

*Stronger Together*



**Suicide Prevention Center**

# **SURVIVORS OF SUICIDE ATTEMPTS**

**MANUAL FOR SUPPORT GROUPS**

SECOND EDITION – 2021



# **SURVIVORS OF SUICIDE ATTEMPTS**

MANUAL FOR SUPPORT GROUPS

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SECOND EDITION – 2021

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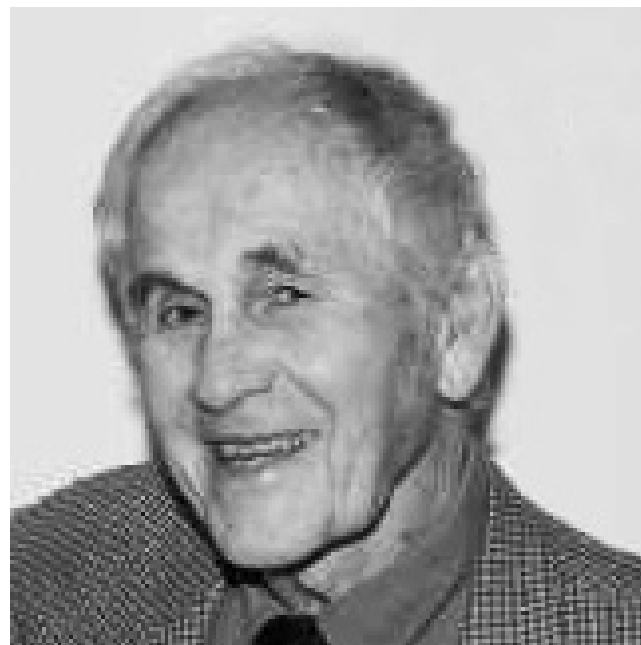
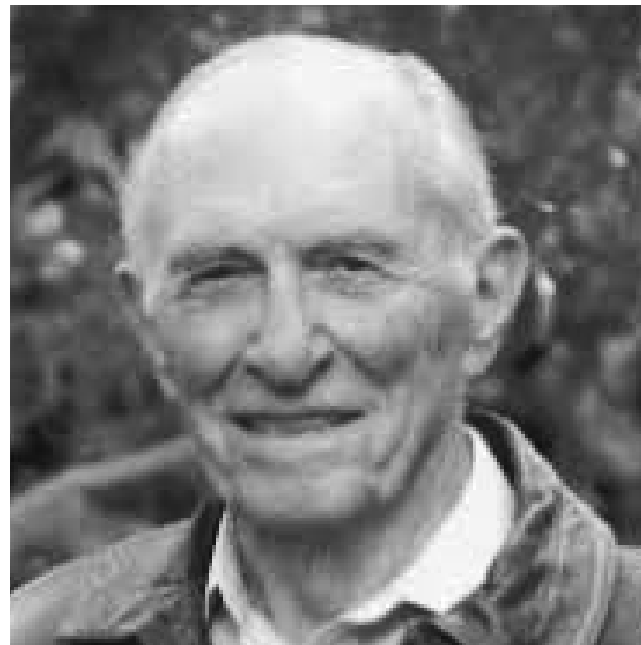
*Stronger Together*



FOUNDING FATHERS  
OF THE SUICIDE  
PREVENTION CENTER

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EDWIN SCHNEIDMAN  
NORMAN FARBEROW  
ROBERT E. LITMAN



“OUR BEST ROUTE TO  
UNDERSTANDING SUICIDE IS...  
DIRECTLY THROUGH THE  
STUDY OF HUMAN EMOTIONS  
DESCRIBED IN PLAIN ENGLISH,  
IN THE WORDS OF THE  
SUICIDAL PERSON.”

— Edwin Schneidman

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## ACKNOWLEDGMENTS

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*Shari Sinwelski, LPCC*

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*Patricia S. Speelman, LMFT*

A special thanks to all of *the participants* of the Didi Hirsch Suicide Prevention Center Survivors of Suicide Attempts Support Group, since its inception in 2011. Your courage is inspirational and your feedback about this group has helped us to create a safe place for healing.

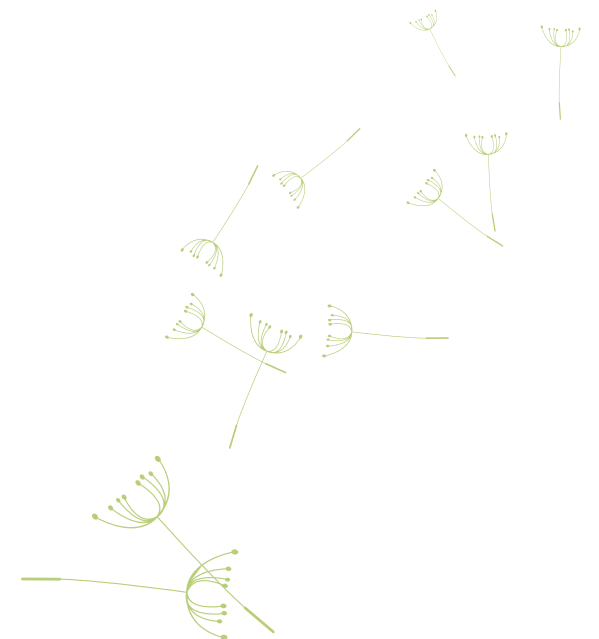
A special thank you to *Dr. Norman Farberow* for his pioneering work with suicide attempt survivors.

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This manual instructs agencies how to set up structured support groups for adults who have attempted suicide, and instructs facilitators how to run the support groups.

**“IT JUST  
KEEPS ME  
ALIVE.”**

SUPPORT GROUP PARTICIPANT



## A SPECIAL THANK YOU

A special thank you to *Dr. Norman Farberow* for his pioneering work with suicide attempt survivors.

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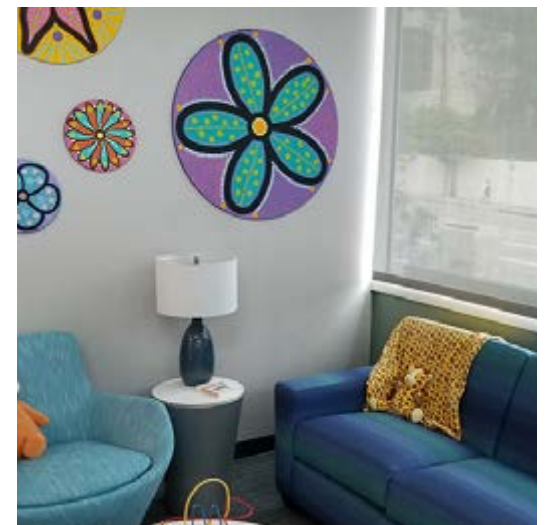
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## PROJECT BACKGROUND

In 2011, CalMHSA (California Mental Health Services Authority) contracted with Didi Hirsch Mental Health Services to organize suicide prevention efforts among California's diverse populations and regions. Didi Hirsch Mental Health Services established the **California Suicide Prevention Network**, a consortium of ten crisis centers, to help build local capacity in suicide prevention and encourage widespread adoption of best practice programs, interventions, curricula, and protocols.

Regional task forces were implemented with representatives from state, county and local agencies involved in mental health and suicide prevention; suicide attempt survivors; suicide loss survivors; faith communities; law enforcement; medical providers; educators; first responders; legislators; veterans; and advocates for the LGBTQ community. These regional task forces were responsible for identifying concrete steps to reduce the risk of suicide locally and for developing best practices in suicide prevention that could be replicated across the state and the nation.

Prior to the development of best practice programs, a statewide needs assessment gathered data and identified risk populations, promising local programs, and gaps and resources in each region. Regional planning committees used the findings from the needs assessment, identified priority risk populations for their regions, and selected the three programs that best addressed the needs of these populations. A diverse group of stakeholders selected one program from the three finalists for their region. The Survivors of Suicide Attempt Support Group was selected as the practice from the Southern California Region and allowed for the creation of the first edition of this manual. After a program was selected for each region, regional Best Practices Workgroups convened to help develop the programs for eventual submission to the **Suicide Prevention Resource Center's (SPRC) Best Practices Registry (BPR)**. The **Substance Abuse and Mental Health Services Administration (SAMHSA)** is currently revising its system for recognizing best practices and is no longer supporting the BPR, but the manual can still be found on the SPRC website at <http://www.sprc.org/resources-programs/manual-support-groups-suicide-attempt-survivors>. This, the second edition of the manual, builds on the knowledge learned from the continuous operation of the support group since 2011.



# INTRODUCTION





## OVERVIEW OF FACILITATOR'S MANUAL

This manual is primarily intended for facilitators who plan to run an eight-week support group for individuals who have survived a suicide attempt or attempts. Throughout the manual you will find ***“italicized statements in bold quotation marks.”*** These statements are examples of possible scripts that can be used for facilitating that activity. The statements are ideas only, not mandates, and should be adapted for your facilitator style. The sections of the manual include:

- SECTION 1** Describes the support group and its goals
- SECTION 2** Instructs the implementation team on how to set up and start a support group
- SECTION 3** Provides the facilitators instructions for selecting group participants
- SECTION 4** Provides facilitators the topics and activities for each week of the support group
- SECTION 5** Summarizes facilitation techniques and gives facilitators guidance about what to expect when running a support group
- SECTION 6** Summarizes lessons learned of the course of running the group for over five years
- SECTION 7** Includes references for citations in the manual
- SECTION 8** Provides appendices including examples of many of the group forms

In accordance with the safe and effective messaging guidelines, every effort has been made to present the information in this manual in a way that discourages suicide and suicide contagion. However, this manual provides guidance for facilitators working with high-risk individuals who have survived suicide attempts, and at times it is instructive to include details about individual's lived experience of suicide. However, we emphasize help-seeking and prevention as well as mental health treatment. We also provide the context that suicide attempts—although more numerous than most people realize—are uncommon. (See *Safe and Effective Messaging from the Suicide Prevention Resource Center* at <http://www.sprc.org/sites/default/files/migrate/library/SafeMessagingrevised.pdf>)

## DESCRIPTION OF THE SUPPORT GROUP

This manual is based on a support group developed and sponsored by the Didi Hirsch Suicide Prevention Center (SPC), a program of Didi Hirsch Mental Health Services (Didi Hirsch) in Los Angeles. The group typically has six to eight adult participants (18 years or older) and meets for eight weeks. Each participant must have made one or more suicide attempts. Additionally, participants are required to complete an intake interview with a facilitator prior to attending the group. The group is closed to additional participants once an eight-week cycle begins. Since some participants continue to experience suicidal thoughts and benefit from the support they find at the group, participants can choose to repeat the eight-week cycle if it is appropriate.

The support group offers a unique opportunity for suicide attempt survivors to connect with others with a shared experience. They know that if they are feeling suicidal, they always have someone they can reach out to who will understand their feelings without overreacting, which for many has not been the case when they have told family, friends or even professionals. In fact, in addition to finding support for themselves, participants who repeat the group often provide hope and guidance to new participants.

The support group strives to address both the emotional and practical needs of its members. First and foremost, the group is meant to provide an opportunity for participants to connect with peers who share similar experiences. The initial weeks of the group focus on creating bonds between group participants and facilitators that allow members to feel safe in sharing their thoughts and emotions related to their suicide attempt. Once a safe group environment is achieved, the focus of the group expands to include an emphasis on tools and skills that will help members to stay safe from a future suicide attempt.

## To Establish Some Terminology

### Suicide Attempt:

A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result. A suicide attempt may or may not result in injury.

### Survivor of Suicide Attempt:

One who makes a suicide attempt and does not die as a result of the attempt.

*U.S. Department of Health and Human Services, 2012, p. 144*

“BUT HERE  
I FEEL  
MORE  
SAFE.”

SUPPORT GROUP PARTICIPANT

The support group is facilitated by two facilitators. One facilitator, the clinical facilitator, should be a licensed clinician or other mental health professional with suicide prevention training. The clinical facilitator is responsible for the structure and process of the group. A second facilitator, usually a peer facilitator with lived experience of a suicide attempt, fills the other role, when possible. The role of the peer facilitator is to mirror successes and struggles within the group by modeling their own growth through the process. The peer facilitator has completed at least one support group as a participant and as well as support group facilitator training and provides support and insight from their own lived experience.

The support group for suicide attempt survivors was developed based on research and guidelines from the field of suicidology, including:

- The Suicide Risk/Safety Assessment Principles used in the Intake Interview and throughout the group are based on the Risk Assessment Standards for the National Suicide Prevention Lifeline (Joiner et al., 2007).
- The Imminent Risk Guidelines that form the foundation of the group are based on Imminent Risk Guidelines for the National Suicide Prevention Lifeline (Gould et al., 2015).
- The Safety Planning Intervention used in the group is based on the work of Barbara Stanley and Gregory K. Brown (Stanley & Brown, 2008).

The support group's design embodies the core values developed by the Suicide Attempt Survivor Task Force of the National Action Alliance for Suicide Prevention as described in *The Way Forward* (2014). The task force participants include suicide attempt survivors and national leaders of this work. The core values are to:

- **Inspire hope** and help people find meaning and purpose in life
- **Build community** connectedness
- **Engage and support** family and friends
- **Respect and support** cultural, ethnic, and spiritual beliefs and traditions
- **Provide timely access** to care and support
- **Preserve dignity** and counter stigma, shame, and discrimination
- **Promote choice** and collaboration in care
- **Connect persons** to peer support

These values continue to guide the implementation of the support group.

## RATIONALE FOR THE SUPPORT GROUP

People who have survived a suicide attempt are often embarrassed or ashamed about their attempt. Frequently, as a result of the crisis or mental health issues that led to their suicide attempt, they have withdrawn from their support systems. It is common for people who have survived an attempt to continue to face thoughts of suicide. While recent national suicide prevention media campaigns encouraging a public health approach to suicide prevention suggest that, “everyone has a role to play in suicide prevention,” it is, unfortunately, still common for individuals trying to share a wish to die with family, friends, significant others, and even helping professionals to be met with fear and alarm.

The rationale for this support group is that freely talking about suicidal thoughts may reduce their urgency and potency, leaving space for new alternatives to be considered. Talking about a suicide

attempt within a group of peers can reduce shame and stigma. If unaddressed, the taboo and secrecy around suicidal ideation and the legacy of having made an attempt could contribute to future suicidal behaviors.

When met with empathy and mutual respect, there is important healing potential in allowing an individual to talk about what led them to their suicide attempt, to find acceptance, and to feel more empowered to ask for help should suicidal thoughts return. Members can learn how to identify when they may be at risk of suicide again and put supports in place to help them cope with their suicidal feelings while staying safe. Having an established space of safety for members to openly disclose suicidal impulses without fear of judgment or overreaction can be very empowering.





While it is strongly recommended that group participants have an individual therapist, it is not a requirement. After an attempt, people often report feeling vulnerable and raw. It may be that some members don't have the energy or will to complete tasks that could be related to their healing, such as traditional individual therapy. A support group can be a less demanding atmosphere where members can be among others who understand their experience and take small steps toward healing as they choose. In some cases, suicide attempt survivors may have worked with past therapists that they didn't find helpful when it came to suicide. Others may feel betrayed by professional helpers if they were hospitalized as a result of their suicidal thoughts or attempt. That being said, it is important that group facilitators assess the readiness of each group participant during the intake interview. While the hope is that the support group may connect attempt survivors to further supports, it is important that participants have support beyond the group as well. The group can be an intense experience for some and having a place to process that experience can be crucial. Additionally, it is important for the facilitators to establish boundaries with group members so that participants don't rely on them for needs that are beyond their role.

In previous support groups, when asked what they hoped to get out of the group, some participants have stressed the need for emotional support and relief such as:

- **Connecting with peers** who have had similar lived experience of a suicide attempt in order to find a safe, nonjudgmental environment where they can talk about their experiences
- **Letting go** of a sense of failure
- **Lessening the isolation** that preceded their suicide attempt and that often continues after their attempt because those closest to them are uncertain how to respond
- **Being able to trust**
- **Having a place of “no shame”**
- **Letting go of the “big red label” of having made a suicide attempt**
- **Finding self-acceptance**
- **Developing a sense of hope**

Other participants have expressed fear of being in a suicidal state again or of acting impulsively when feeling depressed or overwhelmed. These participants have expressed the desire to receive tools and learn skills to equip them to feel that they have more control over their behavior and ultimately their lives.

“THE GROUP MADE ME NOT AFRAID TO ASK FOR HELP. WITHOUT THIS, I DON'T KNOW WHAT I WOULD DO.”

SUPPORT GROUP PARTICIPANT

## GOALS FOR THE SUPPORT GROUP

The Didi Hirsch support group serves the unique needs of survivors of suicide attempts. In offering a time-limited support group, there is a focus on short-term goals, one of the most important being reducing internalized stigma. An individual who feels fragile and vulnerable after an attempt may be more willing to make the first tentative steps of “opening the door” to their internal world with others who have been there too. In contrast to a time when participants may have felt most isolated leading up to their attempt, the group offers a timely experience of belonging, relating and being understood.

The group environment, focused on the common experience of having survived a suicide attempt, helps survivors feel more connected, a key component in reducing suicide risk. Because the suicidal state can lead a person to withdraw from others, the group offers a corrective experience of reaching out, opening up and encouraging connectedness.

### Short-term goals of the group include:

- **Maintaining participant safety** and managing risk
- **Reducing internalized/perceived stigma**
- **Increasing comfort** with and ability to speak about the thoughts and feelings that led to their suicide attempt
- **Decreasing the likelihood of another attempt** by learning how to recognize and cope with thoughts of suicide
- **Increasing coping skills** as they relate to suicidal thoughts
- **Increasing knowledge** about, and the likelihood of using, safety planning tools and resources
- **Increasing connectedness**, including access to peers who can support each other in times of crisis
- **Creating a “built-in” safety net** where members are comfortable sharing thoughts/risk for suicide without fear of how others will react
- **Managing and reducing lethal means**
- **Increasing hopefulness**

Longer-term goals can be met as participants return for future cycles or as the group process starts to move in a forward direction with greater gains made over time. The seeds may be planted for growth and progress on a slower timeline than the initial eight weeks.

### Long-term goals include:

- **Reducing suicidal desire**
- **Reducing suicidal intent**
- **Increasing protective factors**
- **Preventing future attempts**
- **Creating a peer support network**
- **Increasing in individual's ability to plan for the future**

Some individuals may also choose to increase involvement in advocacy and community service, particularly in the area of suicide prevention. Many participants have reported that using their experiences related to their attempt to help others provides a sense of meaning and connectedness.



## THE NEED FOR THE SUPPORT GROUP

Suicide prevention efforts must address the needs of attempt survivors. Individuals who have attempted suicide form a significant high-risk group for both repeat attempts and death by suicide. Interventions can reduce this risk and keep attempt survivors from reattempting or dying by suicide. Yet services for attempt survivors are limited and often ineffective.

Suicide attempts are far more common than most people realize. In a recent U.S. survey conducted in 2015, approximately 1.4 million adults reported attempting suicide in the past year. Of people who attempted suicide, 571,000 adults reported that they stayed overnight or longer in a hospital as a result of a suicide attempt (*Substance Abuse and Mental Health Services Administration, 2016*).

While most people who attempt suicide do not attempt again, a recent meta-analysis found that anywhere from 13-22% of survivors will make a repeat attempt within one year, and 4% will die by suicide within 5 years (*Carroll et al., 2014*). Additionally, a review of the literature on suicide rates after psychiatric discharge revealed that rates were highest in the 3 months post-discharge and that rates have gone up in recent years (*Chung et al., 2017*).

The evidence clearly identifies this risk group, yet services often fail to move attempt survivors towards better outcomes. As Continuity of Care for Suicide Prevention and Research points out, emergency room staff often harbor negative attitudes toward suicidal patients:

One common attitudinal theme mentioned is:

*“Suicide is a choice.”*

Another frequent mention is:

*“Suicide attempts are willful, deliberate, selfish and attention seeking.”*

*“It is no surprise, then, that following a suicide attempt, patients very often feel invalidated, isolated and ignored by health professionals without special training in counseling for suicide” (Knesper, et. al., p.30).*

“WOW, THANK GOODNESS, SOMETHING DIFFERENT OUTSIDE OF THE HOSPITAL THAT CAN HELP DEAL WITH LIFE.”

SUPPORT GROUP PARTICIPANT

  
**1.4 MILLION**  
**ADULTS ATTEMPTED SUICIDE**  
IN THE PAST YEAR



**571,000** stayed overnight or longer in a hospital as a result

**13-22%** OF SURVIVORS WILL MAKE A REPEAT ATTEMPT WITHIN ONE YEAR

**4%** WILL DIE BY SUICIDE WITHIN FIVE YEARS



rates are highest in the 3 months post-discharge





Studies show that as many as 50 to 70 percent of people discharged from a psychiatric hospital or emergency department following a suicide attempt do not keep their first scheduled outpatient session for on-going care (Knesper, et. al., 2010). This may stem from a sense of shame or dissatisfaction following their initial treatment in the hospital. The people who do attend therapy often drop out after a few sessions and do not complete therapy. Many people who go to an emergency department for suicidal crises are discharged without mental health assessments. In addition to suicide attempt survivors who are seen in emergency departments, hospitals or doctors' offices, a number of individuals who attempt suicide do not seek treatment and remain unknown to any health or mental health provider.

There exists a gap of services for people recovering from a suicide attempt. While it is commonly agreed that therapy and support services are vital after a suicide attempt, there are very few programs devoted specifically to this population. Many attempt survivors don't seek any mental health treatment after their attempt, often discouraged by previous experiences in therapy where they may not have benefited. Some look for services specifically for suicide attempt survivors and are disappointed to find few exist. Other suicide attempt survivors may feel embarrassed that they let their therapist down by making a suicide attempt. Still others might be angry with the mental health system because when trying to talk about their suicidal thoughts and feelings, they were involuntarily hospitalized by the outpatient mental health provider, thereby precluding their ability to explore this issue in therapy on an ongoing, outpatient basis. For suicide attempt survivors facing significant barriers to mental health services, support groups may provide an alternative option or a first step that leads to treatment and recovery.

**“IT IS DIFFERENT  
THAN THERAPY.  
IT IS A MIRACLE  
IN MY LIFE.”**

SUPPORT GROUP PARTICIPANT

## HISTORY OF SUPPORT GROUPS FOR SURVIVORS OF SUICIDE ATTEMPTS

*Didi Hirsch Mental Health Services*, a comprehensive community mental health center with 10 locations throughout Los Angeles and Orange Counties, has a long history in suicide prevention. In fact, the Didi Hirsch Suicide Prevention Center is the oldest suicide prevention center in the country.

In the 1960s, *Dr. Norman Farberow*, one of the Center's founders, broke new ground by starting groups for suicide attempt survivors at the Suicide Prevention Center. He argued that while crisis intervention was an effective intervention for suicide prevention, the chronically suicidal individual needed more than that. “Essentially, the more is the development of a relationship in which the primary feature is continuing evidence of caring, interest and concern” (Farberow, 1976, p. 170).

Despite Dr. Farberow's visionary thinking, his group for suicide attempt survivors dissolved. One thought was that since his group was a drop-in group, and not a closed group with consistent members, there was not enough safety or continuity to encourage recovery from persistent suicidal ideation.

Hackel (1981) highlighted several reasons for resistance to developing support groups for survivors of suicide attempts. In addition to funding concerns, the article describes two major themes that limit group therapy for suicide attempt survivors, including management and theoretical issues. The article does not suggest that any of the barriers mentioned are indeed reasons why there shouldn't be support groups for survivors of suicide attempts, but instead lists fears or unanswered questions in these areas in relation to starting such groups. Interestingly, many of the same questions still remained unanswered when the Didi Hirsch group was being implemented. SOSA was developed thirty years after that article was published and even at that time there was still no evidence to tell us whether a support group for suicide attempt survivors was an effective intervention for people after a suicide attempt. The founders of this support group speculate that the fear and stigma that caused practitioners to originally shy away from trying innovative approaches was still present thirty years later.



Dr. Norman Farberow instructing police officers on suicide prevention.

Specifically, concerns about suicide contagion have caused some practitioners to fear that a group comprised solely of survivors of suicide attempts may have iatrogenic effects by actually increasing thoughts of suicide or suicide deaths in participants. The lack of empirical evidence proving the effectiveness of groups such as the one described in this manual have allowed fears of liability to keep them from being viewed as a viable treatment option.

In recent years stigma associated with suicide seems to be decreasing and support for those with lived experience of a suicide attempt has grown (Witte, Smith, & Joiner, 2010). Federal agencies have collaborated with private partners to create two national strategies to prevent suicide (2001, 2012). Many suicide attempt survivors have become national leaders—DeQuincy Lezine, Terry Wise, Heidi Bryan, Eduardo Vega, Des'A Rae Stage, Kevin Hines, and others have charted new territory by telling their stories publicly and assuring that the suicide attempt survivor perspective is included in suicide prevention and mental health efforts.



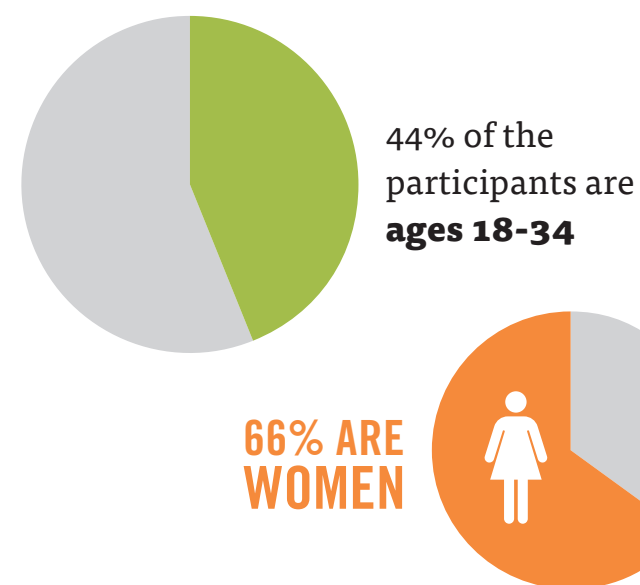
In addition, several publications have been devoted entirely to suicide attempt survivors, including:

- **Lifeline Service and Outreach Strategies Suggested By Suicide Attempt Survivors** (2007) at [http://www.suicidology.org/Portals/14/docs/Survivors/Attempt%20Survivors/NSPL-SOSA\\_Report-7-31-07\\_FINAL-4.pdf](http://www.suicidology.org/Portals/14/docs/Survivors/Attempt%20Survivors/NSPL-SOSA_Report-7-31-07_FINAL-4.pdf).
- A video story collection, **Stories of Hope and Recovery**, hosted online by the National Suicide Prevention Lifeline.
- **The After an Attempt** series for attempt survivors, their families, and their caretakers, by the Substance Abuse and Mental Health Services Administration
- **The Way Forward: Pathways to Hope, Recovery and Wellness with Insights from Lived Experience** (2014).
- **A Journey Towards Health and Hope: Your Handbook for Recovery After A Suicide Attempt** (2014).

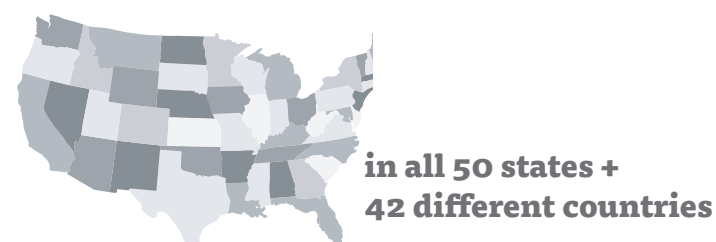
Planning for the Didi Hirsch Support Group began in 2010, when staff, including Shari Sinwelski, Lyn Morris, and Matthew Meyer, developed an implementation team to study the idea of an attempt survivors group. They agreed that the time was right to start a support group for survivors. The program's development was led by Shari Sinwelski. "We would receive calls on the hotline looking for a group for attempt survivors," she said. "Additionally, some attempt survivors would see our services advertised for loss survivors and express frustration that there was nothing for them."

Approximately one year of planning for the group included consultation with suicide attempt survivors Heidi Bryan and Eduardo Vega. There was a consultation with individuals who had experience facilitating suicide attempt support groups including Heidi Bryan, Stephanie Weber and Norman Farberow. Additionally a focus group comprised of agency volunteers with lived experience of a suicide attempt gathered to provide input regarding the development of the group. (See Appendix K for a summary of the focus group.)

# 172 INDIVIDUALS HAVE ATTENDED THE GROUP



FIRST EDITION MANUAL HAS BEEN  
DOWNLOADED 2,200 TIMES



Approximately 66% of the participants are women and 44% are between the ages of 18 and 34. Also, participants are diverse in their racial/ethnic background with 68% White, 18% Latinx, 6% African American, 4% Multi-Ethnic, 3% Asian/Pacific Islander, and 1% Native American.

Five outcome measures have been used to evaluate the effectiveness of the group including the *Beck Scale for Suicidal Ideation*, *Beck Hopelessness Scale*, *Resilience Appraisal Scale*, *Interpersonal Needs Questionnaire*, and the *Safety Plan Survey*. In addition to the outcome measures, participants reported their level of suicidal desire, suicidal intent, and buffers/connectedness. Pilot data collected from SOSA participants were published in 2018 (Hom, Davis, & Joiner, 2018) and initial results indicate that there were significant reductions in suicide ideation, hopelessness, suicide desire, and suicidal intent by the end of the group. It also showed that participants significantly increased their coping skills/resiliency and knowledge about safety planning. Didi Hirsch is engaging in ongoing evaluation of the its SOSA groups and in general, findings are positive and concerns about potential iatrogenic effects of the group such as increased suicide ideation or deaths by suicide have decreased based on initial group outcomes. (See the *Evaluation* section in the manual for more detailed information on the most current evaluation results.)

Since the initial manual was published in 2014, it has been downloaded 1,700 times in all 50 states and 35 different countries. Additionally, a two-day SOSA Support Group Facilitators training has been developed. Twenty-two two-day training workshops have been completed and 258 facilitators have been trained to date. The Didi Hirsch Suicide Prevention Center has provided facilitator trainings for the American Association of Suicidology National Conference, the National Strategy Suicide Prevention Grant administered by the New York State Office of Mental Health, The Garrett Lee Smith grant administered by The State of Georgia Department of Behavioral Health and Developmental Disabilities and Lifeline Australia.





This section of the manual is intended to assist individuals in planning for a support group for suicide attempt survivors. It describes Didi Hirsch Suicide Prevention Center's experience in planning for, implementing and running the support group.

## YOUR CASE AND SPONSOR FOR THE SUPPORT GROUP

If you are interested in starting a support group for suicide attempt survivors, start by learning as much as you can about their specific needs. Most support groups for suicide attempt survivors are sponsored by mental health centers, crisis centers, suicide prevention programs, or hospitals. If your community already has a support group for survivors of suicide loss, it may be worth checking with the group's leaders to see if they may be interested in facilitating a group for survivors of suicide attempts as well (although it is not recommended that they two groups be combined, as participant needs are very different).

Note: The website [www.activatinghope.com](http://www.activatinghope.com) contains valuable information that can help an organization assess their readiness to implement programs that incorporate the lived experience of a suicide attempt such as a support group for survivors of suicide attempts. United Survivors International [www.unitesurvivors.org](http://www.unitesurvivors.org), provides guidance to individuals looking to share their lived experience of suicide.

Start with a small implementation team to make initial plans. Make sure to include key stakeholders and suicide attempt survivors on the team. The goal of the implementation team is to explore the feasibility of running a support group and then, if feasible, to move ahead with implementation. Some decisions about the group structure may vary depending on the community where the group is located and the type of organization hosting the support group.

Identify likely supporters and opponents of the proposal for a support group and try to anticipate their hopes and fears. For example, being able to offer hope for people who have very little hope left is an incredibly rewarding aspect of this work and fits many agencies' missions. Also, the gap in services, the need for a place where people can openly share about suicide, and the program's potential to save lives can be compelling to potential sponsors.

At the same time, potential stakeholders may be reluctant to begin such a group for a variety of reasons that you need to be ready to address. Supporting those at high risk of suicide can be emotionally exhausting for staff. Additionally, some organizations will have fears about liability.



### Implementation Note

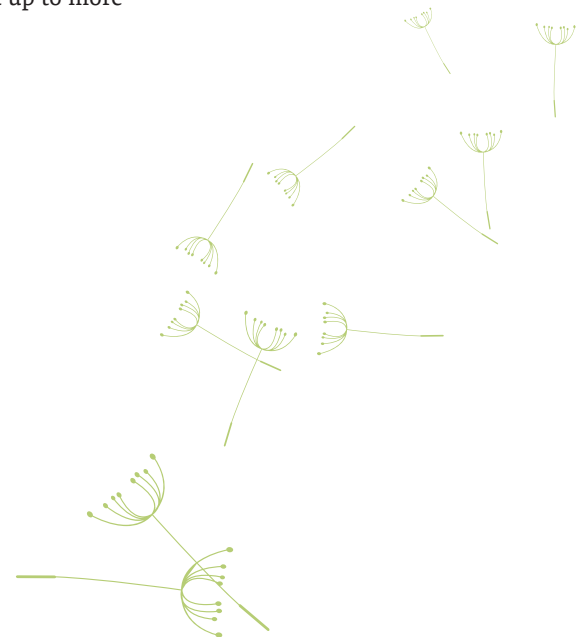
Many handouts are described throughout this manual. Some of them are included in the appendices (and are indicated as such when they are included). Other handouts are not included because a facilitator would need additional training or consultation on their use. To learn more about the handouts not included in this manual, please contact Didi Hirsch Suicide Prevention Center via our website or consider attending a two-day in-person or four-day virtual training.

Didi Hirsch Suicide Prevention Center staff members did due diligence to evaluate liability concerns and determined the benefits of such a group outweighed the risks. However, it is recommended that each sponsor do their own due diligence before starting a group to determine their own comfort level. Building the group on a strong foundation of evaluated suicide prevention practices such as Risk/Safety Assessment and Imminent Risk Guidelines and Safety Planning can help to further assuage fears of liability.

Put your best arguments together and make your case to potential stakeholders. Consider what outcomes are most important to measure in your environment. Didi Hirsch evaluated a number of outcomes such as suicidal desire, suicidal intent, buffers/connectedness, resiliency/coping skills, safety planning knowledge and utilization, hopelessness, and perceived burdensomeness. Factors such as hospitalizations and suicide attempts during the group were also tracked. Preliminary outcomes have been positive. Participants who complete the group show reductions in self-reported suicidal desire, intent, hopelessness, and perceived burdensomeness, as well as increases in resiliency/coping skills and knowledge of using safety planning.

Although the results were and continue to be impressive, it is worth noting that suicide risk is an ongoing concern in the group. However, since the inception of the group there have been only three known instances where a group member made a suicide attempt during the eight-week group process. During these instances, group facilitators worked closely with these participants to help ensure they received the extra support they needed and to process the impact on other group members. Since members can remain at risk for suicide, it is important to keep in mind that facilitators remain vigilant about potential risk factors for suicide attempt survivors and are attuned to indications that a group participant may be struggling.

At times, the group can be overwhelming for some participants. Speaking about their attempt can prompt strong feelings in some participants. Facilitators need to know how to assess risk and should take steps to address concerns during the group meeting or right after it concludes. No one who is at imminent risk should leave a group meeting without some assurance that the member can stay safe. For facilitators and participants to build trust, they need to collaborate to find the least intrusive way to establish safety. Even with these processes in place, there is no guarantee that all individuals will be able to participate safely in this group. Some individuals may need to be stepped up to more intensive treatment, such as an inpatient setting.



## FACTORS TO CONSIDER IN DEVELOPING A SUPPORT GROUP

The implementation team for the support group at Didi Hirsch went through a year-long development process before the group began. The team considered many factors that are important when developing a group, including making decisions in the following areas:

### TARGET AUDIENCE

The audience needs to be aligned with the goals and outcomes you choose. There are many factors to consider about the target audience.

- **Age.** The Didi Hirsch support group was designed specifically for an adult population (18 years and older). Because there is so little information regarding support groups for suicide attempt survivors in general and even less in using such a group for youth, it was decided to focus on implementing and evaluating a support group for adult survivor's of suicide attempts as a starting point as liability and contagion concerns were more significant for youths. Given the success of the original group, Didi Hirsch is considering adaptations for a group for youth. However considerable evaluations and revisions would need to be made to ensure that the group was safe for this population. Currently, the group is only recommended for those 18 years or older.

- **Level of functioning.** The support group facilitators screen participants to identify their primary needs and evaluate whether a support group is appropriate for them. If a potential participant has more pressing concerns such as serious substance abuse issues or a significant untreated mental illness, it may interfere with their ability to effectively participate in a group. This must be addressed prior to participating in the support group. Didi Hirsch makes referrals for individuals with these needs, in the hope that once they are stabilized, they can attend the group.

Participation in individual therapy is not a requirement for participation in the support group. In fact, for some, the group may encourage those who have never been in therapy to see how others have benefited and consider it for themselves. While therapy is not a requirement, it is strongly recommended, as often, group participants find the group to be intense and having support outside of the group is valuable. Additionally, facilitators will ask whether an individual is in therapy or seeing a psychiatrist during the intake interview and will suggest signing releases to work collaboratively with a participants support team.





Facilitators have often found that individuals with certain mental health diagnoses often have had less success in the group. For example, when it comes up during the intake interview that an individual has Borderline Personality Disorder (BPD), they are usually referred to other services such as dialectical behavior therapy first, and may join the group at a later point.

- **History of attempts.** There is no specified amount of time that must have passed since an attempt in order to participate in the support group, and the time since attempt has varied from a couple of weeks to many years. It is worth noting that if the attempt has been recent, special attention should be given to the impact of the attempt in terms of how the group might affect the member's experience of the trauma. With this in mind, we work collaboratively with the member to ensure their safety and comfort level within the group.

- **Diversity.** In previous groups, diversity helped to solidify the group, and people from different backgrounds were able to bond through their common experience of having survived a suicide attempt. As in any situation where diverse populations are working together, it is important for facilitators to be aware of how factors such as race, ethnicity, language, religion, sexual orientation, and gender identity may impact participants' world views and group dynamics.

To be inclusive, facilitators may wish to ask participants about these issues during intake or check-in. Having groups for special populations has been considered but has not been implemented at this point.

- **Duration of group/Open or closed group.** The decision to make this a closed, eight-week group was based primarily on the success of the suicide bereavement groups that have been operating for over 30 years at the Didi Hirsch Suicide Prevention Center with this structure. Participants must complete an intake and be accepted into the group before attending. The support group is closed to additional participants once the group starts.

This model was adopted with the intention of having participants commit to attending all eight meetings whenever possible. The group has an agenda for every week, planned so that participants' skills and relationships with others in the group grow over the cycle.

It is not unusual for group participants to continue to experience thoughts of suicide after completing an eight-week cycle. Many participants have reported that the ongoing support they find within the group is helpful. For this reason, participants may request to repeat the eight-week group cycle and work with the facilitator to assess if it is an appropriate and recommended option for them. In addition to finding support for themselves, repeat participants often provide guidance and hope to new participants.



“ I LOVE THE FACT THAT WE ARE DIFFERENT AND FEEL VERY TIED TO EACH OTHER. I DON'T FEEL ABANDONED ANYMORE.”

SUPPORT GROUP PARTICIPANT

Repeating the group has proven popular. In fact, about 36 percent of group participants have returned for at least one additional cycle, and several participants have repeated the group more often.

Facilitators have opted to schedule some time between group cycles to give both facilitators and returning participants a short break. The break after the cycle allows participants time to practice the coping skills that they learned during the group, thus fostering a sense of empowerment and independence.

- **Therapist or peer-led.** Peer support is very popular for a variety of issues such as addiction, mental health issues, illness, or bereavement. Some have proposed that using peers to lead a group for survivors of suicide attempts is the best way to reach out to a group of people who may feel discouraged or let down by therapists or other professionals they have encountered. Others have postulated that only those who have actually survived a suicide attempt can truly understand and support those with that experience. At the same time, some have argued that having a clinician lead the group is crucial to manage the intensity and risk associated with a survivors of suicide attempts support group.

The implementation team for Didi Hirsch chose to have a dual approach to group facilitation to include a Clinical and Peer Facilitator. One facilitator takes on the role of the Clinical Facilitator and the other the role of the Peer Facilitator. The Clinical Facilitator should have training and experience in facilitating groups, suicide risk/safety assessment and intervening in imminent risk situations. The Peer Facilitator should have lived experience of a suicide attempt and preferably has completed at least one group cycle as a participant. Ideally, the Peer Facilitator should also have training in suicide risk safety assessment, imminent risk guidelines and group facilitation skills, but can rely more on the Clinical Facilitator for this role. In some cases, both facilitators may have lived experience or clinical skills, but it is still important for facilitators to be clear about the role they will take in the group. While there is always some sharing of roles in the group the typical tasks of each role are outlined on the following page.

## Support Group for People with Suicide Ideation

When the Didi Hirsch support group for suicide attempt survivors began, calls from interested participants were received from people who had struggled with persistent thoughts of suicide, but had never attempted. Initially, facilitators allowed both attempt survivors as well as individuals with suicidal ideation who had not attempted suicide to participate in the group. While some of those with “only” suicidal ideation seemed to benefit from the peer support and coping skills learned in the group, others dropped out, finding the group to be too “intense.” Ultimately, based on concerns about the vulnerability of individuals who have not attempted and the possibility that hearing about others' attempts could increase their capability for suicide and heighten their risk, it was decided to limit the group to only those who had a previous attempt. Group facilitators have considered piloting a separate group to provide support and teach coping skills to this population with persistent thoughts of suicide, but have not yet initiated this group. Further evaluation in this area is needed to determine the effects of combining both populations in one group.

## ROLE OF THE CLINICAL FACILITATOR

- ✓ Completes Intake Interview
- ✓ Completes Documentation  
(Intake, group notes, follow-up contacts, etc.)
- ✓ Manages Group Content and Process
- ✓ Maintains Group Structure and Manages Group Dynamics
- ✓ Provides Follow-Up Calls Between Groups if Needed
- ✓ Facilitates Activities and Discussions
- ✓ Assesses Risk
- ✓ Intervenes with Imminent Risk
- ✓ Maintains Safety

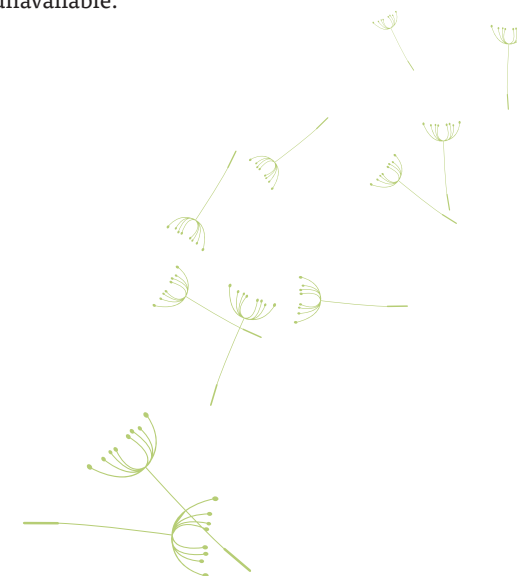
## ROLE OF THE PEER FACILITATOR

- ✓ Welcomes New Members
- ✓ Models Open Communication about Suicide
- ✓ Supports and Normalizes Participants Experiences
- ✓ Provides Peer Support Outside of Group Sessions
- ✓ Assists with Activities and Discussions
- ✓ Shares Personal Experiences
- ✓ Models Hope and Recovery

Having a Clinical Facilitator to ensure adherence to group structure, content and process and to assess risk and ensure safety allows the Peer Facilitator to devote their attention to normalizing participant experiences and modeling open communication about suicide. The role of the peer support person can vary based on their comfort level and training but, as mentioned earlier, often includes providing acceptance, insight and inspiration from their own experiences and allowing participants to feel comfortable in talking about their experiences related to their attempt. The Peer Facilitator can model his or her own recovery process. Often, new participants find hope and comfort in seeing other suicide attempt survivors who have progressed further in their journey of recovery. In turn, Peer Facilitators find inspiration in using their experiences to help others. Having a Clinical Facilitator working together with a Peer Facilitator has proven to be quite successful and is a requirement of this model. Without a clinician, a peer support person may struggle with providing intervention to those at imminent risk or even face their own thoughts of suicide and feel overwhelmed or ill-equipped to support those who are at risk for suicide. Having a Clinical Facilitator ensures that there is someone who is able to manage crises and to handle intense feelings that are present during a typical group cycle. Having only a Clinical Facilitator would not allow for the authenticity that is needed to allow participants to relate to someone who has *“been there.”* When first beginning the support group, it may be a challenge to identify a person with lived experience to fulfill the role of the Peer Facilitator. In cases such as this, there should always be two facilitators, for safety considerations, even if a peer is unavailable.

- **Support group or therapy group.** When the support group was initially piloted it was conceived of as primarily a support group. While there was always a dual approach to facilitation (with a Clinical Facilitator and Peer Facilitator) the structure of the group was less formal and consisted primarily of allowing participants an opportunity to connect and talk with other suicide attempt survivors about their lived experience. With less structure, group conversations often got intense and the tone of the group often got very heavy. In fact, in the initial group cycles, some participants stopped coming to the group, stating that it was too difficult for them to listen to such intense feelings from others who were struggling. It quickly became apparent that more therapeutic clinical techniques would be needed to create an environment that felt safe and supportive of participants. Additionally, participants also provided feedback about desiring more tools and education to help understand and cope with their suicidality which, then included the borrowing of different components of a few select therapeutic models to meet our participants’ needs in continuing to support their wellness and willingness to choosing safety.

Currently, the group is considered to be a blended group with both elements of a support group (connection, peer support, managing stigma, empowerment, resources) along with other elements that are more like a therapy group (intake interview, risk assessment, Cognitive Behavioral Therapy Skills, Dialectical Behavioral Therapy Skills, Safety Planning and Managing Group Process). Since the group is a blended group, the intention is to expose participants to a variety of therapeutic techniques to add to their coping skills, in the hopes that they may be intrigued to learn more in other types of support groups or one-on-one therapy.





## RESOURCES FOR STARTING THE SUPPORT GROUP

The biggest resource needed to implement a support group is time. Once all of the planning for the group has happened, facilitators must be available eight consecutive weeks during the scheduled group meeting time. The support group's weekly meeting lasts one and a half to two hours. (Groups with fewer participants are limited to one and a half hours, and larger groups run two hours.) However, facilitators need to allow additional time for set-up before and debriefing after the meeting.

Facilitators are typically involved in the recruiting and screening of group participants. An intake interview usually takes approximately one hour per participant. Facilitators also make themselves available for follow-up contact between group meetings, when necessary. At Didi Hirsch, documentation is completed after each group meeting and each follow-up contact. Additionally, facilitators will want to work with group members to make sure they are connected to outside resources, such as an individual therapist or psychiatrist. All in all, the clinical facilitator could expect to spend approximately 15–20 hours per week in all group activities.

Other resources for the group include meeting space, technology to show videos, refreshments, printed handouts, standardized outcome measures, and art supplies for creating Hope Boxes.

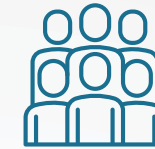
## MISSION AND VALUES OF THE SUPPORT GROUP

Running a successful Support Group for Survivors of Suicide Attempts requires an openness on behalf of the organization and the facilitators to work collaboratively with participants to achieve safety. An organization should review its mission and values when making a decision to implement a group for suicide attempt survivors to ensure it is in line with key values such as those found in *The Way Forward*.

### MISSION

The Survivors Of Suicide Attempt Support Group offers suicide attempt survivors a safe, non-judgmental place to talk about their common experience of having survived a suicide attempt. Members are encouraged to share their stories of recovery to support each other and learn new ways to cope with suicidal thoughts. Through peer support and clinician-guided facilitation we seek to encourage a supportive community to foster the development of effective coping skills and create hope for the future.

## SUPPORT GROUP CORE VALUES



### COLLABORATION

*Survivors of Suicide Attempts have valuable knowledge about what helps them to feel better and should be empowered through collaboration to make choices about their recovery.*

### LIVED EXPERIENCE

*Survivors of Suicide Attempts' experiences are important and should be valued as part of their recovery. As such, ongoing feedback is solicited from participants to continually improve the group process.*

### SUPPORT AND SKILL BUILDING

*Survivors of Suicide Attempts benefit from a balance of both emotional support and skill-building exercises in a support group.*

### CONNECTION TO LIFE

*Suicide is a heavy topic. Survivors of Suicide Attempts are encouraged to speak openly and honestly about their feelings related to suicide. Humor and socialization are an important element in balancing the mood and encouraging a connection to life.*

### PEER SUPPORT

*Survivors of Suicide Attempts often find comfort in connecting with peers that have survived similar experiences; peer facilitators are crucial in a successful support group model.*

### DUAL FACILITATION

*While peer support is invaluable, the presence of a clinical facilitator allows a peer facilitator to focus on their needs without having to address the clinical issues that may come up in working with the other group members.*

### HOPE

*Hope should be supported when working with Survivors of Suicide Attempts. Some survivors find hope and meaning in using their experiences to help others.*

### LEAST INTRUSIVE INTERVENTION

*Survivors of Suicide Attempts may continue to experience suicidal thoughts. They should be supported in finding ways to stay safe in the most collaborative and least intrusive way possible.*

### LIFE PREVAILS

*While collaboration is paramount, choosing life prevails. When Survivors of Suicide Attempts are unable or unwilling to engage in collaborative efforts to stay safe, facilitators will initiate other efforts to support safety.*

## SUPPORT GROUP FACILITATORS

Before starting a group, it is important to identify several qualified facilitators, to allow for availability and attrition. It is critical that there are two facilitators for each support group cycle (a Clinical Facilitator and a Peer Facilitator) to ensure the safety of group participants and to provide support and consultation to each other. It is not uncommon to have several people at risk at one time, and having a second facilitator helps handle these situations. It is also important to have a second facilitator if a facilitator needs to leave the room to attend to an individual participant. Two facilitators also allows for more flexibility to provide follow-up with participants as needed between group meetings.

Facilitators need a real comfort level with listening to participants' intense feelings, which often include hopelessness and ambivalence about living or dying. They must be able to be empathic and recognize the need for suicide attempt survivors to be involved in choices related to their care. At the same time, they must be attuned to issues regarding risk assessment and safety.

A combination of mental health education and experience, and years of experience with suicide prevention are important as well. It is helpful for facilitators to have experience on a crisis line or direct experience with suicide crises. Didi Hirsch uses training in ASIST (Applied Suicide Intervention Skills Training) to help facilitators explore their own attitudes and beliefs about suicide, a key component in increasing comfort in working with suicide attempt survivors, but other training programs may accomplish this as well.

Additionally, it is important that facilitators have training in assessing suicide risk/safety and confidence making intervention decisions with people at imminent risk of suicide. Part of the success of the group is based on facilitators' comfort in assessing a person's risk for suicide and handling crisis situations in a calm, collaborative style that respects the desires of the person at risk and includes them in the process of establishing safety.

Most of the facilitators for the support group have had experience working on the Didi Hirsch Suicide Prevention crisis line, which is a member of the National Suicide Prevention Lifeline. Having this experience means the facilitators are familiar with suicide risk/safety assessment protocols as well as with making intervention decisions when a person is at imminent risk. *The Lifeline's Guidelines for Helping Callers at Imminent Risk of Suicide* (Draper, et. al., 2015) is a key document that provides guidance in making these decisions. The guidelines were initially written for use with callers to the Lifeline; however, the approaches recommended in the guidelines can be applied in a variety of situations and are particularly helpful in working with suicide attempt survivors who, because of their attempt, may be fearful or distrustful of helping professionals.

The Guidelines (Draper et al., 2015) recommend using Active Engagement to make every reasonable effort to collaborate with a person at risk to ensure their safety. The Guidelines also state that the least invasive intervention should be used when working with individuals at risk and that involuntary emergency intervention should only be used as a last resort. Additionally, while the goal of the Guidelines is to involve at-risk individuals in their plan to keep safe, they also recognize that at times, people at imminent risk of suicide may not be able or willing to take measures to keep themselves safe and thus require Active Rescue, where caregivers should take all action to secure the safety of a person at risk when they are unable or unwilling to take action on their own behalf.

Often, without comfort and experience in suicide risk assessment and intervention, a facilitator's desire to keep a participant safe may cause them to overlook collaboration with the person at risk and instead jump to a more invasive intervention to "guarantee" safety. Knowledge and experience with the aforementioned guidelines helps a facilitator to feel confident in developing a balanced plan for safety that respects the wishes of the person at risk as much as possible.

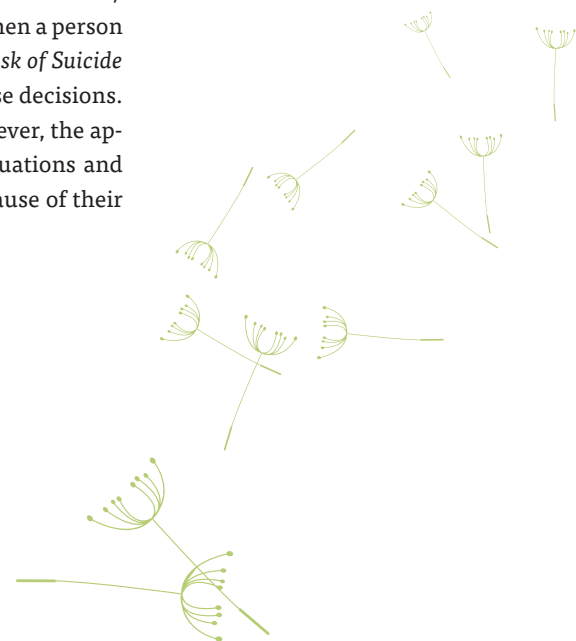
## ARRANGING A MEETING PLACE

Your sponsoring agency may provide space for the meeting, or another host may have space. Ideally this is a location that is in a safe area with adequate outdoor lighting if meetings are to take place at night. It should be handicapped accessible and close to public transportation, with parking available if possible.

The meeting room should be private and quiet, with sufficient space for 10 people, to accommodate group participants and facilitators. There should be a table big enough for the participants and facilitators to sit around. The table allows space to complete group projects and activities. The room should allow for the use of a TV/DVD player or computer and projector for showing videos. A white board or flip chart will be needed for group activities as well.

## CREATING PROTOCOLS

It is important to develop protocols for the group in advance. Protocols should include intake procedures, risk assessment, informed consent, group guidelines, documentation procedures, and policies for handling imminent risk situations. In addition, it is important to develop protocols for collecting outcome measures to further refine and monitor the effectiveness of the group.



## RECRUITING SUPPORT GROUP PARTICIPANTS

It is important to have a plan for publicizing the group within your community. The Didi Hirsch support group has run with as few as four participants, but having six to eight is ideal. Some attempt survivors who complete the intake may not show up for the meetings and others will cancel, so we recommend registering more than you think you will need.

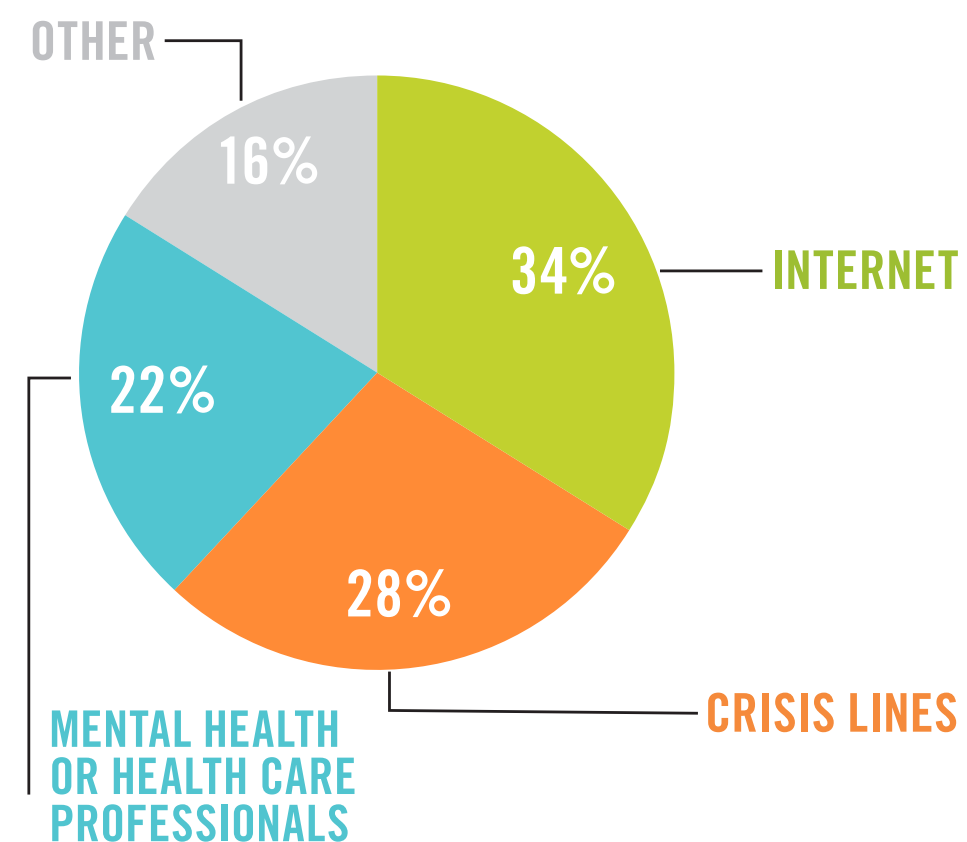
Develop a flyer or brochure with basic information about the group to attract potential participants. Be sure to include facilitators' contact information and a brief mention of the group's eligibility criteria. It is important to let potential members know that there is an intake process and that the group may not be right for everyone.

Determine where to advertise the group. Contact local hospital emergency departments, inpatient programs, crisis lines, information and referral lines, community support group listings, health care practices, and counseling centers and send them information about the support group. If you belong to an organization that regularly provides training in your community, offer to provide a training workshop and promote the support group as part of your workshop.



Promoting your support group on your website is a good way to reach attempt survivors directly and has proven to be the biggest source of referrals for the group. Often, participants may feel more comfortable seeking services online. This being said, we discourage the use of email contact and encourage providing a phone number for contact instead.

The Didi Hirsch Suicide Prevention Center promotes the group in a variety of ways in the Los Angeles community and has received hundreds of inquiries about the group since it began in 2011. At the time of this writing, approximately 34 percent of inquiries come from individuals who learned about the group on the Internet, 28 percent were referred by a crisis hotline and 22 percent come from individuals referred by a mental health or health care professional. Other referral sources include family, friends, or signage in the community.







This section of the manual is intended for facilitators and addresses them directly. Statements in the manual that facilitators can use as a script to talk with potential participants are bold, italicized and in quotation marks.

## HOLD THE INITIAL PHONE SCREENING WITH THE INTERESTED PARTICIPANT

When a potential participant calls to ask about the group, they will talk to a facilitator or other trained agency staff member, who will give them an overview of the group and schedule their intake appointment. The overview includes descriptions of the following:

- **Group participants.** The group is for adults who have survived a suicide attempt.
- **Meeting location, time and duration.** The meeting lasts one and a half to two hours (depending on group size) and is held on one weeknight/day for eight weeks. Give a general idea as to where the group meets (area of the city, etc.), especially if it is a large community, to make sure that the potential participant can attend; however, the actual meeting location is not disclosed until the caller completes the intake interview and is accepted into the group.
- **Support group objectives.** The group focuses on two things: a chance to meet and talk to others who have survived a suicide attempt and a chance to learn skills that may help them to cope with their suicidal thoughts and feelings in order to stay safe in the future.
- **Group format and participation.** The support group is a closed, confidential group. Participants all start at the same week and end the eight-week cycle together, making it more comfortable to share personal information. It is important for participants to attend all groups, if possible.
- **Expectations for the group.** We recommend that group participants have additional resources outside of the group such as counselors, psychiatrists or therapists.

In the next part of the initial call, you need to accomplish the following:

- **Schedule an intake interview.** It is important to schedule an intake call or visit soon after an individual initially contacts the program, and within the same week when-ever possible. An attempt survivor's readiness for joining a support group may be short-term; the energy and resolve aroused by the crisis of an attempt may not last long. Inform the individual that the intake interview will be completed by phone or in person and will take approximately one hour. If by phone, instruct them to find a quiet, private place to talk, as the intake interview will ask about their personal history and suicide attempt.
- **Check for safety.** Ask the potential participant if they are currently feeling suicidal. If so, a thorough risk assessment and/or intervention be completed while you still have them on the line.
- **If it is determined in the initial call (phone screening) that a potential participant is at high/imminent risk for suicide a safety plan should be completed** and more immediate resources for support should be provided depending on the level of risk.
- **Provide resources.** Inform the potential participant about the National Suicide Prevention Lifeline 1-800-273-TALK or 1-800-273-8255 and let them know it is available 24 hours a day, seven days a week if they are feeling suicidal and need to speak with a counselor. If they decide they don't want to set up an intake interview or are not an eligible candidate for the group, provide other resources when possible.
- **Ask how they learned about the group.** Tracking how people found about the support group is a good way to measure the effectiveness of your marketing efforts.

## COMPLETING THE INTAKE INTERVIEW

Initially, when the group was first implemented, intake interviews were done over the phone. However, as the group progressed, intake interviews were done in person. There are pros and cons to each approach. Having participants come into the building where the group is actually held and meeting the facilitator in person can reduce anxiety associated with attending the first group meeting. On the other hand, an initial intake over the phone may allow those who are particularly anxious about a face-to-face interview a more comfortable option for the interview.

The National Suicide Prevention Lifeline Suicide Safety Assessment Standards are used to assess the current suicide risk of potential participants. This allows us to determine the suitability of a client for the support group. During the intake interview, all participants are asked to self-rate their feelings in regards to suicidal desire and intent. Buffers and connectedness are assessed through the resiliency scales. Suicidal capability was excluded because many of the subcomponents of this principle are fixed and won't change over time (i.e., history of a suicide attempt or exposure to a suicide) or are more difficult for a participant to self-rate (i.e. increased symptoms of mental illness or extreme agitation). Participants are later asked these questions at the first meeting of the eight-week group cycle and again at the last meeting to identify changes from the intake baseline measures. Recently, group facilitators have also been asking participants to self-rate suicide desire and intent during the group check-in as an additional tool for assessing risk in the moment.

When both the needs of the potential participant and the needs of the facilitator are met, the intake interview, or assessment can become an intervention in and of itself.

### Suicidal Desire

On a scale of 1-5, how intense are your thoughts and feelings are of wanting to die?

(1= low – 5= high)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Suicidal Intent

On a scale of 1-5, how likely are you to kill yourself in the next 24 hours?

(1= very unlikely –5= very likely)

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Buffers/Connectedness

On a scale from 1-5, how connected to others/how supported do you feel?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PURPOSE OF THE INTAKE INTERVIEW

The intake interview is meant to meet the needs of both the suicide attempt survivor and the group facilitator. The facilitator wants to determine the participant's level of safety and readiness to join the group. The participant, who may not have had a chance to discuss their experiences related to suicide, wants to feel a sense of relief and acceptance. The term “intake interview” can be misleading. Instead of the facilitator asking a series of questions and the participant giving a series of responses, ideally the intake interview is a narrative assessment, more of a conversation. A skilled facilitator is able to strike a balance, gathering needed information while providing active listening and empathy.

## NEEDS OF THE PARTICIPANT DURING INTAKE

This first substantive interaction lays the groundwork for what the potential participant may expect to experience in the support group. Many survivors of suicide attempts feel misunderstood and perhaps have never had the chance to talk with anyone about the negative situations and emotions that led to their attempt (Oexle et al., 2018). It is important to allow them to tell their stories and to express these emotions. However, because these feelings can be intense, some participant can get “stuck” there. As a facilitator, your role is to strike a balance, recognizing and validating the person's reasons for wanting to die while noticing and nurturing their reasons for living. Touching on these themes during the intake interview helps to get the participant thinking about them before the group begins, where the same themes are revisited.

For many participants, the intake interview is an important first step in their journey toward recovery. The participant may be hesitant to talk to a stranger. If they have spoken with someone about their suicide attempt, it likely was a difficult conversation. At the same time, they may anticipate a sense of relief that can come from sharing their story with someone who is calm, patient, and non-judgmental. Creating a safe space where they feel supported

will help them to see that talking about their experiences can be positive and encourage them to take the next step of attending the group.



## NEEDS OF THE FACILITATOR DURING INTAKE

First and foremost, the facilitator must be attuned to the needs of the participant. Because of time constraints or concerns about the safety of the participant, a facilitator may be tempted to ask lots of questions in rapid succession. However, it is crucial to allow the participant time to express feelings about their attempt that they may not have had the chance to share with anyone. Additionally, the participant needs time to reflect on their experiences and ask questions. A word of caution: If you notice that a participant is unfocused or rambling, you can keep the conversation productive and focused by bringing the conversation back to the questions in the intake.

Another need of the facilitator during intake is to determine the potential participant's appropriateness for the group. Individuals with major substance use issues or psychotic features may find it difficult to be effective in a group environment. Others with significant personality disorders may find their needs better met in one on one therapy or in a group environment with more structure.



## PROCEDURE FOR THE INTAKE INTERVIEW

During the course of the interview, follow the steps below. While they are written as separate steps, in an actual intake interview some steps will likely overlap and flow naturally as part of the conversation.



1

### INTRODUCE INTERVIEW

#### Explain the intake interview process

- **Establish a connection.** The Intake interview may cause anxiety for some participants. They may have never spoken to anyone about their suicide attempt or perhaps they have tried and didn't find it helpful. They may be wondering what to expect from the interview or the group itself. It is important to establish a connection during the interview by listening and being non-judgmental. Active listening techniques such as reflecting and normalizing feelings, paraphrasing and summarizing can help the participant feel comfortable and safe, hopefully building sense of safety that will carry on into the group.
- **Describe the purpose of the intake interview.** *"The purpose of this interview is for you and I to get to know a bit more about each other and to see if the survivors of suicide attempts support group is a match for you. We are going to discuss your history to determine if the group is a good fit, and some questions may be difficult. I encourage you to let me know if our conversation is uncomfortable to you for any reason you during this process. In addition, I hope that you will ask me any questions that you have about the group."*
- **Set the tone.** *"Suicide can be a private topic, and so the questions I ask may feel very personal. The intent is not to be intrusive, but rather for you to have a chance to be honest about what you have experienced and how you are feeling. I think it is the best way for me to get to know your struggles and to help you decide if the group may be beneficial to you, or if you might do better with other resources."*
- **Explain confidentiality/informed consent.** *"I want you to know that this conversation, as well as what happens during the support group, is confidential. That means that anything you share during this call will remain between you and me. Additionally, whatever you say in the group will remain in the group, and we ask all participants in the group to sign a confidentiality agreement indicating that they will not disclose information to others outside of the group meeting."*

*"However, legally, there are sometimes when I am required to break confidentiality. This includes situations where I might hear that a child, elderly or disabled person is being abused or neglected or any situation where you or someone else's life might be in immediate danger. In these situations, I am required to take steps to ensure that everyone remains safe. This may include notifying other people and professionals about the situation."*

It is important to openly review limits to confidentiality. Since the support group is designed specifically for survivors of suicide attempts, potential participants might be wondering how much they can share openly about their attempt or if they can disclose thoughts of suicide.

*"So you may be thinking, this is a group about suicide, what happens if I say I am thinking about suicide? Are you going to tell someone?" You may even have experiences where you have told someone that you were thinking about suicide and they didn't react in a way that was helpful to you. It is important for you to know that the facilitators of this support group frequently talk to people who are having thoughts of suicide, and we encourage people to share those thoughts with us. Just because someone tells us they are thinking about suicide doesn't mean that we are going to break confidentiality. In fact, it is our goal to work with you to find ways to keep yourself safe that are comfortable for you. That could involve getting others involved, but we would hope to contact people that you are most comfortable with. "Do you have any questions or concerns about this that you would like to discuss?"*

- **Explain outcomes collection.** The beginning of the outcomes collection starts during the intake interview. The person completing the interview will ask some questions regarding the participants suicide desire and intent and feelings of connectedness. Additionally, the interviewer should prepare the participant that similar questions will be asked during and after the group and are used to measure the effectiveness of the group.

#### Provide basic group information

- **Explain themes.** The group focuses on two things: a chance to meet and talk to others who have survived a suicide attempt and a chance to learn skills that may help them to cope with their suicidal thoughts and feelings in order to stay safe in the future.
- **Encourage questions.**
- **Understand motivation for attending the group.** It can be helpful to ask the potential participant what they hope to get from attending the group. The answer to this question can help determine if they are a good match for the group as well as manage expectation about what the group will be like.

### A Note On Gathering Participant Information

During your intake interview, gather as much basic contact and demographic information as you can about your potential participant such as name, phone number, address, date of contact, age, gender, sexual orientation, ethnicity, veteran's status, and employment status. You might have a paper form you ask the participant to complete before the interview where this information is gathered at the Didi Hirsch Suicide Prevention Center this is the phone screening document. Ask for an email address if you plan on contacting participants by email. Be sure that you have protocols for secure email if you use email. It is important to get an emergency contact; you can assure them that the emergency contact would only be used in cases where you are worried about their safety. This is also a good time to find out whether the potential participant is in therapy or has been in therapy in the past. If they are or have been in therapy, ask if they found it helpful. If they are open to talking about their experiences in therapy, discuss the option of them signing a waiver to allow you to talk with their therapist or psychiatrist.

Be attuned to the potential participant's reactions to these questions and use them to determine when and how much information to gather. For those who are comfortable discussing basic demographic information, facilitators can use the discussion as a way to establish trust and "break the ice." Others, however, may not want to share personal information, such as address, emergency contact, or experiences in therapy at the beginning. Use your best judgment when asking these questions, and if the potential participant seems hesitant you can always gather this information later in the call or even over the course of the group, if needed.

## 2 COMPLETE THE SAFETY ASSESSMENT

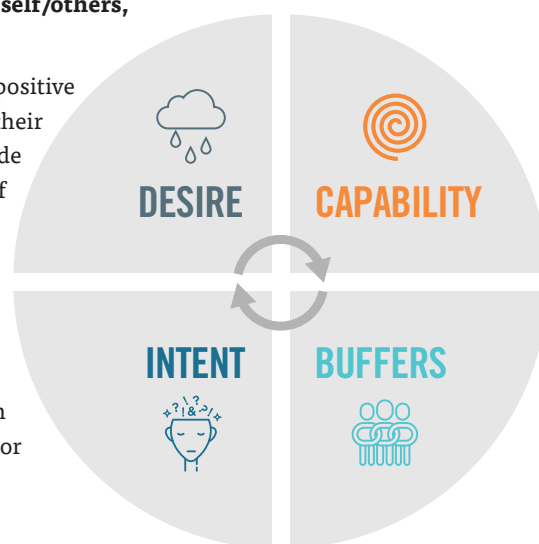
Many clinicians are skilled in suicide risk/safety assessment; however, risk/safety assessments for particular groups or settings often have special requirements. To complete the risk/safety assessment that helps determine participation in a SOSA support group, you balance two aims: completing a thorough risk/safety assessment and building a supportive connection with the potential participant.

Most survivors of suicide attempts continue to experience thoughts of suicide after their attempt. The assessment you do as part of the intake will determine the level of safety of potential participants and identify those at imminent risk. It will also help you gauge their readiness to participate in the group. There are many suicide risk/safety assessment instruments for clinicians working with individuals at risk of suicide; however, none of the instruments should be used without training, protocols, and supervision.

To assess a potential participant's risk level, the Didi Hirsch support group uses the Standards for the National Suicide Prevention Lifeline (Joiner et al., 2007). These standards are based on four core principles (suicidal desire, suicidal capability, suicidal intent, and buffers/connectedness), each with a number of subcomponents (Joiner et al., 2007):

- **Suicidal Desire:** Suicidal desire refers to the intense feelings and wishes for death that a suicidal person experiences. The subcomponents for this principle include **suicidal ideation and hopelessness**, perceived burden on others, feeling trapped, self-hate, psychological pain, feeling intolerably alone.
- **Suicidal Capability:** Suicidal capability refers to a sense of “fearlessness” or “competence” in regards to making an attempt. The subcomponents for this principle include a **history of attempts, history of self-harm (non-suicidal self-injury), available means, dysregulated, currently intoxicated**, substance abuse, exposure to someone else's death by suicide or suicide attempt, acute symptoms of mental illness, sleep disturbances, increased anxiety, history of violence to others.
- **Suicidal Intent:** Suicidal intent refers to a person's resolve to die, or how likely they are to act on their thoughts of suicide. The subcomponents of this principle include **attempt in progress, identified plan to kill self/others, preparatory behaviors, and expressed intent to die**.
- **Buffers/Connectedness:** Buffers/connectedness refers to the positive things in a person's life that may be protective factors and lessen their risk for suicide. The subcomponents of this principle include **immediate supports, reasons for living, ambivalence**, sense of purpose, planning for the future, engagement with helper, social supports and core beliefs.

The assessment portion of the intake interview includes an assessment of each of the subcomponents included in the four core principles. The presence of each sub-component is indicated via a yes/no response on the intake form. Often information related to the areas of the assessment are discovered when the facilitator



takes an active listening approach to the intake. Other times, the facilitator may need to ask direct questions to discover information in important areas. Facilitators will develop their own style of gathering the information in the assessment that allows for a conversational flow and connection with the participant. While it is not necessary to obtain direct answers to every single subcomponent in the assessment, the more information that is obtained, the more thorough the assessment will be. It is recommended that the bolded subcomponents are gathered on every intake.

The Lifeline assessment standards help to meet the needs of both the potential participant and the facilitator. When discussing suicidal desire, the participant has an opportunity to express the pain and emotions that led to their attempt and could be contributing to current thoughts of suicide. For the facilitator, discussions of suicidal capability and intent help them to learn more about the person's current level of risk. Finally, hearing about a person's buffers and connectedness marks a shift in the intake from a focus on pain and hopelessness to a focus on hope and resources.

Thus, even though a suicide assessment cannot predict suicidal behavior with certainty, it can help to determine who may be at higher risk and, more importantly, who may be at imminent risk, or in other words, likely to act on suicidal thoughts in the near future. On occasion during an intake interview, a participant may be assessed to be at imminent risk. In these cases, the facilitator works collaboratively with the participant to ensure their safety. At Didi Hirsch an agency protocol for imminent risk is followed. It is based on the *Lifeline's Guidelines for Helping Callers at Imminent Risk of Suicide*. An understanding of the four core principles increases the likelihood that a facilitator will collaborate with a participant to establish a safety plan that meets their needs, rather than engaging in an overly invasive intervention. For example, a facilitator may hear a participant make statements that indicate strong suicidal desire, such as, “I just want to die,” “There is no hope for me,” or “I hate my life, I don't want to live anymore.” A less experienced facilitator could conclude that they needed to get the participant to a hospital immediately. That is understandable, since statements such as these can feel very heavy, and one might equate them with a high suicide risk. Certainly seeking additional help is always advised, especially if one is not familiar with supporting a suicidal person.

Strong statements of suicidal desire may also be a way for a person at risk to communicate the deep pain that they are experiencing. If a participant feels a strong connection with the facilitator and their previous attempts to communicate their pain went unheard, they may seek to unburden themselves. A skilled assessment with more information about intent and capability along with desire, will give a more complete picture of this person's risk.

For example, considering statements of capability, such as, “Last week I got drunk and took an entire bottle of sleeping pills” and intent, such as, “It didn't work last week, but I've bought a gun and this time there will be no messing up,” gives a much better indication of imminent suicide risk than considering only expressions of suicidal desire.

## Understanding Suicide Risk

The four core principles enable the facilitator to categorize various elements of a participant's overall risk. The four core principals maintain that a person at the greatest risk is one who has strong suicidal desire, capability, and intent, regardless of the buffers in their life. When desire is combined with intent or capability (but not both), the risk is lower but still considerable. For these individuals, buffers may help lessen that risk. Suicidal desire alone is “best viewed as an indicator of acute distress or a symptom of a mood disorder and does not entail significant risk on its own.”

Joiner et al. 2007, p.361



### 3 CONCLUDE INTERVIEW

#### Determine if the participant is a good match and accept into group or refer for other services

Once the risk/safety assessment is completed, a decision is made as to whether the potential participant is accepted into the support group. In general, most potential participants who complete an intake are accepted as long as they meet the basic eligibility requirements for the group (age 18 years or older, residing in the geographic area of the group and survived a suicide attempt). Those not accepted into the group are provided referrals for more appropriate support services.

If you decide to accept the participant into the group, you might say something like, **“From what I can tell, it seems like the group might be helpful for you, and we would love for you to join us. From our discussion, does it feel like an option that you would like to try?”** Or you might ask the participant, **“How has it been to talk with me about this today?”** Asking this question helps build rapport and gives insight to the participant’s readiness to join the group and allows them to answer honestly if they don’t feel like the group is the right fit for them.

- **Give a welcome packet.** A packet of resources is given to the participant at the intake interview to give options for support before the group begins. The welcome packet can contain items like a welcome letter, group schedule, local crisis line and/or National Suicide Prevention Lifeline contact cards or magnets, group guidelines, bibliography of books recommended for survivors of suicide attempts, the *Taking Care of Yourself After an Attempt* and *“Your Journey Towards Health and Hope: Your Handbook for Recovery After A Suicide Attempt,”* publications from the Substance Abuse and Mental Health Services Administration, contact information for local counseling referrals, your business card, and a blank safety plan.
  - **Give details about the next group.** Give the participant the details about the group including dates, times and location and ensure that they can attend (it’s helpful to give them a copy of the group schedule in the welcome packet as well). Inform them that they will receive a reminder call (or email) a few days before the group is scheduled to begin. Request that they notify you if they change their mind and don’t intend to participate in the group.
  - **Remind them about paperwork to be completed during the first group meeting.** **“On the first night of the group, there will be some paperwork for you to complete. Some of it is to make sure that all group participants understand the rules of the group and the importance of confidentiality. Other forms are to help us learn if the group is helping people and how we can make it better.”**
  - **Establish safety until the group begins/Limit access to lethal means.** When a participant is accepted into the group, they may have to wait for some time for the next group cycle to begin. It is important to develop an individual safety plan with them. The plan may include adding the National Suicide Prevention Lifeline phone number in their cell phone and identifying situations when they would call, talking with them about lethal means counseling, or having them check in with the facilitator on a weekly basis. Facilitators can also make referrals to therapists or other community supports as appropriate. Once the support group starts, their safety plan can be augmented with additional services.
- Allow the participant to ask questions and provide answers as needed.  
**“Is there anything else that you would like to know about the group?”**

#### Facilitator Note

Prior to starting the group, some participants have expressed concern that talking about suicide could be depressing and painful and might make them feel worse. You can respond that the group provides tools for coping and safety planning and is not just about talking about suicide in and of itself. In fact, the group emphasizes hope and also focuses on reconnecting with things that bring participants joy. You can say that the group does not allow graphic descriptions of attempts. You can also relate that in the group, most participants have found relief in sharing their stories. Instruct the participant to be aware of these feelings and discuss them with you individually if they are still concerned about this after they have begun the group. Most find their concerns are assuaged once they attend the group. Ultimately, the group may not be the right match for all participants; in these cases you can suggest that the potential participant engage in individual therapy and consider joining the group at a later time.







# FACILITATION TECHNIQUES

Group facilitation is an important skill for the individuals who are leading this support group. Knowledge of group dynamics can greatly benefit those who are in this role. Training, like the Didi Hirsch Survivors of Suicide Attempts Support group (SOSA) Facilitators training, can help improve comfort and confidence in an individual's group facilitation skills.

Many general group facilitation techniques are applicable to a support group for survivors of suicide attempts as well. You may find that some of these techniques are familiar to you, especially if you have group facilitation experience. Others, however may be new or they may be applied differently when working with a support group for suicide attempt survivors.

## FACILITATION TECHNIQUES FOR MAINTAINING GROUP STRUCTURE

### CREATING A WELCOMING SPACE

A welcoming space can make a big impact on the group. When people feel that they are in a safe and comfortable physical environment, emotional safety is heightened as well. When possible, facilitators should host meetings in a secure, well-lit location with comfortable furniture and temperature.

### MONITORING TIME AND PACE

Facilitators fulfill the role of timekeeper. Group sessions should start and end on time. Timed activities (such as check-in) should be monitored to ensure there is equitable time for all participants to share. Facilitators should be aware of the pace of the group and slow things down if needed or quicken the pace if things are moving too slowly.

### PROVIDING STRUCTURE AND LEADING ACTIVITIES

Facilitators should make sure the group follows the agreed upon agenda. Facilitators must monitor the content of the group discussions and use sound judgment to determine if there is good reason to deviate from the scheduled activities or discussions. They should provide an overview to all group activities at the beginning of each meeting so members know what to expect and give clear and direct instructions for all group activities.

# FACILITATION TECHNIQUES FOR ENHANCING COMMUNICATION & GROWTH

## BEING AWARE OF YOUR ROLE AS A FACILITATOR

The goal of the facilitator is to create an environment that promotes growth. This is accomplished by keen attention and observation of the group, the participants and their communication with each other. The facilitator is not a leader, lecturer, entertainer or expert, but rather one who allows the members to connect with, and learn from, each other. It can be said, *“that the answers are within, and within the group,”* meaning each person has what they need to know, and the group’s wisdom surpasses any individual’s. Ideally, as a support group, the participants should have a sense of ownership of the group. As the group cycle unfolds, the facilitator should continue to empower participants to speak up and share their opinions and needs. In theory, an ideal group might be one where the facilitator is not needed at all.

Facilitators should strive to create an environment of communication between group members and be aware not to structure the group in a way that relies on one-on-one individual conversations between the facilitators and each group member, remembering that the facilitator is not a therapist for each participant. Facilitators should seek to empower participants and avoid situations that can create dependence. It might be said that, *“the group is the client,”* meaning that the facilitators should always be focused on what is best for the group, rather than any individual participant (except of course where someone’s safety is a concern).

The word itself, facilitate, means, **“to make easier or bring about growth.”** An astute facilitator can often accomplish this very subtly, using the techniques below to resolve conflicts, provide feedback and create an environment that provides an equal space for all to contribute. Facilitators should be sure to focus and redirect members of the group who may dominate, overpower or interrupt other group members and create safety to allow less dominant groups members a place to share.

## PARAPHRASING AND SUMMARIZING

Group facilitators reflect back what they hear participants say, focusing on statements that highlight key themes of the group. Using the participants’ own words allows them to know you are listening and helps them feel understood.

## ENCOURAGING PARTICIPANTS TO RESPOND TO ONE ANOTHER

In a support group of this nature, the role of the facilitator is not to respond to all of the statements of the members and instead look for opportunities to encourage participants

to support each other. The support group can be a place for participants to practice giving and receiving support. Make space for this to happen by encouraging participants to comment and give feedback when it is appropriate. Facilitators might do this by using by using open-ended and/or Socratic questions, such as,

- **“What is an example of that?”**
- **“How does that relate to our topic?”**
- **“What do other people think about this?”**
- **“What are your thoughts about that?”**
- **“Can anyone else relate to this?”**

In order to avoid a debate or a polarizing disagreement, take care to qualify statements; for example,

- **“Sometimes, for some people, isolating at home will strengthen suicidal thoughts. What do you think?”**

## USING SILENCE

Facilitators often find themselves intimidated by silence in the group environment, however silence should not be feared. Group members may be thinking or processing feelings related to the group discussion. Rushing to fill the silence may keep people from sharing what is on their mind or prevent those who need a bit more time to speak from participating.

## REFRAMING

Often group participants may be struggling with a sense of negative self-worth or may have felt judged for their suicide attempt by those closest to them. Facilitators often use the skill of reframing to identify or gently dispute a maladaptive thought or feeling to introduce a new perspective to a statement made by a participant.

## NORMALIZING

Survivors of suicide attempts often feel alone in their experiences. Facilitators use the technique of normalization to help participants relate to others who have similar experiences. Normalizing their experiences can help them feel less isolated.

## SELF-DISCLOSURE

Unlike some groups where the facilitator may take on the role of a leader or teacher, keeping their own experiences very private,

facilitators may choose to self-disclose in some circumstances. Self-disclosure can *“level the playing field”* between participants and facilitators and help to reinforce the common human condition that everyone is coping with life and stress. Self-disclosure about simple things like a love for animals or a common hobby can support connections to life. Of course, on the other hand, too much self-disclosure can be harmful, especially if it puts too much focus on the facilitator. The decision to self-disclose should be deliberate and support the needs of the participants.

Facilitators with lived experience of a suicide attempt often self-disclose about their experiences to help encourage open communication about suicide, assuage fear, normalize feelings, and share tips for coping and healing. Facilitators with this experience should spend some time in advance of the group to determine their level of comfort with self-disclosure about their experiences. Websites like [www.activatinghope.org](http://www.activatinghope.org) or [www.unitedsurvivors.org](http://www.unitedsurvivors.org) contain information to help people determine their readiness to make the important decision as to whether or not to share their experience as a suicide attempt survivor.

## NOTICING PARTICIPANTS GROWTH

A large part of the facilitator role is watching for participants’ growth. There is a tendency for people to identify with a label, and being part of a group for survivors of suicide attempts has the inherent risk of over-identification with that label. For instance, one group member almost apologized for sharing that they were feeling good, because they felt that others in the group who weren’t doing well would feel bad.

It is important to listen for and highlight points participants make around utilizing resources and coping. Facilitators can use a participant’s statement to highlight growth, for example, **“What Jennifer just said about calling a friend to meet for coffee really demonstrates what we have been saying about reaching out to supports,”** or **“I noticed when you first joined the group, you were planning to kill yourself after your mom passed away and now you are talking about activities that you might enjoy when you are no longer her caregiver.”** Often, after seeing the facilitator model this skill, participants start to observe and point out the growth they see in each other.





### BALANCING LIGHT AND DARK

Another important role of the facilitator is shifting the focus of subject matter. Talk of heavy thoughts and feelings around suicide is perfectly normal in the group setting and members need to be able to share these things to vent and feel understood. However, it can lead to a downward spiral if each participant stays with only these thoughts. In fact, in the early cycles of the group, before this skill was utilized more frequently, some participants provided feedback that it was difficult to attend the group if they were feeling down and were only hearing other people's negative emotions.

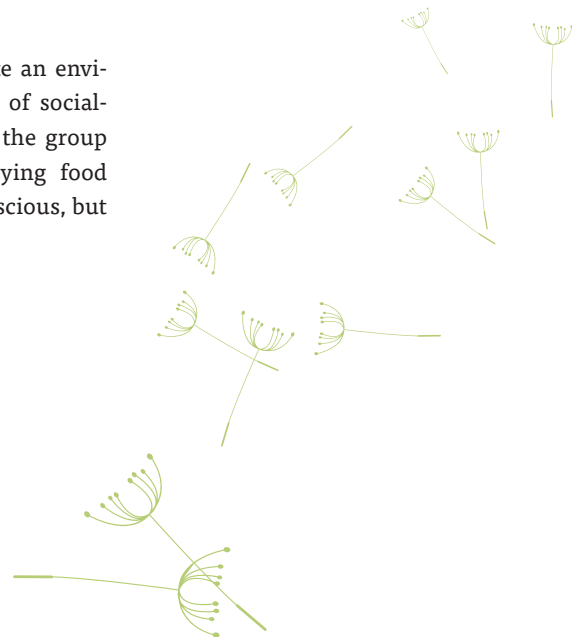
Levity helps the group avoid becoming uniformly heavy and encourages the participants' getting to know each other better. Look for opportunities to be positive by validating participants' progress and pointing out strengths. As the facilitator, you can also lighten the mood by using self-disclosure, humor or small talk (such as talk about pets, current events or other light hearted topics) to balance the dark nature of talking about death and suicide.

Participants do need to air their reasons for wanting to die and to feel they have a place to express the pain, stress or pressure they are experiencing, but they also have a need to learn how to balance these thoughts with more positive, hopeful thoughts. The goal is for the facilitator to find a balance between the light and the dark and to validate the myriad of participants', often conflicting feelings, while also being aware that group members will be at different points along this spectrum at any given time. Modeling effective cognitive techniques such as thought reframing can give participants tools to support hope.

### CONNECTING TO LIFE

Often, suicide attempt survivors have become very disconnected to the things in life that used to bring them joy. The facilitator's modeling of light and positive statements and affect may help them access the lighter side of themselves and reach out for more support. When participants are in a dark place internally, it may be hard to socialize, in fact, often prior to their attempt they may have become withdrawn or isolated from the social supports in their life.

There is a subtle, but deliberate effort on behalf of the facilitators to create an environment that immerses participants in socialization. Practicing the "skill" of socializing in the group can translate to reconnecting with supports outside of the group setting as well. Encouraging a focus on small pleasures, such as enjoying food together, socialization, humor and laughter can cause a subtle, even subconscious, but important shift towards life.



## FACILITATION TECHNIQUES FOR PROMOTING SAFETY

A key objective of the support group is to maintain safety and reduce the tendency of the participants to opt for suicide under duress. In this group, safety takes precedence over all other issues. By definition, this group is exclusive to high-risk participants. The following describes our approaches for maintaining safety.

### BUILDING THE COLLABORATIVE PROCESS

One of the core values we hold for working with individuals who have survived suicide attempts is that it be a collaborative process between the facilitator and the survivor of a suicide attempt. Facilitators should emphasize the capability of the suicide attempt survivor to make safe choices. To this end, a careful process of informed consent, beginning with the screening and intake interview, is important so that participants can have a clear understanding of what they can expect in the group.

Participants should understand any legal and ethical require-

ments to break confidentiality in cases of danger while also recognizing that the group is a safe place to talk about suicide. This understanding and trust can be achieved by having a frank discussion with participants about this topic and emphasizing that the group facilitators have spoken to many people who have survived a suicide attempt or who are having thoughts of suicide and that thoughts alone do not indicate that a person is in danger. Facilitators allow participants space to give voice to the desire to die and empathize with the desire, while assessing for imminence of risk. If there is not an imminent risk, facilitators allow participants the space to express the desire to die and to share self-talk about suicide, which is often hidden during most social and even some therapeutic environments. For a suicide attempt survivor, being able to speak freely is a very rare moment indeed, and it is accorded its priority as an intervention.

Collaboration refers to more than the relationship between the facilitator and the group participant. At the outset of group, you



may consider requesting the participant's written consent to collaborate with the contact person for their treatment team; for example, their therapist or psychiatrist. After a group meeting, you may ask a participant for verbal consent to share specific content with their treatment team. For example, if you feel intensified concern for a participant's safety, you will want to get consent to share this concern with others. It is important to take care when asking for the participant's consent for you to collaborate with their therapist. This may feel scary or intimidating before a trust is developed between the participant and the facilitator. If consent is given, it is important for you to sign a consent form specifying what information can be shared and with whom.

*The National Suicide Prevention Lifeline's Guidelines for Imminent Risk* also include many excellent examples of collaboration.

### IDENTIFYING SOURCES OF SUPPORT

It is important to help participants identify sources of support in their own lives and increase their likelihood to choose to reach out for support in times of crisis. Sources of support may include therapists, psychiatrists, family, friends, the National Suicide Prevention Lifeline, or local community resources. Because the group is time limited, it is important to start to build other sources of support within the participants own social and professional networks. Some participants have supports in their life who want to help them, but they are unsure how to express their needs to these individuals. Facilitators may offer to assist participants to reach out to their family or friends for support. Sometimes, with their permission, a phone call or meeting with a family member can be helpful for the participant.

### FOCUSING ON SAFETY AND COPING SKILLS

As a group facilitator you have many duties, however a focus on safety is a priority. You can keep the focus on safety by introducing and modeling the following strategies:

- **Ongoing awareness of warning signs for suicidal thoughts and behaviors**
- **Emphasizing the difference between suicide thoughts (desire) and acting on those thoughts (intent)**
- **Coping skills that provide an alternative to thoughts of suicide and behaviors**
- **Ongoing risk assessment**
- **Safety planning**

For some participants, focusing on death has become a recurrent theme and a coping style which does not shift quickly. Given the persistence of some participants' strong will to die and their lesser will to live, the focus of the group needs to stay on safety, without ignoring the strong feelings some participants may be feeling.



### STRESSING ATTENDANCE AT ALL MEETINGS

When reviewing the group guidelines in the first group meeting, it is important to reinforce the importance of attending all meetings. If a participant has to miss a meeting, they miss a lot that happens in the group that week and it can impact group dynamics. If a participant has to miss a meeting, it is crucial that they call the facilitator in advance to notify them that they will be absent. Due to the sensitive nature of this group, having a participant absent without advance knowledge can cause anxiety for both the facilitators and the participants. If a participant misses a meeting without notifying the facilitator, a follow-up call is warranted.

### USING TIME TO DE-ESCALATE FEELINGS

A support group for survivors of suicide attempts is bound to stir up strong feelings.

It is not uncommon for participants to become overwhelmed during the meeting and need to step out. This is accepted and even encouraged. Facilitators should have a plan for who will go out to support a participant if they should leave and should be trained to work with the individual to assist them in calming down and returning to the group whenever possible. If someone struggles consistently with staying calm in the group, they may need more intensive care. Knowing these things in advance helps facilitators stay calm and helps group members stay safe. This can be openly discussed at the beginning of group one.

For example, a participant once stormed out in the middle of a meeting, highly agitated. A facilitator escorted them to the lobby where the participant reported feeling very anxious about participating in the conversation in the group and was not comfortable returning. The facilitator asked to hold their car keys until the end of group, when they would get a chance to speak privately. By the end of the meeting, the participant had calmed down and agreed to call a family member who was waiting to support them upon their arrival home. The participant had de-escalated and was able to drive themselves home. Additionally, they agreed that the facilitator could call them in one hour to confirm that they had arrived safely.

### ASSESSING RISK IN THE MOMENT

Participants will most often bring up their own risk during check-ins and group conversation. For example, during check-in a participant may bring up that they have been crying all week, thinking about not wanting to be alive anymore, or saving up prescription pills. It is important that facilitators take these disclosures of risk as invitations to engage with the participant at that moment in the group. It is vital to address the issue of suicide directly and compassionately while they are present and feel the support of their peers. They have the door “open” which may close again during the week. If there are concerns about the safety of a participant, a plan for safety needs to be established, either in the group meeting or by asking the participant to stay after the meeting to speak with a facilitator.

### INTERVENING WITH IMMINENT RISK

Perhaps the biggest challenge to maintaining safety and managing risk for the support group is when a participant is at imminent risk for suicide. For example, a group participant may reveal to the group their plans to take their own life. In 2012, the Lifeline released the *Policy for Helping Callers at Imminent Risk of Suicide*. While this policy addresses the risk of Lifeline callers, the recommended approaches can be applied in a variety of situations and are particularly helpful in working with suicide attempt survivors.

The policy recommends using the following approaches in cases of imminent risk of suicide:

- **Active engagement to make every reasonable effort to collaborate with a person at risk to ensure his or her safety**
- **Active rescue to take all action to secure the safety of a person at risk when they are unable or unwilling to take action**
- **Collaboration with other community crisis and emergency services to assure safety**

The policy also states that the least invasive intervention should be used when working with individuals at risk and that involuntary emergency interventions should be used only as a last resort.

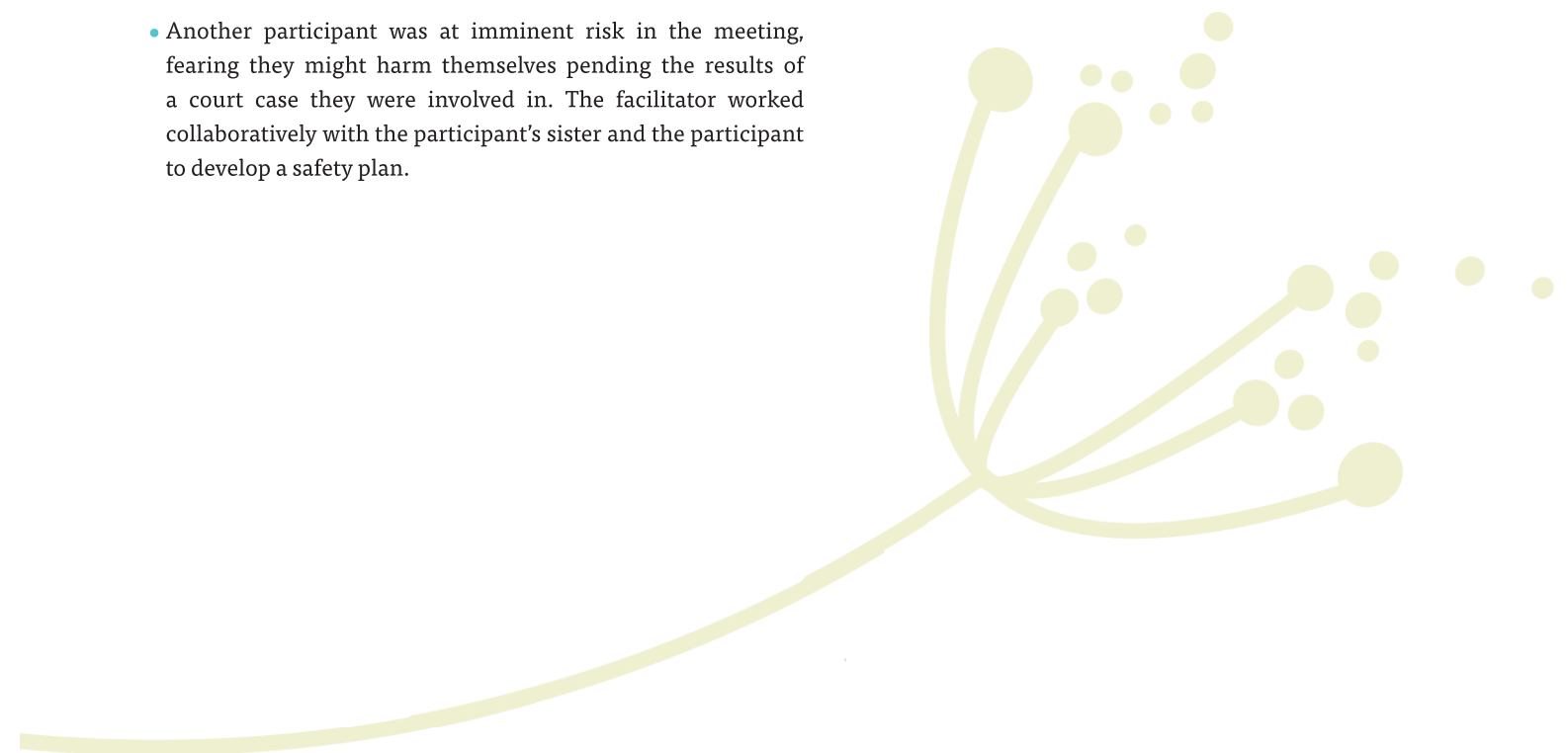
Some examples of imminent risk and how you could work with the participant to maintain safety follow:

- In a group meeting, a participant revealed that they were having strong thoughts of suicide and weren't sure if they could keep themselves safe. The facilitator and the participant made a plan for them to drive themselves home, call the facilitator when they got home safely and for family members to stay with them until their therapy appointment the following day.
- Another participant revealed during a group meeting that they were at imminent risk and didn't think they could keep safe over the weekend. The facilitator made a plan with the participant that they would communicate with their therapist about what was happening. The participant felt they could remain safe that evening. The plan also included that the participant would then voluntarily hospitalize themselves the following day. This exemplifies working collaboratively in situations involving imminent risk. The next day the participant agreed to a safety plan that included checking themselves into a supportive housing facility that they felt would be a more helpful option than a visit to the emergency room.
- Another participant was at imminent risk in the meeting, fearing they might harm themselves pending the results of a court case they were involved in. The facilitator worked collaboratively with the participant's sister and the participant to develop a safety plan.

### LIMITING ACCESS TO LETHAL MEANS

When group participants have the means to injure themselves, such as firearms or a large quantity of medications, facilitators should try to develop a plan with the participant to remove those means. The participant can enlist family members and friends to support their efforts and heighten accountability.

For more information about lethal means counseling, see [www.sprc.org/resources-programs/calm-counseling-access-lethal-means](http://www.sprc.org/resources-programs/calm-counseling-access-lethal-means).







## OVERVIEW OF THE TOPICS FOR EACH WEEK

This section of the manual is intended for facilitators and addresses them directly. It provides a week-by-week description of the activities that take place during the eight-week support group. Statements in the manual that are bold, italicized and in quotation marks are suggestions, but remember to adapt them to your individual facilitator style.

For each week, aside from the overview and objectives, there is an agenda and a list of materials you'll need for the week.

### WEEK ONE: GROUP OVERVIEW/INTRODUCTIONS

Facilitators and participants introduce themselves and share their experiences with suicidal thoughts and attempts. Goals and guidelines for the group are reviewed. Participants complete initial group paperwork, including outcome surveys. Informed consent is discussed in detail.

### WEEK TWO: TALKING ABOUT SUICIDE

Facilitators and participants view a video of others who have survived suicide attempts, reinforcing the safety of discussing their experience in the group setting as well as giving examples of hope.

### WEEK THREE: GIVING AND RECEIVING SUPPORT

Facilitators and participants discuss the benefits and challenges of using other support group participants for support. Using the crisis line as support is also discussed.

### WEEK FOUR: WHAT CAUSES MY THOUGHTS?

Facilitators and participants discuss what leads to their suicidal thoughts and automatic thinking.

### WEEK FIVE: HOW CAN I COPE WITH THE THOUGHTS?

Participants begin completing their safety plans.

### WEEK SIX: RESOURCES

Participants finish completing their safety plans. Facilitators and participants discuss resources for suicide attempt survivors such as websites, professional therapy, books recommended for suicide attempt survivors, and community resources. These resources can be used to complete remaining steps of their safety plans.

### WEEK SEVEN: HOPE

Facilitators and participants discuss reasons for living and how they brought hope into participants' lives. Participants share a personal item that represents something hopeful in their life. Hope Box activity is completed.

### WEEK EIGHT: WHERE DO WE GO FROM HERE?

Facilitators and participants discuss closure and ways for participants to stay connected, and fill out paperwork evaluating the group process and post-group measures.





Typically in weeks one through three of the support group, as in many support groups, the focus is on allowing participants to build trust and to bond with each other and with the facilitators. Participants find strength in learning they are not alone and relating to each and their common experience of having survived a suicide attempt. They are able to share the challenges they have faced and ways that they have overcome these challenges. Participants see videos of attempt survivors who have found hope on their road to recovery and hear stories from peers in the group who have done the same.

As the group progresses during weeks four through six, participants continue to solidify relationships while adding a focus of learning new skills. An emphasis is placed on the difference between having thoughts of suicide and acting on those thoughts. Participants are encouraged to identify what leads them to a place of suicidal thinking and alternate ways to feel better when they are in that place.

The last two weeks of the group mark a turn towards hope. In weeks seven and eight, participants create hope boxes and share something that symbolizes their reasons for living. Ideas are shared regarding how to stay connected and safe when the group cycle ends.

There is a parallel between an individual suicide intervention and the transitions seen over the course of an eight-week group cycle. In the beginning of the group, there is a need to form a strong connection, to be able to disclose one's own pain and to attend to another's pain, lessening the feelings of isolation that may have intensified their suicidal thinking. As the group progresses, there are subtle transitions that typically occur as the group bonds and group dynamics come into play. Similar to the goal of an individual suicide intervention, alternatives to suicide are discussed, and participants learn ways to cope with suicidal thoughts and feelings, with the hope of providing relief and ultimately opening the door to a focus on connections, safety and life.

While the weekly schedule provides a guide for each week's activities, the participants' needs ultimately dictate what happens in any given meeting. Facilitators should be flexible when a discussion may need to supersede the planned group activity or when a participant may have a crisis that needs to be addressed immediately. Note, however, if a discussion or activity is missed because of the needs of the group, it is important to make up activities that have been missed as most of the activities build upon each other.

“IT IS A SAFE  
PLACE TO  
LET IT  
ALL OUT.”

SUPPORT GROUP PARTICIPANT

## FORMAT FOR WEEKLY MEETINGS

The first group meeting is slightly different since a number of introductory activities must take place; however, each weekly group meeting typically follows this format:

### ROOM SET-UP AND REFRESHMENTS

The set-up for the room is the same for each week:

- Quiet and private room, with soothing lighting and a comfortable temperature.
- Table and enough chairs to accommodate the expected number of participants and facilitators.
- White board or a flip chart placed where the group can see it.
- Basket in the middle of a table which contains things like facilitators' business cards, and promotional materials for the National Suicide Prevention Lifeline and/or local crisis lines such as cards, magnets, pens/pencils, bracelets, or whatever other such items are available.
- Blank name tags and felt-tip pens are placed around the table (for weeks one and two).
- Tissues on the table within easy reach of participants.
- Technology for showing videos or websites.

Typical refreshments are light and may include such items as chips and salsa, vegetables and dip, hummus, fruit, cookies or other baked goods, and drinks such as coffee or fruit juice.

### PRE-GROUP MEETING

Facilitators should meet briefly prior to each group meeting to plan for the week's activities. Any concerns/contact with participants should be discussed. Facilitators should assign tasks for the weekly activities/discussions.

### GROUP MEETING

#### ARRIVAL

The first few minutes of each group is the arrival period. It has a more social tone as people acclimate to being there. Participants choose their seats, greet each other, and gather refreshments. The group may share small talk about what's going on outside or what's in the news that day.

For the first meeting, provide the location of the restrooms and any other orienting information to the facility (parking, security, etc.). Inform participants that it is okay to leave the group if they feel overwhelmed and if that happens a facilitator will come out to support them. Encourage participants to create a nametag with their first name and wear it if they are willing. During the second meeting, continue to encourage participants to wear name tags.

#### WELCOME AND ANNOUNCEMENTS

For weeks one and two, scripts for suggested welcomes are provided. For later weeks, you will provide your own welcome to the group. You make announcements, such as scheduling changes due to upcoming holidays and late arrivals or absences that participants have called in. There may also be reminders of upcoming events. Finally you will provide an overview to the planned agenda for the meeting.

#### CHECK-IN

Each participant is given five to ten minutes to check in with the group. The amount of time should be predetermined based on the length of the group and number of participants. The facilitators should monitor that everyone

stays within their allotted time. Participants can use this time to share how they are feeling, how their week is going, or something that happened during the week. Often participants share something that was negative or challenging from the week. That is acceptable; as the facilitator you want to help participants feel understood by validating their struggles that they are sharing, however, it is important to balance this at times by reframing and asking the participant to try to share something positive as well. Often, other group participants will point out the positive things they see in fellow participants. Reflecting their positive comments out loud is a great technique to help build group support for one another.

Note: there is no check-in at the first meeting but instead initial introductions are completed. A script is provided for the second week's check-in.

### WEEKLY DISCUSSION/ACTIVITY

After the announcements and check-in, lead the group in a topic or activity according to the weekly agenda.

### CLOSING

Each group meeting ends with a closing, where one of the facilitators summarizes any observations or themes from the meeting and leads the group in a closing activity. A few minutes prior to the end of the group meeting, remind participants to be attentive to how they are feeling and do a grounding exercise. Grounding may simply entail taking a few deep breaths or doing some other mindfulness activity. Often this may be a time where participants share activities they have found useful for grounding themselves outside of the group. The group can be intense for participants, and it is important to give them a chance to collect themselves before leaving the group. Sometimes the process for the group has been to allow people to get grounded in their own way by giving them a moment to check in with themselves rather than leading them through a structured exercise. Given that dissociation can be so common with anxiety, trauma, suicide, and self-injury, you may instead ask participants if they wish to devote time to practicing grounding. Participants may find that the group provides an “artificial environment” where they are more free to be themselves and acclimating to the “real world” can be anxiety provoking. A grounding exercise can help with the transition by giving participants a chance to gather themselves before leaving the group and returning to their regular activities. Examples of grounding activities can be found in Appendix M.

After grounding, ask participants for reflections. You don't want people to leave the meeting in an uneasy state, with loose ends or unaddressed concerns, especially if the meeting has been intense. Also, it may not be apparent when participants are struck by something that was said or that transpired. Eliciting reflections from the participants can bring important reactions that might otherwise go unspoken.

For the group's closing, consider the following or come up with another activity yourself.

- **One-word check-out activity.** Instruct the participants to say one word — positive or negative — that describes how they are feeling.
- **Validation.** Say that the meeting covered emotional territory, and acknowledge the strength it takes to belong to this group.
- **Self-care plan.** Ask group participants to say one small thing that they will do to take care of themselves this week to stay grounded.
- **Read a poem, ring a chime, or lead a breathing or stretching exercise.** You can finish the closing by asking, “*Are people okay to drive home? Does anyone need to stay after and just breathe for a few minutes before getting into their cars or on the bus?*”

### POST-GROUP DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.

## Facilitator Note

### Refreshments

Early in the development of the group, it was decided to provide refreshments at each group meeting. The addition of refreshments seemed to relax participants and create a more social feel, easing what could be a tense time, especially for new participants. An underlying goal of each group meeting is to help participants reconnect with things that have previously brought joy to their life. Socialization and food can be a reminder of that for many participants.

# WEEK ONE:

## Group overview and introductions



### AGENDA

PRE-GROUP MEETING

GROUP MEETING



### ARRIVAL

Ideally the room is arranged with the appropriate number of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant's arrive invite them to take some refreshments. Depending on facility parking policies, ask participants if they have any parking questions and confirm that everyone is parked in an acceptable parking spot. Encourage participants to write their first name on a name tag and wear it. Point out the location of the bathrooms and instruct participants that if they need to use the bathroom during the group meeting, they should give a thumbs up to let the facilitators know that everything is okay. Otherwise, a facilitator will come out to check on them.



### WELCOME AND ANNOUNCEMENTS

#### ATTENDANCE

The facilitator should use the attendance sheet they brought to assure that all participants are present. The sheet lists all expected participants.

#### INTRODUCE FACILITATORS

Quickly highlight the clinical and peer facilitator(s), providing names of each. State that longer introductions will happen later.

#### WELCOME THE GROUP

Open the group by welcoming the participants. Its helpful to touch on a few areas. The areas are listed below with examples of how you might explain each.

##### Open to Talking About Suicide

*“Thank you for coming. You’ve taken a big step in coming. We are glad you are here. This group is being offered by the Didi Hirsch Suicide Prevention Center. The Center has been in operation since 1958 and has been helping people who are struggling with suicide for over 60 years. This group has been in operation since 2011. Having worked in this area for so long, we have helped many people with suicide. Suicide is a topic we take seriously, but are not intimidated by. This is a safe place to talk about suicide. It may be different than other experiences you have had when trying to discuss suicide. We are here to support each other, not to judge. We aren’t shocked by the topic. We believe that talking openly and honestly about suicide can help people find connections and hope.”*

##### Normalization of Feelings

*“People experience many feelings after experiencing a suicide attempt; you may be glad you survived, you may be angry you are still here. You may be feeling both of those things at the same time. You may still have thoughts about killing yourself. Most people who have personal experience with suicide are torn, confused. Whatever you are feeling, it is okay. And don’t be surprised if how you feel right now changes tomorrow. Chances are you will feel many, often conflicting, feelings as you go through your journey towards recovery after your attempt.*



### OVERVIEW

Review the group structure, expectations, and guidelines with the group and complete paperwork.

**Create an environment that feels welcoming.** To do this, the focus is on establishing rapport. Observe participants' nonverbal signals about their comfort levels around various group activities, and validate their responses and feelings.

Participants **share their expectations** for the group.

Participants and facilitators **introduce themselves** to each other.



### OBJECTIVES

**The main objective for the first meeting:** Participants feel safe enough to return for the rest of the group cycle. Attending the first meeting of a new group can be overwhelming for new participants who are likely wondering what to expect and what to share.



### MATERIALS

#### REFRESHMENTS

##### SUPPLIES

- Blank name tags and felt-tip pens
- Pens for completing surveys
- Tissues
- Facilitators' business cards
- National Suicide Prevention Lifeline cards, magnets, etc.

##### PARTICIPANT FORMS

- Informed consent
- Outcome Surveys
- Guidelines for Support Groups for Survivors of Suicide Attempts (Appendix B)
- Support group schedule

##### FACILITATORS' FORMS

- Attendance Sheet
- Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)

### PEER NOTE



Often, participants might be anxious about attending the group for the first time. Peers can use their experiences to normalize these feelings by talking about their first time attending the group. The Peer Facilitator should go first during introductions, to create a feeling of connection and model self-disclosure. Peers facilitators should consider what they feel comfortable sharing during their introduction prior to attending group one, so that it is purposeful and most helpful to participants.

# WEEK ONE





Often people who attempt suicide are experiencing a lot of pain, and suicide seems like a way to escape that pain when it becomes too much to handle. Perhaps you felt that way. At that time, you may have felt that suicide was the only way to end your pain. But maybe there are other ways to end your pain or find new ways to cope with it. Many people are also trying to find ways to feel better, to find hope, and to keep themselves safe. Hopefully this will be a group where you can talk and learn about all of those things.”

Focus of the Group:

Expressing Feelings and Learning Skills

“We want to create an environment that is safe and open to everyone. People benefit from the group differently. Some people feel relief just talking and sharing; others like to listen, while others want something more concrete in the way of skills. We’ve tried to incorporate all of these aspects into the group. Over the course of the next eight weeks, we will do a lot of things. You will have the opportunity to get to know people who share a very profound experience with you, the experience of having survived a suicide attempt. Hopefully, meeting them will help you to feel more connected and seeing that you are not alone may help you to discover ways to heal after your attempt. Additionally, we will work on activities that will help you to identify the things in your life that may have led to your suicidal thoughts, how to find relief and cope with these feelings, and how to be safe when these thoughts occur. And I hope you will also have a chance to have fun. Yes, I said have fun! Growing after a suicide attempt often includes rediscovering hope and building connections to life and experiencing fun and joy is one way to do that!”

REVIEW THE AGENDA FOR THE MEETING

Tell the participants what will happen during the current group meeting.

“Today in group, we will...

- Review the Schedule
- Discuss Group Guidelines
- Complete Informed Consent Forms (If not previously completed)

- Introduce ourselves
- Complete Outcome Surveys
- Participate in a Closing Activity

REVIEW EIGHT-WEEK SCHEDULE

Point out any holidays/breaks in the schedule and remind people of the importance of timeliness and attendance.

GET INFORMED CONSENT FROM PARTICIPANTS

If the initial intake interview was done in person the informed consent form was likely completed there. Alternately, the informed consent form may have been completed electronically prior to group. If the form has not been completed, it should be completed at this time. The informed consent form outlines what the participant can expect in terms of their participation in the support group, especially as it relates to the participant information and confidentiality. Each member of the group must read, sign and return the informed consent form. Allow the participants adequate time to read the form. Ask the group if there are any questions.

DISTRIBUTE GROUP GUIDELINES

“Before we begin, it is important for us to review the guidelines for the group. You received these guidelines in the packet we sent you, so you may remember them. We have found that our groups run more smoothly when everyone agrees to these guidelines.”

Review group guidelines. Highlight a few:

Attendance/Arrive on time:

“Please let us know if you will be late or will miss a meeting. If you will be more than 20 minutes late, we ask that you wait for the next group.”

Confidentiality:

Remind participants about the importance of respecting other group members’ confidentiality. What’s said in group stays in group. Often there are questions about confidentiality, specifically what happens if a person in the group states that they are suicidal. If the intake interview was done in person, participants may have already

signed an informed consent form (or this form may have been completed electronically) that states that the group facilitator may have to break confidentiality if they believe that a participant’s life may be in danger. If no one asks about this, the facilitator should address it and explain the difference between thoughts/desire for suicide and intent and explain the policy for imminent risk situations.

“There may be some confusion regarding confidentiality after reading the informed consent form. The form states that we may have to breach confidentiality if we believe that someone may be a harm to themselves. That statement might be confusing given we said this is a safe place where you can talk about your thoughts of suicide. We talk with many people every single day who are thinking about suicide, and we know there is a difference between thinking about suicide and acting on those thoughts. In fact, we believe that by creating a safe place for you to talk about your thoughts of suicide, you will have a greater chance of finding ways to cope with them. Our goal here is always to work together to find ways to keep you safe, and if we believe you may be in danger, we are going to do everything we can to keep you safe. We will always attempt to do this through collaboration. In other words, we are going to work with you to see what we can come up with together as a plan to keep you safe. Many of you may have had experiences where others did not get your input in terms of safety. Perhaps the police were called, or you were hospitalized against your will. If we believe your life is in danger, those types of interventions would be a last resort. Are there any questions about this?”

If there is a peer support person present who has previous experience in terms of confidentiality in the support group, it is helpful for them to share their perspective at this time.

Ask if there are any questions or concerns or guidelines that may be missing. “Are there any guidelines that you would like to add?”

GET AGREEMENT ON GUIDELINES

“Does everyone feel like they can agree to these guidelines?”



WEEKLY DISCUSSION / ACTIVITY

INDIVIDUAL INTRODUCTIONS AND EXPECTATIONS

Facilitators introduce themselves, modeling appropriate information to share, including any personal connection they have to suicide, if desired. After the facilitators introduce themselves, one should invite the participants to do the same. It is helpful to have the Peer Facilitator begin the introductions and share their lived experience of suicide and experience in the support group. This will help to model a sense of openness in talking about suicide in the group.

Explain the introductions:

“We would like to give each of you the opportunity to introduce yourself to the group. Everyone is here because of a common experience, having survived a suicide attempt. When you are ready, you can share what you feel most comfortable with regarding your experience with suicide and what the experience has meant to you. Sometimes it can be helpful to listen to others who have gone through similar experiences. As part of your introduction, I ask that each of you consider sharing two things: one, what you hope to get out of your participation in this group and two, what you need in order to feel safe here.”

Alternatively, if time permits, you may ask participants to generate their hopes/goals as a group and summarize on the flip chart or whiteboard.

Conclude the activity by summarizing:

“Thanks for sharing your experiences and your hopes for this group. We are open to your feedback: this group is unique, and we do our best to structure the group to meet the needs of our participants. If you have concerns about the group, please let us know; you can give us a call during the week or arrange to meet with us before or after the group.”





OUTCOME SURVEYS

Distribute the outcome surveys for program evaluation, if they haven’t previously been completed. Another option is to have participants complete the surveys a day or two before the group begins and submit them electronically (via Survey Monkey or another online tool). We have experimented a lot with the placement of the surveys and chose to distribute them at this point in the meeting agenda after most of the group activities to allow for participants to develop some comfort within the group and prior to the closing to allow individuals time to discuss if there are questions or concerns.

Remind people of the purpose of the surveys (to gather aggregate data about how the group is helping and ways we can make improvements). Explain that their information will be kept anonymous and participation will help to improve the support group and to demonstrate its effectiveness for funders and others interested in running the program in their communities.

*“We are the first group to do this and as a result we have been able to publish information about the successes of the group, teach others to run it and share the group around the country and the world. Surveys are voluntary, but are very helpful for us to improve the group and bring it to others across the country and world.”*

For more information about SOSA outcome measures contact the Didi Hirsch Suicide Prevention Center or consider attending a SOSA Facilitator training where you will receive further information about outcome measures.

“IT HELPS TO COME AND LISTEN TO PEOPLE IN YOUR SITUATION, AND YOU CAN RELATE TO THEM.”

SUPPORT GROUP PARTICIPANT



CLOSING

PROVIDE A CLOSING STATEMENT

*“Over the next eight weeks, you will have the opportunity to get to know people who share a very profound experience with you, the experience of having survived a suicide attempt. Hopefully, meeting them will help you to feel more connected and seeing that you are not alone may help you to discover ways to heal after your attempt. Additionally, we will work on activities that will help you to identify the things in your life that may have led to your suicidal thoughts, how to find relief and cope with these feelings, and how to be safe when these thoughts occur. Today, you have seen the facilitators doing a lot of the talking in the group. That is because it is our first meeting. We have noticed, however, that participants get the most from the group when you do most of the talking, because you know the most about what you need.”*

CLOSING SELF-CARE DISCUSSION

Recognize that it takes courage to attend a group such as this and they might find themselves experiencing a lot of feelings/reactions as a result. Remind participants of the importance of self-care and as each group member to share what they plan to do for self-care in the next week.

FOLLOW-UP CALLS

Remind participants that we will be following up with them before the next group and encourage the use of their personal resources.

*“We want to thank everyone for coming to the meeting. It may have been a difficult decision, and we are glad that you found the strength to come. Sometimes the first group meeting can stir up a lot of feelings for you. You may have found this meeting to be a place where you felt connection, a place where you were comfortable sharing your feelings and experiences. We hope this was the case and that you are planning to return next week. However, you may have found that this meeting was dif-*

*ficult, or you may not want to come back. We encourage you to stick with it. Most participants who stick with the group feel better as they progress.*

*We will be calling participants over the course of the next week to see how you are doing. Remember that this is a support group, and is only intended to be a part of your support system. If you have an expectation for more support than we offer here, you may want to find additional resources for your support system. We will be discussing many of these options over the course of this group. And of course, we are always happy to provide referrals if you are interested. If you need more support, you can also reach out to us, or call the crisis line.”*

LEAD GROUNDING EXERCISE

Explain that the group is a safe place to talk about suicide and it may be difficult to “re-enter” the real world at the end of group so we complete a grounding exercise at the end of each week to help people center themselves and return to their daily environments.

Complete a grounding exercise from Appendix M or one that you find appropriate.

POST-GROUP DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made to follow-up with all group members. Facilitators should also allow time to debrief their own feelings about facilitating the group.

*Note: The first group meeting can be very intense for some people. To encourage participants to return after the first meeting, facilitators follow-up with all participants before week two. (See Appendix A: Follow-Up After Week 1)*

# WEEK TWO:

## Talking about suicide



### OVERVIEW

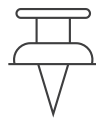
Participants view a video that depicts stories of individuals who have survived a suicide attempt and how they are taking steps on their journey towards recovery. Facilitators have the option of using a video that they think the group can relate to. It is important to use a video that depicts a suicide attempt survivor who demonstrates effective coping skills and elements of hope in their story. There are several videos to choose from online including: *Stories of Hope and Recovery* (National Suicide Prevention Lifeline and Substance Abuse And Mental Health Services Administration), videos on the Live Through This Website (<http://livethroughthis.org>) or a video on Ted Talks. (See Appendix H for a list of videos) Be sure to preview any video you show to ensure it is appropriate and shows stories that have an element of hope/recovery.

After viewing the video, facilitators lead a discussion allowing participants to talk about their reactions to the video.



### OBJECTIVES

- Week 2 activities include showing a video illustrating suicide attempt survivors describing how they have found ways to cope after their suicide attempt.
- Further build rapport among participants and with facilitators.
  - Increase participants' comfort level in talking about their own suicide attempt and how that experience has affected them.
  - Promote positive messages of recovery and coping.
  - Introduce participants to the weekly check-in process.



### MATERIALS

- SUPPLIES**
- ☐ Promotional materials
  - ☐ Nametags and felt-tip pens
  - ☐ Tissues
- AUDIO/VISUAL EQUIPMENT**
- ☐ Internet access
  - ☐ Projector, screen or LCD monitor
  - ☐ Speakers
  - ☐ *Stories of Hope and Recovery* or other video
- FACILITATORS' FORMS**
- ☐ Attendance Sheet
  - ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



### AGENDA

PRE-GROUP MEETING

GROUP MEETING



### ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participants arrive invite them to take some refreshments. Encourage participants to write their first name on a name tag and wear it. Facilitator makes notes of anyone who is not in attendance.



### WELCOME AND ANNOUNCEMENTS

**Welcome everyone to week two:**

***"Thanks to everyone for coming back, we know that the first group meeting can be difficult for some people. How is everyone doing? In a moment we will be checking in to hear how your week went."***

Ask some general questions to the group and allow participants to respond:

***"How was the week? What did you think of last week? Did anything come up for anyone? Was it difficult to decide whether to return or did you find it easy? Why?"***

Announce any important information such as participants who may be absent, changes to schedule, etc.

### REVIEW THE AGENDA FOR THE MEETING

***"We have a variety of topics and activities planned for this meeting. You will notice that each week we have a similar structure to our meetings. At the beginning of each meeting, we will review the agenda for the night. Then we will have our check-in. This is a time for you to process how you are doing. We will discuss this a bit more in a moment. Then we usually have a topic for discussion or an activity that we will complete. Lastly, we will have some way to close the group meeting. This week, we will do a quick icebreaker, since you may not remember everyone you met last week. Then for our activity, we will watch a video that features other suicide attempt survivors and discuss it."***

### ICEBREAKER (OPTIONAL)

Depending on if there is time and how well the facilitators believe the participants bonded in the first group, an optional icebreaker is permitted. Describe the icebreaker as a way to allow participants to learn more about each other and to reinforce positive things in their lives by exploring talents, strengths, pleasures/likes, and life experiences. Ask each participant to introduce themselves with their name and something interesting about themselves that others might like to know. The twist is, it has to be something positive. To help generate ideas among the participants, you can ask things like, ***"What is your favorite thing about yourself? What do people most compliment you about?"*** Some participants may not be able to identify anything positive in their life at the current time, so adding options is encouraged, such as, ***"If you could have any kind of super power, what would it be?"*** or ***"Where are you from and what is your favorite thing about that place?"***



### PEER NOTE

If comfortable, the Peer Facilitator should participate in the weekly check-in and can model checking-in when the exercise is introduced during Week 2. Peer facilitators should be honest in their check-ins, sharing only what they are comfortable with and remembering not to shift the focus of the group to them. Participants can find comfort in knowing that everyone has ups and downs in life and hearing how the peer facilitator has developed coping skills after their suicide attempt.

# WEEK TWO





CHECK-IN

INTRODUCE THE GOALS AND GUIDELINES FOR THE CHECK-IN

Since this is the first week that the group will have a check-in activity, introduce the goal and guidelines for check-in.

*“Many people who have survived suicide attempts find that they don’t have a lot of places in their life where they can talk about how they are truly feeling, especially if they are feeling down or having thoughts of suicide. Past participants have indicated that coming to group and having a place where they can share how they are feeling is a huge benefit of the group.”*

*“At the same time, we have also gotten feedback from participants who want more from the group than just talking and listening to the bad things that people may be experiencing. We try to keep a balance in the group. Through the check-in, we give participants a place to both talk about how they are feeling and also to learn skill and techniques that might help them feel better.”*

*“Each week, at the beginning of the group, we will give you a chance to check in with the group and talk about how you are feeling. You can share anything about how you are currently feeling or what has happened in your life during the past week. If you are feeling bad, that is okay. We want to give you a chance to talk about that. If you have had thoughts about suicide, share those and how you dealt with them.”*

*“We like to balance our check-ins with both good and bad. It’s hard to look at the positive sometimes, but it’s important to be able to recognize and celebrate the things that went well. So, when you check-in, let us know how you are doing, and try to share at least one positive thing that you experienced in the past week. There must be at least one, because, the fact you are here with us at group, in itself is positive. Sometimes on our own we focus on all the negative things that happened during our week, but in the group other participants can help us identify some good things that they heard that we missed.”*

*“You may also recall when you had your initial phone call about the group, we talked about suicide desire and suicide intent.*

*Do you recall that? We have found these concepts to be a useful tool when discussing suicide. Many of you mentioned how its hard for you to talk about suicide with others. Recognizing that having thoughts of suicide (desire) doesn’t mean that you will act on them (intent) is important. The concepts of suicide desire and suicide intent can make it easier to describe how you are feeling. During the check-in we ask you to rate these items, so we can have a better idea on what kind of support you might need.”*

*“Let’s be conscious of time—try to limit your check-in to five minutes since we want to hear from everyone and move on to the week’s activities.”*

MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY

VIDEO AND DISCUSSION

Introduce the video

In groups where there are many repeat participant who have already seen *Stories of Hope and Recovery*, facilitators may choose an alternate video as long as it depicts elements of hope and effective coping skills. (See Appendix H for a list of videos)

Some participants may feel that the video is “too hopeful,” expressing that they can’t imagine ever being able to recover as those in the video. The purpose of showing the video is to encourage a discussion of how they are feeling. Validate those feelings and the courage it has taken

them to come to the group, even when feeling this way. Depending on the video, say something like the following: *“Last week, many of you described your experience of being a suicide attempt survivor. Many group participants mentioned how difficult that could be. We are going to watch a video that shows several peoples’ struggles with suicide and how they have dealt with those struggles. When the video is over, we will have a chance to discuss it.”*

Play the video

Dim the lights, if possible, to allow for some sense of privacy. Monitor the group for reactions, as the film will likely bring up emotions.

Initiate and guide the discussion

Allow participants to discuss the video at a natural pace. You can choose questions from the following to help to spark conversation:

- *What were you thinking or feeling when you watched the video?*
- *Could anyone relate to the stories? Was there anything in the video that reminded you of something in your life?*
- *What do you remember about the time leading up to your suicide attempt? What were you thinking? How were you feeling? Did you tell anyone? How did they respond? What did you need?*
- *What has it been like for you since your attempt? What challenges have you faced?*
- *Have you wondered what to say to your family? Your friends? Your job and school associates?*
- *Who have you told about what happened? (Family, friends, work, school, etc.) How much did you share?*
- *What was it like to tell someone?*
- *Have you had thoughts of suicide since your attempt?*
- *Do you have anyone you can turn to when feeling suicidal? If not, who would you like to be able to tell? What keeps you from telling them?*

- *What do you look for in someone who may be a supportive person in your life?*
- *What do you want them to understand? How do you want them to help you?*
- *Is there anything you saw in the video you would like for yourself?*
- *Has there been anything that you have learned from your attempt? Anything that is positive?*



CLOSING

CLOSE THE GROUP MEETING

Thank the participants for sharing: *“Thanks to everyone in the group for such a rich discussion and for your willingness to be vulnerable in the group. Being able to talk about your experiences and needs is the first step in finding ways to feel better and to stay safe. Over the course of the next few weeks we will continue to build on this discussion and to learn from each other.”*

If time allows, you can have participants go around the room and share one word about how they are feeling.

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow up. Facilitators should also allow time to debrief their own feelings about facilitating the group.

# WEEK THREE:

## Giving and receiving support



### OVERVIEW

As the group progresses, participants tend to bond quickly over their common experience of having survived a suicide attempt. Some have reported that it is easier to talk to participants because they seem like someone who understands, someone who has been there, or someone who isn't going to freak out hearing about suicidal feelings. Talking may extend beyond the group meetings.

Group participants generally feel comfortable contacting each other outside of the group when they need to talk or when they are in crisis or suicidal. Many survivors of suicide attempts feel more comfortable talking with facilitators or other group participants than with family, friends, and even therapists. This bonding is an important aspect of breaking down stigma and isolation.

In this week's meeting, participants talk about reaching out to or being a support to other participants; specifically, ways to:

- Support one another without feeling overwhelmed or incapable if a crisis arises.
- Set boundaries for asking for help and giving help.
- Be a healthy support system for each other.
- Reach out to crisis services.



### OBJECTIVES

The objectives of this week's meeting are to:

- Increase participants' comfort and confidence in reaching out for support from others in the group.
- Explore the benefits and challenges of being there for other participants, both in and outside of the group. Participants may not be accustomed to supporting others who are at risk for suicide, and it is important for them to consider this before they are in a situation that is overwhelming for them, so they can establish appropriate boundaries and seek support as needed.
- Increase participants' awareness of their own needs in crisis.



### MATERIALS

SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers

FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)

### BACKGROUND

The support group gives participants a safe place to test new ways of interacting, especially for reaching out for help and responding to others' reaching out.

Some participants may routinely isolate and rarely or never answer their phone. Other participants may reach out to others frequently with very intense emotions. There are pros and cons to either primarily internalizing one's emotions or primarily talking and sharing one's emotions; neither approach is right or wrong, and there is wisdom in seeking a balance of the two approaches.

Participants who mostly internalize may keep everything bottled up until they reach a crisis. It can be helpful for them to learn to get "out of their heads" and talk with others. Sharing with others may provide fresh insights or just a shift in looking at things. Letting off steam may avert the boiling point that builds from holding feelings in. These participants may need to be drawn out.

On the other hand, some participants might seem to talk endlessly, sometimes, without really communicating. It may not bring relief to the talker because they have not really sat with the feeling internally. Sometimes instead of talking they may need to self-soothe. They may need to choose safe listeners to share their feelings with. These participants may need help learning to communicate their needs more effectively.

The following activities allow participants to think about what it is like to be a support to a person in crisis. This has the added potential of helping participants to learn to better articulate their own needs and correlates with a later safety planning activity. Envisioning being a crisis support person allows people to become more familiar with what they may need when they are in crisis and how they can communicate those needs to the support systems in their life.



### Facilitator Note

If possible, in advance of the meeting, talk to the local crisis line or the National Suicide Prevention Lifeline about a group call. Arrange to call the line as a group (that is, putting the call on speaker phone) at the meeting time.

Participants can hear firsthand what it is like to call. If you have a peer facilitator in the group who has called a crisis line or the National Suicide Prevention Lifeline, you may want to approach them ahead of time about participating in the group call or a role-played call. Hearing from a peer that a crisis line was helpful can encourage participants to call when they need to talk to someone.

### PEER NOTE



The Peer Facilitator should be prepared to talk about their experiences in helping someone who was thinking about suicide, if participants don't bring this up as a concern. If applicable, they can share how they may have felt uncertain where their boundaries lie between establishing trust with someone they were supporting versus asking for extra support to help them from a facilitator or a crisis hotline.

# WEEK THREE



“EVERYONE UNDERSTANDS EACH OTHER. I FEEL THAT THEY ARE MY SUPPORT.”

SUPPORT GROUP PARTICIPANT



AGENDA

PRE-GROUP MEETING

GROUP MEETING



ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant's arrive invite them to take some refreshments. Facilitator makes notes of anyone who is not in attendance.



WELCOME AND ANNOUNCEMENTS

ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.

REVIEW THE AGENDA

This week:

- Check-in
- Giving and Receiving Support Activity
- Calling the Crisis Hotline
- Opportunity to Exchange Contact Information
- Grounding Exercise



CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY

GIVING AND RECEIVING SUPPORT

Introduce this week's topic, giving and receiving support: ***“As we know, this is a support group. That means that everyone here has been through a similar experience and has wisdom to share as a result of that experience. Your wisdom as you recover from your attempt may be helpful to other participants.***

***Being a support group, we are learning how to be supportive of each other by discussing the benefits and challenges of turning to each other for support.”***

List the questions and ideas from the participants on the board and connect participant experiences from last week with ideas about being a support to one another. (The facilitator should write the responses on the white board or flip chart, or ask a participant to be the scribe.)

The table on the following page lists typical responses for reaching out in crisis. If the group has trouble identifying responses, prompt them with responses listed.

WEEK THREE

Ask the group, “If you are in crisis, how can you use another participant in the group for support? What would be some benefits of contacting other group participants when you need support?” After a variety of responses have been listed ask, “What could keep you from reaching out, or what might the challenges be?”



BENEFITS	CHALLENGES
OTHER ATTEMPT SURVIVORS UNDERSTAND ME; I DON'T HAVE TO EXPLAIN EVERYTHING	I MIGHT NOT FEEL SAFE BEING COMPLETELY HONEST
ARE NOT JUDGMENTAL	I DON'T WANT TO BE A BURDEN TO OTHER PARTICIPANTS
MIGHT NOT “FREAK OUT” BECAUSE THEY UNDERSTAND SUICIDAL THOUGHTS	THE UNKNOWN; I DON'T KNOW HOW THEY ARE GOING TO REACT
EMPATHIZE	I MIGHT WONDER IF THEY ARE GOING TO TELL ANYONE
HELPS ME STAY IN A SAFE PLACE	I WORRY THAT THEY MIGHT JUDGE ME OR THINK DIFFERENTLY OF ME LATER
	IT COULD MAKE RELATIONSHIPS COMPLICATED AND BLUR BOUNDARIES



Next, pose the question from the opposite perspective, “What might be the benefits to being a helper to a person in the group?” Followed by, “What might be the challenges?”

BENEFITS	CHALLENGES
IT FEELS REWARDING TO USE MY EXPERIENCE TO HELP OTHERS	SOMETIMES IT CAN BE HARD TO LISTEN TO OTHERS; IT COULD BE DRAINING OR STRESSFUL
IN HELPING OTHERS, I MIGHT LEARN NEW WAYS TO HELP MYSELF	WHAT IF I AM NOT STRONG ENOUGH OR I DON'T KNOW WHAT TO DO?
BEING IN THE ROLE OF A LISTENER OR HELPER MIGHT HELP ME TO LEARN HOW TO BETTER COMMUNICATE MY NEEDS IF I AM IN CRISIS	WHAT IF I AM IN AN UNSAFE PLACE MYSELF?
DISTRACTION FROM MY OWN PROBLEMS	HOW MUCH CAN I SUPPORT THEM BEFORE I NEED TO INVOLVE MORE HELP?
TURNS A NEGATIVE EXPERIENCE (SUICIDE ATTEMPT) INTO A MORE USEFUL EXPERIENCE (HELPING OTHERS)	WHAT IF SOMEONE GETS MAD AT ME IF I FEEL THE NEED TO GET ADDITIONAL HELP?





Process the groups’ comments: **“Now that you have discussed the benefits and challenges, what are your thoughts about reaching out for support? Are you more likely to reach out to each other for help? To respond to requests for help?”**

Lead a discussion about ways to be a good support. **“What do you find most helpful from someone who is supporting you?”** If the group doesn’t come up with examples, suggest that the person responding:

- Should have boundaries.
- Is non-judgmental.
- Makes statements that show they understand.
- Asks “What do you need?”
- Offers hope.
- Reminds them to take care of themselves with the basics (eating, sleeping, bathing, exercising, perhaps taking medications).

If the topic hasn’t come up naturally in the discussion, it is important to review what participants would do if they are helping someone and become worried that the person they are helping might be unsafe. It is important that this is discussed explicitly and participants are reminded to reach out to the crisis line if they are supporting someone and they don’t know what to do or they think they need more immediate help.

PRACTICE CALLING THE CRISIS LINE

The second activity is role-playing a call to a crisis line. Begin a short discussion by asking the group whether anyone has ever called a crisis line. If participants have, ask them to describe their experiences; for example, **“Was it helpful?” “Would you call it if you were in crisis?”**

Typical responses from the group have varied. Some partici-

pants have said they would never call a crisis line. Others have said that they have called a crisis line but were too nervous to speak and hung up. Some participants have said they called and were disappointed while others have shared how calling saved their life. Be ready for any type of response and to frame each response as a valuable contribution, reframing when necessary. Remind others that chat or text may be an option for them if they aren’t comfortable talking to someone on the phone.

If you arranged in advance with a crisis line that the group will be calling, ask the group, **“Would you like to try calling the crisis line to have an experience of what it’s like?”** Brainstorm with the group before the call to determine questions that they may want to ask. Make the call as arranged.

If it is not possible to arrange a call with your local crisis line, you can stage a role-play where one facilitator role-plays calling the crisis line and the other facilitator plays the counselor on the line. The counselor on the line responds to the participants who may also take turns role-playing the caller.

PARTICIPANT CONTACT LIST

The third and final activity for the meeting is to discuss a contact list of participants names, phones numbers, etc.

**“While we are discussing ways to be a support for one another, participants in previous support groups have appreciated having a contact list of group participants. We will pass out a sheet and if you are comfortable you can write in your phone number and/or email address to be put on the contact list. We will use first names only. The facilitators’ contact information will be listed as well. If you have a preferred method of contact, you can indicate that too, whether it is text, email or phone call.**

**If you don’t feel comfortable, it’s okay not to be on the contact list. We want to respect where each person is at and their comfort level. Everyone still gets a contact list, whether they are on it or not. We’ll make copies and have a contact list available next week.”**



CLOSING

CLOSE THE GROUP MEETING

Close the group by saying something like, **“Thanks to everyone for your participation in today’s group activities. We hope, as a result, you feel more able to communicate your needs when you need support and feel better able to support others who may reach out to you.”**

If time allows you can have each participant share one thing they learned about giving and receiving support after the group activities.


LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.

Create group contact list for distribution at next group meeting.



### Facilitator Note

A separate issue is birthdays. There is a place on the contact for participants to list their birthday, but this will not be included on the contact list. **“Group participants often get quite close, some mentioning that it feels like a second family. Some participants would like to acknowledge birthdays, others prefer not to acknowledge them. If it is okay for us to acknowledge your birthday, include it on the sign-in sheet. If it doesn’t fall on a meeting day, we will acknowledge it the following week.”**

# WEEK FOUR:

What leads to my thoughts of suicide



## OVERVIEW

Talking about what led to a person's suicide attempt can be very emotional for participants. It is not uncommon for group participants to become very sad and quiet as they remember the painful state they were in before they attempted to take their own life. However, it can be helpful to teach participants to become aware of what preceded their attempt in order to help them recognize when they may be at risk for suicide again. Being aware of when they may be in danger is an important element of a plan for staying safe.

Participants may find a variety of things preceded their suicide attempt, including personal situations, events, feelings, moods, thoughts, and behaviors. Helping them to recall these events in a safe and structured way is important. When a participant is able to identify what leads to their thoughts of suicide and/or slow down the process that leads to their suicidal state, they can take more control of it. If they are able to recognize what leads to their thoughts of suicide, they can try to avoid those things or put extra coping strategies in place if they can't be avoided. Since most people state that their suicide attempt was a way to escape unbearable pain, finding other ways to cope with pain can help to keep them safe.

If a person has become accustomed to using thoughts of suicide to envision a way to end their pain, it may be difficult for them to change their way of thinking.

However, it is extremely helpful to encourage participants to recognize that thoughts of suicide do not have to result in taking action to hurt themselves. Instead, thoughts of suicide serve as an indication that they may need to engage in other coping skills that help them to feel better.

We have found that many participants experience "automatic thoughts" or thinking patterns that default to an illogical or unrealistic negative theme. For example, the negative thought, "There's no reason for me to be here" might be countered with "I have a right to be here," "I matter," "My purpose is unfolding every day," or "I choose to talk to myself with kindness today." It is most helpful if the positive thoughts come from the group participants themselves. It is not difficult for participants to intellectually accept the form of a positive thought, that is, to see that the positive alternative of "I hate myself" is "I am loveable." However, it is important for the participants to come up with the positive thoughts themselves, because the thoughts they generate will be more meaningful.

The automatic thoughts exercise completed this week helps the participants to identify these thinking patterns. The exercise helps facilitators reinforce the point that suicidal thoughts don't have to turn into suicidal behaviors and that coping strategies can help participants to stay safe.



## OBJECTIVES

The objectives for this week are for participants to:

- Develop an awareness of what led to their thoughts of suicide and identify antecedents and consequences.
- Prepare for the upcoming topic of safety planning.

## MATERIALS



### SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers

### PARTICIPANT FORMS

- ☐ Support group contact list
- ☐ Activator Log (Appendix C)
- ☐ 60 Ways to Nurture Myself (Appendix D)
- ☐ Cognitive Distortions (Appendix E)
- ☐ The 3 C's of Cognitive Therapy (Appendix F)

### FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



## AGENDA

### PRE-GROUP MEETING

### GROUP MEETING



### ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participants arrive invite them to take some refreshments. Facilitator makes notes of anyone who is not in attendance.



### WELCOME AND ANNOUNCEMENTS

#### ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.

#### REVIEW THE AGENDA

- Check-in to discuss the week
- What Leads to Thoughts of Suicide
- Closing activity (e.g. grounding)

#### DISTRIBUTE PARTICIPANT CONTACT SHEET



### CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



### WEEKLY DISCUSSION / ACTIVITY

#### INTRODUCE DISCUSSION

Introduce the discussion of What Leads to My Thoughts of Suicide by asking about the time leading up to the participants' suicide attempts.

**"Recognizing what leads to your thoughts of suicide can help you to anticipate when you need additional help. Many people have said that in making their suicide attempt, they didn't want to die, but rather to feel better. Being able to recognize what leads to these feelings for you earlier, might help you to keep from getting to this point in the future. In other words, if you can recognize when you are leading down the path to suicide you may be able to find ways to avoid the things that cause you to feel that way or, if they are unavoidable to find ways to feel better earlier before it becomes overwhelming."**

**If you are comfortable, think back to the time right before you made your suicide attempt. Did you even realize you needed support? Did you want help before you made your**

## PEER NOTE



The Peer Facilitator should be prepared to share some information about what led to their thoughts of suicide and, if applicable how they are able to recognize what leads to their thoughts of suicide and coping skills they utilize in these situations. If they are comfortable, the Peer may want to share their story as an example when showing how to fill out the Activator Log.

WEEK FOUR





TYPES OF PRECURSORS TO THOUGHTS OF SUICIDE	EXAMPLES
PERSONAL SITUATIONS	STRESSFUL EVENTS, ANNIVERSARY
THOUGHTS	“THINGS ARE NEVER GOING TO GET BETTER” “I’M NO GOOD”
IMAGES	FLASHBACKS, PICTURES
THINKING PROCESSES	RACING THOUGHTS, PANIC, NEGATIVE SELF-TALK
MOODS	IRRITABLE, TIRED, SCARED, DEPRESSED, LONELY
BEHAVIOR	STAYING INDOORS, DRINKING



attempt? Did you reach out to anyone for support? What kept you from getting the help you needed?”

ACTIVATOR LOG

The Activator Log (Appendix C) is used to facilitate this discussion. This activity helps prepare the group for more advanced safety planning in the meetings ahead.

Pass out a blank handout to each participant. There are a variety of ways to facilitate this activity, choose one based on what you think would work best for the group, given the degree of disclosure and closeness they have developed.

Introduce the Activator Log by saying something like, “Try to recall your suicide attempt and the events leading up to it. Use this form to help you identify what was going on during the time immediately preceding your attempt. If thinking about your attempt is too difficult, consider another time when you felt very overwhelmed.”

Option #1

Have participants pair up and complete the form together. Pairs share the elements of the form that were most meaningful to them with the larger group.

Option #2

The activity is completed as a group exercise with the facilitator leading the discussion. Review each section of the Activator Log by asking participants to share the events, thoughts, feelings or behaviors that led up to their suicide attempt and anything they tried to do to cope with how they were feeling. Discuss how successful these coping skills were. Write them on the whiteboard or flipchart with examples for each.

Option #3

Allow a variety of people to respond to the log’s questions by telling their personal story, with you acting as scribe and helping to identify the events, thoughts, feelings or behaviors that were precursors to their attempt and anything they tried to do to cope with how they were feeling. Instruct participants to fill out their form with the elements of their story.



Facilitator Note

Previous versions of the manual have referred to warning signs as “triggers.” This language has been changed to warning signs or activators as facilitators received feedback that the work “trigger” was uncomfortable to some people. Additionally, the word trigger implies that a warning sign is an external force that is outside of a person’s control, when often, there are coping skills that can be utilized when a person is able to identify the warning signs that lead to their thoughts of suicide.



Note in all options, some participants may prefer to fill out their Activator Log without sharing the details of what led to their suicide attempt, which is a perfectly acceptable option.

Encourage participants to use the Activator Log throughout the next week to record any thoughts of suicide they have, what led to the thoughts and how they coped with them.

COGNITIVE DISTORTIONS

Conclude the group meeting by leading the final activity about cognitive distortions.

Introduce a discussion about cognitive distortions.

*“Some participants have described the activators for their suicide attempt as a feeling such as being sad, depressed or lonely, others by feelings of anger, rejection, humiliation, betrayal, rage, or shame. Still other participants have related being suicidal to thoughts about themselves and their hopelessness such as, ‘Things are never going to get better,’ or ‘My life doesn’t matter.’ A common theme can be extremely negative automatic thoughts about themselves. These are also called, cognitive distortions.”*

*“Is anyone familiar with the concept of cognitive distortions? Or perhaps you have heard it called automatic negative thinking? Can anyone explain the concept?”*

Allow people to share their ideas. If they are unfamiliar or the discussion is incomplete, you can add,

*“You are not your thoughts or feelings. Thoughts are created by our minds. Cognitive distortions are unhelpful thinking styles that are common, entirely normal, and not our fault. Cognitive distortions are simply ways that our mind convinces us of something that isn’t really true. These inaccurate thoughts are usually used to reinforce negative thinking or emotions – telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves. But when unhelpful thinking styles are present in our lives to an excessive degree they are associated with poor mental health. There is strong evidence that people with depression and anxiety think in characteristically biased and unhelpful ways. Recognizing and then overcoming our cognitive distortions is frequently an important part of treatment for anxiety and depression.”*

Distribute the Cognitive Distortions handout (Appendix E) and review it briefly. The questions below can add to the discussion.

*“Are there any examples that particularly stand out to you?”*

*“Are there any examples that you identify with?”*

*How do these things relate to one another? Does one lead to another?”*



Once there is a sense that everyone understands the concept move the conversation forward,

*“How could you reduce cognitive distortions?”*

Participants may have ideas on how to combat cognitive distortions. Allow them to discuss their ideas. Which may include such things as:

- Crafting realistic or more balanced thoughts.
- Avoiding statements or assumptions that use words such as every, all, always, nobody, everybody, none and never.
- Avoiding making black or white statements – or thinking in absolutes. Use words such as may, sometimes, often.
- Asking supports for help.

Distribute the 3 Cs of Cognitive Therapy handout (Appendix F) and discuss it as a tool for combating cognitive distortions – the 3 C’s of Cognitive Therapy and distribute handout (Appendix F):

Conclude the discussion by gathering input from participants:

*“Are these new ways of thinking more likely to be helpful?”*

*“Might they help you feel any different?”*



CLOSING

CLOSE THE GROUP MEETING

Check in with the participants to see how they are doing after an intense discussion.

*“How is everyone doing? We know that it can be challenging to think about what led to your suicide attempt. Is everyone feeling ok?”*

*“It can be challenging to think about reasons for dying, about*

*activators – thanks for your willingness to discuss this openly. We don’t want to leave anyone in a bad place, but we hope that by talking about these things as a group, you might be better equipped in case you experience thoughts of suicide again when you are alone. Recognizing these activators may allow us to change them. If we ask ourselves, what thoughts have I been believing that do not help me? What choices can I make to change my thoughts to ones that serve me? What decisions can I make now to steer my life towards the life that I want?”*

Distribute 60 Ways to Nurture Yourself Handout (Appendix D)

If time allows, have each participant share one activity they will do to nurture themselves in the upcoming week. The activity can be from the handout or one of their own ideas.

Remind participants to reach out for support if they need it.

*“Remember, you can contact the Lifeline, people on the Support List or the group facilitators for additional support.”*

Remind participants to use the Activator Log during the upcoming week.

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.





# WEEK FIVE:

How can I cope with thoughts of suicide



## OVERVIEW

Previous group meetings have prepared participants for this week’s activities, both in building trust among group members and identifying what led to their suicide attempt. This week, participants begin to write their safety plans. The *Safety Plan* that Didi Hirsch uses is based on the U.S. Department of Veterans Affairs (Stanley & Brown, 2008). Some participants reported negative feedback regarding the use of safety plans, and thus the safety plan used in the support group was adapted based on requests that facilitators:

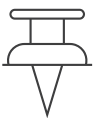
- Provide additional explanations for each step of the plan.
- Make the form foldable. This increases privacy; others would find it more difficult to read their safety plan.
- Change the name of the form. The name *Safety Plan* reminded many participants of being hospitalized and hospital requirements to make promises before getting released. Group members chose to title the form *Returning to Safety, Choosing Safety over Suicide*, indicating that staying safe



## OBJECTIVES

The purpose of this week’s activities is to help participants:

- Identify healthier and more effective ways of coping with suicidal thoughts and behaviors
- Begin to develop their own safety plans, which they can use when they have thoughts of suicide



## MATERIALS

### SUPPLIES

- Whiteboard or flipchart
- Markers

### PARTICIPANT FORMS

- *60 Ways to Nurture Myself* (Appendix D)
- *Choosing Safety Over Suicide* (Appendix G)

### FACILITATOR FORMS

- Attendance Sheet
- Manual or *SOSA Eight-Week Facilitator Quick Reference Guide* (Appendix N)



## AGENDA

PRE-GROUP MEETING

GROUP MEETING



## ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant’s arrive invite them to take some refreshments.



## WELCOME AND ANNOUNCEMENTS

### ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.

### REVIEW THE AGENDA

- Check-in to discuss the week
- How to Cope with Thoughts (safety planning)
- Closing activity (e.g. grounding)



## CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

Begin a discussion about safety planning. It is important to recognize that some participants may have had a negative experience with safety planning, many equating it with unpleasant experiences of involuntary hospitalization. Often times, hospital staff or therapists have used safety plans to meet their own need of “ensuring the safety” of their client by asking the person at risk of suicide to promise that they wouldn’t do anything to hurt or kill themselves. Some professionals have continued with these types of no harm contracts or safety plans even though they have not proven to not increase safety or reduce liability. It is important to validate feelings of frustration or resentment that participants have about safety plans and attempt to expose them to a more positive example of safety planning, one in which the purpose is to help *THEM* feel better. Engage in a discussion about safety planning by using some of the questions on the following page.



## PEER NOTE

The Peer Facilitator should share any personal experiences they have with utilizing Safety Planning, especially if they have moved from a place of not appreciating Safety Plans to finding them helpful in recognizing what leads to their thoughts of suiciding and utilizing coping skills.

WEEK FIVE



- **“Does anyone in the group have experience with completing a Safety Plan?”**
- **“What do you recall about the experience?”**
- **“Was it helpful? Did you use the Safety Plan? Why or why not?”**

Be prepared for responses that express dissatisfaction with safety planning. There are often comments that it felt forced or more of a tool for the therapist, doctor, or hospital staff than for the participant. Challenge participants that you would like them to think about this safety plan as a tool for them. Recount that many of them expressed painful events, thoughts, feelings, behaviors, etc. that led to their suicide attempt and that their safety plan is meant to be a tool for them to find ways to feel better. *Note: No one is forced to complete a Safety Plan if unready or unwilling.*

**“This week is important because we will explore supports and coping strategies intended to help you feel better when you start to feel bad, hopefully even before you get to thoughts of suicide. Feeling better is the best way to stay safe. We hope that you will find the Safety Plan that we will create will be an important tool for you and that perhaps completing it as a group will help you to learn tips from what others have done to feel better. The safety plan that you will fill out is a lot more than a referral for crisis times. By the end of the eight-week group we think you might find your Safety Plan to be a real resource.”**

Continue the discussion by asking the group,

- **“What do you think the benefits of a Safety Plan might be?”**
- **“Why might it be important to make a plan on how to choose safety over suicide?”**

Participants will generate responses. If not provided, the facilitator can add that safety planning is important because it:

- Gives participants a way to recognize when they may need additional help
- Empowers participants to keep themselves safe

- Encourages participants to “slow things down” and remember that there are ways to feel better other than suicide
- Gives participants a way to document and remember what was talked about in the group
- Provides a structure for participants to learn from each other
- Can be shared with friends, family and professionals to better communicate how a person is feeling and what might help them

The facilitator should lead the group in talking about each step of the *Safety Plan* using the guide below. The facilitator can introduce each step of the *Safety Plan* while participants respond verbally and by writing their own responses to each step on their plan. It can be helpful to write the steps on the whiteboard and list the responses from the group. Although there are suggestions here for how to facilitate each step we recommend familiarizing yourself with the full *Safety Plan Treatment Manual* (Stanley and Brown, 2008).

Note that this activity begins in Week Five and continues through Week Six. Ideally, the group should get through Step Four of the *Safety Plan* to allow enough time in Week Six to focus on resources and Complete Steps Five and Six. Remind participants to bring their uncompleted safety plans with them to finish in Week Six or offer to hold on to them until the next meeting. By the end of the eight weeks, most participants will have plans to use when they feel suicidal; however, no participant is forced to complete a safety plan if they are not ready or unwilling.

Participants can also complete a *Safety Plan* on their phone using a mobile app. There are several available for free online including the My3 app. More information is available at <http://www.my3app.org/>.

## STEP ONE: KNOW THE WARNING SIGNS

### Begin a discussion of Step One

**“Last week we discussed the things that led to your suicide attempt. It helps to know what may lead to your thoughts so you can avoid these things if possible. It also helps to see them as warning signs so that you will know when to use your coping skills or reach out for extra help. Similar to when you feel like you may be coming down with a cold, for example. If you feel a tickle in your throat or a runny nose you may try to get some extra rest, take some vitamins or drink some tea to feel better and perhaps prevent yourself from getting worse.”**

Ask participants to think about what they included in their logs last week and list them as warning signs on their *Safety Plan*. Encourage further discussion with some of the questions below:

**“Why do you think it is important to be able to recognize what things make you feel overwhelmed?”**

All participants to generate responses. If not provided, the facilitator can add:

- It’s a way to recognize when you need additional help
- Empowers you to keep yourself safe
- Encourages you to “slow things down” and remember that there are ways to feel better other than suicide.
- **“How will you know when you need to use your safety plan?”**
- **“What leads you towards thoughts of suicide? Are there things other than suicide that might be helpful, that could make you feel better?”** or
- **“What moves you towards dangerous behavior? Can you create a helpful alternative thought to counteract that?”**



## Facilitator Note

Discussion of the *Safety Plan* can be time consuming. Often, the content from Week Five’s activities can take longer than one group meeting. In order to manage time effectively, it is recommended that at a minimum, a discussion of Step One through Step Four is completed during Week 5.





STEP TWO: USE INTERNAL COPING STRATEGIES

Guide the participants through a discussion of Step Two, using these questions:

- “What can you do on your own, if you are in crisis, to help yourself not act on thoughts of suicide or urges?”
  - “What activities could you do alone at home to help take your mind off your problems, even if for a brief period of time?”
- Participants might suggest going for a walk, praying, listening to music, going online, taking a shower, playing with a pet, exercising, engaging in a hobby, reading, or doing chores. If not, you can suggest possible activities.
- “How likely do you think you would be able to do this step during a time of crisis?”
  - “What might prevent you from thinking of these activities or keep you from doing these activities even after you have identified them?”

Remind participants about the 60 Ways to Nurture Myself handout (Appendix D) that was distributed in Week 4. Distribute another to anyone who may need it. Ask participants questions, such as:

- “Is there anything on this list that you already do?”
- “Anything you want to try?”
- “Anything not on the list that you’d like to add?”
- “Which of these would make good coping strategies for you?”

Suggest that aside from distracting participants from troubling thoughts, many of these activities our actions are things that can help you to feel better and less stressed.

STEP THREE: USE EXTERNAL COPING STRATEGIES

“If using Step Two doesn’t resolve the crisis, you go on to step three. Step Three’s goal is to distract yourself from suicidal thoughts and feelings. I want you to think about places you could

go just to be around people. Can you think of a safe place you can go where you will have an opportunity to be around people? Are there people or social settings that take your mind off of your suicidal thoughts?”

Ask the participants:

- “Who helps you feel better when you socialize with them?”
- “Who helps you take your mind off of your problems, at least for a little while?” Remind the group that they don’t need to tell them about their suicidal feelings.
- “Where is a safe place can you go where you’ll have the opportunity to be around people?” Participants may volunteer ideas such as a coffee shop, a park or beach, a department store, or the library.

STEP FOUR: ASK FAMILY OR FRIENDS FOR HELP

“If the distraction in Step Three did not help you to feel better, then you move on to Step Four. What people can you ask for help when you are in crisis? Anyone in your family? A friend? These are people you can tell about your suicidal thoughts.”

Remind the group that they should try to list several people, so that they will be able to reach someone.

It can be helpful for people to think about who might be the best people to include on their lists. Encourage participants to see how they might prepare their supports to be the most helpful when they are in crisis. In putting their lists together, participants need to consider:

- What do they need when they are feeling suicidal?
- Who is supportive? Who do they feel that they can talk with when they’re under stress?
- Is there anyone who knows about their struggles with suicide? If no one knows about their thoughts of suicide, who might they tell, and how would they tell them? It might be helpful to note that in the past,

facilitators have helped participants to speak to their loved ones about suicide.

- Who is likely to be available when they need support? They might pick someone who is very busy and not able to support them in a crisis, so thinking about availability or having multiple supports is important.
- How likely are they to reach out when they are struggling? What would keep them from reaching out? How likely would they be to call?

STEP FIVE: CONTACT PROFESSIONAL RESOURCES

Introduce Step Five by saying something like:

“If Step Four did not help you to feel better, you can use Step Five. What professionals or agencies can you contact during a crisis?”

The participants generate ideas such as the National Suicide Prevention Lifeline, therapists, doctors or primary care providers, clergy, and 12-step sponsors.

Explore the likelihood of participants contacting the professionals or agencies, and if doubts are expressed or barriers are suggested, problem-solve ways to address them.

- “What has been your experience in reaching out to professionals for help?”
- “How much do you share with them about your suicidal thoughts? Are you able to be honest? What gets in the way?”
- “How do you know what to talk about in therapy?”
- “What are your fears? How can you lessen those fears?”

Note the SAMSHA publication *Journey Towards Health and Hope*, that was distributed in participant welcome packet <https://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419>. On page 18 there is a list of questions that suicide attempt survivors may want to ask their counselor or other professionals when seeking treatment.





STEP SIX: MAKE YOUR ENVIRONMENT SAFER

Every *Safety Plan* should address Step Six. Sometimes, it is not easy to talk about the means that participants plan to use to attempt to kill themselves. For some participants, it is comforting to have the means for suicide close at hand since in their mind, it represents a way to end their pain, if it becomes too unbearable. It is important to allow participants a chance to discuss how they feel about removing access to lethal means. For some survivors of suicide attempts, it is likely that suicide became one of the go-to strategies they developed to end a painful situation they were experiencing. When pain is unbearable, a person needs relief and usually wants it quickly; therefore, it is important for participants to remove items that they might use impulsively when their pain feels unbearable.

Say something like:

***“While suicide may seem like a quick way to end your pain, it can have devastating consequences for you and the people who care about you. Now that you have a Safety Plan, hopefully you can use it to help find alternate ways of relieving your pain that don’t involve ending your life. However, if you forget to use your plan, or it doesn’t make you feel better, having items close to you that you could use to harm yourself can create a dangerous situation. It is important, then, to remove items that you may use impulsively, in a moment of unbearable pain.”***

***“What is it like for you to be asked to remove these items or limit your access to them?”***

Most survivors of suicide attempts indicate that their thoughts of suicide changed over time. While they had periods where the pain seemed unbearable, those times didn’t last forever. Removing dangerous items allows time to for feelings to change. For some, the thought of suicide has become a way to envision ending unbearable pain.

***“Giving up your method may incite a feeling of being out of control. Is anyone feeling like that? Let’s talk about it.”***

Firearms are especially lethal, so the discussion about lethal means should emphasize them. Ask the participants,

***“What do you need to do to make your environment safer? Do you own or have access to a firearm? Guns and rifles are especially lethal, so let’s talk about ways to secure them or get them out of your house.”***

Many creative discussions to remove access to firearms have come from this activity. Some participants have used gun locks as an option. Others have placed their guns in a safe with Lifeline magnets on the outside, as a reminder that someone is always there to talk to. Others have locked the keys to the safe in a block of ice in the freezer to create a barrier between them and their guns. Still others have kept their guns in their homes but removed all ammunition.

*Note: For more information about limiting access to lethal means, see <https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>.*

FINAL STEP: REASONS FOR LIVING / WHAT GIVES ME HOPE

Another adaptation to the traditional safety plan is the addition of a place to list things that provide hope or reasons for living. Listing these reasons on the safety plan can be a reminder why a person might want to stay safe, even when they are experiencing a crisis.

Facilitate a discussion for participants of things in their life that give them hope or provide reasons for living.

GROUP DISCUSSION: PLAN IMPLEMENTATION

Acknowledge that the group accomplished a lot by completing the steps of the *Safety Plan*. Note that it can be difficult for some people to complete their plans, the work

accomplished today is just a start and reassure the participants there will be time in upcoming weeks to add to or change their plans.

Lead a discussion about how likely it is that participants will use the *Safety Plan* when they notice warning signs. There may be additional doubts or barriers that didn’t come up in discussion of the individual steps. If doubts are expressed or barriers are suggested, problem-solve ways to address them.



CLOSING

CLOSE THE GROUP MEETING

If time allows, ask the participants:

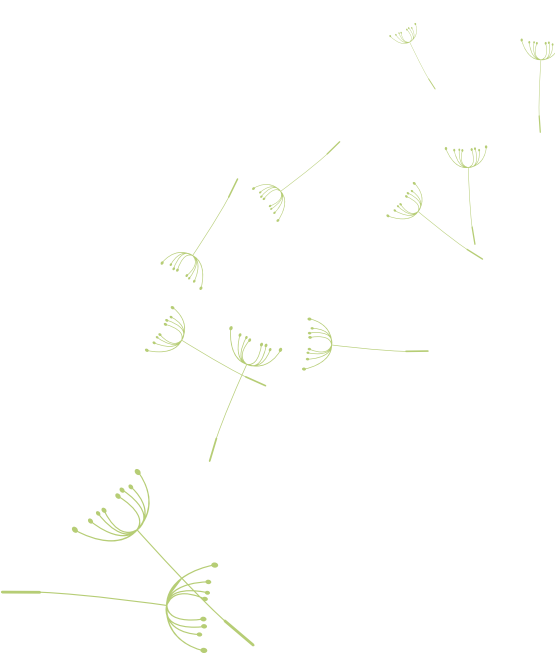
***“What is one item from your Safety Plan that you will try to practice this week for self-care?”***

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.





# WEEK SIX:

Resources



## AGENDA

PRE-GROUP MEETING

GROUP MEETING



### ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant’s arrive invite them to take some refreshments.



### WELCOME AND ANNOUNCEMENTS

#### ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.

#### REVIEW THE AGENDA

- Check-in to discuss the week
- How to Cope with Thoughts (Safety Planning) continued
- Resources
- Closing activity (e.g. grounding) process.



### CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



### WEEKLY DISCUSSION / ACTIVITY

#### CONTINUE DISCUSSION FROM WEEK FIVE

Facilitators should pick up the discussion where they left off in Week Five, allowing participants to complete their *Safety Plan*. The latter steps of the *Safety Plan* focus on resources.

#### RESOURCE HANDOUTS

The activity for Week Six involves a discussion of resource lists including *Community Resources* (Appendix I) and *Reading and Resources List, by, for, and about Suicide Attempt Survivors* (Appendix H). If Step Five of the *Safety Plan* was not completed in Week Five, these handouts can be discussed during the discussion of Step Five. If Step Five was completed in the prior week, they can be discussed as an addition to the *Safety Plan*.

Hand out *Community Resources* handout (Appendix I) and



## OVERVIEW

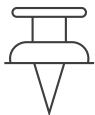
The Week Six discussion about resources enhances the work participants have already done on *Safety Plans*; for example, some participants learn new resources that can be added to step five (contact professionals and agencies). Some of the participants’ barriers to professional therapy are countered by talk about effectiveness of therapy. Websites and books, meaningful to attempt survivors may also be added to internal coping strategies.



## OBJECTIVES

The objectives for Week Six are for participants to:

- Learn about websites and books and websites as well as resources in the community relevant to survivors of suicide attempts.
- Consider how to get the most out of professional therapy
- Complete or add to their safety plans.



## MATERIALS

### SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers

### PARTICIPANT FORMS

- ☐ *Choosing Safety Over Suicide* (Appendix G)
- ☐ *Reading and Resources List, by for or about Survivors of Suicide Attempts* (Appendix H)
- ☐ *Community Resources* (Appendix I)

### FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or *SOSA Eight-Week Facilitator Quick Reference Guide* (Appendix N)



## PEER NOTE

The Peer Facilitator can share information about resources they have found helpful. Perhaps this might be how they were able to identify a personal safety contact that they were able to add to their safety plan as a resource or a relationship with a therapist that was particularly helpful.

# WEEK SIX



discuss the local resources that are available for participants to gain additional help and support. The list in Appendix I contains national and local resources for use in the L.A. area; facilitators will need to customize it for their area. Local resources should include, options for finding individual counselors/therapists, wellness centers, alternatives to hospitalization (for example, short-term stabilization centers), NAMI: (National Alliance on Mental Illness, which often operate support groups for family and friends of people with mental illness), options for faith-based support, emergency departments, psychiatric hospitals, etc.

Introduce the discussion:

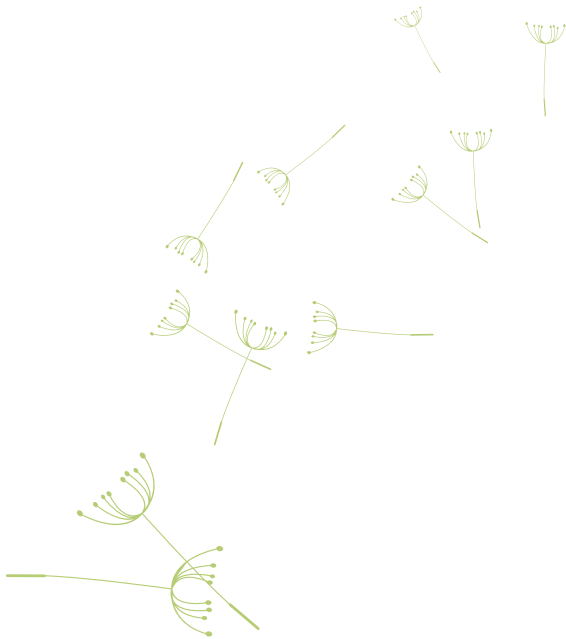
**“Knowing about resources that are available may help you add to the coping strategies and professional resources in your safety plan.”**

**“What other resources have you used that have been helpful and aren’t on this list? Are there any resources you can consider adding to step five of your safety plan or resources that you would like to share with others in the group?”**

Review the handout *Reading and Resources List*, by, for, or about *Survivors of Suicide Attempts*. (Appendix H).

**“Many of these books are written by or for suicide attempt survivors specifically. Has anyone read any of these books?”**

If any of the participants have read any of the listed books or visited the websites, ask them to share their experience with the group. Ask the participants if they have other books or websites for suicide attempt survivors that they would recommend. A Didi Hirsch board member made a donation that allowed the program to maintain a lending library of some of the books on the list. If your organization has these resources, tell the group that you have brought some of the books to the meeting and are happy to lend them out.



CLOSING

CLOSE THE GROUP MEETING

Announce that next week the focus will be on hope, and ask everyone to bring in a hope item.

**“A hope item is something that represents hope to you, something that reminds you of your reasons for living. It could be a picture, a song, mementos, small pieces of art, something from nature, letters, awards, photographs, future plans, anything that gives you hope. We will have an opportunity to discuss these items next week. Some of you might find it hard to think of something that brings you hope. We encourage you to try, but if you can’t that’s okay too.”**

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.

**“BOOKS ARE REALLY HELPFUL. PEOPLE THAT WRITE BOOKS, IF THEY CAN BE SUCCESSFUL, WE CAN BE SUCCESSFUL TOO, THIS IS UPLIFTING.”**

SUPPORT GROUP PARTICIPANT

# WEEK SEVEN:

Hope



## OVERVIEW

The whole meeting for Week Seven is devoted to hope. The facilitators and participants discuss what provides them with hope and reasons for living. Participants share an object that represents hope to them and create a hope box.

Participants are given a box and encouraged to personalize it with art supplies that are provided. Stickers are often a helpful way to allow those who may be “less crafty” an opportunity to enjoy this activity. Often, even those who don’t consider arts and crafts particularly enjoyable end up liking the activity. This exercise is a way to practice a distracting activity and demonstrates how just doing something to take your mind off your problems can provide relief. As participants are all working, the creative project becomes a group experience and creates another opportunity for informal bonding. Participants take

home their decorated hope box as a tangible reminder of what gives them hope and as a place to store items that they may utilize if they are in crisis.

At Didi Hirsch, facilitators have a tradition of placing a surprise gift in each participant’s box; generally, it is the same item for all group participants. Typically the gift is one of the books on the survivors of suicide attempts book list that was distributed in last week’s meeting. However, gifts could be anything from framed inspirational quotes, to mementos related to the group, to notebooks for journaling.

The groups culminated in difficult discussions in Weeks Four, Five, and Six. This week keeps the group in the moment with a creative activity, as next week’s goodbyes may be on participants’ minds.



## MATERIALS

### SUPPLIES

- Hope boxes (traditionally used to store photos)
- Items for inside hope boxes: blank Safety Plan, 60 Ways to Nurture Myself handout, Suicide Prevention Lifeline Promotional materials, and “surprise gift”
- Art supplies: glue, stickers, scrapbooking paper, letters, appliques, markers, colored pencils, etc.

### FACILITATOR FORMS

- Attendance Sheet
- Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



## AGENDA

### PRE-GROUP MEETING

### GROUP MEETING



### ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant’s arrive invite them to take some refreshments.



### WELCOME AND ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.



### CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

### HOPE BOXES

“This week we have a chance to create something meaningful and useful, our hope boxes. We’ll start by giving everyone a chance to share their hope item and to talk about why it gives them hope.”

Often this week is one that is filled with lots of positive emotion as members often share very meaningful and inspirational stories. Some participants may bring items to share with the group. One person brought decorative keys, one for each group member and stated that coming to the group gave her the key to talk about her “secret” (that she had tried to kill herself), allowing her to take steps towards healing from her attempt.



After participants have shared their hope items, summarize the sharing, then say,

“This box is a physical reminder of all of the work you have done in this group and all that you have learned. You can use it to store your Safety Plan, crisis line materials,

## PEER NOTE

The Peer Facilitator can any experiences they have of not feeling hopeful and how they have been able to add hope back into their lives after their suicide attempt.

# WEEK SEVEN





*contact list for the group participants, and whatever you find hopeful. You can continue to add to it and fill it with things that make you feel good. If you are having a bad day, you can take it out, review your Safety Plan and reflect on the things in your life that give you a reason for living.”*

The participants can decorate their hope boxes while members are sharing stories about their hope items. Or decorating can be delayed until after everyone has shared.

*Note: Participants can also create “Virtual Hope Boxes” using an app. More information is available at <http://www.tzhealth.dcoe.mil/apps/virtual-hope-box>.*

Some participants may be a bit uncomfortable decorating a box, if they don’t feel particularly creative or artistic. If so, you can make the project less about craft work and more about cognitive work by following some exercises, such as:

- Lead a discussion about reasons for living by asking the group, **“What gives you hope? What makes you feel more connected or gives you a sense of purpose?”** Suggest that participants add reasons for living to their boxes. They can write each reason on an index card, and decorate the card if they like.
- Suggest that group participants can place items for self-care and self-soothing in the hope box, items that generate positive thoughts, feelings, and memories. Many of these items, such as candles or chimes, can be purchased inexpensively.

Give the participants the opportunity to show and talk about their completed hope boxes if they desire, but make it clear that this is optional.



CLOSING

CLOSE THE GROUP MEETING

Remind the participants that next week is the group’s last meeting, and it will be a celebration, for which facilitators will supply special refreshments. Encourage the participants to bring a potluck item to share if they like.

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

DEBRIEF AND FOLLOW-UP

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.



WEEK SEVEN

# WEEK EIGHT:

Where do we go from here?



## AGENDA

PRE-GROUP MEETING

GROUP MEETING



## OVERVIEW

The Week Eight meeting ends the group and prepares participants for the absence of the weekly support.



## OBJECTIVES

The objectives for Week Eight are for participants to:

- Discuss closure of group, fears, ways to cope, and how to stay connected.
- Help participants to plan for the end of group/break between cycles.
- Allow participants the opportunity to say goodbye to facilitators and other participants .



## MATERIALS

SUPPLIES

- ☐ Pens
- ☐ Art supplies: glue, stickers, scrapbooking paper, letters, appliques, markers, colored pencils, etc., if the group activity of making cards is used.

PARTICIPANT' FORMS

- ☐ Ways to Stay Connected (Appendix J)
- ☐ Outcome surveys

FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



## ARRIVAL

Ideally the room is arranged with the appropriate amount of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participant's arrive invite them to take some refreshments.



## WELCOME AND ANNOUNCEMENTS

Announce any important information such as participants who may be absent, changes to schedule, etc.



## CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?

- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

**Invite Participants to Enjoy the Potluck**

Allow any participants who would like to tell the group about the potluck items they brought to share.

**Lead Discussion about Closure**

Begin by asking:

***“This is the last meeting of this group cycle, how are you feeling about it?”***

***“This has been a safe place for you to talk about suicide. Is anyone concerned about not having this group each week?”***

***“What will you miss about group?”***

Lead the discussion to ways of coping by asking,

***“What can you do to cope? What are some ways you can practice what we learned here in the last eight weeks?”***

If the participants don't generate the following, suggest that the participants can:

- Stay connected with group participants
- Meet up at other local community events throughout the year
- Attend other groups
- Call the National Suicide Prevention Lifeline

## PEER NOTE



The Peer Facilitator can share what it was like for them when their first group ended and ways they were able to stay connected and feel supported.

# WEEK EIGHT





Describe how other participants reported difficulty coping with particular dates or events, and ask the group if they anticipate any difficulties with anniversaries, holidays, or events that mark life transitions, such as births, weddings, and graduations.

**“Will the coping strategies we talked about work for you at these challenging times? Are there other strategies you could add?”**

**Distribute “Ways to Stay Connected” Handout**

Many support group members have come to appreciate the connection they feel to the support group. The *Ways to Stay Connected* handout (Appendix J) suggest ways for group participants to stay involved in the organization or in the National Lived Experience movement. Facilitators should customize this handout for their organization/community.

Review the handout and conclude by asking, **“What other ways can you think of to stay connected?”**

**Distribute Outcome Surveys**

Distribute your program’s outcome surveys and ask participants for their feedback. Describe how their feedback will drive improvements to the program for future participants.



**CLOSING**

**CLOSE THE GROUP MEETING**

Because it is the last group session, it is helpful to give the group a formal opportunity to say goodbye. Depending on the group and time available, you may lead a closing activity:

**Option 1**

Allow participants to make cards for one another. Each participant and facilitator has a card, and other group members

write positive, descriptive words describing how they see them. All the participants in the group as well as the facilitators will have a card at the end of the activity. Participants may choose to add the card to their hope boxes.

**Option 2**

Invite participants to provide positive feedback to fellow group members. This can be done by going around the group and asking each member to share the following about their fellow group members:

- Something about they appreciated about each group member
- Something they learned from each member
- Something they wish for each member in the future

**Option 3**

If there is less time, or if participants aren’t especially connected or open about sharing, allow each group member to share something they appreciated about the group or learned about themselves.

**LEAD GROUNDING EXERCISE**

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

Be aware of any one who seems to linger after the group ends and check in with them individually about how they are feeling.

**DEBRIEF AND FOLLOW-UP**

Facilitators should meet briefly after each group session to process. Any concerns with particular participants are discussed and a plan is made for any needed follow-up. Facilitators should also allow time to debrief their own feelings about facilitating the group.





The Didi Hirsch SOSA support group has been in operation since 2011. During this time, there have been many common issues, questions and themes that facilitators have noted. This section of the manual outlines these areas and strategies for handling them.

## COMMON REACTIONS AFTER A SUICIDE ATTEMPT

Often, after a suicide attempt, a person has many conflicting emotions. They may be grateful that they survived and be eager to find help to recover. They may be angry that they survived or feel like a failure after their attempt did not result in death. They may feel embarrassed and ashamed, wondering what to say to their family and friends about what happened. They may feel numb. They may still have thoughts of suicide. Likely, they don't even know where to start to pick up the pieces of their life. Remember, they weren't planning on being here.

It is common to see an attempt survivor vacillate through all of these stages and emotions during the course of their recovery. A person may present as very hopeful, even stating, *"I am so happy I am still here,"* at one point during the group cycle and later feel deflated: *"I wish I would have died."* It's important not only to accept the survivor wherever they are at, but also to reinforce that it is normal for them to feel different emotions at different times.

## CONTACT WITH INDIVIDUAL PARTICIPANTS BETWEEN GROUP MEETINGS

You may decide to be available to participants who wish to talk during the week, or you may decide to make outgoing calls. Depending on your support group's size, it's possible to spend several hours a week following up with participants. It's a good idea to call participants who have an anniversary or difficult event coming up that week or who indicated that they are at higher risk and need safety checks.

It is important not to create a dependency or give the impression of overprotecting participants by checking up on them. Whenever possible, it is best to encourage the participant to take an active role in their own recovery and to reach out to the 24-hour crisis line when feeling unsafe. If a person is not at high/imminent risk, the facilitator does not need to initiate contact but can be available to receive calls.

Our support group staff decided to put a protocol in place for when a participant's risk of suicide was clearly more elevated. We would collaborate with a participant who indicated a need for more support by setting up a specified time for a weekly call for a safety check. If the participant was not available at the specified follow-up call appointment, our protocol requires, that the participant agree up front to returning our calls within 24 hours. If we don't hear back within the allotted time, we will call their emergency contact or initiate a welfare check.

### USING E-MAIL FOR COMMUNICATION WITH PARTICIPANTS

Your sponsoring agency will have its own policies about the use of e-mail. It is recommended to check with your organization regarding legal concerns around confidentiality and HIPAA requirements.

## CONTACT WITH PARTICIPANTS AFTER THE GROUP CYCLE

Toward the end of the eight-week cycle, facilitators can ask participants if they are amenable to ongoing contact. It is important to be clear about what this contact includes. We ask permission to follow up with them after the group to get their feedback on the group and to gather information about our outcomes. We also offer to put them on an e-mail list if they would like to receive periodic e-mails about group activities or items of interest to suicide attempt survivors.

Facilitators are not available for individual support, check-ins or counseling between group cycles, but, of course, facilitators can use their own judgment in emergency situations and should be careful not to create dependency. All participants are encouraged to use the National Suicide Prevention Lifeline (1-800-273-8255) and their safety plans if they need additional support after the close of the group.

Group participants can opt to repeat the eight-week group cycle. Many past participants of the support group have repeated the cycle. Many participants benefit from repeating the curriculum, however, we realize that there are pros and cons to this. Advantages are that participants stay connected to this very unique community and we have found that returning participants have been a tremendous inspiration to new participants. They have added valuable insight and motivation to group discussions. Disadvantages are that the curriculum can get repetitive and that participants may need to grow beyond it. They may become dependent on the group instead of becoming connected to other personal or community resources. Additionally, if there are too many people that want to repeat the group, it may be come to large.

As a facilitator, you may choose to follow up with past participants in any number of ways, from offering a weekly drop-in group, hosting biannual potlucks, forming teams at annual suicide prevention events, joining fun community events, doing quarterly follow-up phone calls, sending quarterly postcards, and/or sending out email blasts. You may decide not to follow-up at all, depending on the capacity and interest of your sponsoring organization.



### Facilitator Note

Some participants really value repeating the group. In fact, one participant gave feedback during the safety planning discussion (Week Five) regarding his decision to repeat the group multiple times, despite having been exposed to the same curriculum. He indicated that for him, it was very helpful to have a group of peers and a group to go to that reinforced what he learned. He stated that on his own, it was much easier for him to forget or stray away from practicing the coping skills in his safety plan. He noted that during the time between groups he would sometimes stray away from the coping skills he learned. However, repeating the group and being surrounded by the people and concepts that reinforced healthy coping helped to keep him from becoming isolated or forgetting his coping skills which could lead to more crisis situations.



## FACILITATOR'S SELF-CARE

Facilitators support participants by listening to their wishes to die, assessing risk and hearing their ongoing expressions of despair over many weeks. For some, the wish to die may not relent over the course of the entire eight-week support group. Some participants are very high risk and have strong suicidal ideation.

Facilitators may carry their own feelings of loss or feared loss. Statistics show that about one in five counselors lose a client to suicide during their career. Clearly, facilitators know that the support group participants are at higher risk, and they have to live with the daily possibility of losing a participant to suicide.

Working with suicidal individuals can take its toll, so it is imperative for facilitators to have space in their personal and work life for adequate self-care and a caring environment among staff and colleagues. Administrators can best support a group like this best by allowing staff adequate time and resources to foster ongoing care and communication with one another, training opportunities, and experienced clinical supervision. A group will function best when group facilitators respect and trust one another.

It is important for facilitators to converse with one another before and after each group meeting. Before the meeting, facilitators discuss planned activities for the group meeting and touch base regarding any contact they may have had with participants throughout the week, especially if the content may be relevant for the group meeting. Additionally, after the meeting has concluded, facilitators debrief and make plans for any needed follow-up. Facilitators should also allow time after each group meeting to check in with each other regarding their reactions to what they have experienced and need for support and self-care.



EVALUATION

Research has consistently identified individuals with a suicide attempt history as a high-risk group and attempt survivors die by suicide at higher rates than their peers, even decades following prior attempts (Knesper, et al., 2010). Given this, it is clear that connecting suicide attempt survivors to evidence-based treatment is a key to preventing suicides. However, there are only a limited number of interventions tailored for this high-risk group and only a few are evidence-based demonstrating their effectiveness in reducing suicide risk (Comtois & Linehan, 2006). In addition, treatments shown to reduce risk in this population are relatively resource-intensive, often involving family members, ongoing individualized contact, and/or extensive clinician training (e.g., *Dialectical Behavior Therapy* and *the Collaborative Assessment and Management of Suicidality*). Unlike these resource-intensive interventions, this group is an innovative and cost-effective intervention that uses a peer support group format. It has the potential for widespread dissemination and adoption, thereby making a significant contribution in reducing suicides. By the end of 2020, Didi Hirsch had received over 2,200 requests for the SOSA manual from organizations that are interested in implementing this group in their communities. These requests came from not only within the United States but also from 42 different countries.

Given the potential widespread implementation of this group in various settings, it is important to evaluate the efficacy of this group and also to assess if there are any unintended negative consequences of this intervention. Some mental health professionals are especially concerned about bringing together high risk individuals in a support group for fear of potential iatrogenic effects such as actually increasing suicide risk or other negative outcomes. The ongoing evaluation of this group not only speaks to the effectiveness of the group in decreasing suicide risk but also to the concern that a peer intervention that bring together high risk groups does not increase suicide risk among the participants.

A recently published pilot study of the intervention has provided initial support of its efficacy in decreasing suicide risk among the participants (Hom, et al., 2018). Participants reported significant reduction in suicide ideation, hopelessness, suicidal desire, and suicidal intent. At the same time, coping skills/resiliency and knowledge of safety planning significantly increased following group participation. Since this publication, Didi Hirsch has continued to evaluate the groups using pre- and post-measures to assess changes in suicide risk in group participants. The table on the following page details the measures being used to evaluate intervention.

“ I AM THANKFUL I CAME TO GROUP. IF NOT, I DO NOT KNOW WHERE I WOULD BE RIGHT NOW.”

SUPPORT GROUP PARTICIPANT

The table below details the measures we use to evaluate our program:

SURVEYS / OUTCOME MEASURES USED TO ASSESS SOSA’S IMPACT	
SURVEY / OUTCOME	WHAT DOES IT MEASURE?
PRE- / POST-GROUP SURVEY	Participant demographic information and questions on suicidal desire, suicidal intent and buffers.
SAFETY PLAN SURVEY	Measures participants’ knowledge of safety planning including the ability to identify suicidal warning signs and strategies to stay safe in crisis.
RESILIENCE APPRAISAL SCALE (RAS; JOHNSON ET AL., 2010)	Measures participants’ level of resilience to suicidal ideation. The RAS is a 12-item self-report survey measuring emotion coping appraisals, situation coping appraisals and social support appraisals.
BECK SCALE FOR SUICIDE IDEATION (BSS; BECK & STEER, 1991)	Measures participants’ level of suicide risk. The BSS is a 21-item self-report survey examining suicidal ideation, planning and intent.
BECK HOPELESSNESS SCALE (BHS; BECK ET AL., 1974)	Measures participants’ level of hopelessness. This 20-item self-report survey measures three major aspects of hopelessness: feelings about the future, loss of motivation and expectations.
INTERPERSONAL NEEDS QUESTIONNAIRE (INQ; VAN ORDEN ET AL., 2012)	Measures participants’ level of thwarted belongingness and perceived burdensomeness. The INQ-15 is a 15-item self-report survey assessing participants’ connection to others (i.e. belongingness) and extent of perceived burdensomeness on others.



KEY FINDINGS FROM DIDI HIRSCH'S EVALUATION

The evaluation of SOSA groups held in Los Angeles and Orange Counties has been ongoing since 2011. A total of 152 individuals participated from 2011 to 2019. Many of these individuals have participated in SOSA for multiple cycles, but for the purpose of the evaluation only their first SOSA group completed is measured and included. The majority of participants are Female (66%) and the racial/ethnic background of the participants is as follows: 68% White, 18% Latinx, 6% African American, 4% Multi-Ethnic, 3% Asian/Pacific Islander, and 1% Native American. Although there was a wide range in age of SOSA participants, approximately 44% of the participants were 18-34 years old.

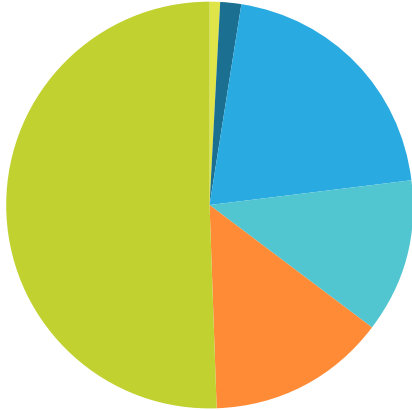
152 PARTICIPANTS

66% FEMALE 68% WHITE 44% AGE 18-34



GENDER

MALE	34%
FEMALE	66%



RACE/ETHNICITY (N = 128)

WHITE	68%
LATINX	18%
AFRICAN AMERICAN	6%
MULTI-ETHNIC	4%
ASIAN/PACIFIC ISLANDER	3%
NATIVE AMERICAN	1%



AGES (N = 120)

AGES 18-25	22%
AGES 26-34	24%
AGES 35-44	15%
AGES 45-54	25%
AGES 55-64	13%
AGE 65+	2%



Paired samples t-tests were conducted on the scores from the pre- and post-group measures to test whether changes in scores are statistically significant and not just due to chance. Overall, SOSA group participants showed statistically significant reductions in several suicide risk factors and improvements in protective factors. Participants reported significant reductions in hopelessness (61% improved), feelings of not belonging and perceived burdensomeness (53% improved) and suicidal ideation and intent (64% improved) by the end of the group. Conversely, they reported significant improvement in resiliency/coping skills (76% improved) and increased their knowledge about safety planning (80% of participants improved). These findings add to the mounting evidence that demonstrates the group's efficacy in decreasing suicide risk factors and increasing protective factors. As the evaluation collects more pre- and post-group measures, a more definitive conclusion can be drawn about the efficacy but initial studies are promising. Didi Hirsch will continue to collect evaluation data with future groups to conduct a more in-depth analysis of the group's impact.

In addition to pre- and post-group measures, Didi Hirsch conducted focus groups to collect qualitative feedback about SOSA from the past group participants. Focus groups participants emphasized the importance of the group providing a non-judgmental and supportive space to engage with others with similar lived experience.

They described this environment as a key essential ingredient in their recovery by promoting social connectedness and feelings of acceptance through an opportunity to process experiences that are often not well tolerated by others outside the group. Another finding from the focus group was that participants view peer co-facilitators to be extremely impactful, primarily due to their authenticity and ability to serve as role models, which conferred a sense of hope as well as practical guidance to group members. The following are some of the comments about the SOSA group from focus group participants:

- "The fact that I can get through another year is astounding."*
- "It (the group) just keeps me alive."*
- "I feel sorry for people who are struggling and do not have this group to go to."*
- "What helped me was acceptance and hearing from my peers. Some things I heard resonated and I'd write it down. What you hear, goes on the tool belt."*

For more information about the measures used during the support group, please contact Didi Hirsch Suicide Prevention Center: <http://www.didihirsch.org/spc>.

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# APPENDIX A

## FOLLOW-UP AFTER WEEK 1

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

- **Is this a good time for you to talk?**  
Should we schedule another time?
- **How was the first group meeting for you?**
- **Did it bring up anything that you need to process?**
- **Do you have any questions or concerns about the group?**
- **How are you in terms of your thoughts of suicide?**
- **What can you do to feel better and stay safe?**
- **Do you plan to continue with the group?**  
It can be hard in the beginning, but it does get easier.

**Reminder:** You can always call any of the facilitators if you have questions or concerns. If you are in crisis and need to speak to someone immediately you can call the National Suicide Prevention Lifeline at 1-800-273-8255.

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







## GUIDELINES FOR SUPPORT GROUPS FOR SURVIVORS OF SUICIDE ATTEMPTS

### ATTENDANCE

- **Attend all meetings if possible.** Group members depend on each other and will be concerned if other members are absent. If you need to miss a meeting, notify the group facilitator of your absence.
- **Arrive on time.**
- **Avoid drugs (excluding prescription drugs) or alcohol use before attending a group meeting.**
- **Be respectful of other group participants by wearing appropriate attire.** Revealing clothing should be avoided.
- **Turn off cell phones before the group begins.**

### CONFIDENTIALITY

- **Whatever is shared within the group remains confidential** (except in cases where there may be reportable abuse or neglect or someone's life is in immediate danger).

### PARTICIPATION

- **Members are welcome to ask questions, make suggestions or just listen.**
- **The atmosphere is one of sharing, but no one is put on the spot or forced to talk.**
- **While no one is required to share, the more you share, the more everyone is likely to gain from the group.**
- **There are no right or wrong answers or feelings** – each person's feelings are their own and important to them – respect their decision to share.
- **The group is a safe place to share experiences and feelings.** There is no pressure to do or see things a certain way.

- **It is important to allow everyone who wishes to talk the opportunity to do so,** members should try not to monopolize the group.
- **Avoid “side” conversations,** they are distracting and disrespectful to the person who is talking.
- **Be considerate of others’ feelings.** Don’t be judgmental or pry.
- **Romantic relationships, dating or asking someone on a date can create discomfort in groups meant for peer support.** Don’t attempt to start a new dating relationship until after all 8 weeks of group are complete.

### SUPPORT

- **The National Suicide Prevention Line is available 24 hours a day: 1-800-273-8255.**
- **You can call the group facilitators with questions or concerns about the group.** However, if you are in an immediate crisis, you should call the Lifeline at 1-800-273-8255 as your facilitators work normal business hours and may not be available immediately.
- **It is okay to email group facilitators for a quick check-in, a question, or if you are going to miss a meeting, but if you are in crisis, be sure to call the Lifeline.**
- **Group members often use each other for support outside of the group.** It is important for each group member to consider their role in supporting other group members and find balance between taking care of their own needs as well as supporting others.



# APPENDIX C

## ACTIVATOR LOG

“TO GET THROUGH THE HARDEST JOURNEY WE NEED TAKE ONLY ONE STEP AT A TIME, BUT WE MUST KEEP ON STEPPING.”

CHINESE PROVERB

### ACTIVATOR LOG

When you notice your mood worsening or thoughts of suicide occurring, fill in the chart below to help you identify activators. Remember, you may experience suicidal thoughts as a result of uncomfortable emotions, pressure or unbearable pain. Recognizing what caused these emotions finding other ways to cope with it can help keep your suicidal thoughts from escalating into suicidal actions.

DATE / TIME	EXAMPLE: December 20, 2019 Evening		
WAS THERE A SITUATION OR EVENT THAT LED TO YOUR THOUGHTS OF SUICIDE?	Lost my job and got into a fight with my girlfriend		
DID YOU EXPERIENCE ANY AUTOMATIC NEGATIVE THOUGHTS/IMAGES? WHAT WERE THEY?	This is unfair. I ruined my life. How am I going to be able to survive? My girlfriend might leave me, I'm a failure, I can't cope, I will lose my apartment and become homeless, I should kill myself.		
WHAT FEELINGS DID YOU HAVE?	Fear, anger, shame, hopelessness		
WHAT BEHAVIORS DID YOU DO IN RESPONSE TO THESE THOUGHTS	I drank alcohol.		
WERE YOU ABLE TO DISCOVER ANY WAYS TO COUNTERACT THOSE THOUGHTS? WHAT WERE THEY?	None		
LIST THE INTERNAL/EXTERNAL COPING SKILLS YOU TRIED TO TAKE YOUR MIND OFF OF YOUR SUICIDAL THOUGHTS.	I tried to not think about anything. I watched TV.		
HOW EFFECTIVE WAS THE COPING SKILL YOU USED? DID IT HELP IN DECREASING YOUR THOUGHTS OF SUICIDE?	Not helpful. I began feeling depressed. I attempted suicide.		

“To get through the hardest journey we need take only one step at a time, but we must keep on stepping” – Chinese Proverb  
**Don’t hesitate to reach out for help! National Suicide Prevention Lifeline: 1-800-273-8255**

# APPENDIX D

## 60 WAYS TO NURTURE MYSELF

# 60 WAYS TO NURTURE MYSELF



### PHYSICAL

Take a walk

Ride a bike

Soaking in a hot bath,  
with candles and music

Exercise at the gym

Stretch and move to music

Practice yoga postures

Take a course in Tai Chi,  
water aerobics or Yoga

Sit in the sun for  
15 minutes

Change one thing to  
improve your diet

Watch birds and animals  
interact in nature

Go swimming

Sit in a garden or park

Take a nap

Get a massage

Eat healthy for one day



### EMOTIONAL

Listen to music you like

Share feelings about an  
experience with a friend

Deep breath and think,  
“I am calm and peaceful”

Sing or make sounds

Hug someone,  
ask for a hug

Pet your dog or cat

Feel your fear and take  
a positive risk for change

Affirm yourself daily

Notice what you are  
feeling several times a day

Write a letter to someone  
who has hurt you,  
but do not send it

Talk to someone by  
pretending they are facing  
you in an empty chair

Smile at a stranger and  
send them thoughts of  
peace, acceptance and joy

Telephone a long distance  
friend or relative

Watch children play,  
talk to your inner child in  
a loving, joyful way

Acknowledge yourself for  
accomplishments you are



### MENTAL

Say an affirmation

Read a book or  
magazine article

Express your thoughts  
and feelings in a journal

Make a ‘to do’ list

Write a poem

Write a letter

Listen to tapes

Email a friend

List things you will  
do to improve your life

Update negative beliefs  
that limit your life

Journal daily about your  
reactions, thoughts, and  
feelings for a month

List your traits, needs  
and wants

Make a list of short-term  
and long-term goals

Preview your day upon  
awakening. Review  
upon retiring

Work on your family tree



### SPIRITUAL

Connect with nature

Concentrate on the  
flame of a candle

Meditate

Pray

Talk to your  
guardian angel

Listen to a guided  
meditation tape

Write about your  
spiritual purpose

Visualize yourself in  
a peaceful place

Do something of  
service for another  
or for your community

Join a church group

Learn about a religion  
different from your own

Study with a spiritual  
teacher

Study ancient esoteric  
wisdom teachings

Practice unconditional  
love and forgiveness  
with self and others

Practice a daily quiet time,  
a routine to connect  
spiritually



# APPENDIX E

## COGNITIVE DISTORTIONS

One of the basic assumptions of the cognitive model that underlies much of the broader positive psychology model is that the way we think about things is important in determining how we feel. Further, there are times when our thoughts are unhelpfully negative. Recognizing these Automatic Negative Thoughts (ANTs) is the first step in learning to change them. Here are some of the more common types of negative thoughts.

### MIND READING

You assume that you know what people think without having sufficient evidence of their thoughts.

*“He thinks I’m a loser.”*

### FORTUNE TELLING

You predict the future – that things will get worse or that there is danger ahead.

*“I’ll fail that exam” and “I won’t get the job.”*



### CATASTROPHIZING

You believe that what has happened or will happen will be so awful and unbearable that you won’t be able to stand it.

*“It would be terrible if I failed.”*

### LABELING

You assign global negative traits to yourself and others.

*“I’m undesirable” or “He’s a rotten person.”*

### DISCOUNTING POSITIVES

You claim that the positives that you or others attain are trivial.

*“That’s what wives are supposed to do – so it doesn’t count when she’s nice to me.”*

*“Those successes were easy, so they don’t matter.”*

### NEGATIVE FILTER

You focus almost exclusively on the negatives and seldom notice the positives.

*“Look at all of the people who don’t like me.”*

### OVERGENERALIZING

You perceive a global pattern of negatives on the basis of a single incident.

*“This generally happens to me. I seem to fail at a lot of things.”*

### DICHOTOMOUS THINKING

You view events, or people, in all-or-nothing terms.

*“I get rejected by everyone” or “It was a waste of time.”*

### SHOULD

You interpret events in terms of how things should be rather than simply focusing on what is.

*“I should do well. If I don’t, then I’m a failure.”*

### PERSONALIZING

You attribute a disproportionate amount of the blame to yourself for negative events and fail to see that certain events are also caused by others.

*“The marriage ended because I failed.”*

### BLAMING

You focus on the other person as the source of your negative feelings and you refuse to take responsibility for changing yourself.

*“She’s to blame for the way I feel now” or “My parents caused all my problems.”*

### UNFAIR COMPARISONS

You interpret events in terms of standards that are unrealistic – for example, you focus primarily on others who do better than you and find yourself inferior in the comparison.

*“She’s more successful than I am” or “Others did better than I did on the test.”*

### REGRET ORIENTATION

You focus on the idea that you could have done better in the past, rather on what you can do better now.

*“I could have had a better job if I had tried” or “I shouldn’t have said that.”*

### WHAT IF?

You keep asking a series of questions about “what if” something happens and fail to be satisfied with any of the answers.

*“Yeah, but what if I get anxious? Or what if I can’t catch my breath?”*

### EMOTIONAL REASONING

You let your feelings guide your interpretation of reality – for example, “I feel depressed, therefore my marriage is not working out.”

### INABILITY TO DISCONFIRM

You reject any evidence or arguments that might contradict your negative thoughts. For example, when you have the thought “I’m unlovable”, you reject as irrelevant any evidence that people like you. Consequently, your thought cannot be refuted.

*“That’s not the real issue. There are deeper problems. There are other factors.”*

*From Practicing Cognitive Therapy: A Guide to Interventions. Edited by Robert L. Leahy © Jason Aronson Publishing.*

# APPENDIX F

## THE 3 C'S OF COGNITIVE THERAPY

TIRED STRESS PAIN SUFFERING  
UPSET LONELINESS PRESSURE PANIC  
SADNESS DEPRESSION SCARED AFRAID  
UNHAPPY FEARS SORROW ANXIETY FAILURE  
TROUBLED DESPERATE MISERY ANGER



### HOW TO COMBAT A NEGATIVE THOUGHT?

#### CATCH IT

- Identify the thought that came before an emotion when you become upset.

#### CHECK IT

- Reflect on how accurate and useful the thought is.
- Gather evidence for and against a thought.
- Rate how strongly you believe the thoughts to be true (noting that thoughts can be completely true, completely false, or somewhere in between).
- What is the worst-case scenario if the thought were true?
- What would you tell a friend in a similar situation?
- If true, help check if the thought is helpful?

#### CHANGE IT

- Change the thought to a more accurate or useful one as needed.
- Think of different – but realistic – ways of thinking about the situation.
- Identify more accurate, more helpful responses to distressing situations.
- Avoid black and white statements, thinking in absolutes or assumptions that use words such as every, all, always, nobody, everybody, none and never; instead think in percentage, use words such as may, sometimes, often.
- The best responses are believable, in your own words, and short enough to be said quickly.
- Practice using more helpful responses in the real world.
- Ask supports for help.

From: Creed, T. A., Reisweber, J., & Beck, A. T. (2011). Cognitive therapy for adolescents in school settings. New York: Guilford Press

FREEDOM BLESSINGS LOVE  
CHOOSE THOUGHTS HOPE  
LET GO HAPPINESS CONFIDENCE  
RELAX CALM FEARLESS BREATHE  
PEACE JOY RELAX COPE  
SERENITY THINK POSITIVE





## CHOOSING SAFETY OVER SUICIDE: USING A SAFETY PLAN

- Suicide Attempt Survivor

- Emergency: 911
- Community Information and Referrals: 211
- Didi Hirsch Suicide Prevention Center Crisis Line: 800.273.8255  
[www.didihirsch.org/spc](http://www.didihirsch.org/spc)
- Survivors of Suicide Attempts Support Group 424.362.2900
- Survivors After Suicide Support Group 424.362.2912
- General Information: SPC Services 424.362.2900  
[www.didihirsch.org/spc](http://www.didihirsch.org/spc)
- National Suicide Prevention Crisis Line 800.273.8255  
888.628.9454 (Spanish)  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- Teen Line – 800.852.8336
- Trevor Line (LGBTQI) 866.488.7386  
[www.thetrevorproject.org](http://www.thetrevorproject.org)
- NAMI (National Alliance on Mental Health) 310.889.7200
- WarmLine 888.448.9777  
[www.namila.org](http://www.namila.org)
- LA County Dept. of Mental Health 1.800.854.7771  
[dmh.lacounty.gov](http://dmh.lacounty.gov)
- Suicide Awareness/Voices of Education  
[www.save.org](http://www.save.org)
- American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)
- American Association for Suicidology  
[www.suicidology.org](http://www.suicidology.org)

The Safety Plan in this brochure has been adapted from the Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version; Stanley and Brown, (2008). It was developed by Shari Simweli, Sandra Yi and Amy Boyls at the Didi Hirsch Suicide Prevention Center.

**Things that are important to me, that give me hope include:**



# APPENDIX H



## WEBSITES, VIDEOS AND BOOKS BY, FOR, OR ABOUT SURVIVORS OF SUICIDE ATTEMPTS

### WEBSITES



#### **[www.livethroughthis.org](http://www.livethroughthis.org)**

This is a site with stories of people who have attempted suicide and survived. Has hopeful messages of recovery. Has option to submit your own story.

#### **<http://lifelineforattemptsurvivors.org>**

Support for persons living with suicidal thoughts and suicide attempts. Has survivor stories, self-care tips, and other resources for survivors, friends, and family.

#### **<http://maketheconnection.net/>**

This site has excellent videos showcasing personal accounts from veterans; how they found help for their mental health problems.

#### **<https://www.eachmindmatters.org/>**

Each Mind Matters is California's Mental Health Movement created to unite all of us who share a vision of improved mental health and equality and whose goal is to amplify the voices of all people who want to put an end to this stigma, creating a community where everyone feels comfortable reaching out for the support they deserve.

#### **<https://bringchange2mind.org/learn/psas/strongerthanstigma>**

Raises awareness around the unique challenges that men face when discussing mental health, to encourage open dialogue, and to promote help seeking behavior. Has stories, videos, blogs, and ways you can talk about mental health with people in your life.

#### **<http://www.directingchange.org/main/films/>**

Directing Change Program and Film Contest whose mission is to educate young people about critical mental health topics through the medium of film and promote social justice.

#### **[www.halfofus.com](http://www.halfofus.com)**

This is a site geared toward college-age students with any kind of mental health struggle.

#### **<https://attemptsurvivors.com/>**

A project for the American Association of Suicidology about life after suicidal thinking.

#### **<https://my3app.org/>**

App that lets you stay connected when you are having thoughts of suicide.



### VIDEOS

#### ***Stories of Hope and Recovery: Terry Wise***

<https://www.youtube.com/watch?v=i9x1suuv6gw>

#### ***Break the silence for suicide attempt survivors***

[https://www.ted.com/talks/jd\\_schramm](https://www.ted.com/talks/jd_schramm)

#### ***A matter of laugh or death | Frank King |***

***TEDxRenfrewCollingwood***

<https://www.youtube.com/watch?v=IeMg6OFYfUo>



### BOOKS

#### ***An Unquiet Mind*; Jamison, Kay Redfield; Vintage Books; 1995.**

A personal account of examining manic-depression from the perspective of “the healer and the healed” by a prominent professor of psychiatry at John Hopkins University who has struggled with bipolar disorder.



**Children of Jonah: Personal Stories by Survivors of Suicide Attempts;** Collins, James T.; Capital Books; 2001.

This book was written by James Clemons, a Methodist minister who tells the stories of several individuals who survived a suicide attempt.

**Choosing to Live: How to Defeat Suicide Through Cognitive Therapy;** Ellis, Thomas & Newman, Corey; New Harbinger; 1996.

Workbook with helpful exercises suggesting practical skills using a cognitive approach to change suicidal thoughts and behaviors.

**Conquering the Beast Within; How I Fought Depression and Won...;** Irwin, Cait; Times Books; 1998.

Readable book capturing the author's journey through depression and recovery starting at age 13 in graphic cartoons and writings.

**Dialectical Behavior Therapy Skills Workbook for Bipolar Disorder;** Van Dijk, Sheri; Raincoast Books; 2009.

Day to day tools for coping with manic depression.

**Eight Stories Up: An Adolescent Chooses Hope Over Suicide;** Levine, DeQuincy. Oxford University Press; 2008.

As a teenager, DeQuincy Lezine nearly ended his own life, believing it was the only way to escape the emotional pain that was overwhelming him. Instead, Lezine was able to find expert psychiatric care, and went on to found the first university campus-based chapter of the *Suicide Prevention Action Network USA*.

**Hello Cruel World; 101 Alternatives to Suicide for Teens, Freaks, and Other Outlaws;** Bornstein, Kate; Seven Stories Press; 2006

This is an inspirational book written by an attempt survivor about self-acceptance and transcending rules, gender, and societal norms.

**How I Stayed Alive When My Brain Was Trying to Kill Me;** Blaumer, Susan Rose; Harper Collins; 2002.

After surviving 18 years of suicidal thoughts and multiple attempts, and having been diagnosed with PTSD, depression, and borderline personality, this woman chronicles the tools that she used in the beginning of her recovery and the ones she still uses today to find happiness and peace of mind again.

**Night Falls Fast, Understanding Suicide;** Jamison, Kay Redfield; Alfred A. Knopf; 1999.

A personal account of suicide by a prominent professor of psychiatry at John Hopkins University who has struggled with bipolar disorder and her own suicide attempt.

**The Noonday Demon;** Solomon, Andrew; Touchstone; 2001. National Book Award-winning and bestselling book examining the author's personal struggles with depression and interviews with fellow sufferers, doctors and scientists, policy makers and politicians, drug designers, and philosophers.

**Sanity and Grace: A Journey of Suicide, Survival and Strength;** Collins, Judy; Penguin, 2003.

A personal account exploring the roots of her suicide attempt and the suicidal tendencies in her family and her recovery.

**Seduction of Suicide;** Taylor, Kevin M.D.; 1st Books Library; 2002.

Written by an award-winning psychiatrist who himself has attempted suicide, this book presents suicidal thoughts and behaviors as an addiction.

**Secrets of Suicide;** Tullis Ken M.D.; Author House; 2007.

A follow-up to *Seduction of Suicide*, this book explores how traumatic events can lead to suicidal thoughts and actions.

**Step Back from the Exit: 45 Reasons to Say No to Suicide;** Arena, Jillayne; Zebulon Press; 1995.

Written by a woman who struggled with her own suicid-

al thoughts and attempts, this book presents 45 practical "reasons to live."

**Struck by Living: From Depression to Hope;** Hersch, Julie; 2011.

An honest and hopeful look at clinical depression punctuated by suicide attempts and a recovery path including electroconvulsive therapy, or ECT. Her book details her recovery from suicide attempt. She writes a blog for *Psychology Today* about recovery and stigma.

**Suicide: The Forever Decision;** Quinett, Paul G., The Crossroad Publishing Company; 2004.

This book is written by a caring psychologist written as if the reader were his personal client in his psychotherapy office, having a one-on-one conversation about suicidal thoughts and emotional pain.

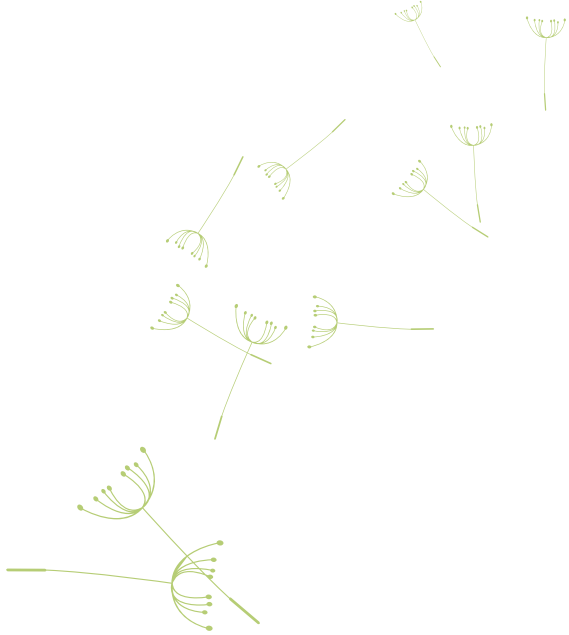
**Undoing Depression; What Therapy Doesn't Teach You and Medication Can't Give You;** Richard O'Connor; 2010

The author writes from the perspective of having experienced anxiety and depression personally and being a psychologist treating depression. He also survived the suicide of his mother. His book focuses on a holistic approach for recovery with an emphasis on skills (but as a shorter version than David Burn's classic *Feeling Good*).

**Waking Up: Climbing Through the Darkness;** Wise, Terry, L. Pathfinder Publishing; 2003.

The writer focuses on her therapy sessions (and progress!) over several years as she struggled with grief, self-destructive substance use, and a serious suicide attempt and how she grew in identifying her emotions and sharing them with other people, particularly around childhood abuse.

**Waking Up Alive;** Heckler, Richard. Ballantine Books; 1996. Excellent reviews on amazon.com; the author interviewed 50 suicide attempt survivors and how they made their way to recovery. They talk about the steps they took after the attempt on their path toward healing.



# APPENDIX I

## COMMUNITY RESOURCES: SUPPORT GROUPS AND COUNSELING

## INDIVIDUAL OR FAMILY COUNSELING/ PSYCHOTHERAPY

## INSURANCE

### If you have Medi-Cal

Call the ACCESS line for referrals to a private counselor or counseling center in your area: 1-800-854-7771.

Note: If you have a child with Medi-Cal, you can sometimes be seen under their insurance as part of Family Counseling.

### If you have private insurance

Call the phone number on the back of your insurance card for referrals. The customer service representatives can tell you how much your copays and deductibles are.

**If you are uninsured or can't afford the co-pays of your plan**

Call 211 for referrals or the ACCESS line at 1-800-854-7771.



## TYPES OF THERAPY

## Dialectical Behavioral Therapy and Cognitive Behavioral Therapy

These are two kinds of therapy that have been researched to be effective for suicide prevention; you can find groups and/or private counseling by searching a therapist finder. One resource for finding therapists who say they are comfortable working with suicidal clients is HELP pro, which has been endorsed by the American Association of Suicidology and other groups: <http://helppro.com/SPTF/BasicSearch.aspx>.

## SUPPORT GROUPS

## Recovery International

**www.lowselfhelpsystems.org**

This is a free peer support group started in the 1930s for people to tap into their “rational side” to cope with the stresses of daily life and internal symptoms.

The tools use some old-fashioned language but really represent the first cognitive behavioral approach to recovering from emotional symptoms. Many people have found it helpful for PTSD, panic attack, or depression. There are meetings throughout L.A.

## Wellness Recovery Action Plan (WRAP)

[www.mentalhealthrecovery.com](http://www.mentalhealthrecovery.com)

This is a personalized tool to feel better and live better long-term that was developed by a group of people with serious mental

health diagnoses who wanted to improve their quality of life and stay out of the hospital through their own efforts rather than relying on professionals only. You can join a local group to put together the plan over time, develop one online or buy them the book and do it with a friend. This site offers webinars as low as \$10 to take you through the plan.

## Al-Anon

[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

This is a free, 12-step group for people who are affected by the dysfunction that can occur in families with drinkers and/or substance abusers; either in their family of origin or with significant others or social circles. The 12-step programs are a spiritual, but not religious, way of approaching life and offer a close-knit community for those who decide to get involved, participate, and get to know other participants but people are also free to simply attend the meetings and listen. There are numerous meetings daily in every part of L.A.

### Other 12-step programs

Other 12-step programs that may be of interest include Alcoholics Anonymous, Sex and Love Addicts Anon and Suicide Anonymous. Most 12-step programs have meetings and online forums.

### Other support groups

NAMI (National Alliance on Mental Illness); DBSA (Depression and Bipolar Support Alliance); and locally the SHARE network all offer ongoing support groups.





# APPENDIX J

## WAYS TO STAY CONNECTED: OPPORTUNITIES FOR SUPPORT AND INVOLVEMENT

**\* Keep your safety plan updated and nearby and use it when needed** (it fits nicely in your hope box!)

- **Attend another support or therapy group in the community** (Dialectical Behavioral Therapy, Depression and Bipolar Support Alliance, Alanon, Recovery Inc, Wellness Recovery Action Plan Groups, Alcoholics Anonymous, National Alliance for Mentally Ill, etc). Information about local support groups can be found by looking online at NAMI ([www.namila.org](http://www.namila.org)), or SHARE <http://www.shareselfhelp.org/index.html>, or calling the local information and referral hotline at 2-1-1
- **A 12-Step online support group is offered by Suicide Anonymous** <http://www.suicideanonymous.net/>
- **Consider joining a Wellness Center**
- **Get educated on the ways to receive help, give help, and prevent suicide:**
  - National Suicide Prevention Lifeline  
<http://www.suicidepreventionlifeline.org>
  - American Association of Suicidology (AAS)  
<http://www.suicidology.org>
  - Be sure to check out the AAS suicide attempt survivors blog at <http://www.suicidology.org/suicide-attempt-survivors>

- **Share your story of survival by joining our Suicide Prevention Center's speaker's bureau\***
- **Share your story or learn about others by visiting websites for attempt survivors:**
  - <https://suicidepreventionlifeline.org/help-yourself/attempt-survivors/>
  - <https://unitesurvivors.org/>
  - Attempt survivors blog at <http://whichtools.wordpress.com>
- **Attend our Suicide Prevention Center's annual fundraiser in September, Alive and Running.** Create a team to support suicide prevention! Visit [www.aliveandrunning.org](http://www.aliveandrunning.org) for more information.
- **Join the Didi Hirsch mailing list to receive the agency newsletter or learn about the latest events within the agency and SPC**

**And remember, you can always call the Lifeline whenever you need to talk at: 1-800-273-8255**

Chat counselors are also available by visiting the National Suicide Prevention Lifeline website at <http://www.suicidepreventionlifeline.org>

\* Additional training needed to join the agency speaker's bureau.

Those thinking about sharing their story may want to review *Best Practices for Presentation by Suicide Loss and Suicide Attempt Survivors*. This document can be found on the American Association of Suicidology website: <http://www.suicidology.org/web/guest/suicide-attempt-survivors>

*Didi Hirsch does not monitor the activity of aforementioned website/blogs. They are suggested as a means of additional support.*



# APPENDIX K

## SUPPORT GROUP PLANNING GROUP SUMMARY



On February 21, 2010, a group of agency staff and volunteers with lived experience gathered at the Didi Hirsch Suicide Prevention Center to provide feedback on the development of a support group for suicide attempt survivors.

The meeting was facilitated by Shari Sinwelski. Below is a summary of the topics discussed and the feedback received.

### 1. If there was a group for people struggling with thoughts of suicide or a suicide attempt when you were feeling suicidal, would you have went? Why or why not?

#### YES

- It would have helped me to know that there were others like me, to normalize what I was going through
- Maybe, if it were just for kids
- If I knew that I wouldn't be forced to talk

#### NO

- No, I was too paranoid. Wouldn't have trusted it
- I was probably too young to feel comfortable in a group

### 2. What would you have hoped to get from the group experience?

- Skill building, how to cope
- Education, information on depression and how it affects the brain
- Self-care ideas, how do I manage when there is no support
- Exposure to those who have made it through
- Resources for when the group was over

### 3. What kind of strategies did you use to help you cope during the times that you were feeling suicidal?

- Meditation
- Mindfulness
- I was in a self-destructive behavior cycle. I needed help realizing that self-care is not immediate.

### 4. What topics do you think would be important to discuss in a group?

- Learning how to rate your risk level
- Depression
- Substance Abuse
- Risk Factors
- Treatment Options
- Details of Attempt

Those who attempted thought it would be very helpful to be able to talk openly about their attempt

Others were worried that talking about the details of an attempt could lead others to consider the methods they heard as options

- Coping Skills
- Learning how to talk to their friends and family about suicide
- Pain
- Stigma, overcoming shame

### 5. What things do you think should be avoided/ won't work?

- Too many activities
- Forcing people to share their experiences
- Too large of a group
- A completely unstructured group

### 6. Are there any particular resources that you think would be helpful for participants to know about (websites, books, etc.).

- Handout about depression
- [Crazymeds.org](http://Crazymeds.org) website

## OTHER ISSUES/QUESTIONS

### Marketing of the group

- Website should give specific information about the group
- What to expect, what happens in the group? What topics are covered?
- The group is non-judgmental
- You don't have to speak if you don't want to
- The size of the group should be described
- Can you remain anonymous in the group or do you have to identify yourself?
- What is the cost?

**Someone suggested the first groups should just be about building trust, not a discussion of personal info.**

### What will be the on-going support once the group is over?

### Will contact information about each participant be given?

### Open vs. Closed Group

- Open group is good because you don't have to commit. Sometimes it is hard to commit to things when you are depressed.
- Closed group would allow more trust.
- Structure of meeting once a week would give the participants something to look forward to.



# APPENDIX L

## SURVIVORS OF SUICIDE ATTEMPTS SUPPORT GROUP FOCUS GROUP FEEDBACK RESULTS



Didi Hirsch's Survivors of Suicide Attempts (SOSA) Support Group was created in 2010 to help reduce the stigma associated with mental health and suicide and to reduce reattempts by attempt survivors. SOSA is an eight-week support group that was created for people who have had a suicide attempt. Through this peer-led support group, survivors are encouraged to learn what leads to their thoughts of suicide, identify positive coping skills and learn how to develop safety plans.

A focus group was conducted with former and current SOSA clients to explore their perspectives, opinions and suggestions about ways Didi Hirsch could enhance care and provide better services to SOSA clients. Staff from the Didi Hirsch Best Practices Department conducted the focus group on August 6, 2012. During the focus group, participants responded to a series of broad questions (indicated in bold) posed by the facilitator that were intended to generate open discussion on issues relevant to the SOSA support group. **There were seven former and current SOSA support group participants who participated in the focus group. Of these seven, 71 percent were female and 29 percent were male. Participants' ages ranged from 21 to 50 years old.** All participants were given a small monetary incentive for their time and participation in this focus group. The dialogue from the group were transcribed, coded into categories and grouped into themes. Patterns and themes were noted, and illustrative quotes were identified and presented in the findings on the following pages.

## KEY FINDINGS

**What do you like most about being a part of this support group? What about this group did you find most helpful?**

- One of themes that we found among the participants was that they felt a connection with other group members who also attended the group. It was stated among participants that if they were struggling with something and could not make contact with the Didi Hirsch facilitators, they could always call others in the group to help talk through their struggles.
- Another theme that emerged was that participants found the group environment provided a safe and comfortable space to share their thoughts and feelings because other group members understood what they were struggling with. Participants stated that they felt that they could express their opinions and thoughts with group members without being stigmatized. A few participants shared that they feared that they would get hospitalized if they shared true suicide thoughts and feelings with their loved ones.

*"Group opened my eyes to realize that I am not the only one going through stuff."* –Male, 21

*"There is community here."* –Female, 48

*"It was something that I looked forward to."* –Female, 48

*"I just love it...it is such a release, it calms your thoughts at this point of my life, and I just love it."* –Female, 34

*"It helps to come and listen to people in your situation, and you can relate to them."* –Female, 35

*"So I feel that they are my support."* –Female, 50

*"It helped me a lot."* –Female, 21

*"It is a safe place to let it all out."* –Female, 50

*"But here, I feel more safe."* –Female, 50

*"You feel comfortable in here."* –Male, 21

*"I promised them that I would see them again."* –Male, 21

*"You meet new people and make friends."* –Female, 35

*"It is different than therapy. It is a miracle in my life."* –Female, 21

*"Even to come back and get hugs today, I felt the love. You have the connections, nice to know you can call."* –Male, 21

*"Everyone understands each other."* –Male, 35

*"This group gives you life."* –Female, 35

*"It's more like a family thing."* –Female, 21

**What are some things you would like to see changed in this group? What did you like least about the group?**

- One aspect of the group that participants wish to see changed is the name of *Safety Plan*. Adjectives such as "insensitive", "impersonal" and "insulting" were used by participants to describe how they felt about the document's name. A few participants felt as though the name did not make it sound personal to them. Alternative suggestions for names included "My Respect Plan" or "My Plan."
- Another aspect that participants would like to see changed is the number of days the group is held. There was an overwhelming response from participants to have group sessions held twice a week instead of once every week. Participants expressed that there was a struggle to wait until the next week to meet again for group, especially if they were going through something and needed to talk.
- Providing more books to participants and showing more videos in group are things that participants mentioned that they would like to see more of. Participants found that books were really uplifting, and it gave them a sense of hope because they saw that if the author of the book was able to make it through their own struggles, they themselves (participants) may be able to one day get through their struggles as well.
- One last thing to note is that the female participants stated that the new time that group is held (5:30pm) works well for them because of transportation issues. A few women expressed that they have to take the bus, and traveling late at night is unsafe for them.

*"Books are really helpful."* –Female, 48

*"Waiting for the next week to come and go to group."* –Female, 35

*"People that write books, if they can be successful, we can be successful too, this is uplifting."* –Female, 21

*"Change the name; it (Safety Plan) does not make it personal."* –Female, 35

*"It felt intimidating and insulting (Safety Plan). The name is insulting."* –Female, 48

**Can you explain what is more helpful, sharing about how your week went (checking in) or learning about skills (self-care, safety planning), what do you think about the balance between the two?**

- Participants stated that they liked the combination of skill building and check-in as long as there is equal time dedicated to both.

**If you were not able to attend group regularly, can you share some reasons why?**

- The three main reasons that participants were not able to make it to group regularly were because of personal illness, family issues and transportation issues.

**For those who have stopped attending the eight-week cycle, what are some reasons you have stopped coming?**

- The main reasons that most participants were not able to continue on with the cycle was because of personal illness, family issues and job/school responsibilities. One person did express that he was devastated because he was not able to make it back to group because of his distance.

*“To not make it back here was devastating; I was living for this group.” –Male, 21*

**Have you used the Safety Plan that you created during the group meetings?**

- Participants mentioned that at first they found the safety plan a bit scary, and they could not relate to it. They said that once the facilitator discussed it in detail, they understood what it was and how to use it. Participants did find the *Safety Plan* very useful, and some mentioned that they still continue to carry it around today. One participant stated that she finds herself constantly adding to it, the more she learns.

*“What I found over time is that I would add things to it.” –Female, 48)*

*“I carry it everywhere I go. I found it helpful.” –Female, 50*

*“I have it downloaded on my iPad.” –Male, 21*

*“I like the fact that we can talk about it.” –Female, 48*

**“ GROUP  
OPENED MY  
EYES TO  
REALIZE  
THAT I AM  
NOT THE  
ONLY ONE  
GOING  
THROUGH  
STUFF.”**

**SUPPORT GROUP PARTICIPANT**

**Has being a part of this group stopped you from trying to kill yourself?**

- Participants expressed that the group has stopped them from trying to kill themselves. One thing that the group helps group participants do is empower them to ask for help, especially when they feel like they want to act on their suicidal thoughts. The group provides a sense of connection to others. Group members feel that they can turn to each other in a state of crisis.

*“Wow, thank goodness something different outside of the hospital that can help deal with life.” –Female, 48*

*“It has been helping me, I asked for help, so without this, I do not know what I would do.” –Female, 50*

*“This group definitely made me promise that they will see me again.” –Male, 21*

*“I am thankful I came to group. If not, I do not know where I would be right now.” –Female, 21*

*“Made me not afraid to ask for help.” –Female, 50*

*“The fact that I can get through another year is astounding.” –Male, 35*

*“This group is the reason I am here.” –Male, 21*

*“Without this group, I probably would not have made it.” –Male, 21*

*“I love the fact that we are different and feel very tied to each other. I don’t feel abandoned anymore.” –Female, 48*

*“I feel sorry for people who are struggling and do not have this group to go to.” –Female, 48*

**What are some reasons that you continue to come back to group?**

- The participants mentioned that the group helps keep them alive because they are able to share their thoughts and feelings without being stigmatized.

- Participants expressed that if this SOSA group did not exist, they are not sure where they would be.

*“Thought I was cured but I was not, so I am back.” –Male, 35*

*“It just keeps me alive.” –Female, 50*

**After the end of each cycle, there is a short break before the next cycle begins. What is this break period like for you when group is not in session?**

- There was an overwhelming response from participants that scheduled breaks were very difficult for them, especially the Christmas break. One participant stated that she was finding that a couple of days after the end of a group cycle, she was going into crisis. Some other participants stated that it was hard to cope without the weekly group sessions.

*“That break is not good.” –Female, 21*

*“What was happening over break, I was going into serious crisis 48 hours after group.” –Female, 48*

**What are some things that Didi Hirsch can do to help you during this time?**

- Participants stated that to help ease their struggles about not being in group, the Didi Hirsch staff should give them a take-home project or activity that they could work on during the break (coloring pencils, journaling, etc.). Participants also thought that talking about plans or particular anniversaries prior to the end of group cycle would also help deal with their anxieties during break.

**Ways of being connected**

- One way participants stated that they would like to stay connected to the group would be through a blog created by Didi Hirsch where they can log in and post comments and communicate with each other.



# APPENDIX M

## GROUNDING EXERCISES



Grounding helps you get out of your brain and bring your focus to your body and reconnect with the present. Grounding techniques can be anything that brings your attention to the present. When the brain is experiencing a threat (whether it's perceived or actual), it affects the nervous system similarly as it activates a threat response. Grounding techniques activate the parasympathetic system allowing the body to calm and relax itself. Grounding sends the signal to our body that we are safe, that there isn't an actual threat present, and can help switch off that “fight, flight, or freeze” portion of the brain.

Grounding exercises are helpful for many situations where you find yourself becoming overwhelmed or distracted by distressing memories, thoughts or feelings. If you find yourself getting caught up in strong emotions like anxiety or anger, or if you catch yourself engaging in stressful circling thoughts, or if you experience a strong painful memory or a flashback, or if you wake up from a nightmare with a pounding heart, grounding exercises can help bring you back down to earth. Use grounding to self-regulate in moments of stress and anxiety. They help separate you from the distress of your emotional state or situation. They serve as gentle reminders to stay focused and anchored in the present moment, which is what helps reduce the feelings of anxiety and overwhelm. Note that grounding is not about making the emotion go away or detaching from your experience; it is about tolerating the experience and emotions while staying present in your body.

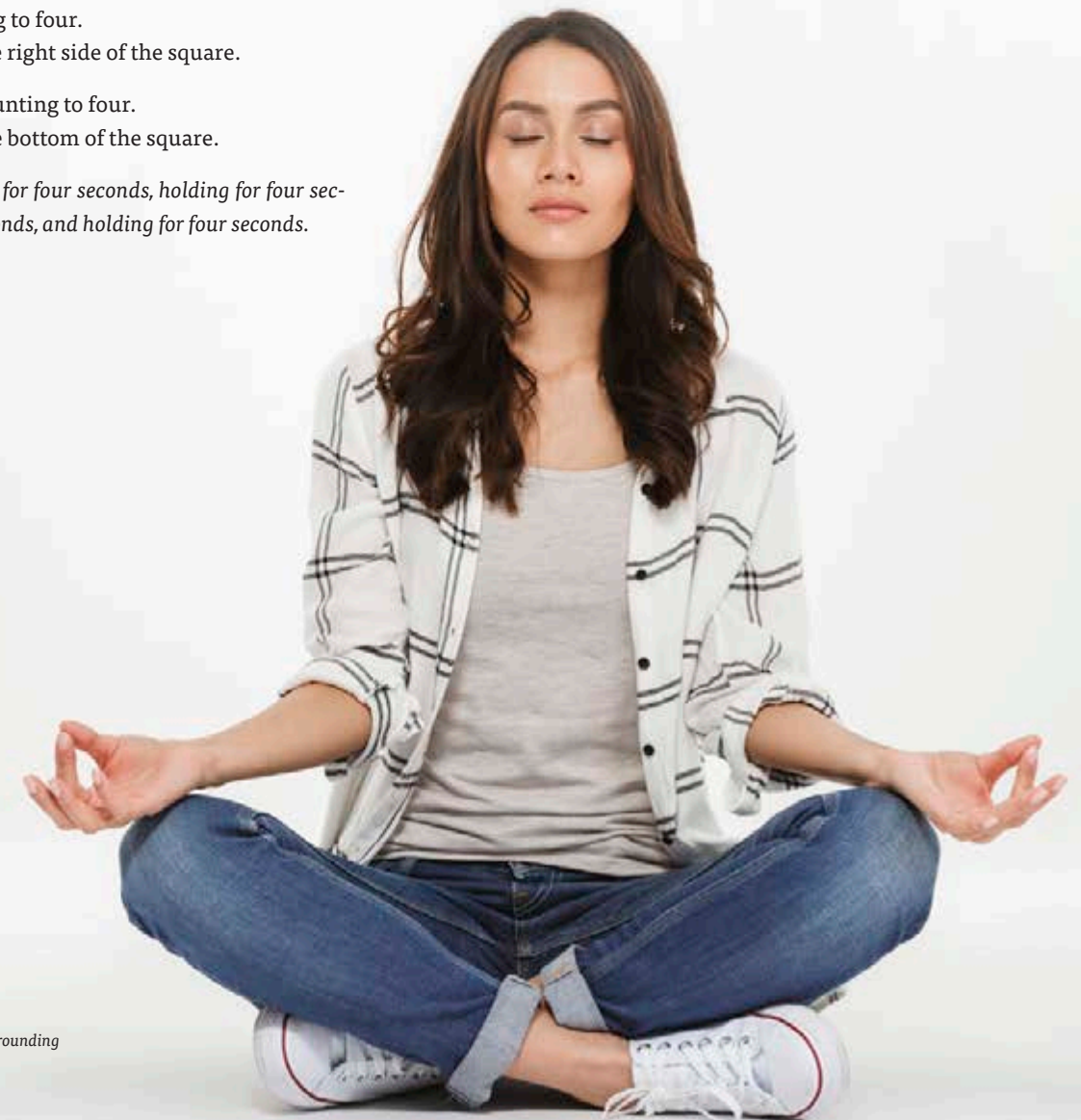
## GROUNDING EXERCISES

### BOXED (SQUARE) BREATHING

Sit comfortably. Lower your shoulders. Look at a square form, or visualize one with your eyes closed.

1. Breathe in while counting to four.  
Let your eyes wander up the left side of the square.
2. Hold your breath while counting to four.  
Let your eyes run across the top of the square.
3. Breathe out while counting to four.  
Let your eyes run down the right side of the square.
4. Hold your breath while counting to four.  
Let your eyes run along the bottom of the square.

Repeat four times. Breathing in for four seconds, holding for four seconds, breathing out for four seconds, and holding for four seconds.



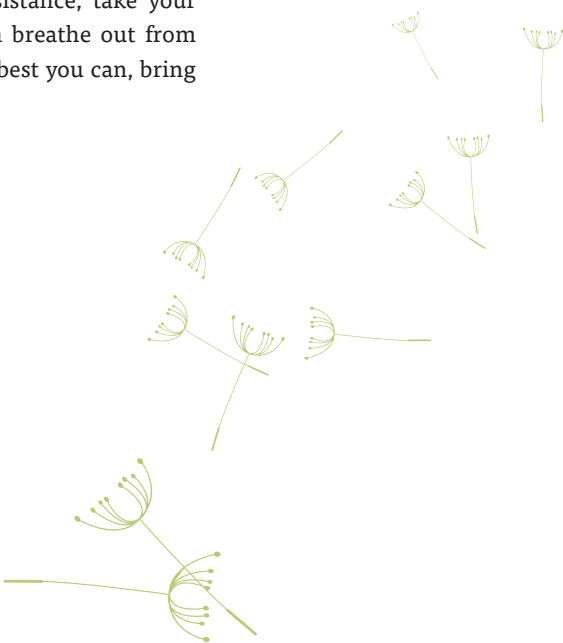
<http://hhri-gbv-manual.org/about/tools/grounding>

# GROUNDING EXERCISES

## THREE MINUTE BREATHING SPACE

Begin by deliberately adopting an erect and dignified posture, whether you are sitting or standing. If possible, close your eyes. Then take about one minute to guide yourself through each of the following three steps:

- 1. **Becoming aware.** Bringing your awareness to your inner experience, ask: *What is my experience right now? What thoughts are going through your mind?* As best you can, acknowledge thoughts as mental events, perhaps putting them into words. What feelings are here? Turn toward any sense of emotional discomfort or unpleasant feelings, acknowledging their presence. *What body sensations are here right now?* Perhaps quickly scan your body to pick up any sensations of tightness or bracing.
- 2. **Gathering.** Now, redirect your attention to focus on the physical sensations of the breath. Simply observe your respiratory movements her. Bringing careful awareness to each inhalation and exhalation. Move in close to the sense of the breath in your belly, feeling the sensations of the abdominal wall expanding as the breath comes in and falling back as the breath goes out. Follow the breath all the way in and all the way out, using the breathing to anchor yourself in the present. If the mind wanders away at any time, which is natural, gently escort your mind's attention back to the breath.
- 3. **Expanding.** Now, expand the field of your awareness around your breathing so it includes a sense of the body as a whole, your posture, and facial expression. If you become aware of any sensations of discomfort, tension, or resistance, take your awareness there by breathing into them on the in-breath. Then breathe out from those sensations, softening and opening with the out-breath. As best you can, bring this expanded awareness to the next moments of your day.



<https://www.mindful.org/mind-goes-dark/>

# GROUNDING EXERCISES

## FEELING THE WEIGHT OF THE BODY

The exercise activates muscles in the torso and legs, which gives a feeling of physical structure. When we are overwhelmed, our muscles often change from extreme tension to collapse; they shift from a state of active defense (fight and flight) to submission and become more than ordinarily relaxed (hypotonic). When we are in touch with our strength and structure, it is easier to bear feelings. We can contain our experience and manage feelings of fragmentation (of being overwhelmed) better.

- 1. Feel your feet on the ground. Pause for five seconds.
- 2. Feel the weight of your legs. Hold for five seconds.
- 3. Stamp your feet carefully and slowly from left to right, left, right, left, right.
- 4. Feel your buttocks and thighs touching the seat of the chair. Hold that for five seconds.
- 5. Feel your back against the back of the chair.
- 6. Stay like that and notice if you feel any difference.

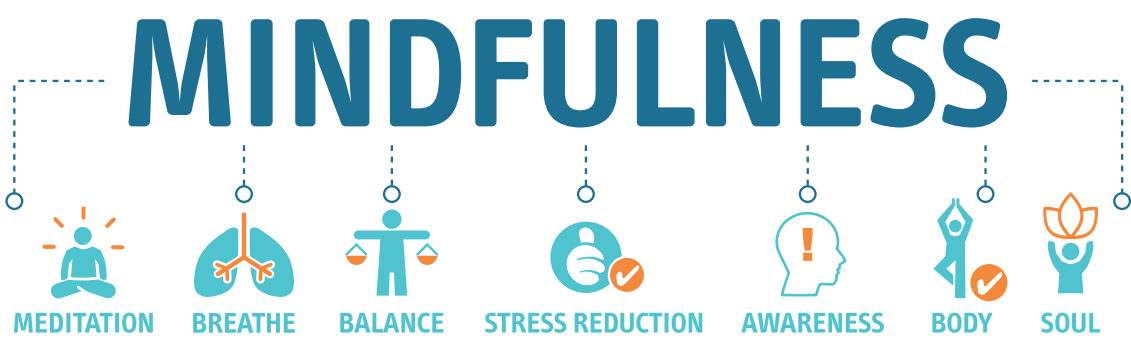
<http://hhri-gbv-manual.org/about/tools/grounding>





# GROUNDING EXERCISES

## BODY SCAN



Begin by bringing your attention into your body. You can close your eyes if that’s comfortable for you.

You can notice your body seated wherever you’re seated, feeling the weight of your body on the chair.

Take a few deep breaths. And as you take a deep breath, bring in more oxygen enlivening the body. And as you exhale, have a sense of relaxing more deeply.

You can notice your feet on the floor, notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.

You can notice your legs against the chair, pressure, pulsing, heaviness, lightness.

Notice your back against the chair.

Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.

Notice your hands. Are your hands tense or tight? See if you can allow them to soften.

Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.

Notice your neck and throat. Let them be soft. Relax.

Soften your jaw. Let your face and facial muscles be soft.

Then notice your whole body. Take one more breath.

*Be aware of your whole body as best you can. Take a breath. And then when you’re ready, you can open your eyes.*

<https://www.mindful.org/a-3-minute-body-scan-meditation-to-cultivate-mindfulness/>

# GROUNDING EXERCISES

## THE HUG

This exercise deepens and anchors and embraces satisfying feelings and messages. It is taken from EMDR (Eye movement desensitization reprocessing), a trauma processing method. The method employs bilateral physical stimulation, which, combined with positive spoken messages, is said to deepen and anchor positive feelings. The messages can also be spoken silently or aloud. You can choose to do this with your eyes closed or gently gazing at a focal point.

When you are ready... put your right-hand palm down on your left shoulder and put your left-hand palm down on your right shoulder. If you’d like, allow yourself to settle in this embrace. You could take a slow breath here in through your nose and out through your mouth.

Think of a message for yourself, for the message, you can choose a message that elicits a pleasant feeling, perhaps a message that brings upon a sense of serenity, hope, or strength. For example: “I am a good listener”, “I am safe,” “It is going to be okay,” or “One day at a time,” it can be a longer message like “I’m following a path of inner growth and transformation,” or simply a single word like “Peace.”

When you are ready, say the message in your mind or aloud, then pat your right hand on your left shoulder five times, then your left hand on your right shoulder five times. Doing ten pats altogether, five on each side. Then repeat your message again, and do five pats on your left shoulder, five pats on your right. Feel free to do this for the next minute.

As we close this exercise, you can squeeze yourself gently, pulling your arms inwards, and hold. Finding the right amount of squeeze for you right now, then when it feels good for you release.

<http://hhri-gbv-manual.org/about/tools/grounding>



# GROUNDING EXERCISES

## 5-4-3-2-1 GROUNDING TECHNIQUE

This technique gets you to use all your five senses to help you to get back to the present. It starts with you sitting comfortably, close your eyes and taking a couple of deep breathes. In through your nose (count to three), out through your mouth (to the count of three).

Now open your eyes and look around you. Name out loud:

- 5 – **What are five things you can see?** Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.
- 4 – **What are four things you can feel?** Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.
- 3 – **What are three things you can hear?** Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.
- 2 – **What are two things you can smell?** Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.
- 1 – **What is one thing you can taste?** Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors, let it swirl around your mouth for a couple of seconds, really savoring the flavor.

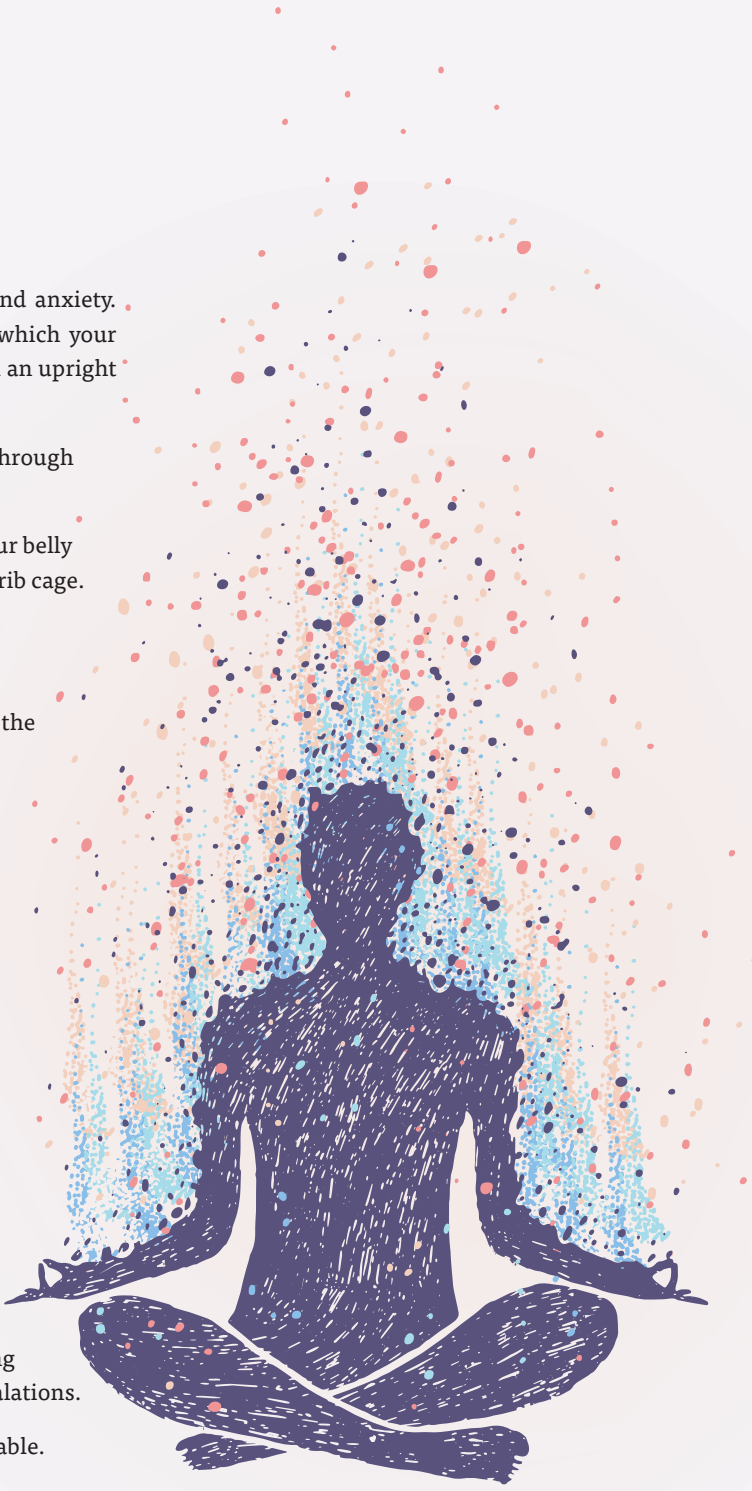
Take a deep breath to end.

# GROUNDING EXERCISES

## YOGIC THREE-PART BREATH (DIRGA PRANAYAMA)

Three-Part Breath is calming and soothing during times of stress and anxiety. You can practice Three-Part Breath in any comfortable position in which your spine is straight and your abdomen is not compressed. For now, sit in an upright seated position, also called Easy Pose (Sukhasana).

1. Close your eyes. Relax your face and body, and breathe naturally through your nose.
2. Place your left hand on your low abdomen, a few inches below your belly button, and place your right hand on the outer right edge of your rib cage.
3. Begin to focus your awareness on your breath as it moves in and out of your body through your nose.
4. On your inhalations, feel the natural lift of your belly, followed by the expansion of your ribs.
5. On your exhalations, feel the slight compression of your ribs, followed by the drop of your belly. Exhale completely, pressing very gently on your abdomen to help expel air.
6. Next, bring your left hand to your chest, placing it in the center, just below your collarbone.
7. As you inhale, breathe all the way into this area and allow your chest to rise slightly. Then, exhale completely.
8. As you continue to breathe, keep your awareness on this three-part movement. As you inhale, your belly lifts, your ribs expand, and your chest rises. As you exhale, your chest drops, your ribs contract, and your belly softens and lowers.
9. Continue at your own pace, gradually letting the three parts of the breath flow smoothly without pausing.
10. Release your arms and focus your mind on your breath, continuing the three-part breath with full and complete inhalations and exhalations.
11. Continue for up to five minutes, or for as long as you feel comfortable.





# GROUNDING EXERCISES

## BODY AWARENESS

The body awareness technique will bring you into the here-and-now by directing your focus to sensations in the body. Pay special attention to the physical sensations created by each step.

1. Take five long, deep breaths through your nose, and exhale through puckered lips.
2. Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
3. Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
4. Clench your hands into fists, then release the tension. Repeat this ten times.
5. Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.
6. Rub your palms together briskly. Notice and sound and the feeling of warmth.
7. Reach your hands over your head like you're trying to reach the sky. Stretch like this for five seconds. Bring your arms down and let them relax at your sides.
8. Take five more deep breaths and notice the feeling of calm in your body.

<https://www.therapistaid.com/worksheets/grounding-techniques.pdf>

# GROUNDING EXERCISES

## BELLY (DIAPHRAGMATIC) BREATHING

Belly breathing, also known as diaphragmatic breathing, is the most effective and healthy way to maximize the intake of air. Belly breathing helps us to utilize our diaphragm, the dome-shaped sheet of muscle at the bottom of our ribcage, to breathe using our entire lung capacity. This practice is great for grounding as it helps to center you as you focus on your breath and brings you into the present moment. It activates your parasympathetic nervous system (relaxation response), relaxes your muscles, releases tension, soothes anxiety, reduces heart rate, lowers blood pressure, and increases blood circulation.

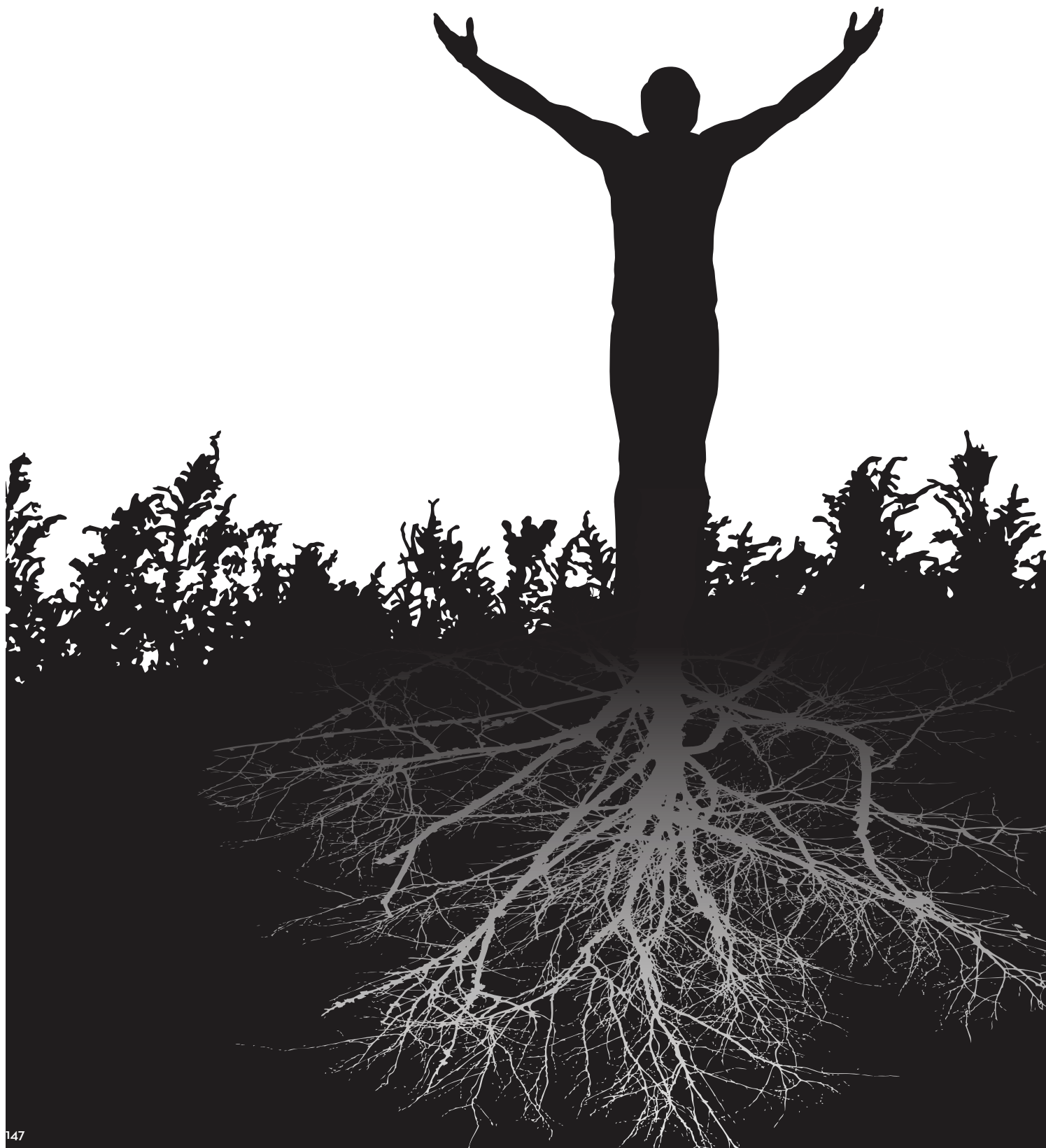
### STEP ONE: EYES

To start, you can close your eyes if you like, or, if you prefer, you can leave them open slightly, allowing your gaze to rest unfocused on a spot on the floor a few feet in front of you.

### STEP TWO: SLOWLY BREATHE

Next you are going to slowly breathe in through your nose and slowly out through pursed or puckered lips. When you inhale, feel the diaphragm contract and move downward, expanding your belly, and filling your lungs with air. When you exhale, feel the diaphragm muscles relax and move upwards, as your belly falls, and air is driven out of your lungs. Keep your chest relatively still.

<https://livehealthy.chron.com/breathing-exercises-centering-grounding-7767.html>



## GROUNDING EXERCISES

### TEN-MINUTE GROUNDING TREE VISUALIZATION

#### PREPARATION

Sit up, keep your head floating above your body, chin slightly tucked, and spine straight. Rest your hands at your side or on your lap. Close your eyes. Breathe deeply in through your nose, and exhale through your mouth, focusing on the sound of your breath and the sensations of breathing. Use your breathing to focus you and help you slow down your body's internal activity.

#### GROUNDING

Now imagine that you are a tree. You are standing in an open field with the sun shining down upon you. Bring awareness to your feet and first notice them in contact with the ground. Now feel them firmly anchored to the ground and imagine strong roots extending from the bottoms of your feet, pushing downward through the surface below, eventually reaching into the soil. Feel your roots reaching even deeper into the earth, winding around rocks, and pushing deep through the many layers of cool, dark earth. Your roots growing and spread both downward and outward. Feel yourself anchored very solidly to the ground by your extensive root system. Like the tree, you're now firmly rooted onto the ground. Visualize yourself tapping into the living energy that is part of the Earth. As you become more anchored, feel your tree-body stand up straight and strong. And just like the tree, feel your leafy branches extending upward toward the warm sun.

#### DISCHARGING BOTHERSOME THOUGHTS AND FEELINGS

With each exhale, and without collapsing your posture, sink all of your body's weight and tension into your feet, allowing any tension to be absorbed into the ground. Release any excess or unwanted energies downward toward your feet and out through your roots into the surrounding soil. Feel tension draining from your eyes, your jaw, your shoulders, your chest, your belly, and all areas of your body. Similarly, send upsetting or bothersome thoughts downward and out through your roots system. Notice the earth is receptive and simply absorbs all of this for you. Feel grateful and lighter as you begin to "clear".

#### BRINGING IN FEELINGS OF WELLBEING

When you feel properly grounded, take a deep breath and reverse the process. You will now replenish the energy you have discharged to the earth with a kind of positive and calming energy. As you breathe in through your nose, imagine with each breath that your leaves are absorbing the warm sunlight light and your roots are absorbing the nutrients from the earth both bringing nutrition and light into your body. Feel the light entering your legs, your belly, your chest, your arms, hands and finally your head. Concentrate on this feeling of oneness with the earth. Feel the earthly energy enter your body and wash over you with feelings of wellbeing. Feel the sun shining down on you, and know that with each ray of sunshine, it is giving you the ability to create your own energy within you. Now step back from yourself and look at the tree. See how you are one with the earth, and one with the sky – solid, steady, and expansive.

<https://www.maysietiftherapy.com/blog/grounding-exercise-for-anxiety>



# GROUNDING EXERCISES

## GROUNDING EXERCISE FOR WEEK EIGHT

If you want to close your eyes, go ahead and do so... if not, just cast your eyes downward to help avoid getting distracted. And just allow yourself to quiet a bit and listen. Listen to your breath.

I want to you to imagine that you have a cushion of energy all around your body... almost like a cloud... it's yours alone – no one can see or feeling anything that you are seeing or feeling... and it is also insulating you from anything around you that you don't want... so that you are protected – you are surrounded with a sense of protection.

This cushion is drawing in all the lightness, the well wishes and good thoughts... the love and kindness that you have ever experienced in your life... so think for a moment of all those who have cared about you in your life... perhaps a family member, mother, father, sister, brother, grandparents or that favorite aunt or uncle. Maybe you're thinking of childhood friends, a first love, your favorite roommate. It could be a spiritual advisor, an amazing teacher or a special colleague or mentor. It might be a significant other, a soulmate a best friend that comes to mind. Or maybe it's even a favorite pet. Some of them may not be here anymore but some of their energy and remnants of that love are still with you... filling the space in your cushion making it denser and fuller... breathe it in.

And now think about the people who care about you now-those who you interact with regularly... maybe those who you would like to interact with more regularly. Perhaps people in this very group, who eight weeks ago, you didn't even know that you shared a common bond with, but with whom you now know you share a common experience and connection. You might not talk about it or recognize it often, but you know somehow, that there are people in your life that care about you too, and their kindness is with you in your cushion... and it helps you feel safe, feel content and even at times, to feel moments of happiness and joy... all of that is right there in that cushion all around you... breathe it in.

Finally, I want you to think about the fact that there are people who you have yet to meet who will care about you in the future... people you will interact with in the years to come... people who will support you and who you may also support. People that you will learn from and who will learn from you. Their support is already part of your cushion as the energy that brings you together is all out there already... breath it in.

So, as you go out into the world, remember, that this wonderful cushion is all around you all the time, no matter what is happening out in the world and when you need it, take a moment to close your eyes and imagine it. This energy and protection, is yours. Always. Breathe it in.

*And when you are ready, come back into the room.*

# GROUNDING EXERCISES

## GROUNDING AND MINDFULNESS APPS

- <http://www.makeuseof.com/tag/practice-mindfulness-help-iphone-apps/>
- <http://www.miassisttech.org/mdrcat/index.php/panic-attack-theres-an-app-for-that/>
- <http://www.livingwell.org.au/get-support/living-well-app/>
- <https://itunes.apple.com/us/app/ptsd-free/id658644270?mt=8>
- <https://itunes.apple.com/us/app/virtual-hope-box/id825099621?mt=8>
- <https://play.google.com/store/apps/details?id=com.uwe.myoxygen&hl=en>
- <https://www.headspace.com/>
- <http://stopbreathethink.org/>
- <http://smilingmind.com.au/>



# APPENDIX N

## EIGHT-WEEK FACILITATOR QUICK REFERENCE GUIDE



# WEEK ONE:

## Group overview and introductions



### WHAT TO BRING

#### REFRESHMENTS

##### SUPPLIES

- ☐ Blank name tags and felt-tip pens
- ☐ Pens for completing survey
- ☐ Tissues
- ☐ Facilitators' business cards
- ☐ National Suicide Prevention Lifeline cards or magnets

##### PARTICIPANT FORMS

- ☐ Informed consent
- ☐ Outcome Survey
- ☐ Guidelines for Support Groups for Survivors of Suicide Attempts (Appendix B)
- ☐ Support group schedule

##### FACILITATORS' FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Quick Reference Guide (Appendix N)



### ARRIVAL

*time:*

Ideally the room is arranged with the appropriate number of chairs around a circular table. A circular table allows all participants and facilitators to see each other easily. If a circular table is not available, another shaped table is acceptable and preferable to no table at all as it creates a comfortable space for participants to place their paperwork, refreshments, etc. As participants arrive invite them to take some refreshments. Depending on facility parking policies, ask participants if they have any parking questions and confirm that everyone is parked in an acceptable parking spot. Encourage participants to write their first name on a name tag and wear it. Point out the location of the bathrooms and instruct participants that if they need to use the bathroom during the group meeting, they should give a thumbs up to let the facilitators know that everything is okay. Otherwise, a facilitator will come out to check on them.



### WELCOME AND ANNOUNCEMENTS

*time:*

#### ATTENDANCE

The facilitator should use the attendance sheet they brought to assure that all participants are present. The sheet lists all expected participants.

#### INTRODUCE FACILITATORS

Quickly highlight the clinical and peer facilitator(s), providing names of each. State that longer introductions will happen later.

#### WELCOME THE GROUP

Open the group by welcoming the participants. It's helpful to touch on a few areas. The areas are listed below with examples of how you might explain each.

### PEER NOTE



Often, participants might be anxious about attending the group for the first time. Peers can use their experiences to normalize these feelings by talking about their first time attending the group. The Peer Facilitator should go first during introductions, to create a feeling of connection and model self-disclosure. Peer facilitators should consider what they feel comfortable sharing during their introduction prior to attending group one, so that it is purposeful and most helpful to participants.



Open to Talking About Suicide

“Thank you for coming. You’ve taken a big step in coming. We are glad you are here. This group is being offered by the Didi Hirsch Suicide Prevention Center. The Center has been in operation since 1958 and has been helping people who are struggling with suicide for over 60 years. This group has been in operation since 2011. Having worked in this area for so long, we have helped many people with suicide. Suicide is a topic we take seriously, but are not intimidated by. This is a safe place to talk about suicide. It may be different than other experiences you have had when trying to discuss suicide. We are here to support each other, not to judge. We aren’t shocked by the topic. We believe that talking openly and honestly about suicide can help people find connections and hope.”

Normalization of Feelings

“People experience many feelings after experiencing a suicide attempt; you may be glad you survived, you may be angry you are still here. You may be feeling both of those things at the same time. You may still have thoughts about killing yourself. Most people who have personal experience with suicide are torn, confused. Whatever you are feeling, it is okay. And don’t be surprised if how you feel right now changes tomorrow. Chances are you will feel many, often conflicting, feelings as you go through your journey towards recovery after your attempt. Often people who attempt suicide are experiencing a lot of pain, and suicide seems like a way to escape that pain when it becomes too much to handle. Perhaps you felt that way. At that time, you may have felt that suicide was the only way to end your pain. But maybe there are other ways to end your pain or find new ways to cope with it. Many people are also trying to find ways to feel better, to find hope, and to keep themselves safe. Hopefully this will be a group where you can talk and learn about all of those things.”

Focus of the Group:

Expressing Feelings and Learning Skills

“We want to create an environment that is safe and open to everyone. People benefit from the group differently. Some people feel relief just talking and sharing; others like to listen,

while others want something more concrete in the way of skills. We’ve tried to incorporate all of these aspects into the group. Over the course of the next eight weeks, we will do a lot of things. You will have the opportunity to get to know people who share a very profound experience with you, the experience of having survived a suicide attempt. Hopefully, meeting them will help you to feel more connected and seeing that you are not alone may help you to discover ways to heal after your attempt. Additionally, we will work on activities that will help you to identify the things in your life that may have led to your suicidal thoughts, how to find relief and cope with these feelings, and how to be safe when these thoughts occur. And I hope you will also have a chance to have fun. Yes, I said have fun! Growing after a suicide attempt often includes rediscovering hope and building connections to life and experiencing fun and joy is one way to do that!”

REVIEW THE AGENDA FOR THE MEETING

Tell the participants what will happen during the current group meeting.

“Today in group, we will...

- Review the Schedule
- Discuss Group Guidelines
- Complete Informed Consent Forms
- Introduce ourselves
- Complete Outcome Surveys
- Participate in a Closing Activity”

REVIEW EIGHT-WEEK SCHEDULE

Point out any holidays/breaks in the schedule and remind people of the importance of timeliness and attendance.

GET INFORMED CONSENT FROM PARTICIPANTS

If the initial intake interview was done in person the informed consent form was likely completed there. Alternately, the informed consent form may have been completed electronically prior to group. If the form has not been completed, it should be completed at this time.

The informed consent form outlines what the participant can expect in terms of their participation in the support group, especially as it relates to the participant information and confidentiality. Each member of the group must read, sign and return the informed consent form. Allow the participants adequate time to read the form. Ask the group if there are any questions.

DISTRIBUTE GROUP GUIDELINES

“Before we begin, it is important for us to review the guidelines for the group. You received these guidelines in the packet we sent you, so you may remember them. We have found that our groups run more smoothly when everyone agrees to these guidelines.”

Review group guidelines. Highlight a few:

Attendance/Arrive on time:

“Please let us know if you will be late or will miss a meeting. If you will be more than 20 minutes late, we ask that you wait for the next group.”

Confidentiality:

Remind participants about the importance of respecting other group members’ confidentiality. What’s said in group stays in group. Often there are questions about confidentiality, specifically what happens if a person in the group states that they are suicidal. If the intake interview was done in person, participants may have already signed an informed consent form (or this form may have been completed electronically) that states that the group facilitator may have to break confidentiality if they believe that a participant’s life may be in danger. If no one asks about this, the facilitator should address it and explain the difference between thoughts/desire for suicide and intent and explain the policy for imminent risk situations.

“There may be some confusion regarding confidentiality after reading the informed consent form. The form states that we may have to breach confidentiality if we believe that someone may be a harm to themselves. That statement might be confusing given we said this is a safe place where you can talk about

your thoughts of suicide. We talk with many people every single day who are thinking about suicide, and we know there is a difference between thinking about suicide and acting on those thoughts. In fact, we believe that by creating a safe place for you to talk about your thoughts of suicide, you will have a greater chance of finding ways to cope with them. Our goal here is always to work together to find ways to keep you safe, and if we believe you may be in danger, we are going to do everything we can to keep you safe. We will always attempt to do this through collaboration. In other words, we are going to work with you to see what we can come up with together as a plan to keep you safe. Many of you may have had experiences where others did not get your input in terms of safety. Perhaps the police were called, or you were hospitalized against your will. If we believe your life is in danger, those types of interventions would be a last resort. Are there any questions about this?”

If there is a peer support person present who has previous experience in terms of confidentiality in the support group, it is helpful for them to share their perspective at this time.

Ask if there are any questions or concerns or guidelines that may be missing. “Are there any guidelines that you would like to add?”

GET AGREEMENT ON GUIDELINES

“Does everyone feel like they can agree to these guidelines?”



WEEKLY DISCUSSION / ACTIVITY *time:*

INDIVIDUAL INTRODUCTIONS AND EXPECTATIONS

Facilitators introduce themselves, modeling appropriate information to share, including any personal connection they have to suicide, if desired. After the facilitators introduce themselves, one should invite the participants to do the same. It is helpful to have the Peer Facilitator begin the introductions and share their lived experience of suicide

and experience in the support group. This will help to model a sense of openness in talking about suicide in the group. The Clinical Facilitator(s) can introduce themselves last and conclude the introductions.

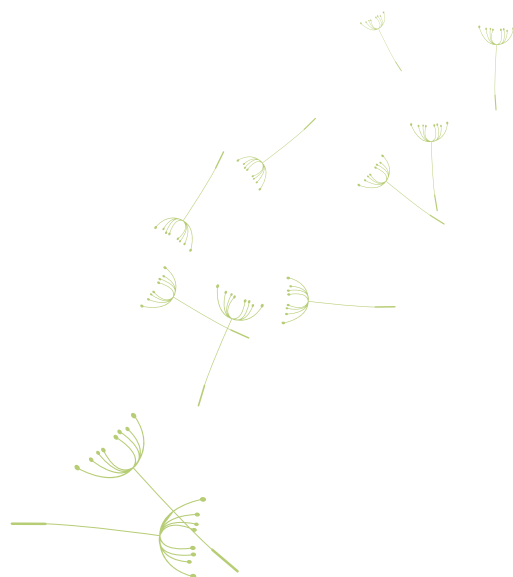
#### Explain the introductions:

***“We would like to give each of you the opportunity to introduce yourself to the group. Everyone is here because of a common experience, having survived a suicide attempt. When you are ready, you can share what you feel most comfortable with regarding your experience with suicide and what the experience has meant to you. Sometimes it can be helpful to listen to others who have gone through similar experiences. As part of your introduction, I ask that each of you consider sharing two things: one, what you hope to get out of your participation in this group and two, what you need in order to feel safe here.”***

Alternatively, if time permits, you may ask participants to generate their hopes/goals as a group and summarize on the flip chart or whiteboard.

#### Close the introductions:

***“Thanks for sharing your experiences and your hopes for this group. We are open to your feedback: this group is unique, and we do our best to structure the group to meet the needs of our participants. If you have concerns about the group, please let us know.”***



### OUTCOME SURVEYS

Distribute the outcome surveys for program evaluation, if they haven't previously been completed. Another option is to have participants complete the surveys a day or two before the group begins and submit them electronically (via Survey Monkey or another online tool). We have experimented a lot with the placement of the surveys and chose to distribute them at this point in the meeting agenda after most of the group activities to allow for participants to develop some comfort within the group and prior to the closing to allow individuals time to discuss if there are questions or concerns.

Remind people of the purpose of the surveys (to gather aggregate data about how the group is helping and ways we can make improvements). Explain that their information will be kept anonymous and participation will help to improve the support group and to demonstrate its effectiveness for funders and others interested in running the program in their communities. We are the first group to do this and as a result we have been able to publish information about the successes of the group, teach others to run it and share the group around the country and the world. Surveys are voluntary, but are very helpful for us to improve the group and bring it to others across the country and world.



### CLOSING

*time:*

#### PROVIDE A CLOSING STATEMENT

***“Over the next 8 weeks, you will have the opportunity to get to know people who share a very profound experience with you, the experience of having survived a suicide attempt. Hopefully, meeting them will help you to feel more connected and seeing that you are not alone may help you to discover ways to heal after your attempt. Additionally, we will work on activities that will help you to identify the things in your life that may have led to your suicidal thoughts, how to find relief and cope with these feelings, and how to be safe when these thoughts occur. Today, you have seen the facilitators doing a lot of the talking in the group. That is because it is our first meeting. We have noticed, however, that participants get the most from the group when you do most of the talking, because you know the most about what you need.”***

#### CLOSING SELF-CARE DISCUSSION

Recognize that it takes courage to attend a group such as this and they might find themselves experiencing a lot of feelings/reactions as a result. Remind participants of the importance of self-care and as each group member to share what they plan to do for self-care in the next week.

#### FOLLOW-UP CALLS

Remind participants that we will be following up with them before the next group and encourage the use of their personal resources.

***“We want to thank everyone for coming to the meeting. It may have been a difficult decision, and we are glad that you found the strength to come. Sometimes the first group meeting can stir up a lot of feelings for you. You may have found this meeting to be a place where you felt connection, a place where you were comfortable sharing your feelings and experiences. We hope this was***

***the case and that you are planning to return next week. However, you may have found that this meeting was difficult, or you may not want to come back. We encourage you to stick with it. Most participants who stick with the group feel better as they progress. We will be calling participants over the course of the next week to see how you are doing. Remember that this is a support group, and is only intended to be a part of your support system. If you have an expectation for more support than we offer here, you may want to find additional resources for your support system. We will be discussing many of these options over the course of this group. And of course, we are always happy to provide referrals if you are interested. If you need more support, you can also reach out to us, or call the crisis line.”***

#### LEAD GROUNDING EXERCISE

Explain that the group is a safe place to talk about suicide and it may be difficult to “re-enter” the real world at the end of group so we complete a grounding exercise at the end of each week to help people center themselves and return to their daily environments. Complete a grounding exercise from Appendix M or one that you find appropriate.



WEEK TWO:

Talking about suicide



WHAT TO BRING

REFRESHMENTS

SUPPLIES

- ☐ Promotional materials
- ☐ Nametags and felt-tip pens
- ☐ Tissues

AUDIO/VISUAL EQUIPMENT

- ☐ Internet access
- ☐ Projector, screen or LCD monitor
- ☐ Speakers
- ☐ Stories of Hope and Recovery or other video

PARTICIPANT FORMS

There are no participant forms this week

FACILITATORS' FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



ARRIVAL

- Refreshments
- Nametags
- Attendance



WELCOME AND ANNOUNCEMENTS

Thank participants for coming back. Allow for brief discussion.

**“Thanks to everyone for coming back, we know that the first group meeting can be difficult for some people. How is everyone doing? In a moment we will be checking in to hear how your week went.”**

Ask some general questions to the group and allow participants to respond:  
**“How was the week? What did you think of last week? Did anything come up for anyone? Was it difficult to decide whether to return or did you find it easy? Why?”**

Announce any important information such as participants who may be absent, changes to schedule, etc.

REVIEW THE AGENDA

**“We have a variety of topics and activities planned for this meeting. You will notice that each week we have a similar structure to our meetings. At the beginning of each meeting, we will review the agenda for the night. Then we will have our check-in. This is a time for you to process how you are doing. We will**

*discuss this a bit more in a moment. Then we usually have a topic for discussion or an activity that we will complete. Lastly, we will have some way to close the group meeting.”*

This week:

- Icebreaker (reintroductions).
- Check-in
- Watch a video that features other attempt survivors and discuss
- Grounding activity

ICEBREAKER (OPTIONAL)

Depending on if there is time and how well the facilitators believe the participants bonded in the first group, an optional icebreaker is permitted. Allow participants to reintroduce themselves to become more comfortable with each other, learn names and reinforce positivity.

Describe the icebreaker as a way to allow participants to learn more about each other and to reinforce positive things in their lives by exploring talents, strengths, likes, and life experiences. Ask each participant to introduce themselves with their name and something interesting about themselves that others might like to know. The twist is, it has to be something positive. To help generate ideas among the participants, you can ask things like,

**“What is your favorite thing about yourself?”**

**“What do people most compliment you about?”**

**“What is a strength, skill or talent you have?”**

**“What is your favorite hobby or interest? What do you like to do for fun?”**

Some participants may not be able to identify anything positive in their life at the current time, so adding options is encouraged, such as,

**“If you could have any kind of super power, what would it be?”**

**“Where are you from and what is your favorite thing about that place?”**



CHECK-IN

*time:*

INTRODUCE THE GOALS AND GUIDELINES FOR THE CHECK-IN

Since this is the first week that the group will have a check-in activity, introduce the goal and guidelines for check-in.

**“Many people who have survived suicide attempts find that they don’t have a lot of places in their life where they can talk about how they are truly feeling, especially if they are feeling down or having thoughts of suicide. Past participants have indicated that coming to group and having a place where they can share how they are feeling is a huge benefit of the group.”**

**“At the same time, we have also gotten feedback from participants who want more from the group than just talking and listening to the bad things that people may be experiencing. We try to keep a balance in the group. Through the check-in, we give participants a place to both talk about how they are feeling and also to skill and techniques that might help them feel better.”**

**“Each week, at the beginning of the group, we will give you a chance to check in with the group and talk about how you are feeling. You can share anything about how you are currently feeling or what has happened in your life during the past week. If you are feeling bad, that is okay. We want to give you a chance to talk about that. If you have had thoughts about suicide, share those and how you dealt with them.”**

**“We like to balance our check-ins with both good and bad. It’s hard to look at the positive sometimes, but it’s important to be able to recognize and celebrate the things that went well. So, when you check-in, let us know how you are doing, and try to share at least one positive thing that you experienced in the past week. There must be at least one, because, the fact you are here with us at group, in itself is positive. Sometimes on our own we focus on all the negative things that happened during our week, but in the group other participants can help us identify some good things that they heard that we missed.”**

**“You may also recall when you had your initial phone call about**



PEER NOTE

If comfortable, the Peer Facilitator should participate in the weekly check-in and can model checking-in when the exercise is introduced during Week 2. Peer facilitators should be honest in their check-ins, sharing only what they are comfortable with and remembering not to shift the focus of the group to them. Participants can find comfort in knowing that everyone has ups and downs in life and hearing how the peer facilitator has developed coping skills after their suicide attempt.

WEEK TWO

the group, we talked about suicide desire and suicide intent. Do you recall that? We have found these concepts to be a useful tool when discussing suicide. Many of you mentioned how its hard for you to talk about suicide with others. Recognizing that having thoughts of suicide (desire) doesn't mean that you will act on them (intent) is important. The concepts of suicide desire and suicide intent can make it easier to describe how you are feeling. During the check-in we ask you to rate these items, so we can have a better idea on what kind of support you might need."

"Let's be conscious of time – try to limit your check-in to five minutes since we want to hear from everyone and move on to the week's activities."

MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY *time:*

INTRODUCE THE SUICIDE ATTEMPT SURVIVOR VIDEO

Depending on the video, say something like the following: "Last week, many of you described your experience of being a suicide attempt survivor. Many group participants mentioned how difficult that could be. We are going to watch a video that

shows several peoples' struggles with suicide and how they have dealt with those struggles. When the video is over, we will have a chance to discuss it."

Play the video

Dim the lights, if possible, to allow for some sense of privacy. Monitor the group for reactions, as the film will likely bring up emotions.

Facilitate the Discussion

Allow participants to discuss the video at a natural pace. You can choose questions from the following to help to spark conversation.

- What were you thinking or feeling when you watched the video? Whatever you are feeling is ok.
- Could anyone relate to the stories?
- Was there anything in the video that reminded you of something in your life?
- What do you remember about the time leading up to your suicide attempt?
- What were you thinking? How were you feeling?
- Did you tell anyone? How did they respond? What did you need?
- What has it been like for you since your attempt? What challenges have you faced?
- Have you wondered what to say to your family? Your friends? Your job and school associates?
- Who have you told about what happened? (Family, friends, work, school, etc.) How much did you share?
- What was it like to tell someone?
- Have you had thoughts of suicide since your attempt?

- Do you have anyone you can turn to when feeling suicidal? If not, who would you like to be able to tell? What keeps you from telling them?
- What do you look for in someone who may be a supportive person in your life?
- What do you want them to understand? How do you want them to help you?
- Is there anything you saw in the video you would like for yourself?
- Has there been anything that you have learned from your attempt? Anything that is positive?



CLOSING

*time:*

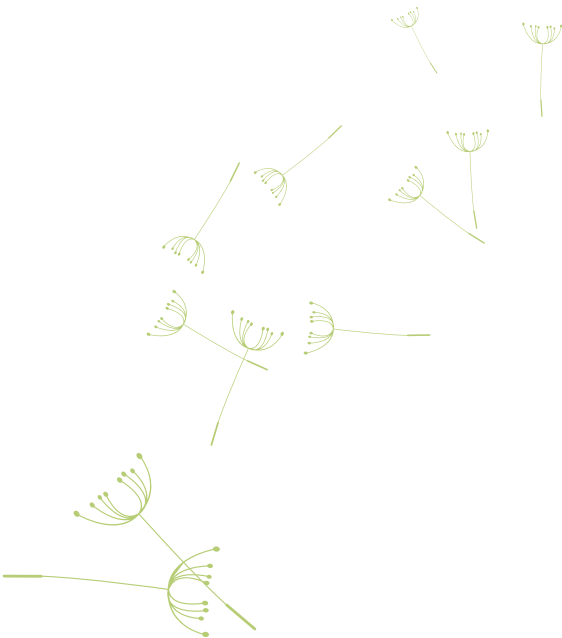
CLOSE THE GROUP MEETING

Thank the participants for sharing: "Thanks to everyone in the group for such a rich discussion and for your willingness to be vulnerable in the group. Being able to talk about your experiences and needs is the first step in finding ways to feel better and to stay safe. Over the course of the next few weeks we will continue to build on this discussion and to learn from each other."

If time allows, you can have participants to go around the room and share one word about how they are feeling.

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.





WEEK THREE:

Giving and receiving support



WHAT TO BRING

REFRESHMENTS

SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers
- ☐ Tissues

PARTICIPANT FORMS

There are no participant forms this week

FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



ARRIVAL

- Refreshments
- Attendance



WELCOME AND ANNOUNCEMENTS

ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

REVIEW THE AGENDA

This week:

- Check-in
- Giving and Receiving Support Activity
- Calling the Crisis Line
- Opportunity to Exchange Contact Information
- Grounding Exercise



PEER NOTE

The Peer Facilitator should be prepared to talk about their experiences in helping someone who was thinking about suicide, if participants don't bring this up as a concern. If applicable, they can share how they may have felt uncertain where their boundaries lie between establishing trust with someone they were supporting versus asking for extra support to help them from a facilitator or a crisis hotline.



CHECK-IN

time:

MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY

time:

GIVING AND RECEIVING SUPPORT

Introduce this week's topic, giving and receiving support: **“As we know, this is a support group. That means that everyone here has been through a similar experience and has wisdom to share as a result of that experience. Your wisdom as you recover from your attempt may be helpful to other participants.**

**Being a support group, we are learning how to be supportive of each other by discussing the benefits and challenges of turning to each other for support.”**

List the questions and ideas from the participants on the board and connect participant experiences from last week with ideas about being a support to one another. The facilitator should write the responses on the white board or flip chart, or ask a participant to be the scribe.

Ask the group, **“If you are in crisis, how can you use another participant in the group for support? What would be some benefits of contacting other group participants when you need support?”**

Participants may say things like (if they don't share, the

facilitator can suggest answers from the list below:

- Other attempt survivors understand me; Don't have to explain everything; not judgmental; Might not freak out; Empathize; Helps me stay safe.

After a variety of responses have been listed ask, **“What could keep you from reaching out, or what might the challenges be?”**

Participants may say things like (if they don't share, the facilitator can suggest answers from the list below:

- Might not feel safe being completely honest; Don't want to be a burden; Don't know how they will react; Will they tell anyone?; Will they judge me or think of me differently?; Could blur boundaries/complicate relationships.

Next, pose the question from the opposite perspective, **“What might be the benefits to being a helper to a person in the group?”**

Participants may say things like (if they don't share, the facilitator can suggest answers from the list below:

- Rewarding; Might learn new ways to help myself; Being a listener might help me learn how to better communicate my needs; Distraction from my own problems; Can turn the negative experience of a suicide attempt into a positive one of helping others.

After a variety of responses follow up by asking, **“What might be the challenges of being a helper?”**

Participants may say things like (if they don't share, the facilitator can suggest answers from the list below:

- Draining/stressful; What if I am not strong enough or unsafe myself?; Knowing when to involve outside help; What if they get mad if I ask for outside help?; Could make relationship complicated; What if they call too much?; What if they want more of a relationship than I do?

Process the groups' comments and initiate discussion.

WEEK THREE

*“Now that you have discussed the benefits and challenges, what are your thoughts about reaching out for support? Are you more likely to reach out to each other for help? To respond to requests for help?”*

**Lead a discussion about ways to be a good support**

*“What do you find most helpful from someone who is supporting you?”*

If the group doesn't come up with examples, suggest that the person responding: should have boundaries; Be non-judgmental; Make statements that show they understand; Asks “What do you need?”; Offers hope; Reminds them to take care of themselves with the basics (eating, sleeping, bathing, exercising, perhaps taking medications).

If the topic hasn't come up naturally in the discussion, it is important to review what participants would do if they are helping someone and become worried that the person they are helping caller might be unsafe. It is important that this is discussed explicitly and participants are reminded to reach out to the crisis line if they are supporting someone and they don't know what to do or they think they need more immediate help.

**CALLING CRISIS LINE**

The second activity is a call to a crisis line. Begin a short discussion by asking the group whether anyone has ever called a crisis line. If participants have, ask them to describe their experiences; for example, “Was it helpful?” or “Would you call it if you were in crisis?”

Typical responses from the group have varied. Some participants have said they would never call a crisis line. Others have said that they have called a crisis line but were too nervous to speak and hung up. Some participants have said they called and were disappointed while others

have shared how calling saved their life. Be ready for any type of response and to frame each response as a valuable contribution, reframing when necessary. Remind others that chat or text may be an option for them if they aren't talking to someone on the phone.

If you arranged in advance with a crisis line that the group will be calling, ask the group,

*“Would you like to try calling the crisis line to have an experience of what it's like?”*

Brainstorm with the group before the call to determine questions that they may want to ask.

Make the call as arranged. Some typical questions participants may have include:

- **Who can call the Lifeline?**
- **Why do people call the Lifeline?**
- **What happens when someone calls the Lifeline?**
- **How do help someone who calls you in crisis?**
- **What do you do if someone tells you they are thinking about suicide?**
- **What are the rules of confidentiality and when would it need to be broken?** (Sometimes there are situations where confidentiality might be broken in order to keep people safe, but that happens very infrequently — less than 3% of calls require any intervention.)

If it is not possible to arrange a call with the local crisis line, you can stage a role-play where one facilitator role-plays calling the crisis line and the other facilitator plays the counselor on the line. The counselor on the line questions the participants who take turns role-playing the caller.

**PARTICIPANT CONTACT LIST**

**Introduce the contact list**

*“While we are discussing ways to be a support for one another, participants in previous support groups have appreciated having a contact list of group participants. We will pass out a sheet and if you are comfortable you can write in your phone number and/or email address to be put on the contact list. We will use first names only. The facilitators' contact information will be listed as well. If you have a preferred method of contact, you can indicate that too, whether it is text, email or phone call.*

*If you don't feel comfortable, it's okay not to be on the contact list. We want to respect where each person is at and their comfort level. Everyone still gets a contact list, whether they are on it or not. We'll make copies and have a contact list available next week.”*



**CLOSING**

*time:*

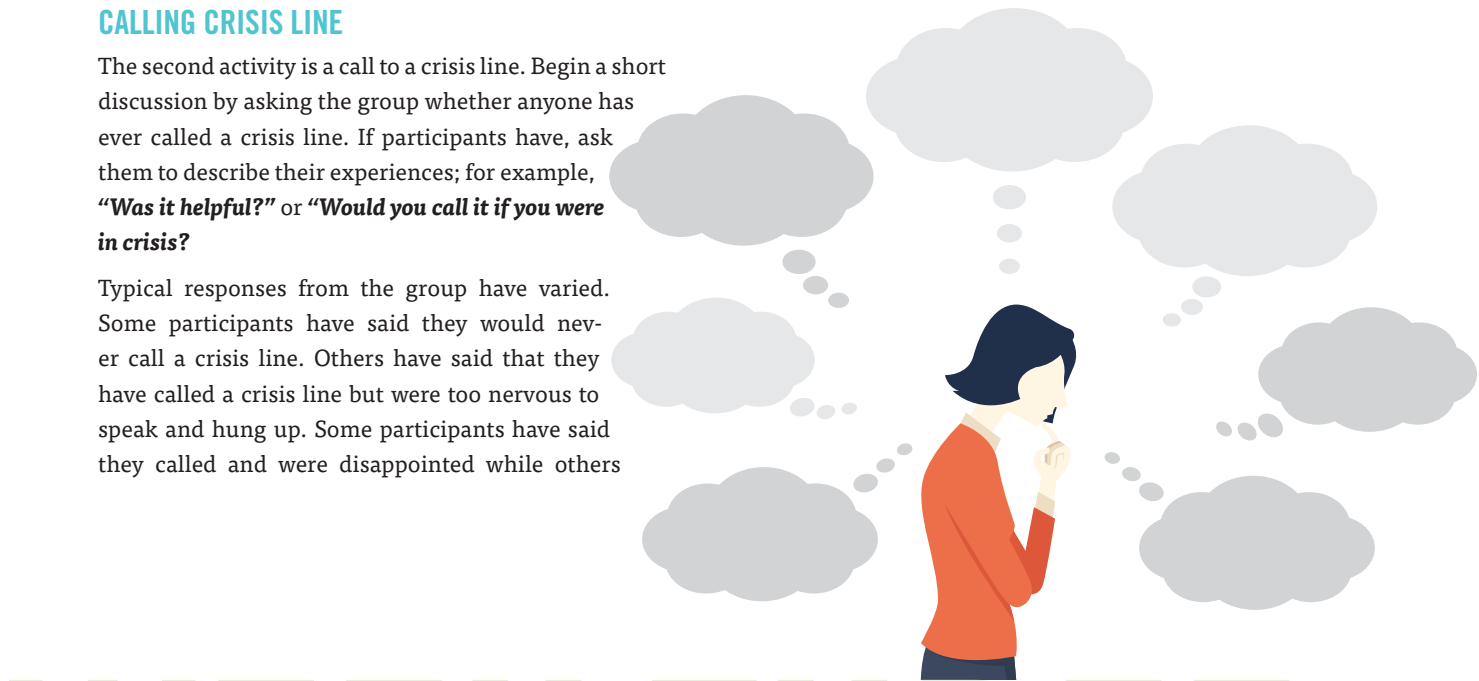
**CLOSE THE GROUP MEETING**

Close the group by saying something like, “Thanks to everyone for your participation in today's group activities. We hope, as a result, you feel more able to communicate your needs when you need support and feel better able to support others who may reach out to you.”

If time allows you can have each participant share one thing they learned about giving and receiving support after the group activities.

**LEAD GROUNDING EXERCISE**

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.





# WEEK FOUR:

What leads to my thoughts of suicide



## WHAT TO BRING

### REFRESHMENTS

### SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers
- ☐ Tissues

### PARTICIPANT FORMS

- ☐ Support group contact list
- ☐ Activator Log (Appendix C)
- ☐ 60 Ways to Nurture Myself (Appendix D)
- ☐ Cognitive Distortions (Appendix E)
- ☐ The 3 C's of Cognitive Therapy (Appendix F)

### FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



## ARRIVAL

- Refreshments
- Attendance
- Distribute Contact List



## WELCOME AND ANNOUNCEMENTS

### ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

### REVIEW THE AGENDA

This week:

- Check-in to discuss the week
- What Leads to Thoughts of Suicide
- Closing activity (e.g. grounding)

## PEER NOTE



The Peer Facilitator should be prepared to share some information about what led to their thoughts of suicide and, if applicable how they are able to recognize what leads to their thoughts of suicide and coping skills they utilize in these situations. If they are comfortable, the Peer may want to share their story as an example when showing how to fill out the Activator Log.



## CHECK-IN

time:

### MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

time:

### INTRODUCE DISCUSSION – WHAT LEADS TO THOUGHTS OF SUICIDE?

Introduce the discussion by asking about the time leading up to the participants' suicide attempts.

**“Recognizing what leads to your thoughts of suicide can help you to anticipate when you need additional help. Many people have said that in making their suicide attempt, they didn’t want to die, but rather to feel better. Being able to recognize what leads to these feelings for you earlier, might help you to keep from getting to this point in the future. In other words, if you can recognize when you are leading down the path to suicide you may be able to find ways to avoid the things that cause you to feel that way or, if they are unavoidable to find ways to feel better earlier before it becomes overwhelming.**

**If you are comfortable, think back to the time right before you made your suicide attempt. Did you even realize you needed support? Did you want help before you made your attempt? Did you reach out to anyone for support? What kept you from getting the help you needed?”**

### ACTIVATOR LOG

The Activator Log (Appendix C) is used to facilitate this discussion. This activity helps prepare the group for more advanced safety planning in the meetings ahead.

Pass out a blank handout to each participant. There are a variety of ways to facilitate this activity, choose one based on what you think would work best for the group, given the degree of disclosure and closeness they have developed.

Introduce the Activator Log by saying something like, **“Try to recall your suicide attempt and the events leading up to it. Use this form to help you identify what was going on during the time immediately preceding your attempt. If thinking about your attempt is too difficult, consider another time when you felt very overwhelmed.”**

#### Option #1

Have participants pair up and complete the form together. Pairs share the elements of the form that were most meaningful to them with the larger group.

#### Option #2

The activity is completed as a group exercise with the facilitator leading the discussion. Review each section of the Activator Log by asking participants to share the events, thoughts, feelings or behaviors that led up to their suicide attempt and anything they tried to do to cope with how they were feeling. Discuss how successful these coping skills were. Write them on the whiteboard or flipchart with examples for each.

#### Option #3

Allow a variety of people to respond to the log's questions by telling their personal story, with you acting as scribe and helping to identify the events, thoughts, feelings or behaviors that were precursors to their attempt and anything they tried to do to cope with how they were feeling. Instruct participants to fill out their form with the elements of their story.

# WEEK FOUR

Note in all options, some participants may prefer to fill out their Activator Log without sharing the details of what led to their suicide attempt, which is a perfectly acceptable option.

Encourage participants to use the Activator Log throughout the next week to record any thoughts of suicide they have, what led to the thoughts and how they coped with them.

COGNITIVE DISTORTIONS

Conclude the group meeting by leading the final activity about cognitive distortions.

Introduce a discussion about cognitive distortions.

*“Some participants have described the activators for their suicide attempt as a feeling such as being sad, depressed or lonely, others by feelings of anger, rejection, humiliation, betrayal, rage, or shame. Still other participants have related being suicidal to thoughts about themselves and their hopelessness such as, “Things are never going to get better,” or “My life doesn’t matter.” A common theme can be extremely negative automatic thoughts about themselves. These are also called, cognitive distortions.”*

*“Is anyone familiar with the concept of cognitive distortions? Or perhaps you have heard it called automatic negative thinking? Can anyone explain the concept?”*

Allow people to share their ideas. If they are unfamiliar or the discussion is incomplete, you can add,

*“You are not your thoughts or feelings. Thoughts are created by our minds. Cognitive distortions are unhelpful thinking styles that are common, entirely normal, and not our fault. Cognitive distortions are simply ways that our mind convinces us of something that isn’t really true. These inaccurate thoughts are usually used to reinforce negative thinking or emotions – telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves. But when unhelpful thinking styles are present in our lives to an excessive degree they are associated with poor mental health. There is strong evidence that people with depression and anxiety think in characteristically biased and unhelpful ways. Recognizing and then overcoming our cognitive distortions is frequently an important part of treatment for anxiety and depression.”*

Distribute the Cognitive Distortions handout (Appendix E) and review it briefly. The questions below can add to the discussion.

**“Are there any examples that particularly stand out to you?”**

**“Are there any examples that you identify with?”**

**“How do these things relate to one another? Does one lead to another?”**

Once there is a sense that everyone understands the concept move the conversation forward,

**“How could you reduce cognitive distortions?”**

Participants may have ideas on how to combat cognitive distortions. Allow them to discuss their ideas. Which may include such things as:

- Crafting realistic or more balanced thoughts
- Avoiding statements or assumptions that use words such as every, all, always, nobody, everybody, none and never
- Avoiding making black or white statements – or thinking in absolutes Use words such as may, sometimes, often
- Asking supports for help

You can present the following mnemonic as a tool for combatting cognitive distortions – the 3 C’s of Cognitive Therapy (Appendix F) and distribute handout:

CATCH IT

- Identify the thought that came before an emotion when you become upset

CHECK IT

- Reflect on how accurate and useful the thought is
- Gather evidence for & against a thought
- Rate how strongly you believe the thoughts to be true (noting that thoughts can be completely true, completely false, or somewhere in between)
- What is the worst-case scenario if the thought were true
- What would you tell a friend in a similar situation?
- If true, help check if the thought is helpful?



CHANGE IT

- Change the thought to a more accurate or useful one as needed
- Think of different – but realistic – ways of thinking about the situation
- Identify more accurate, more helpful responses to distressing situations
- Avoid black and white statements, thinking in absolutes or assumptions that use words such as every, all, always, nobody, everybody, none and never; instead think in percentage, use words such as may, sometimes, often.
- The best responses are believable, in your own words, and short enough to be said quickly
- Practice using more helpful responses in the real world
- Ask supports for help

Distribute The 3 C’s of Cognitive Therapy Handout (Appendix F) and describe that it can be also be used as an example of ways to combat cognitive distortions.

Conclude the discussion by gathering input from participants:

**“Are these new ways of thinking more likely to be helpful?”**

**“Might they help you feel any different?”**



CLOSING

time:

CLOSE THE GROUP MEETING

Check in with the participants to see how they are doing after an intense discussion.

**“How is everyone doing? We know that it can be challenging to think about what led to your suicide attempt. Is everyone feeling ok?”**

**“It can be challenging to think about reasons for dying, about activators – thanks for your willingness to discuss this openly. We don’t want to leave anyone in a bad place, but we hope that by talking about these things as a group, you might be better equipped in case you experience thoughts of suicide again when you are alone. Recognizing these activators may allow us to change them. If we ask ourselves, what thoughts have I been believing that do not help me? What choices can I make to change my thoughts to ones that serve me? What decisions can I make now to steer my life towards the life that I want?”**

Distribute 60 Ways to Nurture Yourself Handout (Appendix D)

If time allows, have each participant share one activity they will do to nurture themselves in the upcoming week. The activity can be from the handout or one of their own ideas.

Remind participants to reach out for support if they need it.

**“Remember, you can contact the Lifeline, people on the Support List or the group facilitators for additional support.”**

Remind participants to use the Activator Log during the upcoming week.

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.



# WEEK FIVE:

How can I cope with thoughts of suicide



## WHAT TO BRING

### REFRESHMENTS

### SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers
- ☐ Tissues

### PARTICIPANT FORMS

- ☐ *Choosing Safety Over Suicide* (Appendix G)

### FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or *SOSA Eight-Week Facilitator Quick Reference Guide* (Appendix N)



## ARRIVAL

- Refreshments
- Attendance
- Distribute Contact List



## WELCOME AND ANNOUNCEMENTS

### ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

### REVIEW THE AGENDA

This week:

- Check-in to discuss the week
- How to Cope with Thoughts (safety planning)
- Resources
- Closing activity (e.g. grounding)



## CHECK-IN

time:

### MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

time:

### FACILITATOR NOTE

Discussion of the *Safety Plan* can be time consuming. Often, the content from Week Five's activities can take longer than one group meeting. In order to manage time effectively, it is recommended that at a minimum, a discussion of Step One through Step Four is completed during Week Five.

### INTRODUCE THE SAFETY PLANNING DISCUSSION

Begin a discussion about safety planning. It is important to recognize that some participants may have had a negative experience with safety planning, many equating it with unpleasant experiences of involuntary hospitalization. Often times, hospital staff or therapists have used safety plans to meet their own need of “ensuring the safety” of their client by asking the person at risk of suicide to promise that they wouldn’t do anything to hurt or kill themselves. Some professionals have continued with these types of no harm contracts or safety plans even though they have not proven to not increase safety or reduce liability. It is important

to validate feelings of frustration or resentment that participants have about safety plans and attempt to expose them to a more positive example of safety planning, one in which the purpose is to help THEM feel better.

Engage in a discussion about safety planning by using some of the questions below:

- “Does anyone in the group have experience with completing a *Safety Plan*?”
- “What do you recall about the experience?”
- “Was it helpful? Did you use the *Safety Plan*? Why or why not?”

Be prepared for responses that express dissatisfaction with safety planning. There are often comments that it felt forced or more of a tool for the therapist, doctor, or hospital staff than for the participant. Challenge participants that you would like them to think about this safety plan as a tool for them. Recount that many of them expressed painful events, thoughts, feelings, behaviors, etc. that led to their suicide attempt and that their *Safety Plan* is meant to be a tool for them to find ways to feel better. *Note: No one is forced to complete a Safety Plan if unready or unwilling.*

**“This week is important because we will explore supports and coping strategies intended to help you feel better when you start to feel bad, hopefully even before you get to thoughts of suicide. Feeling better is the best way to stay safe. We hope that you will find the *Safety Plan* that we will create will be an important tool for you and that perhaps completing it as a group will help you to learn tips from what others have done to feel better. The *Safety Plan* that you will fill out is a lot more than a referral for crisis times. By the end of the eight-week group we think you might find your *Safety Plan* to be a real resource”.**

Continue the discussion by asking the group,

- “What do you think the benefits of a *Safety Plan* might be?”

## PEER NOTE



The Peer Facilitator should share any personal experiences they have with utilizing Safety Planning, especially if they have moved from a place of not appreciating Safety Plans to finding them helpful in recognizing what leads to their thoughts of suiciding and utilizing coping skills.

# WEEK FIVE

- **“Why might it be important to make a plan on how to choose safety over suicide?”**

Participants will generate responses. If not provided, the facilitator can add that safety planning is important because it:

- Gives participants a way to recognize when they may need additional help
- Empowers participants to keep themselves safe
- Encourages participants to “slow things down” and remember that there are ways to feel better other than suicide
- Gives participants a way to document and remember what was talked about in the group
- Provides a structure for participants to learn from each other
- Can be shared with friends, family and professionals to better communicate how a person is feeling and what might help them

The facilitator should lead the group in talking about each step of the safety plan using the guide below. The facilitator can introduce each step of the *Safety Plan* while participants respond verbally and by writing their own responses to each step on their plan. It can be helpful to write the steps on the whiteboard and list the responses from the group. Although there are suggestions here for how to facilitate each step we recommend familiarizing yourself with the full *Safety Plan Treatment Manual* (Stanley and Brown, 2008).

Note that this activity begins in Week Five and continues through Week Six. Ideally, the group should get through Step Four of the Safety Plan to allow enough time in Week Six to focus on resources and Complete Steps Five and Six. Remind participants to bring their uncompleted safety plans with them to finish in Week Six or offer to hold on to them until the next meeting. By the end of the eight weeks, most participants will have plans to use when they feel suicidal; however, no participant is forced to complete a safety plan if they are not ready or unwilling.

Participants can also complete a *Safety Plan* on their phone us-

ing a mobile app. There are several available for free online including the My3 app. More information is available at <http://www.my3app.org/>.

### SAFETY PLANNING STEP ONE: KNOW THE WARNING SIGNS

Begin a discussion of Step One.

**“Last week we discussed the things that led to your suicide attempt. It helps to know what may lead to your thoughts so you can avoid these things if possible. It also helps to see them as warning signs so that you will know when to use your coping skills or reach out for extra help. Similar to when you feel like you may be coming down with a cold, for example. If you feel a tickle in your throat or a runny nose you may try to get some extra rest, take some vitamins or drink some tea to feel better and perhaps prevent yourself from getting worse.”**

Ask participants to think about what they included in their logs last week and list them as warning signs on their safety plan. Encourage further discussion with some of the questions below:

**“Why do you think it is important to be able to recognize what things make you feel overwhelmed?”**

All participants to generate responses. If not provided, the facilitator can add:

- It’s a way to recognize when you need additional help
- Empowers you to keep yourself safe
- Encourages you to “slow things down” and remember that there are ways to feel better other than suicide
- **“How will you know when you need to use your Safety Plan?”**
- **“What leads you towards thoughts of suicide? Are there things other than suicide that might be helpful, that could make you feel better?”** or
- **“What moves you towards dangerous behavior? Can you create a helpful alternative thought to counteract that?”**

### STEP TWO: USE INTERNAL COPING STRATEGIES

Guide the participants through a discussion of Step Two, using these questions:

- **“What can you do on your own, if you are in crisis, to help yourself not act on thoughts of suicide or urges?”**
- **“What activities could you do alone at home to help take your mind off your problems, even if for a brief period of time?”**

Participants might suggest going for a walk, praying, listening to music, going online, taking a shower, playing with a pet, exercising, engaging in a hobby, reading, or doing chores. If not, you can suggest possible activities.

- **“How likely do you think you would be able to do this step during a time of crisis?”**
- **“What might prevent you from thinking of these activities or keep you from doing these activities even after you have identified them?”**

Remind participants about the 60 Ways to Nurture Myself hand-out (Appendix D) that was distributed in Week Four. Distribute another to anyone who may need it. Ask participants questions, such as:

- **“Is there anything on this list that you already do?”**
- **“Anything you want to try?”**
- **“Anything not on the list that you’d like to add?”**
- **“Which of these would make good coping strategies for you?”**

Suggest that many of these activities are actions are things that can help you to feel better and less stressed.

### STEP THREE: USE EXTERNAL COPING STRATEGIES

Introduce Step Three by saying something like,

**“If using Step Two doesn’t resolve the crisis, you go on to Step Three. Step Three’s goal is to distract yourself from suicidal thoughts and feelings. Are there people or social settings that take your mind off of your suicidal thoughts?”**

Questions for Further Discussion:

- **“Who helps you feel better when you socialize with them?”**
- **“Who helps you take your mind off of your problems, at least for a little while?”** Remind the group that they don’t need to tell them about their suicidal feelings.
- **“Where is a safe place can you go where you’ll have the opportunity to be around people?”**

Participants may volunteer ideas such as a coffee shop, a park or beach, a department store, or the library.

### STEP FOUR: ASK FOR HELP

Introduce Step Four:

**“If the distraction in Step Three did not help you to feel better, then you move on to Step Four. What people can you ask for help when you are in crisis? Anyone in your family? A friend? These are people you can tell about your suicidal thoughts.”**

Remind the group that they should try to list several people, so that they will be able to reach someone. It can be helpful for people to think about who might be the best people to include on their lists. Encourage participants to see how they might prepare their supports to be the most helpful when they are in crisis. In putting their lists together, participants need to consider:

- **“What do you need when you are feeling suicidal?”**
- **“Who is supportive? Who do you feel that you can talk to when you are under stress?”**
- **“Is there anyone who knows about you struggles with suicide?”**
- If no one knows about their thoughts of suicide, who might they tell, and how would they tell them? Is there someone that they wish they could talk to, but they don’t know how to have the conversation? It might be helpful to note that in the past, facilitators have helped participants to speak to their loved ones about suicide. Who is likely to be available when they need support? They might pick someone who is very busy and not able to support them in a crisis, so thinking



about availability or having multiple supports is important.

- How likely are they to reach out when they are struggling? What would keep them from reaching out? How likely would they be to call?

## STEP FIVE: CONTACT PROFESSIONAL RESOURCES

Introduce Step Five by saying something like:

**“If step four did not help you to feel better, you can use Step Five. What professionals or agencies can you contact during a crisis?”**

The participants generate ideas such as the National Suicide Prevention Lifeline warmlines, therapists, doctors or primary care providers, clergy, and 12-step sponsors.

Explore the likelihood of participants contacting the professionals or agencies, and if doubts are expressed or barriers are suggested, problem-solve ways to address them.

- **“What has been your experience in reaching out to professionals for help?”**
- **“How much do you share with them about your suicidal thoughts? Are you able to be honest? What gets in the way?”**
- **“How do you know what to talk about in therapy?”**
- **“What are your fears? How can you lessen those fears?”**

Note the SAMSHA publication *Journey Towards Health and Hope*, that was distributed in the participant welcome packet <https://store.samhsa.gov/product/A-Journey-Toward-Health-and-Hope-Your-Handbook-for-Recovery-After-a-Suicide-Attempt/SMA15-4419>. On page 18 there is a list of questions that suicide attempt survivors may want to ask their counselor or other professionals when seeking treatment.

## STEP SIX: MAKE YOUR ENVIRONMENT SAFER

Every *Safety Plan* should address Step Six. Sometimes, it is not easy to talk about the means that participants plan to use to attempt to kill themselves. For some participants, it is comforting to have the means for suicide close at hand since in their mind, it

represents a way to end their pain, if it becomes too unbearable. It is important to allow participants a chance to discuss how they feel about removing access to lethal means. For some suicide attempt survivors, it is likely that suicide became one of the go-to strategies they developed to end a painful situation they were experiencing. When pain is unbearable, a person needs relief and usually wants it quickly; therefore, it is important for participants to remove items that they might use impulsively when their pain feels unbearable.

Say something like:

**“While suicide may seem like a quick way to end your pain, it can have devastating consequences for you and the people who care about you. Now that you have a Safety Plan, hopefully you can use it to help find alternate ways of relieving your pain that don’t involve ending your life. However, if you forget to use your plan, or it doesn’t make you feel better, having items close to you that you could use to harm yourself can create a dangerous situation. It is important, then, to remove items that you may use impulsively, in a moment of unbearable pain.”**

**“What is it like for you to be asked to remove these items or limit your access to them?”**

Most suicide attempt survivors indicate that their thoughts of suicide changed over time. While they had periods where the pain seemed unbearable, those times didn’t last forever. Removing dangerous items allows time to for feelings to change. For some, the thought of suicide has become a way to envision ending unbearable pain.

**“Giving up your method may incite a feeling of being out of control. Is anyone feeling like that? Let’s talk about it.”**

Firearms are especially lethal, so the discussion about lethal means should emphasize them. Ask the participants,

**“What do you need to do to make your environment safer? Do you own or have access to a firearm? Guns and rifles are especially lethal, so let’s talk about ways to secure them or get them out of your house.”**

Many creative discussions to remove access to firearms have come from this activity. Some participants have used gun locks as an option. Others have placed their guns in a safe with Life-line magnets on the outside, as a reminder that someone is always there to talk to. Others have locked the keys to the safe in a block of ice in the freezer to create a barrier between them and their guns. Still others have kept their guns in their homes but removed all ammunition.

*Note: For more information about limiting access to lethal means, see <https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means>.*

## REASONS FOR LIVING

Another adaptation to the traditional safety plan is the addition of a place to list things that provide hope or reasons for living. Listing these reasons on the *Safety Plan* can be a reminder why a person might want to stay safe, even when they are experiencing a crisis.

Facilitate a discussion for participants of things in their life that give them hope or provide reasons for living.

## PLAN IMPLEMENTATION

Acknowledge that the group accomplished a lot by completing the steps of the *Safety Plan*. Note that it can be difficult for some people to complete their plans, the work accomplished today is just a start and reassure the participants there will be time in upcoming weeks to add to or change their plans.

Lead a discussion about how likely it is that participants will use the *Safety Plan* when they notice warning signs. There may be additional doubts or barriers that didn’t come up in discussion of the individual steps. If doubts are expressed or barriers are suggested, problem-solve ways to address them.



## CLOSING

*time:*

### CLOSE THE GROUP MEETING

If time allows, ask the participants:

**“What is one item from your Safety Plan that you will try to practice this week for self-care?”**

### LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.



WEEK SIX:

Resources



WHAT TO BRING

REFRESHMENTS

SUPPLIES

- ☐ Whiteboard or flipchart
- ☐ Markers
- ☐ Tissues

PARTICIPANT FORMS

- ☐ *Choosing Safety Over Suicide* (Appendix G)
- ☐ *Reading and Resources List, by, for, and about Suicide Attempt Survivors* (Appendix H)
- ☐ *Community Resources* (Appendix I)

FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or *SOSA Eight-Week Facilitator Quick Reference Guide* (Appendix N)



ARRIVAL

- Refreshments
- Attendance



WELCOME AND ANNOUNCEMENTS

ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

REVIEW THE AGENDA

This week:

- Check-in to discuss the week
- Closing activity (e.g. grounding)



CHECK-IN

MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week?
- Any struggles or challenges and successes?

- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY

CONTINUE DISCUSSION FROM WEEK FIVE

Facilitators should pick up the discussion where they left off in Week Five, allowing participants to complete their *Safety Plan*. The latter steps of the *Safety Plan* focus on resources.

RESOURCE HANDOUTS

The activity for Week Six involves a discussion of resource lists including *Community Resources* (Appendix I) and *Reading and Resources List, by, for, and about Suicide Attempt Survivors* (Appendix H). If Step Five of the *Safety Plan* was not completed in Week Five, these handouts can be discussed during the discussion of Step Five. If Step Five was completed in the prior week, they can be discussed as an addition to the *Safety Plan*.

Hand out the *Community Resources* list and discuss the local resources that are available for participants to gain additional help and support. The list in Appendix I contains national and local resources for use in the L.A. area; facilitators will need to customize it for their area. Local resources should include, options for finding individual counselors/therapists, wellness centers, alternatives to hospitalization (for example, short-term stabilization centers), NAMI: (National Alliance on Mental Illness, which often operate support groups for family and friends of people with mental illness, as well as peer groups), options for faith-based support, emergency departments, psychiatric hospitals, etc.

Introduce the discussion:

**“Knowing about resources that are available may help you add to the coping strategies and professional resources in your safety plan.”**

**“What other resources have you used that have been helpful and aren’t on this list? Are there any resources you can consider adding**

**to step five of your Safety Plan or resources that you would like to share with others in the group?”**

Review the handout *Reading and Resources List, by, for and about Suicide Attempt Survivors* (Appendix H).

**“Many of these books are written by or for suicide attempt survivors specifically. Has anyone read any of these books?”**

If any of the participants have read any of the listed books or visited the websites, ask them to share their experience with the group. Ask the participants if they have other books or websites for suicide attempt survivors that they would recommend. At Didi Hirsch, a board member made a donation that allowed the program to maintain a lending library of some of the books on the list. If your organization has these resources, tell the group that you have brought some of the books to the meeting and are happy to lend them out.



CLOSING

CLOSE THE GROUP MEETING

Announce that next week the focus will be on hope, and ask everyone to bring in a hope item.

**“A hope item is something that represents hope to you, something that reminds you of your reasons for living. It could be a picture, a song, mementos, small pieces of art, something from nature, letters, awards, photographs, future plans, anything that gives you hope. We will have an opportunity to discuss these items next week. Some of you might find it hard to think of something that brings you hope. We encourage you to try, but if you can’t that’s okay too.”**

LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

PEER NOTE



The Peer Facilitator can share information about resources they have found helpful. Perhaps this might be how they were able to identify a personal safety contact that they were able to add to their safety plan as a resource or a relationship with a therapist that was particularly helpful.

WEEK SIX



# WEEK SEVEN:

Hope



## WHAT TO BRING

### REFRESHMENTS

### SUPPLIES

- ☐ Tissues
- ☐ Hope boxes (traditionally used to store photos)
- ☐ Items for inside hope boxes: blank *Safety Plan*, *60 Ways to Nurture Myself* handout, Suicide Prevention Lifeline Promotional materials, and “surprise gift”
- ☐ Art supplies: glue, stickers, scrapbooking paper, letters, appliques, markers, colored pencils, etc.

### FACILITATOR FORMS

- ☐ Attendance Sheet
- ☐ Manual or *SOSA Eight-Week Facilitator Quick Reference Guide* (Appendix N)



## ARRIVAL

time:

- Refreshments
- Attendance



## WELCOME AND ANNOUNCEMENTS

time:

### ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

### REVIEW THE AGENDA

This week:

- Check-in to discuss the week
- Hope Boxes, Hope Items
- Closing activity (e.g. grounding)



## CHECK-IN

time:

### MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week?

Any struggles or challenges and successes?

- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



## WEEKLY DISCUSSION / ACTIVITY

time:

### INTRODUCE THE HOPE BOX ACTIVITY

Prior to the beginning of the group, facilitators should fill hope boxes with materials described above and have them on the table when the participants arrive. Materials are placed on the table to allow participants to personalize their boxes. Invite participants to use the materials to decorate their boxes in any way they see fit. Some participants maybe a bit uncomfortable decorating a box, if they don't feel particularly creative or artistic. If so, they can leave their boxes undecorated or perhaps add reasons for living to their boxes. They can write each reason on an index card, and decorate the card if they like.

**“This box is a physical reminder of all of the work you have done in this group and all that you have learned. You can use it to store your Safety Plan, crisis line materials, contact list for the group participants, and whatever you find hopeful. You can continue to add to it and fill it with things that make you feel good. You can use it for coping, relaxation, and positive thinking. If you are having a bad day, you can take it out, review your safety plan and reflect on the things in your life that give you a reason for living.**

Suggest that group participants can place items for self-care and self-soothing in the hope box, items that generate positive thoughts, feelings, and memories. Many of these items, such as candles or chimes, can be purchased inexpensively. Some participants may like to include items that generate positive thoughts, feelings, and memories. It can include family photos, videos and recorded messages from loved ones, inspirational quotes, music they find especially soothing, reminders of previous successes, positive life experiences and future aspirations, and affirmations of their worth.

Note: Participants can also create “virtual hope boxes” using an app. More information is available at <http://www.t2health.dcoe.mil/apps/virtual-hope-box>.

The participants can decorate their hope boxes while members are sharing stories about their hope items.

### INTRODUCE HOPE ITEM DISCUSSION

Invite participants to share the item that they brought that represents hope in their lives.

**“Last week we asked everyone to bring an item that represents hope to them. Would anyone like to share what they brought and why it is hopeful for them?”**

Be aware that some participants may have found this assignment difficult, if they aren't feeling hopeful. Allow them to share those feelings. This may be a time for the peer facilitator to share a story of moving from hopelessness to hopefulness. Note that members may find that the items in their Hope Boxes to be a reminder of the group and something that could represent a bit of hope in their life in the future.

Give the participants the opportunity to show and talk about their completed hope boxes if they desire.



## CLOSING

time:

### CLOSE THE GROUP MEETING

Remind the participants that next week is the group's last meeting, and it will be a celebration, for which facilitators will supply special refreshments. Encourage the participants to bring a pot-luck item to share if they like.

### LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

## PEER NOTE



The Peer Facilitator can any experiences they have of not feeling hopeful and how they have been able to add hope back into their lives after their suicide attempt.

# WEEK SEVEN

WEEK EIGHT:

Where do we go from here?



WHAT TO BRING

REFRESHMENTS

SUPPLIES

- Tissues

PARTICIPANT' FORMS

- Ways to Stay Connected (Appendix J)
- Outcome surveys

FACILITATOR FORMS

- Attendance Sheet
- Manual or SOSA Eight-Week Facilitator Quick Reference Guide (Appendix N)



ARRIVAL

- Refreshments
- Attendance
- Distribute Contact List



WELCOME AND ANNOUNCEMENTS

ANNOUNCEMENT

Announce any important information such as participants who may be absent, changes to schedule, etc.

REVIEW THE AGENDA

This week:

- Check-in to discuss the week
- Ways to Stay Connected
- Closing activity (e.g. grounding)

PEER NOTE

The Peer Facilitator can share what it was like for them when their first group ended and ways they were able to stay connected and feel supported.



CHECK-IN

time:

MODERATE THE CHECK-IN

Moderate the check-in, paying attention to time. Reframe negative discussions into positive ones, when possible. Remember to focus the participants on the following:

- How was their week?
- Were there any significant events during the week? Any struggles or challenges and successes?
- Any thoughts of suicide? If so, how did they handle that?
- Rate their desire (0-5) and intent (0-5).



WEEKLY DISCUSSION / ACTIVITY

time:

Invite Participants to Enjoy the Potluck

Allow any participants who would like to tell the group about the potluck items they brought to share.

Lead Discussion about Closure

Begin by asking:

**“This is the last meeting of this group cycle, how are you feeling about it?”**

**“This has been a safe place for you to talk about suicide. Is anyone concerned about not having this group each week?”**

**“What will you miss about group?”**

Lead the discussion to ways of coping by asking,

**“What can you do to cope? What are some ways you can practice what we learned here in the last eight weeks?”**

If the participants don’t generate the following, suggest that the participants can:

- Stay connected with group participants
- Meet up at other local community events throughout the year
- Attend other groups
- Call the National Suicide Prevention Lifeline

Describe how other participants reported difficulty coping with particular dates or events, and ask the group if they anticipate any difficulties with anniversaries, holidays, or events that mark life transitions, such as births, weddings, and graduations.

**“Will the coping strategies we talked about work for you at these challenging times? Are there other strategies you could add?”**

Distribute Ways to Stay Connected Handout

Many support group members have come to appreciate the connection they feel to the support group. The Ways to Stay Connected handout (Appendix J) suggest ways for group participants to stay involved in the organization or in the National Lived Experience movement. Facilitators should customize this handout for their organization/community.

Review the handout and conclude by asking,

**“What other ways can you think of to stay connected?”**

Distribute Outcome Surveys

Distribute your program’s outcome surveys and ask participants for their feedback. Describe how their feedback will drive improvements to the program for future participants.

WEEK EIGHT





## CLOSING

*time:*

### CLOSE THE GROUP MEETING

Because it is the last group session, it is helpful to give the group a formal opportunity to say goodbye. Depending on the group and time available, you may lead a closing activity:

#### Option 1

Allow participants to make cards for one another. Each participant and facilitator has a card, and other group members write positive, descriptive words describing how they see them. All the participants in the group as well as the facilitators will have a card at the end of the activity. Participants may choose to add the card to their hope boxes.

#### Option 2

Invite participants to provide positive feedback to fellow group members. This can be done by going around the group and asking each member to share the following about their fellow group members:

- Something about they appreciated about each group member
- Something they learned from each member
- Something they wish for each member in the future

#### Option 3

If there is less time, or if participants aren't especially connected or open about sharing, allow each group member to share something they appreciated about the group or learned about themselves.

### LEAD GROUNDING EXERCISE

Complete a grounding exercise from Appendix M or another one that you find appropriate. Alternately, you can ask participants to submit ideas for grounding exercises.

Be aware of any one who seems to linger after the group ends and check in with them individually about how they are feeling.

