD10 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 for suicide in your organization look like ?



# The Patient Health Questionnaire (PHQ-9)

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

10. If you checked off any problems, how difficult have those 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

## PHQ-9 modified for Adolescents (PHQ-A)

Name: \_\_\_\_\_ Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
1. Feeling down, depressed, irritable, or hopeless?				
2. Little interest or pleasure in doing things?				
3. Trouble falling asleep, staying asleep, or sleeping too much?				
4. Poor appetite, weight loss, or overeating?				
5. Feeling tired, or having little energy?				
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?				
7. Trouble concentrating on things like school work, reading, or watching TV?				
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself in some way?				

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)



NIMH TOOLKIT

## Suicide Risk Screening Tool

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/full 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 (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)





NIMH TOOLKIT: EMERGENCY DEPARTMENT

## Script for nursing staff

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."



NIMH TOOLKIT: EMERGENCY DEPARTMENT

## Parent/guardian flyer

Ask Suicide-Screening Questions

**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.

ASQ Suicide Risk Screening Toolkit

NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)



800-960-8800

"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 (P168)."

# 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 primary care visit focus becomes the risk for suicide





# Response Protocol

Ask questions that are in bold.

Ask Questions 1 and 2	Past Month	
	YES	NO
<b>1. Have you wished you were dead or wished you could go to sleep and not wake up?</b>		
<b>2. Have you had any actual thoughts of killing yourself?</b>		
If <b>YES</b> to 2, ask questions 3, 4, 5 and 6. If <b>NO</b> to 2, go directly to question 6		
<b>3. Have you been thinking about how you may do this?</b> <i>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."</i>		
<b>4. Have you had these thoughts and had some intention of acting on them?</b> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
<b>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?</b>		
<b>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b>  <i>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.</i>	Lifetime	
	Past 3 Months	
If <b>YES</b> to question 6, ask: <b>Was this in the past 3 months?</b>		

Schedule  
follow-up

Address Lethal  
Means, Safety  
Planning, Schedule  
Follow-up

Evaluate  
Hospitalization,  
Address Lethal  
Means, Safety  
Planning, Schedule  
Follow-up

# Response Protocol

Ask questions that are in bold.

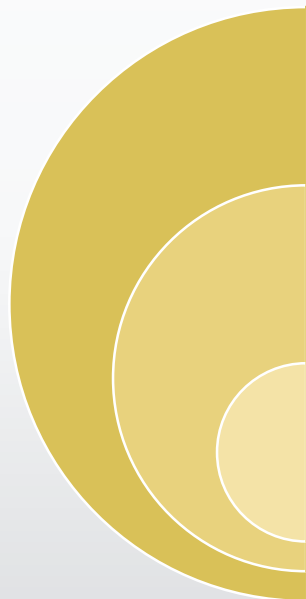
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# Suicidal Ideation



<h2>Method</h2>	<ul style="list-style-type: none"><li>• “Have you been thinking about how you may do this?”</li></ul>
<h2>Intent</h2>	<ul style="list-style-type: none"><li>• “Have you had these thoughts and had some intention of acting on them?”</li></ul>
<h2>Plan</h2>	<ul style="list-style-type: none"><li>• Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</li></ul>

# 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?

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.

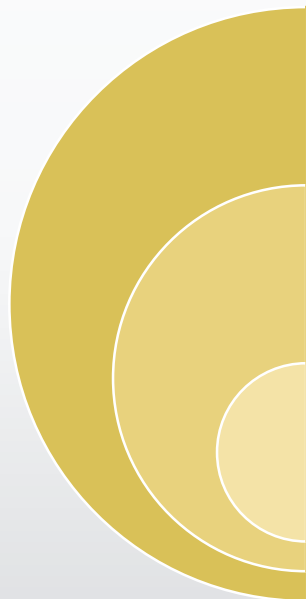
# The Minimum WHAT (to do)

## BEFORE THEY LEAVE YOUR OFFICE

- Suicide Prevention Lifeline or Crisis Text Line in their phone  
–1-800-273-8255 and text the word “Hello” to 741741
- Address guns in the home and preferred method of suicide
- Give them a caring message (NowMattersNow.org ↗ “More”)



# Suicidal Ideation



<h2>Method</h2>	<ul style="list-style-type: none"><li>• “Have you been thinking about how you may do this?”</li></ul>
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## The Minimum: What to Do

Before the patient leaves your office add the 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 whose rated their thoughts as “completely overwhelming”



[SuicideIsDifferent.org](https://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](http://nowmattersnow.org/safety-plan) for instructions (coming soon). Do not distribute. ©2018 All Rights Reserved (V 18.05.27)

ON FIRE

### 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.

IN A FIRE

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

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

# Patient Safety Plan

## Patient Safety Plan Template

<b>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</b>	
1.	_____
2.	_____
3.	_____
<b>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</b>	
1.	_____
2.	_____
3.	_____
<b>Step 3: People and social settings that provide distraction:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Place _____	4. Place _____
<b>Step 4: People whom I can ask for help:</b>	
1. Name _____	Phone _____
2. Name _____	Phone _____
3. Name _____	Phone _____
<b>Step 5: Professionals or agencies I can contact during a crisis:</b>	
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)	
<b>Step 6: Making the environment safe:</b>	
1.	_____
2.	_____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>	

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

\_\_\_\_\_

# Safety Planning

- Can the activity happy all times of the day and all times of the year
- Call someone from the patients 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 Restriction

- 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 .....



# Sustainability

Screening Codes  
Collaborative Care  
99484  
Add on codes





# 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

## 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 and see no future. Yet it is there - please let it evolve because the world needs you and your contribution.

— Kristine Laaninen

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 for you.

— Daniel DeBrule

Please don't stop fighting. You are being prepared for something far greater than this moment.

— Breanna Laughlin

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

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

You're a human being, not a human doing. Your worth is intrinsic, and your strength is likely greater than you think it is.

— John Brown

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

— Nina Smith

This is part of a poem from Jane Hirschfield, "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

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

now  
matters  
now

Wanting to be rid of pain is the most human of impulses. 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. The 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 changing sucks more.

— Kathleen Bartholomew

This is a favorite line of mine 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

# Questions ?

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