
Suicide Attempt Follow-Up Training

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Abstract

The community of Prince George, located in the Northern Interior of British Columbia, has limited resources to assist suicide attempters although it has one of the highest suicide rates in the province. The community also has difficulty attracting and retaining professional counsellors. Consequently, those who attempt suicide are often left to deal with their problems alone. The Prince George Suicide Attempt Follow-Up Program is designed to train paraprofessionals to address the critical needs of suicide attempters. An evaluation of this project demonstrated the project's success in the preparation of paraprofessionals to work with suicide attempters while also highlighting some essential components of support and evaluation that must be met before the program can be fully implemented.

Résumé

La communauté de Prince George, située au nord de la Colombie-Britannique, possède des ressources limitées pour pouvoir assister les individus à tendances suicidaires même si cette communauté présente un très haut niveau de suicide dans la province. La communauté fait face à une autre difficulté, celle de retenir les conseillers professionnels. Par conséquent, ceux qui tentent de se suicider sont souvent laissés à eux-mêmes. Le programme de suivi des tentatives de suicide, à Prince George, est destiné à entraîner des paraprofessionnels pour adresser les besoins éminents des individus à tendances suicidaires. Une évaluation de ce projet a démontré le succès du projet à préparer des paraprofessionnels à travailler avec les individus à tendances suicidaires en plus de souligner quelques éléments essentiels de support et d'évaluation qui doivent être reconstruits avant l'implantation de ce programme.

Prince George is a mid-sized community in the Central Interior of British Columbia, and consistently ranks in the top five communities with the highest suicide rates. Overall, Prince George has an average of 16.8 suicides per 100,000 people, 3.3 points above the national average. To further exacerbate the suicide problem, there is a shortage of services and an inability to recruit sufficient social services and mental health professionals, issues common to most northern regions. For those attempters who are unable to resolve their problems, there is a greater likelihood that subsequent attempts will end in death.

The Prince George Crisis Intervention Suicide Follow-Up Program is a program designed to meet the challenge of insufficient service to suicide attempters by using trained paraprofessional counsellors. This article describes the development and implementation of a curriculum used to train active volunteers from the Prince George Crisis Intervention Society to provide services for those who attempt suicide.

Participants in the Suicide Attempt Follow-Up Program are volunteers who have completed a minimum of 100 hours of in-service training and experienced a minimum of 200 hours of phone-line contact. Once trained, the volunteers work in teams of two and provide face-to-face support, counselling and referral services to attempters for a period of

three to six months. All clients of the service are voluntary and sign a contract of “non-harm” during their time period with the service. The program has clearly defined policies to govern confidentiality, ethical stance, access of service, client load, referral procedures, screening of clients, case conferencing, volunteer support and evaluation of volunteers and program.

Developing a Program Philosophy

Initially, it was important to define the philosophy that would form the foundation for the services that volunteers provide to suicide attempters. Research indicates that the experts on suicide tend to be split on the rationale underpinning attempted suicide. Many theorists refer to attempted suicide as “parasuicide” or “self-harm.” For example, Barnes and Ennis (1985) state:

The term “attempted suicide” is quite misleading. For the majority of “suicide attempters,” intent to die is not the primary motivation. The act is frequently an impulsive response to interpersonal conflict, and represents a cry for help or an attempt to hurt or manipulate others. We will use the term “self-harm” to describe any non-fatal, deliberately self-inflicted injury, regardless of motivation. (Barnes & Ennis, 1985, p. 450a)

This approach to suicide attempts tends to create a reaction in the caregiver that may result in a less supportive approach. When suicide attempts are defined as “attention getting” caregivers run the risk of reacting with frustration, anger and a lessened sense of urgency. The Suicide Attempt Follow-Up Program’s Philosophy is more strongly reflected in the work of Stengel (1969), who states:

I am against the division of suicide acts into those with and without a communicative function. Any such act, intended or not, conveys a message. It must be expected and can be predicted either to end in death or to act as an appeal for help. Both these eventualities are inherent in every suicidal act. Therefore, to divide suicidal acts into those aiming at self-destruction and those meant to be cries for help is, in my opinion, mistaken. They are not either one or the other but both at the same time. (Stengel, 1969, p. 78)

The Suicide Attempt Follow-up Program philosophy believes that people often choose to end their lives when they see no other way to escape the overwhelming pain in their lives. While the behaviour of suicide attempters may appear to others to have a manipulative function, this program addresses the underlying need to end the pain and assist people to find ways to alleviate their suffering and achieve some peace.

Objectives

The objectives of the project are threefold: (1) to develop a training program for Crisis Line counsellors to enhance their skills to a level required to provide effective face-to-face ongoing counselling for indi-

viduals who have attempted suicide; (2) to assess the feasibility of providing suicide follow-up support using paraprofessional volunteers from the Crisis Intervention Society and to determine if the Prince George Crisis Intervention Society can effectively support and operate this program; and (3) to assess professional response to the concept of using volunteers to intervene with suicide attempters on an ongoing basis.

The Training

The content of the training was based on the result of an extensive literature review (see accompanying bibliography) and input from the volunteers who requested training on twenty-eight different components. A hunt for similar programs was unsuccessful as suicide attempt follow-up services tend to be provided by professionals or utilize volunteers only in a limited capacity, such as client assessment.

The training modules included in this project represent the entire training presented to and evaluated by one group of volunteers. Thirteen separate and distinct modules were developed. Two modules were full day sessions with the remainder being 3½-hour sessions. These modules were:

Module 1—Suicide Review (3½ hours). This module focused on global suicide, theories, myths and facts, Continuum and Tunnel Vision view of suicide, and a video highlighting key issues of suicide.

Module 2—Nonverbal Communication (7 hours). This module assisted phone-line volunteers to adapt and understand counselling on a face-to-face basis. It included understanding and use of non-verbal, various components of non-verbal communication, increasing self-awareness of own non-verbal messages, learning effective non-verbal attending and role play practise.

Module 3—Non-verbal Practise (3½ hours). This module was designed as a practise session to enhance non-verbal skills. Using video recorders, the participants practised their skills and received peer and facilitator feedback. They also learned how to give effective feedback to one another.

Module 4—Dealing With Hostility (3½ hours). While many suicidal people suffer from depression, many also suffer from deep rage that can result in hostility directed at the counsellor or others. Therefore, it was important for participants to learn the nature of hostile behaviour, raise awareness of their own personal response to hostility, understand the causes of hostility, learn the lethality scale, and learn methods of dealing effectively with hostility.

Module 5—Ethics (3½ hours). This module focused on ethical issues of dealing with people in a helping capacity. In this module, participants explored the philosophical view of the Society in regards to suicide, the impact of caregiver attitudes, the dilemma of client autonomy versus intervention, informed consent, and the Ethical Stand of the program.

Module 6—Initiation, Progression and Termination of Client Contact (3½ hours). This module focused on how to empower clients, how to conduct a systems analysis of their client and introduced the framework of Brief Therapy as a model to work with clients.

Modules 7, 8 and 9—Suicide Practise (3½ hours). These modules were designed to provide practise opportunities for volunteers. They chose a role-play scenario to act out and expand on for the three sessions and worked with one other volunteer as their counsellor. The sessions were videotaped and incorporated time for peer and facilitator feedback.

Module 10—Community Professionals (8 hours). This module involved bringing in members of various community organizations who deal with suicide. Volunteers would then learn who their clients would be dealing with, the mandate of these organizations and the services they could reasonably expect those organizations to provide to suicide attempters.

Module 11—Self-Esteem for Clients (3½ hours). This module was added at the request of the participants and was contracted to the Community Education Program. The session materials are the property of the Community Education Program and therefore, not included within this project.

Module 12—Manipulation, Re-attempts and Death of Clients (3½ hours). This module familiarized participants with some of the more challenging aspects of working with suicidal clients. It included work on identifying manipulation, how to deal effectively with manipulation, factors predisposing clients to re-attempts, issues involved in mitigating re-attempts, and the personal and professional crisis elements of client death by suicide.

Module 13—The Family (3½ hours). This module acquainted participants with the impact of family on the suicidal client and vice versa. This module dealt with who constitutes “family,” goals to be conscious of in assisting the client in dealing with family, characteristics of families with suicidal members, and how to cope with pressures from family issues.

EVALUATION

The training program was developed and successfully presented to a group of ten phone-line volunteers who met the criteria for entrance into the program. Five volunteers were from the Teen Crisis Line and five came from the Crisis and Information Line. The volunteers found the material thorough and effective but expressed concern about the lack of sufficient practise time. They made numerous recommendations to resolve this problem and decided that their need for more practise could be met through pairing up and scheduling informal time to get together and role play. They also requested homework in advance of each module and this format change has now been included within the project.

Community professionals, in an informal questionnaire, gave their evaluation of the concept of volunteers providing ongoing service to suicide attempters. The return rate was 53% and indicated an overall support of the concept. Only one respondent was completely opposed to volunteers providing service and stated emphatically that only professionals should deal with suicide.

Overall, the project was deemed successful in meeting its objectives and every attempt will now be made to secure the funding necessary to implement the Suicide Attempt Follow-Up Program under the auspices of the Prince George Crisis Intervention Society.

RECOMMENDATIONS

The success of this training project provides support for the value of using volunteers to provide service to suicide attempters. The use of volunteers in geographic regions in Canada that struggle to get and keep qualified professionals, is a crucial aspect of maintaining the quality of life. However, adequate support must be available for volunteers to help deal with dilemmas they experience providing these helping services. The Prince George Suicide Attempt Follow-Up Program will only be fully instituted if sufficient funding can be achieved to ensure adequate staffing that will guarantee ongoing and quality support and training of volunteers.

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