TSPN CALL TO ACTION

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DECEMBER 2015

TENNESSEE SUICIDE PREVENTION NETWORK

Tennessee Suicide Prevention Network
"Saving Lives in Tennessee"

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NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

SUICIDE, SUBSTANCE ABUSE DRIVING WHITE MIDLIFE MORTALITY RATES

Suicide was noted as a contributing factor to rising death rates in middle-aged whites in the U.S. in a recent study out of Princeton University.

Angus Deaton, winner of the 2015 Nobel Prize in Economics, and fellow economist (and wife) Anne Case found that between 1999 and 2014, the death rate for non-Hispanic whites aged 45 to 54 with a high school education or less rose by 134 deaths per 100,000, or 22%—in stark contrast to falling rates among other U.S. age groups and races and among similar population groups in other industrialized nations. The trend was directly tied to suicide, alcoholic liver disease, and overdoses of heroin and prescription opioids. The Case-Deaton study will be formally published later this year in *Proceedings of the National Academy of Sciences*.

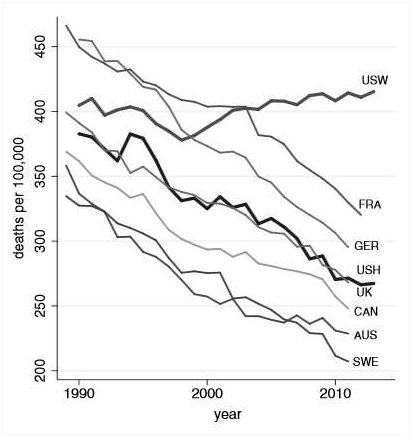


Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

These graphics were included in the *PNAS Early Edition* of the Case-Deaton study. They depict how mortality rates among middle-aged Caucasians are rising in the U.S. while falling in other countries (above), and the rise in the leading killers of middle-

"This is a vivid indication that something is awry in these American households," said Samuel Preston, a professor of sociology at the University of Pennsylvania who specializes in mortality rates, in the November 2 *New York Times* article that broke the story. "Only HIV/AIDS in contemporary times has done anything like this," Deaton said in a comment on his latest study.

Case and Deaton discovered the trend as part of a larger analysis of mortality rates and disability. They noted that suicide rates for middle-aged whites were at all-time highs, but this did not completely explain the increase in the death rate—deaths from substance abuse also played a role. Furthermore, they noted the rising death rates only applied to people with a high school degree or less—death rates actually fell among people with some level of college education.

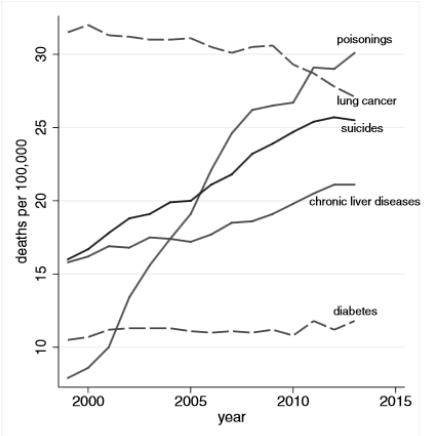
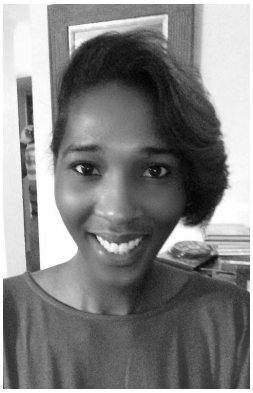


Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.

While Case and Deaton were unable to explain definitively why more people in this population group are dying in midlife, they and other scholars have suggested that this group is more likely to report poor health and disabling chronic pain in health surveys, is more likely to abuse opioids than people the same age in different racial groups, and experienced a 19% decrease in household income between 1999 and 2014. Additionally, rates of mental illness among non-Hispanic whites are also on the rise.

According to the Tennessee Department of Health, the suicide rate among non-Hispanic whites ages 45-54 in Tennessee increased by 47% between 1999 and 2013 (from 18.77 per 100,000 to 27.53). The rate of unintentional poisoning deaths–which often means drug overdoses–increased fivefold during that period (from 7.44 to 39.19). Suicide and liver disease are currently the fourth and fifth-leading causes of death among non-Hispanic whites in Tennessee.

TSPN ANNOUNCES NEW WEST TENNESSEE REGIONAL COORDINATOR



TSPN welcomes Kendra Taylor, BS, as our new West Tennessee Regional Coordinator. She begins work out Behavioral Health Initiative's offices in Jackson on December 1. Taylor takes over the job from Amy Dolinky, who transitioned into the position of East Tennessee Regional Coordinator in October to fill the vacancy left after Scott Payne, who previously held this post, accepted a position as Executive Director of the Metropolitan Drug Commission in Knoxville in September.

Taylor will be responsible for coordinating suicide prevention training sessions associated with TSPN's Substance Abuse Outreach Program. She will also coordinate training sessions for university staff and students as part of the ongoing Tennessee Higher Education Suicide Prevention Network (THESPN), and training sessions associated with the Columbia Suicide Severity Rating Scale (C-SSRS) and the ASIST (Applied Suicide Intervention Skills Training) protocol. Taylor will also disseminate regional TSPN recourses to members across West Tennessee; arrange for presentations and speakers at local conferences, workshops, and training sessions; coordinate regional TSPN meetings and projects within the West Tennessee area; and assist with postvention operations at schools, businesses, and other agencies affected by recent suicide deaths.

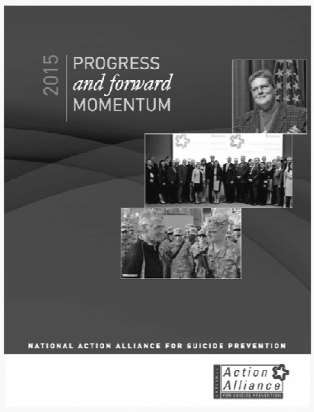
Before joining TSPN, Taylor was a Residential Counselor at Cedar Grove Residential Treatment Center, a rehabilitation center in Murfreesboro that provides treatment for sexually reactive and sexually abusive adolescent males with behavioral and mental health issues. Many of Cedar Grove's clients have histories sexual or physical abuse, neglect, or abandonment. Taylor worked to provide care and supervision of clients and work with them on their treatment plans. She was also responsible for providing crisis intervention services to residents of the center.

Taylor was also the Program Director for Moves & Grooves, Inc., a non-profit based in Antioch that emphasizes fine arts, academics, character development, fitness and nutrition education to students. She has also worked extensively with the Pencil Foundation and the Boys & Girls Club of Jackson-Madison County. She has previously worked with the YMCA as a summer counselor and for its School Age Service program, and spent two summers with the federal Summer Food Services Program. She has a Bachelor of Science degree from Middle Tennessee State University, majoring in Psychology and double-minoring in Criminal Justice and Criminology.

Taylor may be reached via e-mail at ktaylor@tspn.org.

NATIONAL ACTION ALLIANCE RELEASES 5-YEAR REPORT

The National Action Alliance for Suicide Prevention is a marking the five-year anniversary of its creation with a report on its accomplishments thus far.



Progress and Forward Momentum summarizes the Action Alliance's efforts to re-energize the American suicide prevention movement, starting with the revision of the National Strategy for Suicide Prevention (which, in turn, TSPN used to revise the Tennessee Strategy for Suicide Prevention). The Action Alliance also developed the Zero Suicide approach for prevention suicide in behavioral health and primary care settings (which Tennessee has sought to replicate with its own Zero Suicide Initiative; details available at http://tspn.org/zero-suicides).

During the past five years, the Action Alliance also developed new approaches for promoting balanced and responsible coverage of suicide and mental health issues. Its *Framework for Successful Messaging* provides an outline of how people working in the fields of suicide prevention and/or mental health can create positive and effective messages and materials that encourage people in crisis to seek help. It also created the website reportingonsuicide.org to educate members of the media on safe, responsible coverage that promotes help-seeking.

Other achievements described in the report include the release of *A Prioritized Research Agenda for Suicide Prevention*, as well as ongoing efforts to support survivors of suicide and the lived experience movement.

"The accomplishments of the past five years would not be possible without the hard work and dedication of the Action Alliance's Executive Committee, Task Forces, advisory committees, and the Secretariat team," said Doryn Chervin, Dr.P.H., Action Alliance Executive Secretary, in a November 18 press release on the report. "I extend great gratitude for all those who have supported the Action Alliance through the years and look forward to another five years of live-saving work.

Progress and Forward Momentum is available at the Action Alliance website at http://bit.ly/1S4jlcN.

SPOTLIGHT: SAFE TENNESSEE PROJECT

The Safe Tennessee Project is a recently established grassroots organization dedicated to addressing the epidemic of gun-related injuries and gun violence in Tennessee. It is a public health issue, not a political issue.

Unlike similar national and local organizations, the Safe Tennessee Project is a non-partisan organization and is not oriented towards gun control. "We do not believe that exaggeration, hyperbole, or political rhetoric are useful and, in fact, stand in the way of meaningful and effective action needed to reduce Tennessee lives lost to bullets," reads the mission statement on the organization website (safetennesseeproject.org). "We seek common ground and support common sense measures to reduce the number of families torn apart by gun violence."

The Safe Tennessee Project uses social media to raise awareness of the frequency of gun violence injuries and deaths in Tennessee, especially in terms of accidental shootings, suicides, and murder-suicides. Project member seek to implement evidenced-based gun education programs in Tennessee communities. These include:

- the Brady Campaign's ASK (Asking Saves Kids) Campaign (askingsaveskids.org) which educates parents about the importance of asking about firearms storage before their children play at a friend's house and about safe storage of firearms.
- SAVE (Students Against Violence Everywhere) (nationalsave.org), which teaches children nonviolent conflict resolution and alternatives to violence
- Sandy Hook Promise's Say Something (www.sandyhookpromise.org/prevention_programs), a program for high schools that encourages teens to tell an adult if they see, hear or read something indicating an individual may be a threat themselves or others.

The Safe Tennessee Project also plans to work with survivors of gun violence, connecting them with resources they may need, as well as leaders of faith communities. The Project also plans to promote common sense state legislation that helps reduce firearm injuries and deaths while respecting the right to bear arms.

More information about the Safe Tennessee Project is available at the Project website, its Facebook page (www.facebook.com/safetennesseeproject), and its Twitter feed (@SafeTenn).

ANALYSIS OF SUICIDE RISK FACTORS FOR MEN IN MIDLIFE

Recent research has highlighted four common precipitating circumstances for suicide among middle-aged men: relationship problems, legal difficulties, financial and employment issues, and health problems.

The findings emerged out of a review of data from the National Violent Death Reporting System, specifically regarding suicides by men aged 35 to 64 without a known substance abuse or mental health condition.

Researchers studied 600 deaths in seven states over a six-year period. Over half of the decedents studied had been experiencing intimate partner problems and/or criminal/legal problems at the time of their death (58.3% and 50.7%, respectively). 22.5% of the cases involved job or financial problems, and 13.5% involved health issues.

Additional observations:

- About half the men whose suicides were associated with criminal/legal or intimate partner problems had experienced these problems over an extended period, while for the other half these problems emerged only recently.
- About 41 percent of the decedents with legal problems had committed or attempted homicide prior to their death; the victims were usually family members or current/former intimate partners.
- For men whose suicides were associated with criminal/legal problems or intimate partner problems, it was more common for a single crisis to precipitated the death. Men whose suicides were associated with job/financial or health problems were more likely to die following both a recent crisis and a longer history of dealing with the problem.

Suicides in this population group increased by 27% between 1999 and 2013 and currently account for 35% of suicide deaths in the United States. Past research shows that men in midlife do not typically reach out for help and often die by suicide in response to life stressors as opposed to chronic mental health issues.

The citation for this study is as follows: Schiff, L., et al. (2015). Acute and chronic risk preceding suicidal crises among middle-aged men without known mental health and/or substance abuse problems: An exploratory mixed-methods analysis. *Crisis,* 36(5):304-315.

NEW ESTIMATES ON COST OF SUICIDE AND SUICIDE ATTEMPTS

Suicides and suicide attempts cost the United States $58.4 billion in 2013—possibly as much as $93.5 billion when accounting for unreported deaths and attempts.

The figures were derived from research conducted by the Suicide Prevention Research Center in collaboration with Brandeis University and the University of Massachusetts Medical School. Unlike previous cost analyses of suicide and suicide attempts, this study attempted to account for increases in the suicide rate recorded in recent years as well as under-reported deaths and attempts—suicides which were deliberately or mistakenly ruled as other causes of death, as well as self-inflicted injuries not acknowledged as such during treatment. The study also included adjustments to the cost of suicides and suicide attempts based on changes in per capita health expenditures.

The $93.5 billion amount comes out to $298 for each person in the U.S and is between two and three times the cost of suicide and suicide attempts suggested by previous studies, which only focused on reported deaths and attempts and did not account in the rise in the suicide rate which occurred in the last decade (from about 11 per 100,000 in 2000 to 13 per 100,000 in 2013).

The study authors conclude their report by encouraging improved continuity of care to reduce the likelihood of repeat suicide attempts following a previous attempt. The researchers found a benefit–cost ratio of 6 to 1 for investments in additional medical, counseling, and linkage services for such patients. In other words, every dollar invested in this preventative and follow-up services will save six dollars in lost productivity and wages due to suicide deaths and attempts.

The citation for this study is as follows: Shepard, D.S., et al. (2015). Suicide and suicidal attempts in the United States: costs and policy implications. *Suicide and Life-Threatening Behavior.* Available URL: http://bit.ly/1Hbj4V7.

SPOTLIGHT: RESILIENT

Resilient (resilientapp.com) is a free mobile app that provides mental health resources, inspirational messaging, and suggested recovery and management techniques for people with depression and anxiety.

The app was developed by Katie Harp, a tech entrepreneur and web designer who was inspired to create Resilient by her own battles with depression and the lack of resources she encountered. “I created a toolbox of resources for dealing with my depressive and anxious moods… and it actually worked,” Harp explains on the Resilient website. “Recovery is not a one-time thing, though. It's a choice you make every day to rise above your struggle, to say, ‘This illness does not define me.” And to keep trying.”

Resilient is routinely updated with tips on finding and maintaining mental wellness, lists of mental health resources (including the National Suicide Prevention Lifeline and other crisis lines), and inspirational quotes and imagery. Content from the apps can be saved onto specific channels users can pull up based on their moods or emotional needs. Harp also maintains a blog (blog.resilientapp.com) as a companion to the app and a free e-mail series on overcoming depression and anxiety.

While the Resilient app itself and all content is free, users have the option of purchasing a Recovery Diary to keep track of progress in recovery, including popular articles from Resilient, daily journal prompts, and a checklist of healthy habits. Users may also be interested in online or e-mail courses in letting go of negativity, self-calming, and goal-setting; these start at $29.

Resilient is available via either the iTunes App Store (http://is.gd/1PUJeB) or Google Play (http://is.gd/sCwCB6).

At left: examples of the Recovery Tips included with the Resilient app.

WIDESPREAD HOLIDAY SUICIDE MYTH OBSCURES REAL CAUSES OF SUICIDE AND DEPRESSION

Mental health experts continue to battle the widespread myth that suicides are more common during the holiday season, a belief that distorts and oversimplifies the root causes of suicide.

According to the National Center for Health Statistics within the Centers for Disease Control and Prevention (CDC), the month of December typically posts the lowest suicide rate compared to the other months. More suicides tend to occur in the spring and fall months. More importantly, suicide can occur during any time of the year, a point typically overlooked in media reports on the alleged holiday suicide phenomenon.

However, the myth persists despite the best efforts of mental health experts. A 2010 analysis by the Annenberg Public Policy Center (APPC) found that 50% of news articles published over a recent three-month period referencing both suicide and the holiday season repeated the false notion that suicides increase during this time of year.

Part of the myth's staying power may lie in the genuine stress and anxiety that plagues some people during the holidays. This is especially true for people who have recently lost a loved one and are facing holidays and other special observances without them. The recent recession and its aftermath may place an additional burden on some people and families. Finally, people who suffer from seasonal affective disorder experience worsening symptoms as the days grow shorter.

Experts argue that repeating this myth could do more harm than good. It may make people with suicidal tendencies and their loved ones unnecessarily nervous. Furthermore, people who are considering suicide may assume that they may as well go through with an attempt. "You don't want to convey the message that this is acceptable or that there's a good reason to do it," explains Dan Romer, the APPC researcher who compiled the holiday suicide myth study, explained in a news report on the phenomenon. Finally, the myth obscures the fact that many people suffer from chronic depression or mental illness, conditions far more likely to lead to suicide than passing "blue" periods.

As a service to its readers, TSPN would like to provide suggestions for helping yourself and your loved ones deal with holiday stress and holiday blues (see page 4).

We wish you all the best during this holiday season and thank you for all your support during the past year. We look forward to seeing and working with you during the year to come.

Donating to TSPN

While you have many options for donating to charity this holiday season, we would appreciate it if you considered a gift to TSPN.

TSPN is under the administrative oversight of the Mental Health Association of Middle Tennessee (MHAMT), a 501(c)3 non-profit registered with the Tennessee Department of Revenue.

Donations received by TSPN through MHAMT are used to:

- subsidize the printing of TSPN resource directories and other publications to be distributed at suicide prevention training sessions, health fairs, school assemblies, civic group presentations, and other venues.
- support the continued operation of regional support groups for survivors of suicide and survivors of suicide attempts.
- finance the recruitment and training of new suicide prevention instructors who will spread the message of suicide prevention across Tennessee.

Your support can help us bring suicide prevention and mental health awareness to communities across Tennessee, possibly saving lives. We can arrange for you or someone you designate to receive notice of the donation and the person it honors or memorializes.

Full information about donating to TSPN is available on our website: http://tspn.org/donate-to-tspn.

DEALING WITH THE HOLIDAY BLUES

TSPN would like to offer the following tips for dealing with the stress and “blue” periods during the holidays:

- Establish realistic goals and expectations. Do not assume the season will fix all your past problems.
- Don’t feel obliged to feel festive, especially when you don’t. Your feelings are valid, and you should not feel obligated to “cheer up”.
- If you have recently experienced a tragedy, death, or romantic break-up, feel free to tell people about your loss and what you need from them.
- Express your feelings honestly and openly. If you need to confront someone, begin your sentences with "I feel..." rather than “You are...”.
- Know your budget and stick to it. Enjoy holiday activities that are free, such as driving around to look at holiday decorations or window shopping.
- Limit your alcohol intake, especially if you suffer from depression or angry moods.

If someone you know is feeling down or upset this holiday season:

- Try to involve that person in holiday activities, but don't force them.
- Be a good listener. If people feel depressed, hopeless, or worthless, or express suicidal thoughts, be supportive. Let them know you are there for them and are willing to connect them with the help they need. Never issue challenges or dares.
- Familiarize yourself with resources such as local mental health centers, counseling centers, and hotlines.
- If the depressed person is chronically ill, make it clear that you realize that the holidays do not cure the illness.
- Holidays can be difficult for people, especially when reality doesn't measure up to their expectations. Help them understand what is realistic and what is not.

SPOTLIGHT: CAMS

CAMS

The Collaborative Assessment and Management of Suicidality (CAMS) curriculum is designed for behavioral health clinicians across theoretical orientations and disciplines to improve their skills in better assessing, managing and treating suicidality in their at-risk patients.

With more than 35 related publications, CAMS is one of the most extensively studied suicide-specific interventions in the field of suicidology, supported by more than 35 papers, publications, and studies attesting to its value in an assortment of clinical settings. It consists of a six-hour online training with units that can be taken one at a time or in one sitting.

The framework was designed by the internationally recognized and award-winning suicidologist David A. Jobes, Ph.D., ABPP, currently professor of psychology and associate director of clinical training at The Catholic University of America in Washington D.C. Dr. Jones personally guides the participant through clinical sessions with a suicidal patient. The course also includes interactive segments, quizzes, callouts for expert insights, downloadable handouts and resources, and suggestions for further enhancement of one’s suicide prevention repertoire.

Post-training results to date show that 81.2% of clinicians completing the online training plan to make changes in their clinical approach with suicidal patients after having completed this training. The eLearning module has also shown significant knowledge gain in regards to ethical clinical care and risk management related to suicidal risk.

CAMS is marketed by Empathos Resources, a private company which specializes in technology-enabled learning, training, education and certification services in suicide risk management. Earlier this year Empathos received a Gold Award in the category of Winners in Learning & Development, Best Use of Video, at the Brandon Hall Group HCM Excellence in Learning Awards, one of the most prestigious awards programs in the fields of human capital management, in recognition of its development of CAMS.

CAMS is available for individual instruction at a cost of $159 or for an entire system (consult Empathos directly for pricing). Full information about CAMS is available on the resources section of the Empathos website (www.empathosresources.com/now-available).

TSPN REGIONAL CALENDAR

No December meetings are scheduled unless otherwise marked. Dates marked in **bold and in electric crimson** indicate alternate meeting dates intended to accommodate state holidays or other previously scheduled events.

East Tennessee Region
monthly, 3rd Thursday, 12:15 PM
Third Floor Conference Room, Cherokee Health Systems, 2018 Western Avenue, Knoxville, 37921
No meeting in December

Memphis/Shelby County Region
monthly, 3rd Tuesday, 11:30 AM
Memphis Crisis Centers Training Facility, 70 North Pauline, Memphis, 38105
No meeting in December, January 19, February 16, March 22, April 19, May 17, June 21, July 19, August 16, no meeting in September, October 18, November 15, no meeting in December

Mid-Cumberland Region
monthly, 2nd Thursday, 9:30 AM
Tennessee Voices for Children, 701 Bradford Avenue, 37204
December 10

Northeast Region
monthly, 4th Tuesday, 10:30 AM
Room 10, Boone's Creek Christian Church, 305 Christian Church Road, Gray, 37615 (Entrance B recommended)
No meeting in December, January 28, February 25, March 24, April 28, May 26, June 23, July 28, August 25, September 22, October 27, and **November 17**

Rural West
monthly, 3rd Wednesday, 10:30 AM
Fourth Floor, West Tennessee Healthcare Building, 1804 Highway 45 Bypass, Jackson, 38305
No meeting in December, January 20, February 17, March 16, April 20, May 18, June 15, July 20, August 17, no meeting in September, October 19, November 16

South Central
monthly, 1st Wednesday, 11:00 AM
Conference Room A, South Central Regional Health Office, 1216 Trotwood Avenue, Columbia, 38401
December 2

Southeast Region
monthly, first Thursday, 11:30 AM
Mental Health Cooperative of Chattanooga, 801 North Holtzclaw Avenue, Suite 101, Chattanooga, 37404
December 3

Upper Cumberland Region
monthly, 4th Thursday, 9:00 AM
Volunteer Behavioral Health, 1200 Willow Avenue, Cookeville, 38502
December 17

Intra-State Department Meetings
2 PM—4 PM
TSPN central office, 446 Metroplex Drive, Suite A-224, Nashville, TN 37211
January 13, May 11, August 10, and November 9

Advisory Council
February 10, 2016 (Community Room, Metro Nashville Police Department Hermitage Precinct, 3701 James Kay Lane, Hermitage, 37076)
June 8, 2016 (Community Room, Metro Nashville Police Department Hermitage Precinct, 3701 James Kay Lane, Hermitage, 37076)
September 14, 2016 (Trevecca Community Church, 335 Murfreesboro Road, Nashville, 37210

Blount County Mental Health Awareness and Suicide Prevention Alliance
monthly, 1st Friday, 12:00 PM
Boys and Girls Club Meeting Room, Fort Craig Elementary School, 520 South Washington Street, Maryville, 37804
December 4 and **January 8**

Davidson County Suicide Prevention Task Force
bi-monthly, 4th Wednesday, 3:00 PM
Large Conference Room at Mental Health Cooperative, 275 Cumberland Bend Drive, Nashville 37228
November 18

Giles County Suicide Prevention Task Force
quarterly, 3rd Monday, 1:30 PM
Giles County Career Center, 125 South Cedar Lane, Pulaski, 38478
November 2

Hickman-Perry County Suicide Prevention Task Force
monthly, 4th Friday, 1:30 PM
Senior Care Building, Hickman Community Hospital, 135 East Swan Street, Centerville, 37033
December 18

Montgomery-Houston-Humphreys-Stewart Suicide Prevention Task Force
monthly, 1st Tuesday, 9 AM
Youth Villages, 651 Stowe Court, Clarksville, 37040
December 1

Rutherford County Suicide Prevention Coalition
monthly, 1st Tuesday, 5:15 PM
TrustPoint Hospital, 1009 North Thompson Lane, Murfreesboro, 37129
December 1

TSPN Executive Director Scott Ridgway (seated at center) spoke about TSPN's Gun Safety Project during the Brady Campaign to Prevent Gun Violence & American Public Health Association Summit, held October 22-27 in Washington, DC.

This photo is courtesy of the Safe Tennessee Project, a grassroots organization dedicated to addressing the epidemic of gun related injuries and gun violence in Tennessee from a public health standpoint. Ridgway is a member of its Advisory Board.

TSPN members and staff pose for a photo with Dr. Kelly Posner (second from left) at the Fall Psychological Symposium held Knoxville on November 5-6.

Posner is the creator of the Columbia Suicide Severity Rating Scale, a screening tool which has rapidly become the standard for suicide risk assessment.

Also pictured, from left to right: Tim Tatum, TSPN Advisory Council Chair; Anne Young, chair of TSPN's East Tennessee Region; Jodi Bartlett, chair of TSPN's Advisory Council Emeritus Group; and Amy Dolinky, TSPN's East Tennessee Regional Coordinator.

ADVISORY COUNCIL CONTACT INFORMATION

If you are interested in getting involved with TSPN on a local level or have other questions, contact the chairperson of your region as indicated by the map provided below:

East Tennessee region
Anne Young, MS, CAS
(865) 216-9884
anneyoung@cornerstoneofrecovery.com

Memphis and Shelby County
Pastor Waring Porter
(901) 233-2175
wporter@allsaintspres.com

Mid-Cumberland region
Christen Thorpe, MS, CRC, CATSM
(615) 383-2115, extension 70
christen.thorpe@gmail.com

Northeast region
Jack Stewart, MA
(423) 787-1663
bluespringsdc@yahoo.com

Rural West region
Sabrina Anderson
(731) 422-2008
sanderson@bgcjmc.org

South Central region
Karyl Chastain Beal, MEd, CT
(931) 388-9289
karylcb@bellsouth.net

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