A Manual for Counsellors: Group Therapy for Post-Crisis Suicidal Adolescent Clients

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Final Project

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ABSTRACT

Relevant literature related to suicidality in adolescents and prevention and intervention strategies was reviewed. Much of the literature indicated a need for additional suicide intervention strategies for post-crisis suicidal clients. Subsequently, *Letting Go of Suicidality*, a group therapy manual was developed. From an eclectic theoretical approach, the manual is comprised of eight session plans for counsellors working with post-crisis suicidal adolescents. The group is aimed at providing participating adolescents with the coping strategies necessary to move forward in life more positively and hopeful.
DEDICATION

I dedicate this project to my husband, Blair. It is your continual support that encourages me to believe in myself. I also want to dedicate my project to adolescents who struggle with suicidality. I believe in you, there is hope.
ACKNOWLEDGEMENT

I would like to thank Jeff Chang, my final project supervisor, for his suggestions, feedback, and guidance. It is greatly appreciated. Thank you, Paul Jerry, for your willingness to be my second reader. Finally, thank you to my friends and family. Thank you for all of your encouragement, patience, and continual love. Thank you for always believing in me.
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CHAPTER I: STATEMENT OF THE PROBLEM

Project Introduction

Suicide is an issue that is faced by most counsellors. It is often thought to be a silent struggle for individuals; however, the literature proves otherwise (Ramsay, Tanney, Lang & Kinzel, 2004). Westefeld et al. (2000) established an excellent overview of research, education, and awareness of suicide across various disciplines. Suicidality includes suicidal ideation, suicide attempts, suicide plans, or ultimate death. Thoughts, acts and attempts of self-injury and suicide are often said to be caused by personal psychological distress and mental health issues. That said, Johnstone (1997) noted that suicidality is often very personalized for different individuals. It is vital that there is a common understanding of an appropriate response to suicidal ideation and/or attempts (Sprague, 1996) as there are multiple factors that can contribute to an individual’s suicidal ideation, these being: culture, family dynamics, personal relationships, attachments and friendships, self-care, economic pressures, and multiple other individualized pressures within one’s life (Johnstone; Orbach, 1996; Ramsay et al.).

In Canada, suicide is the third leading cause of death for children ages 10-14 and the second leading cause of death for adolescents ages 15-19 (Government of Canada, 2005). This indicates the importance of responding immediately to any suicide concerns or threats made by children and adolescents (Orbach, 2006). Sockalingamm, Flett, and Bergmans (2010) identified that while many postvention programs exist for those bereaved by suicide, prevention and intervention programs are limited, and must be mandated for adolescents experiencing suicidal behaviours and/or ideation. Thus, there is a need for a review of current and effective suicide prevention strategies (Debski, Spadafore, Jacob, Poole, & Hixson 2007; Stanley et al., 2009) to enhance the effectiveness of therapeutic interventions for suicidal adolescents.
Suicide education provides individuals with increased awareness of suicidal behaviour, identifying risk, suicide prevention, and suicide intervention (Aldrich & Cerel, 2009). Ramsay et al., (2004) pinpointed that suicide is rarely discussed within schools, families, and communities. However, Westefeld, Range, Rogers, Maples, Bromley, and Alcorn (2000) explained that adolescents experiencing suicidal ideation will seek support if they are encouraged to talk about their suicidal ideation and/or behaviours. For this reason, it is imperative to increase education about suicide prevention and awareness. King (2006) noted that discussing suicide does not encourage it. Thus, I believe that group therapy can encourage individuals to express themselves through discussions around morbidity.

This project explores how current suicide preventions and interventions can be utilized to create a group therapy manual intended for post-crisis suicidal adolescents. The development of this final project is twofold. First, I will review the literature on adolescent suicide and intervention models currently available to counsellors. Second, based on the literature, I will develop an intensive manual for counsellors, focused on an eight week group therapy program for post-crisis suicidal adolescent clients.

Adolescent suicide is complex and high risk behaviour (Aldrich & Cerel, 2009; Brent et al., 2009); thus I believe counsellors will benefit from having a ready to use group format. Based on the literature, a group therapy manual has been developed to assist counsellors who are working with post-crisis suicidal adolescents. The manual provides counsellors with a succinct eight week program. The manual is comprised of eight session plans to be used over the course of four to eight weeks. The eight sessions will be divided by themes including, understanding suicidality, emotional regulation, hopefulness, enhancing self-awareness, coping strategies, and one’s support network.
CHAPTER II: LITERATURE REVIEW

The purpose of this literature review is twofold. First, I will review the relevant literature on adolescent suicidality to describe the factors contributing to suicidality in youth. Second, I will review literature on suicide interventions and ethical considerations. This review will be used as the foundation for a group therapy manual for counsellors who work with post-crisis suicidal adolescent clients. I will: (a) review relevant academic contributions focused on adolescent suicidal ideation and suicide risk, (b) review available suicide interventions, and (c) ethical considerations. Lastly, I will propose future directions for suicide prevention and intervention with adolescent populations. This review will establish a basis for the development of a counsellor’s manual for post-crisis suicidal adolescents.

Definitions and Terminology

Suicidal individuals experience an intense sense of hopelessness, often leading to thoughts and behaviours associated to death by suicide. For the purpose of this project, the term suicidality will define thoughts and behaviours associated to suicide. The term suicidal ideation will define self-reported thoughts associated to self-inflicted death. Suicidal behaviour will be the term used to describe an individual’s intentional harm intending death. This includes suicide attempts, plans, and intention of death (Ramsay, Tanney, Lang, & Kinzel, 2004). Lastly, the term post-crisis suicidal client will refer to an individual who has previously experienced severe suicidal ideation and/or previous suicidal behaviour(s) and who is no longer in imminent danger.

Research and Literature Search

In order to find relevant resources, the terms adolescent suicide, suicidal ideation, post-crisis suicide, suicide intervention, suicide attempts, suicide prevention, and adolescent
depression were searched within the Athabasca University’s psychology, nursing, and social work databases. The specific databases included (a) Proquest Dissertations and theses, (b) PubMed Central, (c) PsycCRITIQUES, (d) PsycARTICLES, (e) SAGE Journals Online, and (f) PsycINFO. Within each search, I will limit resources ranging from years 1995-2010 with a greater emphasis on 2005-2010.

Adolescent Suicide

In this section, I will review literature on adolescent suicide. I will first review relevant literature and research contributions focused on: (a) adolescent development, including adolescent depression, sex-differences, biology, self-harming behaviour, suicidal ideation, and suicidal behaviour; (b) predictive factors, including suicide attempts, secrecy, and behaviour; and (c) protective factors, including hope and belonging.

Adolescent Development

Adolescents experience many changes in their cognitive, hormonal, sexual, personal, and interpersonal development. Therefore, adolescence can be a confusing and difficult time (Debski et al., 2007; Kaczmarek, Hagan, & Kettler, 2006). Schab (2008) explained that self-esteem is continually constructed and restructured by positive verbal and non-verbal messages received from others. Some messages include praise, rewards, and encouragement to express concerns. Frijns and Finkenauer (2009) found that adolescents who do not express their concerns can experience emotional disturbances, and thus can benefit from being encouraged to talk about their suicidality.

Adolescent depression. Worchel and Gearing (2010) found that 90% of individuals, who experience suicidal ideation, behaviours, or death by suicide, have a minimum of one psychological diagnosis concern, most often depression. Schab (2008) explained depression is a
mood disorder often associated to thoughts and feelings of hopelessness, prolonged sadness, loneliness, and distinct decreases in personal interests in adolescents. The American Psychiatric Association indicated that depression can begin at any age and occur in single or recurrent episodes.

**Sex differences.** Lizardi, Thompson, Keyes, and Hasin (2010) focused on identifying how adolescent females, are influenced by parental divorce, remarriage, and same-sex single parenting, and how sex differences are correlated to depression and individual response to parental divorce. They asked participants if they have ever experienced depression. They also explored sex-specific responses to parental divorce. They asked participants if they have ever experienced depression, as defined by Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria. Those who had experienced depression were asked about any current or previous suicidal behaviour. It was found that parental divorce, remarriage, and same-sex single parenting all increased the likelihood of suicide attempt over the course of a female’s lifetime. When faced with difficult situations, when compared to males, females are more to recall previous difficulties. This is likely a cause for their heightened emotional distress which can lead to depression. Thus, early intervention is necessary for adolescents who experience depression associated with parental divorce.

**Biology.** When experiencing stress, adolescent health is negatively affected by neurological arousal. Stress increases the levels of cortisol in one’s brain (Burgard & Ailshire, 2008), which can increase an individual’s reactivity to stress, resulting in anxiety or depressed mood. Garland (2007) also noted that cortisol slows metabolism, leading to obesity and cardiovascular disorders, which can negatively affect self-esteem. Increased levels of cortisol can
also cause insomnia (Burgard & Ailshire). Encouraging personal awareness in adolescents can help them identify triggers associated with stress, depression, and suicidality.

**Self-harming behaviour.** Self-harm is often described as impulsively inflicted pain, which releases endorphins, producing a euphoric sensation that can become addictive for adolescents (Shapiro, 2008). Self-harming behaviour (i.e., cutting or burning) has been identified as different from suicidal behaviour (Beghi & Rosenbaum, 2010). Levenkron (1998) and Shapiro explained that self-harming behaviours differ from suicidal behaviour, as many who self-harm do not wish or intend to die. Levenkron noted that cutting or burning one’s skin is often an indication of the emotional pain an individual is experiencing, such as depression, past trauma, fear, neglect, and/or loneliness. This author noted that similar to eating disorders, self-harming behaviours commonly manifest more frequently for adolescent girls than boys. Adolescent boys are more likely to engage in high risk behaviours like reckless driving and/or aggressive activities or sports. Beghi and Rosenbaum noted that if left untreated, it is possible that deliberate self-harming behaviour can lead to future suicide attempts. Thus, suicidal individuals must learn to acknowledge and identify effective coping methods when faced with trauma and emotional pain (Orbach, 1996).

**Suicidal ideation.** Worchel and Gearing (2010) explained that suicidal ideation is most often the precursor of other suicidal behaviours. Thus, the Beck Scale for Suicide Ideation (BSSI) can be used by counsellors to assess the severity of suicidal ideation (Erford et al., 2007). These authors noted that within the 21 items, 19 are focused on the client’s duration of suicide ideation. An adolescent’s BSSI results could indicate if suicidal ideation is also present for those clients engaging in self-harming behaviour.
Winfree and Jiang (2010) found that adolescents experiencing suicidal ideation were successful in decreasing the frequency of such thoughts if they were receiving parental support. Also, Ramsay, Tanney, Lang, and Kinzel (2004) indicated that adolescents who experience suicidal ideations will likely decrease their suicidal ideation if they are connected to suicide prevention programs. On the other hand, adolescents experiencing suicidal ideations, but who do not receive preventative programming, will likely require suicide intervention. Thus, early prevention can decrease suicidality in adolescents.

**Suicidal behaviour.** Brent et al. (2009) suggested that recently, researchers have become increasingly focused on suicidality. Suicidal behaviour has been described as the least acknowledged health concern in North America (Joshi, Damstrom-Albach, Ross, & Hummel, 2009; Ramsay et al., 2004). Winfree and Jiang (2010) compared adolescents who had previously experienced suicidal ideation or suicide attempt to adolescents with no previous suicidal ideation or suicide attempt. Teenagers who previously experienced suicidal ideation or suicide attempt were 339% more likely to have a recurrent suicide attempt. Winfree and Jiang authors found that when adolescents reported that they were aware of a family member’s past suicide attempt, they were significantly more likely to make a suicide attempt. These authors noted that adolescent suicidal ideation is likely to lessen if parents are able to demonstrate genuine love, care, and support to their child. Adolescents benefit most from social warmth and support when expressed openly and in a genuine way.

**Predictive Factors**

Johnstone noted that suicidal ideations and suicidal behaviours may be intensified if health professionals working with a suicidal person begin to label the individual as mentally unbalanced. There can be numerous factors contributing to an individual’s suicidal ideation.
Some factors include: family dynamics, interpersonal relationships, culture, attachments, self-care, financial stress (Johnstone, 1997; Orbach, 1996; Westefeld et al., 2000). Thus, suicidal individuals can benefit from gaining new coping skills for times when they are experiencing suicidal ideations or suicidal behaviours.

Brent et al. (1993), Nrugham, Holen, and Sund (2010), and Spirito et al. (2010) identified suicidal ideation as a precursor of suicide behaviour. Nrugham, Holen, and Sund found that adolescents were at more risk of suicidal behaviour if they were victim to violence, lacked resilience, or were depressed. Other predictive factors associated with suicidal behaviour include alcoholism, personality disorders, depression, physical and sexual abuse, criminal behaviour, secrecy, family dysfunction, substance use, and previous suicidal behaviour (Beghi & Rosenbaum, 2010; Brent et al., 1993; Frijns & Finkenauer, 2009; Kaczmarek, Hagan, & Kettler, 2006).

Hepp, Wittman, Schnyder, and Michel (2004) and Bertolote et al. (2010) stated that previous suicide attempts are the best indicator of deaths by suicide. Hepp et al. noted that up to 13% of participating individuals, in a nine year longitudinal study had died by suicide after previous attempts. Bertolote et al. also explained that statistically, suicide attempts are forty times as frequent as deaths by suicide. This statistic is likely underreported because suicide attempts are not consistently reported.

**Suicide attempts.** Brent et al. (1993) interviewed 134 adolescent patients who were admitted into hospital, 48 for suicide attempts, 33 for suicidal ideation, and 53 who reported no suicidal ideation or behaviour. Six months after their discharge, researchers found that 13 of the 134 patients had made a suicide attempt, 12 of whom had initially been admitted for suicide attempt.
Secrecy. Adolescents who keep their suicidal ideation, self-harm, or suicidal behaviours to themselves are at increased risk of intensifying their stress (Crisis Centre, 2007). Frijns and Finkenauer (2009) noted that adolescents who keep intense secrets to themselves are more likely to experience anxiety, depression, hopelessness, emotional maladjustment, and lack of self-control. Avoiding self-disclosure can also negatively affect adolescents’ development of self-identity. Johnstone (1997) noted that suicidal behaviours can become intensified if the practitioner working with the youth stigmatizes his/her behaviour, and noted the importance of supporting the client’s personal disclosure through empathy and genuine support.

Total behaviour. Within choice theory, Glasser (1998) explained that because everything we as humans do is based on behaviours, we have a total behaviour which is comprised of four components (i.e., doing, thinking, feeling, and physiology). The doing, thinking, feeling, and physiology components work together and provide us the ability to function. Montagnes and Kranz (2006) explained that people are able to consciously control what they are doing and often what they are thinking. More specifically, people can control what they are doing such as walking, eating, talking, or drinking. Through self-awareness, people can also control what they think about and how long they spend with particular thoughts. It is through conscious control of doing and thinking that people are able to indirectly control their feelings and physical responses. Feeling and physiologies are described as a personal feedback system that indicates whether or not our needs are being met. Clients can become empowered through personal understanding of their total behaviour.

Protective Factors
White (2005) identified supportive families and friends, confidence, boundaries, positive self-esteem, personal coping and problem-solving skills, encouragement in their school and community to be protective factors. Gratz and Chapman (2009) explained that when suicidal adolescents are seeking support, they feel most comfortable when family, friends, and health professionals encourage them to be honest and open about their suicidality. Through open and honest conversations, adolescents can begin to feel empowered to take personal responsibility of their lives. Beghi and Rosenbaum (2010) reported that individuals who struggle with a mix of depression and anxiety are less likely to attempt suicide because their anxiety restrains them from taking action. Interestingly, anxiety can be classified as a protective factor for individuals with anxiety diagnoses, compared to than those who struggle with only depression or other mental health concerns.

**Hope.** Stanley et al. (2009) presented cognitive-behavioural therapy for suicidal prevention (CBT-SP) intervention, focused around the concept of hope. They noted that hope encourages the client to identify meaningful reasons to stay alive. Joshi et al. (2009) regarded hope as the most effective protective factor for individuals struggling with suicidality. They noted that hope can be improved by encouraging family members to identify what they are doing, or could be doing, to best support the suicidal youth. Also, Jones (2010) explained that encouraging clients to tell their stories can promote hope through acknowledging personal strengths and resilience.

**Belonging.** Open and honest conversations can empower clients to keep themselves safe, as they may encourage personal accountability (Gratz & Chapman, 2009). Schab (2008) explained that identifying personal support networks is an excellent starting point. This
author noted that individuals should evaluate their supports to ensure they are capable individuals, willing to be available in times of need.

Adolescents benefit from a sense of belonging among their family and their peers. It is beneficial for adolescents to believe that they have commonalities with their peers, as this deters loneliness or fear of being identified as an outsider. When working with post-crisis suicidal adolescents, it is important for the therapist to gain an understanding of the client’s sense of belonging, and his or her support systems. Family is an important factor for ensuring safety for the client after a recent suicide attempt or intensive suicidal ideation. Winfree and Jiang (2010) indicated that adolescents who felt loved, supported, and accepted by their parent(s) were less likely to experience suicidal ideation and suicidal behaviours.

Pagura, Fotti, Katz, and Sareen’s (2009) study found that, while adolescents experiencing suicidal ideation are more likely to seek help, they often feel that their mental health needs are not adequately met. For that reason, there is a need for thorough evaluations of current suicide prevention and intervention strategies within health, school, and counselling settings for suicidal adolescents (Debski et al., 2007; Stanley et al., 2009). It is imperative to note that talking about suicide does not encourage the idea of suicide (King, 2006; Ramsay et al., 2004).

**Prevention and Intervention**

King (2006) acknowledged three levels of suicide prevention: primary prevention, secondary prevention, and tertiary prevention. Primary prevention is focused on programming, activities, and awareness. At this prevention level, adolescents are taught how to identify warning signs related to suicidality. The purpose is to enhance social supports. King identified secondary prevention as the intervention level. Intervention is most often available from adults, health professionals, and practitioners. Suicide interventions are initiated after suicidal ideation
or behaviours have been experienced by an individual. Intervention is focused on ensuring safety for the client and should be immediate and ongoing. King identified that tertiary prevention is classified as postvention. Postvention is available for people bereaved by a suicide death. King noted that postvention is aimed at minimizing trauma. While prevention and intervention are often viewed as separate entities, they are often allied. As noted by Sockalingamm, Flett, and Bergmans, (2010) there is a great need for enhancing suicide prevention and interventions programs.

In this section literature on suicide prevention and intervention programs will be reviewed. Each of the prevention and intervention programs reviewed have been handpicked by this writer as I believe they are appropriate for my intervention manual for post-crisis suicidal adolescents. To accomplish this task, I will review relevant literature and research contributions focused on (a) a brief overview of the chosen suicide prevention programs for adolescents, and (b) an in-depth review of suicide intervention strategies available for adolescents. Notably, postvention will not be reviewed as the group manual is based on prevention and intervention. It is not intended for those bereaved by suicide.

**Suicide Prevention**

Joshi, Damstrom-Albach, Ross, and Hummel (2009) identified that suicide prevention is based on enhancing resiliency, awareness, education, and protective factors, and lessening predictive factors. Preventative measures can be approached at both the individual or community level.

**Choices2: Reaching out.** The Crisis Centre (2007) created a DVD called *Choices2: Reaching out.* This resource is intended to be used for classroom presentations. The 20 minute video portrays adolescent perspectives and a dramatization of an adolescent
experiencing suicidal ideation. The adolescent perspectives included personal experiences of post-crisis suicidality, the death of a loved one to suicide, and helping a friend in need. The post-crisis suicidal individual shares how her friend sought out help from trusting adults explaining that “a depressed or mad friend is better than a dead friend” (Crisis Centre). The DVD also included the concept that asking someone if they are suicidal does not encourage suicidal behaviour or ideation. Rather, talking about suicide encourages the person to seek help and reduces the risk of an attempt (Crisis Centre). Suicide is only unpreventable if avoided and identified as taboo. This writer believe that this is a highly effective prevention strategy as it is focused on suicide awareness.

**Cognitive-behaviour therapy for suicide prevention.** Stanley et al. (2009) noted the Cognitive-Behaviour Therapy for Suicide Prevention (CBT-SP) intervention model was tested by adolescents who met the criteria for depression according to the DSM-IV. The CBT-SP is aimed at enhancing individual coping skills and decreasing suicidality. Preventative activities included, (a) developing reasons for living and building hope and (b) creating hope kits.

The first activity encourages adolescents to identify meaningful reasons for living. Participants are encouraged to identify their support system by naming and listing significant people in their lives, identifying future goals, favourite music, and personal interests. Creating hope kits is an activity used to support adolescents in regaining personal hope. Participants gather items representative of their identified reasons for living and building hope. The hope kit is a tool brings personal hopes to life through tapping into an individual’s senses (i.e., items can be felt and seen). Both activities are aimed at enhancing the importance of optimism and increasing coping strategies to be used during challenging times (Stanley et al.). The CBT-SP program moves from prevention to intervention for client’s experiencing depression.
Suicide Intervention

Joshi, Damstrom-Albach, Ross, and Hummel (2009) explained that when suicidality is acknowledged, intervention is a necessary deterrent. There are multiple intervention methods that can effectively support suicidal individuals. Ramsay Tanney, Lang, and Kinzel (2004) noted that people must be aware of how they feel about suicide to ensure effectiveness in the event of a crisis. Sprague (1997) highlighted the importance of professionals accessing support when working with high risk clientele such as suicidal adolescents. It is unrealistic to believe that alone we are capable of ensuring safety for those who are presenting with suicidal ideation (Sprang, Clark, & Whitt-Woosley, 2007). These authors noted that counsellors can benefit from engaging in self-care and collaboration as working in isolation, due to confidentiality, can be difficult. That said, multiple suicide intervention models are available to helping professionals.

Responding immediately. Crisis response protocol is necessary in middle and high schools (Joshi, Damstrom-Albach, Ross, & Hummel, 2009). Debski et al. (2007) noted that it is important to have a protocol which could be utilized by any staff member working. This is a necessary in the event that the lead support worker is away from the school. Thus, staff members must be confident that they are capable of responding immediately and effectively. Debski et al. (2007) noted that training is essential in preparedness for prevention, crisis response, as well as post-crisis response. Ramsey et al. (2004) developed an intervention handbook and training component called the Applied Suicide Intervention Skills Training (ASIST). The focus of the training is to provide individuals with necessary information regarding suicide prevention, intervention, and crisis response. ASIST is available all over the world.

Hope-based intervention. Taylor’s (2010) clinical application is focused on connecting post-crisis suicidal clients to hope. This researcher found that labelling clients as mentally
unhealthy lead to them not ask for help as many of the patients in the study had previously experienced acute crisis care in a hospital. Taylor acknowledged that clients move from hopelessness to hopefulness through personal development and healing therein. The goal for this intervention is to increase hope by increasing the suicidal client’s perception of support. Clients are encouraged to monitor their emotional regulation through enhanced perception of their emotional pain. Taylor explained that hope, perceived support, and emotional pain management are integrated as essential to successful intervention. Suicide intervention is most successful when clients open themselves up to explore personal struggles, emotional pain, and hopelessness.

**Individual therapy.** Tarrier et al. (2008) found that cognitive-behaviour therapy (CBT) is appropriate when working with suicidal adolescents as it is structured and goal-focused. These authors found that CBT is effective in reducing suicidal behaviours. Cognitive-behavioural therapy has been shown to be successful when working with suicidal clients because it is a directive approach to therapy (Stanley et al., 2009). Aldrich and Cerel (2009) explained that behavioural therapies focus on the key aspects of the individual’s suicidal ideations and/or behaviours. CBT is used to encourage a client to identify his or her strengths and goals while encouraging self-awareness related to their behaviours and/or ideations.

**Group therapy.** Crespi (2009) identified group therapy to be a useful intervention for children and adolescents as they can enhance one’s sense of belonging. The three types of groups include educational, counselling, and therapy groups. Educational groups are prevention based for a generalized population (i.e., a classroom) providing participants with information related to various topics such as friendship. Counselling groups are less generalized addressing more
specific topics such as self-esteem. Participants will be provided with information, resources, and coping strategies related to the topic. Lastly, therapy groups are geared towards a specific population for intervention such as suicidality intervention. It is in this type of group that participants gain valuable, applicable knowledge related to the topic of concern. In summary, integrating aspects from education, counselling, and therapy groups can each have a beneficial impact on group participants.

Corey, Corey, and Corey (2010) acknowledged that the group facilitator is essential in group therapy as he or she must monitor and encourage emotional expression. Group therapy is beneficial to clients when an emotionally safe environment is established. It is then that participants feel comfortable to share their experiences and perspectives. By nurturing the group process, a facilitator can encourage participants to step outside of their comfort zone and take emotional risks. Psychoeducation is used in groups to empower clients to increase their knowledge. Stanley et al. (2009) noted that when facilitated by a counsellor, clients can gain knowledge related to suicide, suicidal ideation and behaviours, the potential link to depression, and personal safety.

Sockalingamm, Flett, and Bergmans (2010) identified group therapy as an effective means of suicide intervention. The psychosocial/psychoeducational intervention for individuals with recurrent suicide attempts (PISA) is a group approach to suicide intervention. The group is geared towards outpatient clients experiencing recurrent suicidality. The group consists of 20 consecutive sessions lasting 90 minutes each session. Clinicians who have provided clients with the PISA program noted that facilitation led to gained confidence in working with this high risk population because the clients were so open to sharing.

**Ethical Considerations for Group Therapy**
In this section I will review ethical consideration for adolescent group therapy. To accomplish this task, I will review relevant literature focused on: (a) ethical procedures related to informed consent, confidentiality, and counsellor training, (b) group participation including size and duration, and (c) group stages.

**Ethical Procedures**

It is important that group interventions adhere to a code of ethics. For instance, Article I.16 of the Canadian Code of Ethics for Psychologists (CPA, 2000) states that the therapist must “seek as full and active participation as possible from others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes” (p.10).

**Informed consent.** Tan, Passerini, and Stewart (2007) explained that informed consent is necessary as it provides a time for the therapist to discuss group norms. Fallon (2006) noted that adolescent group members and their parents benefit from both written and verbal informed consent from group therapist. Parental consent is required legally when working with adolescents. Fallon identified that informed consent must include the following components: clarify the difference between group therapy and individual therapy, therapeutic activities for the group, frequency of group, confidentiality, fee, insurance, and therapist designation. Crespi (2009) noted that participant and guardian consent for therapy also establishes commitment from all parties.

**Confidentiality.** Farrow and O’Brien (2003) described that when a person’s life is at risk, ethically it is the counsellor’s responsibility to breach confidentiality as a means of protecting the client. Article I.45 in the CPA (2000) states that counsellors must “share confidential information with others only with the informed consent of those involved, or in a manner that the person involved cannot be identified, except as required or justified by law, or in
circumstances of actual or possible serious physical harm or death” (p. 13). Also, article II.39 in states:

Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities (e.g., the police), an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved. (p. 19).

Ethical boundaries protect counsellors professionally and ensure immediate response is available to suicidal clients (Farrow & O’Brien). Confidentiality enhances the working alliance between group members and the therapist. Confidentiality agreements must be transparent when working with suicidal clients. Crepsi (2009) explained school policies are necessary when groups take place in a school. Policies ensure that the counsellor and students are clear about the protocol necessary in the event that a group member becomes a risk to him or herself. Thus it is important for administrators to be aware of the limits to confidentiality and what to do if a student is at imminent risk to self or others.

**Counsellor Competence**

Aldrich and Cerel (2009) noted that through increased awareness of an individual’s signs of risk, suicide prevention and intervention are possible. Debski et al. (2007) noted that counsellors who work with suicidal clients must be competent in crisis response. These authors noted that among 276 psychologists, only 37% had completed university level training related to crisis intervention. Notably, a mere 58% of those psychologists felt competent after completing such coursework. Debski et al. noted that suicide is the most common crisis topic within the adolescent population. These authors noted that school psychologists can benefit from training
associated to predictive factors, protective factors, risk assessments, and appropriate intervention methods. Risk assessment is necessary to ensure that suicidal adolescents receive appropriate interventions immediately. Notably, Debski et al. clarified that parental consent for child/adolescent therapy is unnecessary in the event that a student is in imminent danger of suicide. It is important to note that psychologists must respond immediately and report to parents after initial meeting.

**Applying the Literature**

In the final section of this review, I will integrate the literature related to suicide prevention and intervention. The compilation of this literature will lend to the creation of a suicide group intervention manual, *Letting Go of Suicidality*. Following this section, the group therapy manual will be described in detail.

It is imperative that adolescents are provided with adequate support. Corey, Corey, and Corey (2010) noted that adolescents thrive on peer connections and often benefit from a group therapy intervention model. These authors said: “[y]our task is to help members reflect on what they have learned, how they have learned it, and what they intend to do with their insights” (p. 275). Thus, the combination of psychotherapy and psychoeducation, in a group setting, can encourage adolescents to gain personal control, coping strategies, and additional support from family and friends (Crespi, 2009).

Much of the proposed group manual will be focused on encouraging group members to seek support and enhance personal coping strategies. The *Choices2: Reaching out* video can be used to encourage post-crisis suicidal adolescents to enhance their self-awareness through identifying with perspectives and learning how to seek help (Crisis Centre, 2007). Stanley et al.’s (2009) cognitive-behavioural therapy for suicidal prevention (CBT-SP)
intervention was developed to prevent suicidal behaviour, attempts, as well as enhancing individual coping strategies. One of the focuses in CBT-SP is creating individual hope kits. Hope kits are made up of items that represent significant areas of a person’s life. For that reason, hope kits can be a visual and tangible reminder of the good things in life.

Choice theory is focused around the idea that total behaviour is made up of four components, actions, thoughts, feelings, and physiology (Glasser, 1998). The first two components, action and thoughts are directly influence the latter two. Through learning about choice theory, adolescents can become more conscious of their choices made through enhanced self-awareness. It is hoped that through combing intervention strategies, clients to will be capable of enhancing mindfulness and self-awareness. In turn, group members will be motivated to establish and maintain coping strategies in times of need.

When working with post-crisis suicidal adolescents, it is important for the therapist to gain an understanding of the client’s sense of belonging and support systems. Family is an important factor for ensuring safety for the client after a past suicide attempt or intensive suicidal ideation (Joshi et al., 2009). Winfree and Jiang (2010) indicated that adolescents who felt loved, supported, and accepted by their parents were less likely to experience suicidal ideation and suicidal behaviours. All people, especially adolescents, thrive when they have a strong sense of belonging among their family and their peers (Crespi, 2009). Corey et al. (2010) also acknowledged that group therapy is beneficial when participants feel comfortable to share their experiences and perspectives. These authors noted that through nurturing the group process, facilitators can encourage participants to step outside of their comfort zone and take emotional risks.
In sum, adolescents benefit from knowing that they have commonalities with their peers and family members because belonging lessens loneliness or the fear of being an outsider at school or at home. Most importantly, clients can learn that talking about suicide does not encourage the idea of suicide but rather invites people to seek help. Suicide is only unpreventable if avoided and identified as taboo (Crisis Centre, 2007).

CHAPTER III: IMPLICATIONS FOR THE PROJECT

Implications

This project was created for counsellors who are keen to move forward in adolescent suicide prevention and intervention. It will be helpful to counsellors who work in schools, agencies, or private practice. The group format is intended to be facilitated by counsellors holding a graduate degree in counselling, psychology, or social work. Debski et al. (2007) explained that training is essential to prepare counsellors for prevention, crisis response, and post-crisis response. Moreover, Sprague (1997) noted the importance of professionals reaching out for support when working with high risk clients. It is unrealistic to believe that alone we are capable of ensuring safety for those who are presenting with suicidal ideation.

The applied manual, *Letting Go of Suicidality*, will provide counsellors with the tools and direction to effectively intervene with post-crisis suicidal clients in a group format. The group will be aimed at providing adolescent clients with the tools necessary to move forward in life more positively. The group will be aimed at enhancing a sense of belonging in those participating.

Group Participation

The *Letting Go of Suicidality* group is intended for post-crisis suicidal adolescent clients. As noted previously, *post-crisis suicidal client* refers to an individual who has
previously experienced severe suicidal ideation and/or previous suicidal behaviour(s) and who is no longer in imminent danger. Thus, it is not intended for adolescents who are putting themselves in imminent danger (i.e., current suicidal ideation, plans, and/or attempts). The *Letting Go of Suicidality* group will have a homogeneous membership as the group population members have many commonalities including age range and previous suicidal ideation tendencies. Participants can be referred to the group through school counsellors, community therapists, teachers, parents, or self. Facilitators must assess client risk prior to the initial group session.

Crespi (2009) stated that group members must be appropriate referrals. When providing group therapy to school aged clients, referrals can come from many sources (e.g., teachers, parents, coaches, friends, or self). Depending on circumstances, counsellors should avoid dual relationships with group members as dual relationships may hinder professional judgment (Crespi; Schulz, Sheppard, Lehr, and Shepard, 2006). Crepsi also noted that providing multiple group therapy options in a school setting can decrease stigmatization of group therapy. Other group therapy topics could be, self-harming, self-esteem, friendships, and/or coping with divorce.

**Group size.** Within the proposed group, the age of participants will be between 14 and 18 years old. Corey, Corey, and Corey (2010) indicated that adolescent groups should range from 6-8 people in size. Considering the extremely high risk topic, suicidality, there will be a maximum of six participants. While it will be a closed group, participants will be encouraged to participate for the full duration.

Adolescents must be aware of the limits to confidentiality. Parents or guardians must be involved with all confidentiality agreements for adolescent group therapy. The therapist is
required to maintain session notes which can incorporate themes, activities, and interventions. Group members will be encouraged to be open and honest although it must be noted that when working with minors, parents have the legal right to access information related to their child’s group involvement (Crespi, 2009).

**Group Stages**

Crepsi’s (2009) article is intended to be used as a reference for professionals developing group therapy approaches. Corey, Corey, and Corey (2010) identified that a school is an optimal setting for child and adolescent group therapy. Crespi highlighted five stages as effective for school-based group therapy. The five stages are (a) forming, (b) storming, (c) norming, (d) performing stages, and (e) adjourning stages.

Crespi noted that the forming stage is necessary for setting the tone of the group. This includes group orientation, structure, group norms, and establishing connections. The storming stage is characterized by interpersonal struggles between group members. The Norming stage begins as group members begin to identify commonalities, establish group harmony, and identify workable rules. It is at this stage that a trusting group dynamic is build. The performing stage was described as highly supportive, productive, and goal focused. It is in this stage that clients are best able to focus on therapeutic work, individual healing, and empathy for others. The adjourning stage was identified as necessary for closure. At this stage group members are encouraged to pursue enhanced balance, compromise, and effective communication.

Westefeld et al., (2000) provided an exceptional overview of the research, education, and awareness of suicide across various disciplines. However, research is limited in regards to suicide interventions for post-crisis clients. Throughout this literature review I have noted that previous suicidal behaviour is highly predictive of future suicidal behaviours including attempts
leading to death. Thus, I believe that group therapy may be an effective means of reaching a greater number of adolescents in need, especially in a high school setting. Adolescent suicide is a complex and high risk topic (Aldrich & Cerel, 2009; Brent et al., 2009); and for that reason I believe there is a need for a ready to use group format for counsellors who work with suicidal adolescents. Based on the literature, I have developed a manual to assist counsellors in providing post-crisis suicidal adolescents within a group therapy setting.
Letting Go of Suicidality:
A Group Manual for Post-Crisis Suicidal Adolescents

Facilitator Guide

By: Melissa Seaborg
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Purpose of *Letting Go of Suicidality*

The purpose of this group manual is to provide therapists with an outline for an eight-session group therapy program for post-crisis suicidal adolescent clients. *Letting Go of Suicidality* is comprised of eight session plans to be used over the course of four to eight weeks to ensure time for participants to process the group discussions and content. The content is geared towards empowering suicidal adolescent to move from hopelessness to hopefulness.

Adolescents benefit from a sense of belonging among their family and their peers. It is beneficial for adolescents to believe that they have commonalities with their peers, as this deters loneliness or fear of being identified as an outsider. When working with post-crisis suicidal adolescents, it is important for the therapist to gain an understanding of the client’s sense of belonging, and their support systems. Family is an important factor for ensuring safety for the client after a recent suicide attempt or intensive suicidal ideation. Winfree and Jiang (2010) indicated that adolescents who felt loved, supported, and accepted by their parent(s) were less likely to experience suicidal ideation and suicidal behaviours.

Psychoeducational and therapeutic in nature, the group is aimed at providing adolescent clients with the tools necessary to move forward in life more positively. It will also provide participants the opportunity to connect with other adolescents who have experienced suicidal behaviours. This in turn will increase the size of each teenager’s social network and support system. Groups are facilitated by the therapist by educating the client about suicide, suicidal ideation and behaviours, the potential link of depression, and safety. The manual contains eight session plans complete with handouts, exercises, and facilitator script. This group is intended to be used in schools, agencies, or private practice.
Goals for *Letting Go of Suicidality*

1. Establishing a sense of belonging among group members.
2. To educate group members on suicide, suicidal ideation, and suicidal behaviours.
3. To encourage understanding around previous suicidality.
4. Empowering group members to enhance self-awareness.
5. To offer and identify coping strategies for negative thinking patterns.
6. Establishing a stable support network.
7. Identify future goals and successes.

**Brief Background of Theories Used in this Manual**

The *Letting Go of Suicidality* group manual was developed from an eclectic theoretical standpoint to ensure flexibility for various therapists. The modality of this group is focused on encouraging clients to enhance their personal control and to take ownership of their choices. The group manual is both inviting and interactive as it is psychoeducation and therapeutic in nature. From a solution-focused approach, participants will be encouraged to focus on goals, solutions, and developing coping tools.

**Structure of Letting Go of Suicidality**

*Letting Go of Suicidality* is a short-term, closed group. It is eight sessions long and can be held over the course of four to eight weeks. Each session is 1.5 hours in length and should be facilitated in the same space for the duration of eight sessions to ensure comfort. Group members are required to register with the facilitators one week prior to session one. This is a means of encouraging group membership and personal commitment from each participant and his/her parent(s). This also provides you, the facilitator, with an opportunity to discuss and clarify any question that could arise from adolescent or parents with regards to the informed
consent form. A group cohort will help to establish a sense of trust and safety within the group dynamics.

**Participant Selection**

Adolescent participants can be referred by therapist, school counsellor, parent, or self. The *Letting Go of Suicidality* group is intended for post-crisis suicidal adolescent clients. As noted previously, *post-crisis suicidal client* refers to an individual who has previously experienced severe suicidal ideation and/or previous suicidal behaviour(s) and who is no longer in imminent danger. Thus, it is not intended for adolescents who are putting themselves in imminent danger (i.e., current suicidal ideation, plans, and/or attempts).

**Pre-group meeting.** Prior to the first meeting, facilitators should have a pre-group meeting to briefly discuss roles of facilitators, group dynamics, confidentiality, group expectations, and guidelines. Confidentiality will have been discussed in great detail through obtaining informed consent from each member. Confidentiality is necessary as it ensures that group members feel they are safe, respected, and able to be honest (Farrow & O’Brien, 2003). However, the pre-group meeting provides time for facilitators to go over, as a group, the bounds of confidentiality.

Going over group expectations will provide an opportunity to discuss individual perceptions, hopes, and worries with regards to the group (Corey, Corey, & Corey, 2010). Group guidelines are necessary as it is beneficial to establish group rules together with the participants.

**Group Composition**
The *Letting Go of Suicidality* group will have homogeneous membership. Group members will be between the ages of 14-18 and have a history of suicidal ideation tendencies. Group members will have unique perceptions of their experiences and differences will be honoured within the group. Using personal discretion, counsellors can decide if the groups will include males and females or one or the other.

**Group Size**

Corey, Corey, and Corey (2010) indicated that adolescent groups should range from 6-8 people in size. Considering the extremely high risk topic of the Letting Go of Suicidality group, there will be a maximum of six participants. The purpose of this size to ensure individuals are heard and are actively included in group exercises. This group size also enhances the group composition in that individuals can share their experiences and learn from other members experiences.

**Group Ethics and Confidentiality**

It is important for the counsellor to obtain informed consent prior to the pre-group session. Fallon (2006) noted that it is useful for group members to receive both written and verbal informed consent from the group facilitator(s). Tan, Passerini, and Stewart (2007) explained that informed consent is necessary as it provides a time for the counsellor to explain to the client(s) about their professional responsibilities.

The *Letting Go of Suicidality group* adheres to the Canadian Code of Ethics for Psychologists (CPA, 2000), respecting the dignity of the client, providing responsible caring, and continual integrity within the therapeutic relationship with each client, and meeting with responsibilities to society. The CPA Code of Ethics must be made available to the client and
their guardian(s) if requested. Without a written, emailed, or faxed consent, it would be unethical to begin counselling.

For instance, Article I.45 in the Canadian Code of Ethics for Psychologists (CPA, 2000) states that counsellors must “share confidential information with others only with the informed consent of those involved, or in a manner that the person involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death” (p. 13). Also, article II.39 in states:

Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities (e.g., the police), an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved. (p. 19).

It is important that a counsellor understands of how their code of ethics and standards of practice implement confidentiality within a counselling practice. When faced with the issue of suicide or suicidal ideation, there is a pull towards the topic of confidentiality. Farrow and O’Brien (2003) explained that ethically, it is a professional requirement to breach confidentiality when a person’s life is at risk and for this I am thankful. Article I.45 states that in the case of possible serious physical harm or death, confidential information must be disclosed and will be shared in a way that will protect the client’s personal safety (CPA, 2000).

This topic of confidentiality is important when related to suicidal ideation and/or behaviour in and out of therapy. Farrow and O’Brien (2003) urged the responsibility for a counsellor to breach confidentiality if a threat is made of self-harming oneself or someone else. This is also an important ethical boundary for counsellors to have, as it protects them
professionally when threats of harm or death are made by a client. That said, trust is the most important factor within all relationships which why it is essential to obtain informed consent upon initiating client contact, individually or within a group setting. Within this adolescent group setting I would begin all sessions with an explanation and reminder about confidentiality.

Parental involvement will be the most important factor of ensuring ethical practice is being followed. As previously mentioned, parents/ guardians must read and sign the consent form. Facilitators should meet with parents/ guardians before the first group session and continue to follow up with each guardian via telephone throughout the course of the group. This will allow facilitators to openly discuss the format, objectives, and goals of the group.

Guardians will be required to pick up their teenager and are encouraged to follow up with their child after each session. As stated in the consent form, it is important that each participant has support at home. It is encouraged that parents follow up with their child after each session. Facilitators are encouraged to keep in touch with parents throughout the course of the group. This will provide them the opportunity to share what they have learned as well as an opportunity to talk about any tough stuff that may have come up. It is important to acknowledge that all information shared within the group will be confidential. However, facilitators will phone guardians immediately in the event that information disclosed is life threatening or putting the teen at risk in any way.

**Facilitating Letting Go of Suicidality**

As explained by Ramsay et al. (2004), everyone should be aware of how they feel about suicide to ensure they will be effective in the event of a crisis. In order to ensure safety for all students participating in this group, the high school administrators and teaching staff must be informed and onboard. This group is intended for adolescents who are not currently high risk,
but who have experienced suicidal ideation in the past. I believe adolescents benefit from a therapeutic connection with peers who share similar experiences. Aldrich and Cerel (2009) explained suicide education is important for three reasons: identifying risk, promoting suicide prevention, and suicide intervention. The hope for the group is that students will gain these skills throughout their involvement in the *Letting Go of Suicidality* group.

**Group Facilitators**

The *Letting Go of Suicidality* group requires two therapist facilitators. Co-facilitation can enhance the group dynamic because of the increased supportive environment. Facilitators can also benefit from the support received from each other. Graduate level students may co-facilitate the group with the supervision of a registered therapist. The *Letting Go of Suicidality* group will be made up of a high risk population. Thus, facilitators must have current suicide/risk assessment training. For instance, Ramsey et al. (2004) developed an intervention handbook and training component called the Applied Suicide Intervention Skills Training (ASIST). The focus of the training is to provide individuals with necessary information regarding suicide prevention, intervention, and crisis response. ASIST training opportunities are available all over the world and posted online at www.livingworks.net.

**Building Rapport**

The relationship between the facilitators and group members and between group members is crucial for success to be possible. First and foremost, confidentiality is essential to the group. With the exception of safety concerns, group members must ensure that there is emotional safety within the group. Confidentiality must be reassured at each session. If not, participants will be reluctant to engage and open up to the facilitators and other members. While discussion is encouraged, group members are welcome to pass if they are uncomfortable sharing
on certain topics. That said, group members are invited to share only what they are comfortable sharing.

**Participant Attendance**

In order to create and maintain group cohesiveness, full attendance is highly important. The group dynamic is dependent on full attendance. Of course there are exceptions in which participants will be unlikely to attend. If a group member misses more than one session, the member should be invited to attend the group at a later, more convenient date as they will have missed important information related to the purpose of group. Facilitators must be clear about attendance expectations prior to the group start date.

**Using the Manual**

The *Letting Go of Suicidality* group was created out of genuine care and concern for suicidal youth. Post-crisis suicidal adolescents will benefit from this intervention method as it will encourage a shift from hopelessness to hopefulness. The purpose of the group is to encourage group member’s to understand suicidality, identify coping strategies, support networks, and move forward positively. The group manual is laid out in a session to session format. This easy to use manual will provide you, the facilitator, with all of the instruction and handouts necessary to create a great group dynamic. Handouts are placed in sequential order to ensure functionality. Each handout may be photocopied directly from the manual. I encourage you to be creative as you use this group therapy manual to meet the needs of your clients.
Letting Go of Suicidality:
A Group Manual for Post-Crisis Suicidal Adolescents

8 Session Plans:
Inviting teens to move past suicidal ideation and behaviours and into a more hope-filled life!

By: Melissa Seaborg
## Supplies Needed

- Chairs
- Fidget toys/ stress balls
- Talking Stick (Spatula, Wand, Ball)
- Kleenex
- Flip Chart
- Journals for each client
- Folder for each client
- Pens
- Photocopies of each handout
- Lots of Markers
- Tape
- 8.5 x 11 Paper
- Foiled candies
- Stop watch/ timer
- Music and speakers
- Stickers
- Cardstock paper
- Snacks for break time
- TV/DVD Player
- Choices2: DVD
- 8 rubber balls
- 8 stones
- Hersey kisses
- 8 Erasers
- Smiley stickers
- 8 candles
- Pencils
- 8 Band-aids
- 8 Elastics
- 8 bags of tea
- Angel stickers
- Small gift bags
- 8 Envelops
Informed Consent Letter for Parents and Adolescents

Informed Consent Letter for Parents and Adolescents

**LETTING GO OF SUICIDALITY:**

Group Therapy for Post-Crisis Suicidal Adolescents

Facilitator:

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Facilitator:

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**What to expect:**

Therapy is a wonderful way to begin (or continue) dealing with concerns you have in your life. Group therapy is unique in that you are participating with other teens in your school or community. This is a voluntary group which means you will be joining the group as an interested member who is willing to work through your concerns with the help of facilitators and peer support.

Privacy is very important to you and to other members. Please ensure that you are aware that all information shared during the group must stay private.

This group is focused on understanding and moving past suicidal ideation and suicidal behaviour. The approach for this group focuses on how thoughts and actions relate to your behaviours.

**The three main focuses of the Letting Go of Suicidality group are:**

....To develop a personal understanding of suicidal behaviours including suicidal ideation.

....Developing coping skills and strategies
Staying safe!

There may be times that you begin talking about things that your parents do not know about. These things will be kept private and confidential within the group. I will make notes following each group therapy session.

Confidentiality cannot be maintained if:

....If you become involved in a court case and I am subpoenaed to provide information regarding our sessions together, I will do my best to honour your confidentiality but may be required to share some information within the legal system.

....If you indicate intent of suicide.

....If you indicate intent of homicide. ....If you are currently being hurt by someone else (verbally, sexually, physically, or emotionally).

Group Process:

Length: Eight sessions, each **1.5 hours** in length.

Participants: Adolescents ages 14-18 who are currently enrolled in high school.

Dates: The group will meet on _____________________________ each week at _______ o-clock until _______ o-clock. The group will run from _______/_________/_______ to _______/_________/_______.

The location for the group will be _____________________________.

Attendance: You are committing to eight group therapy sessions. Should you miss more than one session, you will be invited to join the group at a later date. Attendance is necessary as it enhances group membership, rapport, and belonging.

Additional Support: If required, facilitators will be available for an individual therapy session.
Parent/Guardian’s Role:

....We ask that you drop off and pick up your child from each session.

....It is important that each participant has support at home.

....It is encouraged that you follow up with your child after each session. This will provide them the opportunity to share what they are learning or talk about any tough stuff that may have come up.

....We will call you immediately if any concerns related to imminent suicide or homicide risk is disclosed during group sessions.

Please Check All That Apply & Return by ________________:

□ I have read and understand the informed consent for the *Letting Go of Suicidality* group therapy approach.
□ I GIVE my consent for my child __________________ to attend this eight week group.
□ I DO NOT wish for my child __________________ to attend this eight week group.
□ It is important for parents and facilitators to meet before the first session. To set up a time that works for me, please call me at (phone): _________________ at ___ o-clock.
□ I will commit to dropping off and picking up my child from each session and will ensure transportation is available in the event that I am unable drop off or pick him/her off.
□ I understand that I will receive a phone call in the event that concerns arise during a group session.
□ I would appreciate a phone call the day after each session.
□ I will call either facilitator if I have questions or concerns throughout the course of this group.
□ I will provide my child with support at home by:

_______________________________________________________________

Student’s Signature ___________________________ Date _______________

Guardian’s Signature ___________________________ Date _______________
Session 1: Let’s Get Acquainted!

**Purpose and Rationale**

In the initial session, facilitators act as guides for group members. It is in this session that you will welcome the teenagers to the group, facilitate introductions, and set up the ground rules for the duration of the 8 session group. This session is intended to create a safe and accepting group environment where the adolescents and facilitators will feel comfortable to open up and establish connections with one another.

**Activities**

- Introductions (10 minutes)
- Informed Consent (10 minutes)
- Group Rules (15 minutes)
- 10 Minute Break & Snack (10 minutes)
- Journals (10 minutes)
- Personal Goals (15 minutes)
- Check Out (20 minutes)

**Facilitator’s Prompt**

Today is session #1 – way to go! Ensure that you have received all consent forms signed by both the teen and their parents. Place all of the chairs in a circle. It is best if facilitators do not sit side by side (claim your chairs). Have snack ready for break time.

**Supplies**

- Kleenex
- Chairs in a circle
- Snacks
- Journals & Pens
- 8 Folders
- Flip Chart
- Markers
- Handouts/each person
Welcome Group Members

As the teenagers enter, welcome them and let them know that you are happy to see them. It can be useful to show interest in them by asking about their day or what they are planning for the upcoming weekend. Invite them to find a chair.

Session 1 Instructions:

❖ Introductions

*Facilitator Script:* “Welcome to the *Letting go of Suicidality* group! I am so glad to see that you were all able to make it today. I am ____________ and this is ______________. We will be the facilitators for this group. I think we are going to have a lot of fun together and hopefully you will learn a lot too. The term suicidality will be used in this group to define thoughts and behaviours that are related to suicide. Does that make sense? *Open Discussion* *

As you know, we will be meeting here on ______________ each week for an hour and a half, starting at _____ o-clock. We have talked with your parents about the group focus and really look forward to getting to know each of you and hope that you will get to know us, each other, and yourself better by the end of the group. If you have any questions or concerns throughout the course of the group, please feel free to talk to either of us privately or feel free to ask questions during group time.

Let’s get to know each other a little bit. As an introduction activity, we are going to go around the room, say our names, and something that we love to do.”

Introduction Game:

- Introduce yourself by saying your name and something you love to do.
  - Example: “My name is Melissa and I love to go downhill skiing.”
• The person to the left will go next. They will start by reintroducing the last person and then say their own name and something they love to do.
  
  o Example:
    
    ▪ “This is Melissa, she loves to go downhill skiing and I am Sarah and I love to read the Twilight series.”
  
• At the end of the round, ask if anyone would like to try and reintroduce everyone in the circle.

❖ Informed Consent

**Facilitator’s script:** “This group will be full of fun activities, good information and some discussions that could cause some intense emotions. For that reason, we are going to review the informed consent form that was returned by each group member. Today we will spend a lot of our time talking about how we can make sure that this group is safe and accepting. Please let me know if there is something that you cannot agree to.”

**Key Points:**

• Group therapy is a wonderful way to deal with concerns you have in your life because you will become connected with other teenagers with similar concerns.

• This is a voluntary group which means you are here because you want to be. We need you to be present for each group session because it encourages belonging in the group. So if you miss more than one session, we will ask you to attend the group at a later date.
• This group is focused on understanding and moving past suicidal ideation and suicidal behaviour.

• Privacy is very important. There may be times that you begin talking about things that your parents do not know about. We ask that all information shared during the group stays private and confidential. We do not want what is said here to turn into gossip.

Confidentiality cannot be maintained if:

- If you become involved in a court case and we are asked to provide information regarding our sessions together, I will do my best to honour your confidentiality but may be required to share some information within the legal system.
- If you are currently or planning to hurt yourself.
- If you are currently or planning on hurting others
- If you are currently being hurt by someone else (verbally, sexually, physically, or emotionally).

❖ Group Rules

Facilitator’s script: We are here to support you and ensure that you feel safe in our group and within yourself. We have also asked your parents to give you extra support while you are participating in this group. If you or your parents have concerns about your safety, please call us immediately so that you can get you the help that you deserve. “Does everybody agree with the consent? *Wait for responses*
Great! Now we want to open it up to you. What can we do as a group to ensure that this is a safe and accepting place? I will record them on this flip chart so that we can keep track of our group rules.”

**Prompts:**

- Participation is encouraged but group members should be able to pass if they do not want to answer a specific question.
- Honesty. If a topic is bringing up difficult emotions for you, please do not hesitate to let us know. The nature of the group is suicidality which is intense. Emotions are good but must be respected.
- Respect each other by listening and accepting other perspectives.
- No putdowns.
- Share only what you are comfortable sharing.
- Take turns talking. What do you think about using a talking stick? The idea is that whoever is holding it has the floor to speak.

❖ **10 Minute Break & Snack**

❖ **Journals**

*Facilitator’s script*: We have a journal for each of you. We encourage you to use this journal while you are participating in this group. This was a great way for you to reflect and acknowledge your feelings. As you work through some tough stuff from your past, this journal may help you to make sense of your thoughts and feelings.
At each meeting, we will give you journal questions to write down and reflect on between group meetings. We ask that you bring your journal with to each meeting because we will all be interested to hear from you. You can choose what you share.

**Journal Activity:**

- Provide a journal and pen to each member.
- Each meeting will end with a new question to add to the journal to encourage self-reflection in each adolescent.
- Thoughts will be shared at the beginning of each group.

**Session #1 Journal Questions:**

1. What did I think about today’s session?
2. What questions do I have about suicidality?
3. How can I prepare for group meeting #2?

❖ **Personal Goals**

*Facilitator’s script:* Wow, we have gone through the group purpose, guidelines, rules, and journaling!

During each group meeting, we will do many different activities and will be given handouts. We will give you each a folder so that you can keep them all together.

The activity we are going to do now is called *My Personal Goals.* I want you to think about the goals you have for your time in this group. Let’s take 15 minutes right
now to complete Handout #1. Once you have completed the handout, we will spend some time discussing it as a group.
Handout #1: My Personal Goals

My Personal Goals

Why did I join this group?

________________________________________________________________________

________________________________________________________________________

Two personal goals:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Steps I will need to take to reach my goals:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I will know I have achieved my goals when I:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

My personal strengths and resources I can draw on:

________________________________________________________________________

________________________________________________________________________
**Check Out**

*Facilitator's script:* At the end of each group meeting we will end with an activity called check out. Check out is a time when we will invite you to reflect on the day’s session and what you learned or will take with you when you go. For today’s check out we are going to invite you to share your personal goals, and strengths.

**Sharing:**

- Invite someone to go first.
- Prompt them to share at least one of their personal goals and strengths.
- Move around the circle at a slow and steady pace allowing each participant time to share and to feel heard.
- Provide each participant with validation and encouragement
  
  Example: “Thank you for sharing that.” or “That is a great goal.”
- After each teen has had a turn, encourage everyone to spend some time journaling over the next few days and remind them to please bring their journals and folders to the next group meeting.

**Facilitator Debriefing Questions**

Were there any concerns that came up with the participants?

In planning ahead to our next session, how can we be inclusive of each participant?
Session 2: What is Suicide?

Purpose and Rationale

The purpose of session #2 is to discuss the topic of suicidality. Group members will begin to see commonalities between themselves and others in the group. They will watch *Choices2: Reaching out*, a suicide awareness movie. Afterwards, members will be encouraged to discuss reactions and how the movie relates to them.

The 20 minute video portrays adolescent perspectives and a dramatization of an adolescent experiencing suicidal ideation. The adolescent perspectives included personal experiences of post-crisis suicidality, the death of a loved one to suicide, and helping a friend in need. The post-crisis suicidal individual shares how her friend sought out help from trusting adults explaining that “a depressed or mad friend is better than a dead friend” (Crisis Centre, 2007). The DVD also included the concept that asking someone if he or she is suicidal does not encourage suicidal behaviour or ideation. Rather, talking about suicide encourages the person to seek help and reduces the risk of an attempt. Suicide is only unpreventable if avoided and identified as taboo.

Activities

- Check In (10 minutes)
- Suicide Awareness: Choices2 DVD (20 minutes)
- Discussion (10-15 minutes)
- 10 Minute Break & Snack (10 minutes)
- Adolescent Suicide Warning Signs (10 minutes)
- Thinking Patterns (10 minutes)
- Check Out (10-15 minutes)
Facilitator’s Prompt

In preparation for session #2, be sure to have the TV and DVD player set up prior to the start of group. Also, have snacks ready for break time.

Supplies Needed Checklist

- TV
- DVD Player
- Choice2 DVD
- Handout #2
- Snack
- Pens
- Members:
  - Journals & Folders

Session 2 Instructions:

- Check In

  Facilitator’s script: “Welcome back! It’s great to have you here today and we are excited to move forward in our group. Let’s just quickly review our group rules on the flip chart... Do we need to make any changes? *Wait for responses*

  As a check in today, let’s take turns sharing something that you reflected since our last group. If you are comfortable, please share something from your journal.”

  Sharing:

  - Encourage group members to initiate their turns: “who would like to go next?”
  - Example, “Since our last meeting, I spent some time thinking about ways that I can make this a safe environment. I really want to get to know everyone in this room so I will be sure to be honest and open in discussions. If you get to know me, I am sure I will get to know you.”
  - Once everyone has gone, be sure to thank them for being open.
Suicide Awareness: Choices2 DVD

Facilitator’s script: “We are going to watch a DVD called Choice2: Reaching Out. This movie is based on suicide awareness. If you like, please use your journals to take note of anything that stands out to you. After the movie we will have an open discussion about it.”

Movie:

- Turn off lights.
- Watch Choice2: Reaching Out DVD (20 minutes).
- Turn on lights after movie ends and open up discussion (10-15 minutes).

Discussion Prompts:

- What stood out to you?
- Did any of you understand what Jason was going through?
- What do you think of suicidal ideation?
- What story impacted you the most?
- If you could give Jason a message, what would it be?

10 Minute Break & Snack

Adolescent Suicide Warning Signs

Facilitator’s script: “Using handout #2, we are going to continue discussing the warning signs of suicidality. It would be good to go through it together and discuss each one. What I really liked about the DVD was that it made it clear that asking someone if they are suicidal does not encourage suicidal behaviour or ideation. Instead, talking about suicide can encourage the person to seek help and reduces the risk of a suicide attempt. Suicide is highly preventable if it is talked about.”
Handout #2: Adolescent Suicide Warning Signs

**Behavioural Warning Signs**

- Appearing down, sad, or blue for long periods of time
- Changes in weight, appetite or eating behaviours
- Difficulty at school
- Limited energy
- Lost interest in pleasurable activities
- Giving away prized possessions
- Appearing helplessness or hopelessness
- Using excessive amounts of alcohol or drugs
- Wanting to be alone or isolated from others.
- Being preoccupied with death

**Verbal Warning Signs**

- “I am going to kill myself.”
- “I want to die.”
- “There is no reason for me to live anymore.”
- “You all would be better off if I were dead.”
- “I don’t want to be a burden anymore.”
- “I have had enough—I’m ending it all.”
- “I can’t stand living anymore.”
- “Don’t worry about me. I won’t be around much longer.”
- “I think suicide might be the answer.”

**Environmental Factors**

- Previous suicide attempt
- Recent relationship breakup
- Death of a loved one
- Academic problems
- Problems with the law
- Previous suicides in the family
- Recent disappointments or failures
- Easy access to firearms
- Serious illness or belief that one is seriously ill
- Loss of job
- Exposure to suicidal friends or family members
Discussion Prompts:

- Is this warning sign easy to recognize?
- How can you help a friend who is showing this warning sign?
- How can you help if you know a friend is experiencing suicidal thoughts?
- Ideas: Police, counsellor, teacher, parent, coach, doctor, friend’s parents, pastor, youth leader, other trusted adults.

❖ Thinking Patterns

**Facilitator's script:** Thinking patterns have a lot to do with suicidality. It's important to recognize that there can be many different factors connected to an individual’s suicidal ideation. Some factors include: family dynamics, interpersonal relationships, culture, attachments, self-care, and stress. We can all benefit from gaining new coping skills to use them when we experience negative thoughts.

What are some coping strategies that you have for times when your thoughts become negative or suicidal in nature? *Open Discussion*

For me, the most powerful coping strategy is positive self-talk! Did you know that it take 10 positive statements to override just 1 negative statement? For example: A simple statement like *I am so dumb* would have to counterbalanced by ten positive statements like: *I am a good friend, people like me, I am funny, I am good at math, I am artistic, I can play an instrument, I am good at sports, I like my smile, I believe in myself.* It’s important to take the time throughout the day to positively build yourself up.”
**Check Out**

*Facilitator’s script:* “First, I would like you to write in your journal two new questions for reflection: (1) what did you learn about suicidal behaviour today? (2) What advice would you give to someone who is struggling with suicidal ideation?

Now, let’s do our check out for today: Share something that stood out to you as profound and how will it help you in the future?

---

**Facilitator Debriefing Questions**

How did each group member respond to the DVD and discussion?

Do we need to call any parents tonight or tomorrow?
Session 3: How do you Handle Emotions?

Purpose and Rationale

Moving forward from last session, we are going to start identifying and learning about coping strategies. First, a deep breathing relaxation exercise will be introduced during this session. This exercise will be done at the beginning all future sessions. The purpose of the deep breathing exercise is to center everyone and teach group members a viable way to relax. Through following the facilitator’s guided instructions, participants will be encouraged to focus on their breath and enhance their presence within the group (Shapiro & Sprague, 2009).

The rest of this session is dedicated to understanding one’s emotional reactions. Positive emotions are essential to hopeful living. Thus, group members will be encouraged to identify tangible coping strategies to use when they experience negative emotions in the future. Self-care and emotional regulation are the key topics of this session.

Activities

- Check In (10 minutes)
- Deep Breathing (10 minutes)
- Self-care (15 minutes)
- Identifying and Understanding Emotions (5 minutes)
- Letting Go of Depressive Thoughts (15 minutes)
- 10 Minute Break & Snack (10 minutes)
- Discussion: Peer and Family Conflict and Resolutions (10 minutes)
- Check Out (15 minutes)
Facilitator’s Prompt

To be best prepared for today’s session, have the speakers and spa music ready to go!

Supplies Needed Checklist

- Spa music
- Sound system
- Snack
- Pens
- Markers
- Members: Journals /
- Folders
- Flip chart
- Handout #4
- Paper
- Stop watch

Session 3 Instructions:

- Check In

*Facilitator’s script: Welcome everyone! For our check in today, I would like you to take turns answering either journal question from our last session.*

(1) What did you learn about suicidal behaviour last time?

(2) What advice would you give to someone who is struggling with suicidal ideation?

Sharing:

- Encourage group members to initiate turns: “who would like to go next?”

- Facilitators check in sometime throughout the round. Showing that it does not have to go in order. For example, “My advice to someone who is struggling with suicidal ideation is to reach out for support. Suicide is often a taboo subject and I think we need to make that switch because not talking about it, isn’t working.”

- Once everyone has gone, be sure to thank them for being open.
Deep Breathing

Facilitator’s script: “Try holding your breath for sixty seconds. I will be timing you... Ready, Set, Go! Please put up your hand when you take a breath.

Your body needs oxygen to function. Oxygen helps your body to metabolize food, break down toxins, stay healthy, and much more.

Deep breathing, also known as belly breathing, is the most powerful tool to use as a way to calm down your body and your brain. The practice of deep breathing is a tool for meditation and relaxation.

Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Hold your breath there for two seconds.... One.... Two.... Now exhale slowly through your nose. Feel your belly and chest empty.

Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”

Prompts:

- Have spa music and speakers ready.
- Turn on music for five minutes while group members (and facilitators) engage in deep breathing relaxation.
- After five minutes have gone by, slowly turn down the music and invite group members to open their eyes.
Discussion and Prompts:

- Do you feel more relaxed?
- How do you know that your body has relaxed?
- How do you know that your mind has relaxed?
- Are there other times when you think deep breathing could be helpful to you?

Self-Care

*Facilitator’s script:* “Self-care is an important part of life. We must care for all of the components of our selves: physical, mental, spiritual, and emotional.

Right now, we are going to spend some time together discussing and writing down our personal self-care practices.

Please use handout #3 to record current self-care activities and one’s you would like to try. Please share your answers so we can learn from each other”.

Discussion and Prompts:

- Provide each member handout #3.
- What do you do for self-care?
  - Journaling?
  - Certain type of exercise?
  - Prayer?
  - Meditation?
  - Counselling?
  - Yoga?
  - Certain type of relaxation?
  - Mindfulness?
  - Others?
• **How does your body tell you when you need to relax?**

  - Tension?
  - Busy mind?
  - Feeling overwhelmed?

• **Where is a good spot for self-care?**

  - Bubble bath?
  - Couch?
  - Yoga mat?
  - In nature?
  - With animals?
Handout #3: Self-Care

*Image obtained from SmartArt, Microsoft Word*
Identifying and Understanding Emotions

*Facilitator’s script:* “We all experience a wide range of emotions. Some emotions make us feel really good and others leave us feeling confused or frustrated. When you are able to name your emotions, it’s more likely that you will be able to deal with that emotion rather than get confused or frustrated. Some of the good emotions include: happy, joyful, hopeful, excited, and motivated. The not so good emotions include: anger, sadness, fear, and hopelessness.. What emotions do you experience?”

*Open discussion*

Letting Go of Depressive Thoughts

*Facilitator’s script:* “On handout #4, depression is discussed. On the handout it says, depression is often related to suicide. It has been found that 90% of people experiencing suicidal thinking, self-harming behaviour, and suicide deaths have at least one mental health disorder which is most often depression.

Everyone feels down or depressed at times but clinical depression is different. Clinical depression is a mood disorder which includes feelings of loneliness, hopelessness, worthlessness, lack of interest, or changes in eating habits.”
**Handout #4: Letting Go of Depressive Thoughts**

**Depression**

Depression is often related to suicide. It has been found that 90% of people experiencing suicidal thinking, self-harming behaviour, and suicide deaths have at least one mental health disorder which is most often depression (Worchel & Gearing, 2010).

Everyone feels down or sad at times but clinical depression is different. Clinical depression is a mood disorder which could include feelings of loneliness, hopelessness, worthlessness, lack of interest, or changes in eating habits.

a) In the space below, describe how you feel when you feel down or depressed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

b) What caused you to feel depressed or down?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

c) What could you do when you are feeling down or depressed? (Hint: Think about your coping strategies).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**LETTING GO:**

After everyone is finished, please share your story with a partner and a facilitator. After you have read your answers give this paper to a facilitator and let it go so you can try something new. Refer back to your self-care handout. These are positive ways you can deal with feeling down or depressed in the future! 😊

*Adapted from Schab’s (2008) exercise: Learning to let go (p.33)*
10 Minute Break & Snack

Discussion: Peer and Family Conflict and Resolutions

*Facilitator’s script:* “Relationships are important to everyone because we need people who we can count on when we need help, when we need to talk, when we want to have fun, or when we want to spend time with others. Everyone has a lot of relationships in their lives, especially with all of the social networking sites available.”

**Open Discussion**

- When conflict arises with friends or family, what normally happens? How do you respond?
  - Invite each group member to discuss their personal experiences.
  - Lose your temper? Swear? Blame the other person? Slam your door? Shut down?
- How does the other respond?
  - Gets angrier? Blames you? Shuts down?
- How do you resolve the conflict?
  - Time passes? Don’t speak for days?
- Thinking back to your self-care handout, how could you tie these into conflicts?
  - Taking time to relax and rejuvenate can have huge benefits when faced with conflict.
Check Out

*Facilitator’s script:* “First, I would like you to write in your journal two new questions for reflection: (1) how did it feel to explore depression and negative thinking? (2) In what ways have you changed those thoughts to become more positive?

Now, let’s do our check out for today: Share something that you learned about yourself today. How will you regulate your emotions differently from now on?”

**Facilitator Debriefing Questions**

Were there any concerns that came up with the participants?

Do any of the group members appear to be disconnected from the others?
Session 4: Reclaiming Hope!

Purpose and Rationale

The main goal of this session is to encourage group members to develop coping skills and strategies. This is intended to be complimented by Stanley et al.’s (2009) cognitive-behavioural therapy for suicidal prevention (CBT-SP) intervention. The CBT-SP was developed to prevent suicidal behaviour, attempts, as well as enhancing an individual’s coping skills. One of the focuses in CBT-SP is creating hope kits. Hope kits are made up of items that represent significant areas of a person’s life.

Activities

- Deep Breathing (5 minutes)
- Check In (10 minutes)
- What is hope? (5 minutes)
- 10 Minute Break & Snack (10 minutes)
- Creating Hope Kits (40 minutes)
- Letter of Hope (10 minutes)
- Check Out (10 minutes)

Facilitator’s Prompt

Today’s group session is full of hope! Facilitators have a great impact on the atmosphere so be optimistic, energetic, and encouraging.... it will be contagious. Be sure to have the spa music and speakers ready to go.

If space allows, place each of the 11 items in different area of the room (ex: stones on the carpet, erasers on a chair, candles on the windowsill, etc). It will encourage group members to spend time thinking about the meaning.
Supplies Needed Checklist

- Flip Chart
- Spa Music
- Speakers
- Markers
- Handout #5
- Folders & Journals
- 8 Envelopes
- Paper
- Pens
- Small gift bags
- 8 rubber balls
- 8 stones
- Hershey kisses
- 8 Erasers
- 8 Band-aids
- 8 Elastics
- 8 bags of tea
- Angel stickers
- 8 candles
- 8 Pencils
- 8 Elastics
- Smiley stickers

Session 4 Instructions:

- **Deep Breathing**

  *Facilitator’s script:* “Today we’re going to start by practicing our deep breathing exercise. We will start each session with this exercise from now on and hope that it will help each of us settle and feel more present or grounded.

  Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Feel your belly and chest empty.

  Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”
Prompts:

- Have spa music and speakers ready.
- Turn on music for five minutes while group members (and facilitators) engage in deep breathing relaxation.
- After five minutes have gone by, slowly turn down the music and invite group members to open their eyes.

❖ Check In

Facilitator’s script: “Welcome to session #4!! Today is the half-way point of this group. How do you feel about that? For our check in today, please share something from your journal related to the questions from last session.

How did it feel to explore depression and negative thinking?

In what ways have you changed those thoughts to become more positive?”

Sharing:

- Encourage group members to initiate their turns.
- As group members share, encourage them to be specific.
  - “What was it like to recognize those feelings?”
  - “Wow, did you always know that about yourself?”
  - “It sounds like journaling is really working for you!”
- Once everyone has gone, be sure to thank them for being sharing.
What is hope?

Facilitator's script: “Hope is a powerful coping strategy for people who have experienced suicidality in the past. Heather Fiske (2008) said that hope is within us. If we focus on negativity such as failures, let downs, worries, and conflict, we are going to feel negative. If we focus on positivity such as reasons for living, goals, successes, dreams, and good relationships, we are going to feel positive.

I want to read you a traditionally told story now. It fits well with the topic of hope:

TWO WOLVES

Traditionally told by Wendi Hardy

One evening an old Cherokee told his grandson about a battle that goes on inside people.

He said, “My son, the battle is between two wolves inside us all.

“One is Evil - It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

“The other is Good - It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith.”

The grandson thought about it for a minute and then asked his grandfather: “Which wolf wins?”

The old Cherokee simply replied, “The one you feed.”

10 Minute Break & Snack
Creating Hope Kits

Facilitator’s script: “Now we’re going to spend the next half hour working on creating hope kits. The purpose of these kits is to encourage you to remember the good things in life, even when times are tough. We will give you a small gift bag and a handout that contains a list of 11 objects. Go around the room collecting the objects.

Please take your time and figure out what they mean to you. There is an extra space under each object, please fill in what the object represents and why it works for you. Once you have spent time reflecting and writing about the object, please put it in your gift bag.

Next, move on to find another object. Once you have collected all 11, come back to your seat and revisit the handout and make sure that the reasons fit for you. Please also add to your list, names of significant people in your life, favourite quotes, funny memories, your interests, favourite music, and things you are looking forward to.”
Handout #5

Hope Kits

Here are some of the parts of your life. Use these objects and figure out what they mean to you. There is an extra space under each object, please fill in what the object represents and why it works for you.

**Rubber Ball:**
- Exercise
- Fun
- 

**Stone:**
- Inner strength
- Grounding
- 

**Hersey Kiss:**
- Affection
- Love
- Supportive people
- 

**Eraser:**
- Everyone makes mistakes
- Starting over
- 

**Smiley sticker:**
- Laughter/ humour
- Good things in life
- Supportive people
- 

**Candles:**
- Celebration
- Fun
- 

**Pencil:**
- Journaling/writing
- Creativity/ art
- Goal-setting
- Problem solving
- 

**Tea:**
- Relaxation
- Calming
- Nourishment
- 

**Angel stickers:**
- Spirituality
- Safety
- Hope
- 

**Band-aid:**
- Healing
- Caring for me
- Resilience
- 

**Elastic:**
- Being flexible
- Reaching out
- Holding things together
- 

Notes to myself:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
• Letter of Hope

Facilitator’s script: “Please take a piece of paper and a pen. We’re going to give you ten minutes to write yourself a letter of encouragement. We will add ideas to the flip chart.

When you are done, please fold your letter, put it in an envelope and seal it up, with your name and address on it. I promise that no one will read them and in a few months, we will mail your letter to you.”

Prompts:

- As one facilitator is speaking, have the other facilitator write down the hope-filled prompts on the flip chart.
  - Encouragements / things you are good at.
  - Hopes for this year
  - Goals for school, sports, with family or friends.
  - Things you are working on in your life right now.

❖ Check Out

Facilitator’s script: “First, I would like you to write in your journal two new questions for reflection: (1) what did you gain from focusing on what is included in your hope kit? (2) What did you gain from hearing about other’s coping strategies?

Now, let’s do our check out for today: How does hope fit into your life now?”

Facilitator Debriefing Questions

Were there any group members who had difficulty with the concept of hope? Are there any group members who could use extra encouragement next session?
Purpose and Rationale

The purpose of session #5 is to encourage group members to enhance their own self-awareness. To accomplish this task, facilitators’ are encouraged to teach group members to mindful of their behaviour. Choice theory is focused around the idea that total behaviour is made up of four components, actions, thoughts, feelings, and physiology (Glasser, 1998). The first two components, action and thoughts are directly influence the latter two, feelings and physiology. By learning about choice theory adolescents can become more aware and conscious of the choices made through self-awareness. Through mindfulness and self-awareness, group members will be motivated to establish and maintain personal boundaries.

Activities

- Deep Breathing (5 minutes)
- Check In (15 minutes)
- Total Behaviour (10 minutes)
- Personal Challenges: What should we know about you? (30 minutes)
- 10 Minute Break & Snack (10 minutes)
- Assertiveness & Personal Boundaries (10 minutes)
- Check Out (10 minutes)
Facilitator’s Prompt
For session #5 set up, be sure that snack is out and handout are ready. Today’s topics could elicit intense emotions and memories. If a group member is struggling with emotions, encourage him or her to use the handout to make sense of it.

Supplies Needed Checklist
- Flip chart
- Markers
- Pens
- Paper
- Snack
- Handout #6
- Music
- Speakers

Session 5 Instructions:

❖ Deep Breathing

Facilitator’s script: “Today we’re going to start by practicing our deep breathing exercise. We will start each session with this exercise from now on and hope that it will help each of us settle and be present.

Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Feel your belly and chest empty.

Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”
Prompts:

- Have spa music and speakers ready.
- After five minutes have gone by, slowly turn down the music and invite group members to open their eyes.

❖ Check In

**Facilitator’s script:** “Hello everyone. It is wonderful to see each of you today. Today will be a good day. We hope that at the end of our time together, you will be walking out of this room with more confidence and the ability to take control of your own life. Today we are going to be talking about personal choice, self-awareness, and boundaries.

Does anyone have any questions about today or about last session?

For our check in today, please share something from your journal related to the questions from our last session.

What did you gain from focusing on what is included in your hope kit?

What did you gain from hearing about other’s coping strategies?”

Sharing:

- Encourage group members to initiate their turns.
- Remind the group to be specific as they share with each other.
- As group members share, encourage them to be specific.
- Once everyone has gone, be sure to thank them for being sharing.

❖ Total Behaviour
Facilitator’s script: “Now we’re going to talk about something that we do all of the time, behave. All that we ever do is behave!

Some examples: when we eat, walk, think, talk, scream, cry, or exercise.

*Pass out handout #6*

When you understand your behaviour, you gain control of your life. Choice theory is used to explain that we all have total behaviour is made up of four components, actions, thoughts, feelings, and physiology (Glasser, 1998). The first two components, action and thoughts, are directly influence the latter two, feelings and physiology. By learning about choice theory adolescents can become more aware and conscious of the choices made through self-awareness.”
Handout #6: Total Behaviour

All behaviour is TOTAL BEHAVIOUR. Total behaviour is made up of 4 components:

1. Doing (Acting)
2. Thinking
3. Feeling
4. Physiology

All 4 components are present all of the time. Like the wheels on a car, if one of the wheels changes direction, the others will follow.

*We have the most control over our actions and our thinking. Problems with feelings or physiology means something isn’t working. For example: If we want to change the way we are feeling emotionally or physically, the best way is to change what we are doing. *

Practice:

What am I doing? ___________________________________________
What am I thinking? ________________________________________
What am I feeling? _________________________________________
What is my body telling me? __________________________________
**Personal Challenges: What should we know about you?**

*Facilitator’s script:* “Now, using the handout, I want you to spend a few minutes thinking about some of your own behaviours. I’m going to ask that each of you share how your behaviours could be adjusted. Think about the 4 components: doing (acting), thinking, feeling, and physiology.

**For example:**

*Jane* explains that one of her tough behaviour is getting angry at her mom.

This is a DOING and a FEELING.

For Jane, she has more control over the doing which is the yelling. She might feel like she has no control over her feeling of anger though.

Jane could also look at the THOUGHTS that she experiences when she is angry: “I am so mad”, “I hate my life”, or “what’s the point in living like this”.

To make an effective change, Jane could start to recognize that her FEELING of anger is telling her that something isn’t working.

She must change what she is DOING and try something different.

She also has control of what she is THINKING.

Now it’s your turn, let’s hear something from everyone. Let’s work together to figure out better solutions and help you to be more aware of the control you have of your behaviours. It will take some practice to realize that you do have control of your behaviours. Be sure to use this handout as a reference point.”

---

**10 Minute Break & Snack**
 Assertiveness & Personal Boundaries

*Facilitator’s script:* “Boundaries are unique to all individuals. What are some of your physical, emotional, spiritual, and sexual boundaries? What do boundaries have to do with our relationships?” *Open Discussion*

Check Out

*Facilitator’s script:* “First, I would like you to write in your journal two new questions for reflection: (1) what can I do to ensure I am engaging in healthy relationships? (2) What can I do if I find myself in an unhealthy relationship?

Now, let’s do our check out for today: How will you apply today’s information into your life this week?

Facilitator Debriefing Questions

What did you see as a great strength in each member today?
Session 6: Establish a Support Network!

Purpose and Rationale

All people, especially adolescents, thrive when they have a strong sense of belonging among their family and their peers. Adolescents benefit from knowing that they have commonalities with their peers and family members because belonging lessens loneliness or the fear of being an outsider at school or at home.

When working with post-crisis suicidal adolescents, it is important for the therapist to gain an understanding of the client’s sense of belonging, and their support systems. Family is an important factor for ensuring safety for the client after a past suicide attempt or intensive suicidal ideation. Winfree and Jiang (2010) indicated that adolescents who felt loved, supported, and accepted by their parent(s) were less likely to experience suicidal ideation and suicidal behaviours.

Activities

- Deep Breathing (5 minutes)
- Check In (20 minutes)
- Circle of Trust (30 minutes)
- 10 Minute Break & Snack (10 minutes)
- My Support Network (10 minutes)
- Check Out (15 minutes)

Facilitator’s Prompt

Today’s session is all about belonging. Be available to each group member with ideas and prompts for their support networks. Facilitators are great supports to each teenager so remind them that they can count on you when times are tough.
Supplies Needed Checklist

- Pens
- Paper
- Lots of Markers
- Flip Chart
- Spa Music
- Speakers
- Snack
- Folders & Journals
- Handout #7

Session 6 Instructions

❖ Deep Breathing

*Facilitator’s script:* “Today we’re going to start by practicing our deep breathing exercise. We will start each session with this exercise from now on and hope that it will help each of us settle and be present.

Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Feel your belly and chest empty.

Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”

Prompts:

- Have spa music and speakers ready.
- Turn on music for five minutes while group members (and facilitators) engage in deep breathing relaxation.
- After five minutes have gone by, slowly turn down the music and invite group members to open their eyes.
**Check In**

*Facilitator’s script:* “Welcome everyone. It’s great to see you today. We hope that you will leave today feeling very supported by the people around you.

For our check in today, we’d like you to take the lead. You have been doing this for 5 sessions, so please take the lead and we will go last. So, who would like to go first and share something from your journal related to the questions from last session.

What can I do to ensure I am engaging in healthy relationships?

What can I do if I find myself in an unhealthy relationship?”

**Sharing:**

- Encourage group members to take the lead on check in today.
- Facilitators check in last today.

**Circle of Trust**

*Facilitator’s script:* “We are going to start today with a creative activity. This is a guided activity that will require you to think of all of the people in your life. We will give you all a sheet of paper and a pen. Please pick 4 different coloured markers.

Okay, now find a spot where you will be comfortable to be creative and thoughtful. __________ (facilitator) will do the activity at the same time as you in case you need to see what the next step looks like.

*Print out example circle of support*
Example: Circle of Support
Facilitator’s Script: “We will spend about twenty minutes creating this.

First, I want you to draw a large circle on the paper, in pen. Make it as big as you can so that it fills up the paper.

In the centre of that circle, write your name and draw a small circle around it.

Now, I want you to start thinking of the people in your life that you enjoy spending time with.

Think about how close you are with each of those people. Close meaning they are trustworthy, you can count on them, they know a lot about you, and you know a lot about them. If someone is really close to you, you will want to write their name close to your name.

When you are ready, start writing their names in the big circle and draw a small circle around each name.

Next Part:

Now we are going to use the four different coloured markers. Each marker will represent a category. On the top of your paper make note of each colour and what that colour will mean to you.

The four categories are: (1) Fun (i.e., blue), (2) Encouragement/Love (i.e., green), (3) Non-judgmental go-to person (i.e., red), (4) Spirituality (i.e., purple).

Now, I want you to spend some time thinking about which category each person fits into. Some may fit into more than one. When you are ready, colour each circle with the appropriate colour.

This is a great visual for you. It will encourage you to remember who you can count on for what things in life. Great job!!
✧ 10 Minute Break & Snack

✧ My Support Network

*Facilitator’s script:* “We’re going to work on handout #7. It’s a great addition to the circle of support that we just completed. This handout will help you figure out who you can count on when life feels tough. We’ll spend 10 minutes working on this.”
Handout #7: My Support Network

When to Seek Help

People who isolate themselves from others usually have a hard time dealing with tough stuff in life. When you are dealing with tough stuff, it’s important to reach out to the people who support and encourage you. These are the people who understand what you are going through. It is so important to remember that when times are tough it is important to reach out for support.

How do you support others?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Explain why you may not want to talk or be with others when you are feeling down?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List the people who you trust and who encourage and support you. Please list at least 3 adults. Think of family members, neighbours, teachers, coaches, friends, and so on.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe how those people encourage or support you.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Write their phone numbers and email addresses down. Keep these numbers with you so you can get in touch with someone special when you need to.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Adapted from Schab’s (2008) exercise: Support people (p.137).
Check Out

Facilitator's script: “First, I would like you to write in your journal two new questions for reflection: (1) Friends are only able to help me with some problems, adults need to be involved when I have big problems, who can I count on? (2) Creating a support network is good for my overall wellbeing, how can I strengthen my support network this week?

Now, let's do our check out for today: We have a lot of control over the choices that we make, what is one area of your life that you could regain control of?

Facilitator Debriefing Questions

Were there any concerns in today's session?

Should we include any additional topics of discussion next group?
Session 7: Bringing It All Together!

Purpose and Rationale

This counselling group has been focused on addressing the specific topic of suicidality and hopefulness. Participants have been provided with information, resources, and coping strategies related to suicidality and coping strategies. It is hoped that in this group, participants have gained valuable, applicable knowledge that fits into their lives.

Corey, Corey, and Corey (2010) acknowledged that group therapy is beneficial to clients when participants feel comfortable to share their experiences and perspectives. By nurturing the group process in session #7, facilitators can encourage participants to step outside of their comfort zone and take emotional risks (Corey et al.). Psychoeducation has been used throughout the course of this group to empower clients through their increased knowledge. This session is focused on bringing all of the information together!

Activities

- Deep Breathing (5 minutes)
- Check In (20 minutes)
- Group Overview (15 minutes)
- 10 Minute Break & Snack (10 minutes)
- Personal Safety Plan (20 minutes)
- Check Out (20 minutes)
Facilitator’s Prompt

To prepare for today, have all handouts printed out and the speakers and music ready. Today is about encouraging group members to tie all of the group information together through discussion and safety planning.

Supplies Needed Checklist

- Flip Chart
- Markers
- Pens
- Snack
- Handout #8
- Folders & Journals
- Paper
- Spa Music
- Speakers

Session 7 Instructions:

- Deep Breathing

Facilitator’s script: “Today we’re going to start by practicing our deep breathing exercise.

Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Feel your belly and chest empty.

Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”

Prompts:

- After five minutes invite group members to open their eyes.
❖ Check In

*Facilitator’s script:* ‘Welcome to our second last session together. How is everyone feeling about the end of our group drawing near? For our check in today, we would love to some reflections from your last journal questions:

Friends are only able to help with some problems, adults need to be involved when you experience big problems, who can you count on?

How did you strengthen you support network since our last session?’

**Sharing:**

- Invite group members to take the lead on check-in.

❖ Group Overview

*Facilitator’s script:* “Let’s have a discussion about what you’ve learned so far”.

**Prompts:**

- Session 1: Let’s Get Acquainted! (Revisit Goals!)
- Session 2: What is Suicide?
- Session 3: How do you Handle Emotions?
- Session 4: Reclaiming Hope!
- Session 5: Enhancing Self-Awareness!
- Session 6: Establish a Support Network!

What else are you hoping to learn about or talk about?”

❖ 10 Minute Break & Snack

❖ Personal Safety Plan

*Facilitator’s script:* “With help, you are going to create personal safety plans.”
<table>
<thead>
<tr>
<th>What I need to do to reduce the risk of me acting on the suicidal thoughts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What warning signs or triggers are there that make me feel more out of control?</td>
</tr>
<tr>
<td>What have I done in the past that helped? What ways of coping do I have?</td>
</tr>
<tr>
<td>What I will do to help calm and soothe myself:</td>
</tr>
<tr>
<td>What I will tell myself (as alternatives to the dark thoughts):</td>
</tr>
<tr>
<td>What would I say to a close friend who was feeling this way?</td>
</tr>
<tr>
<td>What could others do that would help?</td>
</tr>
<tr>
<td>Who can I call?</td>
</tr>
<tr>
<td>• Friend or relative:</td>
</tr>
<tr>
<td>• Health professional:</td>
</tr>
<tr>
<td>• Telephone helpline:</td>
</tr>
<tr>
<td>A safe place I can go to:</td>
</tr>
<tr>
<td>If I still feel suicidal and out of control:</td>
</tr>
<tr>
<td>• I will go to the Hospital</td>
</tr>
<tr>
<td>• If I can’t get there safely, I will call 911</td>
</tr>
</tbody>
</table>

www.getselfhelp.co.uk © Carol Vivyan 2011. Permission to use for therapy purposes.
Check Out

Facilitator’s script: “First, I would like you to write in your journal two new questions for reflection: (1) what are the most important things you learned about yourself and suicidal behaviour within this group setting? How can those things transfer into other areas of your life? Explain.

For our check out today, we have two questions for you: What do you need to do (emotionally or physically) to prepare for our last session together?”

Facilitator Debriefing Questions

Were there any concerns that came up with the participants?

Are there any areas that need to be revisited for certain group members?
Session 8: Moving Forward!

Purpose and Rationale

Today is the final group session. Corey, Corey, and Corey (2010) noted that the purpose of group therapy is to encourage participants to move forward in their lives more positively. These authors stated: “[y]our task is to help members reflect on what they have learned, how they have learned it, and what they intend to do with their insights” (p. 275). Ultimately, the final session is to draw out each participant’s successes. Facilitators should remind group members that they are capable of applying their newfound knowledge in to all aspects of their life.

Activities

- Deep Breathing (5 minutes)
- Check In (10 minutes)
- Personal Coping Strategies (20 minutes)
- Cupcake Celebration (40 minutes)
- Check Out (15 minutes)

Facilitator’s Prompt

Today is the final group.... a celebration is in order! To prepare for a successful cupcake celebration, have a table with lots of space ready with all of the cupcake supplies set out. Remember to bake the cupcakes early. 😊

Throughout the course of the session, make time to approach each group member individually so that you can remind them that with practice, their new skills will help them in all parts of their lives.
### Supplies Needed Checklist

- Spa Music
- Speakers
- Flip Chart
- Markers
- Pens
- Handout #9
- Paper
- Journals & Folders
- 12 vanilla cupcakes
- 12 chocolate cupcakes
- 2 L vanilla frosting
- Sprinkles
- Marshmallows
- Smiley Stickers
- Angel Stickers
- Candies
- Chocolate Sauce

### Session 8 Instructions:

#### Deep Breathing

*Facilitator’s script*: “Today we’re going to start by practicing our deep breathing exercise.

Let’s start. First, sit comfortably with your legs uncrossed. Just put your hands on your bellybutton. Let your eyes close, if you are comfortable to. Imagine a smile on your face. Breathe in and out through your nose. Inhale deeply and feel your belly fill with air. Let your belly rise and make room for your breath. Feel your belly and chest empty.

Let’s practice belly breathing for 5 minutes. I will turn on some relaxing music so you can be silent and focus on your breathing.”

**Prompts:**

- Have spa music and speakers ready.
- After five minutes have gone by, slowly turn down the music and invite group members to open their eyes.
❖ **Check In**

*Facilitator’s script: “Welcome to our last session! I am so proud of each of you because you have done some very tough work through the course of _____ weeks. It’s been a pleasure to be with you in your journeys.

For our check in today, please share something from your journal related to the questions from last session.

What are the most important things you learned about yourself and suicidal behaviour within this group setting?

How can those things transfer into other areas of your life? Explain.”*

**Sharing:**

- Allow group members to take the lead and initiate their turns.

❖ **Personal Coping Strategies**

*Facilitator’s script: “For the next 20 minutes we are going to be detectives. Using your folder of handouts and your journal, please fill in handout #9. You are going to create a list of personal coping strategies that work for you. We encourage you to be as specific as possible and hang this handout somewhere where you can see it. That way, when you need to attend your emotions or self-care, you will have lots of ideas right there.”*
Handout #9: My List of Personal Coping Strategies

My List of Personal Coping Strategies
*I will hang this in a place where I will see it*

I will make time each day to relax. Things that work for me are:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If I am feeling down or depressed, I know I can talk to:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

If I am experiencing intense emotions I will:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Things I enjoy doing are:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Cupcake Celebration

Facilitator’s script: “You have all come a long way, now it’s time to celebrate! We are going to have a cupcake celebration to honour your colourful journey. We have prepared vanilla and chocolate cupcakes and white frosting. It is up to you to decorate two cupcakes: one will symbolize who you were at the start of this group and the other cupcake will symbolize who you are today.

You will have 30 minutes to create your two cupcakes.

You can use all of the supplies available: food colouring, sprinkles, chocolate sauce, marshmallows, candies, and stickers.

After everyone is finished you will all be invited to share your journey with the rest of the group.

Cupcake Discussion Prompts:

- What do the two cupcakes have in common?
- What are the differences between the two cupcakes?
- If your new cupcake had a message for your old cupcake, what would it be?
- How will you make sure that your new cupcake’s message sticks?
- What else should we know about your two cupcakes?

Check Out

Facilitator’s script: “Today’s check out will be a little bit different and more interactive. We are going to do an activity called High Fives. We will come around with a piece of paper and a marker for each of you.

Using a marker, please trace your hand onto the piece of paper and write your name somewhere outside of your handprint. After you have finished that, please pass your handprint to the person on your right.”
Now, that you have someone else’s hand in your lap, using a marker, please write a message of appreciation or encouragement to that person. Let that person know what you learned from them or something that you admire about that person. After you are finished writing that message, please pass that person’s hand to the person on the right.

When you are ready to pass someone their own hand, please pass it back to them upside down. We will not read these during group. Instead, we encourage you to take them home and read them while you are sitting somewhere comfortable with your favourite tea or juice.”

Facilitator Debriefing Questions

What is a message we would like each person to hear from us?
References


