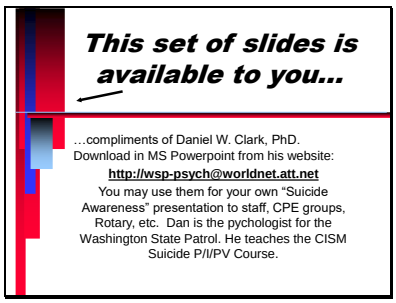
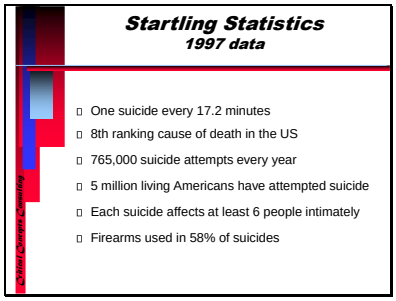
Slide 1



The web site on your sheet
HOW TO (PROCES) AS WELL AS CONTENT
Huge amount of information save ?
For later in presentation. Qs only; no stories

Slide 2



I like to talk briefly about the scope of the problem and use some statistics as an introduction. These stats came from the American Association of Suicidology's 1997 fact sheet. You can check for the latest stats at Dr. John McIntosh's site:

http://www.iusb.edu/~jmcintos/USA97Summary.htm

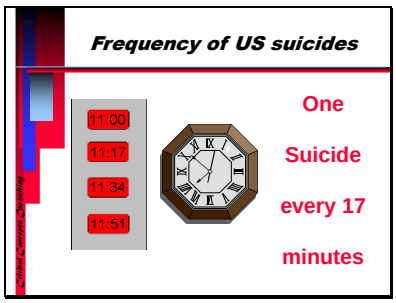
Surgeon General: For every two homocides, there are three suicides.

2nd leading cause of death in persons 10-25.

Huge problem in medical care.
ONE MEDICAL SCHOOL CLASS EACH YEAR
Nurses?

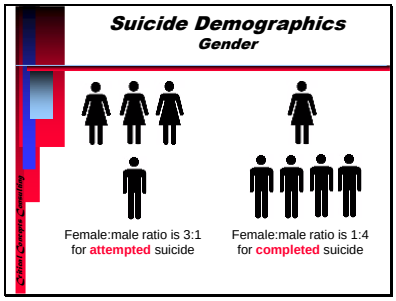
Firearms are used in 58% of all suicides. Other studies suggest approx. 90% of law enforcement officers use a firearm to commit suicide.

Slide 3



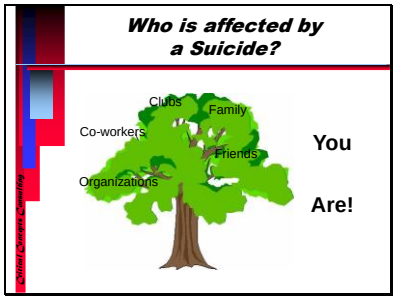
Pictures to emphasize how often a suicide occurs in the US.

Slide 4



Females attempt suicide 3X as often as males but males complete suicide 4X as often as females. This difference may be due to method chosen. Men tend to use more non-reversible methods such as firearms and jumping from tall structures. Women tend to use methods with some possibility for rescue or intervention.

Slide 5



Bring the problem of suicide to your audience. Suicide affects people who knew this individual as a family member, friend, co-worker, etc. And, **you** could be affected. Personalizes the problem for your audience.

SERIOUS IMPACT on at least 5-10 other people in our web of relationships. Universal human issue that these “survivors” experience anger, guilt, confusion.

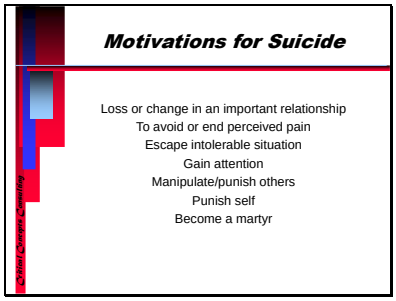
Particularly important when you consider element of contagion present in some populations, eg,

older folks w/ health issues and teenagers.

SERIOUS PROBLEMS IN INVOLUNTARILY ASSISTED S, EG, POLICE, TRAIN, TRUCK DRIVERS.

Pharmacists, guns store clerks, as well as designated helpers.

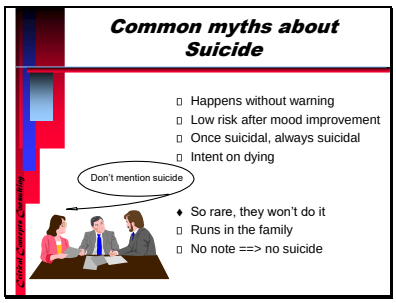
Slide 6



Point out the common theme of **subjectivity** in top three lines. The person who is considering suicide defines the words loss, change, important, perceived, and intolerable. What may be intolerable for them, for instance, may seem very tolerable to you. Please don't judge them based on your experiences and values!

Relationship problems are present in approximately 2/3 of completed suicides. Listen for relationship issues.
Ending pain is a common theme. May be hard to understand but many don't want to die - they just want to end the pain they feel.
Punish others may relate to relationship issues, esp. when the person kills themselves in front of a significant other. Sort of a "take this…"
Punish self may be present particularly for religious person or a morally/legally rigid person.
Martyr not too common - but may have been a factor at Waco.

Slide 7

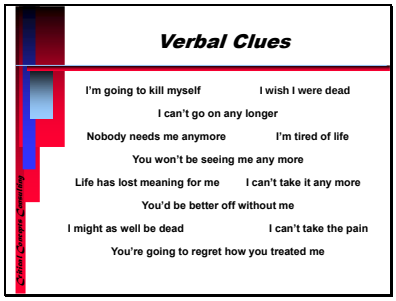


All are myths but are commonly believed, especially 'don't mention suicide.' Verbalization it'self Accualy reduces the risk. Gentle connection and gentle cognitive correction reduces more.

For more information on myths about suicide, see "The meaning behind popular myths about suicide" by Charles Neuringer, Omega, 18(2), 1987-88.

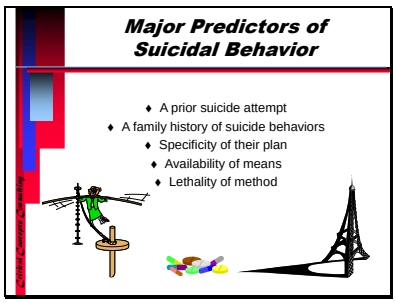
Also, I highly recommend Ed Shneidman's book, "Suicide as Psychache" published in 1993.

Slide 8



All are statements which may have suicidal meaning, some more obvious than others
Others are: eat my gun
cash in my chips
take a long row in a leaky rowboat
take a long walk off a short dock
take the plunge
going home
it doesn't matter
it won't happen again

Slide 9



Important information to know for assessment. May or may not be appropriate for your audience.

Prior attempt - best predictor of future behavior is past behavior. Repeat attempters say subsequent attempts are “easier” than initial attempt in that they struggled less with their ambivalence.

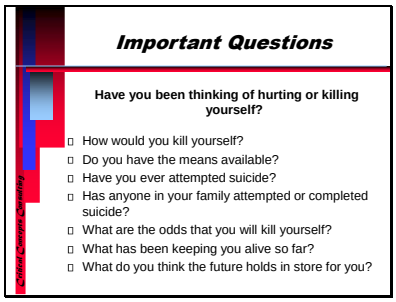
Family history - suicide modeling as a coping mechanism by family members can be a powerful motivator.

Plan: more specific ==> higher risk.

Assess means and lethality of means. E.g., a handgun is usually more lethal than a handful of aspirin or jumping off a 3 story building.-

READDRESS SLIDES

Slide 10



Top line is the my recommendation for asking about suicide. Direct questions often elicit direct answers.

If you get a ‘yes’ to the top Q, follow-up with the next 4 about current plan and history. This will help you assess your referral options. Generally, the more detailed their plan, the higher the risk. If they have a plan and the means and the means are lethal, a hospital/ER is probably your only referral option.

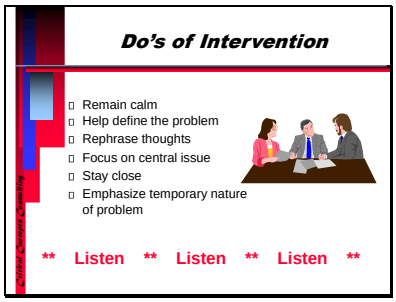
The last 3 questions are useful for additional information:

Odds - a followup to the top Q or for additional confirmation.

What's keeping you alive so far - 2 most common answers are family and religion. Can use these as 'hooks'

Future - gives clue to hopelessness level. If no future, probably high hopelessness which correlates strongly with increased risk.

Slide 11

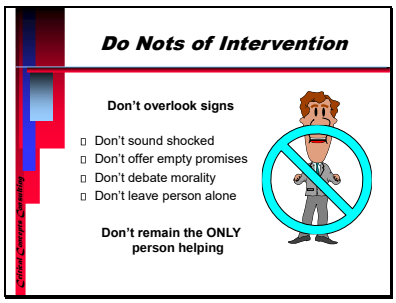


These suggestions are very basic. Anyone can do them, even a supervisor <g>.

Listening is an important tool. Consider that the suicidal person is likely to feel depressed, isolated, and apathetic (no one cares). Taking the time to listen can be a very important gift to them.

Can mention that my grandmother used to say, "God gave you two ears and one mouth - use them accordingly!"

Slide 12



I'd start with the second, 'don't sound shocked' then talk about #3-5, before returning to the top line and the bottom line.

The top and the bottom are the most important "don't" statements, I think. Stress the fact that they don't want to be in the position of suspecting or knowing a friend, coworker, or family member was considering suicide, yet they did nothing or they kept it a secret. That is a very heavy burden to bear for the rest of their life.