

# Creating Positive Choices in *Desperate Circumstances*

In order to change the way in which we respond as a society to the needs of people with thoughts of suicide, attitudes and behaviours need to be transformed. Alan Briscoe and Joyce Borgs are Consulting Trainers with Mind Cymru's Positive Choices Project. They provide training and coaching in suicide intervention methods to people working across the fields of health and social care. Here they describe their experience and the similarities they see with the four pillars of NLP.

**E**very year in the UK nearly twice as many people die by suicide as are killed in road traffic accidents. For every suicide, there may be up to 100 times more who are injured by non-fatal suicidal behaviours. But this is just the tip of the iceberg:

In any year, an estimated 5% of the population have thoughts of suicide. (Samaritans)

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Imagine one day you are walking on the bank of a river, when you see someone in the water who is in trouble. How many of us would walk past saying that's none of my business? Yet when it comes to someone thinking of suicide, someone who is in danger of being overwhelmed by the torrent of life, people can be reluctant to get involved. They might be scared of making things worse, not knowing what to do, feeling that it is someone else's responsibility, even believing that it is futile to intervene because this person has made their mind up to die. In the UK alone, there are up to 3 million people in that river each year who are struggling to stay alive. In order to increase the numbers of people who are ready, willing

and able to act as lifeguards on the riverbank, these negative and pessimistic attitudes must be transformed and behaviours changed.

Applied Suicide Intervention Skills Training (ASIST) is a 2 day workshop that offers intensive training for front-line workers and community members. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed. ASIST provides practical training for caregivers seeking to prevent the immediate risk of suicide. Working mostly in small groups of one trainer to no more than 15 participants, ASIST uses many different teaching processes to create a practice-oriented and interactive learning experience. While delivering these workshops over the last 3 years we have been struck by how the 4 pillars of NLP are integral to the process of the two days: using sensory acuity to be aware of self and others, building and maintaining rapport, creating behavioural flexibility, and setting outcomes.

Many participants have both professional and personal experience of suicide, and can arrive at the workshop with feelings ranging from anxiety and

pessimism, to anger and sadness. Before the workshop can move forwards we must first acknowledge the emotions they are feeling. Sensory acuity is engaged: through facilitated discussions participants are given time to talk about their experiences; attitudes are not challenged but explored. This process allows participants to relax and park some of their anxieties, making room for them to begin looking at the suicide intervention model. From the outset it is made clear that suicide intervention is akin to first aid; the outcome is not to fix people or cure them but to reach out to someone in the river while calling for help.

This setting of a realistic, achievable outcome further reduces anxiety and empowers participants. During the two days great emphasis is placed on group work so that participants feel the problem is shared and can learn from each other. As trainers our goal is to facilitate rapport through group work and exercises so that a trained counsellor or psychologist can learn as much from a night porter as vice versa.



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Throughout the two days, after every exercise, participants are asked, “what did that feel like?” As trainers we are modelling some of the behaviour we expect of caregivers, paying attention to others’ inner state, while also getting participants to tune into their own experience. At the end of the first day they are given homework – to do something that evening which nourishes their soul or recharges their batteries. The important thing is that they pay conscious attention to how it feels in order to monitor inner states while promoting resilience-building behaviour.

The training processes used are a mixture of Socratic and open questions, reflection, restatement and positive feedback. The goal is for participants to uncover their own innate wisdom about the needs of a person at risk. Clean language is used to check assumptions, while the use of running simulations help participants build an awareness of what they and the person at risk are feeling as the intervention progresses. Sensory acuity helps build rapport, while understanding our inner state can increase our choice of behaviour. An example of this is asking about suicide: it is not comfortable for any of us to ask another if they are having thoughts of killing themselves, so we may try to make it easier for ourselves by asking indirectly. This can even lead to the kind of question that sounds like “you’re not thinking of doing something stupid are you?” The intention is positive, but the message that is conveyed is that you really don’t want to talk about suicide. Through using running simulations, exploring states and asking open questions, participants uncover their own understanding of how internal programmes can conflict with the needs of the person at

risk and so adjust their behaviour accordingly.

Our natural human instinct is to want to solve another’s problems. Most of the time this is an appropriate response, but for caregivers to a person at risk of suicide it can get in the way (if these problems were easily fixed, they wouldn’t be thinking of suicide). Instead participants learn that just listening to why someone is desperate, and acknowledging their reasons for wanting to die can create rapport and reduce the sense of isolation experienced by the person at risk. This acknowledgement is important: suicide is a way to achieve an outcome – often to get away from unbearable pain. The caregiver helps the person at risk assess if death is the most effective way of achieving that outcome. Their task is to create an opportunity for behavioural flexibility by relieving some of the stress and isolation – empowering the person at risk to see other options beside suicide.

For us as trainers it is wonderful to see people access internal resources that have been left dormant by anxiety, stigma and fear, pessimism. At end of two days people leave in a state of connectedness, strength and hope and believe in their own power to go out and make a difference. We get lots of feedback from those who have used the model after the training, this is just one example:

‘I wanted to let you know how much your training helped me today. I was on the train home from visiting my mother when I saw that the lady sitting opposite me was crying. Normally I wouldn’t have said anything, scared that someone would think I was interfering, but as I sat there I kept remembering how on the ASIST course we

had learned about how important it is to follow your gut instinct – I mean, she just looked so upset. So I started talking to her, and she didn’t resent it at all, but seemed relieved to be able to talk to someone. When I asked her if she was thinking of killing herself, she just sat there nodding, for what seemed like ages and then looked at me and said thank you. In the past I would have been terrified of saying the wrong thing, but today I just followed what you showed us in the training. I felt really calm and focussed on her.

We carried on talking – of course, I missed my stop, but she really needed someone and today that was me. It has made me realise how locked away in our own lives we can be, but how amazing it is to be there for someone else, even a complete stranger. Anyway thank you again, the training was absolutely fabulous, best course I’ve ever been on – and today I might have just saved a life. ●

In Wales Mind Cymru is providing community-wide training programmes to give those who want to make a difference the skills and confidence to get involved. The Positive Choices Project aims to train 13000 people in Applied Suicide Intervention Skills Training (ASIST) by 2014. This is an established, award-winning, evidence-based training model that has been continuously developed over 25 years and is used world-wide to provide suicide intervention training to professionals and community members alike.

To find out more visit [www.asist-wales.org.uk](http://www.asist-wales.org.uk) or contact Alan Briscoe, Positive Choices Project Manager: [a.briscoe@mind.org.uk](mailto:a.briscoe@mind.org.uk)