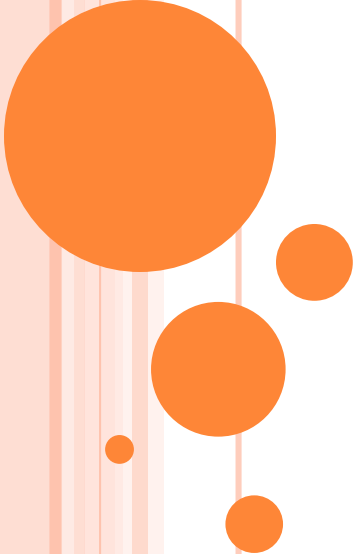


ALTERNATIVES TO SUICIDE PEER-TO-PEER GROUPS



**These groups have been nurtured and developed within
the Western Mass Recovery Learning Community (RLC).
www.westernmassrlc.org**

EXAMINING OUR BELIEFS ABOUT SUICIDE



I believe suicide is okay in some situations, like when someone is terminally ill.



I believe that people should be stopped from killing themselves by any means necessary.



I believe certain thoughts and feelings are always a predictor for suicide.



I believe that people who kill themselves are selfish.



WHAT DO WE BRING TO THE TABLE?

- What did this exercise bring up for you?
- What did you learn regarding your own beliefs?
- How might these beliefs impact your ability to talk openly about suicide?



VALUES

- Self-help with focus on relationship
- Mutual respect, support, and empathy
- Non-clinical and non-coercive
- Instead of one expert, everyone is the expert of their own experience
- Respectful of each person's privacy
- Maintain transparency; share any limits to privacy



FRAMEWORK

- Mutual support group and not a clinical group or treatment program
- People join for as long as it suits them
- No 'red tape' or 'hoops' for anyone attending (e.g., no assessment, intake, or discharge)
- Facilitators openly identify with the experience of suicidal thoughts
- No documentation or records kept (beyond total numbers)



THE GIST

- People share from their own experiences
- Ordinary, non-medical language is used
- Curiosity-based vs. fear-based responses
- Value of meeting and accepting people as they are
- Willingness to sit with deep distress; not jumping to clinical interventions



FREEDOM

- Attendance is completely voluntary and self-determined
- Freedom to interpret experiences in any way
- Freedom to challenge social norms
- Freedom to talk about anything; not just thoughts of suicide



OUT OF THE BOX

- No assumption of illness
- No assumption that suicidal thoughts are connected to mental illness
- Differences between suicide and self-injury are acknowledged and respected



PRACTICAL MATTERS

- Group meets in the community, not in a clinical setting
- Group open to people not using services
- Group open to people from other geographical areas
- No clinical pressure on facilitator to report back to anyone else



THE CHARTER AND GUIDE TO GROUPS

- Alternatives to Suicide Groups: mutual support groups around extreme despair and suicidal feelings
- Alternative Conversations Groups: adapted from Alternatives to Suicide values for provider settings that limit fuller groups



PROCESS FOR STARTING/HOLDING THE GROUP



ALT TO SUI VALUES FOR NON-PEER PROVIDERS

- Partnership
 - Role to avoid: Risk assessor, protector, decider, etc.
- Transparency
 - Role to avoid: Secretly calling for help, keeping the individual in distress 'busy' while someone else calls for help, pretending you are not affected by their distress, etc.
- Continuity
 - Role to avoid: Seeing the individual as 'taken care of' or 'no longer your problem' once referred elsewhere



POSSIBLE QUESTIONS/ HELPFUL STATEMENTS

- What's going on?
- Did something happen that triggered you feeling this way?
- Have you felt this way before?
- How can I help?



POSSIBLE STRATEGIES/INTERVENTIONS

- Reflect and validate.
- Develop a plan that includes concrete steps to check in later that day and the next day, and resources to get through the next 24 hours.
- If in person, offer to go for a walk with the individual.
- Offer to call emergency services with the individual.



Q & A



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