TRAINING MANUAL *Suicide prevention*

A: General introduction and description

The statutes of Kirkens SOS in Norway, most of the federations of IFOTES and IFOTES itself say that the purpose of our emergency service is to give emotional first aid and to prevent suicide.

Worldwide suicide is a major death reason. More people die by suicide than in traffic – or at war. TES wants to be there – always -24/7 - for the one who is fighting to find enough hope and light in life, so that they can endure the pain and stay on.

The TES talk opens for sharing thoughts and feelings, so that persons with suicidal thoughts gets a break for a while, and does not carry the weight of his/her life alone. TES wants to save lives through winning time. Suicide processes have a large degree of impulsiveness. Can we postpone suicide action; there is a great possibility that the one we are talking to will go on working with the choice of life rather than death. One key question is how to detect suicide risk. The IFOTES federations have different views on this: Are we always to ask for suicidal thoughts? Kirkens SOS in Norway and the Samaritans in UK do, with some modifications, ask for suicidal thoughts in all calls. The rest of IFOTES has not yet implemented this praxis.

Our volunteers must be trained to explore if the caller/writer has suicidal thoughts. They must endure the pain and they must know how to go on talking with a suicidal person.

Our training is based on the research of among others prof. Brian Mishara and prof. Ad Kerkhof.

B: Description of the different exercises

1: Facts
about suicide, global suicide-maps, myths, personal experience – friends, family etc.

2: Knowledge and interpretations,
the line from "feel good area" till "the door of death". The ambivalence.

3: On the line
- high, medium, low risk. Role plays in plenum.

4: The model
- short lecture.

5: Role plays
in small groups.

1: Facts about suicide

Goal: Warm up for the theme. Give both facts and a personal connection.

Timeframe: 1 hour. Less/more as how much time for the *PowerPoint presentation (attachment)*
PowerPoint presentation, description of global facts and myths. 50 min.
Exercise: 10-15 minutes.
It depends on how many questions and discussions one will open for. Mind the total schedule for the training, it is a trap to stay too long with description and too short with exercises.

Equipment: Part of room empty, enough space for a spectagram (imaginary line from wall till wall)
Pc, video canon, screen/smartboard
PP presentation
A part of the room empty, from wall till wall.

Method: PowerPoint presentation showing maps, myths and other fact, discussion in the big group.
Exercise

How to do:

Trainer gives facts about suicide, global facts and myths, showing the PowerPoint presentation and some discussion.

Exercise:

A: Trainer to the participants: Imagine a line in this room, from the window till the door in the other end of the room. Up the line, in front of the window is the "feel good area". Down the line, at the door is the "feel bad area".

She walks the line to show what she means.

Think of earlier experiences with suicidal callers/writers. Place yourself on the line, feel good -medium-feel bad, as you felt in those conversations.

B: Participants: The participants place themselves on the line, and there is a short time for summing as they group together.

C: Trainer: Sums up the result of how the group placed themselves on the line.

D: Trainer to participant: To clarify how much experience this group have, raise your hand if the answer is yes on the following questions: *Trainer asks the questions, no talking in the group, only rising hands*

- Have you talked or written with suicidal persons at TES?
- Do you know anyone in your privat life (family, neighbours, at work etc.) that has had suicidal thoughts?
- Do you know anyone in your privat life (family, neighbours, at work etc.) that committed suicide or tried to commit suicide?

! Do not ask if any of the participant themselves have had suicidal thoughts of actions.

2: Knowledge and interpretations

The line from "feel good area" till "the door of death". The ambivalence

Goal: The group gets aware of how little that is observation, that almost everything we "see" is an interpretation.
Timeframe: 10 min.
Equipment: Assistant sitting on a chair.
Part of room empty, enough space for a spectagram (line from wall till wall)
Flipover/smartboard: sheet divided in two. Headlines: Observations, Interpretations.

How to do:

Trainer asks the assistant (or a participant) to sit on a chair, head in hands.

A: Trainer to participants: What do you see?
Trainer Writes the answers on the board, under the headlines they belong.
(Examples:
Interpretation: He looks sad. He is tired. He feels despair. He is unhappy.

Observations: Man sitting on a chair, leaning forward. He has short greyish hair, skin is white, he is wearing glasses, dark brown suit and black shoes and beige socks.)

As the group say what they see and the trainer writes the different answers under the headlines, there can be short discussions between the trainer and the participants. Questions as: Do you know this, or do you just think that it is likely? *During this process the group will grasp more and more of the distinction between what we know and what we interpret.*

B: Trainer to participants: **How can we explore if our interpretations are true/false?**
Right answer is: By asking the person directly we will get his answer.
(*The observation/fact will then be: The man says that he is sad. – Not that the man is sad – which still is an interpretation.)*

Remove the chair

The exercise can stop here, or go on with the next step which links to the next exercise.

C: Trainer to participants: **Imagine the line from the window till the door** (feel good are-feel bad/death area). *He walks the line to visualize*

Assistant places himself on the line and moves up/down the imaginary line when the trainer talks, to visualize how the caller/writer moves between feeling good/bad area.

D: Trainer lectures: All the callers and writers are on this imaginative line. We cannot see where they are on that line. We have to talk to them to explore how they are feeling and where they are placed on that line. The caller can sound rather happy, even though he feels suicidal. And sometimes he sounds very sad, still not suicidal. Suicidal people are ambivalent. They move up and down on the scale of risk. Sometimes they a close to suicide, other times they are not that suicidal. Some people have suicidal thoughts for 25 years, whilst others have suicidal thoughts for 5 minutes and then they attempt suicide.

Our task is to detect where the person are on this line and then to walk side by side, synchronized with the caller/writer.

3: On the line - high, medium, low risk. Role plays in plenum.

Goal: The participants shall understand that they cannot "feel" if the caller/writer has suicidal thoughts, but they have to ask directly and talk about it. The exercise shall provide practise on how to ask, how to go on with the talk and to synchronize with the caller`s/writer`s ambivalence.

Timeframe: 45-60 minutes (depends on how the role-plays develop, if it takes short or long time to see the points). The trainer should steer/intervene the role-plays with timeouts and helpful guiding so that the role-plays goes in the whished direction.

Equipment: Empty floor, with enough space for an imaginary line from wall to wall.

"Warm up": *Exercise 2 C* is a warm up for this exercise.

How to do:

Trainer marks an imaginary line from wall till wall. One end (feel good area) starts if possible at a window, and the other end ends at a door (door of death, suicide). The trainer walks on the line herself to show.
Trainer asks one in the group to pretend being a caller who is feeling not too bad and he is not suicidal. "The caller" places himself between the middle and the window (feeling good area).

A: Trainer to participants: Here is "caller one"! As you can see, he has placed himself rather high up the line, showing us that he is feeling rather well. BUT: In real life you cannot see his mood. You have to explore through the conversation.

Trainer role-plays with "the caller", *Role play 1*: She starts welcoming him and asks him how he is feeling right now. The caller answers that life is not too bad. A dialogue goes on and the trainer explores what "not so bad" really means. During the talk risk of suicide is explored directly and the "caller" answers that he has no suicidal thoughts. It`s "nothing like that". "I just wanted to talk to

someone". The talk goes on for a short time, and after concluding that the caller just needed a short a friendly talk, they end the talk.

Trainer to participants: This caller just needed some light in his life, a voice, some friendliness. But you can never know what anyone needs before having asked. Another caller who starts rather happy" might be very sad, even suicidal.

Trainer to "caller": Please point at something that was helpful in this call.

B: Trainer asks some other in the group to be the next caller. This caller is unhappy, has no concrete plans for suicide, but would not mind dying. "The caller" places himself a little beneath the middle of the line, a little closer to the door than to the window.

Trainer to participants: As you can see, this caller is more unhappy. But – in real life we cannot see this, we have to explore through the talk. This time it is you as a group who is the TES-worker.

This exercise can be done either by asking one particular participant to act the TES-worker, or let it flow so that the whole group is responsible for this role. The trainer ensures that the risk of suicide is checked out, and that the TES-worker synchronises with the caller (follows the caller up and down the good/bad area line.) The trainer takes time-outs and highlights what is happening and if necessary he shows the direction the TES-worker should try to go on.

Role-Play 2 The role-play goes on, and may take up to 15 minutes, before the trainer stops it. During this role-play the caller is invited to talk about his feelings, what bad thoughts that is bothering him the most and he is asked if he has suicidal thoughts. It gets clarified that he has no acute suicidal thoughts, but he would like to dye. In this role-play it is important to show how the TES-worker together with the caller explores the dark side of life. They are talking about these bad feelings/thoughts for so long time that the caller starts moving towards the lighter end of the line. It is important to end the role play in the feel good area. If the play stops before that, the trainer leads the participants acting up to feel-good area and have a short talk there, getting back to themselves and settling good feelings.

During this role-play the trainer may take time-outs and highlight what`s happening,– or that can be done in after the role-play is finished.

Trainer to participants: What happened in this role-play?

Trainer to "caller": What was helpful?

C: Trainer asks some other in the group to act the last caller.

This caller is very unhappy and has concrete plans for committing suicide. "The caller" places himself at the end of the line, close to the door. This role-play shall end with "the caller" feeling better.
As the second exercise, this exercise can be done either by asking one particular participant to act the TES-worker, or let it flow so that the whole group is responsible for this role.

The trainer ensures that the risk of suicide is checked out, and that the TES-worker asks for details (when, how, where, do you have what is needed) and that the TES-worker synchronises with the caller (follows the caller up and down the good/bad area line.)

Role-play 3	This role play may take 15 minutes, even more. It goes like role-play 2, but this time suicide risk is very high. Helpful inputs can be: - TES-worker endures to stay long enough talking about the bad feelings and thoughts. Don`t rush to "feel good area". - TES-worker very concrete about both the bad feelings/thoughts and the plans for suicide. (For example: How does the pills taste, what they looks like, how it feels when they start working etc.) - TES-Worker checks if the caller is ready to orientate towards "feeling-good area"; He can try to get some light in the talk by for example asking if the caller remembers something he used to do, that made him happy. They explore and strengthen that memory, talking about facts, feelings and/or body-sensations to help the caller too feel some of this happiness. If the caller is not ready for this, the TES-worker goes back to "feeling bad area". The trainer can take time-outs and highlight what is happening and if necessary she shows the direction the TES-worker could try to go on.
Trainer to participants:	What happened in this role-play?
Trainer to "the caller":	What was helpful?
Trainer to participants:	If the caller still has acute suicide plans at the end of the talk we try to make a protection-plan together with the caller. A protection plan can be everything from him calling again before attempting suicide till us requiring an ambulance. She repeats the guidelines for what to do when there is an acute risk

of suicide within the next 5 hours.

In these matters the different TES federations have their own guidelines.

The Norwegian policy, which is based on the latest suicide-research, is that we want to help people stay alive. We do not let anyone die if we can avoid it. That is because we know that the majority of people who are acute suicidal do not want to die! - It just feels too difficult to live! We want to support and strengthen them to choose life. And sometimes we need the help of the official health care.

*In Norway the **guidelines (when acute risk of suicide)** are that we call the medical emergency telephone situated in the district of where the caller is. (They call the police if necessary). As we cannot see the caller`s number on the display, we ask for name, mobile number, where the caller is and how he is going to kill himself. If we do not get necessary information, we do not call the 113.*

4: THE MODEL short lecture

Goal: The participants shall understand identity of the TES-call

Timeframe: 10 minutes

Equipment: Flipover with this drawing and/or handouts

THE TES – CONVERSATION:

CONTACT	HOW ARE YOU – REALLY?	ENDING
Get known **Get safe** **"10 friendly minutes"**	**Exploring feelings and thoughts** **Try to understand** **← Exploring suicidal thoughts →**	**Summarizing** **Closing/rounding** **Plan for protection**
SEE	SUPPORT	STRENGTHEN

This model shows the content in a TES-conversation. Every talk or chat is unique.

Our goal or task is to make contact, to lead a conversation that makes the caller/writer feel seen, supported and strengthen. It is not our task to solve problems or do therapy.
Our method is the simple conversation where we keep focus on feelings and thoughts the other has, more than focus on the concrete story of life. We try to keep focus on the "her and now" more than what happened before.
Suicide? During a call we always regard the possibility of suicidal thoughts. The TES federations might have different policy of how they conduct the exploration of suicidal thoughts and feelings. Our experience is that it is best to check for suicidal thoughts early in the talks, since the answer is important to how the talk will go on. We also experience that we cannot always sense the suicidal risk, we have to ask directly and in the majority of calls.
"Plan for protection": If the caller/writer is highly suicidal and we cannot/are not allowed to intervene, we try to make a plan for protection together with the person. A protection can be an agreement that he/she will to call someone, talk to someone, or go to their doctor etc. before they attempt suicide.
"Ten friendly minutes": In some talks the caller/writer do not want to talk about themselves, they only want contact and to talk about every-day things. These talks are important even though they do not become personal. They might keep people up and go, from day to day. We keep these talks quite short, 5 - 20 minutes, but always friendly and supportive.

5: ROLE PLAYS

Goal: This exercise shall provide practise on asking directly for suicidal thoughts, how to go on with the talk when there are suicidal risk, and to synchronize with the caller`s/writer`s ambivalence.

Timeframe: 60 minutes

Equipment: Group rooms or large room with space for several small groups.

This session is done in small groups of three people, 4 if necessary. They role play three different cases. During the different role-cases they all three of them do all the roles: caller, TES-worker and observer. The one, who was the TES-worker in the first play, is the observer in the next. And the observer is the TES-worker in the next role play.
After each play they talk, starting with the TES-worker telling what he thinks worked well and also if there was something he felt was difficult to handle. Then the caller/writer tells the others what she felt helped her. At last the observer tells what he observed happened in the talk when coming to suicidal prevention. F. example: How did the TES-worker explore suicidal feelings, when did he do it. How did he go on dealing with this? The observer is to be concrete, "he said… He asked for…." Not judgemental or based on his/her own interpretations. They share with each other without interrupting or starting a discussion. They rather discuss afterwards, when all three have spoken.
Each play may take 20 minutes including talking and reflexion. Time schedule in this exercise is flexible – it is no problem spending more time if total time schedule allows. It just has to be clarified before starting. If a group have time left they can go on with the forth case.

Cases for role play:

5a

Women 60
talks about her children who rarely visit her. She has three children, two of them are married and live far away, but the third one lives nearby – but is so busy with job and sports that the sees him very seldom.
She also tells about the loss of her husband, who died after suffering of cancer for a long time and about a dear neighbour who now was moved to a nursing home.
She herself, had started to feel more and more sad as the ones she had loved not are the anymore.

She often says like this:

No, I feel I can`t stand it anymore

My children are here so seldom that they don`t notice that I am tidying up and getting rid f things, making it more proper here

No one would have noticed if I was not here …

5b

Man 50,
calls TES for the first time.
It is 02.00 h, he is deeply distressed, crying and afraid.
He has lost his job because of bad times.
He is not able to see any job-opportunities at his little home place, and he cannot see how he can keep his car. His new partner is so proud of him and what he has made it to in life.
He is also shameful being unemployed
And he does not want to see friends because of that.

He often repeats:

It is impossible for me to find anything else to do!

This job was my life!

What will my boys say when their father is unemployed! Better dead than unemployed. Yes, I really mean it!

5c

Boy, 20
love sick, his girlfriend broke up two days ago.
He had not expected her to do so, and she will not tell him why.
He is jealous, thinking she sees another boy.
He also feels shameful because of being dumped, and has stayed home from job two days
He sounds quite desperate an angry.
He found TES on Internet when he wrote suicide and love sick, and he wonders what the hell we think we can do for him!
He also gives the impression that it is good for him to talk.
He says:
She was all I had – felt like a king with her – no I am the same shit!

5d

Girl, 19
tells intensivly about self-harm and suicide.
She's in and out of psychiatric institution since she was 15. Right now she's out, but came home just a week ago after a suicide attempt.
It was much unexpected to wake up after the last attempt; everything had been so well planned. She feels like failure not able to kill herself.

When the TES-worker asks why she is doing this, she has fewer words.
She says: *I am ruined forever and I know my destiny is to die young. If I had died, everything would be better..*

No one believes me anyway. I've stopped talking about it. It does not matter what happened then...

C: EXAMPLE of one dialogue

TO TALK ABOUT SUICIDE

An example including the thoughts of the caller and the volunteer

V = Volunteer (TES-worker)
VT = Volunteer`s thoughts
C = Caller
CT = Callers thought`s

Time is 02.00 h

V: Welcome to TES.
VT: Wonder how this talk is going to be

C: Eh. Can I talk to you?
CT: Do I really dare this?

V: You are welcome to talk to me. That`s why I` m here. Is there anything special on your mind right now?
VT: She sounds nice.

C: It`s quite late.
CT: It is night! She must think I`m totally nuts

V: That`s all right. Don`t think of it. I have time.
VT: It`s really quite busy now, but I can`t say that. Hope she gets to what`s up rather quickly.

C: It says in the advertisement that you are there all night, but I didn`t really believe it.
CT: I can`t talk about it!

V: Yes, I am here and I`m going to stay awake for a long time. But what about you? What`s making you staying up this late?
VT: A bit difficult for her to get started, I guess.

C: I hate nights. That`s the worst time for me. Don`t fall asleep before late and wake up all the time.
CT: I can`t stand it anymore. I`m so terribly tired.

V: That sounds bad! How is it for you to stay awake that much?
VT: I wonder if she has talked to her doctor?

C: Not sleeping is exhausting! I am so tired during the day and at night come all the thoughts.
CT: I don`t know why I tell this. Lots of people can`t sleep

V: All the thoughts?

VT: I wonder what`s bothering her.

C: Yes, everything feels worse at night. Well, the days are not very good either. But then I have to concentrate about job and other practical things. But at night-time it`s only me and my thoughts. Then it gets all messed up. I start thinking it`s no point anymore.

CT: I really wish I`d fall asleep and never woke up anymore.

V: Are there any special thoughts bothering you?

VT: No point in anything? Is she thinking of ending her life?

C: No, it`s not a particular case or problem, it`s just that everything has become so empty and without meaning! Don`t feel there is any reason to get up in the morning, except that I have to show up at work. There is no joy in my life anymore. Everything is just grey.

CT: Can`t stand it anymore.

V: You say that everything is grey and life is without meaning, that there is no point in anything?

VT: Shall I ask her if she thinks of suicide?

C: Before, I was a very active person. I had many things to do in different NGOs and I had a demanding job, three children and a husband who was travelling a lot. No I am all alone at home. Well, that`s OK. But I have lost my bright mind; the happiness is not there anymore. I`m just so tired. Everything feels so hard to do. There`s nothing I look forward to. One day is like the other and I fight to come through the days.

CT: How long shall I fight?

V: It sounds hard to live like that. Is it so hard you feel you can`t bear it any longer?

VT: I must check out if she needs help.

C: Yes, I often think that I cannot take it any longer. Some few times I`ve been sitting with some pills thinking now I`m ending it. But then I start thinking of my children and I stay on for some more time.

CT: I wish my children lived nearby. Then I could at least be babysitting.

V: You often think that you can`t take it anymore. How is it right now? Is it this bad tonight?

VT: I wonder if she will tell me who she is?

C: Well, that`s why I call. I thought that if I managed to tell someone, I would perhaps feel better.

CT: Good to talk to someone who asks how I am instead of giving me lots of advices.

V: It is so good that you tell me this. I don`t know if you are going to feel better, but I`d like very much to talk to you. Will you tell me more about how you feel.

VT: So good she calls TES! Hope she doesn`t find me totally useless!

C: Thank you for listening to me. I`ve never spoken to anyone about this before. I once tried to talk to a colleague, but she just started to tell me everything I had to be thankful for. And I do know that I have many things to be thankful for.

CT: So nice to talk to someone who is listening to me, not instructing me.

V: You seem to be one that wants to fight to get it better, but you can`t find the direction nor enough strength to do so. Is that correct?

VT: She sounds so nice, this lady.

C: I used to be strong. But now it alternates between wanting to fight and letting go. I have gathered quite many pills. Till now I`ve not gone further than putting them in front of me. But I do have them.
CT: It feels good to have them as a backdoor.

V: What do you, yourself think about having these pills?
VT: Think if I could persuade her to get rid of them.

C: It is a safety, in a way. I know there`s a backdoor I can use if I give in. Sometimes I get scared of what I might do, but mostly I regard it as a safety.
CT: It must be lovely just to fall asleep and not struggle anymore.

V: You use the word safety. What is it you need to feel safe from
VT: Is there anything else then death that could make her feel safe?

C: It`s the pain. The emotional pain. To be so empty inside myself.
CT: But right now I feel a bit better.

V: You want out of the heavy life you live now. Are there any other backdoor which could give you the safety you need when life feels really hard?
VT: I wonder if she has talked to her doctor?

C: I`ve considered contacting my doctor, but I don`t see how she can help me. She will probably tell me to sharpen up, or she will prescribe antidepressant drugs. *CT: Last time I saw my doctor I needed new allergi-pills and she was very nice.*

V: You are sceptical. Some people are really badly threated by their doctor. Have you any experiences with your doctor?
VT: There must be some good doctors!

C: I do have an OK doctor. A young lady. She has always been nice to me.
CT: Maybe I should get myself an appointment.

V: Mm.
VT: What do I say now?!

CT: In fact I might call for an appointment.
CT: I do feel better! Maybe I can sleep tonight.

V: I think that it is scary to have so many pills at home. Feel I`m afraid that you in a very dark moment would take them.
VT: Throw them, please!!!

C: I see what you mean. I feel so ambivalent! Sometimes I want to live. Right now I can feel a bit of that. Sometimes I feel great comfort in knowing that I can leave this life
CT: But I do now that it is risky..

V: Have you never thought of getting rid of the pills?
VT: Now I must not be too fussy!

C: I`ve thought of it sometimes. I`ve been there in the bathroom thinking of throwing them into the toilet, and then I have changed my mind and kept them.
CT: Maybe I should throw them now?

V: You have wanted to throw them?

VT: I wish I could be there with her and throw them.

C: Yes, I`ve been thinking like you said, that it is dangerous to keep them. But – it is also so safe!

CT: If fear I will jump into a big darkness if I throw them now..

V: What frighten you the most when you think of throwing them?

VT: I must not be too quick now!.

C: I am afraid that I would feel desperate afterwards, that the pain would be even bigger, and then no backdoor!

CT: I can`t stand being all alone!

V: Is there anything that could make this less frightening for you?

VT: Doesn`t she have anyone she can talk to?

C: I think I could perhaps do it if I knew I had someone afterwards to support me. Someone who would listen to me, not reject me.

CT: I could talk to Anne, she used to be a good friend .

V: I can stay with you at the phone tonight, if that helps you. Here is always someone.

CT: She should have had someone there, to stay with her.

C: I think I can do it now. Will you wait?

IT: This is the bravest I`ve done for many years! Is this really wise? What if I regret it?

V: I`ll wait. Remember that however it hurts, you can always call.

VT: Hope you dare to do it!

C: Now I go.

CT: 300 pills good bye!

PAUSE….

V: Are you there?

VT: I wonder how it went?

C: I have done it!

CT: I really did it!

V: Good! You have really taken a step towards life! How do you feel having closed the backdoor?

VT: I hope she will not get a terrible time!

C: It is strange. I have taken a very importent step to get it better. It was good talking to you. I did not believe that you would let me tell how I were without you telling me what I ought to do. It is the first time I have had a real talk with anyone about my life.

CT: I think I can dare to go on now. Perhaps there is a tiny hope of being future there

V: I am glad to hear that. I am happy that you could endure to tell about how you were. I still have some time. Shall we talk a bit more, or do you feel it`s enough?

VT: I`m so afraid that she now will slide into a big darkness.

C: I would like to talk a little more, and then I will try to sleep. I would like you to think together with me about how to get out of this.

IT: I have not been so constructive for many years.

V: What do you yourself think you could do?

VT: Now it is easy to be «besservisser» and to come with many advices.

C: I think I could take up again the contact with a friend called Anne. I think I can tell her that I don`t want advices, that I just want to tell it as it is. She was a very good friend once. It was I backing out when my husband died and everything grew so dark.

The talk goes on a little more…But we stop here