

*How to Talk
About Tough Topics*

*Crisis Intervention and
Suicide Prevention*

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Dedication

*To all those
who left
the theatre of life
during intermission
instead of waiting
until the final curtain.
And, to all those
left behind to ponder why.*

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SUICIDE

REAL ISSUES ~ REAL CRISIS ~ REAL HELP

Welcome. The purpose of this workbook is to provide a handy reference source for talking about one of the most difficult subjects to understand. Suicide. Let's begin by taking a few moments to explore your initial thoughts and opinions about the topic.

Suicide is a topic no one wants to talk about and everyone needs to know about. After accidents, suicide and homicide take turns being the second and third leading cause of death among Americans. Suicide is a real subject that affects a lot of people. Suicide isn't about trying to be dead. It's about trying to be heard.

Why is suicide such a hard topic to talk about?

Why do people think about suicide?

What do you think a person would be like if they were suicidal?

~ Feelings: What feelings might they express?

~ Behavior: What are some of the behaviors you see when a person may be contemplating suicide?

~ Thoughts: What might be going through their mind?

What can I do? What do I already know, and what would I like to learn?

SUICIDE: WE NEED TO TALK ABOUT IT

Suicide is one of the most perplexing occurrences in life, the act of ending one's own life. Tragically, it leaves in its wake so many people who are haunted by the question of why they did not realize things were so bad. They beat themselves up wondering if they did something they should not have, or did not do something they could have.

13 SITUATIONS CONTRIBUTING TO CONTEMPLATING SUICIDE

1. PTS ~ Post Traumatic Stress is an emotionally and/or physically debilitating result of being a victim or witness to traumatic experiences. This is frequently tied to extreme emotional trauma that involves the threat of injury or death. Precipitating events include, but are not limited to, assault, car accidents, domestic abuse, natural disasters, prison time, rape, terrorism, traumatic brain injury, and war.

2. PERSONAL RELATIONSHIPS ~ Breakups can be devastating. Rejection, broken promises, humiliation, and negative criticism are magnified during a breakup. Influencing factors vary depending on how the breakup happens. There aren't any easy ways to hear that someone doesn't want you anymore. All relationships are complex in multiple ways.

Includes inappropriate and dangerous relationships. Relationship issues are magnified during any stage of our lives. A large number of people feel some sort of remorse for acts they have done, didn't do, or for acts they thought about doing. Added sensitivity is needed for those coming to grips with challenges around sexual orientation.

3. WORKPLACE RELATIONSHIPS ~ I've known adults who have jumped off the roof due to 'failing' workplace. What may have been bullying while in school becomes a hostile work environment for the grown ups.

Workplaces are not limited to offices or self-employment. Among unique workplaces (with disturbingly high suicide rates) are Military, Police, Fire, and Sports.

4. MONEY ~ Too much, which can lead to excessive and dangerous over-indulgence, or too little, which contributes to an embarrassing lack of being able to provide for self and others financially.

5. FAMILY ~ Multiple family issues including illness, fighting, and family members saying conflicting things can lead to thoughts of suicide. Generational triangles of relatives including parents, siblings, step-parents, grandparents, aunts, uncles and cousins can contribute to family issues. Teens and adults often blame themselves and feel if they weren't around anymore everything would be okay. Some people have minimal or no family at all. With youth, gangs can become the family that's missing, and interestingly enough, gangs have more stringent (and horribly dangerous) rules.

6. STRESS ~ Challenged coping skills, sometimes triggering physical and/or emotional challenges. Stress frequently leads to either going under the blankets with absolutely no energy,

or to feeling significant rage and anger. Stress can build up and then explode all over us. Some people try to keep it bottled up inside. Some pass the pain on to others.

7. DRINKING AND DRUGS ~ Drinking and drugs don't cause suicidal thought, however, they do cause a serious impairment of healthy thought processing. This opens the door to bad, dangerous, and sometimes fatal results. Substance use decreases common sense, impairs judgment and the ability to react quickly and accurately to events, and increases sensitivity to emotions. The results can be numbing or angry outbursts. There's a pleasant rush during early experimentation with substance. Then time is spent trying to experience it again, resulting in increased consumption and risk taking. This, coupled with the time delay in intake and feeling the effects, can easily contribute to deadly results.

8. ANGER AND BULLYING ~ Threats to self and others. I will be dead and you will be sorry. More likely to take someone with them through murder suicide. Reckless behavior, hostage situations, suicide by cop. Alcohol and substance abuse more likely. These are challenging and frightening times of escalating violence. The media is full of stories about violent acts and bullying. Cyberbullying has increased the ways people can hurt each other even faster. The advancement of social media allows people to be even more disconnected from each other. Socializing is often done online. Video games are also more violent and disconnected from real loss of life. It's a time when people are wondering if the next suicidal, homicidal, or physically or emotionally bullying person they hear about in the media will be someone who lives next door to them, sits across the aisle at school, works in the next workspace, or is related to them.

9. LOSS, GRIEF AND UNBEARABLE PAIN ~ Moving, changing jobs, or feeling significantly lonely. Includes death of family members, close friends, pets and sometimes celebrities. There has been an increase in military loss through battle and suicide, and loss through accidents and illness. The most dangerous time is during the first couple weeks following loss.

10. MEDICAL AND MENTAL ~ Body and mental health issues contribute to depression, emotional instability, or the feeling of hopelessness. People may be unable to stop the pain and may have trouble thinking clearly, making decisions, seeing any way out, sleeping, eating, going to school or work, getting out of depression, making the sadness go away, seeing a future without pain, seeing themselves as worthwhile, getting someone's attention, or feeling in control.

11. SELF ESTEEM ~ People feel they have not lived up to expectations of self or others. Not being able to find face saving ways out of sticky situations. Self discovery. Who am I?

12. MORAL INJURY ~ Moral injury can occur when a personal moral code or definition of "what's right" is violated. The individual definitions of right and wrong typically come from childhood, based on instructions from parents, teachers, and religious leaders.

13. HOPELESS ~ Out of energy. Despondent, depressed, feeling shame. Feel they are unable to live up to expectations of self and others.

WHY IS SUICIDE SUCH A HARD TOPIC TO TALK ABOUT?

It's scary to talk about death. We are not supposed to want to die. Health issues, accidents, war and crime can cause life to be too short as it is. Death is emotional. People are told in order to be strong they should not be emotional. I often hear people say they feel the person talking about suicide just wants attention. Yes, this is about getting attention – it's about being heard. Yes, sometimes people will test the waters to see if anyone would care if they weren't around anymore. Have you ever had a moment where you wondered inside your head who would notice if you didn't show up anymore? We can break the taboo by not keeping silent.

People are often afraid if they bring up the word suicide it will give someone the idea to end their life. Listen carefully. You will not give them the idea. Believe me, if someone is feeling so despondent, or so angry at the world, that they are suicidal – they know it!! They are not going to say, "Oh suicide – now why didn't I think of that – thanks for the suggestion, what a great idea – I'll go kill myself now."

Talking about suicide is acknowledging the proverbial elephant that takes up all the space in the room but no-one talks about it. We must find real ways to talk about this difficult subject and deflate the elephant. We need to ask questions and know what to do with whatever answers we get. Sometimes a person needs help in coming up with a new plan (rather than suicide) to deal with their pain.

TAKE ALL DIRECT AND INDIRECT CLUES SERIOUSLY

Usually those who are in a crisis situation are stuck between a death wish and a wish to live, and are not sure what they want to do. Some people talk about suicide, giving people a chance to intervene. Sometimes the internal conversation in their own head feels so loud, it's hard to believe it can't be heard by others.

Are they trying to attract attention by talking about it? YES.

They are asking for help in whatever way they feel they can communicate. They ARE trying to get your attention. It may be their ultimate last plea for help. They are raising the stakes in a game where their life may be on the line. This is why it's important to take all direct and indirect clues seriously.

Sometimes you see these signs and symptoms in someone and think they're suicidal and then all of a sudden they seem okay, and in fact, really happy. And you think, "okay, they're fine now. I was wrong." When they've finally made up their mind to take their own life, sometimes they seem happy because they have made the decision. So, please check things out and ask key questions to verify if they're happy because they decided to live, or to suicide.

The key is to look for a change in a person's behaviors, feelings, and thoughts that are communicated to you.

AGE DIFFERENCES

Age groupings tend to have different reasons for considering suicide, but sadly reach the same conclusion: that suicide is the solution. Older adults, especially senior citizens give the least amount of warning. Even an expert in assessment could have a difficult time discerning warning signs. Teens and adults give the most clues, yet are most often told to not think that way, to appreciate what they have, or, what will people think if they keep talking like they're crazy.

Military suicides are heavy at all ages. They are tragically high among American soldiers who served in Vietnam and those who are serving multiple tours of duty. Years of physical and mental stress from war takes their literal toll along with inconsistent access to services.

Current soldiers are repeatedly sent back into battle until some rather die at their own hand than kill anyone else. In my opinion, if you have been in the service, you have PTSD (Post Traumatic Stress Disorder) in some form. The military is good, for a reason, at desensitizing people. It's necessary in order to perform military duties. However, the hyper-vigilant state of battlefield awareness can't be turned off like a light switch upon the soldier's return home. PTSD is a normal reaction to abnormal circumstances of dramatic trauma. This is true whether a person has experienced a crisis, natural disaster such as a hurricane, emotional or physical trauma, accident, street violence, domestic violence, or war violence. In real life people can get stuck and need extra help in moving forward.

COMMUNICATION IS CRITICAL

Ask the life saving question: “Have things ever been so bad you have thought of suicide as a solution?”

***MYTH:** People commit suicide because they want to die.*

***FACT:** People commit suicide because they want their emotional or physical pain to end and they believe suicide is the only way this will happen.*

***MYTH:** Suicide happens without warning.*

***FACT:** Eight out of ten people give direct or indirect warning signs prior to their attempt.*

***MYTH:** The reason why people commit suicide is because they are depressed.*

***FACT:** Suicide is a complex behavior and there is no single reason why people choose to end their lives. Feelings of hopelessness (e.g. no solutions to the problems) are more predictive of suicide risk than diagnoses of depression.*

***MYTH:** Suicidal people always leave a note explaining their action to survivors.*

***FACT:** Only twenty percent of people who die by suicide leave a note.*

***MYTH:** Once a person is suicidal, he or she is that way forever.*

***FACT:** Most people who want to kill themselves are suicidal for a limited period of time*

COMMUNICATION UNDER STRESS

Connector (Blue)

Approach: Personal and interactive.

Likes to talk about: Positive potential. Relationships and people. Higher purpose.

Motivations: Impacting people. Making a difference. Growth. Friendship. Unity. Self expression. Finding meaning. Wants to make a personal connection.

Common Responses: Listens empathetically. Shows appreciation. Expresses emotion. Uses metaphors. Makes exceptions.

What's in it for Them? Does it bring out the best in all? Is it enhancing, nurturing for people? Will it make people feel cooperative, connected? Does it enhance self-esteem? Is everyone included? Does it foster a positive attitude?

Connector Stressors

Conflict, aggression

Overloaded, overwhelmed

Isolation or being left out

Rejection, lack of acknowledgment

Lack of trust, being "back-stabbed"

Lack of tolerance

Aggressiveness

Negativity

Connector's Stressed Behavior

Questions relationships, commitment

Passive aggressive, silent treatment

Victim, emotional, tearful

Pretends everything okay

Fatigued, retreats, apathetic, numb

Melodramatic

Withdraws from reality

Emotional eating to fill void

Helping Connectors

Validation

Kindness, acceptance, harmony

Avenues for growth & creativity

Trust, warmth & human contact

A listening ear, limited requests

Mover (Orange)

Approach: Active and straightforward.

Likes to talk about: Opportunities. Adventures. Jokes. Accomplishments. Sports and hobbies.

Motivations: Success. Fun. Variety. Using skills. Saving the day. Taking a risk. Competition. Wants you to be flexible.

Common Responses: Light-hearted comments. Swift decisions. Immediate action. Negotiation. Delegation.

What's in it for Them? Does it have an instant payoff? Is it entertaining, fun, experiential or playful? Does it help them meet their goals and needs? Does it offer opportunities and options? Speed things up? Is it a good deal? Can they save the day, take a risk?

Mover Stressors

Lack of freedom
Not being able to use their skills
Forced to keep quiet, not participate
Routine, details, paperwork
Lack of money
Restricted physical movement
Indecisiveness, lack of attention
Strict guidelines, protocol

Mover's Stressed Behavior

Quick to blow up, belligerent, loud, cruel
Risky behavior, seeking adrenalin rush
Hits panic button, frantic, forces action
Dismissive, sarcastic, cranky, edgy
Manipulation, rejects rational advice
Blames others, or society for problems
Breaks up, takes toys and goes home
Blows stuff off, finds a new audience

Helping Movers

Allow them freedom & choices
Give them attention
Be consistent, not a bully
Make it a game, get out of their way
Supply immediate feedback
Be confident, change the pace
Know difference of assertive or aggressive

Thinker (Green)

Likes to talk about: Facts and data. Theory, new ideas and future plans. Problem solving.

Motivations: Fixing, figuring it out. Improvement. Non-conformity. Comprehension. Objectivity. Gathering information. Expertise building. Needs to respect your competency..

Common Responses: Inquiry. Debate. Analysis. Requests data. Witty remarks. Detached. Pauses to ponder.

What's in it for Them? Does it support his/her vision? Can it be expanded and lead to new ideas? Gain knowledge. Is the purpose clear, make sense? Does it fix or improve something? Chance to demonstrate competency? Time for research? Attention to the global impact?

Thinker Stressors

Not able to display intelligence

Overly sensitive people

No flexibility

Being rushed

Boredom

Emotional outbursts

Ignored recommendations

Nothing new to look forward to

Thinker's Stressed Behavior

Analysis paralysis

Preoccupied with Web-MD

Feels misunderstood, unappreciated

Obstinate, rules don't apply to them

Tunes out, ignores, shuts down, withdraws

Blames people, technology, circumstances

Sarcastic, harsh, critical

Exaggerates, condescending, insulting

Helping Thinkers

Recognize value & usefulness of ideas

Understand their emotions run deep

Honor their privacy & independence

Provide information when requested

Understand their sense of humor

Notice when they are complimentary

Planner (Gold)

Approach: Purposeful and procedural.

Likes to talk about: What worked before. The “right” way. The bottom line.

Motivations: Fulfill responsibilities. Status and respect. Being prepared. Affiliation. Upholding tradition. Maintaining loyalty. Security, stability. Wants to know you are responsible too.

Common Responses: Time conscious. Economic concerns. Requests instructions. Offers specific details. Refers to rules, protocol.

What’s in it for Them? Is it practical, realistic, concrete? Proven track record? Do you have a clear plan? Have you offered specific steps? Completion date? Stated to the point yet respectful? Demonstrates loyalty? Support protocol, and follow the rules?

Planner Stressors

Lack of follow through of others, irresponsibility
Others not adhering to schedule or plan
Switching projects in mid-stream, ambiguity
Schedule conflicts – too much happening
Unclear expectations, rules, guidelines, nonconformity
Lack of cooperation of others
Lack of leadership, plan
Lack of family time, or traditions

Planner’s Stressed Behavior

Complains, blames, irritable, resentful
Self-righteous, intolerant, controlling
Rationalizes insensitivity as honorable
Covert, will go behind peoples’ backs
Forgetful, anxiety attacks, unglued
Writes off people, ideas, organizations
Will not give second chance
Sacrifices health, tense, multiple ailments

Helping Planners

Plan Ahead - Be responsible
Acknowledge their contributions
Be consistent and conservative
Show respect, don’t waste
Provide clear expectations
Honor their traditions
Encourage them, give them responsibility

PTS – POST TRAUMATIC STRESS

(Post) An emotional or physical trauma has already happened.
(Traumatic) Which was horrible to experience or witness.
(Stress) Which caused significant anxiety, which may become debilitating.

Main symptoms include:

Re-experiencing all memories of the event: which disturbs day-to-day activity. This shows up in flashbacks and nightmares which feel like the event is happening again, creating strong, uncomfortable reactions to situations that remind the person of all facets of the event.

Avoidance: Emotional numbing, feeling detached, not interested in normal activities, avoiding people and places that are reminiscent of the event, feeling a lack of having a future.

Hyper-arousal: Including scanning surroundings constantly for signs of danger (hypervigilance), unable to concentrate, irritable, outbursts of anger, trouble sleeping.

The person may feel great guilt, including survivor guilt, and experience symptoms of anxiety, stress, and tension.

INTRODUCTION TO TAPPING

EFT (Emotional Freedom Technique) provides ways to balance our body's energy system by using our fingers to tap on specific acupuncture and acupressure points. Studies have shown EFT to be effective in reducing physical and emotional symptoms related to stress, illness, anxiety and trauma.

Our body runs on enough electrical energy to power a small town! If you placed an ohm-meter (a device which measures flow and resistance of electricity) on your body when you were happy, you would see the energy flow smoothly. If you were experiencing emotional stress, or physical pain, the meter would show resistance, a definite reduction in flow of energy. You could remove resistance by changing your emotional state, or you could change your emotional state by increasing the flow of energy by using EFT. Both are effective

EMOTIONAL FREEDOM TECHNIQUE RESOURCES

Founded by Gary Craig EFT is effective for a wide variety of stressful situations, and for stress and trauma reduction. Gary Craig has devoted many years to research and treatment of veterans experiencing PTS, including in VA hospitals. www.emofree.com

Nick Ortner and Dawson Church furthered research and treatment options using EFT, picking up where Gary Craig left off when he retired to concentrate on PTS and TMI (Traumatic Brain Injury). Nick Ortner - www.thetappingsolution.com Dawson Church - www.eftuniverse.com

Carol Look – www.CarolLook.com

SETUP STATEMENT

The Setup Statement helps define the container of upsetting emotions or limiting beliefs you would like to release. Once you identify what the specific upsets or problems you would like to let go of may be, the next step is to identify the intensity on a 0 to 10 scale.

Next we want to turn the upsetting emotions or limiting beliefs into a setup statement that captures our true feelings.

Tap on the karate chop area of the hand while repeating the setup statement three times.

Example:

Even though I am feeling disappointed (name problem specifically), I know I'm trying.

Even though I am disappointed I chose A rather than B, I trust myself to make the right decisions.

Even though I really feel discouraged about how things turned out, I can choose to look at more positive options.

Saying the feelings out loud (or even to yourself) will help you identify them. It's ok if the process feels a little cumbersome at the beginning

Then follow the sequence and tap on the other body points. It's suggested to tap approximately six to ten times on each area. Talk about the upset or limiting belief while you're tapping on the sequence of body points. Explore your true feelings. Once you identify the negative emotion, it is easier to see how it is not working for you. A sequence is when you tap on each area and complete by returning to the starting point.

Take a deep breath from time to time to help release the negative energy stored in your body. After one or two sequences, take note of where you are on the 0 to 10 scale and see how much the negative energy is diminishing. Continue tapping sequences until you feel comfortable that the negative energy container is empty. Sometimes people experience tingling at some of the tapping sites during this release process.

The next step is to fill the container with new positive beliefs, using the tapping sequence and positive statements. "I am enjoying feeling optimistic," etc. Take some deep breaths, breathing in the positive energy.

MYTH: *Once people decide to kill themselves, they will carry out their plan.*

FACT: *Most suicidal people are undecided about living or dying, and they gamble with death, sometimes leaving it to others to save them.*

TAPPING PLACES



1. Karate Chop on side of hand



2. Beginning of eyebrow



3. Side of Eye



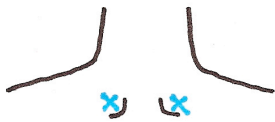
4. Under Eye



5. Under Nose



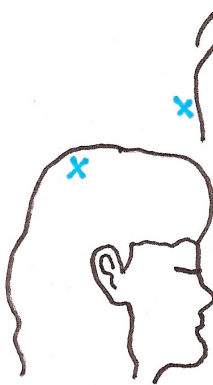
6. Chin



7. Collarbone



8. Under Arm



9. Top of Head

HOW TAPPING WORKS

Post Traumatic Stress triggers the emotional state intensely, so the person feels like they are re-living the experience.

Anything from a minor, major, or unconscious memory can set it off.

Bad experience happens.

Electrical current goes up brain stem.

Brain Asks – Am I Safe?

If YES it allows current to go to the Limbic part - the center of the brain, which asks – Am I Accepted.

If YES, the current continues to the pre-frontal lobes – where there is reasoning, logic, thinking, learning

If NOT SAFE, current does not travel to the rest of the brain, it goes to the Amygdala where Cortisol and Adrenalin are produced, activating the fight or flight mode for escape, creating Anxiety.

Only escape is activated, and reasoning is shut down.

Unnecessary systems are shut down and the person ends up not able to respond. They get tunnel vision. And go into Fight, Flight or Freeze.

Tapping stimulates acupuncture pressure points on the body.

Electrical current goes up the brain stem telling the Amygdala to stop producing cortisol, and adrenalin

Opens pathway from the brain stem to the mid brain and then to the pre-frontal lobes.

Reasoning activates, opening up peripheral vision and returning breathing and heart-rate to normal. And allowing the person to return to functioning .

Tapping while the person is having a triggered memory, helps resolve the issue by getting the electrical current to all the connections.

It works on the connection of the emotional state to the memory. It can weaken and eventually break the neural connection – so when the person has the memory, the reaction is neutralized – and the memory can go into the long term memory storage and no longer have a debilitating effect.

IDENTIFYING EMOTIONS

1. Joy, Peace, Love, Gratitude, Passion, Harmony, Dynamic
2. Confident, Acceptance, Compassion, Empathy, Calm, Serenity
3. Wise, Meaningful, Adventurous, Enthusiasm, Spontaneous
4. Happiness, Awareness, Centered
5. Inspiring, Positive Expectation, Belief
6. Optimism, Motivation, Acceptance, Forgiveness
7. Hopeful, Contentment,
8. Courage, Understanding, Willingness
9. Neutral, Boredom, Release, Enabling
10. Pessimism, Frustration, Irritation, Impatience
11. Overwhelm, Apathy
12. Disappointment, Doubt, Indecisive, Discouraged, Negative
13. Worry, Depressed
14. Demanding, Blame, Discouraging, Resistant, Hesitant, Resentful
15. Opinionated, Pride, Vain, Gloating, Conceited. Selfish, Boastful
16. Anger, Aggressive, Belligerent, Anxious, Uneasy, Distrustful
17. Hateful, Vindictive, Rage, Antagonistic, Destructive, Hostile, Irrational
18. Jealousy, Craving, Greedy, Obsessive, Ruthless, Despising
19. Insecurity, Guilt, Unworthiness, Regret, Miserable, Melancholy
20. Fear, Grief, Depression, Despair, Powerless, Abandoned, Anguished, Distraught, Inconsolable, Vulnerable, Hopeless

WARNING SIGNS: How A Potentially Suicidal Person Might Act

Feeling Indicators

Sad, Helpless, Hopeless, Worthless
Withdrawn, Lonely
Being in a fog
Hostile, Bitter
Apathetic
Guilty

Actions

Talking about or threatening to kill or harm oneself
Sudden energy following depression
Inactive
Giving away possessions, writing a will
Loss of interest in hobbies
Withdraw from family, friends, school, work
Extremes changes in behavior
Impulsivity
Reckless behavior: driving, sexuality
Jumping into risky situations without assessing degree of danger
Abuse of alcohol, drugs
Self-mutilation
Themes of death and dying in writing, artwork, literature, music
Addiction to violent video games – real life doesn't have a reset button

Physical

Sudden lack of interest in appearance
Disturbed sleep
Change/loss of appetite, weight
Severe health problems or constant complaint of illness
Limited or unsuccessful communication attempts

Spoken Thoughts

I wish I were dead
All of my problems will end soon
I won't be needing these things anymore
I'm a loser
Everyone will be better off without me
I can't do anything right
No one can do anything to help me now
I just can't take it any more
I just can't keep my thoughts straight anymore
A complete shutdown in communication

HOW SERIOUS IS THE SITUATION?

The following is a basic assessment guide based on those used by professionals to help determine what potential next steps might be in order. If possible to determine, knowing the answers to the following questions will help. If you have had or tried to have a conversation and met resistance or rebellious response get professional input.

ASSESSMENT GUIDE – CPR

Current Plan:

Do they have a plan?

Ask **HOW?**

Ask **WHEN?**

Ask **WHERE?**

Ask if they have the **MEANS?**

Prior History:

Have they attempted before?

 If so, how, when, where, and what happened?

 Did they go to the hospital?

Did anyone know they attempted?

Has anyone they know talked about, attempted or completed suicide?

Are they overly curious about death?

Has there been a history of abuse?

Have police or social services been involved?

Resources:

Resources are what the person with the problem perceives as his or her resources.

This is NOT what YOU think their resources are.

Who do they think cares?

Are they in therapy?

 When is the next appointment?

 When was the last appointment?

Who constitutes their family and friends? Who do they live with?

Is there a trusted adult in their life outside of their immediate family?

***MYTH:** Once people decide to kill themselves, they will carry out their plan.*

***FACT:** Most suicidal people are undecided about living or dying, and they gamble with death, sometimes leaving it to others to save them.*

Taking Action - Saving Lives

WHAT CAN YOU DO? You have to ask the question, “Are things so bad you’re thinking suicide is a solution?” After a training I did with officers who work with first-time offenders in a large northern California police department, one of the sergeants reported she went home and asked her fourteen-year-old son to go for a walk with her. During the walk she said she practically held her breath while asking him if things were ever so bad that he had thought of suicide as a solution. He stopped and stared at her for a moment. Then, he thanked her for asking and told her things were challenging but not that bad. And then she reported they had the best talk they had ever had.

TALK ABOUT SUICIDE. If someone is thinking about suicide – they KNOW they are thinking about it. Remember, you WILL NOT and CAN NOT give them the idea by bringing it up. Mostly, people who are feeling suicidal only want to die for a little while - until things are better - or so they can “view their funeral” and see who their real friends are by who shows up. Remember, their thinking is distorted and they are more interested in ending their pain than their lives. It’s also common for them to feel they are broadcasting their feelings and intentions. They are astounded that no one has picked up on it or has responded in a way they feel heard. An unspoken verbal battle inside their head feels like it can be heard by others. Lack of acknowledgement on any verbalized threats can lead to feeling they are backed into a corner and must act on their threats. Here are some ways to help someone who is threatening suicide.

1. Be aware. Learn the warning signs
2. Get involved. Become available. Show interest and support
3. Offer to go with them to talk to someone
4. Ask if he or she is thinking about suicide
5. Be direct. Talk openly and freely about suicide. Share feelings, not judgments
6. Be willing to listen. Allow expressions of feelings. Accept the feelings
7. Be non-judgmental. Don’t debate whether suicide is right or wrong, or if feelings are good or bad. Don’t lecture on the value of life
8. Don’t dare him or her to do it
9. Don’t give advice by making decisions for someone else or tell him or her to behave differently
10. Don’t ask ‘why’. This encourages defensiveness
11. Offer empathy, not sympathy
12. Don’t act shocked. This will put distance between you
13. Don’t be sworn to secrecy. Seek support. People change their minds
14. Offer hope that alternatives are available but do not offer glib reassurance. It only proves you don’t understand
15. Take action. Remove means. Get help from persons or agencies specializing in crisis intervention and suicide prevention

Communication and Active Listening

Active Listening is a communication skill which involves both the sender and the receiver in the communication process. At suicide prevention centers volunteers are taught to practice active listening with every call they receive. It is the foundation for keeping the caller engaged.

In active listening, the receiver tries to understand what it is the sender is feeling or what his or her message means. The receiver puts their understanding into their own words and feeds it back for the sender's verification. The receiver does not send back a message of his or her own - such as an evaluation, opinion, advice, logic, or question. S/he feeds back only what they translate as to what the sender's message meant - nothing more, nothing less.

Communication in General

Whenever a person decides to communicate with another person, they do so because they have a need. He or she wants something, feels discomfort, or has a feeling or thought about something. Therefore, they decide to talk - to communicate with another person. In deciding to talk, the person selects words which they believe will deliver the message that they wish to communicate. When the other person receives the coded message, they must then go through the process, translating the verbal symbols into understanding of meaning.

If the receiver translates accurately, they will understand the message of the sender. If the receiver does not translate accurately, they will misunderstand the message and the communication process will have broken down. Very often neither the sender nor the receiver is aware the communication process has worked improperly! It is for this reason that active listening is effective. If a misunderstanding has occurred, it will be known immediately and the communications can be clarified before any further misunderstanding occurs.

Clarifying

Purpose:

- To get additional facts.
- 2. To help explore all sides of a problem.

Examples:

Can you clarify this . . .

Do you mean this . . .

- 3. Is this the problem as you see it now . . .

Restatement

Purpose:

To check our meaning and interpretation with theirs.

To show you are listening and you understand what is being said.

- 3. To encourage analyzing other aspects of the matter being considered and discussing it with you.

Examples:

As I understand it then, your plan is . .

2. This is what you have decided to do and the reasons are . .

Neutral

Purpose:

To convey that you are interested and listening.

2. To encourage the person to continue talking.

Examples:

I see.

Uh-huh.

That's very interesting.

4. Tell me more.

Reflective

Purpose:

To show you understand how they feel about what they are saying.

2. To help the person to evaluate and temper their own feelings as expressed by someone else.

Examples:

You feel that . .

It was shocking to hear or see that . .

3. You felt you didn't get a fair shake . .

Summarizing

Purpose:

To bring all the discussion into focus in terms of a summary.

2. To serve as a springboard for further discussion on a new aspect or problem.

Examples:

These are the key ideas you have expressed . .

If I understand how you feel about the situation . .

Roadblocks to Communication

Directing, Ordering, Commanding:

You must . . . You have to . . . You will . .

Warning, Threatening:

You had better . . . or else
If you don't . . . then

Moralizing, Preaching:

You should, You ought to . .

Arguing, Lecturing:

Do you realize that . . Here is why you are wrong . . Yes, but . .

Advising, Providing Answers or Solutions

What I think you should do is . .
Why don't you . . What I would do is .

Judging, Blaming, Name-calling, Put-downs, Criticizing:

You are a lazy, good-for-nothing . .
It's your fault . . That was a stupid thing to do . .
What a crazy idea . .

Reassuring:

Don't worry . . It's not that bad . . You'll feel better if . .

Diagnosing, Psychoanalyzing

What your problem is . .
What's wrong with you is . .

Cross-examining, Prying, Interrogating:

Who, Why, When, Where, With whom, How

Avoiding:

Let's not talk about it now . .
That reminds me . .
Let's talk about that later . . or any form of changing the subject abruptly

Sarcasm, Teasing

Cat got your tongue? Spit it out . .
Since when did they put you in charge?
Get up on the wrong side of the bed?
Well, aren't we special!

Hospitalization Is Scary. Death is Tragic

I want to talk about this scary place. Sometimes a person who is actively harboring suicidal ideation needs emergency emotional treatment. Thoughts of suicide do not automatically mean mental illness even though a person may be checked into a psychiatric hospital. Hospitalization is a safety net to prevent acting on the impulse while at the top of the danger zone of the peaks and valleys of suicidal thought. It can also be a needed wake up call to others to take this potentially deadly emotional crisis seriously. A psychiatric hospital is the only place they can lock the doors and provide a necessary degree of physical safety for someone who is highly emotional and therefore at a critically low point of clear thinking.

If you had a bodily medical emergency you might start with a doctor visit. They get you in for an appointment, ask a bunch of questions, run some tests, and make suggestions that can vary from take two aspirin and call me in the morning, to the ambulance is on the way and you're going to the hospital right now for emergency surgery. We are usually participants in these discussions and decisions. We can say no – and go home and take our chances that we may die from this bodily malfunction, or we can go to the hospital. In varying amounts of time frames, we are admitted, they ask more bunches of questions, run even more tests, we go to pre-op, then the operating room, then to ICU, then to recovery, then to a hospital room, then home, then possibly to some form of rehab.

In an emotional crisis, a person's rational thinking button is broken. At the very time they need it the most, they are unlikely to be able to be a participant in their own decision making process. Nor can they go from suicidal thoughts to "I'm fine" any easier than a person can go from serious surgery to home and fine in a short time.

This is also the time when someone can act on someone else's behalf (yes, against their will) to take steps to try to protect them when they aren't processing safely and are at high risk of self harm. It's not as easy as it sounds so don't get sidetracked here and think it would be easy for someone to commit you at their will.

THE EULOGY CHALLENGE

If you are still having trouble bringing up the subject, and if you do not say something now, what will you wish you had said when you are at their funeral? You and the person you care about can get over feeling uneasy or being mad at each other...however, they cannot get over being dead.

CAN SUICIDE BE PREVENTED: YES AND NO

Yes. I personally know a significant number of teens (and adults) who are alive because of some sort of intervention, sometimes including hospitalization.

No. Someone who is absolutely determined, given a dangerous mix of circumstances, will complete suicide.

EXERCISE: SUICIDE CALL TO AWARENESS

Directions: The following is an excellent practice tool for you. Look for the clues and answer the assessment questions on the next page. This was given to me almost twenty years ago by a teacher. I was doing suicide awareness trainings in her classroom. The original source is unknown, but highly appreciated. The “prevailing verse” after section one is like a refrain that would be repeated and run between each of the sections.

1. My name’s Sam, I guess you’d say that I’m the lucky one;
I’ve got lots of friends, I like to party, they say I’m lots of fun.
School comes easy, sports are a breeze; they all think I’m great.
I’m tall, blonde, with baby blues, I’ve always got lots of dates.

Prevailing verse - underlying theme:

Is anything worth it all? Is anything for real?
Is it worth the fight – who knows? I’m not sure what to feel.
Is anybody listening? Is anybody there?
I’m alone, tired, and afraid – Does anybody care?

2. Things have always gone my way. You might say life’s a breeze; I’ve got money, talent,
looks, brains, I do everything with ease.
Lately, though, things aren’t the same as they had always been;
It looks to me that brighter days won’t come my way again.

3. My parents do not get along, take it from this source;
They won’t be together long – I’m talking the big DIVORCE!
I had a fight with my girl just the other day;
We broke up fast, it hurts a lot, what more can I say?
Just I’m the one who’s always cool, who always has a smile;
But it seems to me I have not laughed or joked much in a while.

4. I can’t seem to concentrate on anything at all;
My grades are on the downhill side headed for a great big fall.
But what’s the use, who really cares? Certainly not me!
Caring only gets you into trouble with a capital T!

5. What’s the best way? I’m not sure – to forget it all?
No one sees what’s going on, I’m up against the wall.
I’ve told them all and no one hears, they all could care less;
Today’s the day, now’s the time – to end this GREAT BIG MESS!

EXERCISE: SUICIDE RISK TEST

Directions: Check those items that apply.

- 1. Talking or threatening to kill or harm oneself.
- 2. Previous suicide attempt.
- 3. Severe depression (feelings of hopelessness, helplessness, loneliness, withdrawal, and changes in appetite, sleep and school or work performance - - this is sometimes seen in people with sleep disorders, anorexia, or weight loss).
- 4. Sudden energy following a depression (energy is needed to commit suicide).
- 5. Loss of an important person, or thing, ideal, or self-esteem.
- 6. Making final arrangements (saying good-bye, getting rid of friends, giving away prized possessions).
- 7. Abusive use of drugs and alcohol.
- 8. Themes of death and dying in the person's writing and artwork.
- 9. High stress in the person's life or, if the person is an adult, look at loss of loved ones by death, divorce or separation; loss of job, money prestige, sickness; changes in life or environment.
- 10. The person seems to have a suicide plan that is logical and well thought out.
- 11. The person does not have many sources of emotional support (does not have friends or family, or they are not available to help).
- 12. Severe health problems or constant complaints of illness.
- 13. Communication is very limited, and not successful.

Results

1 to 3 checked: Continue to stay in contact with the person and recommend they make contact with someone who can better assess the situation. Offer to go with them.

4 to 7 checked: Push the person to get professional help. Talk to a responsible person or call a hotline for input or assistance.

Over 7: Take action. Get professional help immediately. Try not to leave them alone.

Some Reasons to Have Hope

People Change – Situations Change

- ~ What happened today might not be relevant or important tomorrow or next week.
- ~ It's challenging to consider what good things the future may hold when feeling overwhelmed in the moment.

Family Is What We Make Of It

- ~ You cannot choose who constitutes your family. You can choose who your friends are.
- ~ Life is messy and often unfair.
- ~ Families are not like TV reflects them to be – good or bad.
- ~ Make the most of all relationships.

Stressors Change

- ~ Circumstances may suck, but you have a part in the response.
- ~ Killing oneself to get back at others does not work.
- ~ You will not know how things turn out.

Failure Can Be A Benefit

- ~ Failure is not permanent. It is a step toward the next success.
- ~ When you fail at something you just learned a new way of how not to do something.

You Are In Control

- ~ Change or don't. You may get 'revenge' but you won't be there for the high five.
- ~ People may cause conflicts because they think they will feel better if your life sucks.

Emotions And Reactions Vary

- ~ You can be in joy one minute and grief the next. It's normal. Everyone copes and expresses feelings in different ways.
- ~ Seeing the good in bad situations can help you feel more at peace.
- ~ With the right support systems things can and do change.

You Will Be Missed

- ~ You will not get an Oscar for your death scene – but you will be missed.
- ~ And, life will go on without you.
- ~ Life is not a movie – it's reality – and it's not reality TV either.

You Can Make A Difference

- ~ Be the difference. Talk to people you care about – and to people you don't even know.
- ~ Your words can and do make a difference in people's lives.
- ~ You matter.

Resources

In the United States dial 0 (zero) to connect with a telephone operator, or call 9-1-1 to connect immediately with the police department in any geographic location in the US

If you call a hotline, they are there to help you. Someone will speak to you, and can also connect you to resources close to/or in your geographic area. Most of the organizations have websites where you can browse through various services available, and also connect to a resource person.

Teen Lifeline in Arizona: 800-248-8336 (YEEN)

American Foundation for Suicide Prevention- Lifeline 24 hour Hotline
1-800-273-TALK (8255) Veterans Press 1

National Suicide Hotline for Gay and Questioning Youth 1-866-488-7386

National Domestic Violence 24 hour Hotline 1-800-799-7233

National Teen Dating Abuse 24 hour Hotline 1-866-331-9474

Rape, Abuse, and Incest National Network (RAINN)
1-800-656-HOPE (4673)

ChildHelp - National Child Abuse 24 hour Hotline
1-800-422-4453 www.childhelp.org

NAMI - National Alliance on Mental Illness
Helpline - 1-800-950-6264 www.nami.org

Addictions. <http://www.addictionblog.org> for info and listings of drug and alcohol hotlines

Healthy Place - Information on various emotional and mental health disorders
1-888-883-8045 <http://www.HealthyPlace.com>

National Police Suicide Foundation
1-302-536-1214 Toll Free 1-866-276-4615 email: redoug2001@aol.com
www.psf.org

Vet Center Crisis Hotline 1-800-WAR-VETS

Want to talk directly to a combat veteran? Go to: www.vets4warriors.com 1-855-838-8255

Department of Justice Sex Offenders Data Base - <http://www.nsopw.gov>

National Human Trafficking Hotline - 1-888-373-7888

For Ten National Drug and Alcohol Hotlines: <http://www.addictionblog.org>

SUICIDE REAL ISSUES ~ REAL CRISIS ~ REAL HELP

*It is time to unravel many misconceptions about suicide.
Suicide is not about wanting death.
It is about wanting to stop emotional, and/or, physical pain.*

According to multiple sets of crisis statistics, eighty percent of people who attempt or complete suicide give some form of warning signs prior to their attempt.

*Suicide happens to young, old, rich, poor, sick and healthy.
Fortunately there are some definite warning signs, which when recognized and acted upon, can help save lives.*



Sande Roberts has been in the crisis and behavioral health field for over twenty-five years. She has a master's degree in psychology, is a certified by the State of California Department of Mental Health as a trainer of trainers in suicide prevention and intervention. She is Adjunct Faculty in the Psychology Department at Phoenix College in Phoenix, Arizona, and is a trainer of trainers for Personality Lingo.

Sande spent many years working with high risk teens and families, including time spent implementing prevention programs for middle schools and high schools in Northern California and in Arizona. She spent a year with the Crisis Intervention and Suicide Prevention Center in San Mateo, California, five years in charge of a teen crisis shelter in California, and four years handling highest risk Child Protective Services cases in Arizona.

Sande currently works with those in ultra high risk and high stress careers, including military, education, police, fire, and sports. Sande is a conflict resolution and mediation specialist, as well as a sports psychology specialist. She is an expert in multiple facets of effective communication. She coaches, consults and mentors individuals, educators, businesses and governments so they function better together, and with their faculty, students, employees, customers, and families.

Sande lives in Chandler, Arizona with her husband Rob. Their extended families include four children, six grandchildren, and assorted cats and dogs.