



### Your Training

- You have a **Quick Study Book** to read before this slide show.
- You have a **handout** that you can use as a guide to this show.
- You have a **quiz** to complete your knowledge of your topic.

### Reasons for Training

911 call takers increase confidence in handling crisis calls and suicidal callers – considered to be difficult types of calls.

**This Quick Study was designed to:**

- Increase awareness that suicide is a national problem
- Increase awareness that suicide is a significant cause of death among American citizens and law enforcement personnel
- Increase foundation knowledge about the causes of suicide
- Enhance suicide risk assessment and risk management skills
- Affirm and enhance the current work of 911 personnel

### Size & Scope?

To make the most of this training you can complete a self study so you can better understand the 'scope'.

1. Research the number of suicides  
\*US \*Your State \*Your Area
2. Complete the T/F Suicide Myths and Facts in your book.

### Crisis Intervention

"The Chinese word for crisis is written by joining two ideograms together says what crisis is!"

These two ideograms, when joined together, make up the Chinese word **crisis**.

The first ideogram stands for **danger**  
the second ideogram stands for **opportunity**

### What Is Crisis?

**Crisis:** Emotion of being vulnerable to stress, need to gain **control** and reduce the tension and threat (perceived loss).

**Coping** is not working, need to get balance back. Go beyond normal behavior to do that. How do you **cope** with stress?

### What Is Intervention?

To come, appear, or lie between **two** things. What are those two things? The crisis and the action.

To occur as an extraneous or **unplanned** circumstance:

To involve oneself in a situation so as to **alter or hinder** an action or development:

### Why People Do What They Do?

In order to work to intervene you should understand why people do what they do, it's not a mystery – they are acting out of **need** to get to the 'desired outcome'.

When speaking to a person in crisis uncover the **need** and speak to that need by offering **alternative actions** to get to that desired outcome.

You cannot talk people out of the need you must find an acceptable or believable **alternative**.

### People Are Complex

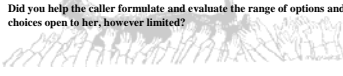
People end up in **crisis** because they do not expose their feelings. The Crisis Clinic of Seattle was created by the family of a murdered child. They felt the murder might not have happened had the man had an outlet for his feelings.

We bottle up...and burst...because typically we are taught not to feel. **\*\*** What are YOU so happy about? **\*\*** You shouldn't feel that way. **\*\*** Don't cry! **\*\*** Be strong

**What emotions were OK in your family, at your workplace?**

### Did You Help?

- Did you help the caller look squarely at his own life situation and explore and express it, or did he perceive it through your eyes?
- Did you enable the caller to tell you how she genuinely feels and how things truly look to her?
- Did he explore the problems he wanted to or did you lead him?
- Did you help the caller formulate and evaluate the range of options and choices open to her, however limited?



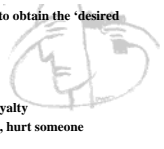

### Why Suicide?

Need .....Action.....Desired Outcome?


The action chosen is intended to obtain the 'desired outcome'.

Types of suicide

- Surcease – end the pain
- Cultural – proclamation loyalty
- Statement – show someone, hurt someone



### Why Suicide? Case Study

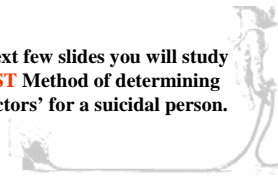


This is an engineer who ended his own life after much consideration. Prior to his action he designed a slide show around his intended actions. Some of the slides follow. You can see from this that his suicide was a deliberate action as a surcease suicide.

### Why Suicide? Case Study

### L.A.S.T Method


On the next few slides you will study the **LAST** Method of determining 'risk factors' for a suicidal person.



### L.A.S.T Method

**L**ethality  
**A**vailability  
**S**everity  
**T**ime

Potentiality Indicators? These indicators are determined by your contact with the person, family or other source.  
**I**ndicators can be behaviors, statements, emotional demeanor or recent changes or actions by the person.



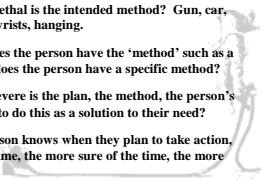
### L.A.S.T Method

**Lethality** – how lethal is the intended method? Gun, car, pills, slashing wrists, hanging.

**Availability** – does the person have the 'method' such as a gun, pills and does the person have a specific method?

**Severity** – how severe is the plan, the method, the person's determination to do this as a solution to their need?


**Time** – if the person knows when they plan to take action, the closer the time, the more sure of the time, the more danger.



### L.A.S.T Method


**L**ethality  
**A**vailability  
**S**everity  
**T**ime

**Review This Call** – did the Call Taker determine LAST or were the following offered or understood? Write these as you hear them.



## L.A.S.T Method


Lethality  
Availability  
Severity  
Time



CLICK TO BEGIN

**Review This Call** – did the Call Taker determine LAST or were the RISK FACTORS offered or understood?

## Completed Suicide



CLICK TO BEGIN  
Be patient

Who  
What  
When  
Where  
Weapons  
How

**Review This Call** – While listening write down every question that was asked of the caller and put beside the question one of the following;  
(S) – Send info (D) – Safety Information (E) – Medical Information  
(R) Reassure Caller

## 7 Risk Factors

1. Alcoholism or drug abuse or use
2. Previous suicide attempts by this person
3. Family history of suicide as a solution
4. Terminal illness or chronic pain
5. Recent loss or stressful life event
6. Social isolation and loneliness
7. History of trauma or abuse

This is a guide to help you know what to ask the person.

## 6 Risk Factors Teens

Other risk factors for teenage suicide include:

1. Childhood abuse
2. Recent traumatic event
3. Lack of a support network
4. Availability of a gun
5. Hostile social or school environment
6. Exposure to other teen suicides

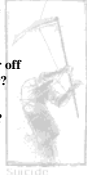
## 6 Risk Factors Elderly

1. Recent death of a loved one
2. Physical illness, disability, or pain
3. Isolation and loneliness
4. Major life changes, such as retirement
5. Loss of independence
6. Loss of sense of purpose

## Some Callers are Vague

Ask the caller if you are just not sure they are suicidal.


1. Have you ever thought that you'd be better off dead or that if you died, it wouldn't matter?
2. Have you thought about harming yourself?
3. Are you thinking about suicide?



SUICIDE

## Ask Directly if Yes

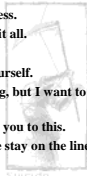
1. Do you have a plan?
2. What is that plan?
3. Do you have (a gun) (the pills)?
4. Where is the gun (pills etc)
5. Have you thought about when?
6. What happened today?
7. Have you been thinking about this for some time?
8. Can you tell me about



SUICIDE

## Supportive Statements

1. It sounds as if you are feeling totally hopeless.
2. I understand how you can feel like ending it all.
3. Can you tell me more about this decision.
4. I don't want you to do anything to hurt yourself.
5. I don't know how we can change the feeling, but I want to help.
6. I want to hear what has happened to bring you to this.
7. If I have to put you on hold can you please stay on the line until I return?



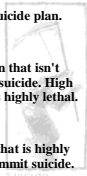
SUICIDE

## Level of Suicide

**Risk Low** — Some suicidal thoughts. No suicide plan. Says he or she won't commit suicide.

**Moderate** — Suicidal thoughts. Vague plan that isn't very lethal. Says he or she won't commit suicide. **High** — Suicidal thoughts. Specific plan that is highly lethal. Says he or she won't commit suicide.

**Severe** — Suicidal thoughts. Specific plan that is highly lethal – has means. Says he or she will commit suicide. Past thoughts of suicide.



SUICIDE

## DO NOT SAY

"You'll get over it. Things will be better tomorrow."

Things may not be better tomorrow. You cannot promise this as it leaves you open to becoming just another one of those who don't understand. It is also minimizing the seriousness of the feelings.

- DO NOT SAY, "You have your whole life ahead of you."
- DO NOT SAY, "Other people have it worse."
- DO NOT SAY, "If you really wanted to you would have died."

SUICIDE

## DO NOT / DO

Listen without judgment — Let a suicidal person express his or her feelings and accept those feelings without judging or discounting them.

Don't act shocked, lecture on the value of life, or say that suicide is wrong.

Don't bring religion into the discussion.

Do speak to things the person loves – people – music.



## DO NOT / DO

Offer hope — Reassure the person that help is available and that the suicidal feelings are temporary.

Don't dismiss the pain he or she feels, but talk about the alternatives to suicide and let the person know that his or her life is important to you.

Stress that this decision is permanent and what if...they may feel differently tomorrow..

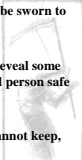


## DO NOT / DO

Don't promise confidentiality — Refuse to be sworn to secrecy.

A life is at stake and you may need to not reveal some information in order to keep the suicidal person safe or on the line.

If you feel you must make promises you cannot keep, it's OK.



## Their '6' Rights

1. Right of self-determination.
2. Right to assume responsibility for their own decisions and behavior.
3. Right to protection from self-destructive impulses when there is ambivalence associated with the wish.
4. Right to confidentiality EXCEPT when lives are threatened.
5. Right to self-respect and human dignity.
6. Right to their own beliefs, values, and ideas.

## Your '6' Rights

1. Right to anonymity.
2. Right to training and guidance.
3. Right to say and do what you think is right.
4. Right to emotional support from others.
5. Right to your own feelings.
6. Right to help in ANY WAY YOU CAN to save a life.

## Know Your Resources

Often if you work through a crisis with someone.. and offer some alternatives ...you can refer them to *helper* agencies for help. You must know your local support agencies. These numbers must be kept current.

## '5' Things To Remember

1. You are not everybody's best friend.
2. Everybody can be helped by somebody, but everybody can't be helped by you.
3. You are not the all-loving mother or father.
4. There are problems with NO solution.
5. "If only I had..."

...said something different." Forget it. They called you. They made the decision, you merely tried to help and you cared, therefore you did help regardless of the outcome.

" Paradoxically, if you survive them, it's in the bad conditions that you learn most about yourself."