

Suicide Prevention from a Narrative Perspective

Sign in 8:15

Morning session (8:45 to noon)

Introductions

- Language and definitions around suicide
- Statistics of suicide

Exercise: What can bring a person to the edge of suicide?

- Breakout rooms
 - Questions to consider:
 - Why might someone consider suicide?
 - How do they view their life (e.g., past, present, future)?
 - How do they see themselves?
 - What's missing that could make life liveable?

Discussion: What did you all come up with?

Historical and current discourses on suicide that shape current beliefs and interventions

- Structural approaches to suicide intervention (group discussion)
- Historical
 - Sin, Crime
- Individualism
- Medicalization of suicide
 - Pathology

Legal requirements for our professions

- CAMFT/BBS guidelines

Morning break (15 minutes)

Exercise: Explore benefits/limits/risks of a traditional approach to suicide assessments and intervention

- ❑ Breakout rooms
 - ❑ Questions to consider:
 - ❑ What questions might we ask in a traditional suicide interview?
 - ❑ What is the potential effect on the person in the client seat?
 - ❑ In what ways can a direct practice approach to suicidality objectify and subjugate a person?

Dignifying characterization

- ❑ Seeing people in context
- ❑ Oppression vs depression
- ❑ Circumstances as novel
- ❑ People as double (or multi) storied

Social, political, ethical, historical contexts and variables that challenge the current mainstream views on suicide and suicide prevention

- Race - Black/brown communities
- LBGQTI
- Gender
- Youth
- Elderly
- Culture (other countries)
 - India's farmers

Lunch (noon to 1:15)

Afternoon session (1:15 to 4:30 with a 15 minute break)

Post-structural suicide engagement

- Possible ways to collaboratively assess risk of suicide
- Suicide prevention that expands possibilities and increases engagement

Exercise: Alternative views on suicide outside of traditional considerations

- **Breakout rooms?**

- Questions to consider:
 - Who owns a life?
 - Who or what is responsible to the threat of someone taking actions to end their life?
 - How do we engage in contextual accounts of what people are up against while resisting the bio-medical model?
 - How do we consider both professional and personal ethics as practitioners?

Afternoon break (15 min)

Role play:

Discovery Learning: Suicide interview

- ❑ 10-15 questions
- ❑ Interview the interviewer about their questions
- ❑ Groups of 3 and come up with the next question
- ❑ Interviewee respond and then choose one and answer it
- ❑ Groups of 3 come up with next question

Discussion: What stood out

David Marsten became intrigued with Narrative Therapy in 1991 while training at MRI in Palo Alto, CA. He developed one of the first Narrative training programs in Los Angeles at Jewish Family Service in 1992 and went on, in 1999, to establish a Narrative training and counseling center, Miracle Mile Community Practice, www.mmcpa.org. He has taught at the graduate level for many years, the last 14 of which in Pepperdine University's Narrative Training Clinic. He is a faculty member of

the Vancouver School for Narrative Therapy and teaches internationally for Dulwich Centre. He has co-authored several articles, 3 chapters in edited collections, and the book: *Narrative Therapy in Wonderland: Connecting with Children's Imaginative Know-how*.

Debi Kitay began her study of Narrative therapy in 2012 when she joined Miracle Mile Community Practice. She currently serves as the Director of Operations, as well as a clinical supervisor, at MMCP. Previously, Debi was the Associate Clinical Director/Senior therapist at Evo Health and Wellness. Evo was an outpatient addiction treatment program that focused on the root causes of addiction-rather than just the substance use. Debi also works in private practice in Los Angeles and El Segundo.