Suicide Prevention

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esuicideTALK

Learn Suicide Awareness Online

esuicideTALK is a 1–2 hour exploration in suicide awareness. The purpose and content is modeled from our popular suicideTALK program with one unique change: esuicideTALK is an e-learning platform designed to suit your schedule and lifestyle. Participants will explore some of the most challenging attitudinal issues about suicide and feel encouraged to find a part they can play in preventing suicide.

Who Can Participate?

Adults and youth 15 plus.

Learning Outcomes

By the end of the program, participants will be better able to:

- understand how personal and community beliefs about suicide affect suicide stigma and safety.
- appreciate how talking openly about suicide can be used to help prevent it.
- know ways to help protect, preserve and promote life in a suicide-safer community.

The Role of esuicideTALK in a Suicide-Safer Community

esuicideTALK helps to create a climate for open and direct talk about suicide, reduces stigma and supports life-protection, preservation and promotion activities.

suicideTALK

Covers content similar to esuicideTALK in a one to two hour, face-to-face session presented by a session leader.
Age of participants and learning outcomes are the same as esuicideTALK.

safeTALK

Suicide Alertness for Everyone

safeTALK is a three-hour training program that prepares helpers to identify persons with thoughts of suicide and connect them to suicide first-aid resources. Most people with thoughts of suicide, either directly or indirectly, invite help to stay safe. Alert helpers know how to identify and work with these opportunities to help protect life. Powerful videos illustrate both non-alert and alert responses. Discussion and practice stimulate learning.

Who Can Attend?

Anyone who might want to help; minimum age 15 years.

Learning Outcomes

By the end of the training, participants will be better able to:

- move beyond common tendencies to miss, dismiss or avoid suicide.
- identify people who have thoughts of suicide.
- apply the *TALK* steps *(Tell, Ask, Listen* and *KeepSafe)* to connect a person with thoughts of suicide to a suicide first-aid intervention caregiver.

The Role of safeTALK in a Suicide-Safer Community

safeTALK complements ASIST, ensuring that persons with thoughts of suicide are identified and linked to suicide intervention caregivers.

"An excellent first step in providing assistance to someone at risk."

safeTALK participant

ASIST

Applied Suicide Intervention Skills Training

ASIST is a two-day, interactive workshop that prepares caregivers to provide suicide life-assisting, first-aid intervention. Small group discussions and skills practice are based on adult learning principles. ASIST teaches Pathways for Assisting Life (PAL), a practical guide to doing suicide interventions. Powerful videos support learning.

Who Can Attend?

All caregivers, formally designated or not; adults and youth 16 plus.

Learning Outcomes

By the end of the workshop, participants will be better able to:

- identify people who have thoughts of suicide.
- understand how beliefs and attitudes can affect suicide interventions.
- understand a person at risk's story about suicide as well as recognize turning points that connect the person to life.
- conduct a safety assessment and develop a plan that will keep the person at risk safe-for-now.
- confirm the person at risk's faith in the safeplan and their intent to follow it through.

The Role of ASIST in a Suicide-Safer Community

ASIST caregivers complete the process that safeTALK helpers start, providing life-assisting, suicide first-aid intervention.

"I use ASIST in virtually every crisis situation, in both of my roles as a volunteer and employee… Thank you for this life-changing program."

ASIST participant

suicideCare

Aiding Life Alliances

suicideCare is a one-day seminar that introduces participants to advanced clinical competencies beyond suicide first aid. The focus is on suicide-specific tools that are rarely provided in formal training. Pre-session activities, structured handouts and case studies guide large and small group work. A structured clinical risk assessment matches an appropriate helping strategy with the needs of the person at risk.

Who Can Attend?

Mental health clinicians and other helping professionals; ASIST is a pre-requisite.

Learning Outcomes

By the end of the seminar, participants will be able to:

- distinguish four helping approaches (first aid, management, treatment and therapy).
- clarify the helping roles associated with these strategies and recognize which role they are fulfilling with a person at risk.
- integrate the actions *(Tasks)*, competencies *(Tools)* and helper characteristics *(Traits)* needed to implement these roles effectively.
- assess the beliefs, attitudes and practices that facilitate or impede an effective helping relationship.

The Role of SuicideCare in a Suicide-Safer Community

suicideCARE complements ASIST, providing help for persons who need assistance beyond the first-aid intervention.

We Help People Prevent Suicide and Communities Become Suicide-Safer

LivingWorks programs provide caregivers and other helpers with awareness and skills that help to save lives. Our programs are part of national, regional and organizational suicide prevention strategies around the world. The learning experiences are interactive, practical, regularly updated and adaptable. Comprehensive, layered and integrated, there is a program for everyone who wants to help.

Find a training

To find a LivingWorks training in your area, visit **www.livingworks.net/find-a-training**.

Host a Workshop

To organize a workshop, contact LivingWorks at: **info@livingworks.net**

Become a Trainer

For more information on becoming a trainer for any of our programs, consult the LivingWorks website at: **www.livingworks.net**
LivingWorks Training for Trainers (T4T) courses focus on a positive learning environment, encouragement of open and honest discussion, respect for differences, support of each other and active participation.

Imagine...

a suicide-safer community.

It begins with you.

awareness
alertness
intervention
longer

Suicide Prevention

Module I: Brief overview

- ***Suicide ideation –*** ***Any thought of engaging in suicide-related behavior. Ideation without behavior would not be reported***
- ***Suicide attempt –*** ***a suicide attempt is defined as: a potentially self-injurious behavior with a nonfatal outcome for which there is evidence that the person had any intent to kill himself or herself, but failed, was rescued or thwarted, or changed one's mind. A suicide attempt may or may not result injuries.***
- ***Suicide completion –*** ***Death from self-inflicted injury, poisoning, or suffocation where there is evidence that the act was intentional and led to the person's death. The concept of suicide requires that the action was self-inflicted and the person had the intent (purpose, aim, or goal) of death or end of life***

Suicide Prevention

Module I: Brief overview

- ***Self-harm Behavior -*** ***A self-inflicted potentially injurious behavior for which there is evidence that the person did not or does not intend to end one's own life.***

- ***Undetermined Suicide-Related Behavior-*** ***a self-inflicted potentially injurious behavior for where intent is unknown. This would include patients who are unconscious, psychotic, delusional, demented or for some reason unable to convey their intent.***

Suicide Prevention

Module I: Brief overview

Suicide in the U.S.

- 13.5 % of all Americans report a history of suicidal ideation or thinking
- 3.9 % actually made a suicide plan that included a definite time, place and method
- 4.6 % reported actual suicide attempts
- 50 % of those who attempted suicide reported having made a "serious" attempt

Suicide Prevention

Brief overview

Suicide in the veteran population

- Male Veterans are twice as likely as civilians of either gender to commit suicide.
- 1000 suicides occur per year among Veterans receiving VA care
  - 5000 per year among all living Veterans

Suicide Prevention

Brief overview

What do the statistics mean?

- Veterans are at a higher risk for suicide.
- We need to do more to reduce risk.
- Suicides are preventable in most cases.

ASSESS FOR SPECIFIC FACTORS THAT MAY INCREASE OR DECREASE RISK FOR SUICIDE

FACTORS THAT MAY INCREASE RISK

- Current ideation, intent, plan, access to means
- Previous suicide attempt or attempts
- Alcohol / Substance abuse
- Previous history of psychiatric diagnosis
- Impulsivity and poor self control
- Hopelessness – presence, duration, severity
- Recent losses – physical, financial, personal
- Recent discharge from an inpatient unit
- Family history of suicide
- History of abuse (physical, sexual or emotional)
- Co-morbid health problems, especially a newly diagnosed problem or worsening symptoms
- Age, gender, race (elderly or young adult, unmarried, white, male, living along)
- Same- sex sexual orientation

FACTORS THAT MAY DECREASE RISK

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Reality testing ability
- Positive coping skills
- Positive problem-solving skills
- Positive therapeutic relationship

ASK THE QUESTIONS

Are you feeling hopeless about the present / future?

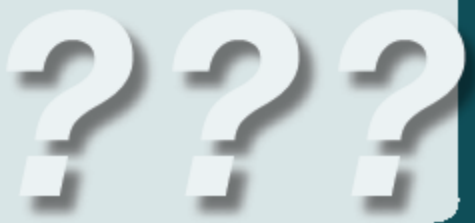
If yes ask…

Have you had thoughts about taking your life?

If yes ask…

When did you have these thoughts and do you have a plan to take your life?

Have you ever had a suicide attempt?



RESPONDING TO SUICIDE RISK

ASSURE THE PATIENT'S IMMEDIATE SAFETY AND DETERMINE MOST APPROPRIATE TREATMENT SETTING

- Refer for mental health treatment or assure that follow-up appointment is made.
- Inform and involve someone close to the patient
- Limit access to means of suicide
- Increase contact and make a commitment to help the patient through the crisis

PROVIDE NUMBER OF
ER/URGENT CARE CENTER
TO PATIENT AND SIGNIFICANT OTHER

National Suicide Hotline Resource:

1 – 800 – 273 - TALK
(8255)

References:
American Psychiatric Association. Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, 2nd ed. In: Practice Guidelines for the Treatment of Psychiatric Disorders Compendium. Arlington VA 2004. (835-1027).
Rudd et.al, Warning signs for suicide: theory, research and clinical applications. Suicide and Life Threatening Behavior, 2006 June36 (3)255-62

Employee Education System

SUICIDE RISK
ASSESSMENT GUIDE

All patients who present with positive depression screens, history of mental health diagnosis or with any of the Warning Signs listed below should be further assessed for suicide risk.

LOOK for the warning signs
ASSESS for risk and protective factors
ASK the questions.

LOOK FOR THE WARNING SIGNS

- Threatening to hurt or kill self
- Looking for ways to kill self;
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide

Presence of any of the above warning signs requires immediate attention and referral. Consider hospitalization for safety until complete assessment may be made.

Additional Warning Signs

- *Hopelessness*
- *Rage, anger, seeking revenge*
- *Acting reckless or engaging in risky activities, seemingly without thinking*
- *Feeling trapped – like there's no way out*
- *Increasing alcohol or drug abuse*
- *Withdrawing from friends, family and society*
- *Anxiety, agitation, unable to sleep or sleeping all the time*
- *Dramatic changes in mood*
- *No reason for living, no sense of purpose in life*

For any of the above refer for mental health treatment or assure that follow-up appointment is made.

Department of Veterans Affairs

National
Suicide Hotline
1 - 800 - 273 - TALK
(8255)

Suicide Prevention

Module II Myths and Misinformation

- Asking about suicide will plant the idea in a person's head.

Asking a Veteran about suicide does not create suicidal thoughts any more than asking about chest pain causes angina. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.

Suicide Prevention

Myths and Misinformation

- There are talkers and there are doers.

Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the guide and/or care provider an opportunity to intervene before suicidal behaviors occur.

Suicide Prevention

Myths and Misinformation

- If somebody really wants to die by suicide, there is nothing you can do about it.

Most suicidal ideas are associated with the presence of underlying treatable disorders. Providing a safe environment for treatment of the underlying cause can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and the overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Suicide Prevention

Myths and Misinformation

- He/she really wouldn't commit suicide because…
  - he just made plans for a vacation
  - she has young children at home
  - he made a verbal or written promise
  - she knows how dearly her family loves her

The intent to die can override any rational thinking. "No Harm" or "No Suicide" contracts have been shown to be ineffective from a clinical and management perspective. A Veteran experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

Suicide Prevention

Module III Factors that may increase risks

General factors that may increase risk:

- **Thoughts about harming self that include plan & method**
- **Previous suicide attempts**
- **Alcohol or substance abuse**
- **History of mental illness**
- **Poor self-control**
- **Hopelessness**
- **Recent loss (e.g., loved one, job, relationship)**
- **Family history of suicide**
- **History of abuse**
- **Serious health problems**
- **Sexual identity concerns: especially among men 16-24**
- **Recent discharge from hospital, group home etc.**
- **Demographic factors: White men over 70 years of age are at increased risk**

Veteran specific risks:

- **Frequent deployments**
- **Deployments to hostile environments**
- **Exposure to extreme stress**
- **Physical/sexual assault while in the service (not limited to women)**
- **Length of deployments**
- **Service related injury**

Suicide Prevention

Operation S.A.V.E.

Center of Excellence

Importance of identification

- Suicidal individuals are not always easy to identify.
- There is no single profile to guide recognition.
- There are a number of warning signs and symptoms.
  - Some of the signs of suicidality are obvious, but others are not.
- Signs and symptoms do not always mean the person is suicidal but:
  - When you recognize signs, it is important to ask the Veteran how they are doing because they may mean that a Veteran is in trouble.

Suicide Prevention

Signs of suicidal thinking

Signs and symptoms:

- Threatening to hurt or kill self
- Looking for ways to kill self
- Seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger
- Seeking revenge
- Acting reckless or engaging in risky activities

Suicide Prevention

Signs of suicidal thinking

- Feeling trapped
- Increasing drug or alcohol abuse
- Withdrawing from friends, family and society
- Anxiety, agitation
- Dramatic changes in mood
- No reason for living, no sense of purpose in life
- Difficulty sleeping or sleeping all the time
- Giving away possessions
- Increase or decrease in spirituality

Suicide Prevention

Ask questions

To effectively determine if a Veteran is suicidal, one needs to interact in a manner that communicates concern and understanding. As well, one needs to know how to manage personal discomfort in order to directly address the issue.

Know how to ask the most important question

The most difficult **and** most important question of all –

"Are you thinking of killing yourself."

Suicide Prevention

Ask questions

How <u>not</u> to ask the question:

1. Do not talk with the Veteran for two minutes and just blurt out, "So are you going to kill yourself or what?"

2. Do not ask the question as though you are looking for a "no" answer. For example, "You aren't thinking of killing yourself are you?" Naturally this gives the Veteran the wrong message and s/he might just deny their thoughts and go on his or her way.

3. Do not ask the question as a statement of surprise or amazement, "My gosh you are not going to kill yourself are you?"

Suicide Prevention

Ask questions

How to ask the question:

- Asking the question should be done after you have enough information to reasonably believe the Veteran is suicidal.
- Ask at an appropriate time.
- Ask the question in such a way that is natural and flows with the conversation.

Suicide Prevention

Ask questions

Things to consider about yourself:

Experiential Exercise

How would you feel when dealing with a suicidal individual? What personal qualities or beliefs might you have to confront in order to deal effectively with a suicidal veteran? What personal qualities do you have that might help you communicate or empathize with him or her? Take a few moments to list at least one helping quality you have and one quality you think you might need to work on when it comes to stressful interactions.

Suicide Prevention

Ask questions

The following are personal factors to consider:

Anxiety

Fear

Frustration

Personal, cultural and/or religious values

Suicide Prevention

Ask questions

Things to consider when you talk with the Veteran:

- Remain calm
- Listen more than you speak
- Maintain eye contact
- Act with confidence
- Do not argue
- Use open body language
- Limit questions to gathering information casually
- Use supportive and encouraging comments
- Be as honest and "up front" as possible

Suicide Prevention

Validate the Veteran's experience

Validation means:

- Show the Veteran that you are following what they are saying
- Accept their situation for what it is
- You are not passing judgment
- Let them know that their situation is serious and deserving of attention
- Acknowledge a Veteran's feelings
- Let him or her know you are there to help

Suicide Prevention

Encourage treatment and Expedite getting help

For the cooperative Veteran:

Tips for encouraging treatment:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell the Veteran that getting treatment is his or her right.
5. If the Veteran tells you that they have had treatment before and it has not worked, try asking: "What if this is the time it does work?"

Suicide Prevention

Encourage treatment and Expedite getting help

Tips for expediting a referral:

1. Know the referral process in your facility.
2. Know what roadblocks might exist and how to deal with them.
3. Set the stage and tell the Veteran exactly what to expect with regard to the referral.
4. Answer any questions the Veteran may have about the referral process.
5. Be honest about things such as ED wait times and limits of confidentiality.

Suicide Prevention

Encourage treatment and Expedite getting help

For uncooperative Veterans or those in immediate crisis:

As you encourage the Veteran to seek help, some situations may involve people who are hostile and aggressive.

Here are some useful safety guidelines for working with seriously and acutely distressed Veterans:

[These rules are both for the Veteran's safety and yours.]

- If you are not in face-to-face contact but are speaking over the phone with a Veteran who expresses intent to harm self or others - **call 911 if you know that they are located off the facility or call security if you know they are located within the facility**.

Suicide Prevention

Encourage treatment and Expedite getting help

Never attempt to subdue or detain a hostile or armed Veteran!

Never try to negotiate with a hostile or armed Veteran!