



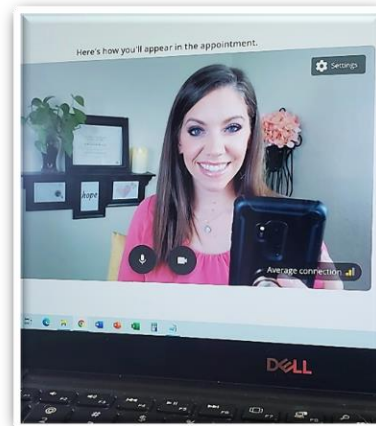
Suicide

Prevention, intervention,
and postvention

Carrie Breedlove MS, LPC
EMDR Trained
BREEDLOVE COUNSELING, PLLC

Carrie Breedlove MS, LPC

EMDR Trained



Overview

PREVENTION

INTERVENTION

SAFETY PLANNING

POSTVENTION

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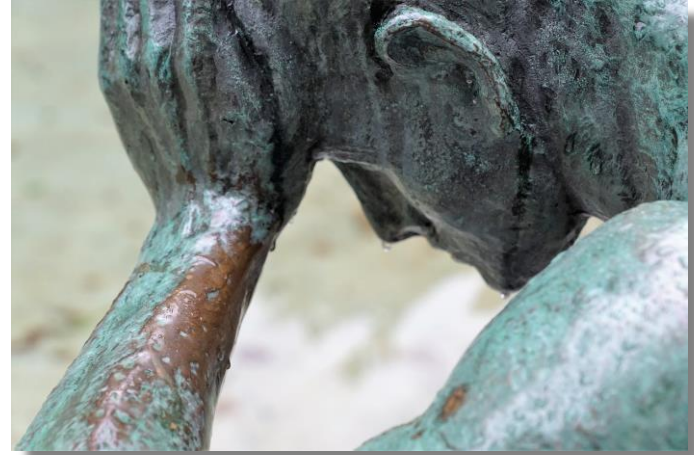
CARE REMINDERS

- Your history
- Take a break
- Seek support



DEFINITIONS

- **Passive thoughts of death** wish to be dead, wish to go to sleep and not wake up
- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- A **suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.

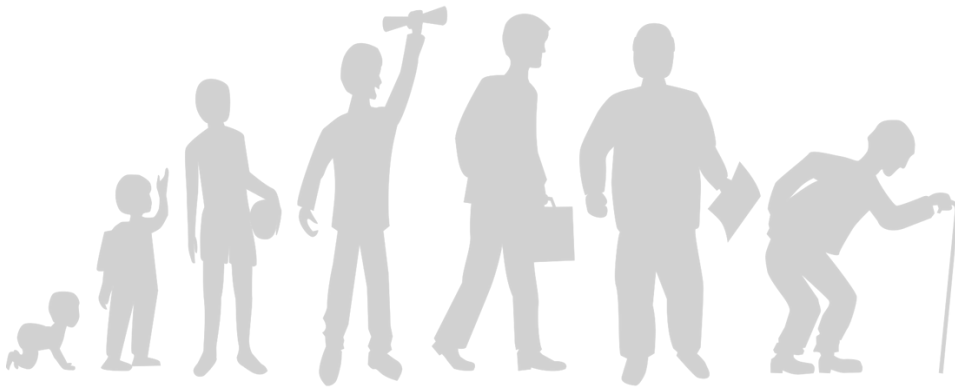


SUICIDE: US Statistics

- 10th leading cause of death in the US
- In 2019 there were an estimated 47,500 deaths by suicide in the US. (1 every 11 min)
- 12 million contemplated
- 3.5 million planned an attempt
- 1.4 million attempted (2019)

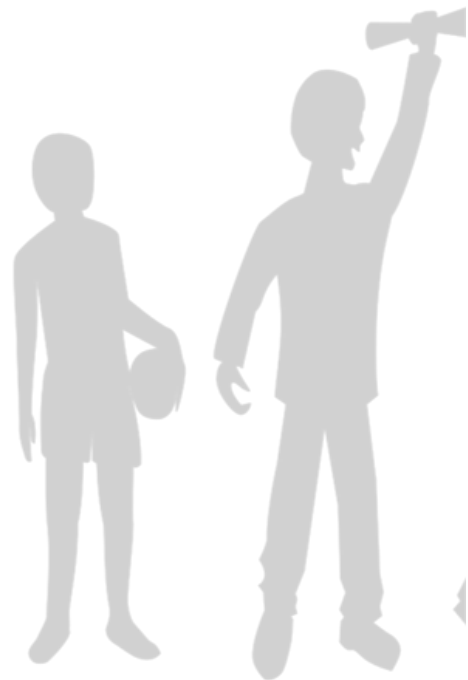
AGE/GENDER

- Highest in middle-aged white men
- Higher among adults age 45-64 years old, highest among ages 52-59
- Men tend to complete more, women tend to attempt 1.5 times as often
- 7.4 % of youth in grades 9-12 reported at least one suicide attempt in the past 12 months



YOUTH

- Female students attempted almost twice as often as male students
- Black students reported the highest rate of attempt
- Approximately 2.4% of all students reported making a suicide attempt that required treatment by a doctor or nurse.



ETHNICITY

- Highest, White 16.84
 - Alaska Native/American Indian 14.12
 - Asian/Pacific Islander 7.16
 - Black African American 7.03
- (based on rate per 100,000)

SUICIDE: Global Statistics

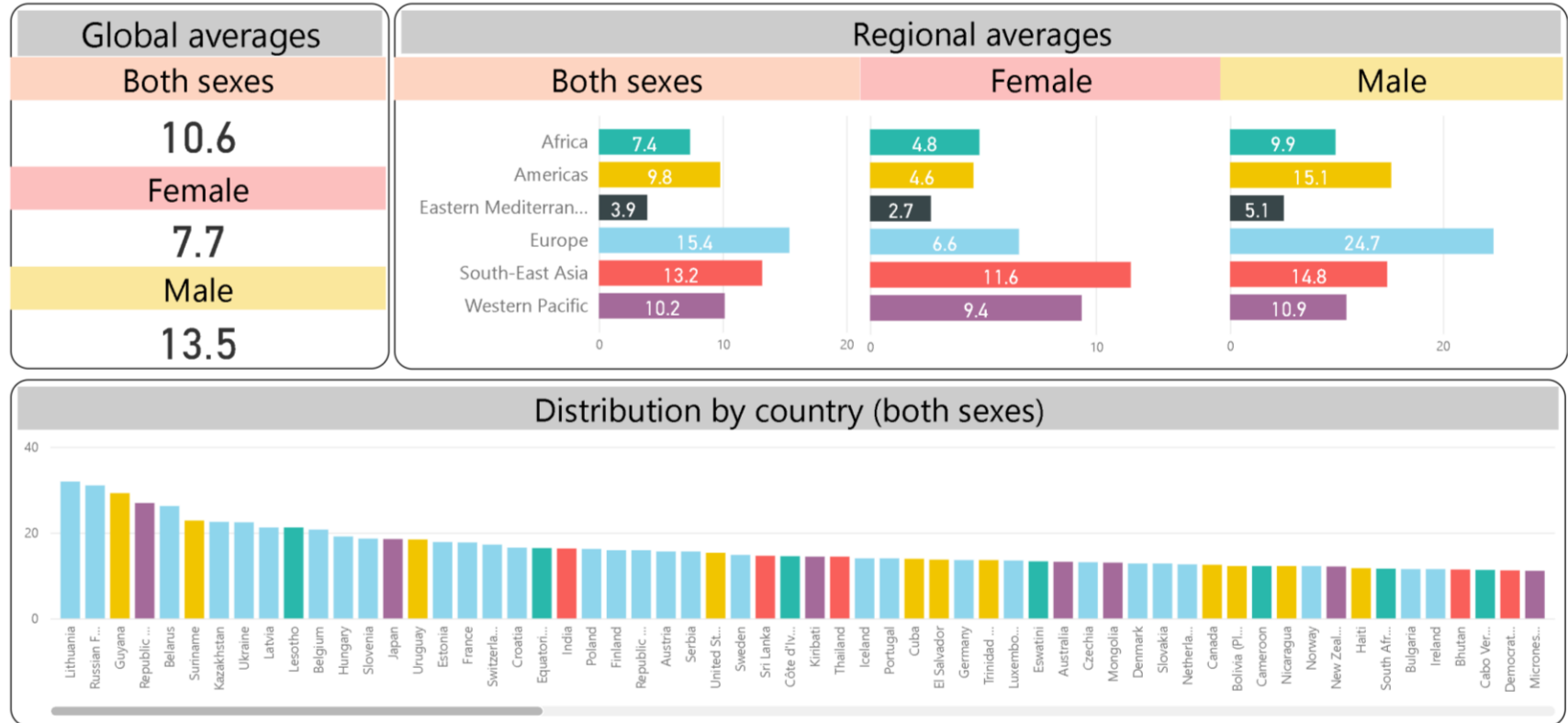
- Globally 800,000 people die from suicide every year – that's twice the number from homicide.
(One person every 40 seconds)
- The suicide rate for men is twice as high as for women.
In many countries this ratio is even higher.
- Self-poisoning from pesticides have had a large toll, particularly in low-to-middle income countries. Bans on some pesticides have been effective in reducing suicide rate

Crude suicide rates (per 100 000 population)

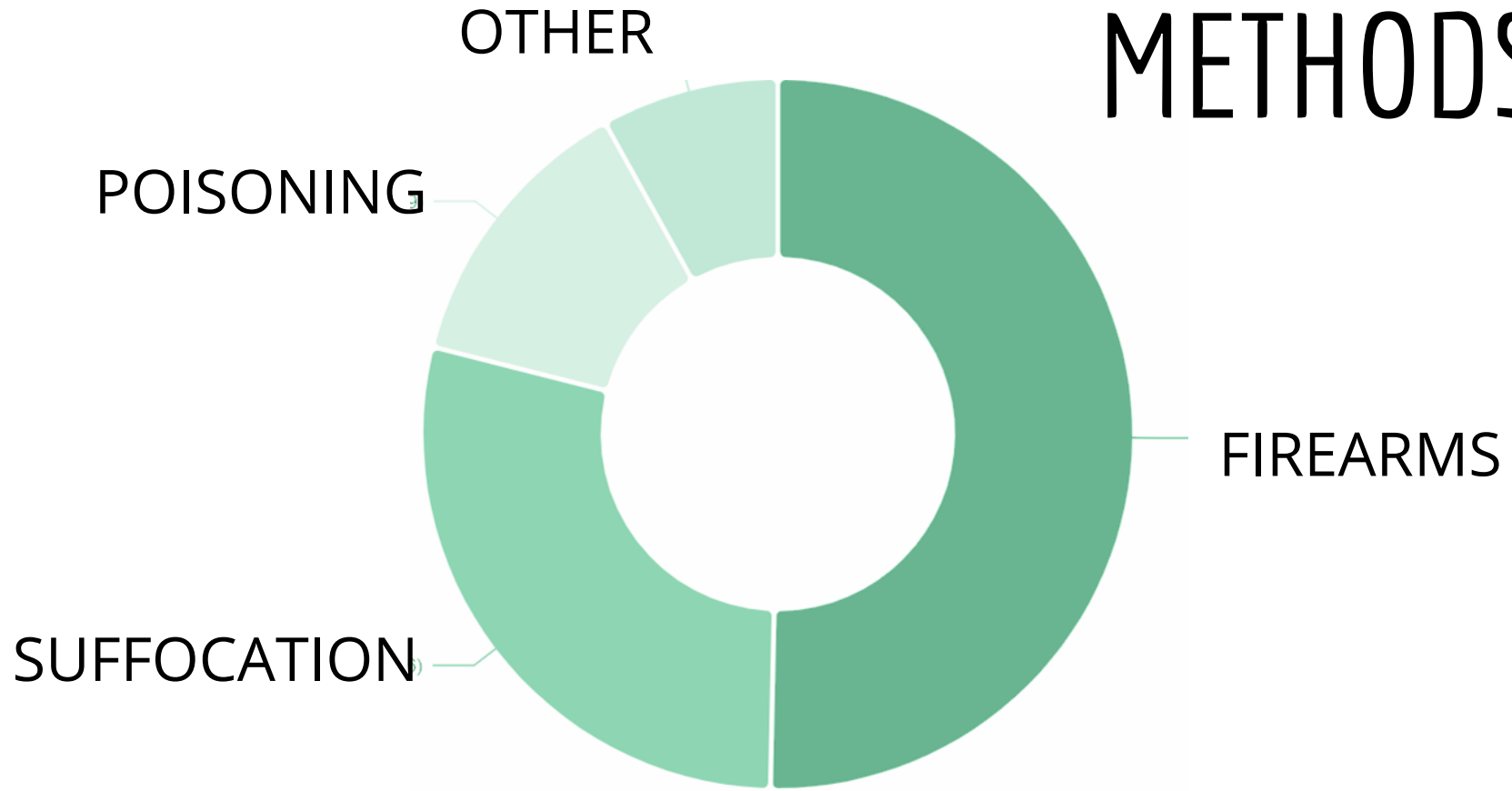
Year : 2016

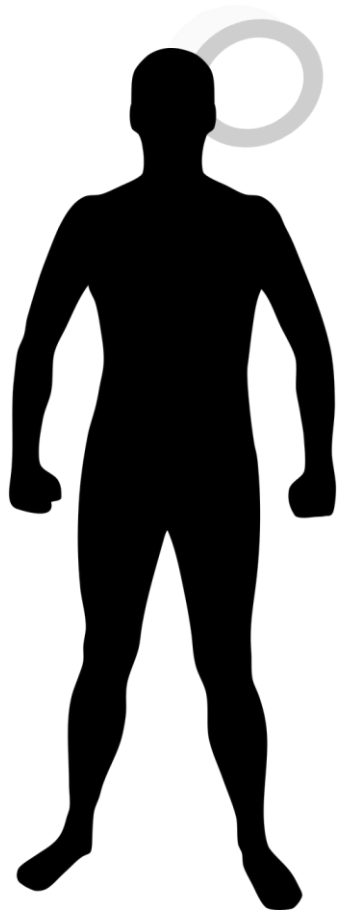
Suicide deaths occur in adolescents and adults of all ages

Last updated : 2018-04-05



METHODS





✗ MYTHS &
✓ TRUTHS

MYTH: Discussing suicide will make someone act on it

TRUTH: Asking about suicide can be the best way to identify risk and bring relief

MYTH: If you tell a mental health professional you have thoughts of suicide they will lock you up

TRUTH: Professionals look for the most least restrictive option for care. Taking away your rights is not something that one individual has the power to do

MYTH: Once suicidal, always suicidal

TRUTH: Thoughts about suicide can come and go

MYTH: People who threaten don't do it

TRUTH: People who threaten sometimes do follow through.
take all threats seriously.

MYTH: 100% of people with SI are determined to die

TRUTH: People who have suicidal thoughts are ambivalent


MYTH: Suicide is always impulsive

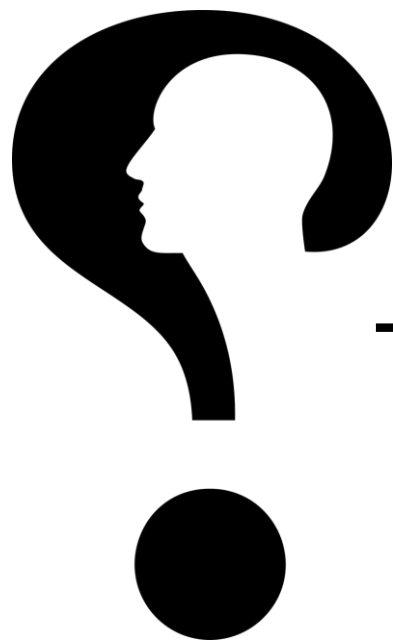
TRUTH: Sometimes it is, but many times it has been thought through for a long time

A photograph showing two hands, one from a person wearing a grey shirt and the other from a person wearing a red and white striped shirt. Both wrists have a large, hand-painted red 'X' mark. The hand on the left has a silver ring on the ring finger. The background is a plain, light-colored surface.

STIGMA & LANGUAGE

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- 
- Committed/completed suicide vs **died by suicide**
 - Unsuccessful/failed attempt vs **suicide attempt**
 - Suicide survivor vs **suicide loss survivor**



PASSIVE VS ACTIVE THOUGHTS OF DEATH



PASSIVE THOUGHTS OF DEATH

- 
- “Wouldn’t care if I died”
 - “I wish I could just disappear”
 - “I wish I could go to sleep and not wake up”
 - Wish to be in heaven
 - Not actively planning to harm self
 - Wishful thinking
 - If someone else did someone to cause their death, that would be “OK”

ACTIVE THOUGHTS OF DEATH



- Actively thinking about a method, or researching a method to kill oneself
- Active planning about when and where to use the method
- Intent to follow through on thoughts/plan

Biosignature of Suicide

- Decreased blink rate
- "Ramped up," but with flat affect
- Agitation: pacing, crying, wringing hands
- Insomnia
- Weight loss

IS PATH WARM?



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IS PATH WARM?

Ideation

Substance Use

Purposelessness

Anger

Trapped

Hopelessness

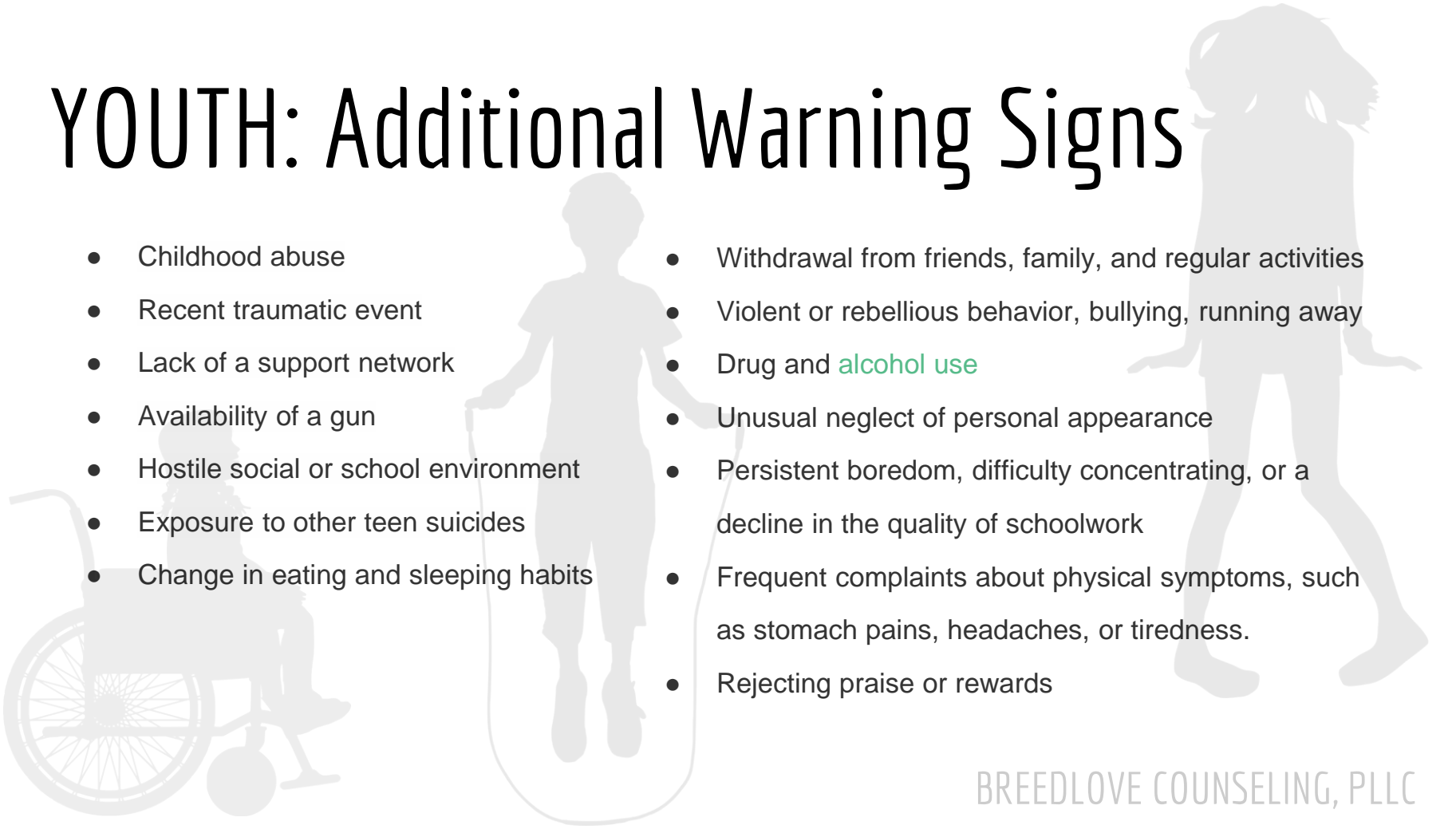
Withdrawing

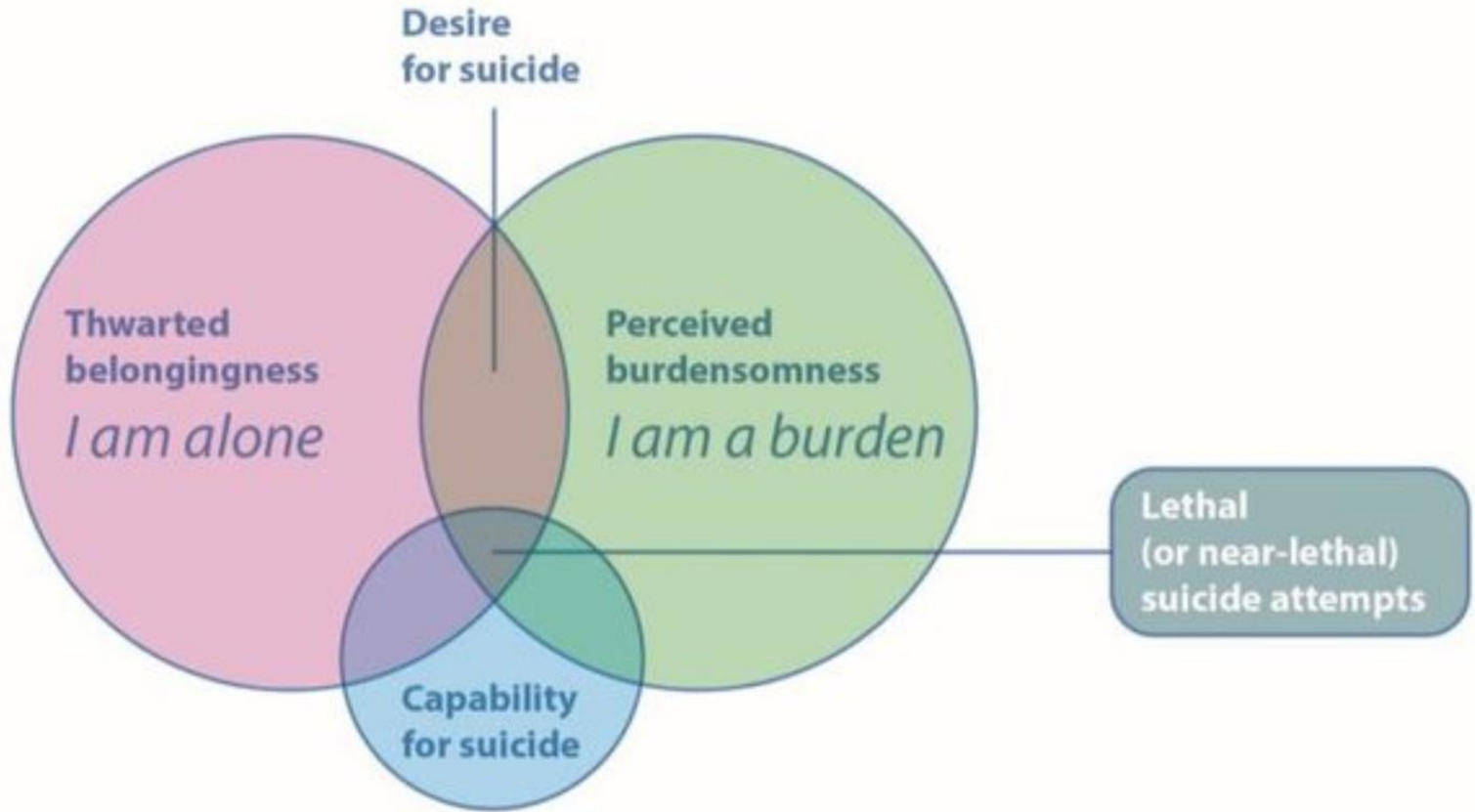
Anxiety

Recklessness

Mood Change

YOUTH: Additional Warning Signs

- 
- Childhood abuse
 - Recent traumatic event
 - Lack of a support network
 - Availability of a gun
 - Hostile social or school environment
 - Exposure to other teen suicides
 - Change in eating and sleeping habits
 - Withdrawal from friends, family, and regular activities
 - Violent or rebellious behavior, bullying, running away
 - Drug and alcohol use
 - Unusual neglect of personal appearance
 - Persistent boredom, difficulty concentrating, or a decline in the quality of schoolwork
 - Frequent complaints about physical symptoms, such as stomach pains, headaches, or tiredness.
 - Rejecting praise or rewards





CHRONIC RISK FACTORS & PROTECTIVE FACTORS

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CHRONIC RISK FACTORS

- Suicide attempts/ideation (self/family)
- Parental history of violence
- Substance use
- Divorce
- Psychiatric hospitalization
- Trauma
- Violent behaviors
- Impulsive/reckless behaviors
- Mental health diagnosis

PROTECTIVE FACTORS

- Social supports
- Resiliency/skills to adapt to change
- Jobs they feel invested in
- Engaged in school
- Spiritual beliefs
- Ease of access to clinical supports / attending counseling
- Able to identify reasons for living
- Fear of death or dying due to pain/suffering

Risk Assessment

[C-SSRS-Risk-Assessment-Page.docx \(live.com\)](#)

- Suicidal and Self-Injurious Behavior
- Suicidal Ideation
- Activating Events (Recent)
- Treatment History
- Clinical Status (Recent)
- Protective Factors (Recent)

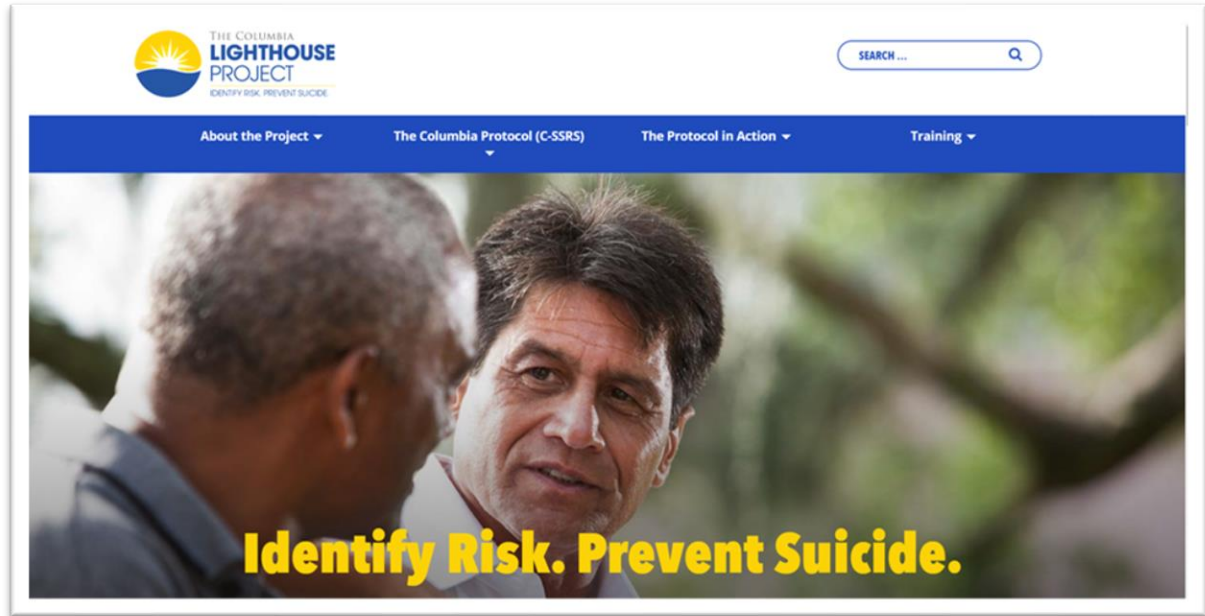
COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zalszky, Burke, Oquendo, & Mann
© 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.

Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/> Hopelessness
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/> Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/> Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/> Highly impulsive behavior
Suicidal Ideation			<input type="checkbox"/> Substance abuse or dependence
Check Most Severe in Past Month			<input type="checkbox"/> Agitation or severe anxiety
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/> Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/> Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/> Homicidal ideation
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/> Aggressive behavior towards others
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/> Method for suicide available (gun, pills, etc.)
Activating Events (Recent)			<input type="checkbox"/> Refuses or feels unable to agree to safety plan
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/> Sexual abuse (lifetime)
Describe:			<input type="checkbox"/> Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness		Protective Factors (Recent)
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/> Identifies reasons for living
Treatment History			<input type="checkbox"/> Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/> Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/> Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/> Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/> Engaged in work or school
Other Risk Factors			Other Protective Factors
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/>			<input type="checkbox"/>
Describe any suicidal, self-injurious or aggressive behavior (include dates)			

COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS)

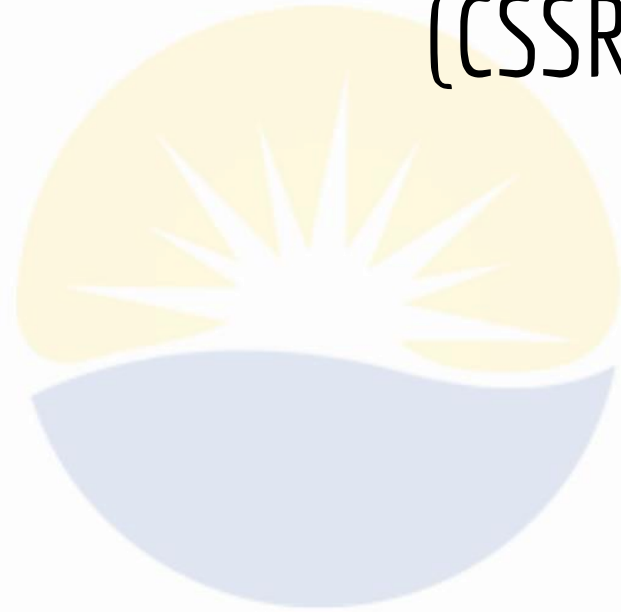


[The Lighthouse Project](#) [The Columbia Lighthouse Project](#)

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COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS)

- Simple
- Efficient
- Effective
- Evidence-supported
- Universal
- Free



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COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS)

	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6	
3) Have you thought about how you might do this?	
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk
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?	High Risk
Always Ask Question 6	Life-time Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>	High Risk

<https://cssrs.columbia.edu/>

<https://cssrs.columbia.edu/documents/clinical-practice-screener-recent/>

https://www.youtube.com/watch?v=xAcq_svRGU8

Training video

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C-SSRS-1-14-09-m9-12-17-m5-3-21-Lifetime-Recent.doc (live.com)

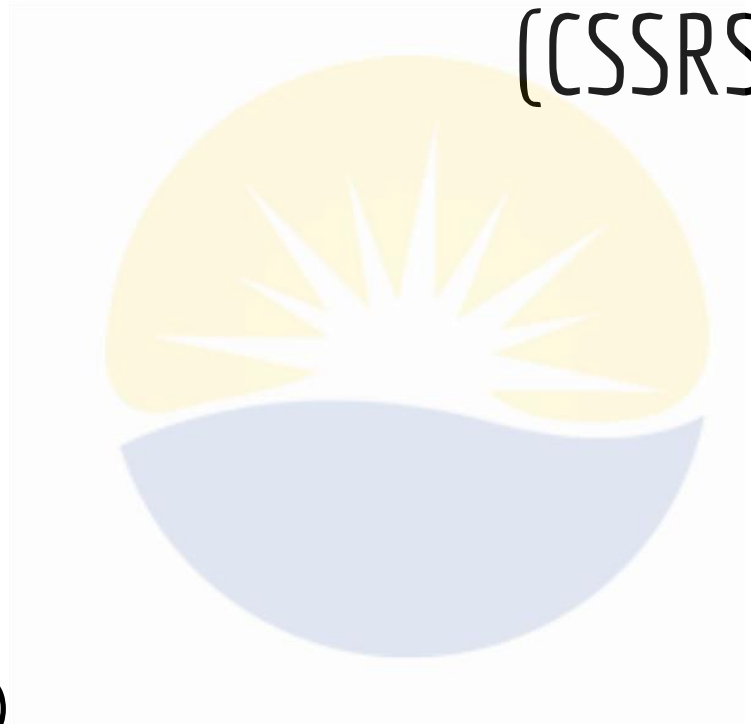
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COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS)

Who is qualified to use it?

- Spouses
- Parents
- Teachers
- Friends
- Family
- Teens

(Also available in Spanish)



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HOW TO USE THE CSSRS

COLUMBIA-SUICIDE SEVERITY RATING SCALE *Screen Version - Recent*

	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		

HOW TO USE THE CSSRS

2) **Have you actually had any thoughts of killing yourself?**

If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

3) **Have you been thinking about how you might do this?**

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."

4) **Have you had these thoughts and had some intention of acting on them?**

As opposed to "I have the thoughts but I definitely will not do anything about them."

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?

HOW TO USE THE CSSRS

2) **Have you actually had any thoughts of killing yourself?**



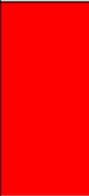
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.

6) **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**

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.

If YES, ask: Was this within the past three months?

YES	NO



CSSRS IN ACTION!



<https://www.youtube.com/watch?v=Hqr5BheXEdQ>

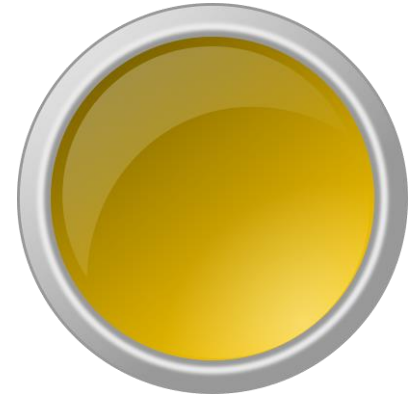
Asking the right questions



https://www.youtube.com/watch?v=xAcq_svRGU8

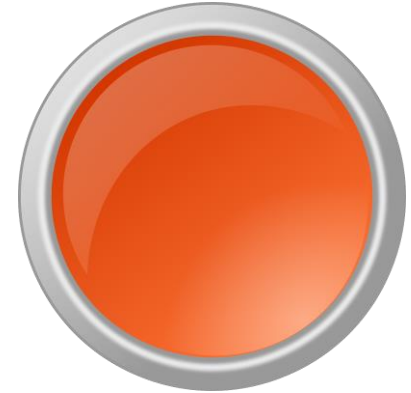
PRACTICAL HELP FOR THOSE AT LOW RISK

1. Supportive listening
2. Safety Planning
3. Weekly meetings, offering additional MH supports



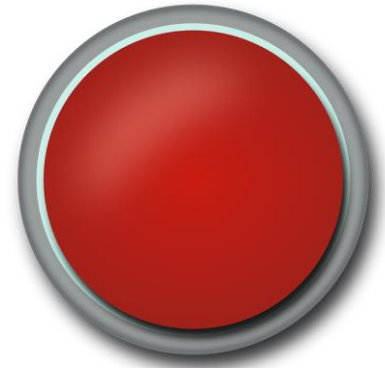
PRACTICAL HELP FOR THOSE AT MODERATE RISK

1. Supportive listening
2. Safety Planning
3. Weekly meetings, connecting with additional MH supports



PRACTICAL HELP FOR THOSE AT HIGH RISK

1. Stay with someone who has admitted to having a method/plan and intent to carry it out
2. Connect with crisis services
IMMEDIATELY (Crisis line or 911)
3. Follow up in 24 hours, ask about safety plan



SAFETY PLANNING



BREEDLOVE COUNSELING, PLLC

SAFETY PLAN

STEP 1: Warning Signs (thoughts, mood, situation) that my body lets me know I'm not doing well.

1. _____
2. _____
3. _____

STEP 2: Refocusing my mind and heart – Things I can do to redirect my mind, and body that don't require other people. (physical activity, prayer/meditation, art, hobby, reading, singing, etc.):

1. _____
2. _____
3. _____

STEP 3: People and social settings that provide encouragement:

1. Name/Phone Number _____
2. Name/Phone Number _____
3. Place _____
4. Place _____

STEP 4: People I trust, whom I can ask for help:

1. Name _____
Phone _____
2. Name _____
Phone _____
3. Name _____
Phone _____

STEP 5: Professionals or agencies I can contact during a crisis: (case workers, counselors, doctors, etc.)

1. Clinician Name _____
Phone _____
2. Clinician Name _____
Phone _____
3. Local Urgent Care Services (address/phone number) _____

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Crisis Text Line Text "home" to 741-741
Denton County Psych Triage (24-7 Free walk-in mental health crisis assessment)
2509 Scripture St, Denton, TX 76201 (940) 381-9965

STEP 6: Making the environment safe (something I need to remove from/or add to my environment)

1. _____
2. _____

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

Modified: Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown

SAFETY PLAN

1. Warning signs
2. Activities to refocus
3. People and social settings providing encouragement
4. People I trust, who I can ask for help
5. Professional or agencies
6. Making the environment safe

Reason for living:

What is worth living for?

https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Brown_St StanleySafetyPlanTemplate.pdf

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SAFETY PLAN: STEP 1 & 2

STEP 1: Warning Signs (thoughts, mood, situation) that my body lets me know I'm not doing well.

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SAFETY PLAN: STEP 3 & 4

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3. Place _____
4. Place _____

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Phone _____
2. Name _____
Phone _____
3. Name _____
Phone _____

SAFETY PLAN: STEP 5

STEP 5: Professionals or agencies I can contact during a crisis: (case workers, counselors, doctors, etc.)

1. Clinician Name _____

Phone _____

2. Clinician Name _____

Phone _____

3. Local Urgent Care Services (address/phone number)

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

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2. _____

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

Local/National Resources



- LOCAL CRISIS HOTLINES
- LIFELINE 800-273-8255
- CRISIS TEXT LINE
 - TEXT "HOME" TO 741-741
- 24/7 Statewide COVID-19 Texas Mental Health Support Line 833-986-1919

COUNSELING ON ACCESS TO LETHAL MEANS (CALM)

CALM: Counseling on Access to Lethal Means

Date: 2018

(For resources, this is the publication date. For programs, this is the date posted.)



<https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>

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FOLLOW-UP & POSTVENTION

SUICIDE LOSS SURVIVOR



<https://www.youtube.com/watch?v=430Ka041gB4>

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FOLLOW-UP

- CSSRS questions
- Supports?
- Safety Plan

	Past Month
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SAFETY PLAN

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2. _____
3. _____

mind and heart – Things I can do to redirect my mind, and body that don't physical activity, prayer/meditation, art, hobby, reading, singing, etc.):

al settings that provide encouragement:

whom I can ask for help:

agencies I can contact during a crisis: (case workers, counselors, doctors, etc.)

ervices (address/phone number)

eline Phone: 1-800-273-TALK (8255)

"home" to 741-741

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enton, TX 76201 (940) 381-9965

STEP 6: Making the environment safe (something I need to remove from/or add to my environment)

1. _____
2. _____

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

Modified: Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown

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POSTVENTION: L.O.S.S. TEAM

DENTON COUNTY LOSS TEAM

LOSS Team provides immediate on-scene support and resources, as well as an installation of hope, to individuals impacted by a suicide death of a loved one.

If you or someone you know could benefit from LOSS team services or if you would like more information please call us.

(This is not a crisis line.)

CALL 940.205.6706

IF YOU ARE IN CRISIS, please call:
National Suicide Prevention Lifeline 800.273.8255
Local Suicide Prevention Lifeline 800.762.0157



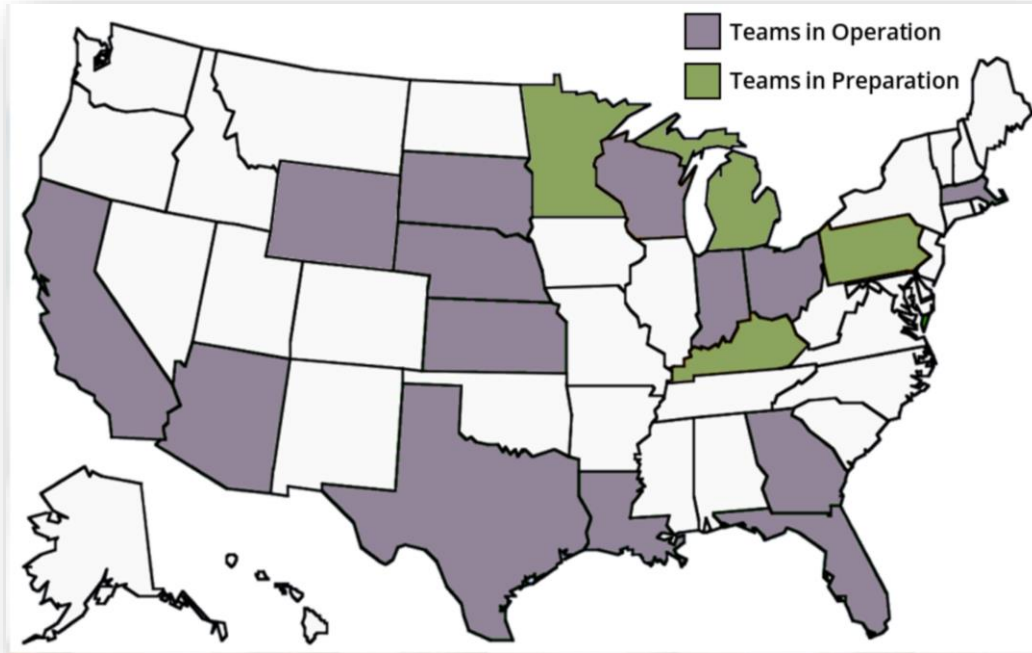
<https://www.facebook.com/carriebreedlove19/videos/10155202913325819/>



<https://www.facebook.com/588620818/videos/10158366446980819/>

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L.O.S.S. TEAMS IN US



<http://www.lossteam.com/map.php>

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POSTVENTION: Support for Suicide Loss Survivors



<https://www.touchedbysuicide.net/>

<https://www.facebook.com/carriebreedomove19/videos/10158410764630819>

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ADDITIONAL TRAINING

<https://www.pesi.com/>

- Managing Suicidality with High-Crisis DBT Clients
- Why People Die by Suicide: What the Last 20 Years of Research Shows Us
- Losing a Loved One to Suicide: Interventions to Move Survivors Beyond the Ruins
- Suicide in Historically Marginalized Communities: Perception Versus Reality
- What To Do with Suicidal Thoughts That Just Won't Go Away



- Reduce Suicide, Liability, & Workload in Healthcare and Beyond with The Columbia Protocol
- Lessons from Treating Suicidal Veterans: The Latest Interventions
- Cognitive Processing Therapy (CPT) for Suicidality: Overcoming Stuck Points and Creating Mental Flexibility
- New Insights and Strategies: Crisis Safety Planning with Youth and Teens
- Helping the Suicidal Person: A Clinical Toolbox
- Embracing Suicidal Parts: Using Internal Family Systems (IFS) to Heal Traumatic Wounds

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ADDITIONAL RESOURCES

Crisis Text Line <https://www.crisistextline.org/>

National Suicide Prevention Lifeline <https://suicidepreventionlifeline.org/>

American Foundation for Suicide Prevention <https://afsp.org/>


Veterans Crisis Line <https://www.veteranscrisisline.net/>

Suicide Prevention Resource Center <https://www.sprc.org/>

Zero Suicide <http://zerosuicide.edc.org/>

Texas Youth Helpline https://www.dfps.state.tx.us/Youth_Helpline/

Sign-up to get monthly resources and encouragement!



Subscribe to receive monthly encouragement from Carrie

<https://www.breedlovecounseling.com/email-list>

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CARRIE BREEDLOVE MS, LPC

EMDR Trained

Christian counseling for women

Life transitions/Life Loss

940-448-0298

CARRIE@BREEDLOVECOUNSELING.COM

Free 20 min phone/video consults at:

WWW.BREEDLOVECOUNSELING.COM

Finding **JOY** *on the unchosen
journey*
