

ESSENTIAL UNDERSTANDINGS

This is information that you need to get the most from your *ASIST Training for Trainers* (T4T) course as well as later in your trainer career. Please read and think about it in preparation for your transition to the trainer role that begins on the evening of Day 2. You will want to refer to it again and again throughout your training career. For an overview of the design of ASIST, from both a pedagogical (teaching principles) and scientific point of view, see www.livingworks.net. See note 0.1 for information about Training for Trainers and note 0.2 for information about this manual.

Our Core Beliefs About Suicide And Its Prevention

- › **Suicide is a community health problem.**
Everyone can help.
- › **Thoughts of suicide are understandable, complex and personal.**
Approach people with thoughts of suicide with an open mind.
- › **Suicide can be prevented.**
It is possible to save lives and prevent injuries—now.
- › **Help seeking is encouraged by open, direct and honest talk about suicide.**
If you are approachable, people with thoughts of suicide will seek you out.
- › **Relationships are the context of suicide intervention.**
Helping either relies upon or builds a relationship.
- › **Intervention should be the main prevention focus.**
The emphasis should be on preventing suicide behaviors.
- › **Cooperation is the essence of intervention.**
The helper and person with thoughts of suicide need to work together to prevent suicide.
- › **Intervention skills are known and can be learned.**
Helpful skills are known and most everyone can learn them.
- › **Large numbers of people can be taught intervention skills.**
The means to teach intervention skills on a large scale exists now.
- › **Evidence of effectiveness should be broadly defined.**
These means are effective.

See note 0.3 for more detail on each of these core beliefs.

About ASIST

Goals

The goal of ASIST is to enhance a caregiver’s abilities to assist a person with thoughts of suicide to keep safe-for-now. By completing the workshop, participants will be able to:

1. recognize that caregivers and persons with thoughts of suicide are affected by personal and societal attitudes about suicide;
2. provide life-assisting guidance to persons with thoughts of suicide in a flexible manner;
3. identify what needs to be in the plan for safety when working with a person with thoughts of suicide;
4. demonstrate the skills required to provide suicide first aid to a person with thoughts of suicide;
5. appreciate the value of improving community resources including the way that they work together; and,
6. recognize that suicide prevention is broader than suicide intervention and includes life promotion and self care for persons with thoughts of suicide and for caregivers.

Focusing upon the role of ASIST caregivers in a suicide-safer community, the goal of ASIST is to train caregivers who are willing, ready and able to provide life-assisting, suicide first aid.

Key Learnings

In order to achieve ASIST’s goals, each step in ASIST needs to contribute certain key and supportive learnings. Sometimes this list of learnings focuses upon the content to be learned; sometimes it focuses on process outcomes that contribute to learning. Note that this list is not intended to describe everything that needs to be learned nor does it provide any information on how things need to be done. Consult the manual for these details. Use this outline to help you keep the key learnings of any step in mind.

PREPARING

1.1 Registration: Workshop might be fun—and should be safe

- › there are things to do right away
- › suicide will be dealt with openly
- › trainers are friendly and try to be helpful
- › trainers respect privacy

1.2 Why First Aid: Very important part of suicide prevention

- › intervention is one aspect of suicide prevention among a range of things
 - the range can be organized into three major areas
 - before thoughts of suicide or prevention
 - during suicide thoughts or intervention
 - after suicide behavior or postvention
 - this workshop teaches intervention skills
- › ASIST is life-assisting, first-aid intervention
 - preventing thoughts from becoming behavior
 - first-aid help for persons who have thoughts of suicide
 - how you do an intervention might affect its longer term benefit
 - ASIST teaches life-assisting, first-aid skills

1.3 Why ASIST: ASIST is special

- › the problem with suicide is bigger than most people realize
- › the number of people with thoughts is huge
- › ASIST approach trains local resources
- › ASIST is not restricted to professional helpers
- › ASIST strives for standardized learning
 - uses a detailed manual, feedback review
 - uses consumer protection procedures
 - always being reviewed; periodically upgraded
- › ASIST is designed for dissemination on a large enough scale to meet the need for suicide first-aid skills

1.4 About the Participants: Participants are special

- › welcomed, almost personally
 - important personal information about participants shared
- › share about suicide
 - suicide is being talked about openly—and comfortably
 - important personal information about suicide is shared in non-threatening way
- › caregivers of all kinds are welcomed
 - reflections upon participants in the workshop
 - participants would not just use professional help

1.5 About the Workshop: The trainers expect participation

- › review schedule
- › set expectations

1.6 About Connecting: Participation starts shortly

- › share experiences and attitudes
- › a video that will have an emotional impact and help one feel attitudes and remember experiences
- › there is a place to go—the work group—to share and participate

CONNECTING

2.1 Review the Goals for this Section: You need to be clear about what you are trying to do before you start so you can concentrate on doing it once you start

- › a workgroup that people want to be in where real work and real safety fit together like they belong together

2.2 Connecting Feelings and Experiences with Suicide and Helping: We can do this

- › real feelings are being shared
- › real stories are emerging
- › possible effect of feelings and experiences on helping are explored
- › everything is framed as a contribution to learning
- › the trainer facilitates and leads only when they need to

2.3 Introductions: The participants are real people

- › all contribute: some are articulate; some are less so
- › real feelings and real stories continue to emerge
- › possible effect of feelings and experiences on helping are explored
- › suicide is complex
- › some are more hopeful about preventing suicide; some are not
- › both must be true in some way

2.4 Connecting Attitudes with Suicide and Helping: Working with people, who have thoughts of suicide, is complex

- › there are important differences
- › these differences might impact helping
- › the trainer shifts the focus to guidance as a specific form of that impact that is worth examining in a more structured way
 - more guidance looks like this
 - less guidance looks like something else
 - just providing more or less guidance based upon our preferences would not always be best for the person with suicide thoughts
 - flexibility in providing guidance is an ideal to work towards
 - we have time to think more about the affect of our attitudes—and particularly its affect on guidance—as the workshop continues

UNDERSTANDING

3.1 Introduction to Understanding: Most people with thoughts of suicide want to live

- › is there anything about where you work or live that could affect how you provide help? If so, let's talk about it now so you feel clearer about helping.

- › most want to get out of river; move to the bank and hold on; not go over the waterfall
- › *PAL* guides caregiver efforts to help people with thoughts of suicide act on their desire to live
- › *PAL* has three phases: where do they go in *PAL*'s structure?

3.2 Explore Invitations: You have an invitation to get involved

- › insert "explore invitations" and "ask suicide" in *PAL*
- › any one, any event, any reaction
- › if it seems like an invitation to ask about suicide, explore to see if it is
 - expressions about loss or pain often are invitations
- › Jack is virtually telling us he needs help staying alive

3.3 Ask about Thoughts of Suicide: You want to know the answer

- › know why you need to ask
- › more guidance or less guidance to ask
- › practice it
- › if it doesn't come out right the first time, try it again
- › Jack obviously wants to tell you he is thinking about suicide

3.4 Understanding Choices Phase: Help make choices clear—the picture of the phase as a whole

- › insert "hear story" and "support turning" in *PAL*
- › hear the story first
- › listen for a turning point
- › make the connection to life clearer
- › process saves lives

3.5 Hear the Story: You have to work at listening in order to hear

- › stories are about feelings and related events
- › stories are emotional and disorganized
- › tell them what you hear
- › the better the match between what you hear and they are trying to say, the sooner the turning point will occur
- › more guidance or less guidance to hear
- › Jack has a story—and a turning point

3.6 Support Turning to Safety: Support by encouraging the turn to safety

- › turning points contain life connections
- › there are four basic types of turning points
 - outright rejection of acting on suicide now
 - some hope that things could be better
 - recognition of uncertainty about suicide
 - acceptance that working on safety is better than not deciding anything

- › pick the one you hear and encourage it by saying
 - what it is
 - any life connections you have learned about
 - how it leads to a focus upon safety-for-now
- › Jack's rejection of suicide needs support

3.7 Assisting Life Phase: Develop a SafePlan they can confirm they will do—the picture of the phase as a whole

- › insert "develop safeplan" and "confirm actions" in *PAL*
- › focus on "right now, what will keep you safe?"
 - Safety Framework provides list of all things that could be relevant
 - you only need to focus on what is relevant to the person with thoughts of suicide
 - inform participants that they will get quick-reference materials that they can use in the future to remind them of the Safety Framework and *PAL*
 - just remember: Safety Firsts (rarely needed but when needed, safety-for-now focuses on doing Firsts), Safety Guards (guards against dangers), Safety Aids (enhances safety)
- › guidance typically varies as shown on Safety Framework

3.8 Develop a SafePlan: Understand why the things on the Safety Framework are related to safety

- › work through each item on the Framework using information in the manual and the participant workbook as needed based upon participants' answers to the following:
 - is there anything on the Framework whose relationship to safety you do not understand?
 - is there anything on the Framework that you are not sure how to use?
- › Jack needs a SafePlan
 - he has no Safety First concerns
 - see manual steps or note 3.5 for what will keep Jack safe-for-now

3.9 Confirm Actions: Confirming actions in the SafePlan builds trust and safety

- › refine the plan
 - decide when things are going to be done
 - identify the most important part of the plan and the steps needed to achieve it
 - avoid complex plans; discuss how to create a new plan, if and when needed
 - always include a safety contact and suggest a referral to medical practitioner
 - practice parts involving others
- › have the person with thoughts of suicide repeat their understanding of the plan
- › Jack needs to confirm the actions in his plan

3.10 Conclude Understanding: *PAL* can help any person with thoughts of suicide

- › a good SafePlan is a plan that will keep the person with thoughts of suicide safe-for-now
- › what don't you understand about using the Safety Framework
 - review situations that you are not sure fit with *PAL*
- › tonight, self care

ASSISTING

4.1 Starting the Assisting Section: *PAL* is more intuitive than you might have realized

- › you can put the parts of *PAL* in order
- › as a reminder, meeting the needs of a person with suicide thoughts is important, we now capitalize them
- › I care; I understand; I'll help

4.2 The Pathway for Assisting Life: *PAL* comes to life

- › movement is life
 - caregivers move through here; persons with thoughts of suicide move through there
 - caregivers can reapply *PAL*; persons with thoughts of suicide can reuse *PAL*
 - the two move through *PAL*, working together
 - you don't hurry through but you are not staying in *PAL* forever either: goal is safety-for-now
 - we come closer together and then we move apart as the intervention ends
- › the "engine" of hope: choice
 - patiently hear their story about suicide
 - movement turns around and starts toward life
 - persistently support a turning to safety
- › the places we move through have a different feel
 - from death, past and alone to life, future, supported
 - by moving through uncertainty, present, engaged
 - some places feel better than others but at least we know that the worse places can lead to the better places
 - respect, focus, relationship contribute to hope
- › like new movement of any kind with someone else, do not expect movement to always be in sync
 - sometimes you will be moving too fast; sometimes too slow
 - getting back in sync is all that is important
 - maybe it is best to just think about movement through *PAL* as naturally involving getting out and back in sync
 - *PAL* has some built-in check points
 - remember that flexibility in guidance is needed
- › *PAL* is a guide to a journey that is always somewhat unique
- › stepping back and taking a big picture view, there are times in which being respectful is particularly important and times when exercising care is important
 - in the beginning of *PAL* you need to be particularly respectful in order to earn trust
 - after the turning, you need to be particularly careful about creating safety in order to justify the trust you have earned.
 - the first three needs of the person with suicide thoughts slant backwards to indicate that there is greater tendency to move back to suicide if you are not respectful
 - the last three person with thoughts of suicide's needs slant forward to indicate that safety work is wanted and only care is needed to make sure it is done well

4.3 Transition to Practice: Practice is coming

- › questions and comments
- › patience, persistence and flexibility; respect and care
- › talk is good, practice is better

4.4 Connecting Simulation: We can do this

- › out of sync; catch up; buy time; do something
- › calm down; just say anything and get started
- › some of things suggested were really thoughtful; most would have helped make a connection

4.5 Support Turning to Safety Simulation: We can even do this most challenging part

- › when suspecting a turning point has occurred, ask yourself, “what type of turning point is it: rejecting suicide; hopeful for something; uncertain about what to do; better to do something than just kill myself
- › support the turning by describing the type and life connection or connections
- › relief comes with seeing that there is a third choice: staying safe-for-now

4.6 PAL Simulation: Oh, even more challenges—but we can do it

- › oh no, not me; what would I do or say?
- › physical rescue is not permitted
- › none of us has to do the whole thing
- › *PAL* is coming to life
- › debriefing with a person on a bridge for those who participated and those who watched
- › some of us were better; none of us were bad; everyone was trying at least
- › these trainers have a certain “knack” for being positive

4.7 Safety First Simulation: It is safe to practice but this is serious work

- › no matter where we look to find something that might be a life connection for Nick, he rejects it
- › he does not appear to have any life connections or, at least, he is not aware of them
- › Safety First seems relevant
- › how far am I willing to go to assume some desire to stay alive even if verbally rejected?
- › I am here and involved; maybe that is the life connection

4.8 Whole Group Closing; Workgroup Practice Introduction: Good procedures but I am still anxious; maybe excited

4.9 Workgroup Practice

- › pair up and decide on a situation
- › positive feedback emphasis; call time out if needed
- › who wants to start?
- › some were really good; everyone learned
- › I never would have believed I'd say this but...

WORKING TOGETHER

5.1 Organizing and Starting: Positive energy

5.2 Relationships with Persons with Thoughts of Suicide Discussion: The context for helping has its own questions

- › if a work related context, a person with thoughts of suicide might ask this question
 - how would you answer it? what other questions might they have?
 - okay, there is some sense of what could be relevant in that context
- › repeat pattern for personal context and for a context in which helper does not want to or can't be a primary helper
- › for last context, add how safeTALK skills can function with ASIST skills

5.3 Community Relationship Discussion: This really can become reality

- › a wide range of support resources are offered
 - many of which are on *Helpers in Your Community* and *Life Protectors and Promoters*
 - self care ideas are relevant too
- › could being in this kind of community feel good?
 - what did the trainer say the person with thoughts of suicide might have felt?
 - what did the volunteers and observers feel?
- › a suicide-safer community

5.4 Closing the Workshop: You do not need to be alone

- others have or could learn the same thing and/or additional and supportive things
- thank the people who made this workshop happen and encourage them to make more happen
- helps us improve what we do