

Core Beliefs About safeTALK

Beliefs LivingWorks has about suicide and its prevention

Our core beliefs about suicide and its prevention have guided us throughout our history. These core beliefs have evolved through research and experience, and they underpin all LivingWorks philosophy and training. We hope that sharing them will prompt others to examine their own. More information about each of these beliefs can be found on the website.

- › Suicide is a community health problem
- › Thoughts of suicide are understandable, complex, and personal
- › Suicide can be prevented
- › Help-seeking is encouraged by open, direct, and honest talk about suicide
- › Relationships are the context of suicide intervention
- › Intervention should be the main prevention focus
- › Cooperation is the essence of intervention
- › Intervention skills are known and can be learned
- › Large numbers of people can be taught intervention skills
- › Evidence of effectiveness should be broadly defined

Beliefs trainers have about safeTALK

The beliefs trainers have about *safeTALK* affects 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 reasons 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 for learning 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.