

NOTE: ALL OF THE SIGNS AND SYMPTOMS OF SEVERE DYSFUNCTION WARRANT REFERRAL TO THE NEXT LEVEL OF CARE! **Refer whenever in doubt.**

Suicide Risk Factors

- Threatens self harm
- Prior suicide attempts
- Disturbance in sleep/appetite/weight
- Constricted thinking (all or nothing/ black or white)
- Increased risk-taking behavior
- Has plan and means for suicide
- Emotionless/numb
- Angry/agitated
- Increased consumption alcohol/drugs
- Sad/depressed
- Hopeless, not future oriented, giving away valued items
- Problems at work/home
- Recent loss (status, loved one)
- Under investigation
- Socially isolated/withdrawn

Suicide Intervention "AID LIFE"

A ASK don't be afraid to ask about suicide or self harm

I INTERVENE immediately – Take action. Listen and let the person know they are not alone.

D Don't keep it a secret.

L Locate Help. Seek professional help, chaplain, friend, supervisor, family member

I Involve command / EAP for immediate and /or long term assistance

F Find someone to stay with person or STAY with the person. Don't leave alone

E Expedite Get help now. An at-risk person needs immediate attention from professional intervention.

Helpful Phrases: Some of these sentences or phrases may be helpful during peer support interactions

Supportive:

- It's good to see you...
- I'm glad you're ok (here, uninjured, to see you, etc)...
- You have been through a lot...
- That was one heck of a call...

Exploratory:

- What happened...
- Did something stressful happen to you recently?
- Bring me up to date on...
- Tell me more.
- Let's take some time to go over this...
- Can you help me understand...
- How would X help you Y...
- What would happen if you did (did not) do...
- What are the likely consequences of...
- Do you see any alternatives (options, implications, etc) to...
- What I think you're saying is...is this accurate?
- You feel...because...?
- If I'm following you, you feel... because...
- Have you thought about how this could be different?
- I'm not clear on...can you help me to better understand?
- What are your thoughts/feelings on this (making it better, coping, etc)?
- What are your greatest fears about...
- Can you talk more about your thoughts/feelings about...
- What will the next few days be like for you?
- What are your plans for the next few days?
- It's been __ days since __. How are you doing? What has been happening?
- What is happening now for you?
- How will you deal with this experience (anger, pain, incident, loss, etc)?

Combination of Supportive and Exploratory:

That's a lot to deal with. This sounds like a difficult time for you. Let's see if we can come up with a plan to manage things over the next few days...do you have any ideas?

Assessment:

- How would you describe your feelings (thoughts) right now?
- Have you had any thoughts or feelings which are strange or unusual for you?
- Have you had thoughts of suicide or hurting yourself?
- Are you thinking about harming someone else in any way?

When providing peer support:

- Find a comfortable physical setting when possible
- Keep in mind that privacy may be very important for the person
- Clarify your Peer role and specify Peer limits of confidentiality
- Be mindful of timing and circumstances
- Develop a working alliance
- Engage appropriate humor when appropriate. Don't overdo it!
- Make it safe for communication
- Proceed slowly – it is not helpful to be perceived as –rushed
- Listen closely – speak briefly
- Listen for metaphors that can be used in exploration - use similar metaphors when appropriate
- Do not assume that you know the persons feelings, thoughts, and behaviors
- Avoid interruptions and distractions (from you and the environment)
- Process information in a supportive manner – engage attentive body language, practice active listening, maintain a non-judgmental attitude, use reflective statements, paraphrase
- Help the person explore (support skill) but avoid relying solely on questions. Over-questioning can increase a person's defensiveness and decrease the effectiveness of peer support
- Do not move too quickly
- Notice resistance – communicate to process alternatives
- Emphasize strengths – encourage empowerment
- When in doubt, focus on emotions and feelings
- When you don't know what to say, say nothing or use –"Tell me more"
- Pay attention to nonverbal behaviors (*mind yours and notice theirs*)
- Agreement does not equal empathy – you do not need to agree with the views of a person to be empathetic
- Do not reinforce dysfunctional thoughts and behaviors
- Gently confront dysfunctional thoughts and behaviors
- Remember, if you confront too much too soon, the person will likely disengage from you and peer support
- Do not assume change is easy – identify and discuss obstacles to change
- Conduct a field assessment for suicidal thinking and behavior if warranted
- Summarize periodically and at the end of the support meeting
- Stay within the boundaries of your peer support training
- Bring your interactions under clinical supervision
- Refer to available professional resources when appropriate

These suggestions for peer support do not represent an exhaustive list. In this regard, you are limited only by your imagination, training, perceptions, and appropriate boundaries. In peer support communication there is no substitute for *common sense*.

Pay attention to department members' "Base-lines", if you sense something is wrong trust your gut, intuition, whatever you call it. Use it to support others.