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How to Talk About Suicide

by David Lindskoog, M.A., R.C.C.

Suicide is an emotional word. Feelings of confusion, fear, anger, and even disgust are common responses when the topic comes up in conversation. As a clinical counsellor I have felt all of these emotions when discussing suicide with clients. But over years of working with people at some of the lowest points of their lives, I've learned not to let those emotions get in the way of compassion.

I ask you today to accept responsibility for how you react to hearing about suicide, to help foster a hopeful and meaningful conversation about suicide as opposed to one of stigma and discrimination. I do this knowing that to do so will change and potentially save lives from one of the most preventable major cause of death.

I work with and think about the issue of suicide almost every day. It has drained me and forced me to confront some of my most fundamental beliefs. There have been times when I have asked if I can continue to help people facing such terrible suffering. Fortunately, that's rare. I spend considerably more time being inspired by the strength and the courage of the clients I have the privilege to work with. Theirs is a resilience and a strength of character few are ever forced to show.

The unfortunate and uncomfortable reality is that society shies away from the issue of suicide, when we should be embracing it. Even in the helping professions, it's not difficult to find stories of therapists "firing" clients following suicide attempts. Our collective fear - of litigation, of loss, of the prospect of our ineffectiveness - can dilute the goal of helping others from a moral obligation to doing so only when safe or convenient.

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Betrayed

by Maureen Chapman, M.C., R.C.C.

David betrayed his life partner and he was not prepared for his partner's emotional distress. He wanted to know when it would end. He asked "Why isn't sorry good enough"? David needed to understand that his partner's reactions were normal. Her healing was largely dependent on his ability to be empathic, remorseful, honest, apologetic, loving, patient and soothing over a long period of time. And most importantly to stop the behavior that devastated his spouse.

Normal reactions of the betrayed partner and how to respond

Disbelief: They don't believe this nightmare. This is understandable. They trusted you and don't want to believe you did what you did.

Shock: They appear numb and dazed. Emotions are frozen and senses dulled.

Reality: "Oh my God. It really happened." They don't know where to turn. They may feel shamed by your betrayal. Encourage them to get the help they need for their pain.

Confusion: They're disoriented, impatient, disorganized and forgetful. Be gentle and helpful.

Physical Symptoms: They may sleep or eat too little - or too much. They may suffer from physical aches and pains, weakness, headaches, nausea, vomiting, weight loss. Take long walks together and ensure a healthy diet.

Crying: Deep emotions well up, released by crying, uncontrollable sobbing and even screaming out loud. Support

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Instead of writing off people who are suicidal, we should be welcoming with open arms those who most need our help. A small but meaningful part of this includes being mindful of the language we use regarding suicide, just as we would with any other significant health issue.

Stigma thrives in silence. Not talking about suicide only serves to strengthen a discrimination of those experiencing suicidal thoughts and mental illness that is already too prevalent. However, talking about suicide in a careless or judgmental way is arguably worse. So how can start to get it right?

I've got three ideas on where to start.

1. Stop saying "committed suicide." Suicide attempts are not a death sentence, a permanent label, nor a crime. The word "committed" is judgmental and implies that a crime has occurred. "Died by suicide" is more factual, accurate, and respectful.

I would also stay away from the commonly heard phrase "failed suicide attempt" (we want to avoid reinforcing the belief that a person is a failure if they survive their attempt).

2. Consider what is meant by how you use the word "suicidal." This label can be misleading and damaging, and not just because of the usual weight of stigma and discrimination that comes with it. "Suicidal" implies a trait that can become stuck to a person, much like a diagnosis.

But this just isn't the case with suicide. The proof is in some very hopeful statistics: a 2002 literature review of 90 studies on suicide attempt survivors showed that 7/10 of those who attempt suicide will not attempt again, and 9/10 people who survive an attempt will *not* go on to die by suicide later.

3. Speaking of hope, please remember to talk about it, because hope above all other things cannot be taken away from a person, only given up or lost. Hope is powerful and it is contagious, and even the smallest spark of it might be enough for someone to decide that life is meaningful enough to live, even if just for one more day.

As Viktor Frankl wrote, "he who has a why to live can bear almost any how."

If you are in crisis, help is available. Tell a friend, a health professional, or call 1-800-SUICIDE to speak to a crisis line volunteer. For more information on suicide warning signs and what to do about them, visit the Canadian Association of Suicide Prevention at suicideprevention.ca.

Reference: Owens D, Horrocks J, and House A. Fatal and non-fatal repetition of self-harm: systematic review. *British Journal of Psychiatry*. 2002;181:193-199.



them by acknowledging their upset before verbalizing your remorse for causing their pain.

Self-Control: Too much self-control means they are storing up anger and will release it powerfully. The release of anger is necessary to heal.

Need To Know: They will ask lots of questions to process their trauma, move through it, and move past it. Whatever they ask, answer honestly and apologize with another promise you will never betray them again.

Injustice: Your betrayal is an agony you inflicted upon them. They need to know that you understand how this plagues them.

Inadequacy: Their self esteem is shattered. They may feel belittled, insignificant or unlovable.

Idealizing: They may live in the past, before the betrayal came along and "messed it up." Assure them you remember the good times and will work at developing an even better future with them.

Frustration: Their pain returns again and again. They wonder if they will ever recover and feel better. Be there to hold and comfort them. Repeat your apologies.

Bitterness: Resentment and anger toward you and what you have done are to be expected. This is natural. Until they've worked through and exhausted their anger, they cannot heal.

Waiting: Their pain is waning, but their zest for life has not returned. They are in limbo, exhausted and uncertain. Life seems flat and uninteresting. Help them by planning activities that bring joy back into their life.

Emotional Conflict: Shirley Glass, PhD states: "The irony of healing from betrayal is that the perpetrator must become the healer. Thus, betrayed partners are vulnerable because the person they need to turn to is the source of their danger." The conflict for a betrayed spouse is obvious, but Dr. Glass also recognized that... partners who are betrayers sometimes find it hard to stay engaged with their spouses when they know they are the source of such intense pain." The key is to stay engaged nonetheless. Be supportive and remorseful, and above all... keep talking.

Triggers: It is normal for the betrayed partner to be intensely triggered and traumatized by certain dates, places, items or activities. Depression, anger and nightmares are common when triggered. Again, express you are sorry you acted so selfishly and caused this recurring pain. Never indicate they should "get over it". Your betrayal will remain a permanent memory for them, which they learn to deal with better as they heal, and you earn back their trust and rebuild your relationship.

If you can apply all of these components: gratitude, love, acknowledging their pain, admitting you caused the pain, an expression of shame and a promise it will never happen again, there is a strong possibility of:

Hope: Life will get better and the good days out balance the bad days.

Commitment: Life won't be the same, but they decide to actively begin building a new life.

Peace: They feel able to accept the betrayal and face the future.

Life Opening Up: Life has value and meaning again.

Forgiveness: While the memory will never leave them, the burden they've been carrying from your betrayal is lifted. Given what you have done, the pain it caused them and the anguish they lived through, this is the ultimate gift they can bestow. They give it not only to you, but to themselves. Be grateful for this gift and cherish it always.



Adolescent Depression

by Don Lasell, M.A., R.C.C.

Who Is Most Affected by Depression? While depression has been described as being equivalent to the common cold of mental health (almost everyone has been “depressed” at one time or another), clinically significant depression can range in severity from minimal to severe, with adolescence being an especially difficult time in terms of mental health concern.

What Does Depression Look Like? According to the Diagnostic and Statistical Manual of Mental Disorders (DSM 5), the following are criteria for the diagnosis of depression:

5 or more symptoms present during a 2 week period;

Depressed or irritable mood (outside being frustrated) and/or loss of interest or pleasure, plus any three of the following:

1. Significant weight loss or decrease in appetite (more than 5 percent of body weight in a month or failure to meet expected weight gains.)
2. Insomnia or hypersomnia
3. Psychomotor agitation or retardation
4. Fatigue or lack of energy
5. Feelings of worthlessness or guilt
6. Decreased concentration or indecisiveness
7. Recurrent thoughts of death or suicide

In addition to the above DSM-5 criteria, children and adolescents may also have some of the following symptoms:

- Persistent sad or irritable mood
- Frequent vague, non-specific physical complaints
- Frequent absences from school or poor performance in school
- Being bored
- Alcohol or substance abuse
- Increased irritability, anger or hostility

What Causes Depression? A number of factors can cause depression – genetic predisposition, severe life circumstances, substances and certain medical conditions can all affect brain chemistry and thus the moods we experience.

What Should I Do if I Think my Child is Depressed? Start with your doctor. It is important to rule out any other underlying physical causes or conditions that may resemble symptoms of depression - (Bipolar Mood Disorder, Hypothyroidism, Diabetes and Chronic Fatigue Syndrome all share symptoms which can resemble depression). Once having ruled other possible causes for your child's depressive symptoms, there are a number of services available to provide support (see below).

What is important to remember is that depression, while common, can be a serious health concern. If you see that your child is experiencing a number of the symptoms listed above, and especially if they express suicidal thoughts or display self-destructive behaviour, it is better to err on the side of caution and have your child see a health care professional immediately.

Also listed below are a number of strategies that have often been found helpful in managing feelings of depression, followed by links to a number of mental health services:

Exercise – especially cardio, helps to release endorphins, the body's own built-in feel good drug.

Change your self talk – be mindful of what you tell yourself. Negative self-talk tends to create negative feelings, while positive and realistic self-talk tends to diminish negative feelings while promoting optimism

Use positive distraction – changing your focus, especially when very upset, can help to restore a sense of calm which can in turn lead to a more realistic evaluation of one's current situation. Deciding anything important when upset and caught in the “fight or flight” response is seldom a good idea.

Sleep – getting enough sleep is so important to good mental and emotional health that it is often the starting place for many mental health practitioners. It is amazing to see how often a number of mental health issues improve with simply getting consistent sleep.

Watch your diet – as the saying goes “you are what you eat”. We wouldn't expect to get optimum performance when putting bad gas into a vehicle. How can we expect to get positive results when our food choices are unhealthy?

Express your feelings – expressing one's emotions, whether talking, writing or even creating art, helps to release tension. Not expressing one's feelings tends to result in our reacting to those feelings in unhealthy ways (i.e. aggression, withdrawal, or even substance use to numb them).

Take action – do what you would normally enjoy doing, even if you don't feel like it – often the enjoyment follows the effort, despite what we may think before we start.

Structure your time – planning one's time and then following through with the plan can create a sense of satisfaction and control when the rest of life may feel out of control.

Get in to nature – something about getting out into nature often refreshes our spirit.

Read, meditate, pray – numerous studies have shown the mental, emotional and physical benefits of meditation and prayer.

Spend time with a pet – the unconditional love our pets give us can really help to elevate our mood.

Practice hope – consciously think about what you are thankful for and what you are looking forward to. What we focus on becomes most real for us.

SUPPORT SERVICES – please visit our website: www.psychhealth.com to see the full version of this article and links to support services.



The Power of Habit

by Jennifer Foster, M.S.W., R.S.W.

A book review.

I recently read a book called The Power of Habit, by Charles Duhigg. It is about why we have habits and how they can be changed. I was interested in this book because I have some habits I want to break and I was curious to learn about why they exist in the first place and how to change from having bad habits to good ones.

The author, Charles Duhigg, describes habits as “the choices that all of us deliberately make, at some point, and then stop thinking about but continue doing”. The idea is that at one point we all make decisions that help us get through the day and once we decide we stop thinking about it and proceed with the behaviour automatically. Scientific studies have found that habits happen to prevent us from becoming overwhelmed by all the decisions we would otherwise have to make each day. They are a way for our brain to save effort.

While habits help us conserve mental energy, a key point is that our brains do not always test out and choose habits that would be in our best interest, but rather habits are born out of urges or cravings. Sometimes we may not recognize or understand an urge and why we respond to it in the way we do, which can make habits difficult to control.

These two points - that we develop habits based on urges and that once we develop a habit we behave without thinking - because it means that if we want to change a habit, we have to be deliberate about it.

Duhigg describes how habits work as a loop that is made up of three things - cue - routine - reward. When we associate cues with certain rewards a subconscious craving emerges that starts the habit loop. Let me tell you about one of my habits - at the end of my work day, I walk down the street to a coffee shop and buy a coffee and a cookie to eat on my way home.

The craving that drives this habit is a desire for comfort to end my work day. While I do derive comfort from this habit I also experience guilt because I know it is causing me to gain weight. So this is one of the habits I want to change. Duhigg lays out four steps for changing a habit:

- Identify the routine (in my case this is walking down the street to a coffee shop)
- Experiment with rewards (listening to music also brings me comfort)
- Isolate the cue (in my case this is the end of my work day)
- Have a plan (I have decided that when my work day ends, I will walk directly to my car and put on music that makes me feel comforted).

One additional point that I want to highlight is that willpower and belief are important in changing habits. Duhigg describes willpower as a skill and a muscle. He says that when you learn to force yourself to make a healthy choice, part of what is happening is you are changing how you think. The more we use willpower the more our brain is practiced at helping to focus on a goal. He also says habit replacement works pretty well for people until the stresses of life get too high. He says replacement habits only become lasting new behaviours when they are accompanied by an individual's belief that they can change or belief that they can cope without needing to satisfy a craving in a particular way.

In summary, habits are something we all have and many of them serve a useful purpose but most of us have some that are unhealthy. The good news is that while change may be neither fast nor easy, by understanding your habit loops and with willpower and belief, almost any habit can be changed.

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