Chapter 1: Introduction

Welcome to *safeTALK*, a LivingWorks program that teaches members of the community to recognize persons with thoughts of suicide and to connect them to suicide intervention resources. *safeTALK* is our affirmative answer to the following question:

Is there anything that would be helpful to persons with thoughts of suicide…

> That could be taught by one trainer

> To community members with all levels of helping experience

> In less than half a day

> To groups as large as 30[1]

The "safe" of *safeTALK* stands for "suicide alertness for everyone." It proclaims our belief that virtually everyone (age 15 and over) can learn and use what *safeTALK* teaches. The fact that *safeTALK* is a half-day program that can be given to larger groups increases the chances that large numbers of people could learn to be suicide alert.

The letters of *TALK* stand for the steps that one does to help a person with thoughts of suicide: Tell, Ask, Listen and KeepSafe. These steps are a highly integrated and sequential set of activities.

safeTALK assumes that persons with thoughts of suicide are uncertain about suicide. While part of them may want to escape the pain of living, another part wants to live, or at least, wants to avoid dying. Tell and Ask initiate the alertness process. They bring the thoughts of suicide out into the open and signal to the person with thoughts that the alert helper is aware of the uncertainty and wants to help. Listening activates or strengthens the part of the person that wants to avoid death. KeepSafe supports the part that wants help by taking leadership in making a connection with someone who can complete a suicide intervention.[2] We believe these *TALK* activities are both a minimum and maximum set. Minimum in the sense that if the steps were made less sophisticated, the set would no longer be helpful for a person with thoughts of suicide. Maximum in the sense that if the steps were more sophisticated, the set could not be learned in less than a half-day by larger groups using a single trainer.

An alert helper:

> Is aware that opportunities to help a person with thoughts of suicide are sometimes missed, dismissed or avoided

> Is aware that persons with thoughts of suicide invite help and is receptive to those invitations

> Recognizes when a person might be having thoughts of suicide

› Engages a person with thoughts of suicide in direct and open talk about suicide

› Listens to the person's story about suicide long enough to show that they recognize that the thoughts are serious

› Knows the name and contact information of local suicide intervention resources and understands how they work

› Moves quickly to connect the person with thoughts to someone who can do a suicide intervention

These are the competencies that *safeTALK* is designed to teach.

We regard the entirety of handouts, audiovisuals and the curriculum contained in this manual as a training program: an internally consistent, integrated tool for training community members to be suicide alert. The set of activities that *safeTALK* teaches rests on the same conceptual foundation as the *Applied Suicide Intervention Skills Training (ASIST)* program. Like it, *safeTALK* stresses that attitude clarification is critical to learning and using helping knowledge. The activities of *safeTALK* are related to the tasks that caregivers learn in the two-day *ASIST* workshop. *safeTALK* is also consistent with LivingWorks' view that the training needs of a suicide-safer community require a comprehensive approach. In both its view of helping and its place in a helping community, *safeTALK* is well grounded in critical review[3] and developmental research. Work on *safeTALK* began in May of 2005. Consistent with our knowledge translation research methods, *safeTALK* will evolve and progress over time through feedback from trainers and participants. Lastly, *safeTALK* shares our signature approach to teaching adults: respect for the fact that adults know things and need to be involved in their own learning.

Alert helpers connect persons with thoughts of suicide to suicide intervention resources. Thus, alert helpers are not a substitute for suicide intervention resources. They are a complement to them. *safeTALK* teaches a set of skills that starts an intervention. *safeTALK* is best used in communities in which there are sufficient and accessible suicide intervention caregivers. When you are uncertain about the availability of intervention resources in a community, it is important to fully acknowledge this uncertainty within *safeTALK*. In communities seriously lacking in intervention resources, it is best to describe *safeTALK* as an awareness program whose purpose is to inform the community about what could be done if there were sufficient resources.

Helping opportunities and networking considerations

Persons thinking about suicide may be present in your training. Others present may be concerned about suicide among friends, family and loved ones. In addition, *safeTALK* may stimulate those who have lost someone to suicide to review what they did or did not do to help prevent the suicide. Many of those so affected will appreciate this opportunity to look at suicide again. They may be wondering if there may have been something else they could have done or, at least, want to know that there are

other things that can be done in the future to help prevent the suicides of others. Some, however, may discover that they cannot focus on much of anything but the person they lost to suicide. People with thoughts of suicide and those suffering from losses to suicide represent immediate opportunities to help in ways that are consistent with and that reinforce what *safeTALK* teaches. To provide additional support in addressing these needs, we require that you have a Community Support Resource present in the room for the duration of every *safeTALK* training. A support resource should be able to do a suicide intervention and/or provide initial help to a person who uncovers unresolved loss issues. If a Community Support Resource cannot be present for some unavoidable reason, you need to have a backup plan for helping participants who become distressed. The Community Support Resource will likely take responsibility for meeting most of the needs noted above.

Trainer characteristics

safeTALK Trainer Candidates are expected to have attended *Applied Suicide Intervention Skills Training (ASIST)* prior to their *safeTALK T4T*. In order to complete a *safeTALK T4T*, you must have attended a two-day *ASIST* workshop within the previous 24 months. *safeTALK* trainers are expected to attend *ASIST* every four years to support their knowledge and ongoing development. You need to have the confidence that comes from this training, even though you may not be the primary helper. Nothing could send a more damaging message than a trainer who misses, dismisses or avoids *talk* about suicide in an intervention or bereavement situation.

ASIST trainers and *ASIST* participants can become *safeTALK* trainers by taking *safeTALK Training for Trainers*. *ASIST* trainers have an advantage in becoming good *safeTALK* trainers. They will easily grasp many of the concepts in this program since they are similar to, or consistent with, those in other LivingWorks programs. *ASIST* trainers are familiar with the amount of critical thinking that goes into the creation of a LivingWorks program. Accordingly, they are likely to appreciate the effort and hard work needed to get the most out of *safeTALK* and to conduct it by following standard procedures. Other experienced trainers may obtain some of these same understandings just from participating in *ASIST*. There is no reason to believe that *ASIST* participants cannot be good *safeTALK* trainers but it might require more work. To become a registered trainer, you need to conduct three *safeTALK*s within the first 12 months after your *safeTALK T4T*. You must also have delivered all segments of *safeTALK* in order to become a registered trainer. This usually takes three to five workshops if you are delivering your workshops with a co-trainer. To maintain registered status, you need to conduct two *safeTALK*s per year after obtaining registered status, and attend an *ASIST* workshop every four years. Immediately following each *safeTALK* workshop, submit your online trainer report. It is the only way to get credit for the workshops you lead. You need to keep the participant feedback forms from your last five trainings should someone from LivingWorks wish to contact you about a particular training or should you wish to apply to become a *safeTALK T4T Instructor*.

Keeping trainer materials current

Our website, **www.livingworks.net**, is your resource for information about updates to *safeTALK* materials. It is expected that you will check this resource regularly in order to remain current with the program.

safeTALK trainers work with a video-based co-trainer who can present many of the longer and more difficult to learn parts of *safeTALK*.[4] Use of the video-based co-trainer helps to maintain fidelity with standards. It is also well-received by most participants. You can use all or parts of this co-trainer video. You might use all of the co-trainer video early in your training career and later take on more of these presentations yourself. On the other hand, you might always use the co-trainer material, preferring to focus more of your attention on the participants.

Layout of this manual

The first chapter provides an overview of the program, this manual and some essential details. Chapter 2 presents *safeTALK*'s design. Chapter 3 outlines important practical concerns and "good practice" issues in conducting *safeTALK*. Chapter 4 provides the standard procedures used in *safeTALK* and distinguishes the text said by the video co-trainer.[4] Chapter 4 (OPTION) provides the procedures for a trainer wanting to present the whole of *safeTALK* themself, without using the video co-trainer. Chapter 4 (OPTION) can only be delivered by trainers in good standing who have completed 10 or more workshops. It is available in the Members area at **www.livingworks.net**.

Chapter 5 has the notes and references for all the other chapters. You should probably have a look at Chapter 4 right after this introduction to get a feel for what is in *safeTALK* and how it is taught. You will need to read Chapters 2 and 3 several times. You will likely re-read Chapter 2 many times as you become increasingly familiar with *safeTALK*. You are likely to find new meanings in it each time you do.

Chapters 1 through 3 are mostly text.

Chapter 4 has many illustrative cues to help orient you through the training steps. See Figure 1 on the next page for a sample spread in Chapter 4, which shows your tasks 1 to 3 of step 1.5. (There are 15 steps spanning two sections.) Text in a speech-bubble-shaped box represents a sample script. Sample scripts illustrate one way to perform a task. We recommend that you create your own speaker notes since our scripts are just examples of what a trainer might say and are very unlikely to fit the way you would say what needs to be said. This means that in order for you to say and do all that is required of a trainer to present this program, you will need to read and study Chapter 4 in its entirety. The steps, as laid out in Chapter 4, will provide you with a better understanding of what you are supposed to be communicating. Text in a thought-bubble-shaped box represents a special kind of trainer-led learning activity known as "just wondering." The "just wonderings" are included to bring forth typical thoughts, beliefs and myths many people have about suicide but may be hesitant to voice out loud.

Figure 1: A spread from Chapter 4: Standard Procedures

There is one final and very important thing to remember about invitations. When you see, hear, sense or learn about things like those on the list, or when you become aware that something might be an invitation, think "suicide" before anything else. Of course it might not be about suicide—but it might be. First and foremost, you want to identify whether suicide is or is not involved. Suicide kills. Suicide is about life and death. It takes priority.

1.5 Ask

1. Say that the next thing to do is Ask. Show co-trainer presentation 1.5.1 (includes slides 9.1 and 7.2).

Co-Trainer 1.5.1: *[Slide 9.1]* The best way to Tell the person with thoughts of suicide that you have been paying attention to their possible invitations is to Ask directly about suicide: "Are you thinking about suicide?" The A of TALK stands for Ask and refers to Asking directly about thoughts of suicide. I know that when I was at risk, I thought I was Telling everyone I knew about it in my own way. *[Slide 7.2 again]* It wasn't until someone Asked me about my thoughts of suicide in a direct way that I was finally able to talk about what I so wanted to talk about in a direct way.

In order to present Wondering #4, you will need to know something about the official policy in the agency or community where you are presenting and to be able to summarize it in a way that feels helpful and positive.

NOTE: One example of a policy that is common in school districts is the idea that students with thoughts of suicide will be helped to get the best help available and that getting help from suicide is given priority over other things.

CO-TRAINER 1.5.1 includes SLIDES 9.1 and 7.2

WONDERING #4: Okay, you may be more than wondering at this point: "This being aware of invitations and particularly this Asking might lead to someone losing their job. A pretty good 'reason' to dismiss and avoid, don't you think?"

ANSWER: The official policy in Community X is that any person with thoughts of suicide will be given assistance to address their crisis and help them return to work. And we know that thoughts of suicide usually go away. Just like being on leave for any condition, a person getting help with suicide can be expected back for work. Even if there is some associated, longer-term problem that leads to leaving their job, leaving their job alive is infinitely preferable to leaving it by suicide.

2. Pause for questions or comments and then show co-trainer presentation 1.5.2.

Co-Trainer 1.5.2: The best way for you to tell the difference between a person thinking about suicide or not thinking about suicide is to Ask if suicide is connected with what you have seen, heard, sensed or learned about. Whatever it is that caused you to think suicide might be involved could just be the way the person is. Or it could be related to some other problem that they might want help with and not related to suicide at all. No one's awareness is perfect and no list is complete. That is why you have to Ask. Let's watch how easily this can be done. These scenes are also very brief, so watch carefully.

Show the alert versions of the first three scenes.[20]

3. Show slide 9.2.[21] Suggest that this slide shows a good way to Ask about suicide. Explain that it includes three important parts. Say that the first is to let the person know the invitations that you have noticed. Doing this Tells the person that you pay attention to things and that you care. Say the second part is to let the person know that sometimes these invitations are connected to suicide. This creates a context for Asking directly about suicide using the word "suicide," which is the third part.

CO-TRAINER 1.5.2
ALERT SCENE 1
ALERT SCENE 2
ALERT SCENE 3
SLIDE 9.2

- Step 1.5
- Task 1 of step 1.5
- Suggested trainer script
- Co-trainer script
- Tasks 2 and 3 of step 1.5
- Training audiovisuals and material
- Notes (see Chapter 5)
- "Just Wondering" device

Formal names of materials and titles of documents that are copyrighted by LivingWorks Education are written in italicized text. Short forms of the names are not.

Throughout this manual you will find note markers like this: [X] You can find the notes in Chapter 5. Read the notes; they provide vital information critical to the success of the training.

We recommend that you don't mark in your manual because invariably the notations trainers make in the early stages end up being regretted or at least modified. We also respect differences in learning styles. For this reason, we suggest you make any notes on a copy of the original.
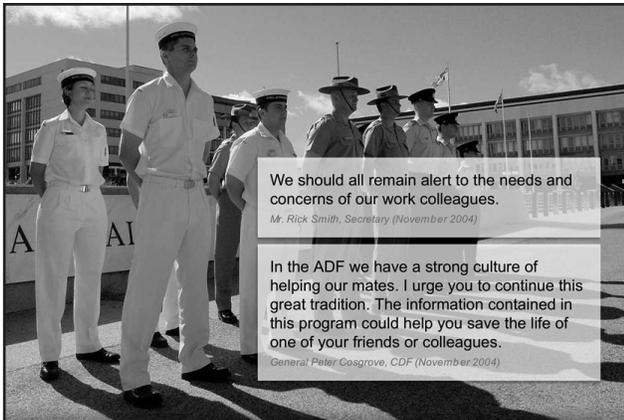
Intro slide as customized for the Australian Defence Force.
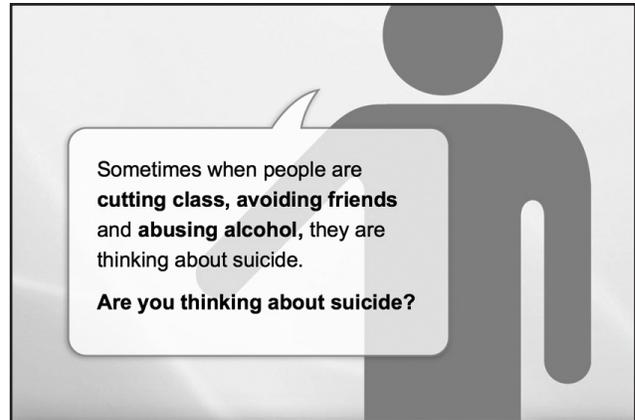
Invitations slide as customized for a school board.
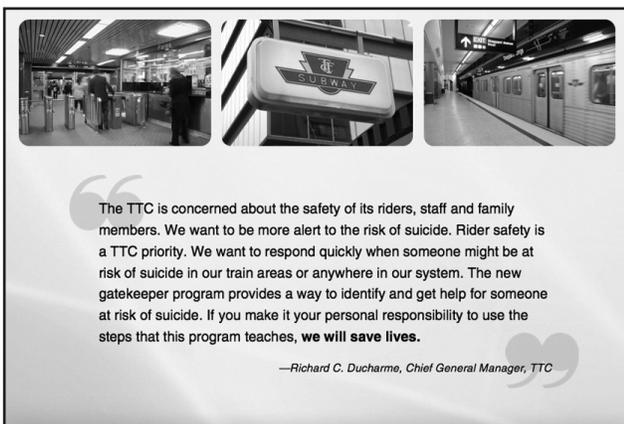
Intro slide as customized for the Toronto Transit Commission.

KeepSafe Connections slide as customized for the National Suicide Prevention Lifeline (USA).

A note on customization

safeTALK can be customized. For example, the introductory section of *safeTALK* is always tailored to reflect the sponsoring organization's support for *safeTALK* and *ASIST*. The circumstances of the person with thoughts that the *safeTALK* participants work with in developing their own scene are typically modified to better fit with the participants' experiences. A locally relevant list of resources trained in suicide intervention is always used so that you and your Community Support Resource know where you might refer a participant should the need arise as a part of the training. This list also lets participants know where they can refer the persons with thoughts that they will identify after the training. Local community or organization policy about suicide—such as the effect of suicide on a person's employment or role—is used, whenever available.

There are six video scenes—two versions of each scene—shown throughout a *safeTALK* training. The *safeTALK Trainer Kit* contains a standard set of slides and video scenes. With permission from and in consultation with LivingWorks Education, local adaptations of the kit can be produced with slides and videos tailored to a specific community or organization. PowerPoint-based slides and a growing video library of alternative scenes are available and support further customization.

If you wish to customize your trainer materials, you could customize slides 1.1,1.2, 9.2, 15, 16.2, 19 and 20 in advance. You might also want to insert slides for display during break time(s), which are at your discretion. One possibility is to copy the "imagine" slide from the beginning and paste it into the sequence accordingly. If you do not plan to customize your PowerPoint slides, you will need a whiteboard or flip chart and marking pens to create the equivalent customizations. See the *Multimedia Guide for Trainers* and the *PowerPoint Customization Tutorial*, both located on your trainer USB key or DVD.

Our intent is to be as culturally and racially sensitive as possible to the manner in which suicide impacts us all. For example, there are youth, military, First Nations and post-disaster vignettes. If using any alternative scenes, please let participants know the video library is in ongoing development and other examples of helping will be added. Customization requires thought, care and respect. Consider, for example, a trainer who is preparing to present *safeTALK* to a group mostly made up of youth. At first it might seem desirable for most or all clips to involve youth thinking about suicide. On closer reflection, this level of customization will ultimately detract from the learning experience since it may suggest to participants that suicide is primarily a problem experienced by youth and possibly that it is primarily the responsibility of youth to help. When considering customizing these materials, it is important to remember an essential bottom line: Anyone can have thoughts of suicide and anyone can be trained to help identify those thoughts and offer help. We welcome inquiries about the development of new video clips. In all circumstances, the creation of new videos requires consultation and collaboration with LivingWorks. This is to ensure both production values and consistency in the key messages of *safeTALK*.

Less obviously, the length of *safeTALK* can be expanded to fit time frames as long as a day. Notes 29 and 36 provide guidance on how to build in more practice opportunities in *safeTALK* and how to conclude with exercises on personalizing safety.[5]

A note on practical matters

Detailed information on the practical aspects of organizing and delivering a *safeTALK* training can be found in the *safeTALK Trainer Organizing Guide*, available in the Members area at **www.livingworks.net** (login required). The *safeTALK Organizer Guide*—also available in the Members area—contains helpful information for you to share with a host/organizer with whom you are organizing a *safeTALK* training.

A note on language

The way all of us are quick to qualify what we mean when we use the word "suicide" is testimony to how subtle yet powerful is the taboo about suicide. For example, it is common to say "the study of suicide" or "the subject of suicide" to clearly distinguish it from having thoughts of suicide or dying by suicide. Another example is the addition of "prevention" to the use of the word "suicide" to ensure that no one thinks you mean aiding a suicide. You may note that we have violated these "conventions" frequently in this documentation and in the training itself. We can imagine a time when the intended meaning of the word "suicide" will be readily apparent from the context in which it is used—as is the case with many other words with multiple meanings. In those times, there will be less fear of talking about suicide and more tolerance for a wide range of attitudes about it. Whenever possible, plural pronouns (they, them) have been used to avoid using double or single pronouns (he/she, himself/herself). This form was used even when grammatically incorrect so long as the meaning was clear.

A note on repetition

We repeat ourselves in a few places. Although we hope you read this manual from cover to cover several times, some things we try harder to make sure you see. Repetition is also an integral part of the program itself. Providing an explanation of the reasoning behind this would be out of place here, but understand that where ideas appear to be repeated there is good reason for it. Trainers are well advised to resist the temptation to edit out content perceived as repetitive.

Chapter 2: The Design

safeTALK is appropriate for most members of a community. It is designed to fill a risk recognition and safety connection gap common to almost all communities. This gap is caused by a shortage of persons who want to and can help a person with thoughts of suicide by:

❯ Recognizing that a person might be having thoughts of suicide

❯ Engaging them in direct and open talk about suicide

❯ Moving quickly to connect them with someone who is able to do a suicide intervention

It would be ideal if most members of a community attended a *safeTALK* training to learn these helping skills and become suicide alert. The program was developed for maximum dissemination. We hope and believe that *safeTALK* can contribute to a suicide-safer community.

The role of safeTALK

safeTALK is part of a comprehensive suicide prevention framework (see the page *Our Core Beliefs* at **www.livingworks.net**). One foundation of that framework, reflected in Table 1, is how community members can be mobilized to engage in different types of suicide prevention activities. The rows in Table 1 are intended to be inclusive of all ways of mobilizing suicide prevention activities. The columns show elements of the change process: who the target of the activity is; in what forum the activity will occur; the initial condition of the target group when they arrive at the forum; the change agent of the activity; and the desired outcome.

Table 1: Mobilization of Suicide Prevention Activities

TYPE OF ACTIVITY	Target	Forum	Initial Condition	Change Agent	Desired Outcome
Sensitization	most all of community or organizations	media and life experience	untouched	disturbance	sensitized
Awareness Step 1	many in community or organizations	session	curious	engagement	intrigued
Awareness Step 2	many in community or organizations	during or after session	motivated	awareness of options	commitment and action
Training of all Types	helpers in community or organizations	learning experiences	intentioned	empowerment	enhanced competence
Networking Type 1	decision-makers	meetings	invested	cooperation	coordination
Networking Type 2	policy-makers	strategic meetings	involved	collaboration	integrated actions

safeTALK is more than sensitization or awareness. It is a training program designed to increase community suicide intervention resources, specifically the number of individuals who can undertake first-responding actions. Depending upon the community, *safeTALK* will often be presented to participants who are not aware and may not even be sensitive. This implies that *safeTALK* may for some participants have a two-fold focus: awareness and training. This chapter examines the design of *safeTALK* to show how it fulfills these roles.

safeTALK and suicideTALK

For awareness, it is helpful to cite some of the rationale for the design of another LivingWorks program, *suicideTALK*. *suicideTALK* is a customizable program designed to fill an awareness gap: a gap between what persons generally know about suicide and what they need to understand about suicide. The latter includes:

❯ Suicide is a major community health problem.

❯ Suicide can be prevented.

❯ Open and direct talk about suicide is a key to preventing suicide.

❯ Anyone could start to think about suicide.

❯ There are things that one can do to protect oneself and others.

❯ There are many different ways that one can contribute to the prevention of suicide.

Media (videos, print materials, etc.) and mass media (public service announcements, billboards, etc.) are often used to help sensitize a community to the fact that suicide is a serious community problem. More and more people are being exposed to this kind of information. Mass media also make it far more likely that most of us will hear or read about, and sometimes even witness, suicides.

Intermixed with this universal exposure are two types of life experiences. Given the frequency of suicidal behavior, many have personal experiences with suicide. A second type of life experience is the things we have absorbed about suicide from our culture. Throughout recorded history, most societies have treated suicide as something that is taboo or forbidden to talk about because of a false belief that talking about suicide is dangerous. Exposed to this cultural tradition, we come to understand that one is not supposed to talk about suicide, engage in it, or be close to those who do engage in it for fear of being punished and stigmatized, or for fear that suicide might be contagious and somehow "rub off" on us. For much of history, these punishing responses were mostly physical, often deadly. Now they are mostly emotional, although no less painful. A number of notions and attitudinal barriers evolved to support this avoidance and fear of suicide. Too many of these are still operating today, even in these more enlightened times. If we no longer respond with outright fear, we all remain a little wary of or touchy about talking about suicide and about interacting with persons with thoughts of suicide. Our wariness and touchiness go mostly unrecognized. Because of the taboo about suicide, we have few

opportunities to talk about our fears and to discover that others may share them. Without this open talk, we have no opportunity to discover that the notions are unfounded and the attitudinal barriers are unnecessary.

Awareness activities in our framework have two steps. Step one is to engage participants in a transition from being cautiously curious (touchy or wary) about suicide to wanting to learn more about it—one of the states on our continuum that we call "intrigued." This first step begins changing a fear-driven cycle of avoiding talk about suicide because we fear it—and fearing it because we avoid it.

Step two involves the transition from being intrigued to being involved through commitment and action. There is a wide range of activities that anyone in the community can do to help prevent suicide. Awareness of the many possible ways of contributing makes it easier for everyone to find something that they want to and can do. A person who is committed and has some ideas about what they might want to do to help prevent suicide has an awareness of suicide. In *suicideTALK*, it is not assumed that everyone should move on to other activities noted in Table 1. Involvement in some kind of training or participation in networking activities is not an expectation, just an option.

Taking the second step is fueled by the recognition and acceptance that every individual in a community has a vested interest in helping to prevent suicide. Recognizing that suicide should be talked about and prevented in abstract terms is not nearly as motivating as accepting that either oneself or the persons one cares about could come to have thoughts of suicide.

Combining self-interest with other motivations such as compassion, altruism or ethical beliefs often has a positive influence on our ability to plan for the longer-term: Human beings tend to become "smarter" when their own interests are involved. We assume that such wisdom includes the recognition that life enhancement and community building are also part of suicide prevention because they help to create the conditions that make suicide less likely. Indeed, we believe that integrating suicide and life is essential to understanding what a comprehensive suicide prevention program would look like in a community.

suicideTALK's focus is broad. It is on the role of suicide in our lives generally and the impact of suicide on the community as a whole. *safeTALK*'s focus is narrow. While it covers some of the same issues as *suicideTALK*, there is much more emphasis upon those aspects of awareness that are directly related to helping a person with thoughts of suicide. *safeTALK* begins with the assumption that one answer to *suicideTALK*'s question, "What can I do about suicide?" will be to learn how to become suicide alert. *safeTALK* quickly links self-interest with learning to become suicide alert. It provides information, practice and encouragement for dealing with the fear of suicide in a very specific way—by providing the knowledge of how to be helpful to persons with thoughts of suicide. *safeTALK* provides a way to meet some of the awareness needs of participants while at the same time encouraging them to take up the specific and challenging task of helping persons with thoughts of suicide.

safeTALK and ASIST

Table 2 shows some of the similarities of and differences between *safeTALK* and *ASIST*. *ASIST* is designed to fill a safety gap: a gap between recognizing that somebody is thinking about suicide and the creation of an appropriate SafePlan that will keep that person suicide safe for a defined amount of time. *ASIST* is the world standard in suicide intervention skills training. Persons trained in *ASIST* are willing, ready and able to:

❯ Identify that a person is having thoughts of suicide

❯ Engage in direct and open talk about suicide with a person who has thoughts of suicide

❯ Hear the person's story of suicide

❯ Recognize a turning point and its connection to life

❯ Develop a SafePlan with the person

❯ Confirm the actions in the SafePlan

ASIST-trained participants are able to perform the alertness steps but they do them in a different way. *ASIST-trained* participants can complete the intervention process. *safeTALK* participants can not. The alertness steps are not a subset of the *ASIST* tasks, although they do resemble some of those tasks. Rather, the alertness steps are a set of their own. *safeTALK* is about early recognition and connecting to appropriate help. *ASIST* is about suicide first aid intervention.

Like *safeTALK*, *ASIST* addresses awareness and attitudinal issues related to providing help to persons thinking about suicide. *ASIST* dedicates a half-day to exploring personal experiences with suicide and attitudes about suicide in a safe, small-group format with no more than 15 participants per trainer and a minimum of two trainers. *ASIST* is also focused on understanding the needs of a person thinking about suicide and acquiring the skills to respond to those needs. It is a two-day, practice-oriented and intense learning experience. It provides caregivers with some of the tools to make the kinds of judgments required to respond to the complexity of suicide. Perhaps most central among these judgments is *ASIST*'s guidance in finding ways to balance respect for the autonomy of the person thinking about suicide with the need to keep them safe.

By contrast, *safeTALK* is limited and contained. While the exploration of attitudes is a central feature of *safeTALK*, this exploration is done in a way that avoids public disclosure and keeps the process safe. There are also very few judgments required in using the suicide alert steps. Indeed, significant effort has gone into formulating these steps in such a way that virtually every contingency is covered. Activating a suicide alert is straightforward. There are clear decisional guidelines.

This does not mean that activating a suicide alert is simple or lacking in sophistication. The *TALK* steps rest on the same foundation as the *ASIST* tasks. There is a great depth to the underpinnings of *TALK*. Those inclined to look for a deeper meaning will not be disappointed.

Obviously, some compromises were required in transforming a fairly complete model for meeting the needs of a person thinking about suicide into the straightforward *safeTALK* steps. Perhaps most apparent to those familiar with *ASIST* is that *safeTALK* clearly emphasizes safety. It does so, however, in a respectful way. The things that *safeTALK* helpers are taught to say convey respect while maximizing safety.

A hallmark of any LivingWorks program is the value it places on respect and listening. Listening releases some of the death elements. In turn, this allows the person thinking about suicide to begin to move more toward life and to be more involved in making decisions about their own safety. In most other suicide awareness and training programs, emphasis is given only to quickly ensuring safety through persuasion and leadership. The value of processes, such as listening and reflection, that might help elicit greater support for a life-sustaining solution from the person thinking about suicide are downplayed. This is done either directly, by giving them little emphasis, or indirectly, by failing to mention them at all. While *safeTALK* values leadership and safety, it also values listening and the personal power of the person with thoughts of suicide. In *TALK*, L stands for Listen. No less important

Table 2: Two interdependent programs: safeTALK and ASIST

	safeTALK	ASIST
Community need	suicide alertness: early identification and referral	suicide intervention: first aid intervention
Target	many in the community	caregivers in the community
Forum	1 trainer for up to 30 participants	1 trainer per 7 to 15 participants; must be 2 trainers minimum
Duration	at least 3 hours in one sitting, up to a full day	15 hours over 2 consecutive days
Initial condition	untouched, curious, motivated or intentioned	intentioned
Desired outcome	want to, and can, recognize and refer	willing, ready and able to provide first aid interventions
Relationship	refer to *ASIST-trained* caregivers or others with suicide intervention training	may complete helping process or may refer to more specialized care
Change agent	empowerment	empowerment
Change vehicles	information, questions, modeling, some rehearsal	exploration, discovery learning, modeling, lots of practice
Conceptual keys	attitude clarification and the *TALK* model of alertness	attitude examination and the *Pathway for Assisting Life* model

to the outcome of helping a person move toward safety from suicide is the power of the human connection, which is primarily advanced through listening to the person with thoughts of suicide in a caring and respectful way.

Some sort of practice or rehearsal is important for a person to want and be able to help a person with thoughts of suicide. In *ASIST*, almost one and a half days are spent practicing. *safeTALK*'s less than half-day limitation makes it very difficult to have the time for much practice. *safeTALK* uses a creative blend of modeling and safety-oriented practicing to minimize the disadvantages of the short time frame.

Implications of the differences

safeTALK and *ASIST* are so different that each requires a different mindset to use. In activating a suicide alert, persistence is far more important than patience. Get done what needs to get done—and do it in as timely a manner as possible. In doing a suicide first aid intervention, patience is far more important. One should take more time, if necessary, to ensure as much cooperation from the person thinking about suicide as possible.

In activating a suicide alert, the key is to trust the structure that *safeTALK* teaches. Ignore the process. Just do the *safeTALK* steps. There are no judgments to be made. Every contingency is covered. Don't feel—or even think too much. When the person with thoughts gives the response that *safeTALK* says they will, move on to the next step *safeTALK* teaches one to do. In doing a suicide first aid intervention that one learns from *ASIST*, trusting the process is very important. You need to understand the process outlined in the *Pathway for Assisting Life* model because many judgment calls may be required. A first aid intervention is so complex that all the rules cannot be formulated. Learn the general principles and trust your own intuition and judgment. By all means, think. It helps to feel as well. Sometimes you just need to trust that if you stick with it, the intervention will turn out well. Patience and persistence in *ASIST* are based mostly upon trusting the process.

There are some important teaching implications flowing from this analysis. In teaching *safeTALK*, even an occasional offering of *ASIST* perspectives will likely cause confusion. This can only undermine participant confidence. Activating a suicide alert is not all that easy. You have to have a lot of confidence in what you were taught and you have to follow that teaching to the letter or else you might get lost.

Most of the questions and clarifications that are appropriate to respond to in *safeTALK* are built into the "just wonderings" (see the next section) or listed in your trainer notes. Do not try to answer a specific question where the answer goes beyond what *safeTALK* teaches. When you are asked questions that require such an answer, say something like the following: "Good question. You might want to take *ASIST* to learn more about that. However, you don't need the answer to that question to activate a suicide alert. Just do X [that *safeTALK* teaches] instead."

Confidence in and the ability to activate a suicide alert can quickly evaporate if you accidentally imply that *safeTALK* might not be a complete and useful thing to do in and of itself. Your suggestion that

other principles are involved or that judgments may be required can be devastating. And those implications or suggestions are wrong: *safeTALK* works. Used correctly, it will lead to the early recognition and referral of persons thinking about suicide.

safeTALK and suicide intervention skills

safeTALK was designed to complement *ASIST-trained* caregivers and others with suicide intervention skills.[6] We assume that no community could afford to train everyone in suicide intervention skills but that many communities could more easily afford to train some in suicide intervention skills and many in *safeTALK*. When there are sufficient *safeTALK-trained* persons available, suicide intervention helpers will be fully used. *safeTALK-trained* persons make early recognition and referral possible on a far larger scale than any community can afford to do through suicide intervention skills training alone. It costs significantly less to train one person to activate a suicide alert than it takes to train a person to do a suicide first aid intervention.

There are advantages to using *safeTALK* and *ASIST* together to create alertness and intervention skills in a community, in addition to the conceptual consistency discussed previously. Since *safeTALK* trainers are either *ASIST* trainers or have taken *ASIST*, they can speak knowledgeably about what *ASIST* has to offer should some in *safeTALK* wish to learn more about intervention. The possibility of being a Community Support Resource in *safeTALK* is built into *ASIST* training and, thus, *ASIST* facilitates finding the resources you need for *safeTALK* training. Despite these advantages, the absence or scarcity of *ASIST-trained* resources in a community that has other suicide intervention resources should not deter a community from using *safeTALK* to create a larger pool of people who can recognize persons with thoughts of suicide.

safeTALK trainers need to identify and determine the availability of *ASIST* and other suicide intervention resources in their community. This information is needed to enable *safeTALK* helpers to make a Keep-Safe Connection for a person they recognize as having thoughts of suicide. Understanding that not all professional helpers have training in suicide intervention is also essential. Though we might wish it to be otherwise, it is still true in many communities that persons thinking about suicide are not recognized by otherwise well-trained health care or mental health professionals. Thus, the need to identify those helpers in the community who have the skill set required to be a KeepSafe Connection for persons thinking about suicide. When it appears that there are few resources in a community or that access to these resources is restricted, this needs to be highlighted within *safeTALK*. It is likely that communities with these conditions have few suicide alert helpers either, with access to a crisis line being the only resource. In a community like this, *safeTALK* can be used to train suicide alert helpers and help make the community aware that they also need readily available suicide intervention resources.

Fundamental attitudinal issues

safeTALK cuts across a fundamental attitudinal dimension regarding helping. Inside the program, the dimension might be referred to as "safety/challenge." Surrounding the program and extending out into the world of helping generally, it might be better called "support/empowerment." People differ on where they prefer to stand on this dimension—and the subject of suicide heightens the tension between differing views.

Some people are more inclined toward support. Within a program like *safeTALK*, they tend to empha-size safety first. They are likely to want to surround a program with many safety features, including quality control measures and support for trainers. They are less likely to think strategically or to want to limit safety and support procedures in the interest of increasing dissemination by lowering costs. When it comes to suicide, their basic motto is likely to be something like, "Practice what you teach." They tend to see people who are hurting or disturbed as needing support and safety. When it comes to suicide first aid, they tend to err on the side of caution.

Others are more inclined toward empowerment. Within a program like *safeTALK*, they tend to em-phasize challenge first. They place less emphasis upon formalizing safety features, including quality control measures and support for trainers, assuming instead that others can do fine on their own. They are more likely to focus on dissemination and to want to limit the costs of safety and support procedures in the interest of wider dissemination resulting from lower costs. When it comes to suicide generally, their basic motto is likely to be something like, "Help them to decide." They tend to see people who are hurting or disturbed as being in a state of readiness for change and growth. When it comes to suicide first aid, they tend to err on the side of challenging the person thinking about suicide to be as involved as possible in decision-making and implementation.

Either side tends to see the other as flawed. Exaggerating each of these points of view can help us appreciate the criticisms of both. Imagine that the support side suggests that *safeTALK* must have at least five or more *ASIST-trained* support resources or even *ASIST* trainers in attendance in order to ensure that no one who is thinking of suicide or who is disturbed about anything goes unnoticed and uncared for in any way whatsoever. You can imagine what the empowerment people might say about that: "Over-protective, completely impractical, patronizing and, in effect, increasing the stigma and taboo around suicide by implying that suicide is very dangerous." Now imagine that the standard procedures for *safeTALK* said to say the following when someone who is obviously hurting runs out of the training room: "Oh, there goes another one who can't *TALK* about suicide." Imagine the reaction to that from the support people: "Insensitive, cold, uncaring, impractical in that it doesn't model what you teach and, in effect, showing the taboo and stigma about suicide in action."

Obviously, both of these points of view have merit, if not carried to the extreme. It will be helpful for you to clarify where you stand on this dimension because, as is probably obvious, not everyone will appreciate your position. Also, knowing your position helps you to avoid the pitfalls normally associated with it. Any aspect of *safeTALK*, including the above discussion, could be a good stimulus

for your self-reflection. Particularly helpful might be *safeTALK*'s video clips. Put yourself in the place of the non-alert helpers or the person with thoughts. Does your heart immediately go out to them and you think only of their need for support? If so, your worry should be about being over-protective and paternalistic. Support might not be what they need or want. After all, they have their own views about this dimension. On the other hand, do you immediately think, "Here is a chance for them to learn something"? If so, your worry should be that you may be too distant, cold and analytical. Growth may not be what they need or want either. Actually, some of both may be what they need and want—and, most importantly, the flexibility and insight to recognize when each is most appropriate

Implications for safeTALK

We tried to use the best of safety/support and challenge/empowerment in creating *safeTALK* and its surrounding infrastructure. There is a practical reality about *safeTALK* that the safety/support side had to acknowledge. In order to support widespread dissemination we needed to find innovative ways to teach *safeTALK* trainers, to provide support to these trainers, and to meet the needs of *safeTALK* participants.

Perhaps most important, we needed to make sure that *safeTALK*, even more than *ASIST*, is trainer-proof. Although a good trainer might improve the learning for participants, following standard procedures is the best assurance that learning goals are achieved. To make standard procedures easier to follow, there are only a few interactive parts and those are tightly scripted. Also helping assurance is the fact that most of the presentation is a traditional lecture and most of it is delivered by the co-trainer audiovisual. Additionally, trainers are supported by more tools and opportunities for growth provided through the website and our quality assurance team.

There are support needs for participants in *safeTALK* that are not directly related to learning. The challenge/empower side had to acknowledge that reality. *safeTALK* has power—power to motivate learning and stimulate change but power that might also temporarily disturb. As with any formal program on suicide, some people may come to *safeTALK* just to get help with their own thoughts of suicide. Providing help and support for both of these needs not only represents an opportunity to "practice what we teach" but to model and thereby reinforce helping behaviors in others. Meeting these needs is, of course, why we require that you have one Community Support Resource attend every *safeTALK* training—someone who is willing and able to do a suicide first aid intervention or provide initial help to a person who might uncover unresolved bereavement issues.

We know that not everyone will agree with everything we have done. That is to be expected given the underlying dynamics. At least understand that we are aware of the tension and are trying to find solutions that use the best of both points of view.

Structure of safeTALK

safeTALK has two sections. The first section begins with reasons why the community wants the participants to become alert but quickly shifts to personal reasons for becoming alert. The bulk of the first section is used to present the *TALK* steps.

The second section has two main activities. First is a focus on the effects of misinformation about and fear of suicide, with the aim of controlling these fears and marshaling motivation to help prevent suicide. The second activity is practice at being a suicide alert helper.

This order of unfolding reflects our belief that there are three main obstacles to wanting to be or become a suicide alert helper. The first is a lack of knowledge of what to do. That knowledge is provided in the first section of *safeTALK*. The second is the effect of false societal beliefs that cause otherwise caring and helpful people to miss, dismiss and avoid suicide. These are explored most directly in the first half of the second section. If one knows how to help and wants to help, the third obstacle is crossing the behavioral threshold and actually practicing the things that participants have learned about suicide alertness. The last half of the second section of the training is reserved for practice.

The explorations of helper attitudes and opportunities for rehearsal actually run throughout the presentation. One device for helping participants raise issues that they might feel reluctant to express otherwise is what *safeTALK* calls "just wonderings." In effect, the trainer steps out of their role to ask questions that the participants might want to ask. Not only does this device raise questions that might not surface otherwise, it helps to create an encouraging atmosphere where participants become increasingly likely to ask their own "just wonderings."

Six video scenes—two versions of each scene—are used at various points in the training. The first version shows someone missing, dismissing or avoiding suicide. In the second version, the same helper responds appropriately to the person with thoughts of suicide. It would be ideal if larger communities/systems worked with us to create localized versions of these scenes to increase participants' chances of identifying with them. Some of the practice effect is dependent upon such identification. If participants can relate to the people in the videos, the struggles those people have in finding a way to help can be part of the participants' struggles—and of their successes when they overcome them.

The first three clips, involving non-alert helpers, are shown together early in the presentation to help participants quickly come to recognize the impact that the fear of suicide can have. These showings are intended to challenge the participants. In each scene, it is fairly obvious that the one person might have thoughts of suicide but the other person misses, dismisses or avoids that possibility. The participants are challenged to find a way to avoid repeating what they have seen when they have a chance to help. The trainer suggests that doing so is in their self-interest because they are not likely to be the kind of people who would knowingly want to miss a chance to help a person with thoughts of suicide—a statement that is almost always accurate deep down, even if fear often overrides it.
Two of the three additional non-alert clips are used in the second section when the reasons for missing, dismissing and avoiding are explored in some depth. The last scene is used to introduce the participants' practice.

The alert counterparts are used throughout the presentation to illustrate how quickly and easily a person with thoughts of suicide can be recognized. Each serves as a mental rehearsal of being alert. Various practice challenges are introduced as the presentation unfolds so that there is a gradual transition from listening to participating to practicing parts silently to practicing parts out loud to practicing the whole. This principle of gradually increasing challenge actually applies to every aspect of *safeTALK*. Attention to the balance between safety and challenge is another of the hallmarks of a LivingWorks program. Confronting fears about suicide is challenging enough. Confronting attitudinal barriers and notions, which the participants are likely to have previously accepted, can be threatening to a person's sense of intelligence. Being challenged to help a person with thoughts of suicide can at first feel overwhelming. *safeTALK* is full of challenges that must be balanced by safety.

A much-used safety feature of *safeTALK* is positive framing. *ASIST* trainers and *ASIST* participants know the value of positive reinforcement, having provided or experienced it in *ASIST*. The consistent use of positive framing creates a powerful sense of safety. The underpinning of positive framing is the belief that everything a participant says or suggests has a positive intention. Once their contributions are looked at in that way, a way to describe and reinforce that intention can usually be found.

Another safety feature is flexibility to vary the activity level to meet the participants' needs and abilities. In Chapters 4 and 5, there are optional activities near the end of the presentation if the trainer decides that the standard parts might be too challenging for this particular group of participants.

Another hallmark of a LivingWorks program is the attention to attitudes. While it may seem obvious that the place to begin exploring the fear of suicide is with attitudes about suicide, most awareness programs and even most training programs ignore these issues altogether. Designers of suicide prevention training of all types know that most persons enter with strongly held attitudes about suicide. What usually proves difficult is finding a way to explore these attitudes and beliefs that is both respectful and productive for both the individual participant and the program goals within a limited time.

Expectations

A willing, ready and able *safeTALK* trainer appreciates, understands and does the following.

A willing trainer:

❯ Recognizes that motivation is the key to learning suicide alertness skills

❯ Recognizes that *safeTALK* unfolds wisdom about alertness in ways that lead to deeper understanding and better integration

❯ Recognizes that the teaching of alertness skills should model key elements in helping a person with thoughts of suicide, such as open and direct talk about suicide

A ready trainer:

❯ Values all forms of feedback but regards positive feedback as essential to the *safeTALK* learning process

❯ Is confident that *safeTALK* will help participants become effective suicide alert helpers

An able trainer:

❯ Balances safety and challenge during the training

❯ Is committed to conducting *safeTALK* in a manner that is, in all significant respects, consistent with the *safeTALK Trainer Manual* and with their learning experience at the *safeTALK Training for Trainers*

❯ Pursues ongoing learning and engages in self-reflection to improve the *safeTALK* trainings they conduct

❯ Speaks well of *safeTALK* and *ASIST* and supports opportunities for more *safeTALK* trainings and *ASIST* workshops to be conducted

The beliefs trainers have about *safeTALK* affect how they interact with participants in *safeTALK*. We describe nine core beliefs about *safeTALK* that we hope all *safeTALK* trainers will fully endorse and honor.

1. safeTALK procedures are trustworthy.

Done effectively, *safeTALK* helps alert helpers become more ready, willing and able to activate a suicide alert. Even done poorly, it has somewhat the same result. People want to know how to help. Follow *safeTALK* standard procedures or options. Do not add things; do not leave things out.

Your commitment to and faith in the design of the training helps determine the success of each training you lead. When you talk about any part of the training's design, speak as if you were one of the designers. Since trainer feedback contributes strongly to the evolution of *safeTALK*'s design, references to ownership of the training are appropriate. Make certain that you understand the rea-

sons behind every part of *safeTALK*. If you have a problem with something, let us know. We will either explain it or change it. Avoid talking about your concerns with participants. Your design concerns will distract them from their learning task. Talking about your concerns will also likely show up as negative feedback to you at the end of the training. As is usually the case in life everywhere, complaining to the wrong people will likely backfire. Always speak positively about the training and the benefits you expect them to receive. This helps create a positive atmosphere that encourages active participation in discovery learning. If they actively participate, you have a much greater chance for a successful *safeTALK*.

2. Content counts.

Some educational and growth experiences in the helping area are without much substance despite good educational methods. *safeTALK* uses the best educational methods that we can develop, but the content—what *safeTALK* teaches—always receives the most attention in the development process. We continually work for content that is rich yet clear, deep yet practical, and comprehensive yet simple. These are difficult standards with something as complex as suicide. We are confident that *safeTALK* is not just on the leading edge of alertness training but also on the leading edge of understanding the role suicide alertness can play in building suicide-safer communities.

3. safeTALK participants are people.

safeTALK participants have lives outside *safeTALK*. Things in their real lives can affect participation in *safeTALK*—a child is ill, a spouse has a great day at work and wants to celebrate, a pet has gone missing. Despite the best intention to set aside time to devote to *safeTALK*, things don't always work out as hoped. Do not assume that every reaction you see in *safeTALK* is necessarily connected to suicide, or to the training.

When it comes to suicide, *safeTALK* participants are also people. Some participants come to *safeTALK* with the one purpose of finding help with their own thoughts of suicide. Some participants with thoughts of suicide come to *safeTALK* wanting to know how to help others with thoughts of suicide. Some participants coming with thoughts of suicide may begin to recognize that there is a greater danger than they thought before *safeTALK*. Given the prevalence of suicide, many participants who attend the training will have personal stories and experiences with suicide. As would be expected, recalling them can sometimes be painful. These are the situations that cause us to require the presence of a Community Support Resource.

Be aware also that the level of support that participants have for their new role of alert helper will differ widely. Some may come from an already existing network of *safeTALK-trained* helpers and *ASIST-trained* caregivers. For these participants, learning suicide first aid comes easily—nothing is distracting them from that purpose. On the other end, some participants may come from organizations that hold beliefs that are different from those held by *safeTALK*. These participants may seek extra assurance, because they know they have others to convince about *safeTALK*. Again, do not think that

every reaction in *safeTALK* is connected to *safeTALK*. Some reactions may be related to the supports that a helper has outside of *safeTALK*.

4. safeTALK objectives come first.

Participants come to *safeTALK* expecting to learn about suicide alertness. Participants with needs that might distract the learning of the rest of the participants can be helped by the Community Support Resource to find an appropriate resource to meet that need.

5. Trainers teach—and facilitate.

The mainstay for a *safeTALK* trainer is the ability to lecture effectively. This is particularly true for trainers using the optional procedures or who want to move toward using them. No matter how good you are at lecturing generally, you will need to do a lot of practice on *safeTALK*'s lectures. For many, suicide is surrounded by fear, myth and taboo. The tools you provide in *safeTALK* are some of the keys to counteracting those influences. Don't get in the way by being unprepared or confusing.

Participants are adults. They have learned things about suicide before coming to *safeTALK*. They need to be able to ask questions. The "just wonderings" are designed to start questioning, but facilitation and modeling are required to keep it going. Begin by modeling good listening, respect for differences, searching for positives, and thoughtfulness. Support similar participant behaviors if and when they occur. Encourage questions. Show that you understand the question by repeating it. Either answer it or refer the person to a place, like *ASIST*, where it can be answered. Encourage follow-up or clarifying questions. Discussion that leads to questions should also be encouraged.

6. Practice is essential.

Practice is essential when learning new skills, period. Various practice challenges are introduced as the presentation unfolds so that there is a gradual transition from listening to participating to practicing parts silently to practicing parts out loud to practicing the whole. Changing these opportunities or the manner in which they unfold will impact the safety/challenge balance as well as the acquisition and integration of the skills needed to complete the *TALK* steps.

7. Safety and challenge—two sides of learning.

Participants must feel safe to meet the challenges the training provides. If you get the mix right, participants feel safe enough to try something hard enough that, when they manage it, it gives them a real sense of accomplishment and increased abilities. Individual participants and groups of participants differ in ways that cannot be predicted in advance. A group of experienced helpers, for example, often needs the mix shifted toward safety even though one might think that is not needed for such a group. The mix of safety and challenge should always be watched throughout the training. The structure of *safeTALK* helps to maintain the balance of safety and challenge. Changes to that structure, even in small ways, may have consequences for the safety of participants at *safeTALK*.

8. Comfort facilitates.

While it might not seem appropriate to say so with a topic as serious as suicide, it is true that participants will learn more in comfortable and safe surroundings. Ensure that rooms are as soundproof as possible. Provide a wide range of refreshments and snacks. Use comfortable chairs, or provide more short breaks. Make sure there are enough washrooms. Take safety seriously. Check exits and fire safety procedures. A dedicated group will learn anywhere, but a comfortable group will learn even more.

Trainers also model comfort in the way they speak openly about suicide. There is no need to adopt a somber tone. Indeed, doing so could interfere with participants' ability to learn. On the other hand, a tone of respect for the subject and for those with suicide experiences is essential to support a shift toward a more compassionate view of suicide and those thinking about suicide. Bottom line: Trainers and participants at *safeTALK* should be able to speak openly and comfortably about suicide.

9. Only hard work can make safeTALK look easy.

Very experienced trainers teach *safeTALK* so naturally that participants don't often realize that the trainers are following standardized design and presentation procedures. This appearance of smoothness and ease is not natural: it was earned through hard work. It does not matter how good a trainer you are in general, or how much people usually like you. The only way you are going to make the underlying technology of *safeTALK* seem invisible, so that participants can focus only on their own learning, is by working hard at mastering that technology. *safeTALK* was created with a detailed understanding of the role it is expected to play in developing suicide-safer communities and with a clear idea of how the training could be achieved. We hope you like the program enough to contribute to its evolution.

This chapter and this manual are written with the expectation that your training will be successful. We believe that it will be and that it will contribute to the saving of lives. Recognize, however, that *safeTALK* may not have the same positive outcome for every person. Some participants may, in the end, decide that they don't want to help persons with thoughts of suicide. Give permission for participants to hold any view. Some may choose to remain very touchy or wary about suicide. Rest assured that it can never be the same touchiness or wariness they entered with, and remember that change sometimes works in strange ways.

Chapter 3: Good Practices

This chapter is about the principles for conducting *safeTALK* safely and effectively. We call these "good practices."

Good Practices

Sometimes good practices are repeated from one document to another without any information about the principles or reasons underlying them. Here, we take time to explain these practices using basic assumptions and first principles about how training programs are supposed to contribute to suicide prevention activities in a community.

Community resources

In advance of any *safeTALK* training, prepare a list of resources trained in suicide intervention and gather any information on local policy about suicide. If the community or organization you are working in is new to you, the person sponsoring the training will be your best source for this information. If you plan to do large numbers of *safeTALK* trainings in a community or organization, we recommend that you invest as much energy as you can to find out about and build relationships with local resources. If you are an *ASIST* trainer, you likely already know something about the community's intervention resources. If you have taken *ASIST*, your *ASIST* trainer could be a valuable source of information. If your community has *ASIST* and *safeTALK* training, much of this work may already have been done for you.

You want to find out what types of suicide intervention resources are available in the community and how they are accessed—including any limitations on access. You want to form an estimate of the adequacy of these resources to provide interventions to the number of *safeTALK* referrals that might be made. Hopefully, there is a helpline contact number for the community in which you are training. Phone around to agencies and organizations that likely have suicide intervention resources and tell them about *safeTALK*. Ask openly and directly how they work with persons thinking about suicide. Even today there are many helpers who are reluctant to talk openly about suicide and hesitant to work with persons thinking about suicide. KeepSafe Connections must be willing, ready and able to do both. Find out if and how they might accept referrals from suicide alert helpers. Encourage these agencies and organizations to send representatives to a *safeTALK* demonstration as a way to help them understand the benefits of having a large pool of alert helpers in their community. It is still the case, in many communities, that many resources doing suicide interventions have little or no training in how to do them but have developed their skills and knowledge from experience.[6] Communities are increasingly recognizing that a deficit exists in the preparation of many helpers when it comes to suicide and realizing the need for specific training in how to help persons thinking about suicide.

As you can imagine, you might make some people unhappy by asking such questions. On the other hand, recognize that you might be on your way to becoming the community's suicide prevention leader. The simple truth is that if a community does not have sufficient suicide alert and suicide intervention resources, making that known rests on good moral and ethical ground, even if it also sometimes requires acts of courage.

In a community in which there appears to be few suicide intervention resources, work with the sponsor in advance of the training to determine the resources that do exist. If it turns out that there are fewer resources than are advised or needed—and that the participants are not likely to know of many more either—consider offering *suicideTALK*, if you have it, instead of *safeTALK*. Lean toward *suicideTALK* even more in this resource-poor community if you are less confident about your or your Community Support Resource's suicide intervention skills.

Your Community Support Resource

Having a Community Support Resource who is trained in suicide intervention is required at your *safeTALK* trainings. This person should be able to provide a suicide intervention as well as the initial response to an unresolved bereavement issue. In a community where there are *ASIST* trainers and *ASIST* participants, it will be easier to find your Community Support Resource. *ASIST* now actively encourages participants to take up this role, and participation in *ASIST* makes participants more willing, ready and able to perform the role.

If you don't already have a resource, include your need for this kind of resource along with your inquiries about community intervention resources. Another possibility, having other advantages, is to use another *safeTALK* trainer as your resource. Since *safeTALK* is almost always implemented on a large scale, there are very likely to be other *safeTALK* trainers in your community.

In learning *safeTALK*, it is advantageous to share the presentation of it. Later you may wish to continue this practice since you can train up to 40 participants with two trainers. Two trainers can share presentation tasks and watch out for the needs of this larger number of participants; however, it must be noted that a Community Support Resource who is dedicated to performing this role is still required. Groups larger than 40 are not permitted as both safety and effectiveness of the training will be compromised.

Suitable participants

safeTALK is not suitable for persons or communities that have recently been seriously affected by a suicide, nor can it be used to teach the complete set of suicide intervention skills.

Persons recently affected by suicide may not be interested in learning about helping persons with thoughts of suicide—the expected initial state for *safeTALK*. Often they are angry, sad, confused,

numb or experiencing any number of the other initial grief reactions. *safeTALK* has little content and practically no process that responds appropriately to the intense feelings that occur in such an acute situation. More than anything, such persons typically need a chance to talk freely and openly in relatively small groups where expertise is ensuring that the talk is productive. A structured training like *safeTALK* is probably not what they need.

safeTALK is not suitable for those wishing to learn suicide first aid intervention skills. *ASIST*—our vehicle of choice for learning such skills—assumes that it takes a minimum of two full days of training to acquire those skills.

The content of *safeTALK* overlaps with the content of *ASIST* in two areas: attitude clarification and intervention concepts. *safeTALK* is primarily about attitudes that relate to activating a suicide alert. *safeTALK* participants learn some helping activities that are related to suicide intervention principles but by no means all that is needed to complete an intervention.

If the community where you are presenting does not have suicide intervention resources and you have access to our *suicideTALK* program, you may conclude that *suicideTALK* is a better vehicle for stimulating community interest in suicide prevention than *safeTALK*. In general, where there are intervention resources already in place, and if participants seem ready to learn specific skills and take on direct responsibilities for helping a person with thoughts, use *safeTALK*. If they seem uncertain about making commitments or are interested in exploring the whole area of suicide prevention, use *suicideTALK*. In organizations where expectations about who should be able to help are clearer, you could decide to use *safeTALK* with those who are expected to help and *suicideTALK* with all others.

safeTALK does what it is supposed to do. Using *safeTALK* with its goals in mind will advance your status and reputation as time goes by. Trying to use *safeTALK* in ways it was not intended can sidetrack this favorable process.

Good practices for youth

Good practices for youth suicide prevention programs in public school (or counterpart) systems tend to be more explicit than comparable programs for adults. Since we consider *safeTALK* to be suitable for youths aged 15 or older, we need to consider the good practices prescribed for such programs. We can also use these practices to check out the value of our principles for conducting trainings for other audiences.

Kalafat (2001) provides an overview of good practices for what he calls "comprehensive youth suicide prevention programs":

1. Suicide-specific information is presented as part of health or family life curricula and is given to all students

2. All parents and school personnel (including custodians, bus drivers, etc.) receive the same information that is given to students

3. The school in which these trainings occur has policies and procedures for: a) responding to students thinking about suicide, b) responding to suicide behavior, and c) ensuring coordinated working relationships with community gatekeepers

4. Often the establishment of school crisis teams, the training of community- and/or school-based gatekeepers, and the creation of media campaigns surround and are integrated with this comprehensive approach

The first practice implies that suicide should be treated as a life span issue and not as a special topic or as an abnormal issue that only affects a few people. The second implies that everyone can do something to help prevent suicide, not just experts.

The third and fourth standards are consistent with the higher expectations of programs for youth. Kalafat clearly implies that when it comes to youth, safety must get high priority. Programs like *safeTALK* should not be delivered in the absence of many additional aspects of a prevention plan. The third practice clearly indicates that basic safety processes must be in place to complement any kind of suicide education activity that is intended to encourage identification of youth with thoughts of suicide. Our preference is to move policy and procedures for dealing with suicide injuries or deaths into a separate item, so that concern for safety about the person thinking about suicide is given priority.

The fourth practice is stated as an ideal, not a requirement. Kalafat has not been so firm on safety as to leave no room for the use of training programs to stimulate interest in suicide prevention. However, in the case of *safeTALK* for youths, we believe the fourth practice should apply.

White and Jodoin (1998) have similar practice recommendations for suicide trainings in schools. Their additional practices include:

1. Be appropriate for the developmental level and age of the audience.

2. Fit into, rather than add on to, the current health curricula of the school.

3. Be aimed at students as potential helpers, not victims.

4. Involve regular school personnel in the delivery of the program and provide training for them if their involvement is to be extensive.

5. Include elements that teach skills, not just knowledge, such as creating opportunities for students to practice and receive feedback.

6. Ensure active student engagement through learning methods including modeling, role-plays, performance feedback, small-group discussion and positive reinforcement.

7. Provide plenty of opportunity for discussion.

In general terms, the principles underlying these practices seem consistent with our own. We endorse the normalization of suicide (1 and 2), the goal of involving teachers, parents and others in the school in the process of learning about suicide (4) and the desire to empower youth (and everyone else) to help prevent suicide (5 and 6). Of course we disagree with the third one. We believe that anyone can be affected by suicide and that the recognition of this motivates all helpers. We also do not view persons with thoughts of suicide as "victims." We note that the specifics of recommendation 6, although ideal, are not possible in a shorter program. *ASIST* training is the only program we know of that is able to meet all of these recommendations, but it would not be appropriate for most youths under the age of 16.

We strongly recommend using mixed groups of parents, teachers and students (ideally one third of the group should be adults known to the youth participants) when presenting *safeTALK* to high-school-aged youths. This attention to group diversity encourages cross-generational conversation about suicide—which in most places is less open than we would hope—and generally results in a greater appreciation of persons in each group.

Our important standards

safeTALK provides you with an elegant structure that is of little value unless you take the time to learn it. Do not let this structure deceive you into thinking that a "once over lightly" review is sufficient in preparing to present it successfully. The program challenges participants in many ways. Your understanding of *safeTALK* and your commitment to delivering it in the manner in which it was intended is critical to meeting those challenges successfully. When the challenges are not successfully met, participants will blame you for the failure. You need to be prepared to admit when you don't know something and to encourage a group to vent their frustrations, if that is necessary. You also need to have the confidence to support the essential messages of *safeTALK* in the face of disappointment and avoidance. As a "bottom line" position, never let a group of participants leave believing that you accept a view that suicide should be avoided or cannot be prevented. Standing by your beliefs leaves them with a mental reminder that avoidance can be avoided.

A reminder about practical matters

Detailed information on the practical aspects of organizing and delivering a *safeTALK* training can be found in the *safeTALK Trainer Organizing Guide*, available in the Members area at **www.livingworks.net** (login required). The *safeTALK Organizer Guide*—also available in the Members area—contains helpful information for you to share with an organizer/host with whom you are organizing a *safeTALK* training.