suicideTALK

SESSION LEADER MANUAL

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Introduction

Welcome to *suicideTALK,* a community oriented program exploring issues in suicide prevention. Deaths and injuries due to suicide can be reduced. Ways to reduce them are known but have never been implemented on a sufficient scale to demonstrate effectiveness. The allocation of funds for suicide prevention and research is a relatively recent occurrence (WHO, 2002). The amount of funding lags far behind that for other preventable injuries and deaths (SPAN, 2001; Barry, 2008). Communities are unaware that suicide is a serious community health problem. suicideTALK is designed to help our communities become more aware that there are many activities that can be done to prevent suicide.

When acknowledged, suicide is usually regarded as a serious mental or public health problem. Social policy has generally ignored suicide. It wasn't until the United Nations (1996) issued its national strategy guidelines that suicide was also considered a serious social problem. The mental, public health and social perspectives are valuable in their own right. We invite these perspectives to join the larger view captured by the phrase, "serious community health problem." To maintain a limited, perhaps exclusionary view when a broader, more encompassing one could also be endorsed is "unhealthy." It subtly, but no less powerfully, sustains the tradition of stigma and taboo surrounding suicide. Sometimes it seems that the reason for defending a limited view is nothing more than to protect a sphere of influence. We need everyone, working together, to break a twenty plus century tradition of avoiding the community health consequences of suicide.

We regard the collection of handouts, audiovisuals and the curriculum contained in this handbook as a program: an internally consistent, integrated set of tools for conducting awareness sessions. We believe that this program is unique in many respects. We call it an "awareness exploration program" and distinguish it from other awareness programs which are generally known as "awareness education programs." We associate suicideTALK more with the "coming to consciousness" meaning of awareness. We associate awareness education programs more with the "coming to have knowledge" meaning.

Overview of this manual

The first chapter provides an overview of this manual and some essential details. Chapter 2 presents suicideTALK's design. Chapter 3 outlines important practical concerns and "good practice" issues in conducting suicideTALK. Chapter 4 provides the steps in conducting the exploration. The last chapter has the notes and references for all the other chapters. You probably should read Chapter 4 right after this one to get a feel for what an awareness exploration session is and how it is conducted. You will need to read Chapters 2 and 3 several times. You will likely reread Chapter 2 many times as you become increasingly familiar with suicideTALK because you will find new meanings in it each time you do.

Session Leader characteristics

You should not use this program unless you have received suicide alertness training through a program like *safeTALK* or suicide intervention skills training through a program like *ASIST (Applied Suicide Intervention Skills Training).* Persons at risk of suicide either in the session or among friends, family and loved ones may come forward or be recognized. You will have arranged for other resources with first aid intervention skills to take responsibility for meeting these needs. You need to have the confidence that comes from the training, even though you are not likely to be the primary helper.

Nothing could send a more confusing message than a session leader who is frightened to talk about suicide in an intervention context where it is most important to do so directly and honestly.

suicideTALK versions and customization

suicideTALK 1.0, copyright © 2001: First edition, released as a field trial.

suicideTALK 2.1 (edition 2, version 1), copyright © 01/2002: Moderate revisions—most noticeably the design of the slides and the layout of the manual.

suicideTALK 2.2, copyright © 10/2004: No curriculum changes, however graphics were reworked to align with LivingWorks' visual identity. Throughout the slides, the colors of T-A-L-K were changed to correspond with the colors used in the tenth edition of ASIST.

suicideTALK 2.3, copyright © 08/2007: Graphics were modified to fit with a general adult group and the PowerPoint slide set was restructured to facilitate customization. Colors on the master slide could be changed to align with an organization's graphic standards, and the organization's logo or name could be added. Photographs throughout the slides could be replaced with images that are more relevant to a particular group. Other changes require formal review and written approval from LivingWorks Education.

suicideTALK 3.0, copyright © 10/2009: Three major changes: 1) the addition of more customization possibilities and the setting up of an infrastructure to support more; 2) some, mostly minor, editorial revisions and updates to the handouts; and, 3) a greater focus on the TALK steps as reflecting the needs of a person at risk of suicide rather than on how a potential helper could use the TALK steps. Four customizations of the slides are included with the October 2009 release—for youth, mature, US Army, and First Nations groups. The standard *suicideTALK Session Leader Kit* is now distributed on one CD-ROM (prints are not included but all files are print-friendly).

There is a growing library of photographs for customizing suicideTALK at www.livingworks.net for those who have purchased edition 3 of suicideTALK. These photos have been approved for use for certain slides and are formatted for PowerPoint. We encourage you to contribute to this library. Check the website for details on how and what to contribute. LivingWorks will review all submissions for suitability and make suggestions for where they can be used. If you require additional assistance LivingWorks can create PowerPoint versions for you at market rates.

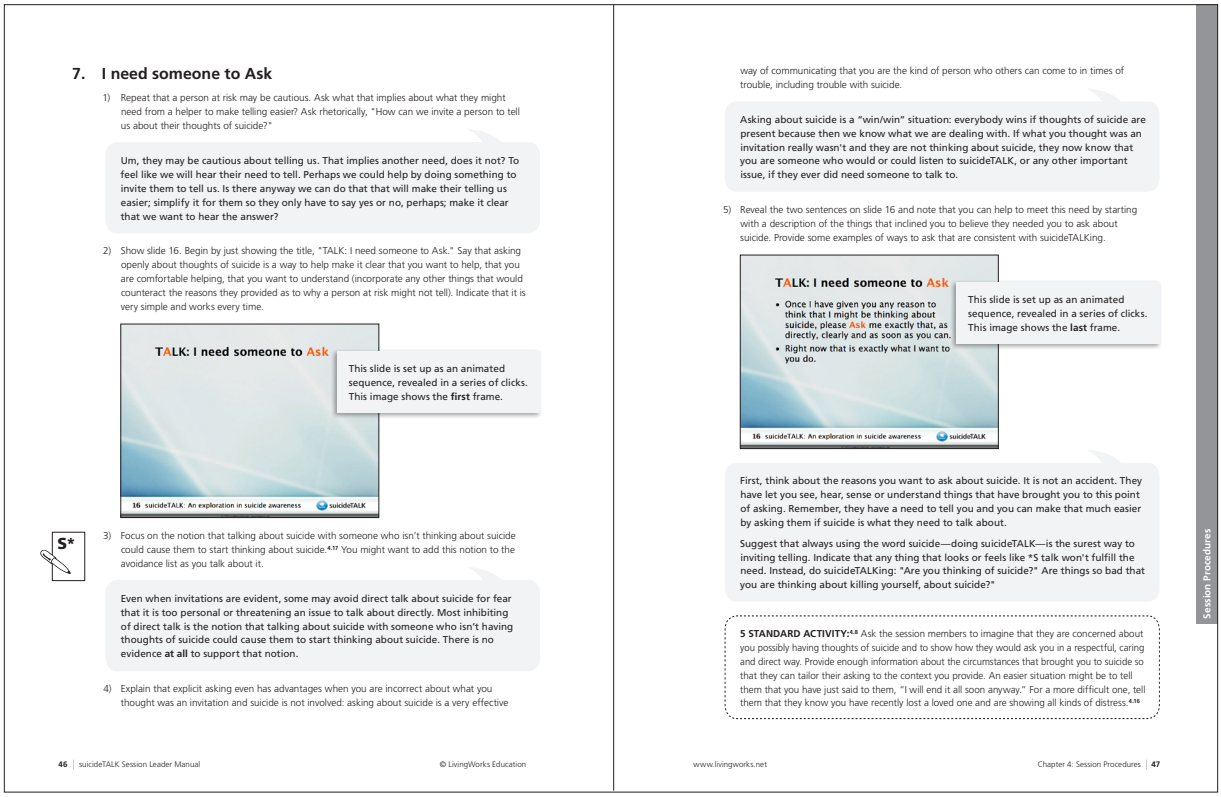
The shift from the helper perspective to the person at risk perspective for suicideTALK was done to place it more clearly as an awareness program—about suicide generally—and also to distinguish it from safeTALK with its focus on the helper and how to use the TALK helping steps.

Layout of this manual

Chapters 1 through 3 are mostly text, presented in two columns. At the end of Chapter 3 is a checklist of things to discuss with an organizer or sponsor of suicideTALK in advance of each session.

Chapter 4 contains graphic cues to help orient you through the steps for the session's standard procedures (see Figure 1). Steps are identified by titles and are numbered in sequence. Each step is composed of a numbered series of tasks. The example in Figure 1 illustrates tasks 1, 2, 3, 4 and 5 of step 7. (There are 13 steps in all.)

Throughout Chapter 4, texts in the speech-bubble shaped boxes are sample scripts for one way to perform a task. These sample scripts can also be found in the notes pane of the corresponding PowerPoint slide. This feature is designed for use only after you have gained a full knowledge and understanding of the content in this manual. Please write your own scripts. Our scripts are very unlikely to fit the way you would say what needs to be said.



7. I need someone to Ask

1) Repeat that a person at risk may be cautious. Ask what that implies about what they might need from a helper to make telling easier? Ask rhetorically, "How can we invite a person to tell us about their thoughts of suicide?"

Um, they may be cautious about telling us. That implies another need, does it not? To feel like we will hear their need to tell. Perhaps we could help by doing something to invite them to tell us. Is there anyway we can do that that will make their telling us easier; simplify it for them so they only have to say yes or no, perhaps; make it clear that we want to hear the answer?

2) Show slide 16. Begin by just showing the title, "TALK: I need someone to Ask." Say that asking openly about thoughts of suicide is a way to help make it clear that you want to help, that you are comfortable helping, that you want to understand (incorporate any other things that would counteract the reasons they provided as to why a person at risk might not tell). Indicate that it is very simple and works every time.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.

S*

3) Focus on the notion that talking about suicide with someone who isn't thinking about suicide could cause them to start thinking about suicide.[4.17] You might want to add this notion to the avoidance list as you talk about it.

Even when invitations are evident, some may avoid direct talk about suicide for fear that it is too personal or threatening an issue to talk about directly. Most inhibiting of direct talk is the notion that talking about suicide with someone who isn't having thoughts of suicide could cause them to start thinking about suicide. There is no evidence **at all** to support that notion.

4) Explain that explicit asking even has advantages when you are incorrect about what you thought was an invitation and suicide is not involved: asking about suicide is a very effective

way of communicating that you are the kind of person who others can come to in times of trouble, including trouble with suicide.

Asking about suicide is a "win/win" situation: everybody wins if thoughts of suicide are present because then we know what we are dealing with. If what you thought was an invitation really wasn't and they are not thinking about suicide, they now know that you are someone who would or could listen to suicideTALK, or any other important issue, if they ever did need someone to talk to.

5) Reveal the two sentences on slide 16 and note that you can help to meet this need by starting with a description of the things that inclined you to believe they needed you to ask about suicide. Provide some examples of ways to ask that are consistent with suicideTALKing.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **last** frame.

First, think about the reasons you want to ask about suicide. It is not an accident. They have let you see, hear, sense or understand things that have brought you to this point of asking. Remember, they have a need to tell you and you can make that much easier by asking them if suicide is what they need to talk about.

Suggest that always using the word suicide—doing suicideTALK—is the surest way to inviting telling. Indicate that any thing that looks or feels like *S talk won't fulfill the need. Instead, do suicideTALKing: "Are you thinking of suicide?" Are things so bad that you are thinking about killing yourself, about suicide?"

5 STANDARD ACTIVITY:[4.8] Ask the session members to imagine that they are concerned about you possibly having thoughts of suicide and to show how they would ask you in a respectful, caring and direct way. Provide enough information about the circumstances that brought you to suicide so that they can tailor their asking to the context you provide. An easier situation might be to tell them that you have just said to them, "I will end it all soon anyway." For a more difficult one, tell them that they know you have recently lost a loved one and are showing all kinds of distress.[4.16]

Figure 1: A spread from Chapter 4

Also throughout Chapter 4, texts in boxes with a dashed border are **"ACTIVITIES"** that you might have session members do or questions that you might want to ask them.

The **"S*"** icon is a cue that you might want to record any comments made by session members at that point to an "avoidance list" of ideas why people avoid direct talk about suicide. This list can be added to as you move through the session.

Throughout this manual you will find note markers like this:* You can find the notes in Chapter 5. **READ THE NOTES!** Some supply background information that only someone familiar with suicide may know. Many provide vital information critical to the success of the session.

It is strongly recommended that you don't mark in this manual. We suggest you make any notes on a copy of the original. Things change.

A note on language

Testimony to how subtle yet powerful is the taboo about suicide is the way we are quick to qualify what we mean when we use the word, "suicide." For example, it is common to say "the study of suicide" or "the subject of suicide" to clearly distinguish it from having thoughts of suicide or death by suicide. Another example, is the addition of "prevention" to the use of the word suicide to ensure that no one thinks you mean aiding a suicide. You may note that we have violated these "conventions" frequently in the documentation and in the exploration itself. We can imagine a time when one will figure out the intended meaning of suicide from the context in which it is used—as is the case with most all other words with multiple meanings. In those times there will be less fear of talking about suicide and more tolerance for the wide range of attitudes about suicide.

A note on repetition

The preceding paragraph has content that is the same as note 4.7. While this kind of repetition does not happen often, we have repeated ourselves in a few places. Although we hope you read this manual from cover to cover several times, some things we try harder to make sure you see.

A note on colors

The colors on the session slides that relate to the first aid intervention meaning of TALK were chosen to be consistent with their use in *Applied Suicide Intervention Skills Training (ASIST).*

Orange = connect

Orange represents caution and indicates that a serious need exists for processes to start the intervention or helping process such as Tell and Ask. Orange also symbolizes new beginnings and new hopes.

Blue = understand

Blue is used for a process that "deepens" (as in deep-blue water) understanding as does Listening. In suicideTALK, listening is required before action is undertaken.

Green = assist

Green represents a process or activity that supports life. Processes or activities displayed in green, such as KeepSafe, should not be left until completed satisfactorily. In a first aid intervention or helping context, making sure the person at risk is safe is always such an activity. Sometimes blue and green are used when the activity or process advances the intervention or helping to the next task.

The other colors used in the slides are some of the colors in the LivingWorks logo.

Chapter 2: The Design

suicideTALK is aimed at most members of a community or organization. Its goal is to help make it easier to have open and honest talk about suicide. Such talk may:

- encourage life-protection, preservation and promotion activities,
- facilitate community awareness of suicide as a serious community health problem,
- reduce the stigma and taboo surrounding suicide,
- increase personal commitment to and action in suicide prevention, and
- support the spread of training opportunities and networking activities.

It would be ideal if most members of a community attended a suicideTALK session. We assume that exposure of even ten percent of a community's population to suicideTALK would make a difference in the support given to suicide prevention activities. We hope and believe that suicideTALK can contribute to a suicide-safer community.

The Role of suicideTALK

suicideTALK is based upon (and in some instances, has evolved along with) a comprehensive suicide prevention framework. One foundation of that framework, reflected in Table 1, is how community members can be mobilized to engage in different types of suicide prevention activities. The rows in Table 1 are intended to be inclusive of all types of formal suicide prevention activities. The columns show elements of the change process: who the target of the activity is; in what forum the activity will occur; the initial condition of the target group when they arrive at the forum; the change agent of the activity; and, the desired outcome.

suicideTALK was designed to play a role in the mobilization of a community's resolve to help prevent suicide. This chapter examines the design of suicideTALK to show how it serves that role. Of particular importance in understanding suicideTALK's design is our view of the relationship between sensitization and awareness, and between awareness and all types of training.

Table 1: Mobilization of Suicide Prevention Activities

TYPE OF ACTIVITY	Target	Forum	Initial Condition	Change Agent	Desired Outcome
Sensitization	most all of community or organizations	media and life experience	untouched	disturbance	sensitized
Awareness Step 1	many in community or organizations	session	curious	engagement	intrigued
Awareness Step 2	many in community or organizations	during or after session	motivated	awareness of options	commitment and action
Training of all Types	helpers in community or organizations	learning experiences	intentioned	empowerment	enhanced competence
Networking Type 1	decision makers	meetings	invested	cooperation	coordination
Networking Type 2	policy makers	strategic meetings	involved	collaboration	integrated actions

Media (videos, print materials, etc.) and mass media (public service announcements, billboards, etc.) are often used to help sensitize a community to the fact that suicide is a serious community problem. More and more people are being exposed to this kind of information. Intermixed with this universal exposure are two types of life experiences. Given the frequency of suicidal behavior, many have personal experiences with suicide. Mass media also makes it far more likely that most of us will hear or read about, and even sometimes witness, suicides.

The second types of life experiences are the things we have absorbed about suicide from our culture. Throughout recorded history, most cultures have treated suicide as something that is taboo (forbidden) to talk about because of a notion that talking about suicide is dangerous. As we learn the cultural tradition, we come to understand that one is not supposed to talk about suicide, engage in it or be close to those who do engage in it for fear of being punished and stigmatized or for fear that suicide might be contagious and "rub off" somehow. For much of our history, these punishing responses were mostly physical, often deadly. Now they are mostly emotional, although no less painful. A number of factual mistruths (notions) and attitudinal barriers evolved to support the avoidance and fear of suicide, and remain even in today's more enlightened times. If we no longer respond with outright fear, we all remain a little wary of or touchy about suicide.[2.1] Our wariness and touchiness goes mostly unrecognized. Because of the stigma and taboo about suicide, we have few opportunities to talk about our fears and to discover that others have similar apprehensions.

Information in sensitization materials can help community members to manage their fear of suicide sufficiently to attend an awareness presentation. Some who attend have had personal experiences with suicide as a helper, a survivor or as a person at risk. These experiences challenge those that have them to confront their feelings about suicide. Some will attend a session to observe others dealing with their fears and to better understand work they have done previously. Some will attend to find new colleagues to help with suicide prevention. Some may attend out of curiosity. Regardless of how each manages to find the courage to explore suicide further, we assume all expect the presentation to help them sustain and channel their motivation.

In most awareness education presentations, information is supplied in the hope of making persons more knowledgeable about suicide—in other words, they have a decidedly cognitive slant. Although knowledge can help to overcome fears, we prefer a direct challenge to the emotions, notions and attitudinal barriers that lead to avoidance. Indeed, avoiding direct talk about the fear of suicide strikes us as very much like avoiding direct talk about suicide itself. suicideTALK was specifically designed to help members of the public avoid letting their fear of suicide govern what they do or don't do about preventing suicide. suicideTALK helps to bring the fear of suicide to consciousness and provides opportunities to explore ways to minimize it. The informational components of suicideTALK are tailored to the goal of bringing the often unrecognized influence of fear under some control.

Awareness activities in our conceptual framework have two steps. Step one in suicideTALK is designed to engage those who attend in the transition from being cautiously curious (touchy or wary) about suicide to wanting to learn more about it—one of the states on our continuum that we call intrigued. The first step in suicideTALK is to begin changing a fear-driven cycle of avoiding talking about suicide because we fear it, or fearing it because we avoid it.

Step two involves the transition from being intrigued to commitment and action. A person who is committed and has some ideas about what they want to do to help prevent suicide has an awareness of suicide. There is a wide range of activities that anyone in the community can do to help prevent suicide. Awareness of the many possible contributions makes it easier for everyone to find something that they want to and can do. It is not assumed that everyone should move on to other activities noted in Table 1. Involvement in some kind

of training or participation in networking activities is not an expectation; just an option.

Taking the second step is fueled by the recognition and acceptance that every individual in a community has a vested interest in helping to prevent suicide. Recognizing that suicide should be talked about and prevented in abstract terms is not nearly as motivating as accepting that either oneself or persons that we care about could come to have thoughts of suicide. suicideTALK helps session members recognize that suicide is an aspect of human existence that can touch any of us. In other words, that we all have a vested or self interest in helping to prevent suicide.

Combining self-interest with other motivations such as compassion, altruism or ethical beliefs often has a beneficial influence on our ability to plan for the longer-term: human beings tend to become "smarter" when their own interests are involved. We assume awareness of self-interest will lead to the recognition that life enhancement and community building are also part of suicide prevention because they help to create the conditions that make suicide less likely. Indeed, we believe that integrating suicide and life is essential to understanding what comprehensive suicide prevention would look like in a community.[2.2]

suicideTALK and safeTALK

Because the names of both of these programs contain "TALK," are of somewhat the same duration and are offered to all members of a community, they are often confused. As just explained, *suicideTALK* is an awareness program. *safeTALK* is a training program. suicideTALK is designed for larger audiences than safeTALK—up to 50 versus 30—and for a shorter time frame—one to one and half hours for suicideTALK and about three hours for safeTALK. suicideTALK focuses upon the whole domain of suicide prevention. safeTALK focuses upon a small subset of that domain—a quite specific aspect of suicide intervention.

suicideTALK focuses upon the perspective of a person at risk as a way of helping session members understand suicide and have empathy for a person at risk. safeTALK focuses upon the perspective of a helper and what they need to do to be helpful. These two perspectives are, of course, complementary: helping steps need to be based upon helping needs. But a knowledge of helping needs does not necessarily lead to helping skills. In addition to knowledge it is necessary to explore and adjust attitudinal barriers to helping, to see skills modeled and practice those skills oneself. That is exactly what a training program and safeTALK provide.

Both suicideTALK and safeTALK, like every LivingWorks program, emphasizes attitude clarification. suicideTALK's focus is upon the attitudes that stop us from talking about suicide generally and everywhere. In safeTALK, the focus is on specific helper attitudes that can get in the way of helping. In suicideTALK, the only skill that is modeled is that of being able to talk openly and directly about suicide, everywhere and generally. To the degree that participants also do that in suicideTALK, they get to practice that skill. In safeTALK, the focus is all on what a helper does to help. As one might imagine, safeTALK is more emotional and challenging than suicideTALK, which tends to be more cognitive and relaxed.

suicideTALK, safeTALK and ASIST

ASIST is a two-day suicide intervention program designed to teach the intervention skills that can help prevent the immediate risk of suicide. It is designed to complement the skill set learned in safeTALK. safeTALK helpers link persons at risk to persons trained in ASIST, or others with similar intervention training who can help prevent the immediate risk of suicide. safeTALK helpers alert ASIST caregivers to the need to do a suicide intervention. The role of suicideTALK, among others, is to help the community talk openly about suicide

so that they recognize the need for safeTALK and ASIST helpers.

Structure of suicideTALK

suicideTALK is structured by and organized around the question: "Should we talk about suicide?" Several meanings of this organizing question are explored. Each affords members an opportunity to consider common notions and attitudinal blocks about suicide.

The session begins with three individual "seat work" exercises. Completed before the session formally begins, they focus the members' initial curiosity about suicide. The first of these exercises invites those attending to respond to the organizing question and then implies that others might disagree or have different reasons for their answers.

Session members begin their formal exploration by considering whether the general prohibition around talking about suicide should be relaxed or ended. This includes such questions as: Should we openly exchange our ideas and feelings about suicide? Should we talk about our own experiences with suicide? Should we use the word suicide explicitly, anywhere, anytime?

The second meaning of "Should we talk about suicide?" explored in the session involves understanding the needs of persons at risk. This includes considering such questions as: Do persons at risk want others to ask about suicide? How do they want to be asked? Do they really want help?

The third meaning to be explored addresses every member's personal involvement with suicide: Should I talk about suicide as something that could affect me or those whom I care about? Is suicide within my realm of reality or "out there" beyond it? Do I want to think about my own resources for living as a way of protecting against suicide and sustaining life? Do I want to begin thinking about self-care generally or even of ways to make life more fulfilling?

The fourth meaning explored is whether suicide should or can be integrated into our understanding of everyday life. Is it "in here" and part of everyday life or "out there," abnormal and strange? Can the life-promoting and life-preserving activities that we undertake on a daily basis be seen as suicide-preventing and suicide-protecting activities? An affirmative answer supports the value of upstream, primary prevention efforts. This enhances internal and external resources in advance of suicide thoughts and creates the kind of life conditions that make suicide less likely and life more sustainable.

The fifth and final meaning explores the implication of answering "yes" to many or all of the other meanings of the organizing question. Am I prepared to make a commitment to do something" or "walk the talk," as it is phrased in the session? If you look again at Table 1, you will see that the change agent process is providing information about options. Once the third and fourth questions are answered affirmatively, a very wide range of activities can fall under the umbrella of suicide prevention. In completing the transition from intrigued to action, session members are asked to consider committing to doing one or more of them.

Features of the Exploration

Those who are familiar with other suicide awareness programs will probably recognize that suicideTALK is somewhat unusual. The only other program that we know of with a similar "exploration" base is the *Youth Suicide Awareness Program (YSAP),* which was created by some of the same authors. Unfortunately, the processes of YSAP were so exploratory and interactive that many presenters were never comfortable using it in that way. Eventually, it became clear that training was required if presenters were to use YSAP the way it was designed to be used. suicideTALK was designed to keep the exploratory approach but to be easier for presenters to master. A second reason for developing suicideTALK was to move away from traditional awareness education content that characterizes YSAP and other awareness presentations. This traditional

emphasis upon knowledge and information is now conceptually inconsistent with awareness aims and change processes as we understand them. Following are some of the key and distinguishing features of suicideTALK.

Attitudes are key to awareness

All of the organizing questions probe attitudes about suicide. While it may seem obvious that the place to begin exploring the fear of suicide is with attitudes about suicide, most awareness programs and even most training programs ignore these issues altogether. Designers of suicide prevention training of all types know that most persons enter with strongly held attitudes about suicide. What usually proves difficult is finding a way to explore these attitudes and beliefs that will be both respectful and productive. The difficulty is even greater in an awareness context where there will be a larger, more diverse audience and limited time. We began with the assumption that attitudes must be addressed and an underlying faith that there had to be a way to explore attitudes with such audiences productively.

One key was to give clear permission for members to express their own answers to the organizing questions. A second was to sufficiently guide the process so that each member could explore the questions in a way that would not be unduly influenced by the views of other members. Many of the more difficult questions involving personal attitudes are framed for each individual to answer silently, not for the group as a whole to answer or discuss. This balance of open exploration of issues and tight control on discussion led us to change some of the terms normally used to describe awareness programs. We use the phrase, "exploration session" instead of "presentation;" "session leader" instead of "presenter." While the decisions concerning the various attitudinal issues belong to the session members, responsibility for the process of exploring those questions clearly rests with the leader. The person conducting suicideTALK is a leader, not a facilitator. This tighter structure is one of the features that make it possible for session leaders to use suicideTALK without formal training in presenting it.

A third key was to break down fundamental attitudinal issues into manageable pieces. We believe that attitudes about suicide are formed along three fundamental dimensions: an optimism–pessimism dimension (Can suicide be prevented?); a permissive–restrictive dimension (Should suicide be prevented?); and, a near–far dimension (Should suicide be thought of as something that could happen to me or to those with whom I am close, or only to those out there and far removed from anything close to me?). The more remote suicide is seen to be, the more likely this last dimension takes on negative tones: suicide is abnormal and strange, instead of normal and understandable.

Stated most starkly, these fundamental questions are: "Can suicide be prevented?" "Should suicide be prevented?" and "Can suicide happen to me?" These are powerful questions, full of challenge. The issues they present interact with each other. Thus, the touchiness associated with answering one may interact with the wariness of answering another. For example, some irritation about trying to decide whether or not suicide should be prevented in all cases may also reinforce the fear that suicide can't be prevented. There are a wide range of views. The more views one hears, the more complex the whole picture becomes. Finally, these questions are probably never answered completely. They are always open to further exploration and some uncertainty always remains.

suicideTALK's "Should we talk about suicide?" question was designed to be a more concrete and manageable stand-in for the fundamental questions. Initially the question, "Should we talk about suicide?," while challenging, does not seem too large or threatening. To some it may even seem simple or naive. Through it members are gradually exposed to all fundamental attitudinal dimensions in a way that is far safer and more manageable than being bombarded with all three, in their starkest form, all at once.

Person at risk's needs used to help clarify attitudes

People at risk are real human beings with real needs. A part of virtually every person at risk wants help to stay alive. Three of these needs are emphasized: 1) a need for someone to ask them directly about suicide so that it is easier for them to tell someone that they are having thoughts of suicide; 2) the need to talk about their reasons for suicide; and, 3) a need to get help. One of the goals of suicideTALK is to help session members appreciate that these needs are real, understandable and that failure to meet them can result in death or injury.

Of course, it is impossible to make the needs real without referring to the helper tasks that meet them. For each of these needs respectively, "A-L-K" or Ask, Listen and KeepSafe are the helper compliments. Many persons attending an awareness program expect (even demand) that training about intervention strategies should be the primary or sole focus. We assume that this expectation is, in part, a request to know whether or not ANYONE can do anything to prevent suicide. In other words, a form of one of the fundamental questions: "Can suicide be prevented?"[2,3] suicideTALK assumes that one of the most powerful reasons to be hopeful about preventing suicide is knowing that is just what people at risk want.

Session members are not encouraged to be (or assumed to have already decided to be) either alert helpers like those persons taking safeTALK or first aid interveners like those taking ASIST. The introduction to suicideTALK begins with this notification. suicideTALK removes any pressure members might feel regarding the intervention helping role in two other ways. First, the leader states that these skills cannot be learned in an awareness context. This removes the expectation that session members should leave the session feeling that they were trained and should now be prepared to do what they may well recognize they do not feel comfortable doing. Second, suicideTALK provides a wide range of other activities for members to commit to and act upon other than suicide first aid intervention. There is no need for session members to feel guilty about not being a first aid helper or not wanting to learn more about intervention. There are many other important activities to do.

We suspect that reducing wariness about the helping role actually makes it more likely that members will integrate the helping strategies that complement the needs of a person at risk. A sense of accomplishment in that regard might make it more likely that some will be motivated to learn intervention skills.

Awareness exploration

We call suicideTALK an awareness exploration program. We believe most awareness programs are what we (and sometimes others) call awareness education (White and Jodoin, 1998). The main goal of awareness education programs is to teach intervention strategies and skills. This content usually takes the form of prepared materials on clues to suicide and helping strategies. The process of awareness education typically involves the exploration of information, sometimes with opportunities to practice using some of the ideas. By contrast, suicideTALK provides a forum for each audience member to decide whether or not suicide should be talked about directly, openly and honestly. Its goal is to make such talk in any context easier. The scope of suicideTALK is broader and its goal is much more universal than awareness education.

We do not believe that it is possible to do an adequate job of teaching helping strategies and skills within the time and structure constraints normally associated with an awareness presentation. We worry that attempting to do so can lead to a false sense of competence: the awareness education program implies training (by not saying or doing anything to the contrary) and that skill development follows automatically from knowledge. Another more possible but opposite outcome is a feeling of inadequacy: this awareness education presentation implies that I can help but I don't feel competent to do it.

We suspect that part of the motivation to "get information out there" is based upon a commonly repeated misunderstanding. After a suicide, many persons closely connected with the person when they were at risk say that they wish they had only known "something." Usually the "something" is the knowledge that some sign of distress was a clue to suicide. On closer inspection, what they most often mean is that they saw the distress but did not link it to the possibility of suicide. Removed from suicide by fear and avoidance, there is a tendency to not include suicide in the realm of possibility. Although we might see, understand or sense that something is wrong, one might not connect it with suicide because suicide just isn't thought about at all. The sign of distress can even be an open, clear statement about having thoughts of suicide and our cultural avoidance may cause us not to connect such a statement with the very real possibility of suicide.

The Tell and Ask tasks include general information about when to be concerned about the possibility of suicide. We believe that overcoming the fear of suicide and accepting the reality of suicide are the keys to recognizing a suicide crisis and responding to it. We did not want to make helping seem more challenging by implying that session members need to learn a long list of "clues" to suicide.

Sometimes the "something" that survivors refer to is the lack of knowledge of a key step they could have taken. More often than not, what actually happened was that fear of suicide robbed them of their natural or professionally developed skills. It is very common that people with helping skills become quite helpless when suicide is involved. The simple and straightforward information presented under Tell, Ask, Listen and KeepSafe is enough information to be helpful in first aid situations. We did not want to make intervention seem more difficult by providing detail that could not be learned in a session.

Speaking directly to persons at risk

Most suicide prevention literature supports the principle that the word suicide should be used directly and clearly with persons at risk of suicide. suicideTALK extends this principle to its awareness session: it "'practices' what it preaches" about open and direct talk about suicide. In suicideTALK, the materials speak directly and clearly to session members who might themselves be at risk. This direct communication is formalized as one of the TALK aspects: T stands for Tell. The shift from "talking about" to "talking to" is also reflected in the invitation at the end of the session for persons at risk to tell someone about their thoughts of suicide.

The value of talking is acknowledged

In most other suicide awareness presentations, emphasis is given to the need for safety. The importance of being able to talk about one's story of suicide is down played either directly, by giving it little emphasis or, indirectly, by failing to mention it at all. suicideTALK gives equal importance to these talking, sharing, releasing aspects. In TALK, L stands for Listen and the need for it is emphasized.

Personalizing and normalizing suicide

The second of the three opening seat work exercises is intended to critically disturb the members' sense of their own distance from suicide. It asks participants to think about their own life-sustaining resources. Although not explicitly stated, members recognize that they are being asked to think about something personal in the context of a suicide awareness session. Whether conscious or not, there is something that will not initially feel right about this except for those who are most comfortable talking about suicide. By the end of the presentation we hope it will be perfectly acceptable to think about resources for all persons who session members care about. For many and probably most, this session may begin the process of accepting that they could come to have thoughts of suicide. Such an awareness is very likely to motivate self-protection and suicide prevention for others with

whom they are close. Such an awareness may even motivate self-protection and life-promotion efforts for the community.

The third of the opening seat work exercises exposes session members to the range of suicide prevention activities. While the wide range of activities provides a safety factor against the expectation of becoming a first aid helper, the range of activities also has another implication. The list implies that there is likely something that each and every one of us could be actively involved in doing. Recognition of this expectation starts session members looking at the activities in a new way. Though less obvious at first, some of the activities are not things one would normally associate with suicide prevention. Indeed, the list challenges our typical isolation of suicide from the rest of life. By the end of the session, we hope members will begin to accept that suicide is as much a part of the human condition as any other aspect. At a minimum, this recognition can lead to a long-term view of protecting against suicide. It may begin the process that leads to a more fully "promoted" life. Understanding that life is valuable enough to protect leads to recognizing it as something more valuable to live.

Process of the Exploration

The cornerstone of the awareness process is balancing challenge and safety. Confronting fears about suicide is challenging enough. Confronting attitudinal barriers and notions, which the session members are likely to have previously accepted, can be threatening to a person's sense of intelligence. Being challenged to get involved in suicide prevention activities can feel intrusive and uncomfortable. suicideTALK is full of challenges that must be balanced by safety.

Two important features of the program, already referred to, help to create safety. suicideTALK is an exploration. Session members are expected to find their own responses to the various attitudinal questions and notions. They do not have to publicly acknowledge or defend their responses. The session leader can give even more emphasis to this sense of permission to explore when members appear to need it. A second safety feature is that suicideTALK explores a wide range of prevention activities. There is no expectation that all session members want or need to become safeTALK helpers or ASIST interveners. The wide range of suicide prevention activities offered in suicideTALK provide everyone with a place where they can contribute. With so many choices, everyone will find something. Members won't need to consider doing something that is uncomfortable for them.

A third important safety process is one you may have noticed as you read through the variations of the organizing question. Like the sequence of meanings, challenges in suicideTALK, including the kinds of activities, start with easier ones and progress to more difficult ones.

A fourth safety process is positive framing. Those session leaders who are ASIST trainers know the value of positive reinforcement and have highly developed skills at finding ways to frame almost anything positively. The consistent use of positive framing creates a powerful sense of safety. The "bottom line" of positive framing is the belief that everything a session members says or suggests has a positive intention. Once their contributions are looked at in that way, a way to describe and reinforce that intention can usually be found.

A fifth element is the flexibility to vary the participation level to meet the session members' needs and abilities (so long as the session leader is also comfortable with an interactive approach).

For some members, suicideTALK may be their first opportunity to talk about suicide. Safety for these members might dictate that you avoid activity options for a long time, giving session members some idea of what you are like and the session is like before you start involving them in activities. It is possible that some groups may never feel safe to participate with much enthusiasm at all. While it is generally true that involvement is better for learning, it is only true if the session members feel successful with that involvement. Sometimes actively

listening to what the session leader has to say is all that the members may be able to manage.

We did not try to create safety by "toning down" the challenges. We are fairly certain that attempting to create safety that way does not work. For example, ignoring the fear of suicide is not going to make the fear go away. If anything, it makes it stronger.

Other Benefits

Other outcomes of suicideTALK that occur with some regularity include:

- Persons at risk recognize their risk and become more motivated to reach out for help.
- Members grieving a friend or family member who died by suicide receive information and are motivated to seek help where needed.
- Members become aware of the possibility that they may know persons who are at risk and become motivated to do something to help.
- Members living with persons who are periodically at risk receive information on how to help the person at risk and at the same time look after themselves.
- Persons in caregiving roles and institutions with caregiving responsibilities recognize that they have inadequate first aid training and suicide response policies. This may lead to institutional changes and the sponsorship of training opportunities.

Expectations

suicideTALK was created with a detailed understanding of the role of awareness in suicide prevention and a clear idea of how the movement from sensitization to action could be achieved. This should make its testing and refinement easier. We hope you like the program enough to contribute to its evolution.

This chapter and this handbook are written with the expectation that your sessions will be successful. We believe that they will be and that they will contribute to the saving of lives. Recognize, however, that suicideTALK may not have the same positive outcome for every person. Some session members may, in the end, decide that they don't want to talk about suicide in any of its many meanings. Give permission for session members to differ. Some may choose to remain very touchy or wary about suicide. Rest assured that it can never be the same touchiness or wariness they entered with and remember that change sometimes works in strange ways.

Chapter 3: Good Practices and Practical Matters

This chapter is about the principles for conducting a *suicideTALK* session safely and effectively. We call these principles "good practices." The chapter also covers the practical preparations needed for a successful suicideTALK session—what needs to be done before the session; what needs to be available after the session; and, what needs to be set up and attended to during the session.

The chapter is written as if you have been invited by someone you don't know to conduct a suicideTALK session for a group of people with whom you are unfamiliar. This is the context in which you will need to be the most attentive to safety and effectiveness issues and do the most preparation work. When you are familiar with who is inviting you and who will attend, there will be less need to review this chapter. However, every time you are about to conduct a session, we recommend that you review the checklist at the end of this chapter.

Good Practices

Sometimes good practices are repeated from one document to another without any information about the principles or reasons underlying them. Here, we take time to evolve the practices from basic assumptions and first principles about how awareness programs are supposed to contribute to the continuum of suicide prevention activities in a community.

Community planners

We repeat ourselves by noting that the goals of suicideTALK are to:

- encourage life-protection, preservation and promotion activities,
- facilitate community awareness of suicide as a serious community health problem,
- reduce the stigma and taboo surrounding suicide,
- increase personal commitment to and action in suicide prevention, and
- support the spread of training opportunities and networking activities.

The first goal is for the benefit of the individual. All others are intended to benefit the community and, through it, the individuals who make up the community. suicideTALK is a tool for encouraging individuals to contribute to suicide prevention efforts in their communities. In this regard, session leaders need to think of themselves as community planners in suicide prevention.

First think about what constitutes a community. We assume that a community is any group of people who think of themselves as members of a community. In other words, persons with a shared identity and common values. What this definition makes clear is that you have to ask the people involved to determine who is in and who is out of a community. We might assume, for example, that people living on both sides of some geographical feature such as a river are part of the same community but they may not be willing to work together or even use each other's resources. While you may be able to stimulate these two groups to work together in the future, you will probably not be all that successful if you don't recognize the starting conditions. Community definitions may also overlap so you will have to be aware that individuals are likely to feel that they are members of more than one community. They might think of their neighborhood as a community as well as see their workplace as a community. Or, they might also see themselves as members of a community that includes their entire town, city, region, province/state/territory or country.

Once you have some idea of which community you want to work with, the next step is to determine who are the influential people in that community. As a community planner, you want to get yourself invited to present suicideTALK to the groups that are likely to be the most suitable for advancing the cause of suicide prevention. Often there will be a correspondence between an interest in a session and suitability to advance the cause of suicide prevention. Sometimes there may be little connection. Use your time wisely but also recognize that every session has value for those that attend.

Community planning and safety of the individual

suicideTALK encourages a broad view of suicide prevention activities. Primary among those concerns, however, is the safety of individuals at risk of suicide. Awareness presentations like suicideTALK will often lead to the identification of at risk individuals and motivate help-seeking by or for them. Many communities or organizations may have few trained resources. This mismatch of increased demand for less than sufficient services can be dangerous. Individuals may seek help only to discover that formal sources of help are either not available or inadequate. This disappointment can lead to a greater sense of isolation and increased risk of self-harm behavior.

In an ideal world, sufficient numbers of community caregivers would be trained in first aid intervention (and, in an even more ideal world, other critical helping skills) before awareness and media campaigns are introduced. However, in the real world, awareness presentations are used to create and stimulate the processes that contribute to the development of a comprehensive suicide prevention approach, including the recognition of the need for trained first aid and other kinds of helpers.

In the final analysis—of what may initially appear to be a paradox—there is no choice but to accept the fact that communities are not going to discover that suicide is a serious community health problem if they don't start talking about suicide openly and honestly.

When there are fewer formal resources, place even more emphasis upon the use of informal resources than you would normally. You will likely have to be very encouraging about the idea that informal resources can be very helpful: we have often been told in direct and indirect ways that informal resources can not help.

Openness and inclusion

Another principle of planning for your community is to provide suicideTALK in a way that does not inadvertently contribute to or reinforce the centuries-long taboo and stigma associated with suicide. Consider the "meta-messages" connected to who attends (and who doesn't attend); who helps (and who doesn't help) organize and present the session. All other things being equal, try to have people attend who represent a cross-section of people in a community. You want to avoid raising questions like "why wasn't I or someone like me invited." Nor do you want to imply that only some need to help or that only some are potentially at-risk. Always try to involve the person(s) in the community or organization who invited you in some way. Ideally, some will have first aid intervention training and can help afterwards should someone at-risk come forward. Others might be engaged as coordinators of follow-up activities or distributors of information. If no leaders of the hosting community or organization are present, session members could conclude that there is no interest in this issue or that the issue is too frightening for anyone but an outside "expert" to handle.

Appropriate audiences

suicideTALK is not suitable for persons or communities that have recently been seriously affected by a suicide nor can it be used to teach suicide intervention skills.

Persons recently affected by suicide are not likely to be "curious" about suicide—the expected entering

state for suicideTALK. Instead they are angry, sad, confused, numb or experiencing any of the other initial grief reactions. suicideTALK has little content and practically no process that responds appropriately to the intense feelings that occur in such an acute situation. More than anything, such persons need a chance to talk freely and openly in relatively small groups. A structured presentation like suicideTALK is not what they need.

As explained in Chapter 2, suicideTALK is not suitable for those wishing to be trained in either suicide alertness or suicide intervention skills. safeTALK and ASIST are our vehicles of choice for learning these two skill sets.

suicideTALK does what it is supposed to do. Your use of suicideTALK with its goals in mind will advance your status and reputation as time goes by and you will find that your access to influential community members increases. Trying to use suicideTALK in ways it was not intended can end this favorable process.

Good practices for youth

Good practices for youth suicide prevention programs in public school (or counterpart) systems tend to be more explicit than comparable programs for adults. Since we consider suicideTALK to be suitable for youths aged 15 or older, we need to consider the good practices prescribed for such programs. We can also use these practices to check out the value of our principles for conducting sessions for other audiences.

Kalafat (2001) provides an overview of good practices for what he calls "comprehensive youth suicide prevention programs:"

1) Suicide specific information is presented as part of health or family life curricula and is given to all students.
2) All school personnel including custodians, bus drivers, etc. receive the same information as do parents.
3) The school in which these presentations occur has policies and procedures to ensure coordinated working relationships with community gatekeepers, and for responding to at-risk students, suicide attempts and completions.
4) Often the establishment of school crisis teams, media campaigns, and training of community and/or school-based gatekeepers surrounds and is integrated with this comprehensive approach.

The first two practices support our principle of responding to suicide in a way that lessens or does not contribute to the taboo and stigma surrounding this issue in a community. The first practice implies that suicide should be treated as a life span issue and not as a special topic or as an abnormal issue that only affects a few people. The second implies that everyone can do something to help prevent suicide, not just experts.

The third and fourth standards are consistent with the higher expectations of programs for youth. Kalafat clearly implies that when it comes to youth, safety must get high priority. Awareness programs, like suicideTALK, should not be given in the absence of many additional aspects of a prevention plan. The third practice clearly indicates that basic safety processes must be in place to complement any kind of suicide prevention education activity that is intended to raise awareness and encourage identification of at-risk youth. Our preference is to move policy and procedures for dealing with suicide attempts or completions into a separate item so that concern for safety about persons at risk is given priority.

The fourth practice is stated as an ideal, not a requirement. Kalafat has not been so firm on safety as to leave no room for the use of awareness programs to stimulate interest in suicide prevention. In other words, he avoids the potential paradox mentioned earlier. Rarely is the kind of funding available to provide all that should be involved in a comprehensive program in a short period of time. Often one has to motivate others to want good practices in their community. An awareness session directed to parents, teachers, school board members and other school personnel is an excellent way to introduce a community to some of the things that can be done to prevent suicide. A common

starting point is often a concerned teacher inviting a local resource to present a suicide awareness presentation. Usually this presentation is for more mature students, has been cleared with parents in advance and includes provisions for safety. From such humble beginnings, many larger efforts have safely emerged.

White and Jodoin (1998), have similar practice recommendations for suicide awareness in schools. Their additional practices include:

1) Be appropriate for the developmental level and age of the audience.
2) Fit into, rather than add on to, the current health curricula of the school.
3) Be aimed at students as potential helpers, not victims.
4) Involve regular school personnel in the delivery of the program and provide training for them if their involvement is to be extensive.
5) Include elements that teach skills, not just knowledge, such as creating opportunities for students to practice and receive feedback.
6) Ensure active student engagement through learning methods including modeling, role plays, performance feedback, small group discussion, and positive reinforcement.
7) Provide plenty of opportunity for discussion.

In general terms, the principles underlying these practices seem consistent with our own. We endorse the normalization of suicide (1 and 2), the goal of involving teachers in the process of learning about suicide (4) and the desire to empower youth (and everyone else) to help prevent suicide (5 and 6). Of course we disagree with the third one. We believe that anyone can be affected by suicide and that such recognition motivates all helpers.

The specifics of White and Jodoin's recommendations seem to have more to do with what we call awareness education and/or intervention training. We know of no awareness education curriculum that fully meets their additional standards, certainly none that could be done by school personnel without additional training. Awareness education programs sometimes try to do too much in too little time. Awareness knowledge about suicide is often expected to motivate, raise awareness, encourage identification of at-risk individuals by others, teach those who recognize their at-risk status to ask for help and provide information about mental health services—all in the space of an hour or several hour-long sessions.

Expanding suicideTALK

We urge caution to those who would extend awareness education to include practice recommendations like 5 and 6. We believe that intervention skills are more appropriately developed in a companion program specifically designed for that purpose. safeTALK and ASIST are our vehicles of choice for learning suicide alertness and intervention skills because we believe it is the best vehicle for consistently achieving that purpose. There is a danger in setting expectations that cannot be achieved simply by adding one or two modules to an awareness or awareness education program.

Our preference for extending suicideTALK (7) is to do it through the exploration of the activities in *A Matrix of Suicide Prevention Activities.* A variety of work and practice opportunities could flow from such an extension including more work on the Tell, Ask, Listen and KeepSafe tasks, if that is desired. The view of suicide reflected in the matrix is consistent with a broader perspective of health, making it easy to include suicide as part of a health curriculum. Then, including suicide does not have to be "twisted" to fit as it does when suicide is viewed as an illness, disorder or abnormality.

Our important standards

suicideTALK provides you with an elegant structure that is of little value unless you take the time to learn it. Do not let this structure deceive you into thinking that a "once over lightly" review is sufficient for anyone to present it successfully. Presenting suicideTALK is somewhat of a high risk activity for session leaders. The program challenges session members in many ways. Your understanding of suicideTALK is critical to meeting those challenges

successfully. When the challenges are not successfully met, session members will blame you for the failure. You need to be prepared to admit when you don't know something and to encourage a group to vent their frustrations, if that is necessary. You also need to have the confidence to support the essential messages of suicideTALK in the face of disappointment and avoidance. Never let a group leave believing that you accept the view that talking about suicide should be avoided. Standing by your beliefs leaves them with a mental reminder that avoidance can be avoided.

As you understand this program, you should take some time to confront your own tendency to S* talk. Likely all of us do it from time to time but you must feel certain that you can avoid S* talking while leading a suicideTALK session.

Practical Matters

Some of the following flows from or has already been covered in the *Good Practices* section. A lot of the practical information below is new. We have tried to use a question and answer format whenever possible. The questions are reorganized into the checklist at the end of this chapter. Here you will find some of the common questions and the reasons for them.

Things to ask about the context

It is a priority to know who is asking you to present and why, including how the session is being advertised. Make certain that no information is circulated that suggests you will be teaching intervention skills, conducting critical stress debriefing or providing grief or counseling services.

- How was the session advertised?
- Were the purpose and limitations of suicideTALK made clear?

Advertising should include statements about what suicideTALK is and isn't. For example:

suicideTALK is an exploration of the question, "Should we talk about suicide?" Come and explore some of the many forms this question can take. Ways to help a person at risk will be discussed. The pain of those touched by suicide will be acknowledged. BUT suicideTALK is primarily a general exploration of the most fundamental attitudinal issues about suicide. Clarifying your views on these issues builds a solid foundation for future contributions to suicide prevention. There will be lots of opportunities to explore some of the ways you might choose to help prevent suicide in your community.

Learn more about the context.

- How did they find out about you?
- Why do they think people are coming?
- What expectations have been set about attendance?

If you know that your session members have an interest in a particular aspect of suicide prevention, you should mention that in the introduction. Indicate whether or not the awareness nature of suicideTALK and your own background in suicide prevention will enable you to deal with that aspect.

- What do the session members expect to be covered?

You will need to adjust your introduction to fit with any relevant information that you may have about the session members.

- Are some persons in the session known to be bereaved?
- Have there been suicides in the last year that have impacted session members?

There are several kinds of deaths by suicide that usually underlie an affirmative answer to this question. You might want to ask specifically about each of the following: those involving persons of some prominence in the community; suicides that occurred in public settings and/or were widely publicized; or, suicides of colleagues in a school, workplace or other institutional settings.

Estimate how much your audience knows about suicide and how comfortable they will be with talking about it.

- What information has this group been exposed to about suicide?

As a general rule, the more exposure the greater the comfort; the more comfort, the more you will want to use the discussion options. If you do so, you will likely need more time for the session. Be warned that a sponsor or organizer may respond to this question based upon some role or status characteristic of the group. For example, many organizers/sponsors will assume that professional caregivers are already fully aware about suicide, but such a professional role alone is no guarantee of such awareness.

Identify the community or organizational resources that are available to help persons at risk of suicide and find out how to access them.

- Are there persons in this community or organization who are available to the session members should they recognize that they or someone who they are close to is at risk of suicide?
- How can they be accessed?
- Can some (any) of those person(s) attend? Are they already known by most session members?

Work out with these resources (and/or with the sponsor or organizer) what protocol you will follow if persons at risk identify themselves.

- What exactly have we decided to do should a person at risk come forward at the end of a session?

You also need to come to some agreement on what to do when someone hurriedly leaves in the middle of a session. The less skilled the available resources, the more you will need to rehearse what to say in this circumstance.

- What exactly have we decided to do should a person leave a session hurriedly?

Sometimes there will not be any resources who can help provide first aid interventions. You may be called upon to help directly. Session leaders must have suicide intervention skills training because there may be times when they are the only resource available. Have the sponsor or organizer obtain the access information on local resources using the *Helpers in Your Community* list as a guide to structure their information gathering. Complete this list in advance and make photocopies for everyone expected to attend.

- Can you fill in this *Helpers in Your Community* list and have copies of it available for the session?

Stimulate the sponsor or organizer to think about an ongoing role that they can perform. There may be others who want/need to help in an ongoing capacity.

- What would you be willing to do to keep suicide prevention activities moving forward and to show that this community or organization is serious about preventing suicide? Are there other persons that should be included? Have they been invited?

You may need to provide some suggestions. One suggestion is built into the program. Session members are discouraged from taking every handout since some will not fit their interests at this point in time. In addition, there is a message indicating that the sponsor or organizer can produce copies of other handouts should they be needed in the future. This makes the organizer or sponsor a natural contact point for future networking activities.

Often the most useful role gets defined as the group begins to work with their prevention commitments. While there may not be time for anything too precise to emerge, the sponsor or organizer can serve as contact point for following up on suicide prevention commitments. By the end, session members should begin to recognize that the momentum could be lost if somebody doesn't take on the role of keeping it going. Obviously, the sponsor or organizer needs to be present and communicate that they are serious about assuming that role.

- Will you attend the session (or at least the end of the session) to signal that you are prepared to perform that role?

Never miss an opportunity to network. Personal relationships often drive policy. You never know who someone might put you in contact with until you ask.

- Are there persons you know who can contribute financial and/or logistical support to suicide prevention in this community? Should they be invited to attend or contacted in some other way?

Time and money things

You need approximately an hour and half to complete suicideTALK. This allows for some discussion and a gradual exit at the end should anyone wish to talk to you. A better time allotment is two hours, leaving more time for discussion, more time for dealing with personal matters and time for a short break. You and your organizer/sponsor need to agree on a time allotment and that information needs to be communicated to session members.

- What time frame have we agreed to?
- Has that information been communicated to session members?
- Do I need to leave the site right after or can we (you and the organizer or sponsor) hang around to see if anyone has questions or concerns?

Avoid having a session the last hour of some organization's day or the last day of the week or before a holiday. Resources may not be available and attention may also be focused elsewhere.

We strongly recommend limiting the number who can attend. This limitation should be noted in the advertising. Some way of enforcing the limit should be determined. "First come, first served" will work. So also will reserving spots by contacting the organizer or sponsor. More formal processes produce a positive message: this program is valuable. We recommend that you not try to present to more than 50 persons with 35 being the optimum. This optimum number is efficient yet you can still provide some individual attention. Smaller groups are preferred for effectiveness but will take time away from other suicide prevention activities to which you are committed. Use waiting lists when demand exceeds space. Having a waiting list sets a positive tone about the value of the session while also organizing the orderly provision of future sessions.

- What have we agreed to about the number of session members?

When presenting to community groups, arrange for child care. suicideTALK is recommended for ages 15 and older. Parents will often bring younger children with them to a presentation simply because they have nowhere else to leave them. While the potential for harm is minimal, arranging for child care eliminates that potential.

- What child care arrangements are in place? Have session members been informed that day care will be available?

It is assumed that sponsors and organizers will pay for reproducing the handouts. Everyone will need *Helpers in Your Community,* the *Exploration Worksheet* and the feedback form. This is another reason to limit the number who can attend. If you don't, you may need to make arrangements for speedy and often more costly reproduction. Go through the list of handouts and decide with the sponsor or organizer how many of each to reproduce (see section on handouts below).

- What have we decided about numbers of handouts?

After a period of time, leftover handouts are not likely to ever be picked up by session members. Suggest places that the organizer might leave them such as doctors' offices, community centers and clinics.

- What will you do with the handouts after it is obvious that no more session members will be coming to get them?

It is assumed that sponsors or organizers will pay for or supply any refreshments that are provided. You can have a break without having refreshments.

- Are refreshments going to be provided?
- Who is paying for them?

Session leaders sometimes charge for conducting suicideTALK, sometimes only in such contexts as an evening speaking engagement or a corporate environment. Leaders who are also ASIST trainers are less likely to charge because they can recoup their investment in fees for ASIST. Whatever the case, it is important to have these matters clear. It may also be helpful to know if the session members know about these matters.

- What are the financial arrangements?
- What do the session members know about the financial arrangements?

Room setup, equipment and material needs

Almost any room will work in which you can be heard, the audiovisual screen seen and the size of the group you anticipate, or specified, accommodated. You will also need at least one, preferably two, tables to lay out the handouts. Individual seats arranged theater-style are preferred but all that is necessary is for the session members to be able to comfortably talk to those around them. Avoid very large rooms. If unavoidable, have everyone come to the front of the room. You would be wise to have a look at the room ahead of time if possible. Often a sponsor or organizer can provide a diagram of the room if you cannot visit in advance.

Session slides are provided in PowerPoint format on your *suicideTALK Session Leader CD*. You need a computer with PowerPoint, a projector and screen for displaying the slides. With some projectors you can load the slides onto the projector in advance or use a memory stick, which eliminates the need for a computer. Consult with the AV equipment supplier or see the user manual for your projector. If it is necessary to use an overhead projector in place of a data projector, you can print overhead transparencies from the PowerPoint slides. **Always test your slides on the equipment before each session.**

A flipchart or whiteboard with marking pens is helpful for recording an "avoidance list" of any comments made throughout the session of ideas why people avoid direct talk about suicide.

You will also need at least one, preferably two, tables to lay out the handouts. It is wise to only distribute the worksheet first. Put out the other handouts after the break and during one of the times the session members are considering or doing some task. You don't want them picked up before you are ready.

- Have room setup, equipment and material needs been arranged?
- Do you know where the washrooms are at the training site?
- Have you tested your slides on the equipment that will be used at the session?

Handouts

The steps in Chapter 4 are laid out as if one delayed mentioning the handouts until near the end of the session and delayed distributing them until the session was over. We recommend these procedures. You don't want them picked up before you are ready.

Typically, when members find out that there is something they can have, they want it right away and are distracted by that thought for a while. If the session leader distributes handouts as he/she introduces them, there will be wastage because not all of the handouts are likely to be useful for everyone. Time will also be wasted.

The choice to mention a particular handout earlier or even distribute it would depend upon your sense that knowing about its existence or having it in hand may reduce members' anxiety. For example, if you know that you have a lot of members bereaved by suicide in the session, you may want to hand out the *Healing After a Suicide* handout and discuss its content briefly.

All session members will need an *Exploration Worksheet*, a *Helpers in Your Community* list already filled in with local resources and a feedback form. Additional handouts are next, along with a brief description of each. Masters for all of the handouts are provided on the *suicideTALK Session Leader CD*. Double-sided, or duplexed, printing or photocopying is recommended to save paper and money. **(OPTIONAL)** A template for certificates for session members is also available on the CD.

1. *Healing After a Suicide* provides hints on dealing with grief following a suicide. Expect that at least 30% of the members will want this handout.
2. *Programs for a Suicide-Safer Community* briefly overviews four LivingWorks programs: *suicideTALK, safeTALK, ASIST, suicideCare* and *WorkingTogether.* It is wise to have as many of these available as there are session members.
3. *Learn Suicide Alertness Skills* provides more information on safeTALK and has a space to provide trainer contact information. It is wise to have as many of these available as there are session members.
4. *Learn Suicide Intervention Skills* provides more information on ASIST and has a space to provide trainer contact information. It is wise to have as many of these available as there are session members.
5. *Suicide Intervention Handbook* provides information about the handbook and how to order it. It is wise to have as many of these available as there are session members.
6. *A Matrix of Suicide Prevention Activities* shows six areas of suicide prevention—three aspects of aims (protection, preservation and promotion) and three aspects of scope (individual, helper and resources). The activities in each cell are only examples. The session members could use the matrix to explore how comprehensive suicide prevention can be. If you do not have time for this exploration activity, expect about 30% of the members will want this handout. When you do have time to explore the matrix, everyone will need a handout.
7. *First Steps in Suicide Prevention* provides suggestions on getting suicide prevention started in a community. This is a companion piece to the handout, *Healing After a Suicide.* If the group starts exploring *Healing After a Suicide,* all will want this handout. If you do not have time for this activity, expect about 30% of the members will want this handout.
8. *Suicide Prevention in Schools* reviews good practices for schools. Its main message is to plan comprehensively before you act. Unless you are presenting to schools, expect about 50% of the members will want this handout.
9. *Suicide and Mental Health* reviews information helpful for mental health professionals and consumers of mental health services. Unless you are presenting in a mental health setting, expect that about 30% of the members will want this handout.
10. *Living with Risk at Home* is for persons who live with someone who has recently attempted suicide or periodically might do so. Expect that about 30% of the members will want this handout.

- Do you have a worksheet, helpers list and feedback form for each session member?
- Have you determined which additional handouts to provide and do you have enough copies?
- **(OPTIONAL)** Have you prepared a certificate for each session member?

After the session

Plan for a slow exit. Someone at risk, or a person concerned about someone at risk, is likely to want to make contact at this time. Use this understanding to support your asking directly about suicide: "You might be stopping by because you are concerned that you are at risk or that someone who you care about is at risk. Let me check that out first. Does either suicide situation apply?" Follow the protocol you developed with the local resources, sponsor or organizer for those in need of help.

Later, review the feedback. Follow up with the sponsor or organizer and share a summary of the feedback with him or her. Also ask him or her for the things they have heard. Sometimes the written feedback is not consistent with what the session members actually felt, favorably or unfavorably. You may wish to contact the sponsor or organizer again later to see if he or she is following through on his or her commitment to help keep suicide prevention efforts moving forward. If you are an ASIST trainer you should follow up to see if there is an interest in sponsoring ASIST.

A Checklist of Practical Matters

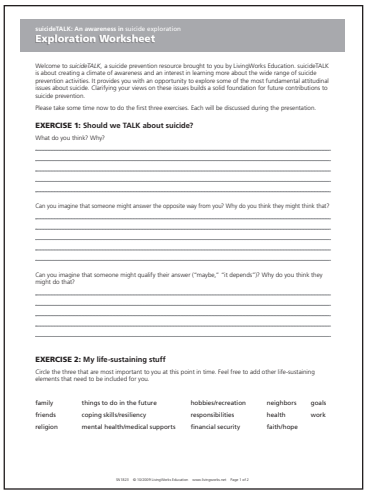
✓	CONTEXT	NOTES
❑	You know how the session was advertised.	
❑	You know that the advertising made it clear that suicide intervention skills would not be the focus of the session.	
❑	You know how the organizer or sponsor got your name.	
❑	You have some idea why people are coming.	
❑	You have a good idea what the session members expect to be covered or happen.	
❑	You know if some persons in the session are bereaved by suicide.	
❑	You know if there have been suicides in the community within the last year or so that have impacted the session members.	
❑	You have some idea about what information on suicide this group has been exposed to previously.	
❑	You are trained in suicide first aid intervention.	
❑	You have contacted local resources that can be accessed should session members recognize that they or someone who they are close to is at risk of suicide.	
❑	Some of those resources can attend or they are already known by most session members.	
❑	You and the organizer or sponsor have decided what to do should a person at risk come forward at the end of a session.	
❑	You and the organizer or sponsor have decided what to do should a person leave a session hurriedly.	
❑	The organizer or sponsor has filled in the *Helpers in Your Community* list. (You need this list in addition to having local first aid intervention resources available.)	
❑	The organizer or sponsor has committed to an ongoing role to keep suicide prevention activities moving forward and also to show that his/her community or organization is serious about preventing suicide.	
❑	The organizer or sponsor has agreed to attend the session (or at least the end of the session) to signal their intention to perform the role they have committed to.	
❑	You have asked the organizer or sponsor if they know of persons who can contribute financial and/or logistical support to suicide prevention in this community. Ways to get them involved have been discussed.	

✓	TIME AND MONEY	NOTES
❑	The time frame for the session has been agreed to and communicated to the session members.	
❑	You know whether you have to leave the site right after the session or if you can stay for awhile to see if anyone has questions or concerns.	
❑	Size limits (35 to 50) have been agreed to and ways to avoid over-attendance have been established.	
❑	Child care arrangements are in place. Session members been informed that child care will be available.	
❑	Plans have been made for what to do with leftover handouts.	
❑	Decisions about refreshments and who is paying for or providing them have been made.	
❑	Any financial arrangements have been agreed to.	
❑	You know what the session members know about the financial arrangements.	
✓	**ROOM SETUP, EQUIPMENT AND MATERIAL**	**NOTES**
❑	Room setup and equipment needs have been arranged.	
❑	You know where the washrooms are at the site.	
❑	You have tested your slides on the equipment that will be used at the session.	
❑	You have a worksheet, resources list and feedback form for each session member.	
❑	You have determined which additional handouts to provide and have enough copies.	
❑	**(OPTIONAL)** You have prepared a certificate for each session member.	

Chapter 4: Session Procedures

1. Seat work

1) Hand out the *Exploration Worksheet* as session members arrive. Remind the group periodically that they should be doing the first three exercises. Display slide 1 while session members are doing their seat work.



suicideTALK: An awareness in suicide exploration

Exploration Worksheet

Welcome to suicideTALK, a suicide prevention resource brought to you by LivingWorks Education. suicideTALK is about creating a climate of awareness and an interest in learning more about the wide range of suicide prevention activities. It provides you with an opportunity to explore some of the most fundamental attitudinal issues about suicide. Clarifying your views on these issues builds a solid foundation for future contributions to suicide prevention.

Please take some time now to do the first three exercises. Each will be discussed during the presentation.

EXERCISE 1: Should we TALK about suicide?

What do you think? Why?

Can you imagine that someone might answer the opposite way from you? Why do you think they might think that?

Can you imagine that someone might qualify their answer ("maybe," "it depends"?) Why do you think they might do that?

EXERCISE 2: My life-sustaining stuff

Circle the three that are most important to you at this point in time. Feel free to add other life-sustaining elements that need to be included for you.

family	things to do in the future	hobbies/recreation	neighbors	goals
friends	coping skills/resiliency	responsibilities	health	work
religion	mental health/medical supports	financial security	faith/hope	

2. Welcome

1) With slide 1 displayed, start by providing some information about yourself and about the session. If you are a LivingWorks safeTALK and/or ASIST trainer, you should include that information in your introduction. The aim is to establish that you and the session have credibility. Do this in an "understated" way. Too much emphasis on credibility at this point will have the opposite effect.

> **Welcome! I am… My formal training consists of… and I am currently… I am also a trainer with LivingWorks Education. LivingWorks supports local efforts to develop and maintain suicide prevention resources. Later, I will be sharing some information about some of the other LivingWorks programs that together help to create suicide safer communities. Today's program, suicideTALK, is one resource developed by LivingWorks to explore suicide awareness, commitments to suicide prevention and dedication to life protection.**

2) Show slide 2. Acknowledge that some may know or suspect that they are at risk themselves or know or suspect they know of persons at risk. Also acknowledge the probability that among session members have suffered individual losses from suicide. Suggest that the session will

have information applicable to both at-risk situations. Show survivors that you understand that it can be difficult to learn now about things they wish they had known earlier. Normalize their not knowing and offer the challenge of using what they obtain now in the future. Limit expectations in any of these regards by emphasizing the main purpose of suicideTALK.[4.1]

Emphasize that the session's goal is to encourage the whole community to develop a fuller understanding of suicide prevention and life promotion, and a more supportive attitude toward them. Say that this session is for everyone in the community. State clearly—and without any hint of apology—that suicideTALK is not about learning suicide alertness or intervention skills, although you should note that you will explore the needs of persons at risk and how they might be addressed. Explain that *safeTALK* and *ASIST* are examples of training programs for learning suicide-helping skills.

Being here may be more than a matter of curiosity for some. Some of you may be concerned that you are at risk of suicide. Some of you may be worried that someone you know is at risk of suicide. I am sure that there are survivors of suicide among us today. For those concerned about yourself, learn that you do not need to be alone with suicide. We will provide some information on where to find help. For those concerned about someone else, we will cover some of the things that they need. For those of you who have lost someone to suicide, I know that it can be hard to listen to things that, in hindsight, you might have given almost anything to know before today. I can share with you that this program exists because knowledge about suicide is not widespread. Unfortunately, hindsight is common when it comes to suicide.

Although we will discuss what people with thoughts of suicide need, that is not the main purpose of suicideTALK. This session is aimed at your entire community, however you see that, and will suggest that there is something for everyone to do. Its goal is to help develop a suicide prevention climate in this community—the subtle but very powerful "feeling in the air" that creates and sustains suicide prevention efforts. If you want to know how to directly meet the needs of a person at risk, I will provide you with information later about programs, safeTALK and ASIST, that you might be interested in attending.

3. suicideTALK versus S* talk

1) Introduce the session's central theme and organizing question: "Should we talk about suicide?" Show slide 3. Say: "In other words, this is really more of an exploration than a presentation." Let them know that there are many ways of looking at the should-talk question. Share your hope that they will endorse (or more strongly endorse) that suicide should be talked about by the end of the session. Note again that you also hope that they will become motivated (or become more motivated) to help prevent suicide by the end. It is best to take ownership of the goals by stating the session's goals as your goals.[4.2] Give clear permission for members of the audience to make their own decisions about the value and wisdom of the session's goals.[4.3]

Today's session visits, revisits and visits again the question, "Should we talk about suicide?" The session is organized around many of the different things that question can refer to. Your answers will help you discover how you feel about some fundamental issues in suicide prevention. In other words, this is really more of an exploration than a presentation. I hope, by the end, that you will agree with me that we should talk about suicide. No matter what, this session will give you the chance to find out how you feel about these issues.

You will get a chance to see the range of things you could do to help your community prevent suicide and discover if you have an interest in doing some of them. I hope that you might make a commitment to put your beliefs into action.

2) Define "suicideTALK" as the belief that suicide should be talked about seriously with openness, honesty and respect for anyone who has faced or could be facing suicide in their lives. Show slide 3.

If you answer yes to the talk question, we might call you a "suicideTALKer." suicideTALKers believe that suicide should be talked about openly, honestly and in a manner that is respectful and serious.

3) Say (in a way that raises the audience's curiosity) that persons who want to engage in suicideTALK can solve the first big problem in talking about suicide. Pause and then provide the answer while showing slide 4: initiating talk about suicide to see if anyone is willing to engage in a conversation.

The first step that suicideTALKers take to put their belief into action solves a big problem in talking about suicide: finding others who want to talk about suicide. To find others to talk to, start talking yourself.

4) Define S* talk[4.4] as the avoidance of open and honest talk about suicide. Show slide 5.

1 STANDARD ACTIVITY:[4.5] **"Any ideas on why people avoid direct talk about suicide?"** Write down the suggestions they provide on a whiteboard or flipchart, or on a blank slide. If no response, suggest that one reason is that avoidance of suicide is the dominant thing that our culture teaches about suicide, which is the next step.[4.5]

5) Explain that S* talk has been reinforced by a cultural tradition which characterizes suicide as evil, sick, contagious, fearful, and other taboo descriptions. Emphasize that we all do S* talking sometimes because of the strength of these cultural traditions.

> Some people are not so sure about talking directly about suicide. Sometimes they have reasons for avoiding it; sometimes they just practice avoidance without knowing consciously why they are doing it. Sometimes they are not even aware that they avoid talking about suicide. Traditionally S* has been given meanings that distance us from it—evil, sick, contagious, fearful, etc. so that all of us come by our avoidance very honestly, so to speak.
>
> Indeed, we are all S* talkers occasionally. S* talking versus suicideTALKing is not an "us" versus "them" issue. It is a "one part of us" versus "another part of us" issue. So powerful is the tradition of avoidance that it is rare to find a person who is free of S* talk all of the time.

6) Suggest that one reason for avoidance may lie in the belief that if suicide is kept taboo and persons involved with suicide are stigmatized and silenced suicidal behavior will be reduced. Say that suicideTALK is based on a completely opposite view. suicideTALK supporters believe that surrounding suicide with stigma, taboo and silence does not reduce suicidal behavior at all. Instead, by increasing the isolation and despair of individuals contemplating suicide, it makes suicide more likely.

   Charitably, we might assume that the purpose of these cultural messages was, and in many places still is, to prevent suicidal behavior. Those who support suicideTALK believe that traditional messages did not reduce the incidence of suicidal behavior. Instead, they insist that after twenty-plus centuries of experience with suicide in almost all cultures and civilizations, it should be clear that these messages have only had, and continue to have, the opposite effect. Making suicide a subject to be avoided increases the isolation and despair of individuals considering suicide and, in this way, makes suicide more likely.

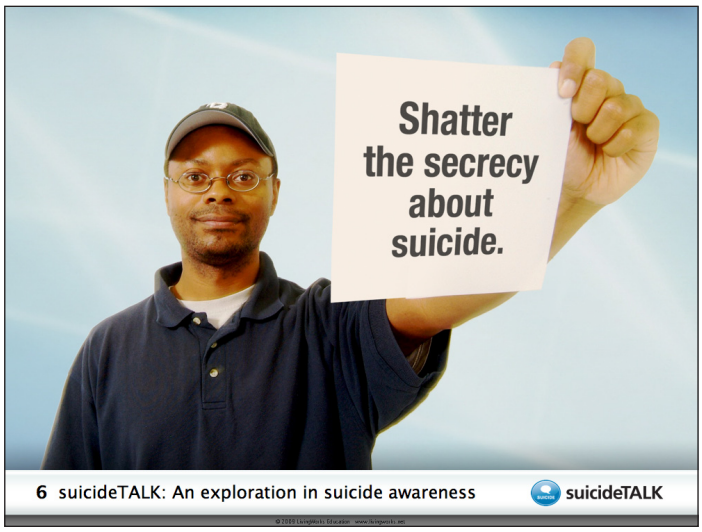
7) Say that qualifying an answer to our should-talk question is also S* talk. Explain that many of us may also have come by this avoidance honestly. For several years there have been notions, sometimes found in influential places, suggesting that awareness education programs or any public sensitization information can be ineffective at best and dangerous at worst, particularly when they are given to youth. Emphasize that, to the contrary, awareness programs (like this one) surrounded, as they should be by crisis intervention and other supports, are known to be effective and safe for almost all ages.[4.6]

   Link the glorification or glamorization of suicide with S* talk. Speculate that the need to avoid the pain of suicide may be so strong in some as to cause them to turn suicide "upside-down." For example, the sense of confusion and sadness surrounding a suicide may get turned into bizarre opposites like justifiable and praiseworthy. Emphasize that pain is the basic reality of suicide both for the person who engages in suicidal behavior and for those who are affected by it.

Those who say "maybe" or "it depends" to our should-talk question are often supporting S* talk, though they may not be aware of it. For example, for several years there has been misinformation to the effect that awareness programs are not effective and can be dangerous, particularly for youth. Thus, one might be a suicideTALKer generally but not with youth. However quite the opposite is true. Most all evidence indicates that awareness programs (like this one) surrounded, as they should be by crisis intervention and other supports, are effective and safe for almost all ages.

Another example of how powerful the avoidance of suicide can be is the occasional glorification and glamorization of suicide. Maybe the desire to avoid the pain that suicide represents and causes is so strong that some try to turn suicide into something completely different than it is: to make suicide into an act of sacrifice or courage—or in some way glamorous—for example. Don't be fooled. Suicide is almost always about pain, for everyone involved.

8) Expand the meaning of suicideTALK by noting that it includes talking openly about suicide in a comfortable and thoughtful manner. Note that this kind of talk helps to shatter the secrecy surrounding suicide.[4.7] Show slide 6. Extend the metaphor by noting that when this message is prominently displayed when others meet you, those seeing it are far more likely to come to talk to you if they have thoughts of suicide (or about any other taboo subject for that matter). Include examples of where the sign might be displayed. You might mention home, workplace and entrance to the community. Intrigue them by emphasizing that the sign might also be displayed in each of their own minds. Broaden their view of suicide prevention by including examples of other purposes talking about suicide might serve besides helping a person at risk.



suicideTALK is talking openly about suicide in a comfortable and thoughtful manner. Such talk helps to shatter the secrecy surrounding suicide. When this sign is displayed prominently in our homes, work places and communities or—come to think of it—in our minds, others seeing it are far more likely to become suicideTALKers themselves. Maybe you just want to have a conversation about suicide. Maybe you want to enlist someone's help in organizing a workshop. Maybe you want to signal to the world that you are available to talk about suicide. Maybe you want to talk about your thoughts of suicide.

9) Show slide 7 as a way of introducing the idea that others watch what we do and draw inferences based upon those observations. Suggest that observing S* talking may have an unintended taboo effect: it may cause observers who are at risk to conclude that they should go elsewhere for help or, even, that no help is available.

If we want others to come to us when they need to talk about or want help with suicide, we need to practice being suicideTALKers. What we say doesn't have to be profound, just comfortable and thoughtful. We just need to use the word, "suicide," occasionally, in a sentence.

If others never hear us talking about suicide—doing S* talk, in other words—the message we communicate, although we may not intend it is, "We don't want to talk about S*, even if you need to talk about it." It may even send the message that help is not available.

2 STANDARD ACTIVITY:[4.8] "Let's explore talking about suicide just to see if it feels okay. Turn to the person next to you and take turns using the word, "suicide" in a sentence. Just talk about being here at this session if you can't think of anything else to say. Pretend that someone else can overhear each of you and that you want what you say to be encouraging of their becoming a suicideTALKer too."

"Was that okay? Sort of okay? Or what?"

You will probably get the general sense that they were reasonably comfortable with the exercise. Reinforce positive non-verbals, non-verbally.[4.9]

4. S* talk downplays suicide as a serious community health problem

1) Introduce showing slide 8, which is blank, by referring to the fact that knowledge about the number of suicidal behaviors is generally very poor. Lead into this section by referring to the common notion that suicidal behavior is relatively rare and thus many will never come into

contact with it. Associate this notion with S* talk. Allude to what will be revealed when all of the magnitude slides are shown.

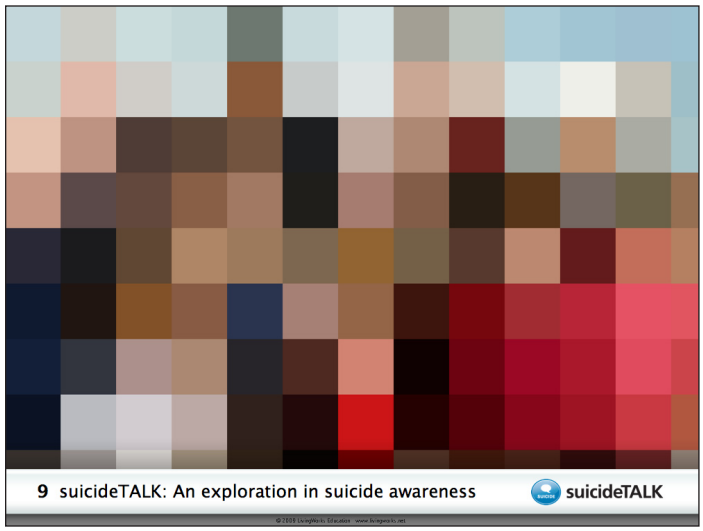
Another notion supporting S* talk is the mistaken belief that S* behavior is relatively rare and thus that there is little need for us (or at least, very many of us) to talk about S*. Let's explore if that is correct. Generally, the people living in most communities are not aware that suicide is a serious community health problem. Community awareness is often just as blank as this slide. Indeed, as we learn how common suicide is, the picture that develops may reveal even more.

3 OPTIONAL ACTIVITY: "Any speculations as to why?"[4.10] Why is the number of deaths from suicide in our community not counted accurately?"[4.11]

Guide this discussion to help create a deeper understanding beyond such suggestions as unreported, undetermined and mis-classified. "Stigma, taboo and silence" might be the next answers at a deeper level of understanding. "Why is there stigma, taboo and silence around suicide?" "Because it scares us" is a likely response. "Why is that?" The power in this sequence is that it may lead to the recognition that "we avoid suicide because we are scared of it, but we are scared of suicide because we avoid it."

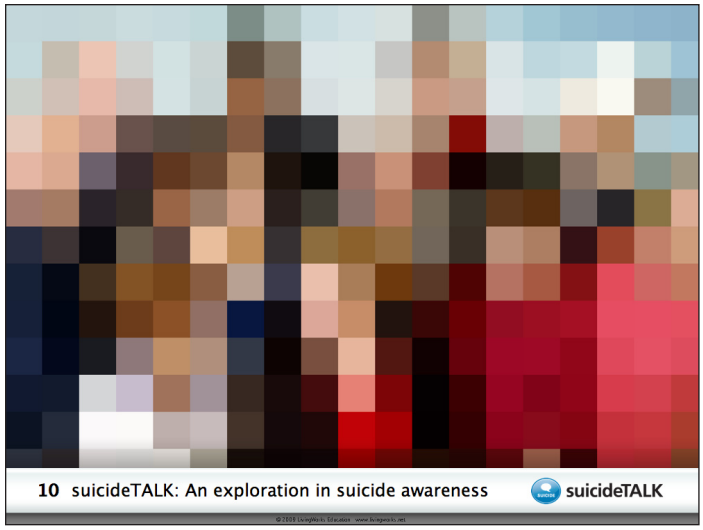
A show of hands is used for the census-taking questions in this section to indicate an affirmative answer. You do not want the members to reveal any detail about the situations they experienced. Make sure your instructions are clear: "We are just taking a census. If your answer is yes to the next few questions, all you need to do is raise your hand."

2) Show slide 9, describing it as a picture of the number of completed suicides per year. Note that at this level of resolution, the number of suicides seems scattered and hardly noticeable. But also say that that number is more or less equal to all of the people dying from traffic accidents and far exceeds the numbers dying from homicide. You may also wish to note that on a world scale, it is more than all the people dying in all the armed conflicts going on in the world in any given year.[4.12] Emphasize that suicide is a serious community health problem.



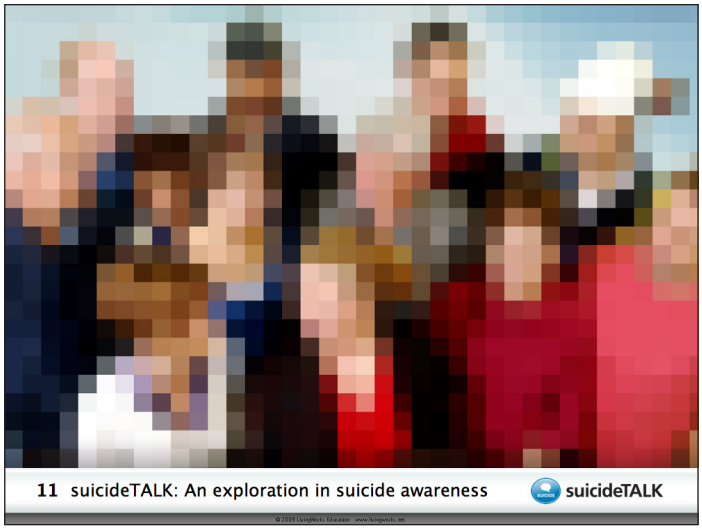
CENSUS QUESTION: "Do you know someone who died or might have died by suicide?"

3) Show slide 10 and note that: "For every one suicide among some age groups there may be as many as 100 suicidal behaviors that, fortunately, do not end in death." Indicate that injuries due to suicidal behaviors occur as often or more often than motor vehicle injuries in some places and far outnumber any other kind of injury.[4.13] Suggest that our picture of suicide is becoming a little clearer.



CENSUS QUESTION: "Do you know someone who injured themselves with suicide in mind?"

4) Show slide 11 and note that: "One in every 17 people (between 5% and 7% of the population) think about completing suicide each year."[4.14] Say that our awareness of suicide as a serious community health problem is coming into focus.



CENSUS QUESTION: "Do you know someone who has/had (or whom you now suspect has/had) thoughts of suicide?"

5) Show slide 12 and ask: "How many people are affected by every single suicidal act?" Explain that at this resolution, we are only envisioning a few people being impacted. Say that this estimate of the impact is likely a fairly big underestimation. Either explain why or ask the following question.

4 OPTIONAL ACTIVITY: "Do you know of or can you imagine circumstances in which a suicide would have a far greater impact?"

You can expect the audience to refer to the suicide of a high profile person but they may not recognize that the suicide of a person in an institutional context (school, company or prison, for example) can also affect a lot of people. They are even less likely to mention the suicide of a "low profile" person that occurs in a public place. The session leader can highlight missing examples by asking about them. For example, "What about (meaning the number affected and the degree of effect) for a suicide that occurs in a public place?"

CENSUS QUESTION: "Do you know someone, including you, who is or has been personally impacted by suicide?"

6) Indicate that everyone is likely to be impacted by suicide in one way or another in their lifetime. Show slide 13.

   Slide 13 also completes the underlying "HUMANITY AT LARGE" sign. Shift the focus from magnitude to what these numbers imply about human beings and suicide. Emphasize that suicide is a part of the human condition: not an aberration that only occurs in a very few people. Explain that accepting this as reality actually makes it easier to protect against suicide.

Add the impact of suicide up over our lifetimes and it fills rooms just like this one with people concerned about suicide. It is very likely that all of us will be touched by suicide, in one way or another, over our lifetime.

Now, what does that say about suicide? One of the things I think it says is what the sign on this slide now says: suicide is part of being human. It could happen to any of us.[4.14]

To accept this reality is not to diminish us. It is, instead, to free us of the blinders that reduce our ability to help ourselves and others. It seems to me that unless we acknowledge the potential for suicide in everyone—in work associates, classmates, friends, family members, even ourselves—we are not very likely to conclude that there is a need to help prevent suicide.

7) Invite the session members to take a moment to remember the person or persons whose faces are behind the various yes answers they may have just provided. Pause. Say that you suspect that the memories connected with those persons may play a part in why some of us are here today. Encourage those who feel as if they are currently dealing with the impact of a suicide to pick up the handout called *Surviving Suicide* at the end of the session and to look at the range of services on the *Helpers in Your Community* handout that everyone will receive.

Take a moment to remember the face or faces that go with what you just shared about your lifetime experience with suicide. [pause] If those memories remain very painful ones, I encourage you to pick up the handout, *Surviving Suicide,* at the end of the session. Everyone will be getting a list of community resources and some of the services listed there may be able to help. For most who have such memories, I suspect they explain part of why you are here to learn more about suicide.

5. Not invasions, invitations to TALK

1) Lead into this section by referring to the common notion that one does not have the right to talk about suicide without clear permission to do so. Show slide 14 and add, "on either side of the situation." Associate this notion with S* talking. Describe the logic of S* talking from both the perspective of a person who wants help (I don't have a right to ask for help. I'm not worthy of receiving help.) and a person who might like to help (I don't have the right to give uninvited help).

Despite this overwhelming sense that suicide has or will intrude on all of our lives, some might claim that, at the very least, one does not have the right to talk about S* without clear permission to do so. If I don't have clear permission to tell about suicide, I can't, even if I would desperately like to. I don't have the right to just go ahead and involve someone in my problems. Maybe I even feel that I am not worthy of help. If I don't have clear permission to ask about suicide, I can't, even if I have a strong suspicion that a person could be thinking about suicide. I don't have the right to "put my nose" in someone else's business.

2) Invite the audience to explore what is occurring in the situation depicted in slide 14. You may wish to leave it on screen for the next step as well. Help the audience understand that this situation of "knowing or could know" does not happen unless both parties, in a very real sense, want it to happen. The person at risk is sending invitations that cause the potential helper to suspect that suicide could be involved. The potential helper is sending back invitations that they might be

interested in helping. Either could do something opposite. The person at risk could hide all signs of distress. The potential helper could show indifference, hostility, casualness or any number of other things that would discourage a person at risk from talking about suicide with them.

Let's look even deeper into this situation. What is happening here does not occur by accident. If a person at risk wants to tell you about their thoughts of suicide, there are reasons why they picked you to talk to. You are inviting them even though you may not be fully aware of it. You could have easily found ways to turn them away (off) had you wished to do so.

If you are just about to ask about suicide, there are reasons why you sense that you should. A part of the other person is inviting you to talk openly even though they may not be fully aware that they are doing so. After all, if a person at risk really didn't want help, they could hide any signs of being at risk from you.

3) Conclude that rarely is this should-talk situation about right to privacy, non-interference or a right to seek help. Emphasize that instead, if either party is even wondering about talking, invitations to talk have likely already been made.

Most all of the time, talking opportunities are not about the right to privacy, the right to non-interference or the rights to seek or give help—indeed, not about rights at all. The fact that you are even thinking about talking is because invitations have likely already been made both ways. The real question is whether or not you are going to accept and act upon these invitations.

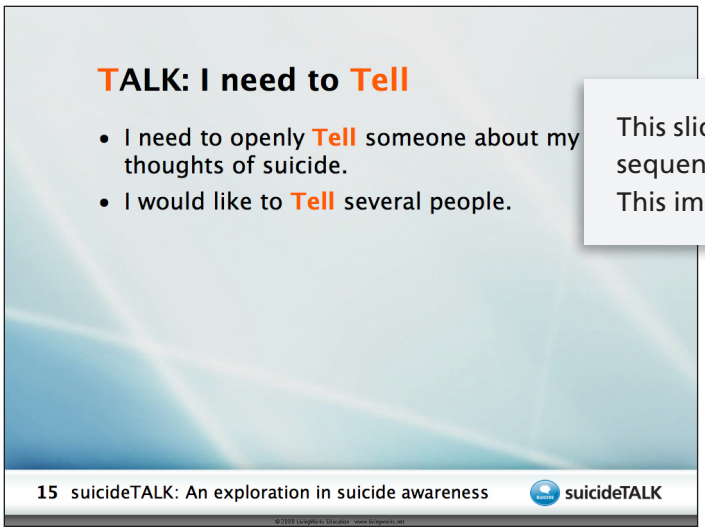
6. I need to Tell

1) Show slide 15. Begin by just showing the title, "TALK: I need to Tell." Ask the session members why would a person at risk want to, need to, tell someone about their thoughts of suicide? Explore the idea that perhaps part of the person at risk might want help and, thus, have a need to tell someone.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.

Let's explore what is going on here. Why, if they want to die by suicide, would they tell anyone that is what they are thinking? If they really, fully wanted to die, no doubts, no reasons to hesitate, they had better not let anyone know because that "anyone" might stop them. So why do you think that time and time again, for the vast majority of persons at risk, they in effect tell others that they are thinking about suicide? Simple to answer, isn't it. There is really only one possible answer. Part of them is not sure—wants help, needs help, cannot decide. Can you imagine that—having these mixed feelings of part of you wanting to die and another part that is not sure? Sounds like a recipe for needing to tell someone, to reach out for someone to talk to.

2) Reveal the first two sentences on slide 15. Explain that persons at risk or persons who might come to be at risk have a need to tell several people about these thoughts in as open a way as feels safe. Emphasize the importance of getting help and the importance of telling others about thoughts of suicide as the first step in this process.



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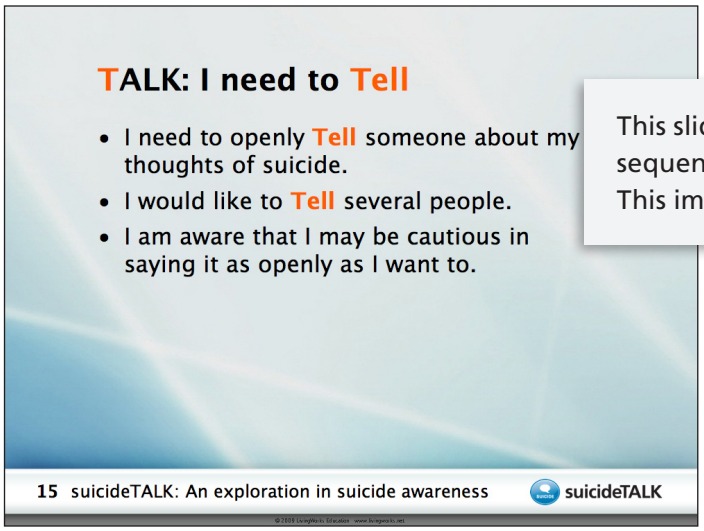
If you are having thoughts of suicide (or if you think you ever could come to have thoughts of suicide), there is one very important thing you can do to help yourself. Do not face suicide alone. Tell someone… Several potential helpers are always better. Make sure helpers know about each other.

3) Reveal the third sentence on slide 15. Ask, why people at risk don't always tell others about their thoughts of suicide in the clearest of ways, the very ways they would prefer? Reinforce contributions. Session members should have no trouble being able to suggest many discouraging and unhelpful responses: they will reject me; they won't take me seriously; they will panic; they will patronize me; they will quickly turn me over to someone else; they will immediately force me to go to the hospital; they won't listen to me' etc. Add these contributions to the avoidance list.



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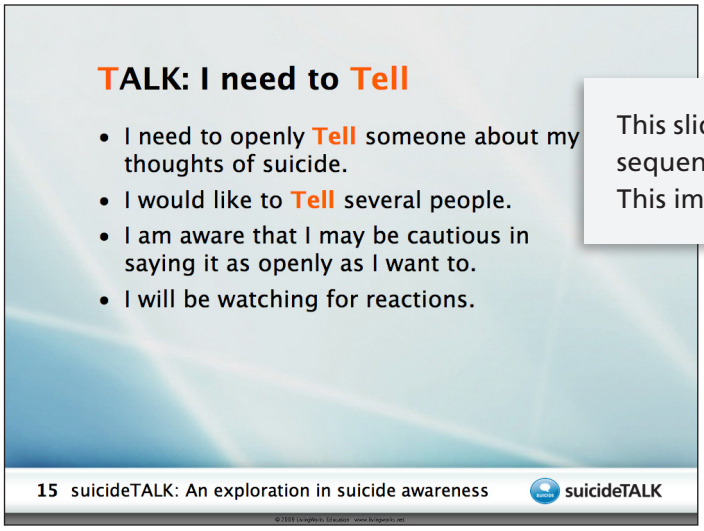
Reveal the last sentence on slide 15. Paraphrase its meaning.



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You are looking for a caring, concerned and serious response with no signs of avoidance or rejection.

4) Ask the audience to think of someone they could tell if they were ever to have thoughts of suicide. Say that maybe someone comes immediately to mind or maybe they might want to think about whom they would tell later, or, maybe both. Ask them to imagine letting themselves feel worthy of receiving help and feeling that the helper very much wants to help.

Who would you tell if you needed to? Does someone come immediately to mind or do you need to think about it more? Start with a positive perspective on asking for and receiving help. Imagine letting yourself feel certain that you deserve to receive help. Imagine that the person who might help feels exactly the same and very much wants to help.

7. I need someone to Ask

1) Repeat that a person at risk may be cautious. Ask what that implies about what they might need from a helper to make telling easier? Ask rhetorically, "How can we invite a person to tell us about their thoughts of suicide?"

> Um, they may be cautious about telling us. That implies another need, does it not? To feel like we will hear their need to tell. Perhaps we could help by doing something to invite them to tell us. Is there anyway we can do that that will make their telling us easier; simplify it for them so they only have to say yes or no, perhaps; make it clear that we want to hear the answer?

2) Show slide 16. Begin by just showing the title, "TALK: I need someone to Ask." Say that asking openly about thoughts of suicide is a way to help make it clear that you want to help, that you are comfortable helping, that you want to understand (incorporate any other things that would counteract the reasons they provided as to why a person at risk might not tell). Indicate that it is very simple and works every time.

> This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.

S*

3) Focus on the notion that talking about suicide with someone who isn't thinking about suicide could cause them to start thinking about suicide.[4.17] You might want to add this notion to the avoidance list as you talk about it.

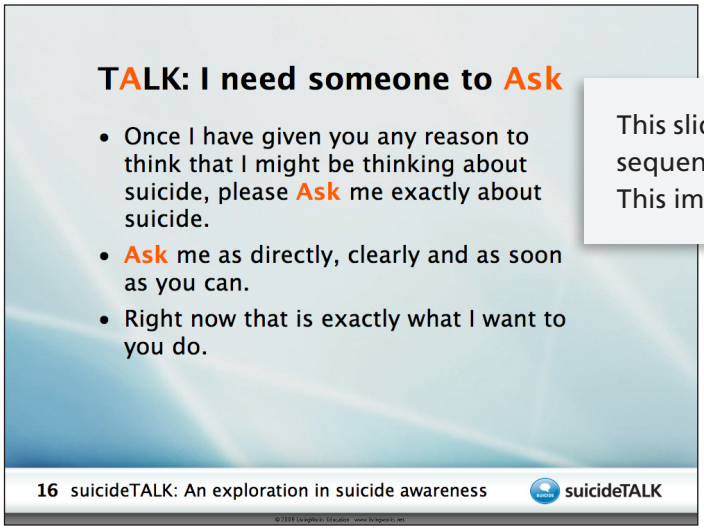
> Even when invitations are evident, some may avoid direct talk about suicide for fear that it is too personal or threatening an issue to talk about directly. Most inhibiting of direct talk is the notion that talking about suicide with someone who isn't having thoughts of suicide could cause them to start thinking about suicide. There is no evidence **at all** to support that notion.

4) Explain that explicit asking even has advantages when you are incorrect about what you thought was an invitation and suicide is not involved: asking about suicide is a very effective

way of communicating that you are the kind of person who others can come to in times of trouble, including trouble with suicide.

Asking about suicide is a "win/win" situation: everybody wins if thoughts of suicide are present because then we know what we are dealing with. If what you thought was an invitation really wasn't and they are not thinking about suicide, they now know that you are someone who would or could listen to suicideTALK, or any other important issue, if they ever did need someone to talk to.

5) Reveal the sentences on slide 16 and note that you can help to meet this need by starting with a description of the things that inclined you to believe they needed you to ask about suicide. Provide some examples of ways to ask that are consistent with suicideTALKing.



This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **last** frame.

First, think about the reasons you want to ask about suicide. It is not an accident. They have let you see, hear, sense or understand things that have brought you to this point of asking. Remember, they have a need to tell you and you can make that much easier by asking them if suicide is what they need to talk about.

Suggest that always using the word suicide—doing suicideTALK—is the surest way to inviting telling. Indicate that any thing that looks or feels like *S talk won't fulfill the need. Instead, do suicideTALKing: "Are you thinking of suicide?" Are things so bad that you are thinking about killing yourself, about suicide?"

5 STANDARD ACTIVITY:[4.8] Ask the session members to imagine that they are concerned about you possibly having thoughts of suicide and to show how they would ask you in a respectful, caring and direct way. Provide enough information about the circumstances that brought you to suicide so that they can tailor their asking to the context you provide. An easier situation might be to tell them that you have just said to them, "I will end it all soon anyway." For a more difficult one, tell them that they know you have recently lost a loved one and are showing all kinds of distress.[4.16]

You hope what they say will be acceptable. You should not do this exercise if you have reason to believe that they won't be successful. In the unlikely event that no one will ask directly, you cannot ignore the avoidance. When members are unable to ask the suicide question, respond directly by observing that this session is not skills training. Say, for example, "Well, we can see that this is not easy. One of the hardest things for caregivers in a skills training workshop to learn is to ask the suicide question openly and comfortably. Can you imagine that SOME can eventually learn to ask about suicide openly and directly because they come to understand how badly the person at risk needs to be asked?"

8. I need someone to Listen

1) Show slide 17. Begin by just showing the title ("TALK: I need someone to Listen") and the first two sentences. It is usually best to explore the reasons for these points through the following question.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.

6 OPTIONAL ACTIVITY: "What do they really mean by that? What are good listening skills?"

Your goal is to reinforce whatever answers they contribute.[4.18] The session members will likely recognize that hearing what is said may be harder when the topic is suicide. The second sentence encourages that recognition. If they don't offer something to this effect, ask them what they think the second sentence is about.

2) Reveal the next sentence on slide 17 ("I have not really talked to anyone about suicide."). Its theme of aloneness sets the stage to talk about the value of having help when making such an important decision as whether to live or die. Help the audience explore how difficult it would be to make such a decision on one's own.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **second** frame.

Can you sense how alone a person at risk might feel? Now think about them making a decision to live or not to live in that isolation. The danger in making such a decision alone is so obvious you can almost feel it: one mistake and they could end up dead or injured for reasons that could change (or could have changed) tomorrow. The person at risk can feel how serious the situation is too.

3) Reveal the last sentence on slide 17 ("I need to clear my thoughts by talking through them."). Use it as an opportunity to reinforce a person at risk's need to draw upon and marshal their own resources. Highlight the potential strengths that might be present.

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Let's explore how much of a difference it can make if the person at risk can come to remember some of their strengths and/or reasons for living, sort out some priorities and feel like they can make some commitment to staying alive for any period of time.

Almost all persons at risk have not fully decided that they want to die. Indeed, most have not even decided that they don't want to live. Instead, they want to talk to somebody about not wanting to live. Let me say that again: Instead they want to talk to somebody about not wanting to live. The typical situation is even more encouraging than that. Persons at risk, more often than you might think, can talk themselves out of acting on their thoughts of suicide (Not talk themselves out of the thoughts; that will take longer) if they just have someone who will listen and keep the conversation going.

9. I need help Keeping Safe

1) Show slide 18. Begin by just showing the title ("TALK: I need help Keeping Safe")

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.

Reveal the first sentence on slide 18 ("I don't know what to do.") Describe people at risk as often overwhelmed with all of their problems or at least sufficiently immobilized by them that they don't know where to start in turning away from suicide. Acknowledge that this need for direction, perspective, guidance—help in other words—may not always be conscious at first. Say that a helper would be able to tell by the person at risk's accepting help that they did have the need.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **second** frame.

Persons at risk often feel as if they need to solve everything all at once if they are to avoid suicide. They are overwhelmed, in other words. If not that, at least confused about where to start. Not always conscious of the need for direction, perspective, guidance, they will come to appreciate that they did have that need sooner or later. In the mean time, take their acceptance of the steps you suggest to keep them safe as recognition of this need at some level.

2) Show the next sentence on slide 18 ("Can you help me figure out what needs to be done?"). Although they may think they have a need to solve all of the problems that brought them to suicide right now, say that every person at risk needs to do something about the immediate risk of suicide. Indicate that this ability to make safety the first priority and everything else secondary is just the kind of figuring out a person at risk needs.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **third** frame.

The thing the person at risk needs most is someone who understands that the first priority is safety from suicide and that everything else is secondary. This translates into something like this: "Yes later you can think about that or work on that but today let's do X, Y and Z to keep you safe."

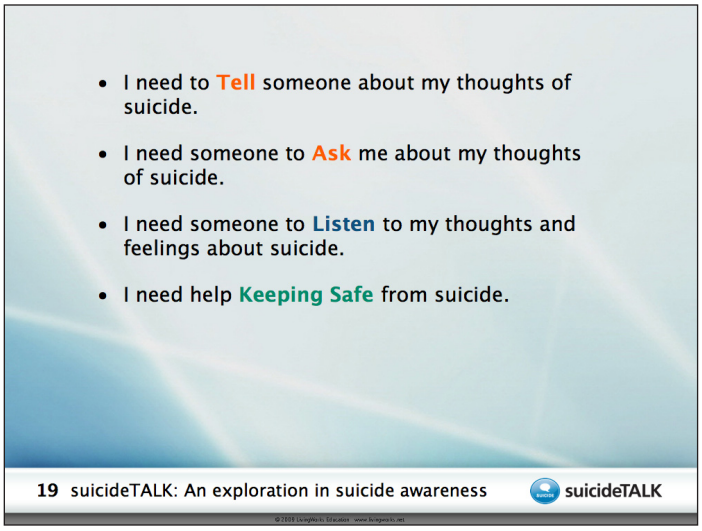
3) Show the last sentence on slide 18 ("Can you help me avoid dangers I may not fully recognize?") Say that sometimes people at risk think they need things that actually create more danger. Two of the common ones are a request to keep the issue of suicide secret and a reluctance to give up the means of suicide.[4.19] Emphasize again that the ability to make safety the first priority and everything else secondary is just the kind of "figuring out" a person at risk needs.

This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **last** frame.

This perspective includes understanding that any means of suicide should be removed, whenever possible, and that thoughts of suicide cannot be kept secret. A helper should never be the only helper.

10. Is help possible?

1) Indicate that one of the reasons for S* talk is a lack of hope that in situations where thoughts of suicide already exist, nothing can be done to prevent suicide. Show slide 19. Ask session members if they believe these needs can be met.



Show slide 20. Ask session members if they believe that doing these TALK tasks can help to meet those needs.

Sometimes the question, "Should we talk about suicide?" is more a question about whether or not help is even possible. If there is nothing ANYONE can do to prevent suicide in these situations where thoughts of suicide are already present, there is no point in trying.

So what do you think? Is it possible to meet these needs? If a helper could do these steps, could they meet those needs?

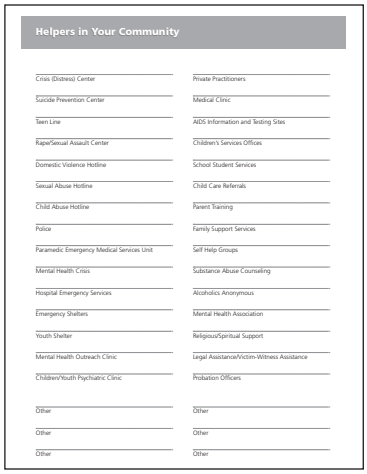
2) Make it clear that you are referring to the possibility that some trained helpers could help and not directly asking them if they could help. Affirm the non-verbal response to a question about the hope that someone could help.

Now, I am not asking if you think you could help in this kind of situation. I am asking if you have hope that there are helpers who can be trained to help even when thoughts of suicide are already present.

3) Suggest that some session members may want to help in that way and are interested in training to be that kind of helper. Tell them that you have several handouts that they might want to pick up at the end of the session. One outlines all the training opportunities provided by LivingWorks. A second outlines a program, *safeTALK,* that provides training in suicide alertness for everyone and focuses upon learning how to do the TALK steps. A third outlines *ASIST (Applied Suicide Intervention Skills Training)*—a program for learning the skills to deal with immediate risk situation. Provide information on any of these learning opportunities available in their community. If there are no training programs in their community, say that this handout provides examples of what could be done. Say that in this latter case in particular, they may be interested in the handout about the *Suicide Intervention Handbook.* Note that while it isn't a substitute for training, it is packed with helpful information.

Suggest that session members may also want to know who has already been trained and could help in this kind of situation. Hand out the prepared list of local resources. Briefly review the handout. Ask if there are any that you missed. Note that it is important to check out possible sources of help now as preparation for a time when they might be needed. Emphasize

that knowing what resources are available is not the same as knowing how to access them. Introduce any community resource people you invited to attend.



Helpers in Your Community

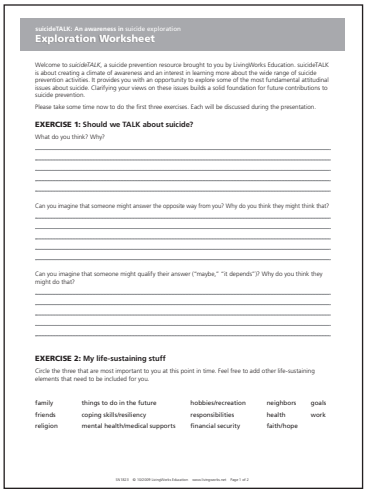
Crisis (Distress) Center	Private Practitioners
Suicide Prevention Center	Medical Clinic
Teen Line	AIDS Information and Testing Sites
Rape/Sexual Assault Center	Children's Services Offices
Domestic Violence Hotline	School Student Services
Sexual Abuse Hotline	Child Care Referrals
Child Abuse Hotline	Parent Training
Police	Family Support Services
Paramedic Emergency Medical Services Unit	Self Help Groups
Mental Health Crisis	Substance Abuse Counseling
Hospital Emergency Services	Alcoholics Anonymous
Emergency Shelters	Mental Health Association
Youth Shelter	Religious/Spiritual Support
Mental Health Outreach Clinic	Legal Assistance/Victim-Witness Assistance
Children/Youth Psychiatric Clinic	Probation Officers
Other	Other
Other	Other
Other	Other

11. Preserving and promoting life

1) Suggest that now that we have hope that someone can help in the immediate situation, a more general question follows: "Are there other ways to contribute—to do suicideTALKing—to help prevent suicide in our communities?" Suggest that there are so many ways to help—so much broader views of what help means—that they may be astounded by the options. Suggest that we start by looking at ways to protect against thoughts of suicide even occurring.

> **Okay, some can help in the immediate situation. Some of you might want to learn how to do that; some of you might not. Are there other forms of suicide talking to help prevent suicide in our communities? In its broadest meaning, what does help mean? More than you might imagine. Let's start with ways to prevent thoughts of suicide even occurring.**

2) Instruct them to turn back to the first page of their worksheet and the second activity, the one about their life-sustaining stuff that they completed earlier in the session. Show slide 21. Suggest that they may have wondered why this activity was even there.



suicideTALK: An awareness in suicide exploration

Exploration Worksheet

Welcome to suicideTALK, a suicide prevention resource brought to you by LivingWorks Education. suicideTALK is about creating a climate of awareness and an interest in learning more about the wide range of suicide prevention activities. It provides you with an opportunity to explore some of the most fundamental attitudinal issues about suicide. Clarifying your views on these issues builds a solid foundation for future contributions to suicide prevention.

Please take some time now to do the first three exercises. Each will be discussed during the presentation.

EXERCISE 1: Should we TALK about suicide?

What do you think? Why?

Can you imagine that someone might answer the opposite way from you? Why do you think they might think that?

Can you imagine that someone might qualify their answer ("maybe," "it depends")? Why do you think they might do that?

EXERCISE 2: My life-sustaining stuff

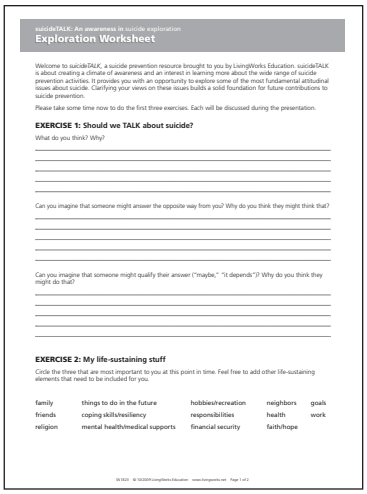
Circle the three that are most important to you at this point in time. Feel free to add other life-sustaining elements that need to be included for you.

family	things to do in the future	hobbies/recreation	neighbors	goals
friends	coping skills/resiliency	responsibilities	health	work
religion	mental health/medical supports	financial security	faith/hope	

3) Explain that the word, "stuff" was used to acknowledge that there are so many different ways of understanding life that justice cannot be done to them all. Provide examples: "Some might view life preserving as a matter of faith, obligation or reason. Others may experience it as a feeling or picture of a loved one, or never question it at all." Say that "stuff" is our not-too-precise but hopefully workable word for all that "stuff."

7 OPTIONAL ACTIVITY:[4.20] Ask them to take a few minutes to share and discuss their life stuff with a person near them. Allow five minutes for discussion. Invite them to share some of what they talked about. Ask if they have stuff that is not mentioned in the exercise. Write new items on slide 21. Read aloud each item on slide 21. Ask members to raise their hands when they circled an item as being important to them at this point in time. As you work through each item, reflect on the frequencies of yes responses that you receive for each life-sustaining element. Do this in a way that does not equate popularity with importance: "Fewer for that one but still very important for some."

4) Note the value of being able to draw upon other resources should one's primary resources become unavailable. Show slide 22. Also note the value of making any and all life-sustaining elements stronger so that they are more likely to be available when they are needed.[4.21]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8 STANDARD ACTIVITY: Show slide 22. Read the statement that is on the slide and direct their attention to the last page of their worksheet. Give them a minute or two to reflect. Also give them permission to draw their response rather than put it in words.[4.22] Next, ask them to talk about their answer with someone around them. Allow five minutes for discussion. Invite them to share some of what they talked about. Reinforce all suggestions.

5) Return to the question at the beginning of this section. Ask if they think this kind of suicideTALK—considering ways they and their community can contribute to making the community suicide-safer—is valuable? Don't wait for verbal answers. Reinforce positive non-verbal responses, non-verbally. Conclude that protecting against suicide, like protecting against anything else, requires that one acknowledge that it could happen.

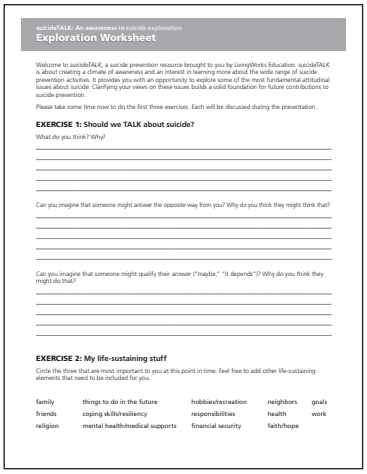
What do you think? Is it a good idea to spend some time with those whom you care about, work with and live among to talk about the helpful things you might do together and for each other? They could be things to prevent suicide in the first place or to deal with it should it occur. Perhaps both!

12. There is even more to suicide prevention

1) Call their attention to the idea, woven into the last section, that personal suicide prevention includes life-enhancing processes. Note that one of the last bastions of S* talk is to treat S* as something that is separate from the rest of life. To portray it as so abnormal that it is not related to life and living. State your belief that life-protecting, life-preserving and life-promoting are all part of a comprehensive view of suicide prevention. Say that this is another kind of suicideTALKing.

But protection is only part of what we can do. One of the last hiding places of S* talk is treating suicide as so abnormal that it can not be connected to how well we try to preserve and promote life. We believe that efforts to preserve and promote life are not only valuable in their own right. We also believe that they are vital in protecting against suicide.

2) Three perspectives are involved in the design of the examples in exercise 3 on the back of their worksheet. Define life-protection, life-preservation and life-promotion, and provide an example of each.[4.23]



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We see life-protecting efforts as things one does to protect against suicide such as learning intervention skills or by locking up or securing things in the household that might be used to suicide.

Life-preserving efforts are like putting up foodstuffs ("preserves") for the winter. These are things that we do in advance of an emergency first aid situation to be prepared for it should it occur. An example would be talking to potential emergency

first aid resources to see if they are people who you could turn to if you or someone close to you needed help.

Life promotion is aimed at creating and supporting conditions that make life meaningful and valuable. They sustain us in times of trouble, whether the troubles are ours or belong to those whom we care about.

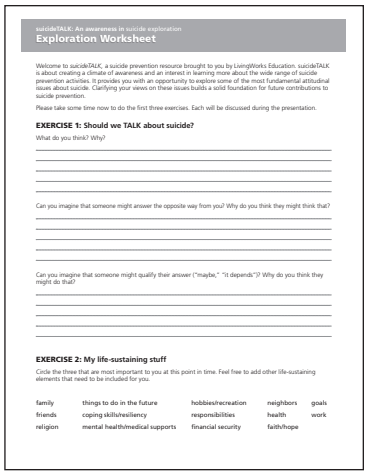
3) Inform the session members that this shifting of perspectives is critical to developing a broader view of suicide prevention. Ask them to take another look at Keep Safe and see it from more of an "in here," closer to home perspective. Show slide 18 again. Invite members to look at the same subject matter as on the slide, but this time from the perspective of a person who might come to be at risk.

   Note that from this perspective, session members might want to think about building their own (or help someone they are close to build their own) survival kit. Put in it reminders of things that hold you to life. Include a list of resources. Also add a note of what you want to tell those resources. Be specific about what you want them to do. Suicide safe your environment by removing means you or someone you are close to might use for self-harm.

4) Inform members that we have discovered that there are at least six sites where they can begin their prevention activities: start at home, talk to others, learn helping, help others learn, coordinate the community, develop policy. Say that the exercise on their worksheet is just a sample of the places they could visit in the matrix. Tell them that if they want to learn more about this matrix and see more examples of suicide prevention activities, to take away the handout called, *A Matrix of Suicide Prevention Activities* and *First Steps in Suicide Prevention* at the end of this session. Intrigue them about the matrix. Expand on the meaning of help.

Sounds confusing perhaps but using the matrix is really fun. Using it, you can come up with things to help prevent suicide that you might never have thought about without it. It is like a tool to help you see more of what help could mean: things individuals do, things groups do, new services, new ways of organizing existing services, new perspectives, new attitudes, new training opportunities…

5) Suggest that if they agree (or agree more fully) that suicide should be talked about, maybe they are ready to begin thinking about how to put that attitude into action—how to become a person who will WALK that TALK. Reveal what they already suspect—that WALK has a meaning: Working at Living and Keeping Safe.[4.24] If appropriate note that phrase may be a bit out of date or provincial but add that its meaning isn't. Show slide 23.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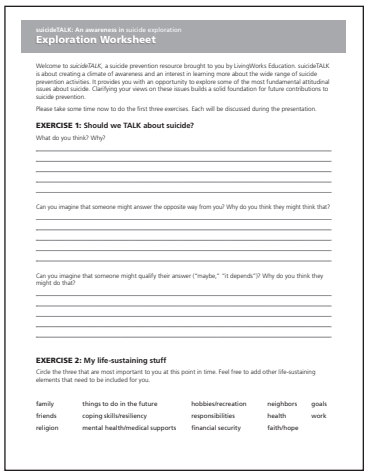
family	things to do in the future	hobbies/recreation	neighbors	goals
friends	coping skills/resiliency	responsibilities	health	work
religion	mental health/medical supports	financial security	faith/hope	

9 STANDARD ACTIVITY: Ask them to look again at exercise 3 on the worksheet. Indicate that in a few minutes this session will be concluded and they will go on with their day or evening. Ask, rhetorically, about the benefit if each of them decided that maybe there was something, even one thing, they could and would be prepared to do to reduce the number of suicides.

Show slide 24. Have session members look at the last section of their worksheet. Ask them to write down the date. Ask them if one week from today (more or less), each can agree to return to the list of suicide preventing activities and make a commitment to do one or more things from that list (or your additions to that list) that will help reduce suicide. Make it clear that they can also choose not to make this commitment.


suicideTALK: An awareness in suicide exploration
Exploration Worksheet

Welcome to suicideTALK, a suicide prevention resource brought to you by LivingWorks Education. suicideTALK is about creating a climate of awareness and an interest in learning more about the wide range of suicide prevention activities. It provides you with an opportunity to explore some of the most fundamental attitudinal issues about suicide. Clarifying your views on these issues builds a solid foundation for future contributions to suicide prevention.

Please take some time now to do the first three exercises. Each will be discussed during the presentation.

EXERCISE 1: Should we TALK about suicide?

What do you think? Why?

Can you imagine that someone might answer the opposite way from you? Why do you think they might think that?

Can you imagine that someone might qualify their answer ("maybe," "it depends")? Why do you think they might do that?

EXERCISE 2: My life-sustaining stuff

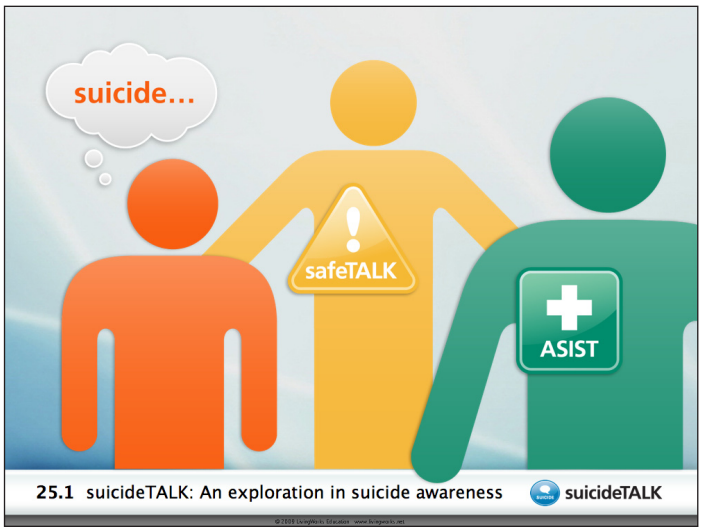
Circle the three that are most important to you at this point in time. Feel free to add other life-sustaining elements that need to be included for you.

family	things to do in the future	hobbies/recreation	neighbors	goals
friends	coping skills/resiliency	responsibilities	health	work
religion	mental health/medical supports	financial security	faith/hope	

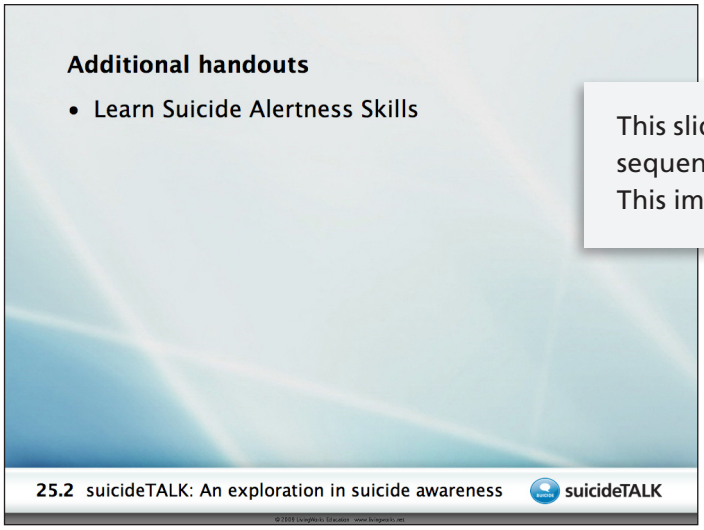
Look at the last section of your worksheet on WALKing the TALK. If you want to make a commitment to do something, anything, about suicide prevention, this section will help you organize doing that. Put down the date it will be one week from today. On that date, you need to look at the possibilities on the matrix, others that we talked about or ones that have occurred to you and decide if you are ready to make a commitment.

If time allows, direct session members to discuss possible selections both with a partner and then with the larger group.

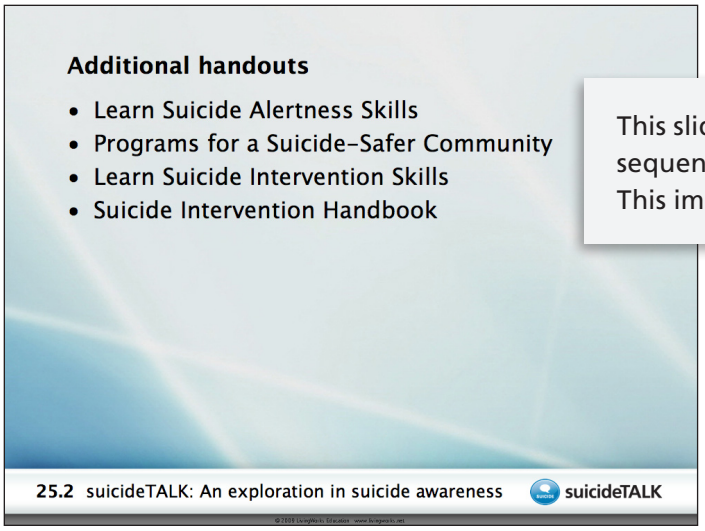
6) Inform the participants that they will need training if the activity that they are thinking about doing involves being a helper who is able to complete the TALK steps. Show slide 25.1. Say that here we see a person trained in safeTALK handing off to an intervention helper like someone trained in ASIST.



Show slide 25.2. Indicate that if they want to know more about safeTALK, they should pick up this first handout. Reveal the rest of the slide and indicate that if they want to know more about the broader range of education and training programs, they should pick up these handouts.

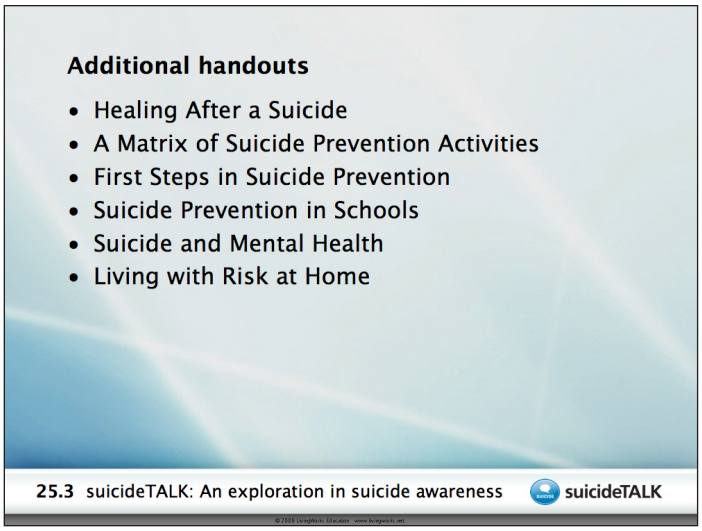


This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **first** frame.



This slide is set up as an animated sequence, revealed in a series of clicks. This image shows the **last** frame.

7. Show slide 25.3. Say that if the activity they are thinking about involves school policy they could pick up the handout *Suicide Prevention in Schools* at the end of the session. Tell members with a mental health orientation, who envision doing something in a mental health work setting, to pick up the handout *Suicide and Mental Health.* Lastly, inform those who are currently living with someone who is sometimes at risk or has recently attempted suicide to pick up a copy of *Living with Risk at Home.*



You can use any of these handouts as the basis for an extended session when time is available and most of the group is interested in exploring one of these specific aspects of suicide prevention in more depth. Our suggestion is to give priority to *A Matrix of Suicide Prevention Activities* and *First Steps in Suicide Prevention.*

13. Conclusion

1) Show or point to the avoidance list. Note that we have explored some of the things that get in the way of talking about suicide. Express your hope that now we can perhaps throw this list away. Do something symbolic to indicate that the list is no longer relevant such as crumpling up the flipchart, wiping off the whiteboard or moving off of the slide where you recorded them.

2) Point out the location of handouts.

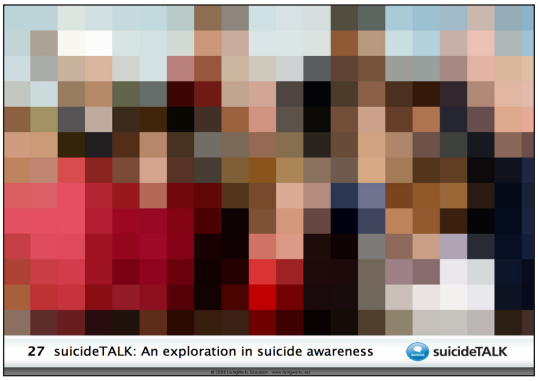
3) Offer resources to those who might now be aware that either they or someone they are close to might be at risk. Often there will be in-house resources that you can refer to because you have established those connections in advance of the session. You can also refer to resources on the *Helpers in Your Community* list. Whenever possible, let local resources take primary responsibility for dealing with risk situations.

> If this session has made you aware of the possibility that you or someone close to you is currently at risk, please contact X or one of the resources listed on your handout AND tell someone that you trust. I will also be available following this session should anyone wish to talk further.

4) For those who are now more aware of the possibility that they or someone they care about could be at risk in the future, encourage them to act on that knowledge by taking steps to protect against harm and preserve and promote life.

> If any of this has made you more aware of the possibility that you or those who you care about could become at risk in the future, you can appreciate the importance of protecting against harm and preserving and promoting life. Don't forget the value of making your own life-sustaining "stuff" even better.

5) Make a concluding reference to the commitment you hope they will make and the difference that could make to them and their community.[4.25] Show slides 26–29 that gradually reveal the words, "imagine… a suicide-safer community."

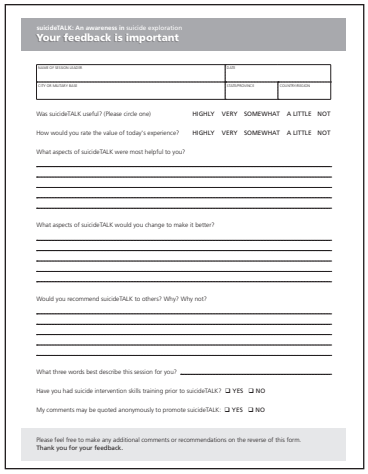


10 OPTIONAL ACTIVITY: Time permitting, you could ask session members to brainstorm other slogans for their community. Encourage them by saying that the more slogans the better. You might want to add in, "where community health problems are taken seriously," to make a connection with the goal that this awareness program is designed to achieve.

6) Give any five examples[4.26] of things that people might do in the future to prevent suicide and to create the community climate that supports suicide prevention efforts.[4.27] The following five are merely suggestions:

   1. Go home and talk to your family about what you learned here today;
   2. Talk to a friend about the time you had thoughts of suicide and how you got past that;
   3. Start discussions with your co-workers about how, as a group, we can support and encourage each other;
   4. Learn first aid intervention skills; and,
   5. Take a potential funder to dinner and talk about the need for suicide prevention.

7) Distribute feedback forms, directing session members to complete them then hand them in.



suicideTALK: An awareness in suicide exploration

Your feedback is important

NAME OF SESSION LEADER | DATE

CITY OR SATELLITE AREA | COUNTRY/PROVINCE | COUNTRY/REGION

Was suicideTALK useful? (Please circle one) HIGHLY VERY SOMEWHAT A LITTLE NOT

How would you rate the value of today's experience? HIGHLY VERY SOMEWHAT A LITTLE NOT

What aspects of suicideTALK were most helpful to you?

What aspects of suicideTALK would you change to make it better?

Would you recommend suicideTALK to others? Why? Why not?

What three words best describe this session for you? _____

Have you had suicide intervention skills training prior to suicideTALK? ❑ YES ❑ NO

My comments may be quoted anonymously to promote suicideTALK: ❑ YES ❑ NO

Please feel free to make any additional comments or recommendations on the reverse of this form.
Thank you for your feedback.

8) **OPTIONAL:** Distribute session member certificates. (Do not hand out certificates until the feedback forms are handed in.)

suicideTALK

An exploration in suicide awareness

has attended suicideTALK, a community-oriented session exploring issues in suicide prevention

Date:
Location:
Hours:

LivingWorks

Notes and References

2.1 We see responses to suicide as a continuum that runs from fear to wary then touchy with curious as the mid point followed by intrigued, committed and active on the other end. One way to understand our rationale for this continuum is to look at it through the study of animal behavior which includes the instinctual aspects of human behavior. From that perspective, new things in an animal's environment are seen as evoking a fight/flight response pattern. Fear is the most primitive response. We see touchy as a more controlled or civilized form of fight and wary as the flight counterpart. Note that even for other animals, curiosity often moderates fear and makes room for exploration. The new object might be a food or something that is valuable to know more about. Some higher mammals may have the capacity to be intrigued. We assume that the capacity to consciously make commitments and to take action to fulfill them are distinctly human characteristics.

The fight/flight response is likely regulated by the older parts of our brain and may be activated when we become very frightened. We suspect that this analysis sheds light on the strong reactions that some session members have to the challenges of suicideTALK. Suicide can be so frightening that some may react to it as if it is a fight/flight situation. When these ancient underpinnings hold sway, we act out of character and in ways that later feel "irrational." If this occurs, remain calm and be patient. Fortunately, the fight/flight response burns up lots of energy and can not be sustained for long.

2.2 Not all persons who can be helpful in preventing suicide are as soundly motivated as the preceding explanation implies. Imagine, for example, a person of some power who believes that he/she is relatively immune to fears of any kind. He/she may feel, even after exposure to an awareness program, that suicide can never happen to them or anyone with whom they are close. Nevertheless, such a person could use their influence in helpful ways simply because doing so makes them look good in the eyes of the community or organization or makes them feel good. While these forms of self-interest may be less than ideal, preventing suicide can use all the help that is available.

2.3 Of course, there may be other motivations. Some could be prepared to commit to action and have already decided that they want to learn how to help in intervention situations. Some may be facing at-risk situations currently and need to know what to do. Although suicideTALK offers some help, persons with these kinds of motivations should be referred to ASIST or other similar training opportunities. The advertising for your session should make it clear that the main focus of suicideTALK is not intervention strategies.

You should not assume that persons indicating a desire to learn intervention strategies necessarily mean what they say. Without training like ASIST, most persons who want to help remain very ambivalent about helping. suicideTALK's assumption that many are interested in knowing if anyone can help in an intervention context is far more often the case than one might imagine.

4.1 Those of you who are also safeTALK trainers will note that the convention of capitalizing TALK items is not followed in suicideTALK. The emphasis in suicideTALK is on talking and not on the TALK tasks.

4.2 It is usually best to personalize all aspects of the program including its design and development. You can use "I" for goals and objectives and "we" for design and development. Trying to distance yourself from the program by saying something like, "the designers" is not likely to work. If session members don't like the program, you are the one they will hold accountable for having presented it. If they do like it, you

will get all of the credit if you set up the expectation that you are personally responsible for what they have done.

If you talk about suicideTALK as if it was created by someone very removed from you, you will likely cause your audience to think that you lack confidence in the program. Any hint of a lack of confidence in suicideTALK can create difficulties that need not occur otherwise. suicideTALK challenges session members in many ways. They need your confidence so that they too can be confident and meet those challenges. This is one of those situations in which it is very important to understand the power of a self-fulfilling prophecy.

4.3 You could emphasize the exploratory nature of suicideTALK in many more places and ways than already done in the steps and scripts. To extend this thought to the absurd, as an example, after every assertion in the program you could say, "Or at least that is what I think but you might think differently." Most session members are not likely to disagree with anything in the program so we have not overly emphasized the session members' choices in the documentation. If you have a more resistant group, you will need to stress that the session is designed to provide members with an opportunity to make up their own minds about a number of important issues in suicide prevention.

4.4 In general, when referring to S* talkers or S* talk, or to anything that might involve suicide, do not use the word "suicide." Instead use the letter "S" only. This will appear in the text as "S*." Each time it is used in the scripts, the word, "suicide," is being avoided. Put some drama into it. Act as if you are trying to say the word, "suicide" but can't.

Do not use this learning aid in a rote or mechanical way. It is not the learning aid that is important: it is the different reasons for avoidance. If you find that the session members are focusing on the word aid and not the message, substitute, "another form of suicide avoidance" or "another type of S* talk" for "S* talk or S*."

We recognized that persons traumatized by stalkers might misinterpret S* talk, S* talker and S* talking as referring to stalk, stalker or stalking and could possibly re-experience past traumas. Aware of this possible problem early on in the development of suicideTALK, we put a space in between "S*" and any form of the word, "talk," to help session leaders accurately perceive what was being said. We also made certain that no form of S* talk (even with the space between S* and the talk form) appears in any materials to which the session members have access.

As a further precaution, we alert session leaders through this note that, very infrequently, some strong reactions that a presenter may notice in some session members may be linked to the "re-living" of stalking experiences. Your foreknowledge of this possibility should help you to quickly make an empathic connection with a person in this kind of distress. Your ability to show that you understand something about what it is like to be stalked affirms that you also care about preventing stalking.

4.5 This is the first of a number of activities, each numbered consecutively for easy location. We have designated some, like this first one, as "STANDARD." Others are marked as "OPTIONAL." As noted in Chapter 2, you can vary the involvement you ask of session members by how many of these activities you use. It is recommended that you always use activity 1 because the answer to its question will tell you a lot about your particular group's needs and abilities. If you get a lot of different answers from many different people, you should plan on using many more activities (and recognize the need to watch your time carefully as well). If you get little or no response, you should move into using activities more slowly perhaps bypassing all activities until you reach the activity involving asking the session leader about suicide, number 5.

It is a good idea to record any comments session members make (or even if they don't, the ones you will make next) in some visual way. This list can be added to as you move through the session and used as part of the summary at the end. See

step 13.1. Note that various steps provide a number of additions to the list of avoidance explanations: some have heard that awareness programs are dangerous; it is rare and, thus, we don't need to worry about it; we are frightened of it; it is intrusive; it can cause suicide; it could never happen to me or those with whom I am close; nothing can be done about it anyway; there is nothing I can do anyway. Note that the places in the steps that introduce points that could be added to the list are illustrated by the "S*" icon.

4.6 As Kalafat (2001) notes, "school based [suicide prevention] programs that include student curricula have been plagued by misinformation about their safety and efficacy. He cites as an example, a section on the National Institutes of Mental Health web site entitled "Frequently Asked Questions About Suicide" which included statements, "Of the programs that were evaluated, none has proven to be effective," and… "making at-risk youth more distressed and less likely to seek help." In his review, Kalafat provides an intriguing overview of the origins of this misinformation along with the evidence and conceptual clarification to counteract it. Citing his own comprehensive review of the relevant literature (Kalafat, 2000), he concludes that "The field of school-based youth suicide prevention is currently characterized by scattered encouraging evaluations of conceptually grounded universal… programs." He further cites, favorably, the Centers for Disease Control (1992) conclusion that: "There is no evidence of increased suicidal ideation or behavior among program participants" (p. 66); and the conclusion of Potter, Powell, & Kachur, (1995) that, "Numerous research and intervention efforts have been completed without any reports of harm" (p. 87). In short, some evidence for effectiveness; no evidence for harm. The two articles below are a good place to start when you need help dispelling misinformation about youth suicide awareness presentations.

Kalafat, J. (2000). *Issues in the Evaluation of Youth Suicide Prevention Initiatives.* In T. Joiner & M. D. Rudd (Eds.), Suicide Science: Expanding the Boundaries. Boston: Kluwer Academic Publishers.

Kalafat, J. (2001). *Issues With Categorical Comprehensive School-Based Youth Suicide Prevention Programs.* (manuscript in preparation) Boston: Rutgers University.

4.7 As noted in Chapter 1, testimony to how subtle yet powerful is the taboo about suicide is the way we are quick to qualify what we mean when we use the word, "suicide." For example, it is common to say "the study of suicide" or "the subject of suicide" to clearly distinguish it from having thoughts of suicide or completing suicide. Another example is the addition of the word "prevention" used with suicide to ensure that no on thinks you mean aiding or assisting suicide. You may note that we have violated these "conventions" frequently in the documentation and in the exploration itself. We can imagine a time when one will figure out the intended meaning of suicide from the context in which it is used—as is the case with most all other words with multiple meanings. In those times there will be less fear of talking about suicide and more tolerance for the wide range of attitudes about suicide.

4.8 If the session members' responses to the first activity were not very enthusiastic, you should postpone activity 2 until you get to activity 5 and use it as a lead-in to that activity.

4.9 This instruction applies to a number of the questions used in the steps. The aim is to reinforce positive responses and, at the same time, imply that you do not expect session members to verbally answer the question. There are already many activities. You don't need more points of discussion unless you plan on doing suicideTALK over several days. When someone responds verbally or asks a question, you must of course respond to it appropriately. The rest of the time, you can have the benefits of positive reinforcement without the cost of time if you reinforce positive non-verbals, non-verbally. Look at your audience for signs of a positive response and nod approvingly.

4.10 If you don't use this activity, you should integrate the ideas that might have come from it into step 3.1.

Supporting S talk is the mistaken belief that S* behavior is relatively rare and thus that there is little need for us (or at least, very many of us) to talk about S*. Let us see if that is correct. Generally, communities are not aware that suicide is a serious community health problem. Community awareness is often just as blank as this slide. Surrounded by fear, we avoid suicide but avoiding TALKing about suicide only serves to make it more frightening.*

Indeed as we learn how common suicide is, the picture that develops may reveal even more.

4.11 All unreported suicides are by definition mis-classified since every death must be recorded. The distinction lies in the presumed motive of the classifier. Mis-classified implies a mistake; unreported implies that classifier knew the death to be a suicide but recorded it as an accident, natural causes or undetermined. An undetermined classification implies that the cause of death could not be determined. Sometimes this classification can be used to avoid naming suicide as the cause of death in a particular case. At other times, determined and undetermined deaths are combined as reported suicides. Criteria for a finding of suicide can be very strict. For example, the rules for a certain jurisdiction to find suicide as a cause of death may specify that there must be a suicide note, but suicide notes are not commonly written. Such rules create a built-in bias to avoid a suicide determination.

Session members can suggest various motives for avoiding the finding of suicide because they are aware of the stigma and taboo that surrounds suicide. Such instrumental concerns as insurance will be mentioned. Interestingly, most insurance policies pay the benefit if the suicide occurs after one or two years of the policy being issued. Saving the family embarrassment and shame are likely to be the most commonly mentioned and understood motive. Rarely will the session members see that the classifier could have a vested interest in avoiding suicide coming to light. He or she, for example, could have also been the physician trying to help the person who suicided. In some communities, the avoidance of suicide is so strong that the motive for hiding suicide is simply community image.

While it might be argued that denial is sometimes useful for some issues, we have practiced denial of suicide for some twenty centuries with no beneficial effect. Indeed, the opposite is the case.

4.12 **World Health Organization (2000).** *Figures and Facts About Suicide.* Geneva: Department of Mental Health, Social Change and Mental Health, World Health Organization (WHO).

WHO authorities state that close to 1 million people die by suicide each year. Worldwide, the prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major community health problem and to the taboo in many societies about discussing it openly. In fact, only a few countries have included prevention of suicide among their priorities.

4.13 **Alberta Centre for Injury Control and Research (2001).** *The Alberta Injury Data Report - 4th Edition.* Edmonton: Alberta Centre for Injury Control and Research.

The latest available statistics show that suicide was the most common cause of injury-related deaths in Alberta, followed by motor vehicle-related injuries.

In Australia, death rates from motor vehicle accidents fell from 16.8 in 1989 to 9.3 in 1998. The rate for suicide in 1998 was 14% higher than it was in 1989.

Australian Bureau of Statistics (1998). *Causes of death: Australia.* ABS Catalog no 3303.0.

4.14 **Ramsay, R. and Bagley, C. (1985).** *Prevalence of suicidal behaviors, attitudes and associated social experiences in an urban population.* Suicide and Life-Threatening Behavior, 15 (3), 151-167.

Goldney, R.D. Wilson, D., Dal Grande, E., Fisher, L.J. & McFarlane, A.C. (2000). *Suicidal ideation in a random community sample: attributable risk due to depression and psychosocial and traumatic*

events. Australian and New Zealand Journal of Psychiatry, 34, 98-106.

Goldney, R.D., Winefield, A.H., Tiggenmann, M., Winefield, H.R., and Smith, S. (1989). *Suicidal ideation in a young adult population.* Acta Psychiatrica Scandanavia, 79, 481-499.

Hintikka, J., Vinamaki, H., Tanskanen, A., Kontula, O. and Kiskela, K. (1998). *Suicidal ideation and parasuicide in the Finnish general population.* Acta Psychiatrica Scandanavia, 98, 23-27.

Goli-Planas, M., Roca-Bennasar, M., Ferber-Perez, V. and Bernardo-Arroyo, M. (2001). *Suicidal ideation, psychiatric disorder, and medical illness in a community epidemiological study.* Suicide and Life-Threatening Behavior, 31(2), 207-213.

Moscicki, E. (1989). *Epidemiologic surveys as tools for studying suicidal behavior: A review.* Suicide and Life-Threatening Behavior, 19 (1), 131-146.

4.15 Suicide is unique to human beings and, thus unfortunately, one of our defining characteristics. No other species engages in suicidal behavior. Contrary to popular myth, lemmings, for example, do not commit suicide. The population of lemmings increase dramatically on a regular basis. When this occurs, excess numbers for a given territory seek to find new territory. Otherwise they will starve or, at a minimum, not be able to reproduce. Their flight is a "desperate" attempt to survive, not suicide.

4.16 Be prepared to deliver a convincing performance. Say something back to every response you receive but never say that you are having thoughts of suicide until they ask you directly about them. As illustrated in the following sequence, it may take several questions before someone asks you directly about thoughts of suicide.

You:	"I will end it all soon anyway."
Someone:	"What do you mean by that?."
You:	"I will end it all soon anyway."
Someone:	"Are you having troubles?"
You:	"Yes!"
Someone:	"What kind of troubles?"
You:	"Troubles that will end soon."
Someone:	"Are you meaning 'killing youself'?"
You:	"Yes!"

Move immediately out of role once someone has asked directly about suicide and you have reinforced them by giving them a direct answer. Say something reinforcing: "Now we know what we are dealing with. Thank you." Do not remain in role because doing so will cause members to recognize that they do not know what to do next. You want to end this exercise in such a way as to reinforce the progress that was made and not call attention to how much might seem to remain to be done. Great progress is, in reality, what happened. In real opportunities to help, the direct question is often never asked and helping skills are never activated.

4.17 **Hoff, L.A. (1991).** *Crisis intervention in schools. In A.A. Leenaars and S. Wenckstern.* Suicide Prevention in Schools (123-134). New York: Hemisphere Publishing. Clinical experience and extensive research with persons at risk of suicide reveal that nothing could be further from the truth. The process of deciding to complete suicide is more complicated than that. A person not already thinking about suicide will not begin to think about it simply as the result of a direct question. In fact, experience suggests that persons at risk are relieved when someone is sensitive enough to respond to their despair and thus to help protect them from suicide. Sharing the feelings associated with thoughts of suicide becomes possible when the person feels understood. This sharing lessens the possibility of acting on the feelings.

Fremous, W., de Perczel, M. and Ellis, T. (1990). *Suicide Risk Assessment and Response Guidelines.* New York Pergamon Press. Suicide is seldom a novel idea to depressed people, and they are commonly greatly relieved to be given "permission" to talk about it. The greater risk is that the topic be passed over because the depressed person considers suicide too "shameful" to mention. This can result in an even greater sense of isolation. At worst, inquiring about suicidal thoughts can produce a

puzzled look or irritation from someone who is not thinking about suicide; at best, it can demystify a dark secret and lead to the depressed person getting the help he or she needs.

The notion implies an ability to influence the thoughts and behaviors of others to a degree that doesn't exist or it implies that persons who are thinking about suicide are somehow very weak, maladjusted, abnormal and very, very easily influenced. Recent findings show that health professionals do not have to be afraid to ask about suicide for fear of inducement. Gould, M. Marrocco, F. Kleinmand, M. Thomas, J. Mostkoff, K. Cote, J. and Davies, M. (2005). Evaluating Iatrogenic Risk of Youth Suicide Screening programs : A Random Control Trial. JAMA 293(13), 1635-1643.

As to the ability to influence, consider how easy it is to get your son or daughter to clean up his or her room by just mentioning the "C" word—cleaning. If that works, you can make millions selling your secret to other parents. We know about the possibility of suicide from a fairly early age. It is likely part of the maturation process: to be conscious that we are alive is to know that we will die, and could die by our own intentions.

As to easily influenced, some people with thoughts of suicide might be somewhat like that but so are some people who are not thinking about suicide. Some people with thoughts of suicide might be just the opposite, just like some people might be just the opposite. Suicide is part of the human condition. Suicidal behavior cuts across all easy labels: age, gender, race, sexual orientation, religion, socioeconomic status, marital status, psychological profile and so on.

4.18 Reinforcing everything in positive terms is not always easy but almost always the appropriate process to employ. There may be times when it is appropriate to call something that might be dangerous, "harmful," but that is rarely the case in an educational context. Anyone who risks saying anything is taking a risk. Thus, at a minimum, you can always be reinforcing of the energy and risk-taking involved: "So you have feelings about that and you are willing to put them out there and see what comes back (?)" If you look even harder at a response that is likely to be less than effective, you will often discover an underlying desire to help. A fear-driven desire to get something done very quickly is also likely to be present. Thus you might say: "So you very much want to help but you also want the help to work quickly because, after all, this is a scary situation."

4.19 For the next hint on secrecy, you may wish to offer alternatives. For example: "You can promise discretion, sensitivity, a commitment to involve them in the decision making whenever possible—anything that is appropriate, but not secrecy."

For the hint on removing means, highlight how often this issue is ignored or forgotten: "It is sobering how many times people (including trained professionals) have been aware of someone's suicidal risk and forgot to ask about how they were planning to do it and about how available those means were." Emphasize that it is important to remember to ask and work towards the removal of that means. Say that the police are almost always willing to assist with firearm removal and storage. Also tell them that pharmacists will assist in destroying old medications.

4.20 While optional, activity 7 is a good activity to fit into the session if possible although it can take a lot of time. If you do not have time for the activity, you will need to find some other way to cover its content. To save time, you could just have them do a show of hands. If you run out of time, see note 4.25.

4.21 Activity 8 is almost always done so its content will not be repeated in this step. If you do not have time for the activity, you will need to find some other way to cover its content. To save time, you could just have them share their answers or pictures with the whole group. If you run out of time, see note 4.25.

4.22 Session members could just draw over the words in the worksheet. Just thinking about what they would draw is helpful.

When you have time, this is a marvelous addition particularly for adults. It helps them to recognize resources they might never have recognized otherwise. When you have time, you will need paper and crayons to fully bring out their creativity.

4.23 Life protection is more immediate and crisis oriented. It is almost always suicide specific. Rarely is there any longer-term or organizational component to it. Usually this is the aim most awareness audiences focus on first. Life preservation is between protection and promotion. It is sometimes done in recognition that there will be times when protection is needed. It is sometimes done in recognition that there will be a need to promote life. Suicide is almost always the subject. In life promotion, life in general is the subject. Usually longer term and organizational, things done here will help with suicide but also with other problems. Promotion is sometimes what awareness audiences focus upon to avoid thinking about protection and preservation needs. On the other hand, awareness audiences sometimes never think about life promotion being connected to suicide at all.

There are two other dimensions comprising *A Matrix of Suicide Prevention Activities.*

We distinguish three types of roles. Each role has a different perspective on the scope of the activities appropriate for their role. The Individual role or perspective is concerned with what an individual can, might want to do or might need. The individual may or may not be or see him or herself as a helper. The perspective is personal and centered on immediate family and close friends. It includes both persons at risk and personal helper perspectives.

The next perspective is that of someone who is in a helper or potential helper role. The individual now recognizes that he/she might want or need to be in a helper role in a larger context than only with persons who are personally significant. This perspective includes self-care for the helper.

The resource perspective broadens to include resource needs and/or mobilizing individual/helper resource supports. Increasingly, as movement down the list of sites occurs, the concern is to organize the community with the aim of supporting resources or creating life-assisting community conditions.

We also distinguished six sites of action in which suicide prevention activities could be focused: home, inform others, learn helping, help others learn, coordinate community and develop policy.

We recognize that these dimensions of aim, scope and area or site are not completely independent. However they remain sufficiently distinct that the matrix they create is very useful. We are reasonably certain that session members working with this matrix will discover new ways to help prevent suicide. Our confidence stems from having had that happen to us.

4.24 Activity 9 is almost always done so its content will not be repeated in this step. If you run out of time, see note 4.25.

4.25 Task 5 and the associated slides were designed to serve two purposes. The first is to symbolically summarize the major message of suicideTALK. The second is to provide some means of providing effective closure when you are short of time and may have to cut or give less time to any of activities 7 through 9, particularly 9. Try to avoid being in a position where you don't have full time for activities 8 and 9. If you don't have time for session members to discuss the commitments they might be willing to make in the last part of step 9, the activities in task 5 of step 12 will work well as a closing. You should always leave time to do task 5.

4.26 Use what you have discovered about the group to frame these alternatives. For example, someone may have already said something they plan to do. You would be wise to mention it here. You might also want to include things that they have not mentioned or seem beyond their imagination at this point. The second entry listed in the steps, "talk to a friend about the time you had thoughts of suicide and how you got past that," might be of that type.

4.27 The name, "LivingWorks," was designed to have three meanings. First, it refers to a group of people who are developing programs (works) to make living a much stronger force than suicide. When used this way, "Education" is usually attached to the end of "LivingWorks." Second, is the assertion that living can work. This is the message of hope to persons at risk of suicide. Third is the hope for the "coming to be" of communities and organizations that practice comprehensive suicide prevention and life promotion. It is, of course, this third meaning that is associated with the goal of creating suicide-safer communities—the session members' commitments and actions helping to construct that community. The second meaning should not be lost for it is fundamental. It explains why it is important to build a suicide-safer community. If we get a little advertising out of the process (the first meaning), we won't worry. After all, the other two meanings are what we are all about.

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