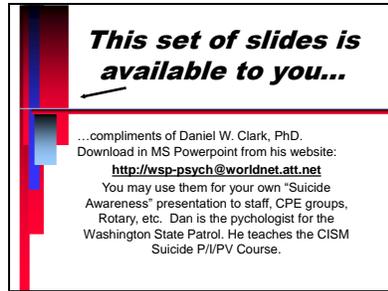


Slide 1

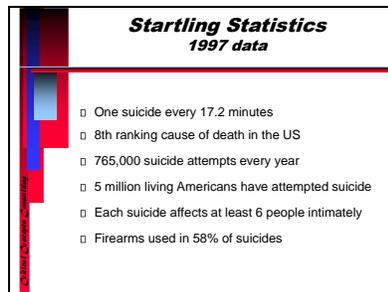


This set of slides is available to you...

...compliments of Daniel W. Clark, PhD.
Download in MS Powerpoint from his website:
<http://wsp-psych@worldnet.att.net>
You may use them for your own "Suicide Awareness" presentation to staff, CPE groups, Rotary, etc. Dan is the psychologist for the Washington State Patrol. He teaches the CISM Suicide P/I/PV Course.

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



***Startling Statistics
1997 data***

- One suicide every 17.2 minutes
- 8th ranking cause of death in the US
- 765,000 suicide attempts every year
- 5 million living Americans have attempted suicide
- Each suicide affects at least 6 people intimately
- Firearms used in 58% of suicides

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>

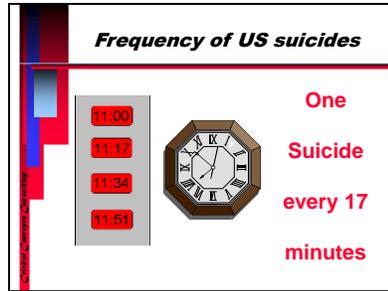
Surgeon General: For every two homicides, there are three suicides.

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

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

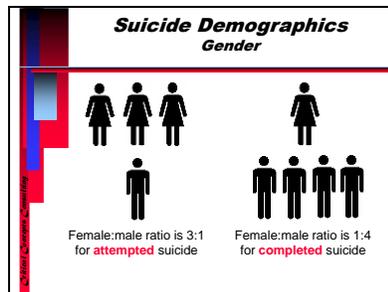
Firearms are used in 58% of all suicides. Other studies suggest approx. 90% of law enforcement officers use a firearm to commit suicide.

Slide 3



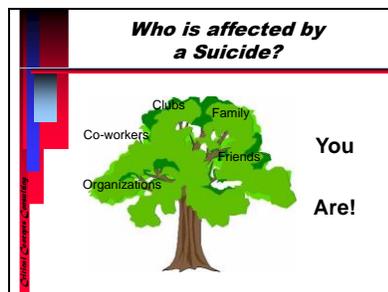
Pictures to emphasize how often a suicide occurs in the US.

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.

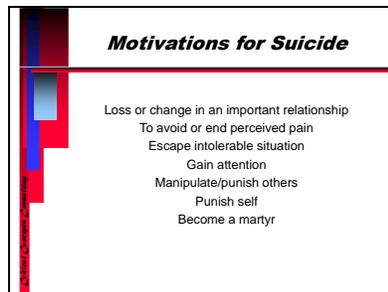
Particularly important when you consider element of contagion present in some populations, eg,

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

Common myths about Suicide

- Happens without warning
- Low risk after mood improvement
- Once suicidal, always suicidal
- Intent on dying

Don't mention suicide

- ◆ So rare, they won't do it
- Runs in the family
- No note ==> no suicide

All are myths but are commonly believed, especially 'don't mention suicide.' Verbalization itself actually 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 Psyche" published in 1993.

Slide 8

Verbal Clues

I'm going to kill myself I wish I were dead
I can't go on any longer
Nobody needs me anymore I'm tired of life
You won't be seeing me any more
Life has lost meaning for me I can't take it any more
You'd be better off without me
I might as well be dead I can't take the pain
You're going to regret how you treated me

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

Major Predictors of Suicidal Behavior

- ◆ A prior suicide attempt
- ◆ A family history of suicide behaviors
- ◆ Specificity of their plan
- ◆ Availability of means
- ◆ Lethality of method

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

Important Questions

Have you been thinking of hurting or killing yourself?

- How would you kill yourself?
- Do you have the means available?
- Have you ever attempted suicide?
- Has anyone in your family attempted or completed suicide?
- What are the odds that you will kill yourself?
- What has been keeping you alive so far?
- What do you think the future holds in store for you?

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

Do's of Intervention

- Remain calm
- Help define the problem
- Rephrase thoughts
- Focus on central issue
- Stay close
- Emphasize temporary nature of problem

**** Listen ** Listen ** Listen ****

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

Do Nots of Intervention

Don't overlook signs

- Don't sound shocked
- Don't offer empty promises
- Don't debate morality
- Don't leave person alone

Don't remain the **ONLY** person helping



The slide features a decorative header with a red and blue geometric design on the left. The main content is centered and includes a list of four items under the heading 'Don't overlook signs'. To the right of the list is a cartoon illustration of a man with a red 'X' over his chest, signifying a warning or prohibition. Below the list is the text 'Don't remain the ONLY person helping'.

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.**