

Interactive Exercise 2: Practicing AS+K?

The goal of this interactive exercise is to provide the participant with experience with the AS+K? model. Follow the outline below during this role play exercise:

Follow Trauma-Informed Practices:

- Alert the audience as to the content of the exercise, so they are not surprised or uncomfortable.
- Allow participants to opt out by opening a Virtual Comfort Lounge or to take a break outside of the workspace until the exercise is complete.

EXERCISE INSTRUCTIONS:

1. Determine the roles for the scenario:
 - A person who may be at risk
 - A person to serve in the gatekeeper role
2. Review the risk and protective factors
3. Consider the following scenario

OPTION 1: *It is a sunny spring Saturday morning. You and a neighbor are working in your yards, preparing for the spring planting season. You and your neighbor have been friends for several years and know each other well. Together, you start a friendly, social conversation while you take a break.*

OPTION 2: *You are at a community event (church, back to school night, etc.), and you run into someone you have not seen in a while. You start a conversation to catch up and you learn they have been going through some difficult times.*

4. Begin the role play scenario from the handout.
 - Engage in a conversation where the person at risk can communicate risk factor(s) or warning sign(s)
 - Use Active Listening techniques.
 - Caring contact determines how to ASK the question & what action to take.
 - Practice ASKING the question.
 - Determine the appropriate next steps for connecting to care.
5. Prepare debriefing for the large group.



AS+K?

Ask About Suicide
To Save a Life™



Offer Hope to Prevent a
Tragic Loss of Life.

Call, Text or Chat the 988 Suicide and Crisis Lifeline. Please store “988” in your phone.

When You Hear or Observe Suicidal Language or Behavior:

- **AS+K?** about suicide.
- **Seek** more information.
- **Safety First** by considering ways a person at risk can find immediate support
- **Secure Lethal Means** to help put time and distance between someone at risk and lethal means.
- **Know** where and how to refer (take action).

If someone is in immediate risk of suicide, call 911, mobile crisis outreach team, or go to the nearest emergency department. Do not leave the person alone.

AS+K? About Suicide to Save a Life

- How to **AS+K?**
 - Make a connection, Stay non-judgmental and practice active listening.
- Ways to **AS+K?**
 - “Sometimes when people are sad, as you are, they think about suicide. “Have you ever thought about it?” or “Do you want to go to bed and never wake up?”
 - “Have you thought about suicide?” “Do you want to end your life?” “Are you thinking about suicide?”
- **Always AS+K?** – it is the most important step! If you cannot do it, find someone who can. **Call 988 for assistance.**

Seek More Information

- Seek a private area to talk. Seek to establish a relationship through continued active listening. Comment on what you see and observe non-judgmentally. Listen for:
 - Perceived problems or challenges they are facing.
 - Support network and persons who have helped or are helping.
 - Help seeking behavior they have used in the past.

Safety First

- Find out who and where they normally go for help (family, friends, faith leader, neighbor, roommate). Find out if they have a regular doctor, mental health provider or counselor. **Always include: 988 Suicide & Crisis Lifeline – Call, Text or Chat 988**
 - Connecting someone at risk to caring support systems is an important element of keeping someone safe.
 - Connecting to support conveys the message that help **IS** available and there is **HOPE**.
-



Secure Lethal Means

- If appropriate, consider safe storage and access to highly lethal means.
- Putting time and distance between someone at risk of suicide and highly lethal means can help save a life.

Know How and Where to Refer

- 988 Suicide and Crisis Lifeline – **call, text or chat 988**. If you are military or veteran connected, Press 1.
- Texas crisis lines can be found at: <https://dshs.texas.gov/mhsa-crisishotline/>

Suicide in Texas¹

- Based on current data, there close to 4,000 suicide deaths in Texas annually – about 1.5 times more suicide deaths than homicides, averaging almost 1 Texan every 2 hours.
- Suicide is a top leading cause of death for children, older teens, college age youth and young adults.
- The highest rates of suicide (suicides per 100,000 population) occur in seniors and middle-aged adults.

What do we know about suicide?

- Research indicates there is no single cause of suicide, however it is suspected that many of those who die by suicide have an underlying mental health or substance misuse condition. The most common mental health condition is depression.
- Research indicates that more males die by suicide, but more females attempt suicide.
- Some of the highest death rates (numbers per 100,000 population) are in our Indigenous communities and among adult white males.

Suicide is Preventable: AS+K?

Warning Signs:

Take Immediate Action - Do not leave someone alone if you hear or observe:

- **Talk:** Talking, planning or writing about death, dying, suicide, feelings of hopelessness, feeling trapped, unbearable physical or emotional pain.
- **Behavior:** Substance use, looking for lethal means, withdrawing or isolating from family, friends or social activities, giving away possessions, saying goodbye, seeking access to lethal means such as medication or firearms.
- **Mood:** Depression, anxiety, loss of interest, irritability, humiliation/shame, agitation, anger, relief/sudden improvement.

If you perceive immediate risk: Call 911, go to the nearest emergency department, health, or mental health provider, or call your county's mobile crisis outreach team. If you are calling law enforcement, ask for a mental health officer.

Take All Signs Seriously and Refer to a Health or Mental Health Professional – signs such as:

- **Feelings or Emotional Signs:** no reason for living; feeling trapped; hopelessness; dramatic mood changes (high or low); anxiety, agitation or feeling like they are a burden to others.
- **Behavioral Signs:** increased substance abuse; withdrawal from friends and social connection; rage, anger, revenge; reckless or risk activities; and/or: unable to sleep or sleeping all the time.

¹ Data from suicidology.org, and CDC's WISQARS system

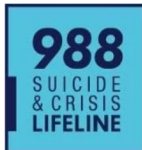
Risk Factors

- Risk factors are characteristics that make it more likely that individuals will consider, attempt, or die by suicide. They include:
 - Mood and substance use disorders, often co-occurring, are significant risk factors for suicide. Unipolar depression, bipolar disorder, and schizophrenia are strongly associated with suicidal behavior.
 - Previous suicide attempt(s),
 - Loss (job, financial, relationship), access to lethal means, and exposure to clusters of suicide.
 - Social-Cultural factors can include lack of social support, mental health stigma, barriers to health and mental health care, and cultural or religious beliefs that normalize suicide.

Protective Factors

- Protective factors are positive conditions, personal and social resources that make it less likely that individuals will consider, attempt, or die by suicide. They include:
 - Effective clinical care
 - Improve problem solving skills
 - Connectedness to peers, schools and social organizations, military/veteran transition programs, faith organizations, and others.
 - Contact with care givers
 - Securing access to lethal means

MENTAL HEALTH AND CRISIS RESOURCES



For community suicide prevention resources, go to: TexasSuicidePrevention.org

Additional Resources and Crisis Lines

Texas Crisis Lines Dial 211 or call 877-541-7905 211texas.org	Texas Military Veteran Peer Network https://veteransmentalhealth.texas.gov	Trans Lifeline 877-565-8860 Translifeline.org
AgriStress Helpline for Texas 833-897-2474 Agrisafe.org	Texas Suicide Prevention Collaborative TexasSuicidePrevention.org	TX Health & Human Services Hhs.texas.gov or mentalhealthtx.org
NAMI Texas NAMITexas.org	American Foundation for Suicide Prevention Afsp.org	American Assn. of Suicidology Suicidology.org
National Institutes of Mental Health Nimh.nih.gov	SAMHSA Samhsa.gov	Suicide Prevention Resource Center Sprc.org
Texas Youth Hotline 800-989-6884	American Association of Child and Adolescent Psychiatry	School Safety State Initiative Title IV Office

ASK was developed by Merily H. Keller with contributions from Lloyd Potter, PhD, MPH, University of Texas at San Antonio, John Hellsten, PhD, Jennifer Battle, MSW, The Harris Center and the Texas Suicide Prevention Council. AS+K? update includes contributions and/or review by: Merily H. Keller, Elaine Frank, Eileen Zeller, MPH, LCSW, and the Master Trainers for AS+K? at the Texas Suicide Prevention Collaborative. The views expressed in this publication and training are for information purposes only and do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, Texas HHS or DSHS; the Texas Suicide Prevention Collaborative, its employees, contractors, or volunteers.



AS+K?

Ask About Suicide
To Save a Life™



Ofrecer esperanza para prevenir una trágica pérdida de vida.

988 Línea de Vida Prevención Nacional del Suicidio en español. Guarde este número en su teléfono.

Cuando escuche u observe lenguaje o comportamiento suicida:

- **Pregunte** acerca del suicidio.
- **Busque** más información.
- **Seguridad primero** - Considere como alguien en riesgo podría conseguir apoyo inmediato.
- **Asegurar el acceso a medios letales** - Ayudar a poner tiempo y distancia entre alguien en riesgo y medios altamente letales.
- **Saber** dónde y cómo referir a alguien (tome acción).

Si alguien está en riesgo inmediato de suicidio, llame al 911, al equipo móvil de alcance de crisis o ir al departamento de emergencias más cercano. No deje a la persona sola.

AS+K? Pregunte acerca del suicidio para salvar una vida

- ¿Cómo **Preguntar**?
 - Establezca una conexión, no juzgue y practique la escucha activa.
- Maneras de **preguntar**
 - “A veces, cuando la gente está triste, como tú, piensan en el suicidio. ¿Alguna vez has pensando en suicidio?”
“¿Quieres ir a dormir y nunca despertar?”
 - “¿Has pensado en el suicidio?” “¿Quieres suicidarte?” “¿Estás pensando en el suicidio?”
- **Siempre pregunte**— ¡Es el paso más importante! Si no puede hacerlo, busque a alguien que pueda hacerlo. **Llame 988**.

Busque más información

- Busque un área privada para hablar. Busque establecer una relación a través de la escucha activa. Comente sobre lo que ve y observe sin juzgar. Escuchar:
 - Problemas percibidos o desafíos que ellos enfrentan.
 - Red de apoyo y personas que han ayudado o están ayudando.
 - Ayudar en buscar el comportamiento del pasado.

Seguridad primero

- Averiguar con quién buscan ayuda normalmente (familia, amigos, líder religiosa, vecino y compañero de cuarto). Averiguar si tienen un médico, un psicólogo o un terapeuta. **Siempre incluya: 988**
- Conectar a alguien en riesgo con sistemas de apoyo es un elemento importante para mantener a alguien seguro.
- Contactarse con el apoyo transmite el mensaje de que la ayuda **ESTÁ** disponible y hay **ESPERANZA**.

Asegurar los medios letales

- Si es apropiado, considere el acceso a medios altamente letales.
- Poner tiempo y distancia entre alguien en riesgo de suicidio y medios altamente letales puede ayudar a salvar una vida.

Conocer cómo y dónde referir a alguien

- Línea de Vida Prevención Nacional del Suicidio **988**
- Las líneas de crisis de Texas se pueden encontrar en: <https://dshs.texas.gov/mhsa-crisishotline/>

Suicidio en Texas¹

- Según los datos actuales, hay más de 4,000 muertes por suicidio en Texas anualmente, aproximadamente 1.5 veces más muertes por suicidio que homicidios, con un promedio casi 1 tejano cada 2 horas
- El suicidio es la segunda causa principal de muerte entre los adolescentes mayores, edad universitaria y jóvenes adultos.
- La tercera causa principal de muerte entre los niños y preadolescentes (de 10 a 14 años).
- Las tasas más altas de suicidio (suicidio por cada 100,000 habitantes) ocurren en personas mayores y adultos de mediana edad.

¿Qué sabemos sobre el suicidio?

- La investigación indica que no existe una causa única de suicidio, sin embargo, existe la creencia de que muchos de los que mueren por suicidio tienen una condición de salud mental o abuso de sustancias. La condición de salud mental más común es la depresión.
- La investigación indica que más hombres mueren por suicidio, pero más mujeres intentan suicidarse.
- Algunas de las tasas de muerte más alta (números por 100,000 habitantes) pertenecen a la población nativa americana y a los hombres blancos adultos.

El suicidio se puede prevenir: Pregunte

Señales de advertencia: Tome acción inmediata.

No deje solo a alguien en riesgo de suicidio, si observa o escucha lo siguiente:

- **Hablar:** Hablando de planificar o escribir sobre la muerte, morir, suicidarse, con sentimiento de desesperanza, sentirse atrapado, dolor físico o emocional insoportable
- **Comportamiento:** Uso de sustancia, buscar acceso a medios letales, distanciamiento con la familia, amigos o con actividades sociales, regalar posesiones, despedirse, buscar acceso a medios letales como; medicamentos o armas de fuego.
- **Estado de ánimo:** Depresión, ansiedad, pérdida de interés, irritabilidad, humillación / vergüenza, agitación, ira, alivio / mejoría repentina.

Si usted percibe un riesgo inmediato: Llame al 911, al departamento de emergencias más cercano, a los psicólogos o al equipo móvil de divulgación en caso de crisis en su distrito.

Tome todas las señales en serio y consulte a un profesional de salud o a un psicólogo, señales como:

- **Sentimientos o signos emocionales:** no hay razón para vivir, sentirse atrapado, desesperación, cambios de humor dramáticos (altos o bajos); ansiedad, agitación o sentirse como una carga para los demás.
- **Signos de comportamiento:** aumento del abuso de sustancias, alejamiento de amigos y conexión social, rabia, ira, venganza, actividades imprudentes o de riesgo, y / o incapacidad para dormir o dormir todo el tiempo.

¹ Data from suicidology.org, and CDC's WISQARS system

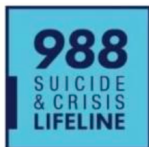
Factores de riesgo

- Los factores de riesgo son características que hacen que sean más probables que las personas consideren, intenten o mueran por suicidio. Incluyen:
 - Los trastornos del estado de ánimo y el uso de sustancias, con frecuencia coexistentes, son factores de riesgos importantes para el suicidio. La depresión unipolar, el trastorno bipolar y la esquizofrenia están fuertemente asociados con la conducta suicida.
 - Previo intento(s) de suicidio.
 - Pérdida (laboral, financiera, relación), acceso a medios letales y exposición a otros factores de suicidios.
 - Los factores socioculturales pueden incluir la falta de apoyo social, el estigma de la salud mental, las barreras para la salud, la atención de la salud mental y las creencias culturales o religiosas que normalizan el suicidio.

Factores protectores

- Los factores de protección son condiciones positivas, recursos personales y sociales que hacen menos probable que las personas consideren, intenten o mueran por suicidio. Incluyen:
 - Atención clínica eficaz
 - Mejorar el problema
 - Habilidades de resolución
 - Conexión con compañeros, escuelas y organizaciones sociales, programas de transición de militares / veteranos, comunidades religiosas y otros
 - Contacto con cuidadores
 - Asegurar el acceso a medios letales

RECURSOS DE SALUD MENTAL



Para obtener más información, vaya a: [TexasSuicidePrevention.org](https://www.texasuicideprevention.org)

Líneas de crisis- Línea de ayuda Texas HHSC Llamar 211 o llamar 1-877-541-7905 211texas.org	La línea directa para jóvenes de Texas: 1-800-989-6884 Mensajear: 512-872-5777 / textear: www.dfps.state.tx.us/Youth_Hotline/	El proyecto Trevor (Juventud LGBTQ) Llamar: 1-866-488-7368 www.thetrevorproject.org
SAMHSA (Administración de Servicios de Salud Mental y abuso de Sustancias) www.samhsa.gov	Asociación Estadounidense de Psiquiatría Infantil y Adolescente www.aacap.org	Comisión de Salud y Servicios Humanos de Texas hsc.texas.gov_mentalhealthtx.org
NAMI Texas www.NamiTexas.org	Consejo de Prevención del Suicidio de Texas TexasSuicidePrevention.org	Centro de Recursos para la Prevención del Suicidio www.sprc.org
Instituto Nacional de Salud Mental www.nimh.nih.gov	Fundación Estadounidense para la Prevención del Suicidio afsp.org	Asociación Americana de Suicidología www.suicidology.org
Línea de Texas Juventud 800-989-6884 Texasyouth.org	Network Milvetpeer.net	Iniciativa estatal de seguridad escolar título IV Office Esc14.net

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Resource List

Local Area: _____

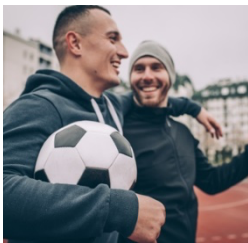
Resource	Website	Contact Information
Emergency Services		
Emergency Services Response		9-1-1
Suicide and Crisis Lifeline	samhsa.gov/find-help/988	Call, text, or chat 9-8-8
Crisis Text Line	crisistextline.org	Text "CONNECT" to 741741
Disaster Distress Helpline	samhsa.gov/find-help/disaster-distress-helpline	<ul style="list-style-type: none"> • Call or text: 800-985-5990 • Spanish: 800-985-5990, presiona "2" • Deaf, hard of hearing, ASL callers: connect to videophone by calling 800-8=985-5990 and click "ASL Now" button
Veterans Crisis Line	veteranscrisisline.net	<ul style="list-style-type: none"> • Call 988, press 1 • Text to 838255 • veteranscrisisline.net/get-help-now/chat
The Trevor Project	thetrevorproject.org	866-488-7386
Trans Lifeline	translifeline.org	877-565-8860
Local Law Enforcement		
Local First Responders		
Emergency Department 1		
Emergency Department 2		
Texas HHSC 2-1-1		Call 2-1-1 or 211texas.org
Mobile Crisis Outreach Team contact your Local Mental Health Authority		hhs.texas.gov/services/mental-health-substance-use/mental-health-substance-use-resources/find-your-local-mental-health-or-behavioral-health-authority
Texas Suicide Prevention Collaborative		texasuicideprevention.org
Other		
Other		
Local School/University Support		
College Campus Contact		
College Campus Emergency Services		



School District Leadership		
High School Counselor Contacts by Campus		
Middle School Counselor Contacts by Campus		
School-Based Law Enforcement/Student Resource Officers by Campus		
Other		
Private Sector Partners		
Faith-Based Community Contacts		
Military & Veteran Contacts		
Veterans Crisis Line	veteranscrisisline.net/get-help/chat	1-800-273-8255, press 1
Texas Military Veteran Peer Network Coordinator	Locate your MVPN Coordinator: veteransmentalhealth.texas.gov/military-veteran-peer-network	
Texas Army National Guard, Texas Air National Guard, Texas State Guard	Suicide Prevention Program Manager	512-782-1204
TEXVET	texvet.org	
Tragedy Assistance Program for Survivors	taps.org	1-800-959-8277
VA Suicide Prevention Coordinator	va.gov/health-care/health-needs-conditions/mental-health/suicide-prevention	
Other Resources		



Convey the context of suicide by using factual statistics (from sources like the CDC or Texas Health and Human Services). Take time and do this right—recognizing the internet is not always your friend—especially on the topic of suicide.



Reduce sharing of descriptions of a death by suicide (for instance, how and where someone died by suicide) or personal information.

Ensure messaging is age, gender, and culturally appropriate.



Support persons with lived experience by considering the impact your words may have.

Use neutral, hopeful, life-affirming, and positive visuals to convey hope,

help, and healing.

Provide resources to find help in your community.

4. AVOID STIGMATIZING AND EXAGGERATED LANGUAGE.

- ⊘ Avoid stigmatizing language that may stop others from seeking help or that does not show empathy and compassion for someone's lived experience.
- ⊘ Avoid language that emphasizes the condition rather than the person, such as "mentally ill," "addict," "suicide victim," "attempters."
- ⊘ Avoid language that sensationalizes suicide, such as words like "crisis" or "epidemic." Steer away from talking about celebrity or other high-profile death by suicide without consideration of how others may be impacted.

If you are discussing the above, always include the National Lifeline at 800-273-8255.

5. LEARN MORE ABOUT SAFE SUICIDE-PREVENTION COMMUNICATION.

There are several resources that can help build your messaging approach. We encourage you to learn more! Please consult the following resources for helpful information about creating and sharing information about suicide.

One way to support suicide-safer messaging is to consider becoming certified by SAVE to support safe messaging. To learn more about this program, go to savecertified.org.

American Association of Suicidology

suicidology.org/reporting-recommendations

Public Health Agency of Canada

canada.ca/en/public-health/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention.html

Reporting on Suicide

reportingonsuicide.org

U.S. Department of Veterans Affairs

mentalhealth.va.gov/suicide_prevention/docs/O_MH-086-VA-OMHSP-Safe-Messaging-Factsheet-4-9-2019.pdf

About the Texas Suicide Prevention Collaborative

We exist to support Texas communities in their efforts to become suicide safer by supporting use of evidence-based best practices that promote the public health approach to suicide prevention. By connecting Texas communities through local coalitions and other stakeholders, we can build and use vital resources more effectively and in a coordinated way. To learn more, contact admin@texassuicideprevention.org or see our website: texassuicideprevention.org.

Together, we can make Texas suicide safer!

TEXAS
SUICIDE
PREVENTION
COLLABORATIVE™

Communicating Safely When Talking About Suicide

Help Keep Texas
Communities Suicide Safer

STOP
Texas
SUICIDES

texassuicideprevention.org
@StopTXSuicides

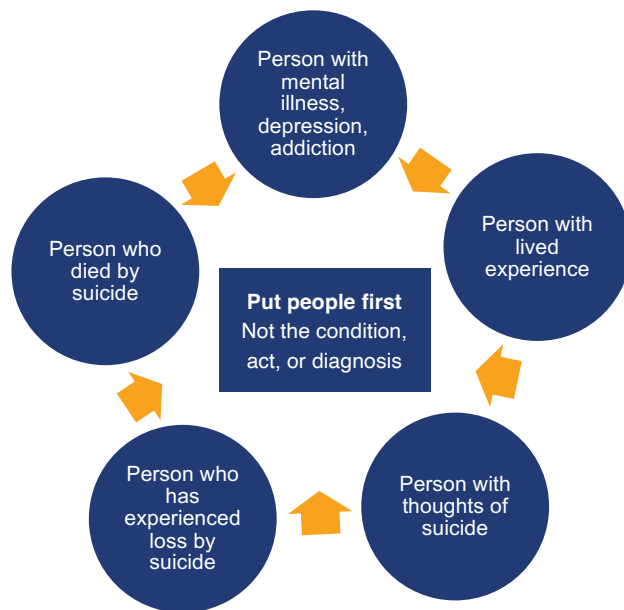
When discussing topics like mental health, trauma, and suicide, we need to consider that about half of any audience has some form of lived experience themselves or has a family member, colleague, neighbor, or community member who has lived experience.

Talking about suicide can be difficult, especially for those who have lived experience, trauma, or other past challenging events in their lives. We also know how we talk about suicide affects others' willingness to reach out and seek help if they are struggling and impacts their healing and recovery journey.

As we prepare to participate in community conversations, this guide will help us adjust the way we talk about suicide to ensure all involved are supported in the best possible way.

Here are some tips to help us support ourselves and each other as we discuss this important topic:

1. PUT PEOPLE FIRST.



Using people-first language avoids stigmatizing words or phrases and emphasizes people while respecting differences and experiences, rather than referring to their actions, conditions, or diagnoses.

2. SAFE LANGUAGE HELPS COMMUNITIES BECOME SUICIDE SAFER.

It is important that language about suicide is considered carefully. Please take your time to help reduce the chance of an emotional response rather than a factual, whole-community perspective.

When we replace unsafe language with neutral, respectful, public health language, we help shift how communities react to and understand suicide. We can make a difference by helping those around us feel supported and encouraged to reach out for help. For instance,

- The term “committed” is stigmatizing as it implies someone is criminal or immoral. Suicide is not a crime. Think about it this way: Would you say someone has committed cancer? Committed the flu?
- A suicide attempt is not about its “success” or “failure.” Language about suicide should be neutral, careful, and focused on hope, help, healing, and recovery. People die by suicide or attempt to die by suicide. People may have lived through a suicide attempt or been affected by someone else’s lived experience.

- Suicide is a tragic outcome of complex factors that have long-term impacts on communities and people.

Help our communities to reduce stigmatizing language while at the same time increasing community safety by showing others how to talk compassionately around topics like suicide.



Help increase the use of safe messaging and reduce the use of unsafe language.

3. HELP TO BUILD SUICIDE-SAFER COMMUNITIES.

Remember the point of what you are trying to say and why you are saying it.

Language should always support those impacted by lived experience, first and foremost. Help to create solutions and improvements.

Communicate that suicide is a public health concern by talking about risk factors, warning signs, and protective factors that help us build resiliency, hope, and help-seeking in Texas communities.

Explain that suicide is complex and can affect anyone.