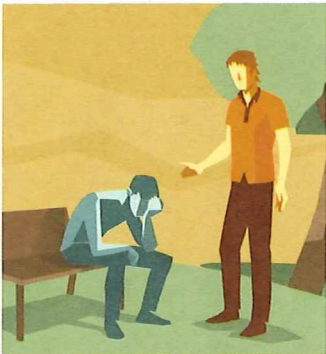
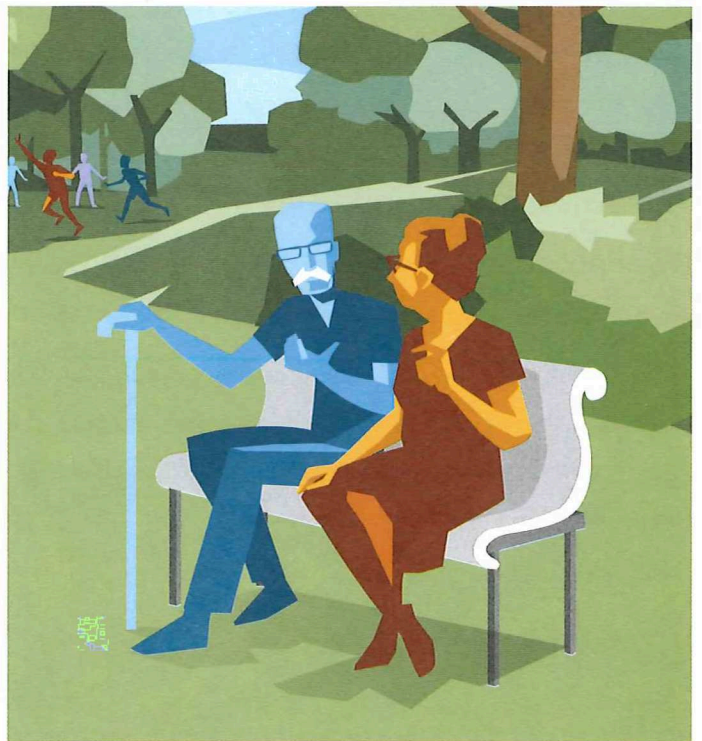


ASIST

Applied Suicide Intervention Skills Training Participant Workbook



LivingWorks

Your Name: _____

Training Date: _____

Training Location: _____

Your Trainer(s): _____

Trainer Number(s): _____

Welcome

Before we can get started, you need to complete:

- Background Questionnaire poster** (fill in when the line-up is short)
- Attitudes Survey** (top half of page 3)
- Personal Background Information** (tear out bottom of page 3 and give to a trainer)
- Helper Role Survey** (top half of page 4)

When you have a moment

This is your workbook. Please put your name on it. You will need it for almost everything we will do in the workshop. Sometimes we will be working directly from it. At other times, it will provide a good place to take notes. Do not lose it. You need it for both days. Leave it with your trainer at the end of Day 1 if you are not certain you will remember to bring it back for Day 2.

The workbook is only for your use. It is copyrighted. Do not photocopy it. Access to other materials will be provided at the end of the workshop.

IMPORTANT: Keep a record of your trainer's number and the date of the workshop. There is a place to record these on the cover. You will need this number and the date to access exciting, no-cost learning opportunities that will be available soon at www.livingworks.net.

Note: In this workshop you will have an opportunity to explore your experiences with and your attitudes about suicide. You will also have an opportunity to better understand the needs of a person at risk of suicide and learn how to use suicide first aid to meet those needs. If these activities concern you, please talk to one of your trainers.

Do you: Want to know more about any of the facts you saw in the slideshow at the beginning of the workshop?

Want to share an ASIST story or send feedback about your workshop experience?

Want to find out about other programs that help create suicide-safer communities?

Visit www.livingworks.net

Workshop schedule

DAY 1	
.....	Preparing for the workshop (whole group)*
.....	Connecting with your attitudes about suicide (workgroup)* (My workgroup meets in
.....	LUNCH BREAK
.....	Understanding the needs of a person at risk (workgroup)**
.....	END OF DAY 1

DAY 2	
.....	Assisting practice (whole group and then workgroup)**
.....	LUNCH BREAK
.....	Assisting practice (more in workgroup)**
.....	Working Together with other caregivers (whole group)
.....	END OF THE WORKSHOP

* One scheduled break **Two scheduled breaks



My Attitudes

(Mark on the line where you are)

Thoughts I had while doing this survey



AGREE

DISAGREE

- | | | |
|---------|---------|--|
| A | D | 1. Suicide is wrong. |
| A | D | 2. People have a right to suicide. |
| A | D | 3. There are limits to what I will do to prevent suicide. |
| A | D | 4. Anyone can be at risk of suicide. |
| A | D | 5. Persons who suicide are responsible for their actions. |
| A | D | 6. Persons thinking about suicide also have reasons for living. |
| A | D | 7. People serious about suicide cannot be helped. |
| A | D | 8. I am hopeful my community can work together to prevent suicide. |
| A | D | 9. I have failed if a person I am helping suicides. |
| A | D | 10. I will be ashamed if someone I am close to suicides. |

www.livingworks.net

Morning of Day 1
Whole Group

3

Personal Background Information

(Choose as many as are true for you)

Have you had thoughts of suicide?

- ___ Never in my life
- ___ Some time in my life
- ___ Within the last year
- ___ Within the last week

Have you had prior suicide behavior?

- ___ No
- ___ Yes, but no wish to die
- ___ Yes, though uncertain about dying
- ___ Yes, with a clear wish to suicide

Please tear out, fold and hand in to a trainer now



My Role as a Helper

In general, I hope to be able to help a person at risk of suicide by:

- connecting them with someone who can help them.
- helping them keep safe-for-now, then letting others take over.
- helping with safety now and then offering to support the main caregiver.
- helping with safety now and continuing to help as the main caregiver.

My role might change depending on the needs of the person at risk and my own needs.

..... yes no not sure

I know my role might change if the person at risk is someone I know personally.

..... yes no not sure

You will have opportunities to think about your attitudes and your role throughout the workshop, and beyond.

Thoughts I had while doing this survey



.....

.....

.....

.....

Ways of preventing suicide

PREVENTION:
Reducing things that contribute to suicide.

INTERVENTION:
Increasing safety of persons with thoughts of suicide.

POSTVENTION:
Help for people who injure themselves and those affected.

Our focus is suicide first aid.



The whole picture—not just the tip of the iceberg

The picture for only one year!

Region, Year:

Population:

Reported suicides:

Unreported suicides: 5% to 25% more suicides

Suicide Behaviors: 40 to 100 times greater than number of suicides

Number of people affected: Each suicide behavior may affect a few or a very large number

People with thoughts of suicide:





Meeting the needs of persons at risk

The Pathway for Assisting Life (PAL) has three **phases**. The names of the phases are capitalized:

CONNECTING with SUICIDE

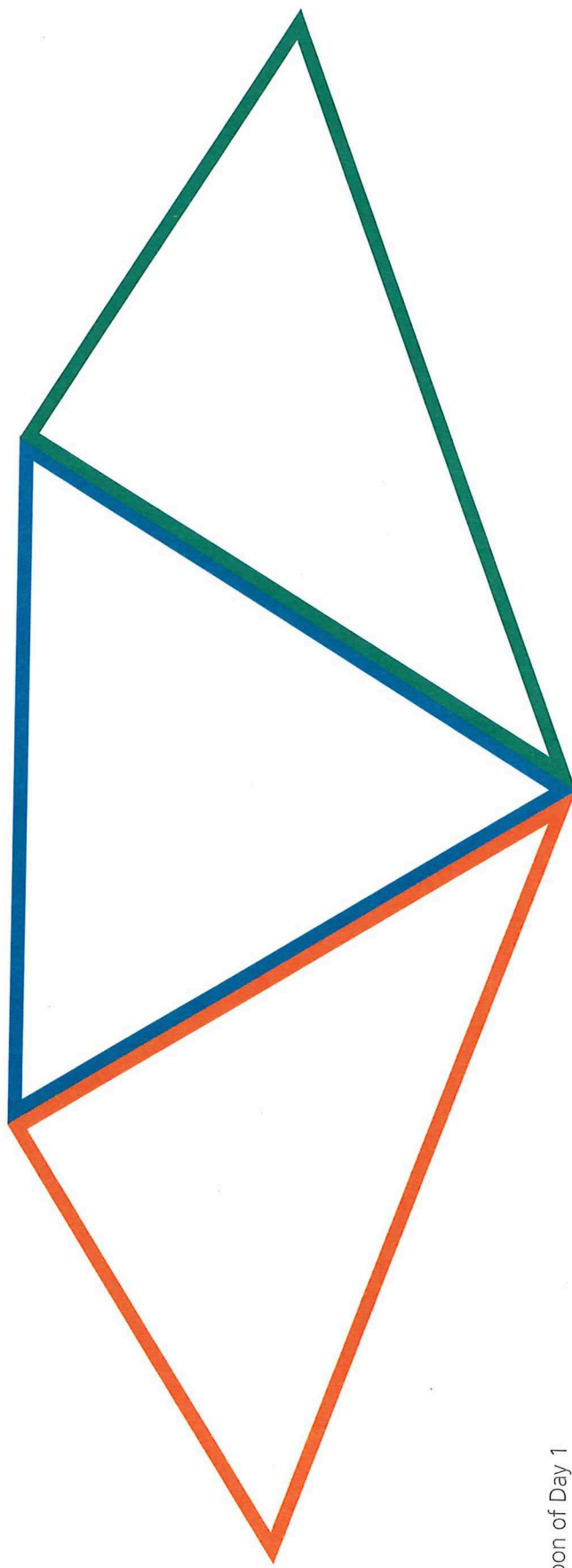
UNDERSTANDING CHOICES

ASSISTING LIFE

The Pathway for Assisting Life (PAL) has six caregiver tasks that each meet one of six person at risk needs. Two of these pairs go in each phase:

- | | |
|----------------|--------------------|
| support | actions |
| develop | story |
| ask | invitations |
| hear | safe plan |
| explore | suicide |
| confirm | turning |

Over the afternoon, put the words in the correct triangles and try to match the needs with the tasks. Don't worry about where they go inside each triangle today. Just get them in the correct triangle.



Explore Invitations

ACTIONS

- Giving away possessions
- Withdrawal (family, friends, school, work)
- Loss of interest in sports and leisure
- Misuse of alcohol, drugs
- Impulsive/reckless behavior
- Self-mutilation
- Extreme behavior changes

HELP

PHYSICAL

- Lack of interest in appearance
- Change/loss in sex interest
- Disturbed sleep
- Change/loss of appetite, weight
- Physical health complaints

HELP

WORDS

- "All of my problems will end soon."
- "No one can do anything to help me now."
- "Now I know what they were going through."
- "I just can't take it any more."
- "I am a burden to everyone."
- "I can't do anything right."
- "I just can't think straight anymore."

HELP

FEELINGS

- Desperate
- Angry
- Guilty
- Worthless
- Lonely
- Sad
- Hopeless
- Helpless

HELP

STRESSFUL EVENTS
with **FEELINGS OF LOSS**

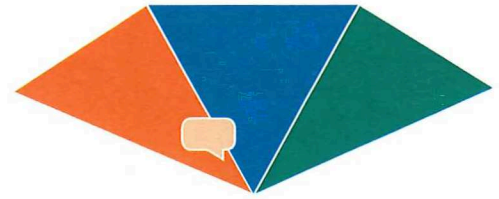
Explore invitations

- *Invitations are signs of distress that invite help.*
- *Anything the person at risk says, does or makes you feel might be an invitation.*
- *Accept invitations: follow your intuition; explore the meaning of things you see and hear.*



Reasons to ask directly about suicide

- *You want to know the answer.*
- *Says you don't think badly of the person.*
- *Clearly says that suicide needs to be addressed.*
- *If the person is not thinking about suicide, shows you care.*



To let someone know that you hear their story, you might say...

"You feel you just can't live with this pain."

"From all you can see, you are no good for anyone."

*"There is no way you feel you can face this situation.
Suicide seems like the only solution."*

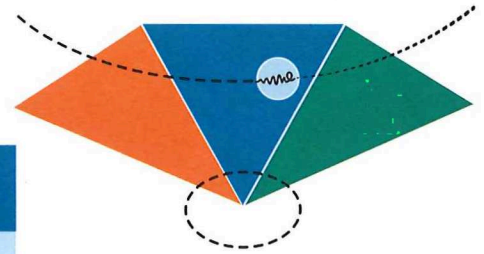
"You just want to get this turmoil over. Nothing else matters right now."


"It feels like hope is a thing of the past."

"You are thinking, 'Let fate decide if I live or die from these pills.'"

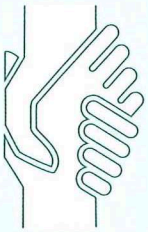


Turning points and ways to support them

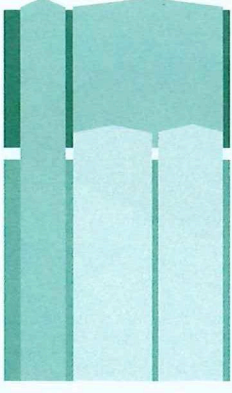


Turning point	 now	Support
<i>"What was I thinking; I don't want to kill myself."</i>	REJECTS SUICIDE	<i>"So, we had better start working on a plan to keep you safe then (?)"</i>
<i>"If I can only find a way to talk to my father."</i>	HOPES for SOMETHING	<i>"So, we need to start working on a plan that will include finding a way (?)"</i>
<i>"I don't know; it is all so confusing."</i>	UNCERTAIN about CHOICES	<i>"If you are not certain, we need to make a plan to keep you safe for now (?)"</i>
<i>"I might as well find out what would be involved."</i>	at least, WILLING to TRY	<i>"You are willing to look at what keeping safe might involve (?)"</i>





Safety First



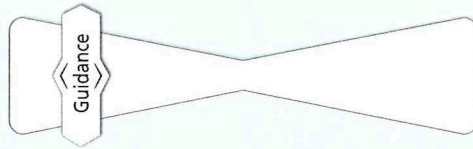
When Happening...

Act...

If harm to self and/or others is occurring or about to occur, activate emergency response.

If the person is unable to participate in the intervention, activate 24-hour monitoring.

Safety First Hints:



- be familiar with *Helpers in Your Community*
- tell the person why you believe there is a need for an emergency or monitoring response
- involve them in seeking help if possible
- use the least forceful action that is consistent with safety
- talk to the person while waiting for help to arrive
- confirm that emergency or monitoring response did occur



.....

.....

.....

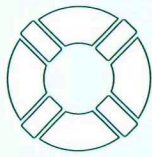
.....

.....

.....

.....

.....



Safety Guards

When Present...

If there is a suicide plan,

If there are alcohol, drug and/or medication concerns,

If there was prior suicide behavior,

If there are mental health concerns,

Ask the Person at Risk...

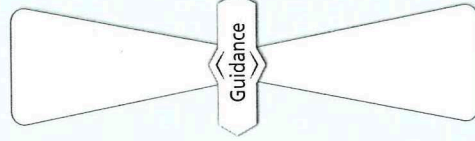
"How can it be disabled safely?"

"What is needed for safe/no use?"

"What have you learned that might help you keep safe-for-now?"

"What have you learned that might help you keep safe-for-now?"

Safety Guard Hints:



Disabling Suicide Plan

- ask about how planned, how prepared, how soon
- ask if willing to have plan disabled
- seek advice if they aren't
- police will take guns; pharmacists will take pills
- remember that informal resources can help; explain the situation to them

Alcohol, Drug or Medication Concerns

- consult *Helpers in Your Community*
- remember that informal supports can help; explain the situation to them



.....

.....

.....

.....

.....

.....

Safety Guard Hints:

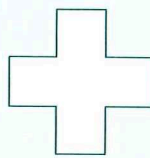


Prior Suicide Behavior

- make appointment with doctor sooner, if possible
- perhaps reconnect with safety supports
- build on anything positive for safety but be realistic

Mental Health Concern

- make appointment with doctor sooner, if possible
- perhaps reconnect with mental health worker
- build on anything positive for safety but be realistic



Safety Aids

When Possible...

If there is a need for important situational changes,

If there are strengths available,

If supports are needed,

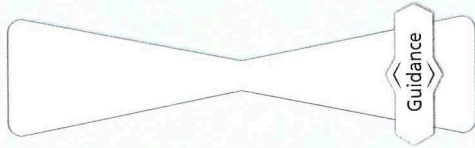
Decide with the Person at Risk...

"What is doable now?"

"Which can you use now?"

"Who is able, available and acceptable?"

Safety Aids Hints:



Situations

- change should be important to their sense of safety
- should be relatively easy to do
- needs to be doable now or soon
- if not, suggest that the change can be made in the future

Strengths

- consider strengths that are useful for safety now
- look for strengths that the person believes are available and relevant
- reinforce anything that might realistically support safety

Supports

- ALWAYS agree on an emergency contact
- ALWAYS encourage appointment with a medical doctor, now or later
- inform about supports but accept what the person regards as able, available and acceptable
- make greater use of informal supports when formal supports are not able, available and acceptable



.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Helpers in Your Community

Is the helper able, available and acceptable?

CRISIS (DISTRESS) CENTER

SUICIDE PREVENTION CENTER

TEEN LINE

RAPE/SEXUAL ASSAULT CENTER

DOMESTIC VIOLENCE HOTLINE

SEXUAL ABUSE HOTLINE

CHILD ABUSE HOTLINE

POLICE

PARAMEDIC EMERGENCY MEDICAL SERVICES UNIT

MENTAL HEALTH CRISIS / RESPONSE

HOSPITAL EMERGENCY SERVICES

EMERGENCY SHELTERS

YOUTH SHELTER

MENTAL HEALTH OUTREACH CLINIC

CHILDREN/YOUTH PSYCHIATRIC CLINIC

PRIVATE PRACTITIONERS

MEDICAL CLINIC / GENERAL PRACTITIONER

STD INFORMATION AND TESTING SITES

CHILDREN'S SERVICES OFFICES

STUDENT SERVICES

CHILD CARE REFERRALS

PARENT TRAINING

FAMILY SUPPORT SERVICES

SELF HELP GROUPS

SUBSTANCE ABUSE COUNSELING

ALCOHOLICS ANONYMOUS

MENTAL HEALTH SERVICES

RELIGIOUS/SPIRITUAL SUPPORT

LEGAL ASSISTANCE/VICTIM-WITNESS ASSISTANCE

COMMUNITY CORRECTIONS OFFICERS

Life Protectors and Promoters

Thoughts

- To encourage myself...
- That help me to remember...
- I need to forget...
- That make me feel better...

Behaviors

- I want to do more often...
- That remind me that...
- I need to change...
- To ask for help...

Beliefs

- I live by...
- That bring me hope...
- That get me through the day...
- That renew my faith...

Decisions

- I need to make...
- I don't or shouldn't make now...
- I need to think about...
- I know would be good for me...

Things

- I treasure...
- That give me pleasure...
- I need to remember every day...
- I want to let go of...

Times

- When I know I need a break...
- When I need to rest...
- When I need help...
- When I need to avoid...

People

- Who I admire...
- Whose life I want to follow...
- Who need me...
- Who I need to avoid...

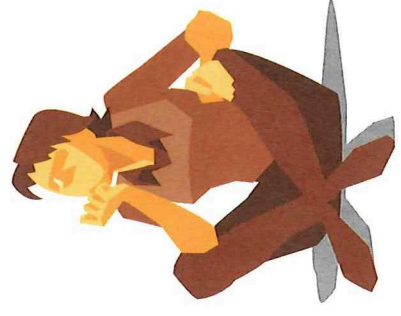


.....

.....

.....

.....



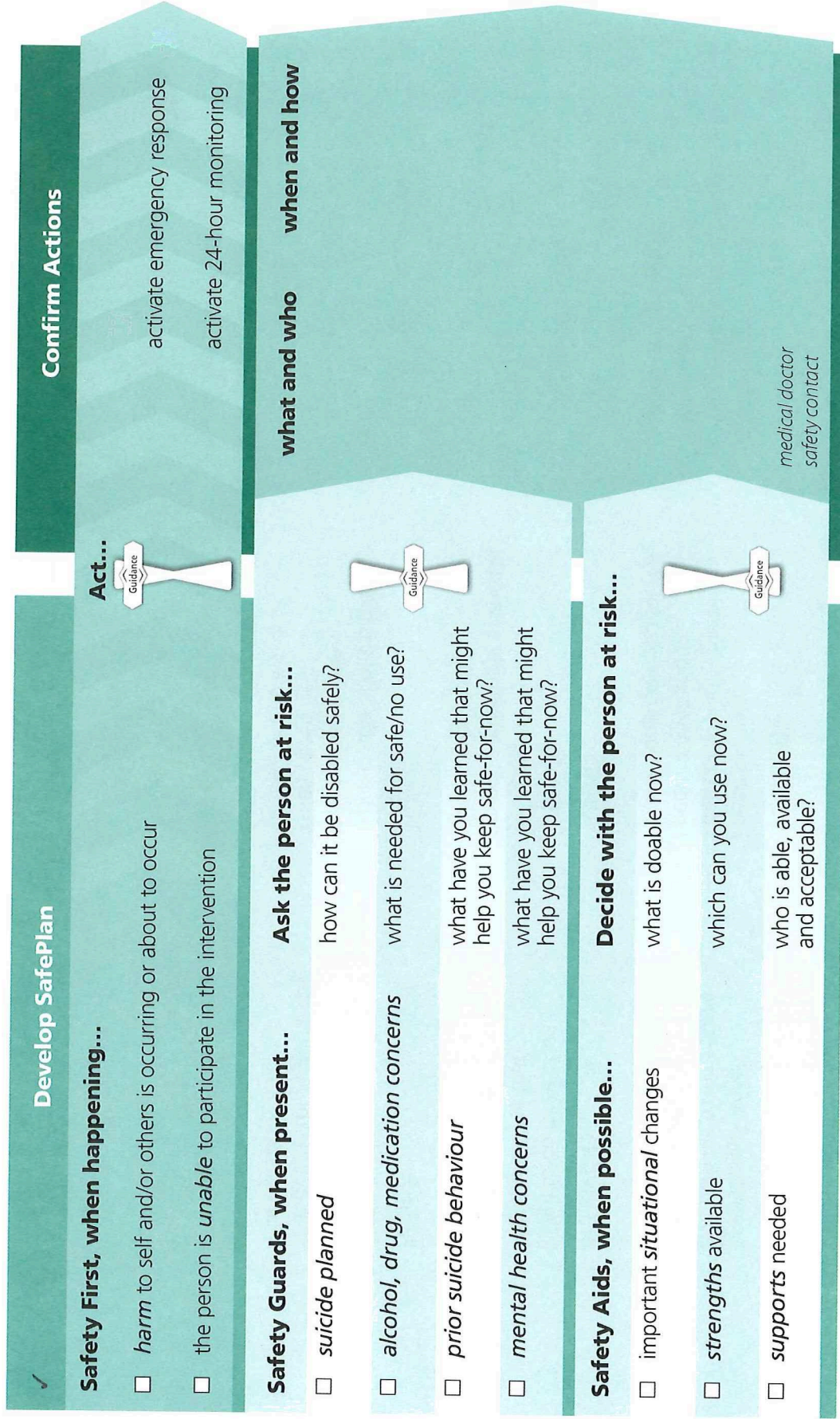
.....

.....

.....

Safety Framework

Right now, what will keep you safe?



SafePlan

Safety Guards

disable

safe/no use

what have you learned

what have you learned

Safety Aids

changeable situations

available strengths

needed supports

*medical doctor
safety contact*

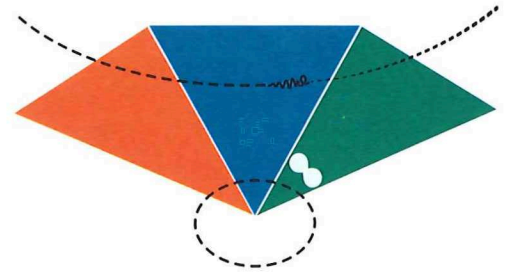
develop: **what and who**

confirm: **when and how**



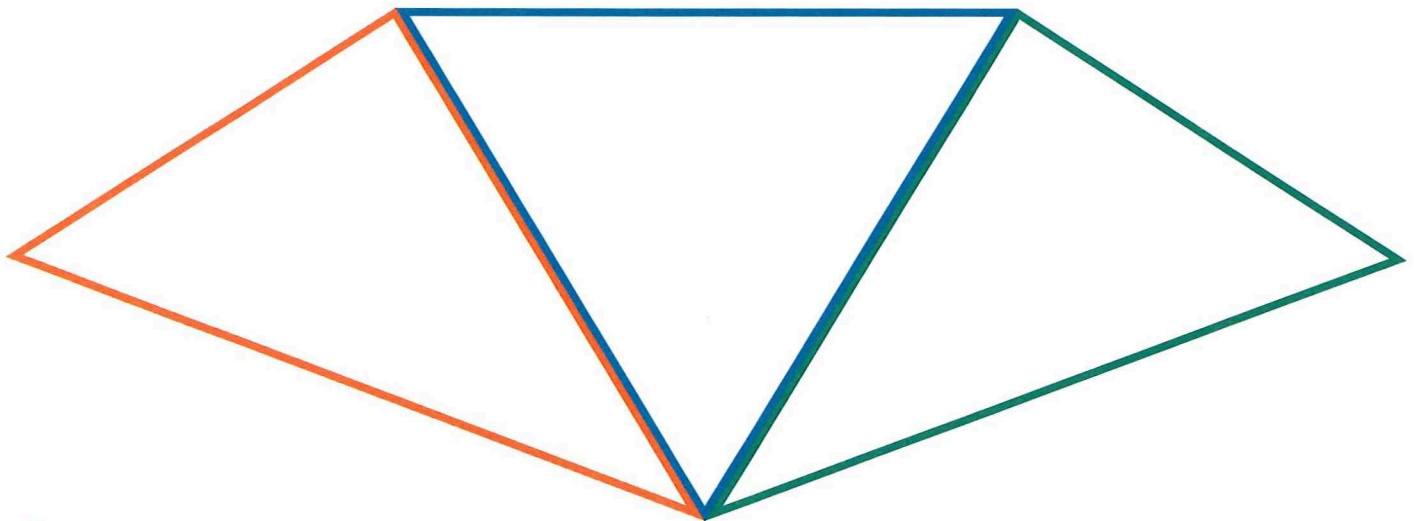
Confirm actions

- *Decide when things are going to be done.*
- *Identify the most important part of the plan and the first steps needed to achieve it.*
- *Avoid complex plans.*
- *Always include a safety contact.*
- *Practice parts involving others.*



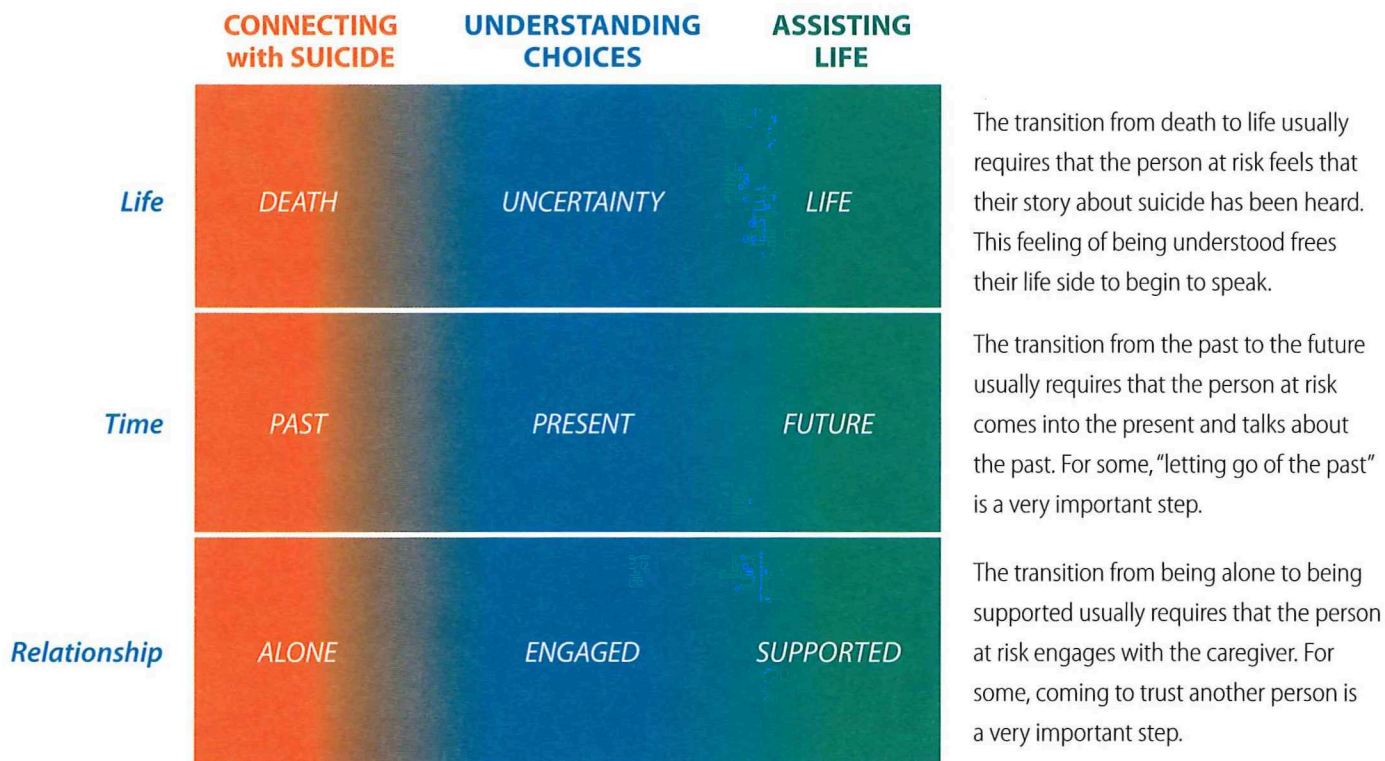
The SafePlan is active until the last thing in it is done.

Pathway for Assisting Life (PAL)



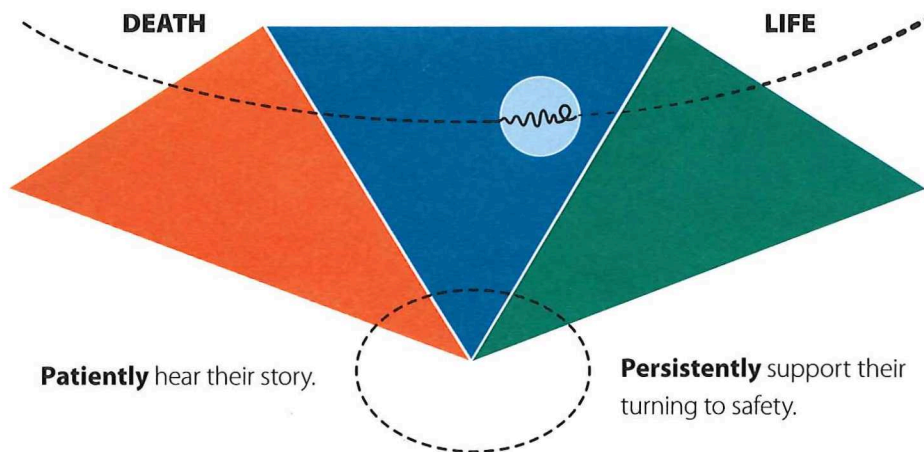
Four sets of horizontal dashed lines for writing notes.

Themes during an intervention

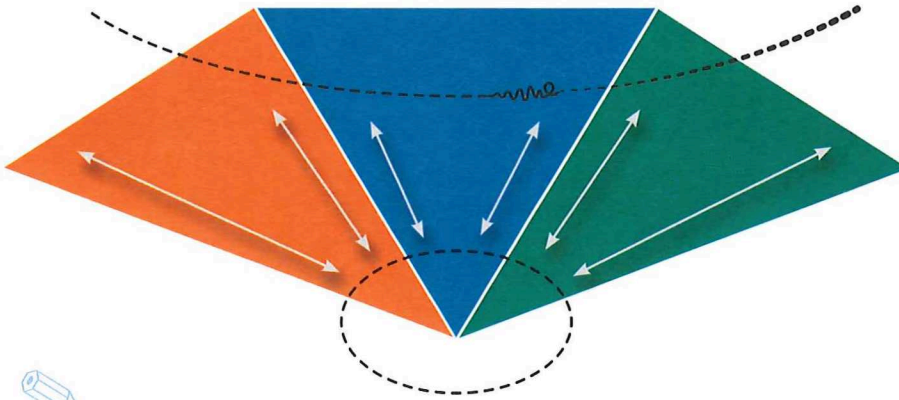


Turning Point *wme*

An emotionally charged moment when the life side of the person at risk first starts to speak. Emerges from a feeling that their story of suicide has been heard. Signals that safety-for-now might be possible.



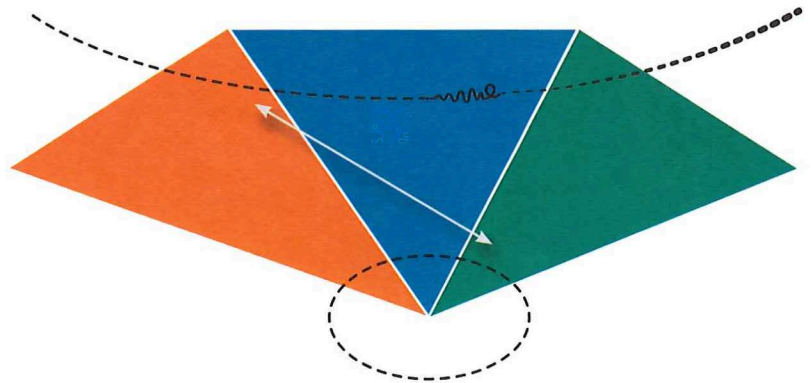
In-sync



Arrows show the person at risk and the caregiver moving perfectly in-sync through an intervention. For example, when the person at risk is ready to be asked about thoughts of suicide, the caregiver asks. Although such perfection is impossible to achieve in reality, this illustration helps you to tell when you are moving too fast or too slow. Notice the difference between this and what is illustrated below.

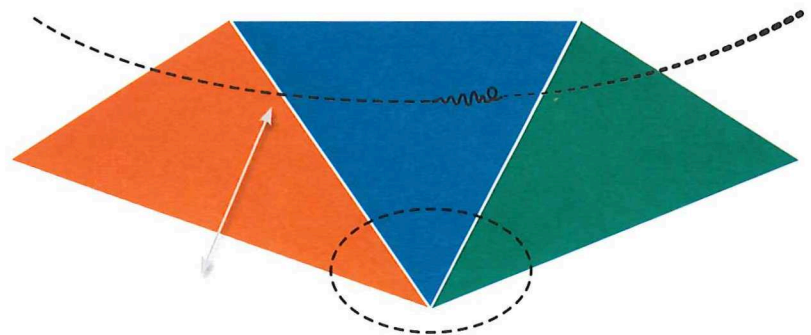
Out of sync: Too fast

Like the career counsellor in *Cause of Death?*: Nick acknowledged suicide thoughts; caregiver moved to develop a SafePlan.

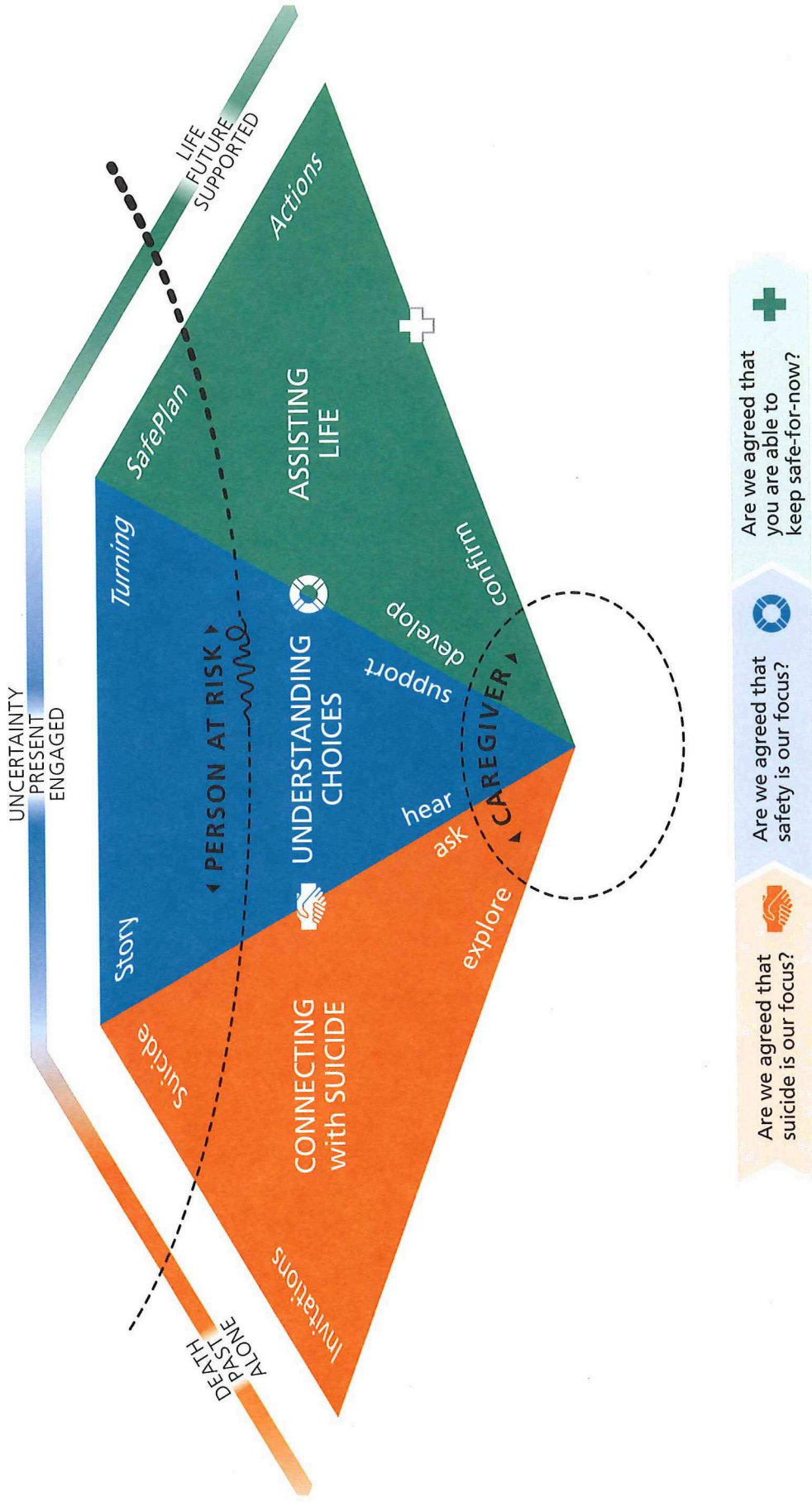


Out of sync: Too slow

Like the doctor in *Cause of Death?*: Christina was ready to have the issue of suicide identified; caregiver did not ask because a suicide first-aid model was not being used.



Pathway for Assisting Life (PAL)



Turning Points Christina *might* have had and ways to support them

Turning points	<i>me</i> now	Support
"I just realized I don't want to kill myself."	REJECTS SUICIDE	"Something is telling you to start thinking about safety (?)"
"It builds up and up but then... I am not sure."	UNCERTAIN about CHOICES	"You need to be sure so we had better keep you safe-for-now (?)"
"But I haven't got around to that either."	UNCERTAIN about CHOICES	"So maybe you are not sure about something you need to be sure about (?)"
"Suicide is the only answer, but..."	HOPES for SOMETHING or UNCERTAIN about CHOICES	"There could be some hope or at least something that is making you uncertain (?)"
"What else can I do?"	HOPES for SOMETHING	"You wish there was something else you could do (?)"
"All I want to do right now is die."	UNCERTAIN about CHOICES	"But sometimes you want to live (?)"





Notes about other simulations

Workgroup Practice Guidelines

- No fault: try using PAL or just see how PAL fits what you did.
- Learn by watching, learn by doing.
- **Time-out** is available, where others in group provide help.
- Feel free to use your Quick Reference tool.
- Each will get a chance to play one role or the other; maybe more.
- After completion, roleplayers get first chance to debrief.

Choose a role that is about suicide, not too personal or too difficult.

What I learned from practice. . .



Things a person at risk might want to know about

from a professional caregiver:

confidentiality rules, number of sessions, after hours contact, ending sessions, costs...

from a helper connecting you to caregiver:

acceptance that one cannot be all things to all people at all times, and that there are other caregivers who can help...

from a personal caregiver:

value of setting limits or boundaries, importance of honest communication, periodic review, use of other helping resources...

My suicide-safer community



My self care



You have joined well over one million caregivers who have completed *Applied Suicide Intervention Skills Training (ASIST)*. ASIST prepares caregivers of all backgrounds to provide suicide first aid to persons at risk of suicide. Intervention attitudes, knowledge, skills and supports are presented in two days of practical training, conducted in both small and large groups.

ASIST is the most widely used suicide intervention training program in the world. The workshop is only presented by registered LivingWorks trainers. They must complete a five-day *Training for Trainers (T4T)* course and continue to meet ongoing standards.

LivingWorks is a community service company which develops, delivers and distributes programs for the prevention of suicide. Our goal is to help create suicide-safer communities. ASIST is coordinated around the world through partnerships and affiliations. For more information about LivingWorks, ASIST, or for general information about the study and prevention of suicide, please contact:



LivingWorks
www.livingworks.net