LEVEL UP: COMPETENCES OF THE FUTURE

WORKING WITH PEOPLE WITH A TENDENCY TO SUICIDE - SUICIDAL THOUGHTS

SCRIPT 10

County Center for Family Assistance in Oświęcim in cooperation with

UNITED KINGDOM - BUTTERFLIES LTD

EDU SMART TRAINING CENTER LIMITED IRELAND

PROJECT ERASMUS+, Action 2:

Strategic partnerships for vocational education and training:

„Level up- competences of the future”

2018-1-PL01-KA202-050624

The project is co-financed by the programme Erasmus+

SCRIPT 10 LEVEL UP

Topic: WORKING WITH PEOPLE WITH SUICIDAL TENDENCIES - SUICIDAL THOUGHTS

The duration of the meeting: 3 hours divided into meetings.

Recipients:

The recipients of the meetings are families,

The script can be used by social workers, family assistants, family coordinators and all other professionals working with family facing divorce difficulties.

Participants:

The meetings may be attended by the whole family, individual family members on their own, adults without children or adults with children e.g:

- Mother with children
- Father with children
- Mother and father with children
- Mother with father
- Whole family

In justified cases, you can invite people relevant to the life of the child, e.g. grandmother, grandfather, etc. to the meeting.

Work methods:

- case study
- psycho-education
- mini-lecture
- group work
- individual work
- relaxation techniques
- psycho-education
- mini-lecture
- group work
- individual work
- relaxation techniques
- brainstorming

Materials needed for the meeting:

- worksheets
- markers
- crayons
- scissor
- adhesive cards
- flipchart paper

- A4 paper
- pens

The script includes exercises and individual work cards for 3 meetings lasting 1 hour.

The user decides for himself/herself in what order He/she will use the proposed content.

The purpose of the meetings:

The aim of the classes is to psychoeducate the family in the scope of forms of help in case of suicidal thoughts or suicidal behaviour in at least one member of the family. During the classes, participants get to know the places where they can get help depending on the difficulties that arise, they get to know the forms and procedures of help granted to individual family members. Participants will learn about the rights and duties of parents and children who are directly or indirectly involved in the process of help. They will learn about the consequences of particular behaviours (e.g. self-harm), as well as acquire appropriate skills to better deal with the problems that arise.

- **The following results are planned to be achieved by the participants:**
- Learning about aid institutions
- Psycho-education in suicidal behaviour, self-mutilation

- To know the main difficulties in the family in dealing with the presence of suicidal kontent
    - To make the situation of a person experiencing suicidal thoughts more open and understandable

The individual workshop tasks will serve to increase understanding of the issues involved, provide participants with specific tools to work with their families, as well as increase interpersonal competence to better cope with illness and emerging suicidal thoughts.

Meeting 1

The teacher/teachers move. Welcome to the familes

- Name
    - Education
    - Work experience
    - Interests

A social worker can use a mini-lecture in the form of an information sheet which he or she will print out in advance for the family members with whom he or she works.

Information card 1

A common case, especially in young people, is the co-existence of self-destruction and thoughts of suicidal content. Self-destruction should be considered universally unacceptable acts of self-destruction, when an individual aims at causing immediate harm to himself or herself, the object of the attack becomes his or her own body, and the action is devoid of any suicidal intention. The essence of self-harm is different from suicide because it is not intended to take life but to interrupt emotional pain. The physical pain inflicted on oneself, diverting attention from mental to bodily suffering, often plays an adaptive role. It can be a protective factor against attempted suicide.

Addiction is also often associated with depression. Mood decline is associated with the fact that addicts are unable to cope with the addiction on their own, which is exacerbated by the appearance of thoughts and even suicidal attempts.

We can distinguish the following types of self-damage:

1. Big- Self-documentation, limb cut. They occur rarely, but have the most serious consequences. Usually taken in psychoses or states of strong alcoholic intoxication.2.

2. Stereotypical - rhythmic banging of the head against the wall. Most often they accompany mental retardation, autism and psychoses.

3. Moderate - Usually do not require medical intervention, which makes it difficult to determine the exact scale of this phenomenon. May be accompanied by eating disorders, borderline personality disorders

- Compulsive - they consist in repeating, even every day, self-destructive activities in the same way. They can be either ritualistic (pulling hair out of a specific place on the head, squeezing the skin) or automated (plucking and scratching skin lesions).
- Impulsive - consists in cutting the skin with sharp tools or burning it, beating, scratching, biting, pricking the body, usually under the influence of an impulse that

is difficult to brake, associated with strong tension. Shoulders and thighs are most often injured, and less often the abdomen and breasts.

When self-harm becomes an established way of dealing with tension and emotions, it is more difficult to help the child. Treatment often requires specialist help from doctors and therapists and can take a very long time.

If a person has only suicidal thoughts and there has been no attempt or even planning to attempt suicide, there is no need for hospitalization. You should first of all talk to such a person about the need to seek help from a psychiatrist or psychologist. On the other hand, if the person reveals a desire to try to commit suicide, it is necessary to call a doctor who will determine whether the patient should be hospitalized.

Long and short-term factors that increase the possibility of suicidal behaviour

Long-term risk factors	*Short-term risk factors*
Previous suicidal behaviour Mental disorders: - depression and anxiety - use of psychoactive substances - impulsive, aggressive, anti-social behaviour - borderline personality disorders	Stressful life events Sexual and physical abuse
Other co-occurring diseases	Problems with learning
Problems in the family environment Gender	Lack of function due to somatic diseases and injuries Suicide in a social environment
Sexual orientation Belonging to a minority group, e.g. ethnic, religious Socio-economic status	Access to methods of committing suicide

After completing the mini-lecture and the psycho-educational part, the social worker gives the client a card to take notes. After the client completes the Work

Card, the employee answers questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.

Meeting 2

At the beginning, the social worker answers the questions that arise and summarises the previous meeting. He or she discusses the information he or she has found with the client.

Talking to a child - simulation (working with a parent)

WORK CARD FOR A PARENT

The employee gives the parents a brief description of the case:

Karolina (age 15) has just started the first grade of high school. She got into the desired class with a biological-chemical profile, but it was not clear that she was happy about it. For a long time, about the beginning of the eighth grade, Karolina rarely smiled. Throughout the holidays there were situations when she had fun, but these were short moments, usually with her closest friends. It's been a long time since her parents saw Karolina smiling. They were surprised because they remembered how Karolina used to often tell them what happened at school, how she spent the day. But that was a few years ago when Karolina went to Friday or sixth grade. Now their daughter wasn't spending much time at home. Usually after returning from school she would go to bed and then go out to meet with friends. When she came back,

she locked herself in her room, answered her parents' questions only briefly and irritated. The parents saw that even while eating she was "sitting" on the phone, they were worried, but they thought it was the spirit of the times, all children today do so. They thought that her change of behaviour was simply adolescence. Mom was increasingly annoyed at Karolina because of her tone of voice and "offended" attitude. She did not know how to talk to her daughter, and she covered her growing helplessness with frequent resentment. She remembered that a few years ago she often quarrelled with her husband, a few times in anger they mentioned the divorce. Karolina must have heard it from her room. But then she behaved normally and maybe even more willingly spent time with them. Now they rarely argue with her husband, but they rarely talk to each other. She did not talk to her husband about her anxieties, and when he sees a change in her daughter's behaviour, he tries not to annoy her, hoping that she will grow out of her "humour". When she put the laundry in the washing machine she noticed a few dried drops of blood on her daughter's beige sweater, she didn't pay much attention to it, but she remembered this situation recently when she heard disturbing information from a friend. Karolina's best friend, Magda, told her mother that she was worried about her. She showed her strange posts, which Karolina posts on Facebook. They were all about dying, the meaninglessness of life. Magda's mother passed on her conversation with her daughter to Karolina's mother. Caroline doesn't know anything about it, but she was

surprised by a text message from her mother that she wanted to talk to her tonight. The girl is afraid, she doesn't know what to expect.

After reading the text, the employee asks the parents to share their roles - one person plays the mother, the other Karolina (In the case of working with one parent, the employee plays the second role; a variant of two parents and the employee who plays the role of a child are also possible). The parents will have to have a simulated conversation with each other. Before starting, the employee discusses with the family, writing the most important issues on a flipchart, which can be helpful for such a conversation.

Then you should pay attention:

- You may feel fear, anxiety, the burden of responsibility and even helplessness. The most important thing is to keep in touch with yourself: The "right words" are not as important as the interest, communicated by your voice and the way you speak.
- Problems of an auto-aggressive nature often go hand in hand with attacks on one another, being bad for one another and provoking aggression of the environment. Therefore, a child can be unpleasant, not wanting to talk, rejecting help. If this happens, communicate your interest, kindness, care.

- Now you may not want to talk to me. If you want, we can talk when you're in a better mood. I'll wait because I'm worried about you and I want to help you.
- We start by presenting the direct reason why we are having this conversation and expressing our concern (reason - traces of blood, disturbing content).
- Give your child support, respond to the child's problems with respect, compassion and understanding. Take it seriously, talk instead of discussing it.
- Tell the person that their feelings, thoughts and actions are appropriate and acceptable in the situation.

Situation of the child	Understatement	Recognition
He hears criticism from a loved one	Why do you care so much? It's no big deal?	Are you sorry when a loved one criticizes you?
Parents accuse a child of being lazy, disobedient	It's silly of you to be so nervous about it.	You have a right to be angry about what you heard from your parents.

When you talk, avoid:

- ✖ Guessing, adding to the child's emotions (I know exactly how you feel).
- ✖ Criticizing, judging his behavior (What you do is disgusting, bad)
- ✖ Quick advice, discussion

After the exercise, discuss their impressions with your parents. Deal individual cards

LEVEL UP
COMPETENCES OF THE FUTURE

INDIVIDUAL WORK CARD FOR A PARENT

How did you feel about your roles?

How could another person feel?

What was the trouble with that task?

Did you find out anything new?

OWN THOUGHTS AND COMMENTS

Meeting 3

INDIVIDUAL WORK CARD FOR A PERSON WITH A SUICIDAL PROPENSITY. The card can only be completed in the presence of a social worker / psychologist / pedagogue / specialist.

INDIVIDUAL WORK CARD

Working with a person with suicidal thoughts.

Written work:

- Have you ever tried to hurt yourself, hurt yourself, hurt yourself? Describe it

Some people do this kind of thing because they want to kill themselves or feel better after something like that. How's that for you?

What can you do right? What can you do better than others? What are you best at?

You like yourself? What do you like most about yourself?

What do your mates like about you, mate? What do they admire you for? What do they want to be able to do like you?

Do you like yourself? Are you satisfied with your body?

Do you feel guilty about things you didn't do or things that aren't really your fault?

Do you think bad things are happening because of you?

Once the task is completed, the employee and the client create a support and assistance plan. It is worth discussing difficulties related to the use of forms of assistance, both technical (e.g. distance of the place of assistance, unfavourable working hours, etc.) and emotional (fear, shame). Together, you can identify the most priority actions to start with and who can help (extended family, social workers, etc.).

S WHAT'S BOTHERING YOU - CALL IT A SINGLE SENTENCE.	M How long has it been bothering you? Since when? Give a specific date	A What do you want? What's your plan to do that? Specifically, write down step by step	R Is this plan real?	T When do you want to do it? Give a real date and time

COMMENTS AND CONCLUSIONS