

Circle of Trust It's All About

LIFE



When talking to someone about suicide....(Remember:)
(Do's are what enhances relationships... ..Don'ts are what kill relationships)

DO...

- ☺ *Avoid arguments!*
- ☺ *Take suicide threats seriously.*
- ☺ *Be direct, open and honest in communications.*
- ☺ *Listen*—allow the individual to express their feelings and express your concerns in a nonjudgmental way.
- ☺ *Say things like: "I'm here for you.", "Let's talk.", "I'm here to help."*
- ☺ *Ask, "Are you having suicidal thoughts?" A detailed plan indicates greater risk.*
- ☺ *Take action sooner than later.*
- ☺ *Get them connected with professional help.*
- ☺ *Dispose of pills, drugs and guns!*
- ☺ *Do not worry about being disloyal to the individual; contact a reliable family member, close friend of the person, or a trustworthy person.*
- ☺ *Follow-up on the persons treatment*
- ☺ *Find out what trainings, classes, or crisis help lines are available in your area... In Montana, you can call 1-800-SUICIDE to find out more about resources in your area.*



DO NOT...

- ☹ *Leave the person alone if you feel the risk to their safety is immediate.*
- ☹ *Treat the threat lightly even if the person begins to joke about it.*
- ☹ *Act shocked or condemn. There may not be another cry for help!*
- ☹ *Minimize the situation or depth of feeling (Don't say: "Things will be better tomorrow.")*
- ☹ *Be afraid to ask the person if they are so depressed or sad that they want to hurt themselves. Instead, DO say, "You seem so upset that I'm wondering if you're considering suicide."*
- ☹ *Point out to them how much better off they are than others. This increases feelings of guilt and worthlessness.*
 - ☹ *Swear yourself to secrecy.*
 - ☹ *Offer simple solutions.*
- ☹ *Suggest drugs or alcohol as a solution.*
 - ☹ *Judge the person.*
- ☹ *Try and counsel the person yourself—GET PROFESSIONAL HELP!*

Don't let them or yourself come to a breaking point, Suicide doesn't have to be a shattering moment for anyone.



NATIONAL SUICIDE PREVENTION

LIFELINE™

I-800-273-TALK
I-800-273-8255
www.suicidepreventionlifeline.org



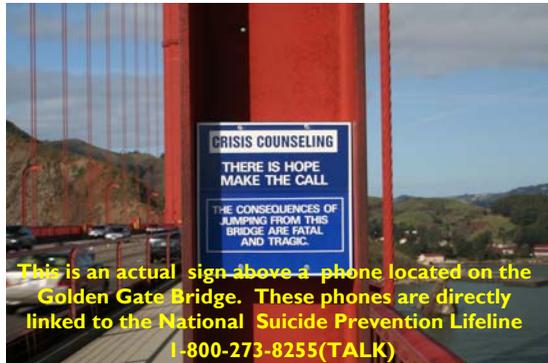
Support Services
675-2700
Roxana Colman-Herak 270-8631
ext. 1237
Raelynn Charlo 270-3451
ext. 1184
Constance Morigeau 270-3444
ext. 1159
Office Hours
Mon.-Thurs. 7am-5:30pm



Myths and Facts:

#1 Fact: It is O.K. to talk about Suicide

Myth: "People who talk about suicide are just trying to get attention, they won't really do it." **Fact:** Few people commit suicide without first letting someone know how they feel. Those who are considering suicide give clues and warnings as a cry for help. In fact, most seek out someone to rescue them. **Myth:** "Once a person decides to die by suicide there is nothing you can do to stop them." **Fact:** Suicide can be prevented! Most people who are suicidal do not want death, they just want the pain to stop. **Myth:** "People who die from suicide don't warn others, there's no warning sign" **Fact:** There are almost always warning signs. 8 out of 10 have given numerous clues and warnings to their intentions although some clues may be nonverbal or difficult to detect. **Myth:** "People who attempt suicide are crazy and weak." **Fact:** No, no, no. They are in pain, anyone could attempt suicide. Many people who are very "strong" die by suicide. **Myth:** "When people are suicidal, they will always be suicidal." **Fact:** Most people are suicidal for a short period of time, however suicidal feelings can reoccur.



Mourners of suicide victims need time and understanding

Survivors of suicide are not only left with unanswered questions but also intense emotions: emptiness, despair, sadness, anger, guilt, shame and blame. Be gentle if you want to help someone grieving the loss of a loved one. Even if you don't know what to say, nothing shows you care more than just being present. Allow them their space to express their thoughts and remember it is grief being expressed. Be patient, compassionate and understanding, listen with your heart. Your presence and desire to listen without judgment are critical helping tools. Willingness to listen is the best way to offer help to someone who needs to talk. Avoid summations like, "You're holding up so well," "Time will heal all wounds," "Think of what you still have to be thankful for" or "You have to be strong for others." They can be more damaging than helpful and might make your friend's journey through grief more difficult. You don't have to have all the answers or any-just listen...we all know how comforting it is to have someone genuinely listen with a compassionate heart.

A.S.I.S.T
It's Free!
Q.P.R.
Training Class

ASIST stands for **A**ppplied **S**uicide **I**ntervention **S**kills **T**raining it is a 2 day workshop that prepares you to gain the skills, confidently and competently in suicide first aid interventions. This is open to anyone that would like to learn how to help persons with thoughts of suicide in ways that increase their suicide safety. **Montana is ranked #1 in suicide.** The need for more trained caregivers has reached critical mass. Most people who commit suicide attempt to let someone know, but too often, the signs are missed, avoided or dismissed. Are you prepared for that person who tells who they are thinking about suicide? It is no longer a question of if someone will ask, it's when. Preparedness begins with awareness, education and a willingness to learn. Suicide crosses all boundaries of race, gender, social status, and gender and social status. (Trainers : Roxana Colman-Herak & Marty Herak)

QPR stands for **Q**uestion **P**ersuade **R**efer and materials are covered in 1 to 2 hours. This provides the knowledge needed to reach out to a friend, peer, student, family member, or colleague who may be experiencing suicidality and connect them to resources that will help. **Suicide is the most preventable cause of death.** QPR acts as an emergency intervention designed to save lives, much like CPR by increasing awareness of suicide risk factors and warning signs, as well as teaching how to talk to someone showing warning signs and persuading them to seek appropriate services.(Trainers: Raelynn Charlo & Constance Morigeau)

- W** Appearing depressed or sad most of the time. **T** Talking or writing about death or suicide. **L** Losing interest in most activities. **A** Acting recklessly. **S** Acting impulsively.
- A** Feeling hopeless &/or helpless. **F** Feeling strong anger or rage. **F** Feeling trapped -- like there is no way out of a situation. **A** Acting impulsively.
- R** Experiencing dramatic mood changes. **A** Abusing drugs or alcohol. **E** Exhibiting a change in personality. **E** Experiencing a change in eating habits
- N** Writing a will. **W** Withdrawing from family and friends. **L** Losing interest in most activities. **E** Experiencing a change in sleeping habits. **G** Giving away prized possessions
- N** Feeling excessive guilt or shame. **P** Performing poorly at work or in school. **F** Frequent episodes of running away or being incarcerated.

Risk factors: **Previous suicide attempts** - Teens that have attempted suicide in the past are much more likely than other teens to attempt suicide again in the future. Approximately a third of teen suicide victims have made a previous suicide attempts. **Depression and/or alcohol or substance abuse** - Over 90% of teen suicide victims have a mental disorder, such as depression, and/or a history of alcohol or drug abuse. **Family history of mental disorders, substance abuse, or suicide** - Teens who kill themselves have often had a close family member who attempted or committed suicide. Many of the mental illnesses, such as depression, that contribute to suicide risk appear to have a genetic component. **Stressful situation or loss** - Teens who kill themselves almost always have serious problems, such as depression or substance abuse. When they experience losses or certain stressful situations, it can trigger a suicide attempt. Such stressful situations include: getting into trouble at school or with the police; fighting or breaking up with a boyfriend or a girlfriend; and fighting with friends, but it is not the fault of these people. **Exposure to other teenagers who have died by suicide** - Teens are more likely to kill themselves if they have recently read, seen, or heard about other suicide attempts.

Resource Numbers:

24 hour Services

EMERGENCY 9-1-1

SUI-CIDE (800)748-2433
 NATIONAL HOTLINE (800)273TALK
 ST.LUKE HOSPITAL (406)676-4441
 ST.JOSEPH'S HOSPITAL(406)8835377
 KALISPEL REGIONAL (406)752-5111
 DOVES (Domestic Violence)
 (800)831-9987 (406)883-3350
 CSKT Crime Victims (406)675-2700
 weekends-CSKT Law &Order(406)675-4700
 ST.PATRICKS HOSPITAL
 (406)543-7271
 COMMUNITY HOSPITAL
 (406)728-4100
 Pathways Addiction Treatment
 (800)752-3950
 Domestic Violence 24 hrs (406)542-1944

Other Emergency Resources

WESTERN MONTANA MENTAL
 HEALTH (406)532-9170
 HELPING HANDS (W,TH & FRI)
 (406)883-8256
 LAKE COUNTY CHEMICAL
 ADDICTION (406)883-7310
 SALVATION ARMY (406)883-7279
 SAFE HARBOR (406)676-0800
 VETERANS HEALTH
 CARE CENTER (877)468-8387
 VETERANS NATIONAL HOTLINE
 (800)273-TALK Vets Press 1
 RED CROSS (406)883-7301
 DHRD DIRE NEED (406)675-2700
 MISSOULA VET CENTER
 (Combat Vets) (800)626-8686
 MILITARY ONESOURCE
 (800)342-9647
 VETERANS TRIWEST TRICORP
 (406)444-8273
 DAV Van (Transporation) (406)207-1496
 Lloyd Jackson (406)675-4137/ 325-0925
 U of M Justin Rapp 243-2744
 Vet Job Services: Gary Swartz 542-5754
 Vet.Minority Coordinator :
 Buck Richardson 439-6331
 Dan Jackson Warrior Society 544-0091