

COMMUNITY-BASED SUICIDE PREVENTION



**for AODA/MH
Practitioners**

COMMUNITY-BASED SUICIDE PREVENTION

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Trinity Institute of Learning is a education and training provider at Wisconsin Department of Safety And Professional Services (DSPS) for Pre-Certification Education and Training In Substance Abuse Counseling.

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INTRODUCTION

Welcome to the "Community-Based Suicide Prevention Training for AODA and MH Practitioners in Wisconsin." In recent years, Wisconsin has faced challenges related to suicide, with rates impacting our communities. Understanding the local context is crucial for effective prevention. According to the latest data, Wisconsin has experienced trends in suicide that necessitate a focused and informed response. Throughout this training, we will explore the unique factors contributing to suicide risk in our state, equipping practitioners with the knowledge and skills needed to play a pivotal role in suicide prevention within their communities.



Understanding Suicide

- **Statistics and Trends in Wisconsin**
 - **Risk Factors and Warning Signs**
 - **Myths and Facts about Suicide**
-

Statistics and Trends in Wisconsin:

In Wisconsin, understanding the gravity of the suicide issue requires a close examination of statistical trends. Recent data reveals concerning rates, emphasizing the urgent need for effective prevention strategies. The state's suicide rate, influenced by various demographic and socio-economic factors, underscores the importance of tailored interventions. By delving into the statistical landscape, practitioners gain insights into vulnerable populations and regional variations, enabling them to better target resources and support where it is most needed.

Risk Factors and Warning Signs:

Identifying the risk factors and warning signs associated with suicide is fundamental to proactive prevention efforts. A comprehensive understanding of individual vulnerabilities, such as mental health challenges, substance use disorders, and life stressors, equips practitioners with the ability to recognize those at heightened risk. Moreover, recognizing the nuanced behavioral and verbal cues that precede suicidal thoughts is crucial for timely intervention. This segment of the training will delve into an exploration of these factors, empowering practitioners to be vigilant and responsive to the needs of individuals exhibiting signs of distress. Through this knowledge, participants will be better equipped to initiate timely and effective interventions, potentially saving lives.

Myths and Facts about Suicide:

Dispelling myths surrounding suicide is integral to fostering a more informed and compassionate community response. Misconceptions often contribute to stigma, hindering open discussions and impeding help-seeking behaviors. By addressing prevalent myths and presenting evidence-based facts, practitioners can play a vital role in reshaping

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public perceptions. This part of the training aims to challenge common misconceptions, fostering a more empathetic understanding of suicide and its complexities. Ultimately, arming practitioners with accurate information enables them to contribute to a supportive environment where individuals in crisis feel understood and encouraged to seek help.

THE FACTORS

Suicide risk factors encompass a range of characteristics that increase the likelihood of an individual contemplating, attempting, or succumbing to suicide. While these factors cannot directly cause or predict suicide attempts, understanding them is crucial. These risk factors include mental health conditions, such as mood disorders, schizophrenia, anxiety disorders, and certain personality disorders. Substance use disorders, particularly alcohol and other substances, also contribute to heightened risk. Other factors encompass feelings of hopelessness, impulsive or aggressive tendencies, a history of trauma or abuse, major physical illnesses, and previous suicide attempts. Additionally, family history of suicide, job or financial loss, loss of relationships, easy access to lethal means, local clusters of suicide, lack of social support and a sense of isolation, stigma surrounding seeking help, insufficient healthcare, cultural and religious beliefs (such as viewing suicide as a noble resolution), and exposure to suicide through real-life instances or media and internet representations further compound the risk. Awareness of these factors is essential for fostering preventive measures and providing support.

Protective factors play a crucial role in reducing the likelihood of someone contemplating, attempting, or succumbing to suicide. By offering support and cultivating elements that shield individuals from suicidal thoughts and behaviors, it becomes possible to prevent suicide. Examples of protective factors include

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possessing effective coping and problem-solving skills, having reasons for living such as family, friends, or pets, maintaining a strong sense of cultural identity, receiving support from a partner, family, and friends, feeling connected to others, maintaining a sense of connection to school, community, or other social organizations, and having access to consistent and high-quality physical and mental health care. Additionally, safe storage for lethal means, such as guns and medications, contributes to the protective framework against suicide. Recognizing and fostering these protective factors is essential in promoting mental health and well-being.

THE SIGNS

Recognizing Warning Signs is crucial in identifying whether a loved one may be at risk for suicide, especially if there is a new, heightened, or event-related change in behavior. These signs encompass expressions of wanting to die or kill oneself, actively seeking methods for self-harm such as online searches or acquiring a weapon, verbalizing feelings of hopelessness or a lack of purpose, expressing a sense of being trapped or enduring unbearable pain, talking about being a burden to others, escalating substance use (alcohol or drugs), displaying signs of anxiety or agitation, engaging in reckless behavior, experiencing disruptions in sleep patterns (either excessive or insufficient), withdrawing from social interactions, exhibiting anger, or discussing thoughts of revenge. Recognizing these warning signs can be instrumental in offering timely support and intervention for individuals at risk of suicide.

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FOCUS ON POPULATIONS AT HIGH RISK

(Links Included)

Wisconsin has a goal of reducing suicide deaths and self-harm injuries by 10 percent by 2027 among two high-risk populations.

Rural men age 25 and older have the highest rate of suicide in Wisconsin. [Learn more about suicide in Wisconsin among rural men](#) (PDF). Planned outreach to this population includes:

- Reducing feelings of shame and fear of judgment around mental health and encouraging help-seeking among veterans by supporting programs like U.S. Department of Veterans Affairs Together with Veterans.
- Improving access to mental health services by training health care providers to use telehealth for suicide care.

Youth ages 10 to 19 have the highest rate of self-injuries in Wisconsin.

- [Learn more about self-harm among youth ages 10 to 19](#). (PDF)
- [Learn more about self-harm among girls ages 10 to 19](#). (PDF)

Planned outreach to this population includes:

- Promoting programs like Sources of Strength, a peer leadership approach designed to increase well-being, help-seeking, resiliency, healthy coping, and belonging in youth.
- Using Local Outreach to Suicide Survivors (LOSS) teams to support teens who have experienced a suicide death in their family, community, or peer group. LOSS teams are made up of two or more trained volunteers who provide a source of

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support after a suicide loss. Ensuring support following suicide loss can increase feelings of connectedness and help survivors process their grief.

- Educating health care providers to use caring contacts for follow up and to support patients released from care for self-harm or suicide attempts. This outreach helps people connect with resources to support their well-being and prevent re-attempts.

This work is funded by a grant from the Centers for Disease Control and Prevention. This work also includes building strong partnerships across education, health care, non-profit, and community organizations; creating a list of existing suicide prevention programs in Wisconsin and identifying where programming gaps exist; and engaging with community organizations to increase and expand suicide prevention efforts.

CONCLUSION

Statistical Landscape in Wisconsin: In Wisconsin, recent statistical trends underscore the urgency of proactive interventions. The state's suicide rates, influenced by diverse demographic and socio-economic factors, necessitate tailored prevention strategies to address the unique challenges faced by different communities.

Individual Vulnerabilities: Risk Factors and Warning Signs: Understanding suicide involves a multifaceted exploration, starting with an analysis of risk factors and warning signs. Practitioners will delve into the complexities of individual vulnerabilities, including mental health challenges, substance use disorders, and life stressors.

Timely Intervention: Recognizing Behavioral Cues: Recognizing the nuanced behavioral and verbal cues that precede suicidal thoughts is crucial for timely intervention. Through this training, participants will be empowered to identify those at heightened risk and initiate timely, effective interventions.

Dispelling Myths: Dispelling myths surrounding suicide is another crucial aspect of this training. Misconceptions often contribute to stigma, hindering open discussions and impeding help-seeking behaviors. By addressing prevalent myths and presenting evidence-based facts, practitioners can contribute to reshaping public perceptions.

Wisconsin-Specific Considerations: Cultural and Regional Factors: As we explore Wisconsin-specific considerations, cultural and regional factors come into focus. Understanding how these

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elements influence suicide risk is essential for tailoring prevention efforts effectively.

Wisconsin-Specific Considerations: Impact of Seasonal Changes and Lethal Means: Additionally, the impact of seasonal changes and access to lethal means in the community are key considerations in Wisconsin's unique context.

Mental Health and Substance Use Intersections: Mental health and substance use intersections constitute another critical component of the training. With a focus on co-occurring disorders and recognizing signs of mental health crisis in AODA settings, practitioners will gain insights into strategies for integrated care.

Best Practices in Suicide Prevention: Best practices in suicide prevention, including assessing suicide risk, effective communication strategies, and confidentiality and reporting protocols in Wisconsin, will be covered to ensure a comprehensive approach.

Intervention and Postvention Strategies: Intervention and postvention strategies will equip practitioners to respond to suicidal crises and address the aftermath of grief and loss. The training will also highlight Wisconsin-specific resources and services, including local crisis lines, AODA and MH treatment centers, and community support organizations.

Practical Application: Case Studies and Role-Playing: The practical application of knowledge will be facilitated through case studies and role-playing exercises. Participants will engage in interactive sessions, applying learned concepts to real-world scenarios in AODA and MH settings.

Culmination and Participant Engagement: Q&A and Group Discussion: The training will culminate in a Q&A and group

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discussion, providing an opportunity for participants to address questions, share experiences, and solidify their understanding.

Empowering Agents of Suicide Prevention: In conclusion, this training seeks to empower AODA and MH practitioners in Wisconsin to be proactive agents in suicide prevention. By providing a comprehensive understanding of the state's unique challenges, debunking myths, and imparting practical skills, participants will be better equipped to contribute to creating a supportive, informed, and compassionate community response to suicide.

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ROLE-PLAYING CASE STUDY: "AODA CENTER CRISIS INTERVENTION"

Scenario: You are a substance use disorder counselor at an AODA (Alcohol and Other Drug Abuse) center in a Wisconsin community. It's a Monday morning, and you receive a call from a concerned colleague about a client, Alex. Alex has been attending counseling sessions for alcohol addiction for the past few months but has recently exhibited signs of distress during a group therapy session. The colleague reports that Alex seemed withdrawn, teary-eyed, and mentioned feeling overwhelmed with life. Your role is to conduct a crisis intervention session with Alex to assess their well-being, address immediate concerns, and provide appropriate support.

Key Information:

- Alex is a 32-year-old individual, employed as a teacher, living alone.
- Alex has a history of alcohol addiction and has been attending individual and group therapy sessions for six months.
- No recent significant life events have been reported by Alex during previous sessions.
- The colleague noticed changes in Alex's behavior during the group therapy session, prompting concern.

Objectives:

1. **Assessment:** Assess Alex's current mental health status, exploring factors contributing to distress.
2. **Communication:** Use effective communication strategies to build rapport and trust with Alex.
3. **Immediate Support:** Provide immediate support and coping strategies for Alex's current emotional state.
4. **Referral:** Determine if additional professional help or referrals are needed for ongoing support.

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5. **Documentation:** Record key information and observations for future reference and collaboration with the treatment team.

Role-Playing Instructions:

- Assume the role of the substance use disorder counselor.
- The actor playing Alex should embody emotions of distress, confusion, and vulnerability.
- The scenario can evolve based on the counselor's questions and responses.
- The goal is to simulate a realistic crisis intervention, incorporating active listening and empathy.
- The role-play may conclude with a plan for ongoing support or referral if necessary.

The Letter from Beyond

Subject: A Letter from Beyond - Reflections on My Struggle with Substance Abuse

Dear Unknown Substance Abuse Counselor,

I hope this letter finds you well and serves as a humble plea for understanding and insight. My name is no longer important, and I find myself writing to you from a realm beyond life, seeking to share the story of a life lost to the insidious clutches of substance abuse.

Firstly, I must express my deep regret for not having had the opportunity to meet you during my time on Earth. As I now reflect on the events that led to my tragic end, I believe that your guidance could have been the beacon of hope I so desperately needed. Substance abuse, in combination with the overwhelming weight of my struggles, ultimately became an unbearable burden that led me to a devastating decision.

During my earthly existence, I was unaware of the myriad ways in which individuals like me could seek help. In my solitude and desperation, I wish I had known about the various resources and support systems available to those grappling with substance abuse. Please allow me to share some insights that might have made a profound difference if only I had been aware of them:

1. **Community-Based Programs:** Had I known about local community-based programs, support groups, and outreach services, I might have found solace in the company of those facing similar challenges. A sense of belonging can be a powerful antidote to the isolation that often accompanies substance abuse.
2. **Anonymous Helplines:** An anonymous helpline, readily accessible to individuals in distress, could have been a lifeline for me. Knowing that help was just a phone call away might have alleviated some of the overwhelming despair that clouded my judgment.
3. **Family and Friends Education:** Perhaps if my family and friends had been more informed about the signs of substance abuse and the available interventions, they could have played a more active role in guiding me towards recovery. Education is key in dismantling the stigma associated with addiction.
4. **Holistic Treatment Approaches:** I wish I had been aware of holistic treatment approaches that address the underlying issues contributing to substance abuse. Therapeutic modalities, counseling, and mental health support are crucial components that I overlooked in my desperate search for relief.

I understand that it is too late for me to benefit from your expertise and guidance, but I implore you to continue your invaluable work. The impact you can have on individuals struggling with substance abuse is immeasurable, and I hope my story serves as a reminder of the urgent need to expand awareness and accessibility to resources.

Thank you for your commitment to helping others navigate the treacherous waters of addiction. May my experiences inspire positive change and encourage those who are still fighting to seek the help they deserve.

With sincere regret,

The one you never met.