



Lifeline Service and Outreach Strategies Suggested by Suicide Attempt Survivors

**Final Report of the Attempt Survivor Advisory Summit Meeting
and Individual Interviews**





**National Suicide Prevention Lifeline
Consumer/Recipient Subcommittee (CRS)**

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Contents

Introduction.....	1
Attempt Survivor Advisory Summit Meeting.....	4
Purpose.....	4
Methodology.....	4
Results.....	4
What Does the Lifeline Need To Know About Attempt Survivors?	5
How Can the Lifeline Better Assist Attempt Survivors?.....	6
Communicating the Lifeline Message/Spreading the Word.....	8
Resource Suggestions	10
Lessons Learned From Attempt Survivors	10
A Final Note.....	11
Indepth Interviews With Individual Attempt Survivors	12
Purpose.....	12
Methodology.....	12
Results.....	12
What Does the Lifeline Need To Know About Attempt Survivors?	12
How Can the Lifeline Better Assist Attempt Survivors?.....	14
Communicating the Lifeline Message/Spreading the Word.....	15
Resource Suggestions	17
Peer Support Groups as a Resource	17
Lessons Learned From Attempt Survivors	18
Summary—Major Themes.....	20
Conclusion	22
 Appendices:	
Appendix A: Attempt Survivor Advisory Summit Meeting Agenda	23
Appendix B: Attempt Survivor Advisory Summit Meeting Facilitator Guide.....	27
Appendix C: Attempt Survivor Indepth Interview Guide.....	34

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Final Report of the Attempt Survivor Advisory Summit Meeting and Individual Interviews

Introduction

In June 2006, the Steering Committee of the National Suicide Prevention Lifeline Network (Lifeline) identified better outreach and service to suicide attempt survivors as a strategy for reducing suicide nationally. The committee made this strategy a priority because a previous suicide attempt is one of the strongest known predictors of suicide. According to one study of individuals who had survived a serious suicide attempt, almost half made a further fatal or non-fatal attempt within 5 years.¹

In response to the particular prevention and recovery needs of suicide attempt survivors, the Steering Committee charged the Consumer/Recipient Subcommittee (CRS) with:

- Developing recommendations for postvention, messaging, and outreach efforts that the Lifeline could take to connect this highest-risk population with helpline resources.
- Upgrading the knowledge, skills and understanding of emergency providers.
- Providing leadership to Lifeline call centers in ways to partner with local groups who regularly provide services to individuals after a suicide attempt.

CRS and Lifeline leadership subsequently established a workplan for achieving these objectives. The workplan clearly identified direct input from attempt survivors as both a necessary and highly valuable method for clarifying the unique needs of attempt survivors.

CRS and Lifeline leadership asked attempt survivors across the country if they would be willing to share their experiences and perspectives. These individuals are self-identified suicide attempt survivors, many of whom have become prevention advocates, speakers, or writers, or have started suicide prevention programs.

The attempt survivors were invited to attend an Attempt Survivor Advisory Summit Meeting. Eight attempt survivors attended the summit meeting in New York City on January 16, 2007. Four other attempt survivors who were unable to attend the meeting contributed their suggestions during individual indepth phone interviews conducted between January 25 and February 1, 2007.

¹ Beautrais, A. L. (2004). Further suicidal behavior among medically serious suicide attempters. *Suicide and Life Threatening Behavior* 34(1) Spring 2004 (pp. 1-11).

The Lifeline provided all participants with an honorarium in appreciation for their generosity of time and self in contributing to this effort.

This document summarizes the findings from the meeting and the interviews. Because the two methods of collecting information differ substantially, the findings from each are presented separately. Common themes expressed by participants in both the group and individual discussions are presented in the final section.

Participants

The Lifeline extends a profound note of gratitude to the individuals who gave of their time and energy to participate in the meeting or the interviews. By offering their insights and experiences, each one has demonstrated a commitment to helping the Lifeline reach out to suicide attempt survivors and to offer resources, services, and most of all, hope to people who desperately need it.

Within this document, direct quotes are not attributed to individuals and two individuals asked not to be identified by name. The participants identified below provided consent for their names and information to be included.

Kadidia Adula. Participant in the “Rita Project,” a program that uses the arts to help attempt survivors and surviving family members express feelings as a way to promote recovery.

Heidi Bryan. Founder and director of the Feeling Blue Suicide Prevention Council, a nonprofit agency dedicated to reducing the incidence of suicide in Southeastern Pennsylvania. Ms. Bryan is a survivor of her brother’s suicide as well as her own suicide attempt.

Rita Cronise. Prominent mental health consumer advocate who works with suicide attempt survivors and families.

Mark Davis. National gay, lesbian, bisexual, and transgender (GLBT) consumer advocate, founding president of the Pennsylvania Mental Health Consumers Association, and member of the Lifeline CRS.

Kevin Hines. National suicide prevention advocate and sought after speaker on many different types of mental health issues following an attempt to take his own life by jumping from the Golden Gate Bridge.

DeQuincy LeZine, Ph.D. Post-doctoral fellow at the University of Rochester Center for Study and Prevention of Suicide, national advocate for inclusion in public policy discussions those individuals who are living with mental disorders and who have a history of suicide attempts, and Lifeline CRS member.

Brian Sullivan. Established a support group for suicide attempt survivors in Grosse Point, MI.

Ken Tullis, M.D. Prominent Tennessee suicide prevention advocate, author and active spokesperson on surviving suicide attempts, and founder of Suicide Anonymous, the first-ever 12-step program for people struggling with suicide.

Eduardo Vega. Chair of Lifeline’s CRS, prominent national behavioral health consumer advocate, and currently serves as Chief of the Empowerment and Advocacy Division of the Los Angeles County Department of Mental Health.

Terry Wise. Author of *Waking Up: Climbing Through the Darkness* and public speaker for suicide prevention.

Attempt Survivor Advisory Summit Meeting

Purpose

On January 16, 2007, eight attempt survivors attended an Attempt Survivor Advisory Summit Meeting in New York, NY. The purpose of the meeting was to provide an open forum in which attempt survivors could share their ideas about how the National Suicide Prevention Lifeline could provide better outreach and services to suicide attempt survivors to meet their recovery needs and help prevent future suicide attempts.

Methodology

Throughout the 1-day meeting, participants were engaged in a series of roundtable discussions. Topics for individual discussions focused on what the Lifeline should know about attempt survivors, how the Lifeline might better assist survivors, how the Lifeline could better communicate prevention messages to attempt survivors, and which groups could play a stronger role in reaching out to attempt survivors. At various times, facilitators introduced Lifeline resources and asked the participants to recommend ways the materials could be enhanced or distributed to reach attempt survivors more effectively.

Professional facilitators who had worked with CRS and Lifeline leadership to design the meeting agenda conducted the meeting. By using objective facilitators from outside of the suicide prevention community, Lifeline leaders were able to focus on the information being shared without the distraction of keeping the meeting on track and on task.

Appendix A contains a detailed meeting overview and agenda, which were distributed to participants at the outset of the meeting. Appendix A also includes the list of stakeholder/observers who were present. Appendix B is the Facilitator's Guide used during the meeting.

Results

"This is a historic meeting." (Meeting participant)

All participants felt strongly that this was an important meeting. A few participants referred to it as historic because it represented an opportunity for survivors to be heard. The participants described suicide attempt survivors as a forgotten group—misunderstood, stigmatized, and isolated. Some commented on the importance of including attempt survivors as consultants in developing strategies for preventing suicide.

What Does the Lifeline Need To Know About Attempt Survivors?

This discussion session was designed to stimulate conversation among participants and to highlight them as an invaluable source of information for developing effective outreach and services for attempt survivors. As part of the discussion, participants were asked to identify some of the barriers that might prevent attempt survivors from calling the Lifeline.

Recommendations for the Lifeline that emerged revolve around opportunities to strengthen callers' confidence and trust in the safety of the Lifeline; enhance the knowledge, attitudes, and skills of the crisis line workers answering Lifeline calls; and, most important, prepare crisis line workers to listen with empathy to suicide survivors without rushing to action or intervention. Summaries of commonly expressed sentiments appear below.

“Survivors of attempts need someone to listen to them if they call.”

“Survivors who call should not be disappointed.”

(Meeting participants)

- Attempt survivors feel isolated from others and without someone with whom they can share their feelings honestly and openly. If they are having thoughts and feelings about suicide, they are unlikely to share them with family or friends because the survivors know that this information would cause alarm. If attempt survivors are in therapy, they may not talk to their therapists because they fear hospitalization. Attempt survivors most want and need someone they can just talk to who will listen and let them mull things over without rushing to intervene.
- Some attempt survivors may be reluctant to call the Lifeline for fear that their call will be traced and will trigger an official intervention. Previous experiences with mental health service systems may influence how someone will perceive the Lifeline service.
- One participant suggested that it might be helpful to let callers know in some way that calls are confidential and anonymous unless a person is evaluated to be at “imminent risk.” Only in these cases will the crisis line worker do everything he or she can to save the caller's life, including a call to 911. However, the participant noted that most persons who have received rescue services—whether they wanted them or not—report feeling grateful later that those services were there for them.

“Just because I am talking about suicide doesn't mean I am going to do it right now.”

(Meeting participant)

- Someone can talk about suicidal feelings without actually intending self-harm. There also are “almost attempt survivors” who continue to think about killing themselves and need assistance.
- Attempt survivors who make the effort to call are looking for someone who can understand and make them feel valued. It is vital that crisis line workers not judge them or make them feel like a failure or as if they have done something wrong.
- Responses to Lifeline callers must be as varied as the callers themselves. One response is not appropriate for everyone. What would be appropriate for someone in a city with certain resources would not work for someone in a very rural area without those resources or without the means to connect easily with other people. Associated with this, there should not be one definition of “rescue” or service—the needs of individuals differ depending on their unique circumstances. For example, calling 911 may not be experienced by the caller as a “rescue” as much, perhaps, as “just being listened to.”
- Lifeline staff also should recognize and understand that individuals who talk about suicide may be dealing with different mental illnesses, such as bipolar disorder, schizophrenia, and depression.

How Can the Lifeline Better Assist Attempt Survivors?

This discussion focused on the services most needed or desired from suicide prevention hotlines. The most significant theme to emerge from the discussion was the value of involving peer support groups and mentors in prevention efforts. Several participants felt strongly that attempt survivors are the best source of support for other survivors and referred to a number of peer-to-peer efforts that are being created in local communities to serve this need.

The understanding, acceptance, safety, and openness of someone who has “walked in my shoes” typically characterizes a peer-to-peer relationship and sets it apart from any other type of relationship. This can be instrumental in addressing the isolation and other issues in the survivor’s life. Participants suggested that the Lifeline could assist survivors by having them work at local crisis centers or with local organizations to start survivor support groups.

Part of the discussion about peer support concerned the Lifeline’s focus on “crisis situations.” As participants indicated in the previous discussion, there may be times when suicide survivors are not in imminent danger but are experiencing difficulties and could benefit from having someone to talk to. Participants then began to discuss relationship building that would extend beyond emergency services, such as access to warm lines or to in-person support groups. Warm lines usually offer services to individuals and families seeking support, while hotlines, such as the Lifeline, seek to be available to individuals experiencing an immediate crisis.

Specific suggestions for how the Lifeline could serve attempt survivors better include the following:

- Crisis line workers who assist survivors should practice active listening, as discussed previously. A crisis line worker should draw the person out if necessary, but the focus should be on letting the person talk as much as needed. The crisis line worker might invite a caller to read a poem or journal entry that is related to the problem. If the caller has any such writings on hand, sharing these writings could help establish a connection between the caller and the crisis line worker and help the caller feel understood.
- When a caller is ready, a crisis line worker should help him/her develop a plan of action that involves just a few steps. Crisis line workers should recognize that attempt survivors who are struggling with thoughts of suicide often feel immobilized. Just calling the hotline is a big step. Therefore, working with a caller to develop a plan—including encouraging him/her to call back and report on progress—will have helped the person substantially. This action will help to make him/her feel capable of doing something and of being able to connect with someone.
- Crisis line workers could suggest other preventative actions for callers to take. For example, the workers could help callers develop a prevention and recovery plan. A sample plan developed by Dr. Mary Ellen Copeland, a mental health consumer recovery educator, author, and researcher, is available at www.mentalhealthrecovery.com/crisis.html.
- Followup calls for attempt survivors would be both welcome and beneficial. Primarily, helping survivors set “achievable goals” and empowering them to facilitate their own linkages to services would be most helpful. For example, a crisis line worker could give the caller a number to call to make an appointment. The crisis line worker could then followup with the caller to see how the call went.
- After initially just listening, crisis line workers could ask callers if they are interested in hearing about available resources. Workers should not just assume that they know what callers might want. In addition, at the end of the conversation, the crisis line workers could ask callers several questions that would help determine what resources might be most appropriate. These questions should take into consideration issues such as the ability to pay, ability to travel, the appropriateness of group/peer supports, etc.
- The Lifeline Web site should offer resources dealing with the issue of isolation and opportunities for callers to become involved in groups or organizations in their communities. Isolation is a significant risk factor for suicide and meeting participants discussed the feeling of isolation and the behaviors of isolating themselves from others that often go along with their suicidal thoughts.

- The Lifeline should provide a variety of resources to address the needs of individuals who have a limited ability to pay for those resources.
- Crisis centers need to be flexible in providing service, particularly in rural areas where limited resource options exist. “Telemedicine”—or over-the-phone counseling—can be an important means of reaching persons who might otherwise have difficulty accessing or be reluctant to seek care in a clinic setting. In addition, the Lifeline should explore electronic means such as Web-based counseling and peer support as well as text-messaging as supplemental services to be provided through crisis centers.
- Some “suicide prevention lines” position themselves to only serve persons who are suicidal. Suicide prevention lines, such as the Lifeline, should be set up to serve not only imminently suicidal persons but persons in emotional distress, to help them well before they are in danger. Giving these individuals the opportunity to talk through their current distress could help prevent later suicide attempts and demonstrate to them that the prevention line is a safe place to call well before they are suicidal.
- In a related issue, crisis line workers need to be respectful of the caller and, as much as possible, encourage the person and stress his or her personal value. One participant described an experience of calling a hotline and being left with a feeling that she had somehow “disturbed” the person answering the call. Another participant said that, when she called a crisis hotline, it was clear that the person answering the call did not know what to say to her and so did not engage her.
- The Lifeline should engage peers (i.e., attempt survivors who have made progress in their recovery) to be “mentors” for persons who have recently attempted suicide, providing them with a source of understanding, support, and hope. This model of support is similar to that provided by surviving family members who mentor others who have recently lost a loved one.

Communicating the Lifeline Message/Spreading the Word

During this part of the meeting, participants were asked to recommend messages and materials that might improve outreach to suicide attempt survivors. Participants also suggested several potential communication channels to spread suicide prevention messages.

Issues raised by the participants include the following:

- Work to overcome stigma with education—encourage people in the community to talk about suicide prevention and mental health.
- Language is important. Prevention messages should avoid abstractness. For example, use *“I tried to kill myself”* instead of *“I tried to commit suicide.”*
- The Lifeline has targeted older men, American Indians, and Asians [sic]—all high risk groups. However, the Lifeline should consider expanding the number of audiences that it is targeting.
- Religion and culture go hand-in-hand in many communities. Use religious groups and faith-based organizations to communicate targeted suicide prevention messages.
- Look at specific cultures, such as the gay, lesbian, bisexual and transgendered (GLBT) community, to determine how to best communicate the message to its members.

Audiences

When asked to identify the key audiences for messages and materials about the Lifeline and suicide prevention, especially messages intended to connect suicide attempt survivors to the Lifeline, participants clearly indicated that suicide attempt survivors should be the primary target audience. They believe that family members and other influencers of attempt survivors should be the secondary audience.

“It starts with me.” (Meeting participant)

Potential Channels

Participants suggested the following groups and venues as potential channels for distributing messages and materials:

Groups	Channels/Venues
<ul style="list-style-type: none">• Clergy• Coaches• Bereavement counselors• Police department personnel• Teachers• Social workers• Support groups• Victim/witness advocates and volunteers• Hospital social workers• Persons required to perform community service• Media and entertainment celebrities	<ul style="list-style-type: none">• Faith-based organizations (e.g., churches)• Places where kids hang out (e.g., malls)• Funeral parlors• Prisons• Schools and universities• Bars and strip clubs• YMCAs• Off-track betting parlors• Veterans hospitals• Emergency rooms• Barbershops and hair salons• Shelters—all kinds

Resource Suggestions

Participants suggested that the Lifeline could:

- Develop a public service announcement (PSA) showing a diverse group of people together, with each one saying one thing about suicide prevention and encouraging the viewer to call the Lifeline. (When discussing the PSA, participants focused on the notion that suicide and mental illness can and do affect anyone. They support anything that can help break down the stigma, isolation, shame, and misconceptions that exist.)
- Facilitate and encourage dialogue among the consumer/survivor recovery, civil rights movement, peer support and consumer-run services, local and state departments of behavioral health, behavioral health advocacy organizations, other rights movements (e.g., civil, women’s, LGBT, human, disabilities, Grey Panthers), and professional associations (American Psychiatric and Psychological Associations, U.S. Psychiatric Rehabilitation Association, National Association of Rights, Protection and Advocacy).
- Identify suicide risk factors and then reach out to community, consumer and self help groups that are addressing these risk factors. For example, contact groups focused on substance abuse treatment or bereavement issues. Make sure these groups are aware of the risk factors and have materials to distribute.
- Develop wallet cards and other resources that identify suicide risk factors and distribute them widely in the community. Design the card like an insurance card, and use one side to include personal or provider’s (doctor, therapist, etc.) contact information.
- Design a bookmark that lists recommended readings about suicide and includes the Lifeline name and contact information. The bookmark could be used to get more information out to attempt survivors and their family and friends as well as to educate the general public about suicide and suicide prevention.

Lessons Learned From Attempt Survivors

In one part of the meeting, participants shared their own experiences and identified key “turning points” or realizations that were critical to their desire to live and their recovery. Common themes that emerged in this discussion included thoughts about self-worth and the ability to connect with another person or force (e.g., God) in moving toward recovery.

“I found I could do something for someone else, I could do something useful with my life.”

“I recognized my value to other people.”

“A friend told me that ‘you have future possibilities worth living for.’”

“When you are isolated from others, you can’t see support around you. Once I really saw someone, it made a difference.”

“I recognized the value of talking. Talking doesn’t change the event, but can change how I felt about it and can make me feel less alone.”

“I bargained with God. Now I expect good things to happen.”

“[Clergy] prayed with me and told me I was a gift from God—that God saved me for a reason.”

“I realized I’d had the same thoughts [as someone who died from suicide] and they weren’t true. I realized this was a disease.”

“I recognized when [attempt survivor’s loved one] died that he was the biggest protective factor in my life and that I needed to completely restructure my life. I could apply the 12 steps to what I was going through.”

“I realized that the pain may never become less intense, but it will become less frequent.”

A Final Note

In wrapping up the meeting, participants spoke about how pleased they were to have been asked to participate in this effort to provide input and guidance to the National Suicide Prevention Lifeline and how important they believed the meeting to be—once again stating that it represented a historic opportunity to hear the perspectives of suicide attempt survivors in a way that hasn’t been done. Several participants advocated for a continuation of group discussions that raised the visibility of attempt survivors. They encouraged SAMHSA and the Lifeline to consider supporting it in some way.

Indepth Interviews With Individual Attempt Survivors

Purpose

In-depth telephone interviews were conducted with suicide attempt survivors who were unable to attend the summit meeting. The purpose of these calls was to expand on the information obtained from attempt survivors about the most effective methods for the National Suicide Prevention Lifeline to better reach and serve survivors of suicide attempts.

Methodology

Between January 25 and February 1, 2007, one of the individuals who had facilitated the advisory summit meeting conducted four individual telephone interviews with suicide attempt providers, using a structured interview guide with many of the same questions used in the summit meeting. This process ensured consistency in data collection and enabled the facilitators to identify common themes and recommendations that emerged from both the group and individual discussions. No “observers” participated in the telephone interviews, which lasted between 60 and 90 minutes. Appendix C contains the interview guide used for all of the interviews.

Individuals who participated in the telephone interviews were somewhat less familiar with the Lifeline than the individuals who participated in the summit meeting, but this appeared to be the only difference between the two groups of participants.

Results

“We’ve been there and we have information and resources that may not be available through books.” (Interview participant)

Similar to participants in the summit meeting, interview participants also spoke of the value of having attempt survivors help each other. They emphasized the importance of having someone they can talk to, someone they can trust, and someone who will not automatically “freak out” or immediately rush toward a medical intervention if they talk about suicide. Participants also referred to the power of a peer-to-peer connection, of being able to open up to and be honest with someone who has “walked in their shoes.”

What Does the Lifeline Need To Know About Attempt Survivors?

As were meeting participants, interviewees were asked to discuss the unique needs of attempt survivors, barriers that might prevent them from calling the Lifeline, and opportunities for the Lifeline to address these barriers. Responses from the interviews are summarized below:

“Barriers that may keep people from calling the Lifeline are pride and shame, especially if they have attempted suicide before and are afraid that people are going to treat them differently or belittle them. Some attempt survivors think that they are not supposed to talk about suicide.” (Interview participant)

- For someone with a mental illness, such as bipolar disorder, the brain can go through changes, even if the person is being treated, but especially if there is no treatment. It is hard for someone else to understand how hard that can be and how dark some periods can be, or that untreated depression can be so deep. It also is hard for someone else to understand how peaceful it can feel to make a decision to end it and feel it is the right decision even though the world would scream that it is not the right decision.
- In the midst of a dark period or deep depression, the process is so internal that the outside world fades and becomes less important and, in some respects, is not as real as what is going on inside a person’s own head. The person is not likely to reach out to anyone at this point. A hotline may not seem real or relevant.
- Attempt survivors are still not dealt with openly, even within the field of suicide prevention. *“We are dealt with in emergency rooms and psychiatrists’ offices and funneled off to mental health professionals. But there is a lot of fear and stigma associated with attempters and people are uncomfortable dealing with us, so there isn’t much emphasis placed on us, even though we are a very high risk group for suicide. That is the main reason for attempters to get involved and to get our stories out there—to de-stigmatize the whole issue of people who have survived attempts, and to make the point that attempters are human beings who can be productive and can help others.”*
- Recognize that addiction and childhood trauma can be significant factors for people who attempt suicide and do not stay so focused on depression or illnesses such as bipolar disorders. Responding to all people with “you must be depressed with those thoughts going on” is not going to reach a large number of people who are struggling in other ways. Giving people a chance to talk about significant trauma and truly hearing it can give them a sense of hope.
- *“I place people into three categories: those who are not imminently suicidal, but thinking about it; people who have the intent to commit suicide; and people who are profoundly and imminently suicidal. People in categories one and two may call a crisis line and benefit from talking to someone, but someone in category three would not call and cannot be persuaded away from attempting suicide.”*
- Attempt survivors are secretive and sometimes in denial, which sometimes is due to their fear of how others will react to their behaviors, feelings, and thoughts. If a survivor calls and believes the person answering the call is taking a clinical or professional position with them, they will likely hang up, stop talking, or not tell the truth about what is going on.

- In a related issue, attempt survivors are not necessarily going to be truthful and straightforward in answering questions, so it will be extremely hard for the crisis worker to make a specific assessment of what is going on and what treatment or intervention is needed.
- [Most] people understand that those who answer a crisis line are obligated to call 911 if a person says he or she is about to kill himself or herself, so they won't call.
- For some people, calling a crisis line might help and they need to be made aware that help is available, that there is somewhere they can call. But for other suicide attempt survivors who are absolutely intent on suicide, it does not matter—they are not going to call. With these individuals, no one is going to talk them out of it or persuade them otherwise.
- Many attempt survivors now feel the need to reach out and help those who are suffering with depression, anger, loss, family situations, or other factors that contribute to suicidal feelings.
- In some communities, there are additional cultural barriers to reaching out for help—as it may be interpreted as a sign of weakness. If trusted authority figures such as teachers, clergy, or even friends were more aware of crisis lines and more willing to suggest that someone call the number, it would help take away some of the stigma and help someone who was struggling.

How Can the Lifeline Better Assist Attempt Survivors?

Interviewees were asked to share their thoughts on different types of services and which might be most important to suicide attempt survivors. Discussion prompts included questions about the kind of dialog that should take place between a crisis line worker and a caller. Responses to this topic follow.

- For people who call a crisis line while in crisis, it would be helpful for someone to gently bring them back to what else, and who else, is important in their lives—a child, spouse, someone else, or something they derive meaning from. This will help callers identify what they find meaningful in life and what has helped to anchor them in the past.
- People thinking about suicide are convinced that everyone else in their lives will be better off without them, that they will be doing their family and friends a favor. Their brains have flipped somehow and they do not see how their suicide would devastate those they leave behind. Some are not thinking about the other people in their lives at all. They do not need to be made to feel guilty or responsible for others, but they can be reminded that others care about them and that others will be hurt if they take their lives.

- When people call, the first thing they want and need is warmth and compassion, not someone who is going to take information quickly and then move to an intervention as quickly as possible. Sometimes there is this rush to get someone to a hospital, or locked into a psychiatric facility. But usually the most important thing is to let the person talk and just listen, to show that someone cares and thinks the person is important. *“I’ve known people in my support group who’ve called a local crisis line and were dissatisfied because the person was brusque and tried to get them into services right away, seemed like they didn’t care.”*
- The crisis line worker has to be able to connect with the caller and not talk down to the person or appear to be judgmental or “shaming.” Crisis line workers should be direct in asking questions and not hem or haw around. They should be compassionate.
- Crisis line workers should refer the person to a local support group, even if it is in the next town. They should try to get the person connected to others because, *“There is nothing worse than feeling completely alone.”*
- Followup calls are important to let the person know that someone cares and that the person has value. Crisis line workers should be direct and talk about suicide and not hide it under other things such as depression. They should let the person know that a return call demonstrates caring for the person and not because the staff members are making random calls to check up on a batch of callers, similar to a survey.
- A caveat to the notion of followup calls: discretion. It is important to only speak to the person who called the hotline and not divulge information to anyone else who answers the call.
- Involve attempt survivors in answering crisis lines. They want to participate and they understand because they have been there.
- Two individuals mentioned warm lines as a service that they have taken advantage of themselves and have found helpful by finding someone on the other end who listened to them with compassion in times of turmoil. (The interviewees did not know if this was a part of Lifeline’s function or if it was something Lifeline could promote.)

Communicating the Lifeline Message/Spreading the Word

Like the advisory group attendees, suicide attempt survivors participating in individual interviews were asked to recommend messages and communication channels that could encourage attempt survivors to call the Lifeline if they were feeling suicidal. Their comments follow.

- Keep information simple and straightforward. *“Even though it has been co-opted by the antiabortion movement, the bumper sticker Choose Life has great meaning for me—I can choose life for now.”*
- Communicate to family members of survivors as well as to survivors. Communicate to family members of other high-risk groups for suicide such as the elderly.
- Get the information out to faith communities. People with depression—maybe a situational depression that starts a spiral in brain chemistry without them even knowing it—may be struggling and talking to their pastors or someone else in the church. Pastors, particularly youth pastors, and others are starting to realize that there are situations they could handle better, but they do not know how or where to refer people. *“I recently saw a Web site for a church that said ‘There is nothing wrong with having suicidal thoughts.’ I thought this was huge because churches can be such a source of shame for people, but that seems to be starting to change.”*
- Be very real; avoid clinical language; do not be shaming or judgmental in any way.
- *“So I’m here beating the drum for the attempter, but in a way we’re kind of a link in the chain. We’ve already just about gone there. So it seems to me with teens we want to back up to addressing and struggling with thoughts and catch it at that very early stage. Because obviously, you go from thoughts to plans to attempts to death by suicide. So using something such as ‘It’s not a sin to have suicidal thoughts. Call us and let’s talk about it’ might get the attention of those who are carrying around the baggage that it is a horrible and unforgivable sin.”*
- Use survivors’ stories.
- Have TV stations air public service announcements (PSAs).
- Look for programs that already exist and try to hook up with them as a way of getting the word out. For example, police departments still have the D.A.R.E. program, which is popular, so maybe the message could be a part of the program or materials. Distribute information to local hospitals. Use local newspapers and schools. Think broadly.
- Include some personal information about the people at the crisis line or somehow let people know that the people who work on the crisis lines have personal experiences, too. *“I’ve been through a lot in my life and nobody else knows what I’ve been through. But if they read a little clip or a story about somebody within the crisis center that has been through tough times, because in reality we all have, then they can say, you know, maybe this person can help me. Maybe I should call.”*

Resource Suggestions

In some of the interviews, individuals suggested resources that might be helpful for the Lifeline. The resources include the following:

- Maybe a wristband like a lot of organizations are doing. Logo items such as T-shirts, hats, backpacks, playing cards, or something else that people would see every day, especially kids. Maybe a coffee shop would hook up with the crisis line to print messages on the cups or holders. A promotion event at the mall with posters and materials to hand out.
- An inspirational brochure about someone else who has survived.
- A database of people who are willing to talk to others about their experiences. Maybe this could be organized so someone could find someone else with similar circumstances: someone with children, relationship problems, financial problems, loss of job, loss of spouse, mental illness different types of trauma, etc.
- List of resource documents such as *Pathways to Recovery* (www.socwel.ku.edu/projects/SEG/pathways.html).

Peer Support Groups as a Resource

All of the individuals interviewed were active in local support groups and found that these were helpful to the people involved. Comments made about these support groups include:

- *“In our support groups, we have people who are actively considering suicide. To the best of my knowledge, nobody has completed a suicide following one of our groups, and what they do get is someone who is willing to listen, who knows. The people who come to our groups have all experienced it at one time or another and they realize and can be very open to somebody coming in and saying ‘you know, I just want to end it and I don’t really see any alternatives.’ And allowing people to just voice that, not necessarily trying to stop them, but just hearing them.”*
- Suicide Anonymous, operating in Memphis, TN, uses a 12-step model where people receive a phone list of other members and a sponsor. It increases the bonding and honesty among members because everyone is the same, everyone has been there. People can talk openly without fear of official intervention.
- *“I started a support group for people who are suicidal and one of the churches in our area agreed to let us hold meetings there weekly. We are in the same club of profound personal pain. And once you assure yourself that you are talking with someone like that, then you know that what you’re going to get is understanding, compassion, and sympathy.”*

- There has to be anonymity and discretion in the groups, just like with AA, NA, GA and others, because of people’s jobs and all the other reasons that people want and expect anonymity.

Lessons Learned From Attempt Survivors

As was the case during the advisory summit meeting, interview participants shared their own experiences and identified personal “turning points” or realizations. The following quotes are included here to help the Lifeline better understand and serve attempt survivors.

“I have many times felt alone, even though I have been in the middle of a crowd of people who care about me. But I sever all of those connections mentally and emotionally for whatever reason when my brain chemistry changes like that.”

“I have been really fortunate in my path toward recovery to have the people alongside me that have been [professionals and family]. But at the same time, I have sat in support groups with people who haven’t had that, and I have sat with people who have been in the depths of despair and in the depths of feeling that their life shouldn’t go on, because you know, for whatever was happening in their lives. So really the experience of listening to other people, and sitting with other people, and sitting with the discomfort of somebody who is really considering ending it, I have come to realize that sometimes [it] is not so much about preventing somebody from doing it, it is just listening to whatever their pain is and witnessing that. And I think that in my teen years, if I had had somebody like me, or the people that I have encountered on warm lines to be there in those dark times, I probably wouldn’t have tried what I did.”

[This person’s turning point occurred after seven suicide attempts over 10 years, progression into substance abuse, and finally long term in-patient treatment] *“One week out of treatment and I woke up totally suicidal. I called my 12-step sponsor and went to meetings. Turns out I was still holding on to a little game I had from the ninth grade—well, if all else fails, I can still kill myself. And I looked again at the third step—made a decision to turn my will and life over to the care of God at every stage. I had worked that step and blown on by it. So I went back and realized that’s not going to work. I’m not going to be able to stay sober and stay alive and sane if I don’t go back and really make a decision to do that at a deeper gut level.”*

“So the rest of my story, I started figuring out from my professional work (psychiatry and research) and then putting it into therapy. I now understand that at 14, everything was already in place, I was already in trouble. At age 2, I lost my caregivers, my language, and my culture when my parents moved us to the U.S. [Even at that young age,] these things register as trauma that stays with the person and colors their perspective. Additional events set up fear and terror and feelings of hopelessness. Subsequent losses of important people, and events that mimicked early ones—long after treatment—triggered new feelings about wanting to commit suicide and the decision to explore what was behind those feelings.”

“Well, I had never called a suicide prevention hotline. I’m sure that it works for a certain segment of people who are suicidal, but it wasn’t going to work for me. Because I had no delusions that I was going to be talked out of it or need of being talked out of it. So I was absolutely intent on doing it. I have been profoundly suicidal on a daily basis since I have been 10 years old. [Barely survived suicide attempt in April 2006.] I can say one significant thing in all of this—I am no longer suicidal. I had a very profound, spiritual epiphany as a result of this. I came to understand that everything leading up to my doing this, and then doing this, was meant to happen providentially. And then it happened, and God obviously refused my death and made me live. And so as a result of that, I am much more altruistic oriented and I have started this support group that a lot of people say is all that and heaven, too.”

“When I woke up in the hospital, I didn’t feel positive about life. [I struggled with coping skills and with persevering on my own.] I watched TV a lot once I was home and I saw stories about people who went through worse than I had. It inspired me to stop focusing on what I couldn’t do and start focusing on what I could do. I set goals. Then I contacted a church and found faith, which gave me a lot of coping skills. God still loves me, He still wants me. I still have a purpose. I found strength in that. And then I started opening up. First, I shared my goals with my family, who supported me. Then I started sharing my story with other people in the church. I have always been a shy person, so it was hard to get up there on stage, but I felt purpose and that allowed me to ignore the uncomfortable situation of speaking in front of people. Because I felt that I was really helping, I was part of something. And that’s why I am convinced that I was always looking to be a part of something, but could never find it. But this was it.”

Summary—Major Themes

Participants in both the advisory summit meeting and the individual interviews consistently identified several common themes in discussing what was important to suicide attempt survivors and what, ultimately, has been helpful to them during their recovery journeys. The themes speak to both the operations of the Lifeline (e.g., staffing and training of crisis line workers) and the outreach conducted by the Lifeline to reach attempt survivors.

The themes are summarized below.

- Attempt survivors who call the Lifeline need a compassionate person who will listen to them without immediately moving to an intervention. The caller may not be in imminent danger of suicide and has taken a huge step in making the call. Helping him or her talk through the crisis somewhat before making a decision to call for an intervention may be most helpful to that person.
- For many suicide attempt survivors, there are family members and/or friends who love and care about them. The survivor may not be able to see or feel this love and caring for any number of reasons and may believe that no one cares. In fact, feelings of isolation are mentioned as very strong during the “dark periods” around suicide attempts. Crisis line workers may be able to help by gently engaging the person in conversation about those people in his or her life, particularly people who are usually anchors, the people or person the survivor cares the most about.
- Assisting people who are not imminently suicidal can be suicide prevention. Several participants noted that many persons most intent on suicide are less likely to call at that time, so reaching them earlier is critical. If a person is in emotional distress and “wants to talk”—whether or not he/she has a history of suicidal ideation or attempts—providing some reasonable amount of time for compassionate, supportive listening can prevent him/her from becoming suicidal later, and may also make it easier for him/her to call later if/when they are in suicidal crisis.
- Participants agreed that followup calls from a crisis line worker can help callers feel supported and connected, potentially reducing suicidality. The followup should be respectful of the caller’s confidentiality. Therefore, the person following up should only identify him- or herself to the caller or any other person that the caller has consented to include in the process. Some participants felt including a friend, family member, or significant other in these followup calls can be very valuable in assuring the ongoing safety of the caller. Helping attempt survivors and significant others develop an individualized recovery and prevention (a.k.a “crisis care plan”) and supporting their independent efforts to follow up with community care options were also recommended as useful followup care approaches.

- Many attempt survivors discussed their spirituality and faith as an important part of their recovery. These individuals strongly suggested working through faith communities, including churches, to get the message out about the Lifeline. Several suggested that pastors, especially youth pastors, are hungry for this type of information.
- Some survivors talked about living with thoughts of suicide for many years and knowing that they are vulnerable to “being driven” to suicide again. Others talked about living with those thoughts for long periods and then, after having a turning point, or series of turning points, the thoughts of suicide disappear. Most of the participants talked about their need to learn more about suicide and the desire to reach out and help others. According to the participants, helping others makes them strong, but not invincible. They know that they have to receive help from others as well.
- Peer support was brought up again and again as an invaluable type of resource for survivors because they feel that trust, honesty, and connection can be established with others who have experienced what they have much easier than with people who have not had the same struggle. One example of how the Lifeline might assist in this regard is to engage attempt survivors as crisis line workers, thereby building a pool of people who have “walked in their shoes” and who can connect with survivors who do call for help.
- Peer support groups have become an important part of recovery for many of the survivors who participated in this effort because of the same reasons cited above. Ongoing interaction with other survivors builds strength and helps survivors help themselves as well as each other.
- Some participants felt that there needs to be a support network for peer support group leaders with facilitator training, group development, and ongoing leadership support and development. This can be something similar to what Depression and Bipolar Support Alliance does for chapter affiliates and their leaders. It needs to be based in a central location to unify the peer network and partner with the array of consumer peer support services across behavioral health systems nationwide.

Conclusion

The National Suicide Prevention Lifeline should be commended for asking suicide attempt survivors to step forward and offer information on how the Lifeline can better serve this population at very high risk for suicide. All of the suicide attempt survivors who participated in this effort emphasized how pleased they were to be asked to participate in the process. They noted that, in the past, attempt survivors often were not included in these discussions because of the stigma and discomfort associated with suicide and mental illness and, historically, the lack of connection between attempt survivors and family survivor groups.

The individuals who gave of their time to participate in the summit meeting and the interviews provided thoughtful, specific, and rich information that undoubtedly will be helpful to the Lifeline as they consider how to better serve suicide attempt survivors. Their gracious contributions of time and self are tremendously appreciated.

**Appendix A:
Attempt Survivor Advisory Summit Meeting Agenda**

**National Suicide Prevention Lifeline
Consumer/Recipient Subcommittee (CRS)
Attempt Survivor Advisory Summit Meeting**

January 16, 2007

Overview

Purpose of the Meeting:

To gain information from survivors of suicide and nationally-recognized leaders about the most effective methods for the National Suicide Prevention Lifeline to better reach and serve survivors of suicide attempts.

Intended Outcomes of the Meeting:

Information, particularly **recommendations**, for postvention, messaging, and outreach efforts that will be provided to the CRS, the Steering Committee of the Lifeline, and to SHS/Macro International for development of media and marketing materials for the Lifeline.

Ultimately, the intended outcome is to increase the number of calls to the Lifeline from attempt survivors.

Specific Objectives:

By the conclusion of the meeting, participants will discuss and make recommendations in each of the following areas:

- How to work with providers and other groups for targeting outreach to attempt survivors
- How the Lifeline can better assist attempt survivors
- What are effective messages for attracting attempt survivors to use the Lifeline
- What are effective community and hospital-based and emergency resources for better serving survivors
- What are effective methods for following up with attempt survivors, with particular focus on the potential role of the Lifeline.

Process:

Invited meeting participants will be engaged in roundtable discussion by the facilitators throughout the day. The facilitators will share responsibilities for guiding and facilitating the discussion, using the central questions and probes outlined in the Facilitator Guide. The facilitators will also be responsible for recording recommendations and taking notes on the central themes of the discussion. The discussion will also be audio-taped, upon agreement of all participants.

At various times, the facilitators will introduce existing media and social marketing materials for the Lifeline and give participants time to review the materials. Discussion will then focus on how the materials could be enhanced or disseminated in a way to achieve the objective of more effectively reaching and serving attempt survivors.

Invited stakeholders, including representatives from the Lifeline Steering Committee and CRS, SAMHSA, SHS, and others, will serve as observers to the discussion. These stakeholders are also resources to the participants and facilitators and may be asked by the facilitators to contribute during the meeting or on breaks as needed.

Participants: suicide attempt survivors and prevention advocates

Stakeholders/Observers:

- Richard McKeon, Ph.D., special expert, Substance Abuse and Mental Health Services Administration (or SAMHSA representative)
- John Draper, Ph.D., project director, National Suicide Prevention Lifeline
- Christopher Le, resource and information manager, National Suicide Prevention Lifeline
- Patrick Cook, project manager, Lifeline Communications Team/SHS
- Monica Zimmer, communications specialist, Lifeline Communications Team/SHS
- Representative, Suicide Prevention Resource Center

Facilitators:

- A. Billy S. Jones, technical director, Macro International
- Bonnie Bates, technical director, Macro International

**National Suicide Prevention Lifeline
Consumer/Recipient Subcommittee (CRS)
Attempt Survivor Advisory Summit Meeting**

January 16, 2007

Agenda

- | | |
|----------------------|---|
| 9:00 – 9:45 | Meeting Introduction
Participant Introductions |
| 9:45 – 10:15 | What Do We Need To Know About Attempt Survivors |
| 10:15 – 10:30 | Break |
| 10:45 – 12:00 | How the Lifeline Might Better Assist Attempt Survivors |
| 12:00 – 1:00 | Working Lunch |
| 1:30 – 3:00 | Communicating the Message/Spreading the Word |
| 3:00 – 3:15 | Break |
| 3:15 – 3:45 | Providers and Other Potential Partners |
| 3:45 – 4:15 | Summary and Wrap-Up |
| 4:15 – 4:30 | Thank You and Closure |

Appendix B:
Attempt Survivor Advisory Summit Meeting Facilitator Guide

**National Suicide Prevention Lifeline
Consumer/Recipient Subcommittee (CRS)
Attempt Survivor Advisory Summit Meeting**

January 16, 2007

Facilitator Guide

9:00 – 9:15 Meeting Introduction

Major points to cover during the meeting introduction include the following:

- Welcome to participants—
John Draper, Ph.D., National Suicide Prevention Lifeline
Eduardo Vega, M.A., chair, Consumer/Recipient Subcommittee
Richard McKeon, Ph.D., SAMHSA
- Introduction of facilitators—
A. Billy S. Jones, Macro International
Bonnie Bates, Macro International
- Review purpose, intended outcomes (handout)

9:15 – 9:30 Participant Introductions

Beginning with the participants who will engage in the discussion and proceeding to the stakeholder/observers, ask meeting participants to introduce themselves with the following information:

- Name
- Affiliation/where you're from
- Why you think this meeting is important (in one or two sentences)

9:30 – 9:45 Process of the Meeting

To make the meeting run smoothly, proceed with the following:

- Review the specific objectives, the process, and the agenda for the meeting (handout)
- Describe role of facilitators—to engage all participants in discussion, keep discussion focused, elicit recommendations, record key themes, and manage time and tasks. Explain that there may be times when the facilitators may have to interrupt the flow of a discussion to redirect it to another point in order to meet the objectives.

- Explain that at times during the meeting, media and social marketing materials currently used by the Lifeline will be displayed and participants will be given the opportunity to review. Discussion will focus on how these materials could be enhanced or how they may be disseminated to help achieve the objective of reaching out to and serving attempt survivors.
- Value of audiotaping the discussion for the purposes of preparing a summary report only. Ask participants if they will permit audiotaping.
- Note the fact that there are stakeholders present who will observe but not actively participate in the discussion. They are resources who can be called upon by the facilitators as needed.
- Establish mutual expectations to make the discussion productive—what do we need from each other (ground rules). Have a few ground rules recorded on newsprint to present, then record the suggestions from the group (discussion participants). Ask the group if everyone can agree to the ground rules.

Make a transition from the introduction into the meeting discussion. Bring the focus onto the broad topic of outreach to attempt survivors.

9:45 – 10:15 What Do We Need To Know About Attempt Survivors

Introduction:

As the first question of the day, this question is intended as a way to get participants started talking about the topic of attempt survivors and seeing themselves as providing useful educational information to the Lifeline—either from their personal or academic experience. It is not intended to imply that the Lifeline or any member of the Network does not understand attempt survivors, but to indicate that there is always more to learn and to set the stage for participants to build on what they offer here throughout the day.

After providing the introduction above, lead the discussion with questions such as:

- What are the most important things for the Lifeline Network members to understand about attempt survivors?
 - Why is it important for a hotline to focus on this population specifically?
- What are some of the barriers that prevent attempt survivors from calling the Lifeline?

- What are some of the ways the barriers may be addressed? (This discussion only begins here, it continues throughout the day.)
- If attempt survivors received a hotline number before and after their attempts, how might the number be useful to them?

10:15 – 10:30 Break

10:45 – 12:00 How the Lifeline Might Better Assist Attempt Survivors

Introduction:

Building on the discussion above, focus this discussion on what attempt survivors need most from hotlines. As time permits, the discussion should naturally move to include other kinds of resources in the community.

After providing the introduction, lead the discussion with questions such as:

- From what you know already, how does the Lifeline assist attempt survivors? Be as specific as you can in your responses.
- What do the Lifeline and Network members do already that they can improve upon?
 - How?
- What additional suggestions do you have for what the Lifeline and Network members can do to assist attempt survivors? (Followup suggestions as needed with questions such as):
 - How would this be helpful?
 - How would this work?
 - What kind of dialog would take place in this kind of phone intervention?
 - Who would do this?
 - What kind of training would be needed?
- What kind of resources—community or hospital-based (inpatient, emergency department, etc.)—can be most helpful for attempt survivors when feeling suicidal or in reducing suicidal thinking?
- What preventive, treatment, and/or support resources would you like to see more available in your community for attempt survivors?
- What about followup services? Would you recommend followup calls or contacts from the hospital or a crisis center? Why or why not?

12:00 – 1:00 Working Lunch

Give participants 30 minutes to take a break and eat lunch.

Use this time, if needed, to wrap up the discussion on the topic of assisting attempt survivors.

Summarize the key points of the discussion.

Then make a transition to the next part of the discussion by saying that we will now focus on how to get the message to attempt survivors that there are resources to assist them.

1:30 – 3:00 Communicating the Message/Spreading the Word

Introduction:

This section of the discussion is critical for generating information and recommendations around media and materials for outreach to attempt survivors.

During this section, participants will be asked to review and comment on two sets of materials to determine their usefulness in outreach and promotion with this specific target audience of attempt survivors. These sets of materials are:

- Media Outreach Toolkit (wallet cards, PSAs, and brochure)
- *After an Attempt* guides

After the introduction, guide the discussion with questions such as the following, including a review of materials:

- Based on the issues and considerations that have been brought up so far in our discussions, and on your own knowledge, what kinds of messages might persuade attempt survivors to call the Lifeline when feeling suicidal? (Try to encourage participants to get these out quickly—list them on newsprint.)
- What are some ways for getting these messages out to attempt survivors? (Again, encourage participants to list these quickly rather than discuss them at length at this point.)
- In your opinion, is it better to try to communicate directly to attempt survivors and/or to reach them through another audience? (Spend the bulk of the time on this question, attempting to gain more information on how important it is to reach potential “influencers” of attempt survivors.)
 - If another audience, who? Parents, spouses, teen or adult children, others? Do providers fall into this category?
 - If another audience, why?

- Review materials that are already being used to communicate about the Lifeline. Then ask the following questions. (*Introduce the materials in the Media Toolkit and review them.*)
 - How could these materials be used to communicate with attempt survivors, their loved ones, and their health care providers about Lifeline and Network members with attempt survivors?
 - How would the materials need to be disseminated?
 - Who would the materials need to be disseminated to?
- Let's take a look at another set of materials that already exist that could be useful in conducting outreach with this population. (*Introduce the After an Attempt guides.*)
 - How could these materials be used to communicate with attempt survivors about Lifeline and Network members?
 - What would need to be modified or enhanced about the materials?
 - How would the materials need to be disseminated?
 - Who would the materials need to be disseminated to?
- What other materials would you recommend?
 - For what audience?
 - How would you disseminate this information?

3:00 – 3:15 Break

3:15 – 3:45 Providers and Other Potential Partners

Introduction:

The intent of this discussion is to gain insight from participants into the role of providers and other service professionals in successful outreach to attempt survivors.

After introducing the intent, facilitate the discussion with questions such as:

- What providers and service professionals do attempt survivors most often come into contact with before, during, and after an attempt?
- What realistic roles can these providers play in helping Lifeline and Network members reach out to attempt survivors?
- How can Lifeline and Network members engage them in outreach efforts?
- How is this effort different than engaging these providers in other work of the Network members?

3:45 – 4:15 Summary and Wrap Up

Provide a summary of the meeting by highlighting key themes and recommendations from each discussion topic.

After providing the summary, ask each participant if there is any further recommendation he/she has that might further guide the Lifeline's efforts in connecting resources to people who are actively suicidal and/or have survived suicide attempts. If there are any further recommendations at this point, record them without discussion.

Thank the participants for their contributions and energy throughout the day. Turn the meeting back to representatives from Lifeline and SAMHSA for closure.

4:15 – 4:30 Thank You and Closure

John Draper, Ph.D., National Suicide Prevention Lifeline
Eduardo Vega, M.A., chair, Consumer/Recipient Subcommittee
Richard McKeon, Ph.D., SAMHSA

Appendix C:
Attempt Survivor Indepth Interviews Interview Guide

**National Suicide Prevention Lifeline
Consumer/Recipient Subcommittee (CRS)
Attempt Survivor Interviews**

Interview Guide

(All interviews are arranged ahead of time by A. Billy S. Jones of Macro International via phone and e-mail correspondence. Interviewees are briefly told the purpose of the interview and that it is anticipated that the interview will last approximately 90 minutes. They are also told in advance whether A. Billy S. Jones or Bonnie Bates will be calling them at the designated time to conduct the interview.)

Thank you for taking the time to talk with me today. I'd like to take a few minutes to tell you more about the purpose of this interview and to answer any questions you may have.

Our purpose is to gain information from survivors of suicide and nationally-recognized leaders about the most effective methods for the National Suicide Prevention Lifeline to better reach and serve survivors of suicide attempts.

On January 16, we conducted a meeting with suicide survivors for this purpose and we are now conducting a number of interviews with individuals who could not participate in the meeting. We will then develop a report to reflect the themes and recommendations from the meeting and interviews to submit to the Lifeline.

As we mentioned to you before, this interview will take between 60 and 90 minutes. I have a series of questions to ask you and I want you to answer honestly and comfortably. If there is a question or topic you have no opinion about or you are uncomfortable talking about, just indicate that you'll pass on that question. We will not use anyone's names in our report with regard to anything specific that is said.

I would like to tape record the interview because then I could focus on listening to you and not on taking notes. The tape will stay with me and will not be used for any other purpose beyond this project. Do you agree to the interview being audiotaped?

You will receive \$150 from the Lifeline following the interview to thank you for taking the time to participate.

Any questions for me?

(Respond to any questions, then make a transition into the first discussion.)

What Do We Need To Know About Attempt Survivors

Introduction: The intent of this section is to focus the conversation.

- What are the most important things for the Lifeline to understand about attempt survivors?
 - Why is it important for the Lifeline to focus on this population specifically?
- What are some of the barriers that prevent attempt survivors from calling the Lifeline?
- What are some of the ways the barriers may be addressed?

How the Lifeline Might Better Assist Attempt Survivors

Introduction: This section of the interview should provide the opportunity for the interviewee to discuss different types of assistance and what is most important for survivors.

- From what you know already, how does the Lifeline assist attempt survivors? Be as specific as you can in your responses.
- What does the Lifeline and Network members do already that they can improve upon?
 - How?
- What additional suggestions do you have for what the Lifeline and Network members can do to assist attempt survivors? (Followup suggestions as needed with questions such as):
 - How would this be helpful?
 - How would this work?
 - What kind of dialog would take place in this kind of phone intervention?
 - Who would do this?
 - What kind of training would be needed?
- What kind of resources—community or hospital-based (inpatient, emergency department, etc.)—can be most helpful for attempt survivors when feeling suicidal or in reducing suicidal thinking?
- What preventive, treatment, and/or support resources would you like to see more available in your community for attempt survivors?
- What about followup services? Would you recommend followup calls or contacts from the hospital or a crisis center? Why or why not?

Communicating the Message/Spreading the Word

Introduction: This section of the interview is important for generating information and recommendations around media and materials for outreach to attempt survivors.

Initial questions include:

- Based on the issues and considerations that have been brought up so far in our discussions, and on your own knowledge, what kinds of messages might persuade attempt survivors to call the Lifeline when feeling suicidal?
- What are some ways for getting these messages out to attempt survivors?
- In your opinion, is it better to try to communicate directly to attempt survivors and/or to reach them through another audience?
 - If another audience, who? Parents, spouses, teen or adult children, others? Do providers fall into this category?
 - If another audience, why?

During the next part of the interview, it will be helpful for the person to review and comment on two sets of materials to determine their usefulness in outreach and promotion with this specific target audience of attempt survivors.

Send the materials ahead of time or have the person go to the Web site before or during the interview so he or she can view the materials. The Web site is www.suicidepreventionlifeline.org.

The materials to review are:

- Media Outreach Toolkit (wallet cards, PSAs, and brochure)
- *After an Attempt* guides

Review materials that are already being used to communicate about the Lifeline. Then ask the following questions. (*Introduce the materials in the Media Toolkit and review them.*)

- How could these materials be used to communicate with attempt survivors, their loved ones, and their health care providers about Lifeline and Network members with attempt survivors?
- How would the materials need to be disseminated?
- Who would the materials need to be disseminated to?

- Let's take a look at another set of materials that already exist that could be useful in conducting outreach with this population.
(*Introduce the After an Attempt guides.*)
 - How could these materials be used to communicate with attempt survivors about Lifeline and Network members?
 - What would need to be modified or enhanced about the materials?
 - How would the materials need to be disseminated?
 - Who would the materials need to be disseminated to?
- What other materials would you recommend?
 - For what audience?
 - How would you disseminate this information?

Providers and Other Potential Partners

Introduction: The intent of this section is to gain insight into the role of providers and other service professionals in successful outreach to attempt survivors.

Questions include:

- What providers and service professionals do attempt survivors most often come into contact with before, during, and after an attempt?
- What realistic roles can these providers play in helping Lifeline reach out to attempt survivors?
- How can Lifeline members engage them in outreach efforts?
- How is this effort different from engaging these providers in other work of the Lifeline Network members?

Turning Points for Suicide Survivors

(This section of the interview may come up naturally at some earlier point. If so, go ahead and ask the questions at that point, then proceed with the remainder of the guide. If you reach the end of the guide and the questions have not been answered, then ask the questions at this time.)

Introduction: The intent is to learn more about what contributed to this person becoming a survivor, with a motivation to continue to live and help others.

Questions include:

- Would you mind talking about your own experience with suicide and how it is that you are now helping others?
- Was there a turning point or a series of turning points for you in how you felt? What were they?
- Did someone say or do something that helped you? Who was it and what did they say or do?
- What lessons or insights from their experience could help the Lifeline better serve other attempt survivors who are having a difficult time or at risk and need support?

Other Issues or Questions

(Use this time to ask the interviewee if he or she has anything more to add to the interview.)

Closure and Thank You