

Narrator **Script** for Brief Suicide Prevention Training
- Juneau Suicide Prevention Coalition

Introduction:

Welcome to "CPR for suicide prevention" – a brief workshop sponsored by the Juneau Suicide Prevention Coalition.

Suicide is a public health issue. In Alaska almost all of us have been touched in some way by suicide or know someone who has been. And, its important to note that suicide is a preventable.

Please raise your hand if you are interested in preventing suicides in Juneau.
(Pause and look at audience)

If you remember one thing from this presentation, REMEMBER THIS, "**Every one of you can help prevent a suicide,**"

Family, friends, coworkers and neighbors are the frontline defense for preventing suicide.

(Look at the audience and make eye contact with as many people as possible or even respectfully point to members of the audience)

and "**every one of you can learn enough in the next 15 minutes to take the first and most critical step in preventing a suicide.**"

At some point in the past, many of us have worried that a family member, friend or co-worker might be depressed or suicidal, but did not know what to do or say, so we didn't do or say anything and hoped for the best. In the future, even if you are unsure if someone is considering suicide, we hope this presentation will give the knowledge and resources to get the help you're looking for. Today we are going to talk about stigma, warning signs, how to help, & resources.

Stigma

HERE IS THE KEY BARRIER: most of us instinctively or culturally have a strong reluctance to talk about suicide. **This social stigma is perhaps the biggest hindrance to stopping suicide and likely based upon some of the following beliefs:** *Ask the group, why do you think this stigma exists? Then share the following answers.*

- A fear of overstepping personal boundaries,
- A feeling that another person is being overdramatic or seeking attention
- A fear that asking the question about suicide will somehow encourage the other person to do it.
- If I ask, the other person won't tell me the truth.

Research has shown that these myths are all false.

People who intend to die by suicide are usually ambivalent. They don't want to actually die, they just want their pain to end. They will talk about it, will usually also show recognizable signs, and will accept help.

In fact, research clearly shows that, **"asking someone directly about suicide intent lowers anxiety, opens up communication, and lowers the risk of an impulsive act"**. (Question Persuade Refer, (QPR) Suicide Prevention Training)

Warning Signs

Ask the group if they know any warning signs. Then review possible Suicide Warning Signs to look out for:

These are example statements a suicidal person might make:

- Talking about harming or killing oneself – For example, "I've decided to kill myself."
- Expressing hopelessness, life isn't worth living
- Talking or writing about death, drawing images of death
- Suddenly making a will, funeral arrangements, or telling others how their affairs should be handled

Here are examples of behaviors and actions you may observe in a suicidal person: (Read slowly, pausing after each one)

- Changes in eating, sleeping, and personal care

- Apathy, depression, lack of energy, inability to focus
- Withdrawing from social relationships or activities
- Undergoing significant changes in mood and personality
- Losing interest in hobbies, work, school
- Engaging in reckless or dangerous behaviors
- Increased use of alcohol and/or drugs
- Giving away highly valued personal items or possessions
- Experiencing a recent significant loss such as a relationship, job, or health problem, in connection with other signs.

How to help:

In our lives we all go through hard times and sometimes display various examples listed above. When you start to notice several of these examples at once, that is when you can start to be more concerned about suicide. A hallmark of suicide is someone who is showing signs of both depression and hopeless or helpless. When you suspect a person is depressed **and** hopeless, or when you detect any of these clues, say something like, "**I care about you. Are you thinking about suicide?**" Since people who are having suicidal thoughts are ambivalent – a desire to live accompanies the desire to die. Friends, family, spirituality, treatment, medications, and counseling can all help a person embrace their desire to live.

Here are a few key pointers (QPR):

- If in doubt, **don't wait**: ask the question.
- Talk in a private setting.
- If the person is reluctant to answer, be supportively persistent.
- Offer hope in any form.
- If you can't ask the question, find or call someone who can.

Asking the Question:

There are many approaches to asking the question, but the critical thing to remember is, "**How you ask the question is less important than that you ask it.**"

If the person you are concerned about is **not** considering suicide, ... GREAT, **and** the other person knows that you care about them.

To save a life, we have to first overcome this stigma of getting involved.

I am going to ask you to please do this simple EXERCISE:

1. Please turn to the person next to you.
2. Resist the temptation to smile or laugh while you do this. Even mature adults have a hard time avoiding laughing nervously. (You may want to emphasize that they must avoid laughing.)
3. One person say, **"I care about you. Are you thinking of suicide?"** It is **important to say the word "suicide" or "kill yourself"**. Because of **stigma and social reluctance, the temptation is to say "harm yourself" or "hurt yourself"**. This is not the same as **"suicide", "kill yourself" or "take your life"** and is **surprisingly difficult to ask without training yourself to be intentional in your wording.**
4. Wait until everyone has completed then ask the other person to do the same, **"I care about you. Are you thinking of suicide?"**

Congratulations!!! It is that simple and you may have saved a life. Just saying those words is an important step for most of us. **But remember, "How you ask the question is less important than that you ask it."**

Most of us know instinctively if something is seriously wrong in the life of a loved one or friend or coworker. As we have already discussed, the greatest barrier is feeling empowered to ask the question. **Another barrier is not knowing what to do if a person says "Yes, I'm thinking of suicide".**

After they say "yes":

After you have determined that someone is suicidal, the next step is to perform "suicide CPR", an acronym that stands for:

- C – Current Plan. Do you have a current plan? If yes, find out what it is. Find a way to immediately put distance between the person and their method.
- P – Prior behavior – Have you attempted suicide before this?
- R – Resources – Who else can help you through this (a relative, a friend, a pastor)

Let's take these one at a time.

C stands for **Current Plan**. It is important to recognize that not all people contemplating suicide will have a current plan. If they do, it is important that you inquire about specifics such as: What method of death have they chosen? Do they have a location in mind? Have they picked a time? The goal of soliciting this information is to create a distance between the person in crisis and their chosen means. For example, if the person is planning to crash their car, ask for the keys. Etc. Regardless of the stated method **ALWAYS remove access to firearms from the person in crisis.**

P stands for **Prior behavior**. 70% of people who attempt suicide but live will never attempt suicide again, however those that do attempt again are more likely to have their attempt result in death. In addition, most people that attempt suicide multiple times will use the same method from one attempt to the next.

R stands for **Resources**. You must locate at least one other person that can help the person in crisis. The goal here is to create a social safety net of people that can assist the suicidal person. **Do not agree to keep a person's suicidality a secret!** Use the language "I care too much about you to not tell someone else."

Resources:

Much of this information is presented in greater detail in a more comprehensive training "Understanding Suicide: Building Intervention Skills" presented by Dr. Bob Baugher in Juneau and is available on juneausuicideprevention.org under Resources, Training.

The Alaska Careline Crisis Intervention is a 24 hour suicide crisis hotline located in Fairbanks Alaska. It is free, confidential & available to all of us at anytime. Call and a trained therapist will be able to assist you. This service is not only for suicidal individuals. If you are worried about someone and would like advice particular to your situation it is perfectly appropriate to call them. www.careline.com provides online chat and there is also a texting number.

We're passing out our Juneau Suicide Prevention Resource Cards that includes local resources and the Careline phone number. We encourage you to enter the Careline in your phone **right now** (*ask people to take out their phones and enter in the number as you read it allowed - 1.877.266.4357*) as you never know when

you'll need it! The card also lists suicidal warning signs. You can also take a picture with your phone to help you remember the key signs of suicide and some numbers to call for help 24/7. (Hold up card that has been passed around.)

Lastly, if in discussing the issue of suicide with someone you feel that they are in an imminent risk of attempting, call 911 just like you would for any other emergency. DON'T LEAVE them alone & make sure they get to emergency services.

A description of what will happen if you call 911, or take a person to the hospital emergency room, or call the Careline can be found on our website juneausuicideprevention.org under "Emergency Now".

Closing:

Thank you for your attention, you now have the basic tools to prevent a suicide.

Remember that **stigma** is a perhaps the biggest reason suicides occur. Remember the **warning signs** we reviewed today and that if you are worried **ask** directly if they are suicidal. Use the **Careline** or other **resources** to get them help, **you don't have to do it alone and neither do they.**

I want you to take a quick test by answering 2 simple questions: (pause)

(1) To audience, say, "Who can take the first critical step in preventing a suicide?" (wait for a response and prompt them until they respond "**me**" in unison.)

(2) To audience, say, "Who will talk about suicide with family, friends, coworkers, and neighbors?" (wait for a response and prompt them until they respond "**me**" in unison.)

Thank you!!

Take questions

Please complete our short evaluation to help us understand if the training was helpful for you & what we can do differently to support your growth. (Evaluation is on the next page so the presenter can have it printed out for the training).

Evaluation

(This info will help us with our grant reporting, so we can keep doing suicide prevention work!)

Age:
Ethnicity:
Gender:

Bartlett Physical Rehabilitation Presentation **12/12/2017**

Prior to the training:

After the training:

My skills related to intervening with a suicidal person:

My skills related to intervening with a suicidal person:

1 2 3 4 5

1 2 3 4

I learned:

I appreciated:

One thing that surprised me was:

I'd like more training on:
