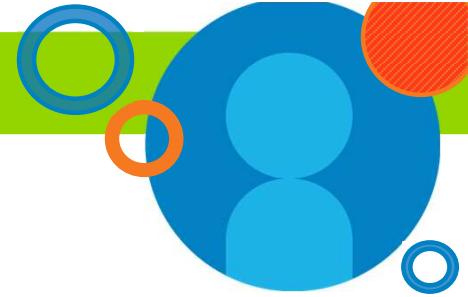


PreventionFIRST!

2021 Coalition Capacity Webinars



# Responsible Messaging w/ ATOD & Suicide Prevention

Mary Makley Wolff, MS, OCPS

PF! Coalition Capacity Building Webinar

# PreventionFIRST!

## 2021 Coalition Capacity Webinars



### Housekeeping Notes:

- Continuing education will only be awarded for those who view the live session
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- For CHES credits, you must provide your CHES ID in the post event evaluation survey
- You will receive your certificate for continuing education by email within **30 days** of this training.

## OHIO'S VOICE FOR SUICIDE PREVENTION

# RESPONSIBLE MESSAGING: USING EFFECTIVE LANGUAGE TO PREVENT SUICIDE

**Mary Makley Wolff, MS, OCPS**  
Associate Director  
Ohio Suicide Prevention Foundation



**John Ackerman, Ph.D.**  
Suicide Prevention Coordinator  
Center for Suicide Prevention & Research Nationwide  
Children's Hospital  
The Ohio State University Dept of Psychiatry  
& Behavioral Health



# OHIO'S VOICE FOR SUICIDE PREVENTION

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## Webinar Archive

Welcome to the Ohio Suicide Prevention Webinar Archive! Below you will see a video slider with the most recent OSPF webinar as well as past webinars. PowerPoint PDFs and additional materials will be listed below the video if available. If you have any questions about a webinar or would like to propose a webinar idea, please contact Director of Community Engagement, Michelle Price [michelle.price@ohiospf.org](mailto:michelle.price@ohiospf.org).

### 2020 Webinars

Click on the image to view webinar

#### REAL TALK: WHAT IS SUICIDE PREVENTION?

REAL TALK: WHAT IS SUICIDE PREVENTION?

##### PRESENTERS



Recorded January 8, 2019 Presented by Beth Zietlow-DeJesus, Director of External Affairs and Charde Hollins, MSW, LSW Behavioral Health Prevention Specialist

### 2019 Webinars

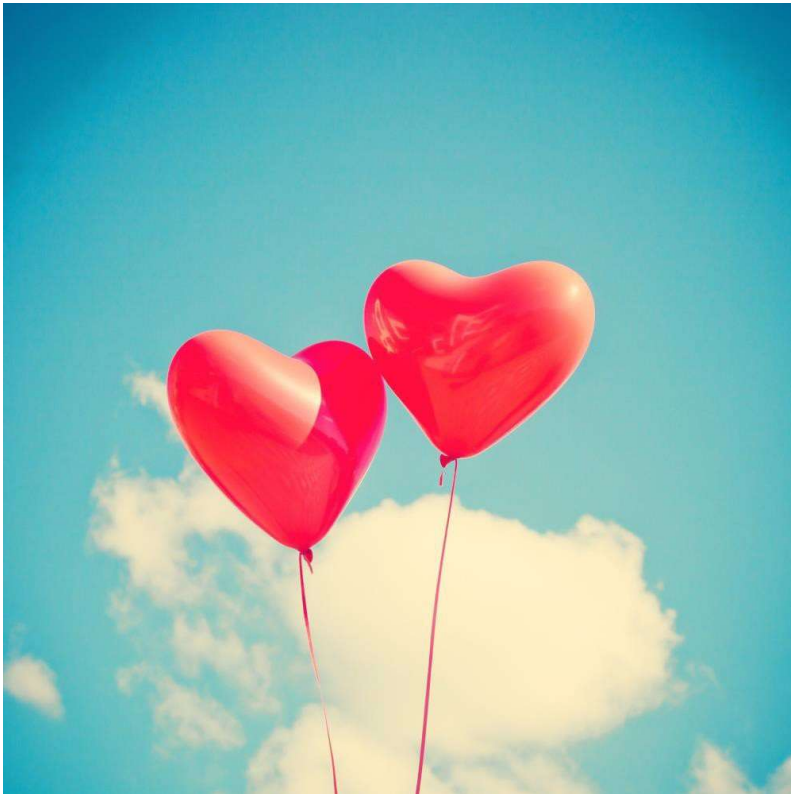
After the webinar, visit [www.Ohiospf.org/learn-more/webinar/archive](http://www.Ohiospf.org/learn-more/webinar/archive) to access a recording of today's webinar as well as any mentioned links and documents for viewing and/or download.

**PLEASE BE ADVISED:**

**In an effort to educate, presenters may use stigmatizing language as examples of what NOT to say.**

## OHIO'S VOICE FOR SUICIDE PREVENTION

IT'S OKAY TO TALK ABOUT SUICIDE... RESPONSIBLY



In the world of suicide prevention there are many hearts that want to make a difference. That passion is KEY to doing suicide prevention work, but it must be done RESPONSIBLY.

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

## Framework for Successful Messaging

A researched-based resource to help you with public messaging.



## FRAMEWORK FOR SUCCESSFUL MESSAGING: STRATEGY

Before we begin putting suicide prevention messages into the public-eye, stop and think. Let the framework guide you and your heart fuel the strategy.

### WHY? Who? What? How?

- Think about the WHY before anything else. Is the message relevant?
- Define your audience- “everyone” messages are not as effective as those that target specific audiences.
- Include a call to ACTION!- People want to know what they can DO. Tell them.







## FRAMEWORK FOR SUCCESSFUL MESSAGING: SAFETY

### Messaging DON'Ts

- Do not talk about method or location
- Do not portray suicide as a common coping mechanism or behavior
- Do not glorify or romanticize suicide
- Do not use data/language that suggests suicide is inevitable or unsolvable
- Do not oversimplify causes- ie: bullying
- Do not reinforce negative stereotypes, myths, or stigma

For a full list please visit:

<http://suicidepreventionmessaging.org/safety/messaging-donts>



## FRAMEWORK FOR SUCCESSFUL MESSAGING: SAFETY

### Messaging DO's

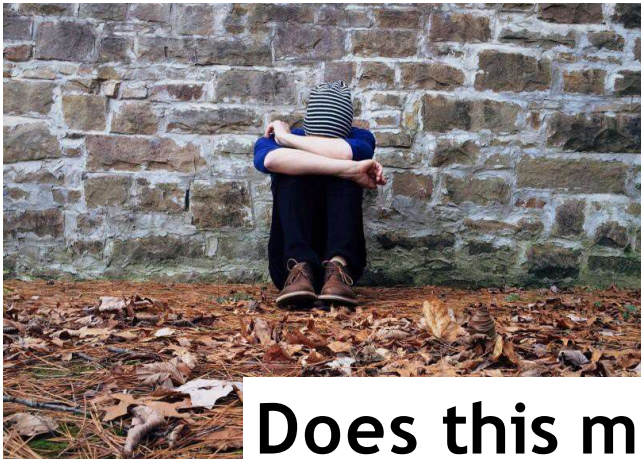
- Screen your content before sharing it
- Spread the word about safety
- Be consistent
- Report a positive narrative
- Make sure data are strategic, safe, and prevention-focused
- Convey the complexity of suicide- it's not simple
- Highlight solutions to stigma, rather than the problem of stigma
- Use non-stigmatizing language

For a full list please visit:

<http://suicidepreventionmessaging.org/safety/messaging-donts>



FRAMEWORK FOR SUCCESSFUL MESSAGING: POSITIVE NARRATIVE



Does this make you feel positive? Hopeful?



**Positive  
Narrative**

## FRAMEWORK FOR SUCCESSFUL MESSAGING: POSITIVE NARRATIVE

### How can I be positive?

- Concrete and realistic actions
- Examples of effective prevention
- Personal stories of coping, resilience, and recovery
- Descriptions of effective treatment
- Programs or services
- Stories of people helped by your services
- Descriptions of your program accomplishments and successes



Focusing on the positive does NOT mean hiding the tragedy of suicide.

## FRAMEWORK FOR SUCCESSFUL MESSAGING: POSITIVE NARRATIVE

### How can I be positive?

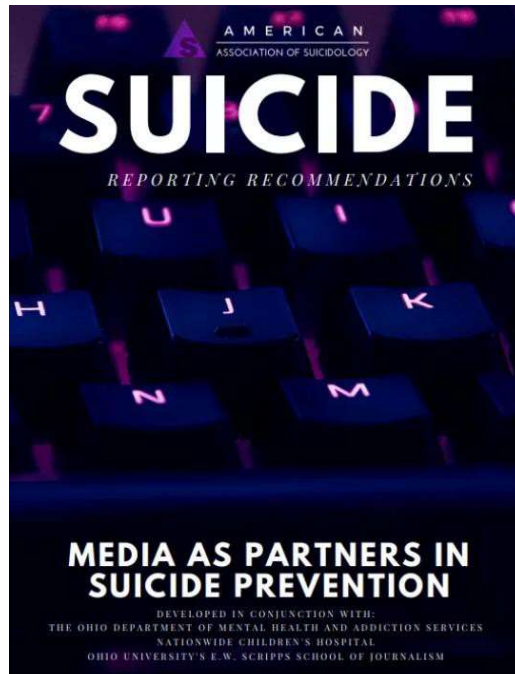
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- Stories of people helped by your services
- Descriptions of your program accomplishments and successes



Focusing on the positive does NOT mean hiding the tragedy of suicide.

## OHIO'S VOICE FOR SUICIDE PREVENTION

# FRAMEWORK FOR SUCCESSFUL MESSAGING: GUIDELINES

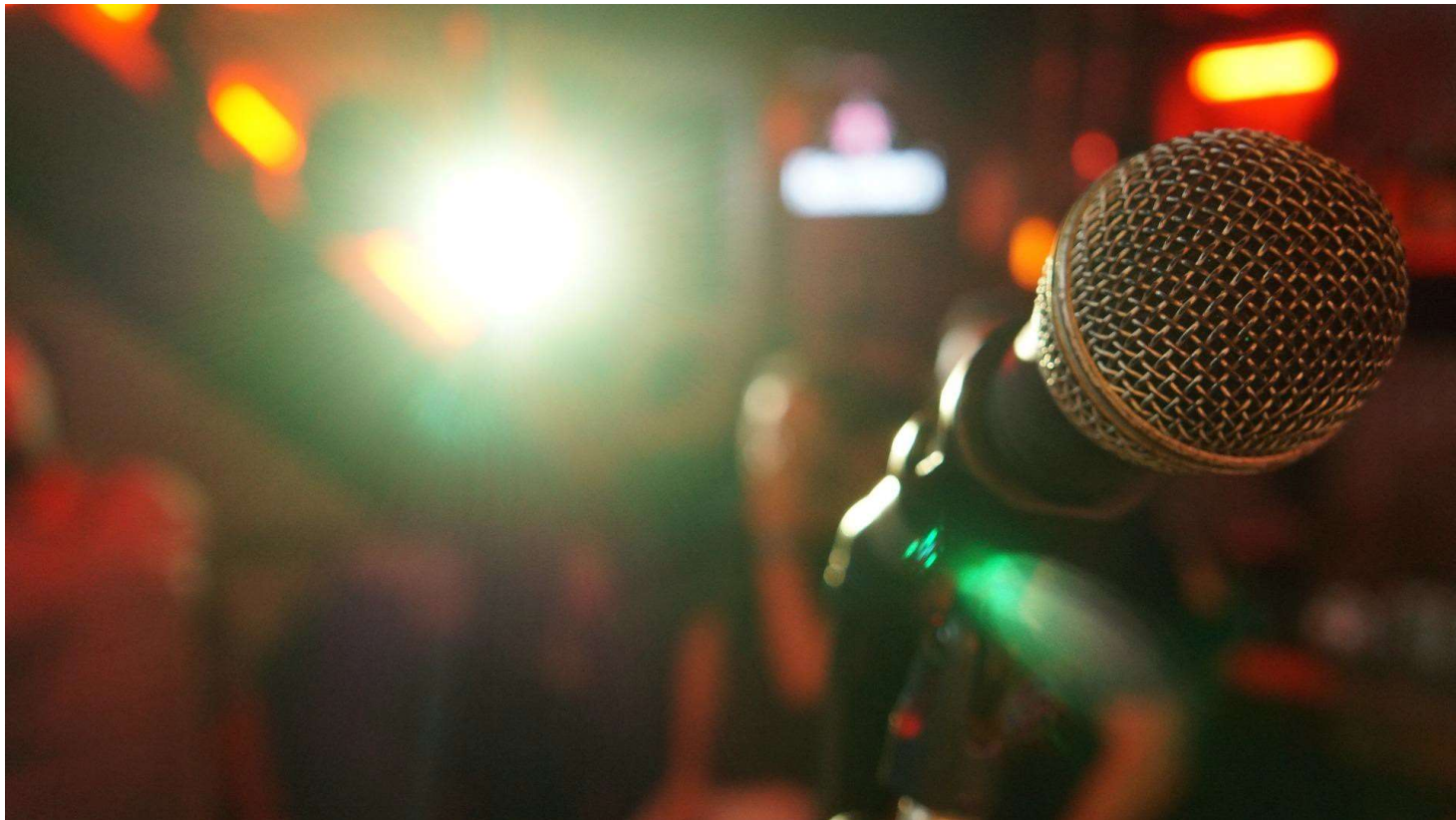


**Guidelines**



## OHIO'S VOICE FOR SUICIDE PREVENTION

### KNOW YOUR AUDIENCE





# Responsible Messaging: Using Effective Language to Prevent Suicide

**John Ackerman, Ph.D.**

*Center for Suicide Prevention and Research*

*Nationwide Children's Hospital Behavioral Health*

*The Ohio State University Dept of Psychiatry and Behavioral Health*

<http://www.nationwidechildrens.org/suicide-prevention>



# Why share suicide prevention messages publicly?

- Over 48,000 people died by suicide in 2018 in the U.S. of which 1,836 resided in Ohio (CDC, 2019)
- It is the leading cause of death for 10-14 year-olds in Ohio and 2<sup>nd</sup> leading cause of death for 15-34 year-olds (ODH, 2019)
- Increases in nearly every age & demographic since 2007
- Nearly half of us are exposed to suicide (Cerel et al, 2016), yet...
  
- **There remain many misconceptions about suicide**
- **Stigma and shame make getting support less likely**
- **Stories of recovery, hope, and healing save lives**



# Why share suicide prevention messages publicly?

- Suicide prevention messengers can shape public perception of suicide in productive and unhelpful ways:
  - Responsible messaging educates and empowers
  - Unsafe messaging can contribute to others feeling misunderstood, marginalized, isolated, emotionally dysregulated, hopeless, angry, or retraumatized
  - Those who share their “lived experience” of suicidal thoughts or behaviors or suicide bereavement bring a voice to the table that often goes unheard



# How to differentiate responsible messaging from unsafe messaging?



# Converging sources guide us

- Valuable insights from those with lived experience (“nothing about us without us”)
- Research indicating that certain portrayals of suicide contribute to “suicide contagion”
- Theory and research from the behavioral and social sciences (e.g., modeling, social learning)
- Media and safe messaging guidelines built from a combination of data and expert consensus

# Learning about sharing from suicide attempt and suicide loss survivors

## Dese'Rae L. Stage

- Creator of [www.livethroughthis.org](http://www.livethroughthis.org)
- Suicide attempt survivor
- Suicide prevention advocate



## Denise Meine-Graham

- Founder of LOSS Community Services based in Columbus
- Suicide loss survivor
- Suicide prevention advocate



<https://www.youtube.com/watch?v=4ksukj7e&feature=youtuBe>

# Lessons

- Representation matters
- How we talk about suicide matters to those impacted – assume they are your audience
- Culturally competent messengers use the preferred language of their audience
- Be authentic to oneself and considerate of others
- Focus on someone's life not method of death
- Refrain from judgment, moralizing, or suggest suicide is a selfish act or personal “choice”



Can unsafe messaging  
increase risk for suicide?

**Yes, it can.**



# What is the science of suicide contagion?

- Occurs when the same behavior spreads quickly and spontaneously through a group (Gould, 1990)
- Process by which a suicide leads to an increase in suicidal behaviors of others (USDHHS, 2008)
- Accounts for up to 5% of teen suicides and may be responsible for 1-2% of suicides overall but largely preventable



# Evidence for suicide contagion?

- Adolescents exposed to suicide are at increased risk for attempts (Insel & Gould, 2008)
- Existence of suicide clusters (Gould, 1990)
- Media coverage can influence suicide rates positively and negatively (Niederkrötenhaler et al., 2010)

## Potential mechanism:

- social identification
- increased emotional distress
- increased exposure / capability

## Who is most vulnerable?

- Children and adolescents (however all ages can be affected)
- Those with a history of suicidal behavior
- Those with easy access to lethal means
- Those with previous exposure to suicide
- Those who strongly identify with the individual who died by suicide

# Research designs evaluating media effects on suicide

- Ecological studies correlating media reporting of a suicide with suicide rates changes in population
- Experimental designs examining youth reactions to media dramatizations or written vignettes about suicide (e.g., Gibson & Range, 1991)
- Content analysis of media stories (e.g., Pirkis et al., 2002)
- Direct assessment of individuals who have attempted suicide following media displays (e.g., Hawton et al., 1999)

# What elements increase suicide contagion?



- Front page exposure, bold, sensational headlines
- Repetitive reporting of the same suicide
- Detailed descriptions of method/location
- Romanticizing or glamorizing suicide or its function
- Simplifying suicide to a single cause
- Stories relay common suicide myths

# Suicide contagion: Celebrities and non-fiction stories can increase risk

Stack (2000)

- Examined 42 studies with 293 significant findings
- Suicide reports of celebrity were 14x more likely to reveal an imitation effect
- 12% increase in suicides month after Marilyn Monroe died
- Fictional suicides show an imitation effect but it is weaker

Fink et al. (2018) – increase in suicides after Robin Williams' death with largest increase in older males

# Suicide contagion: Celebrities and non-fiction stories increase risk

Niederkrötenthaler et al., 2012

- Meta-analysis of 10 studies focusing on effects of celebrity suicide
- Increases reported the month after a celebrity suicide
  - Effects greatest for famous celebrities with high social status and in regions where celebrity was from

# Suicide contagion: Effects of guidelines

- Several ecological studies by Etzersdorfer & colleagues (1992, 1994, 1998, 2001, 2004, 2007)
  - Guidelines introduced to improve media reporting of suicide and subway suicides & attempts decreased
  - Newspaper coverage of a firearm suicide of famous hotel owner associated with increase in suicides by same method in 3 weeks after Austria's leading tabloid newspaper ran story, compared to the previous 3 weeks
    - Dose-response effect – increase in suicides greatest in regions with highest distributions of tabloid



## Association Between the Release of Netflix's *13 Reasons Why* and Suicide Rates in the United States: An Interrupted Time Series Analysis

Jeffrey A. Bridge, PhD, Joel B. Greenhouse, PhD, Donna Ruch, PhD, Jack Stevens, PhD, John Ackerman, PhD, Arielle H. Sheftall, PhD, Lisa M. Horowitz, PhD, MPH, Kelly J. Kelleher, MD, John V. Campo, MD

**Objective:** To estimate the association between the release of the Netflix series *13 Reasons Why* and suicide rates in the United States.

**Method:** Using segmented quasi-Poisson regression and Holt-Winters forecasting models, we assessed monthly rates of suicide among individuals aged 10 to 64 years grouped into 3 age categories (10–17, 18–29, and 30–64 years) between January 1, 2013, and December 31, 2017, before and after the release of *13 Reasons Why* on March 31, 2017. We also assessed the impact of the show's release on a control outcome, homicide deaths.

**Results:** After accounting for seasonal effects and an underlying increasing trend in monthly suicide rates, the overall suicide rate among 10- to 17-year-olds increased significantly in the month immediately following the release of *13 Reasons Why* (incidence rate ratio [IRR], 1.29; 95% CI, 1.09–1.53); Holt-Winters forecasting revealed elevated observed suicide rates in the month after release and in two subsequent months, relative to corresponding forecasted rates. Contrary to expectations, these associations were restricted to boys. Among 18- to 29-year-olds and 30- to 64-year-olds, we found no significant change in level or trend of suicide after the show's release, both overall and by sex. The show's release had no apparent impact in the control analyses of homicide deaths within any age group.

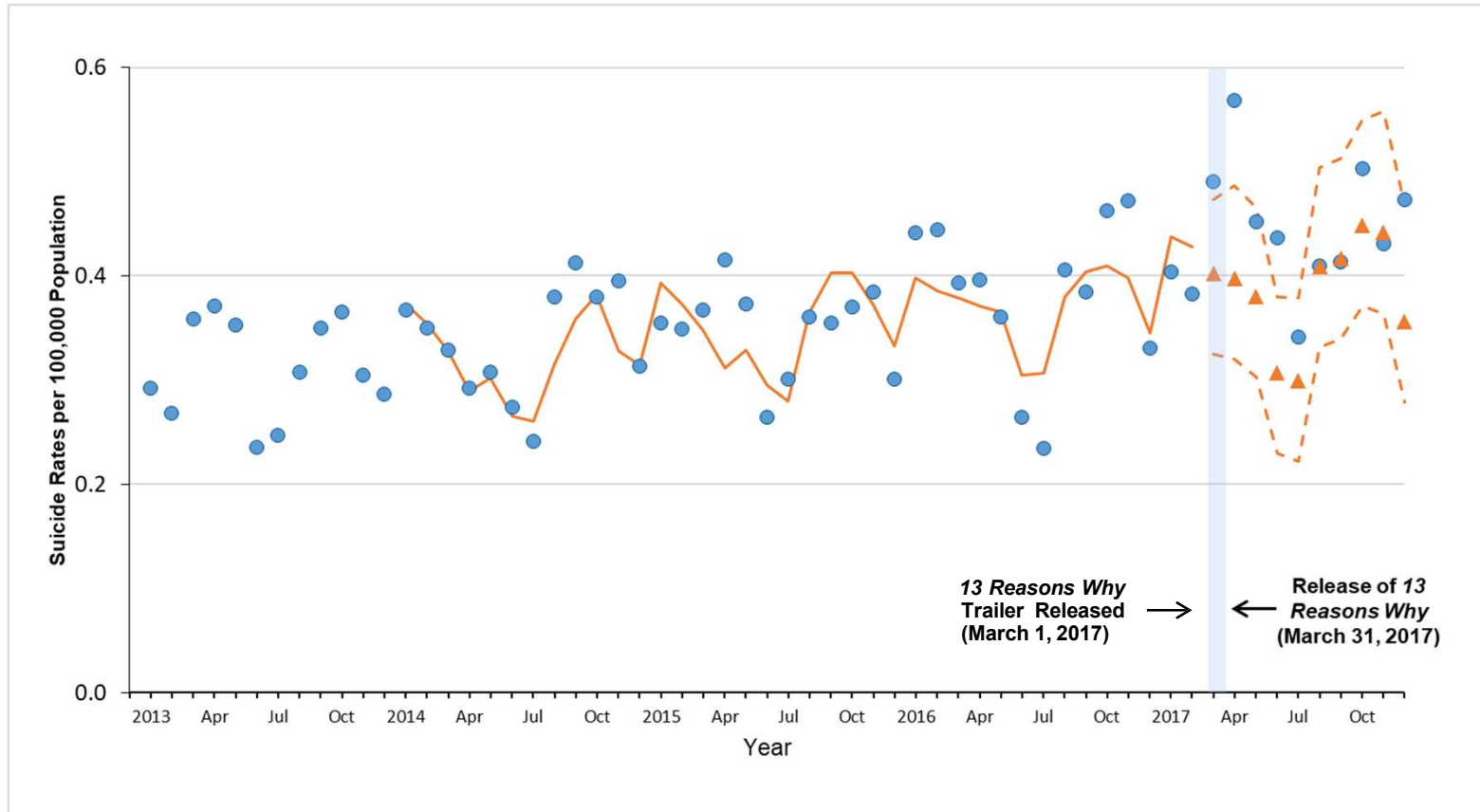
**Conclusion:** The release of *13 Reasons Why* was associated with a significant increase in monthly suicide rates among US youth aged 10 to 17 years. Caution regarding the exposure of children and adolescents to the series is warranted.

**Key words:** suicide, *13 Reasons Why*, suicide media reporting guidelines, time series

J Am Acad Child Adolesc Psychiatry 2019;■(■):■–■.



## Association Between the Release of *13 Reasons Why* and Suicide Rates in 10- to 17-Year-Old Children and Adolescents in the United States



Blue circles indicate observed suicide rates between January 1, 2013 and December 31, 2017. Orange solid line indicates fitted values that best account for underlying level, trend, and seasonal variation prior to release. The leading edge of the shaded area indicates the initial airing of the *13 Reasons Why* trailer. The trailing edge of the shaded area indicates the release date of *13 Reasons Why*. Orange triangles indicate forecasted suicide rates; curved orange dashed lines indicate the upper and lower 95% prediction intervals. Observed suicide rates in March, April, June, and December 2017 were significantly higher than corresponding forecasted rates.

## Bridge et al. (2019) Main Findings

- Significant increase in suicide rate among 10-17 year-olds in the month after the release of 13RW controlling for temporal trends and seasonality
- Estimated **additional 195 suicides** among 10-17 year-olds from April-December than predicted
- No associations between 13RW release & suicide in the older age groups (18-29, 30-64)
- **Clearly, increased media attention alone did not reduce youth suicides**

# Association of Increased Youth Suicides in the United States With the Release of *13 Reasons Why*

Thomas Niederkrotenthaler, MD, PhD, MMSc; Steven Stack, PhD; Benedikt Till, DSc; Mark Sinyor, MSc, MD; Jane Pirkis, PhD; David Garcia, DSc; Ian R. H. Rockett, PhD, MPH; Ulrich S. Tran, DSc

**IMPORTANCE** On March 31, 2017, Netflix released the show *13 Reasons Why*, sparking immediate criticism from suicide prevention organizations for not following media recommendations for responsible suicide portrayal and for possible suicide contagion by media. To date, little research has been conducted into the associations between the show and suicide counts among its young target audience.

**OBJECTIVE** To analyze the changes in suicide counts after the release of *13 Reasons Why*.

**DESIGN, SETTING, AND PARTICIPANTS** For this time series analysis, monthly suicide data for the age groups 10 to 19 years, 20 to 29 years, and 30 years or older for both US males and females from January 1, 1999, to December 31, 2017, were extracted from the Centers for Disease Control and Prevention's WONDER (Wide-ranging Online Data for Epidemiologic Research) database. Twitter and Instagram posts were used as a proxy to estimate the amount of attention the show received through social media from April 1, 2017, to June 30, 2017. Autoregressive integrated moving average time series models were fitted to the pre-April 2017 period to estimate suicides among the age groups and to identify changes in specific suicide methods used. The models were fitted to the full time series with dummy variables for (1) April 2017 and (2) April 1, 2017, to June 30, 2017. Data were analyzed in December 2018 and January 2019.

**MAIN OUTCOMES AND MEASURES** Suicide data before and after the release of the show in 2017.

**RESULTS** Based on social media data, public interest in the show was highest in April 2017 and was negligible after June 2017. For 10- to 19-year-old males and females, increases in

[+ Editorial](#)

[+ Author Audio Interview](#)

**Myth:**  
**The possibility of suicide contagion means we should not discuss suicide publicly.**



**FACT:**

Suicide is not understood well by the public. Most people who are thinking about suicide don't know where to turn for help. Sensitive and effective messaging does not increase suicide risk. It can provide alternatives and suggest recovery is possible; it can prevent a suicide.

# Responsible reporting can prevent suicide

Some suicide reporting strategies seem to actually reduce risk

- Known as the “Papageno effect”
- A focus on positive coping in adverse circumstances models resilience
- Focus on suicidal ideation not accompanied by suicide attempt or death when possible (“mastery of crisis”) Niederkrotenthaler et al., 2010

# SPRC Safe Messaging Guidelines

- Share warning signs, risk factors, protective factors
- Emphasize that help-seeking is a reasonable action
- Help audience see their role in suicide prevention
- Emphasize that suicide can be prevented and treated
- Avoid giving very specific details of the tragedy
- Avoid romanticizing/glorifying suicide or suggest that it served a function
- Avoid normalizing suicide as a response to stress
- Don't simplify causes or say suicide is inexplicable



## Make resources accessible

Discuss community efforts to prevent suicide :

- Describe suicide prevention programs that promote awareness, identification, and care for those displaying warning signs of suicide
- Describe options for support and treatment with links and phone numbers to local agencies
- Describe postvention and grief support options as well as guidance for bereaved friends and family to help them adjust to the loss of a loved one



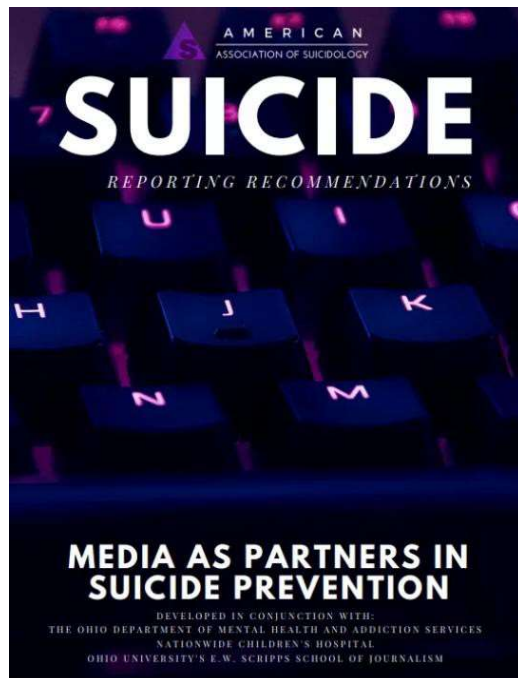


## Make resources accessible

If you're feeling suicidal, please talk to somebody. You can reach the [National Suicide Prevention Lifeline](https://www.nationalsuicideline.org/) at 1-800-273-8255; the [Trans Lifeline](https://www.translifeline.org/) at 877-565-8860; or the [Trevor Project](https://www.trevorproject.org/) at 866-488-7386. If you don't like talking on the phone, consider using the [Lifeline Crisis Chat](https://www.crisischat.org/) at [www.crisischat.org](https://www.crisischat.org/) or text "4HOPE" to the [Crisis Text Line](https://www.crisistextline.org/) at 741-741.



# Guidelines for reporting on suicide including social media recommendations



<https://suicidology.org/reporting-recommendations/>

<http://reportingonsuicide.org/>

Messaging > Entertainment > National Recommendations for Depicting Suicide

# National Recommendations for Depicting Suicide



Real Stories

A collaborative suicide prevention approach for news and entertainment

An Initiative of the National Action Alliance for Suicide Prevention

<https://theactionalliance.org/messaging/entertainment-messaging/national-recommendations>

# Ohio Suicide Reporting Guidelines

★ You are here : Initiatives > Ohio Suicide Reporting Guidelines

## Ohio Suicide Reporting Guidelines

### Resources for journalists

Responsible reporting on suicide has the power to save lives. How you shape a story — the details given, words used and resources provided — will minimize suicide contagion for vulnerable individuals and increase awareness of this major public health issue. Not only can journalists help shape the conversation about suicide, they can use social media to amplify key messages of prevention and recovery.

The Ohio Department of Mental Health and Addiction Services engaged Nationwide Children's hospital in Columbus and the E. W. Scripps School of Journalism at Ohio University in Athens to create tools that could assist reporters and editors. The result includes the resources below and a series of workshops at six Ohio colleges during Spring 2017.

[Guidelines](#)

[Checklist](#)

### Extended Suicide Reporting Guidelines

(12 Pages)

### Resources for Journalists Who Cover Suicide

### Video: Survivor Perspectives



This video featuring Dese'Rae L. Stage and Denise Meine-Graham was produced by the Center for Suicide Prevention and Research, Nationwide Children's Hospital, in collaboration with the E. W. Scripps School of Journalism at Ohio University and the Ohio Department of Mental Health and Addiction Services.



### Checklist

Before submitting your story on a suicide death, did you:

- Use preferred language? (e.g., "died by suicide" or "took his/her own life;" not "committed suicide")
- Use objective, non-sensationalistic language to describe the suicide death?
- Exclude details about method, location, notes or photos from the scene?
- Focus on the life of the person versus the death and method?
- Frame suicide as a preventable form of death?
- Indicate that suicide is always caused by multiple factors?
- Convey that suicidal thoughts and behaviors are not weaknesses or flaws and can be reduced with support and treatment?
- Ensure all links contain reliable information?
- Consult a mental health or suicide prevention expert?
- List suicide warning signs and local resources?

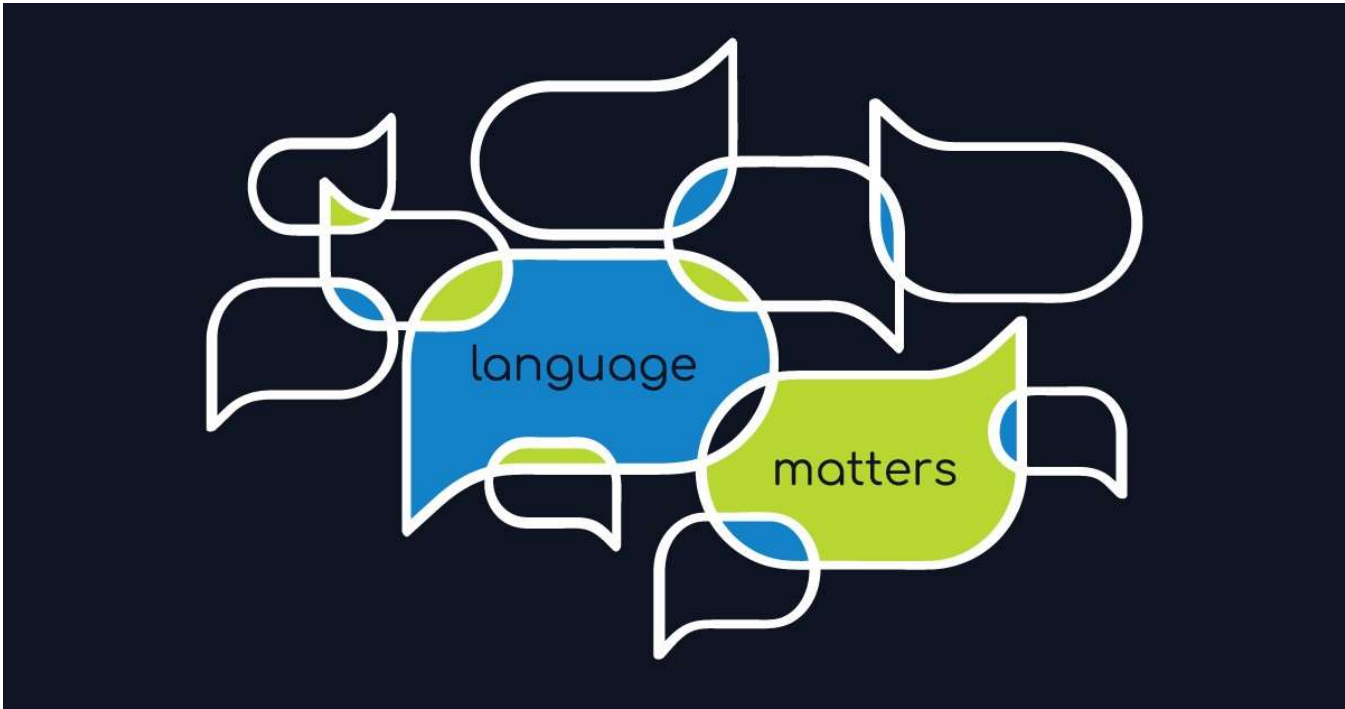
[Click for a printable PDF of the Checklist.](#)

# How did we update guidelines?

- Collaboration between key stakeholders
  - Journalists and students of journalism (Ohio U)
  - Individuals with lived experience with suicide including loss and attempt survivors
  - Suicide prevention and social media experts
- Literature review of existing suicide reporting guidelines and studies on media and suicide
- Categorized recommendations on strength of research and utility (focus group of journalists)

# How did we update guidelines?

- Distilled recommendations into 4 themes
    - Limiting suicide contagion
    - Story formulation
    - **Language around suicide**
    - Providing crisis and suicide prevention options
  - Developed short and extended versions
  - Created a checklist for journalists on-the-go
  - Created a web portal, videos, and a podcast
-



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COLLEGE OF MEDICINE

# Our language shapes perception

- Language is vital to how we:
  - see and interpret the world
  - connect sensations to learning and memory
  - give personal meaning to emotional experiences
  - manage intense emotions
  - cope with change and make decisions
  - build values and consider future options





# Choices around language are critical:

- Stigma and discomfort mean limited opportunities for audiences to learn about suicide
  - Your presentation may set the foundation
  - What is the goal then?
  - Presenters help build framework for understanding
    - Avoid sensational language that frames suicide as hopeless, overwhelming, & inexplicable
    - Audience should not be the pathway to address unprocessed trauma and grief
-

# Preferred Language

Say this	Instead of this
Died by/of suicide; Killed him/herself (themselves); took his/her/their life	Committed suicide; suicided
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt
Person living with suicidal thoughts or behavior (person first language)	Suicide ideator or attempter
Suicide	Completed suicide
(Describe the specific behavior)	Manipulative, parasuicidal, “frequent flyer”, cry for help, or suicidal gesture

# Telling Your Story

- Responsible messaging can save lives!
- Share story with the expectation that those who have been impacted by suicide are present
- Avoid labels – use person-centered language
- Do not equate struggling with suicide as a personal flaw or weakness
- Focusing on manner of death over how someone lived can cause harm
- Ask yourself if I would share specifics of a death if the cause were different (e.g., cancer)

# Telling Your Story

- Special circumstances
  - What if method is central to a story or unavoidable to share?
  - What is informed choice for the audience?
  - How do we gauge readiness for sharing?
  - How do we maintain boundaries?
- Being gentle and compassionate with ourselves
- Thank you for being a messenger!

## Take-home points:

- Consider your prevention goals and audience
- Educate to reduce stigma
- Discuss suicide as largely preventable
- Humanize mental health struggles and lived experience of suicidal thoughts, behavior and loss
- Consider excluding graphic or sensational details
- Appreciate the impact of language
- Share resources for coping with / managing crises
- Practice self care and encourage self-care

# Thank you!

## **Nationwide Children's Hospital**

Elizabeth Cannon, LPCC  
Glenn Thomas, Ph.D.  
Jeff Bridge, Ph.D.  
Arielle Sheftall, Ph.D.

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Michelle Price  
Tony Coder  
Austin Lucas

## **Franklin County LOSS**

Denise Meine-Graham

## **Ohio University E.W. Scripps School of Journalism**

Nerissa Young  
Society of Professional Journalists

## **Suicide Prevention Social Media #SPSM**

Dese'Rae L. Stage  
Jonathan Singer, Ph.D., LCSW  
Bart Andrews, Ph.D.  
April Foreman, Ph.D., LP  
Chris Maxwell



# Local and National Resources

## Local - Ohio

<https://franklincountyspc.org/>

<https://losscs.org/>

<http://www.ncmhs.org/SuicidePrevention>

<http://suicideprevention.osu.edu/>

<https://www.ohiospf.org/>

<https://mhafc.org/>

<http://nationwidechildrens.org/suicide-research>

## Phone Apps

MY3

RUOK?OSU

A Friend Asks

Mood Tools

## National

<http://www.sprc.org/>

<http://afsp.org/>

<http://suicidology.org>

<http://www.thetrevorproject.org/>

<https://www.translifeline.org/>

<http://www.crisischat.org/>

<http://www.suicidepreventionlifeline.org/>

Spanish Suicide Prevention Lifeline

- 1-888-628-9454

Suicide Prevention Lifeline

- 1-800-273-TALK (8255)

Crisis Text 741-741

- Text "4HOPE" in Ohio



# Additional resources for reporting on suicide:

[www.suicidology.org/reporting-recommendations/](http://www.suicidology.org/reporting-recommendations/)

<https://mha.ohio.gov/Researchers-and-Media/Reporting-on-Suicide>

[www.reportingonsuicide.org](http://www.reportingonsuicide.org)

<https://www.bloggingonsuicide.org/>

[www.samaritans.org](http://www.samaritans.org)

[www.afsp.org/briefing-press-report-suicide/](http://www.afsp.org/briefing-press-report-suicide/)

[www.poynter.org/tag/suicide](http://www.poynter.org/tag/suicide)





PreventionFIRST!

2021 Coalition Capacity Webinars



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# PreventionFIRST!

## 2021 Coalition Capacity Webinars



### Post Training Info:

- The recording and supplemental materials will be available on the PreventionFIRST! website under **TrainingHUB**.
- Please complete the evaluation survey here:



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