



## **Module Five**

# **Helping Yourself or a Friend Thinking of Suicide**

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### **Facilitator**

- Ideally the person or persons in this role will already have had facilitator experience. This could be a club or student organization president or executive board member, a residence hall advisor, a peer-to-peer advocate or counselor, a staff counselor, or professor. If none of these are readily available, please contact us and we will provide guidance and assistance on next steps.

### **Time Needed**

- Lecture, Discussion, and Improv Exercises: 35 mins
- Question and Answer: 10 mins

### **Audio Visual Needs**

- PowerPoint slides have been provided for you in advance
- A projector (a projector on a cart or a projector hanging from the ceiling)
- Projector screen (collapsible or hanging from the ceiling)
- In the event you don't have access to a computer or projector; a blackboard or whiteboard works, as does a flip chart.

**Learning Objectives...** or outcomes that show what participants will have learned as a result of attending this training.

## **Objectives for Module 5: Helping Yourself or a Friend Thinking of Suicide**

Main objective: Suicide is preventable and you and I and we all can get help and be helpers.

Sub-objectives:

- What suicide is and what causes suicidal thinking and attempts
- The signs and symptoms of suicidal thinking
- How and where to get help for oneself or a friend in suicidal crisis
- How to be a peer support for a friend in suicidal crisis
- The importance of speaking up and speaking out about suicidal crisis

## **Suggested Follow Up**

- Reading and Review Group Discussion Questions: 15 mins
- Exercise: Suicide Intervention Practice
- Personal Additions to Mental Health First Aid Kit™

## **Handouts**

- More Suicide Prevention Resources
- i'Mpossible Story on Suicide and Crisis Prevention

## **Other Materials Needed**

- Intake forms (handed out 2 weeks prior) – available as a printed form or via Survey Monkey
- Exit forms (handed out 4 weeks after) – available as a printed form or via Survey Monkey

*We realize it can be difficult to have people fill out one or both of these forms, so: have anyone who is absolutely committed to attending (your e-board, your dorm mates etc.) to fill these out; and/or offer and advertise that anyone who fills out both forms will be entered into a raffle to win a gift card or special prize.*

*Gathering this data is important so you know and so we know how effective this programming is and what we can improve upon.*

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### **FACILITATOR NOTE:**

At some point near the beginning of the session, it's important to make sure attendees know they have equity in the session. Something like: "This is a big group discussion and I'm helping guide it along. It's important that it's not only a lecture because everyone here is an expert (in something) and when experts get together, they are greater than the sum of their parts." This breaks down walls and builds trust and will enhance knowledge retention.

## **Opening-Introduction to Facilitator *You* 😊 - Option I (5mins)**

Slide 1 – Title of talk (Have this ready during setup, before you begin speaking)

I/we are here to talk suicide prevention and intervention



*Fun stuff about facilitator and why you're here. Topical Info on location. Your professional background.*



Slide 2: Funny/fun picture of facilitator as a kid/teen/apropos to audience you're speaking to.



*Facilitator's brief story with suicide (loss or attempt, we do NOT talk about the method of attempt or loss). Tie into why suicide awareness and prevention is important and particularly important to you/facilitator.*



Slide 3: Main objective (thesis)

Suicide is preventable and you and I and all of us can get help and be helpers.

## Why People Think of Suicide

### FACILITATOR NOTE:

Make this discussion. “Why do people think of suicide? Is it cowardice? Weakness? A cry for attention?” Let people know there are no bad/stupid answers. Everything is a learning and teaching moment. You can expound and expand on people’s answers or simply repeat what they say and move from participant to participant. This is a portion where often need to feel heard and need to voice their opinion, right or wrong.



#### Slide 4

People who have suicidal thoughts are often so overwhelmed by feelings of sadness and hopelessness that they think they have no other option.

There's no single reason why someone may try to take their own life, but certain factors can increase the risk.

## Risk Factors for Suicide

### FACILITATOR NOTE:

Make this discussion. Often discussion on, “why people think of suicide” naturally overlaps with discussion on “risk factors.” If this happens, you can (eventually) deftly guide the discussion back to the “why” being the overwhelming feeling of hopelessness. When you officially transition into “risk factors” you can list off a few that were already stated but you can ask for/allow further discussion on risk factors already stated. With the “whys” and the “risk factors” make sure that attendees know that it’s often not just one thing. It’s layered and can be multiple reasons and/or risk factors.

#### Slide 5



- Previous suicide attempts
- Substance abuse
- Untreated or mistreated mental health conditions
- Incarceration
- Family history of suicide

- Poor job security or low levels of job satisfaction
- History of being abused or witnessing continuous abuse
- Being diagnosed with a serious medical condition, such as cancer or HIV
- Being socially isolated or a victim of bullying
- Being exposed to suicidal behavior

## Signs and Symptoms of Suicide

### **FACILITATOR NOTE:**

Make this discussion. You can transition by stating something like, “now we know the ‘why’ and ‘risk factors’ but to be able to help someone or ourselves, we need to know what suicide can look like. What are some signs or symptoms that someone may be thinking of suicide? Can you tell? Can you not tell?” Someone will probably say that you can’t tell. In fact, a person often says something subtle, or their behavior changes that indicates suicide ideation. Let that person know that they are technically right but we’re doing this session/training so we can recognize the subtler nature of suicidal thinking.

### Slides 6-9

- Withdrawing from friends, family, and society
- Feeling hopeless/ Seeing no reason for living
- Feeling rage or uncontrolled anger or seeking revenge
- Threatening to hurt or kill oneself or talking about it
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when actions are out of the ordinary
- Acting reckless or engaging in risky activities - without thinking

- Increasing alcohol or drug use
- Feeling trapped—like there's no way out
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes

## Steps to Intervene if Someone is Thinking of Suicide



*If facilitator has even intervened with someone thinking of suicide or if someone has intervened in their life, they can talk about that anecdotally to support the next section*



### Slide 10

- Listen, listen, and listen some more (avoid trite sayings like “you’ll feel better tomorrow,” “think about your family,” and “you have so much to live for”)
- No advice/listen for clues that keeps the person grounded (everyone needs to feel important and that they matter and have a purpose)
- Do not judge the person
- Be sympathetic/empathetic (not pity but validate that what they’re feeling and going through is real)
- Tell the person their life is important to you
- Make sure they’re safe and have no access to lethal means to harm themselves
- Guide/assist to professional help (college counseling center, crisis hotline, personal counselor, trusted advisor or professor etc)



### Slide 11 – Professional Help (what professional help could look like)

Transition: Talk about the importance of speaking up and speaking out and sharing one’s story.

Strongest people speak up and ask for help. Normalizes what you're going through. Ensures you connect. Makes so other people don't have to go through what you're going through.

Transition: offer local and national resources for suicide prevention/intervention (*Hotlines, resource centers, mobile crisis teams etc.*)



## Slide 12 – Resources for Suicide Prevention

Should include national Suicide Prevention Lifeline, Crisis Text Line, Trevor Project, any local resources, and school's counseling center/services if offered at your school.

## Improv Demonstration of a Suicide Intervention

I want to demonstrate how to help a suicidal person through role play—how you as a peer, friend, loved one; can help your friend/loved one if they're in crisis.

### **FACILITATOR NOTE:**

It's important to let attendees know that we're going to discuss as a group what they noticed, what they liked, what they disliked, and how the facilitator (person assisting the suicidal person in the improv) may have messed up and if/how they rebounded if/when they messed up. We often learn more from "failure" than "success" and we will probably misspeak during an intervention and we need to see/know that it's possible to recover. Every intervention whether a practice or the real thing will always be an improv/improvised scenario. There's no one size fits all, only a template from which to work from.

Also know that if you don't feel super comfortable completely improvising an intervention scenario here, you can and should use the template script we have provided and if you feel the need to rehearse with your partner then do so.

Facilitator **MUST** pre-select a partner in advance and talk about what they will be doing and to make sure that the partner is mentally well enough to improvise playing the role of someone suicidal or playing the role of a person intervening.

Scenario: person who is in crisis has just found out that their bf/gf has dumped them, their parents are going through a divorce, and they are flunking out of school. They are suicidal, you are their friend, they reached out to you and need help.

If there's time, the scenario can be done again (roles could be switched if you feel comfortable) but this time, the person in crisis is a little more resistant to receiving help. It should still end in the person agreeing to receive help.

This must look and feel like a real scenario of two friends meeting up (dorm, coffee shop, favorite restaurant etc.). You have a history together and a rapport. Person intervening knows some of the difficulties the other person is having but maybe not all. Toward the beginning of the conversation person intervening can and should ask, "Are you thinking of suicide," and could even ask as a follow up if the person has a plan. Throughout the conversation, at various points the person intervening should always be listening, no judgement, find or listen for clues as to what might keep the other person grounded or feel a sense of purpose, make sure you validate their feelings, tell them in some way they are important to you/their life is important to you, and ask that they walk/go/call professional help with you.

#### **FACILITATOR NOTE:**

• Body language and sitting side by side is good (e.g. we're in this together)—sitting across from or one standing and one sitting feels like a power imbalance.

• Make sure people know that it's okay to ask, "are you thinking of suicide?" It won't make anyone do anything and shows you're an ally and friend

• It's okay to embrace silence (person intervening). Sometimes person in crisis won't want to talk. But inevitably they may say or do something to give other person a clue or to continue the conversation because silence is pretty awkward.

Facilitator asks audience questions:

- Which methods were more helpful and why
- What did you like?
- What didn't you like?
- What went well?
- What didn't go well?
- Does helping someone in suicidal crisis seem possible, making suicide preventable, or impossible?



## Conclusion

Transition: In closing, I want to reiterate that suicide is preventable and you and I and we all can get help and be helpers.



### Slide 13

I want to offer some additional resources: handouts

Offer resources. Handouts. Talk about group discussion/self-reflection handouts:

1. More Suicide Prevention Resources
2. i'Mpossible Story on Suicide and Crisis Prevention (Josh Rivedal story)

Thank the attendees.

If there's time left over, you can do additional Q&A: clarity on any concepts covered. Why suicide. Risk Factors. Signs and Symptoms. Intervention. This can be driven by the facilitator or come straight from the attendees