

**LEVEL UP: COMPETENCES OF THE FUTURE  
WORKING WITH PEOPLE WITH A TENDENCY TO  
SUICIDE - SUICIDAL THOUGHTS  
SCRIPT 9**

County Center for Family Assistance in Oświęcim in cooperation with  
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PROJECT ERASMUS+, Action 2:

Strategic partnerships for vocational education and training:

„Level up- competences of the future”

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SCRIPT 9 LEVEL UP

Topic: WORKING WITH PERSONS WITH A LONG to SOME - LONG TO SAME

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

Recipients:

The recipients of the meetings are families,

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

Participants:

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

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

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

## Work methods:

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

## Materials needed for the meeting:

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

- A4 paper
- pens

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

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

### The purpose of the meetings:

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

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

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

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

## Meeting 1

The teacher/teachers move. Welcome to the families

- Name
  - Education
  - Work experience
  - Interests

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

## Information card 1

### Mini-lecture - Family and suicidal thoughts

Suicidal thoughts are often the result of depression, addictions and various mental disorders. They can be described as a conviction and planning to take one's life. In depression, they are evidence of its extreme severity. They are usually preceded by thoughts of resignation. Resignatory thinking is about the senselessness of one's own life, the attractiveness of death. For many people, it is an expression of a desire to escape from the problems that are piling up, and often it is just a cry for help. Suicidal thoughts can appear at every stage of our lives and concern every age group.

The causes of suicidal thoughts can be related to the loss of a loved one or a huge material loss. In such situations many people feel crushed by the situation and cannot cope with it. Suicidal thoughts can also be the result of difficult crisis situations that cannot be resolved. Suicidal thoughts usually occur in people who cannot cope with difficult, stressful situations. Another category of causes of suicidal thoughts are mental disorders. They can be anxiety disorders, personality disorders, addictions.

Suicidal thoughts often accompany people suffering from depression as well as bipolar affective disorder. As a result, suicide attempts are often made in advanced stages of the disease. Depression always requires specialist treatment.

Suicidal thoughts also apply to people with personality disorders. An example of such a disorder is the borderline personality. People affected by

this disorder are unable to cope with the problems, which leads to the appearance of suicidal thoughts. These thoughts are permanent and difficult to get rid of. If the patient does not receive treatment, he or she may attempt suicide.

After completing the mini-lecture and the psycho-educational part, the social worker gives the client a card to take notes. After the client completes the Work Card, the employee answers questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.



Meeting 2

Survey for parents

The survey is mainly aimed at parents about teenagers, but the questions can be slightly modified to fit the situation of an adult or younger child.

Behaviour appears in the child's functioning, the presence of which should be interpreted as an alarm signal about the possibility of committing suicide attempt, among which attention should be paid in particular:

Medium risk		Parent
1.	The teenager has lost interest in the activities he has performed so far.	
2.	School grades have clearly deteriorated.	
3.	He started to manifest inappropriate behaviours (although they did not appear before) or manifested them in greater intensity (if they appeared sporadically before).	
4.	He started truancy, the number of unjustified hours increased.	
5.	He started to smoke excessive amounts of cigarettes, consume excessive alcohol, use and abuse other psychoactive substances.	
6.	He started to show excessive aggression towards his colleagues (including incidents ending with police notification).	
7.	Specific changes in eating and sleeping habits have emerged.	
8.	He withdraws from close relationships with his parents and friends.	



9.	There are outbreaks of anger (more intense than before).	
10.	It shows increasing difficulty in focusing attention.	
11.	He lost interest in school or homework.	
12.	He started neglecting his appearance.	
<b>High risk</b>		
13.	He started to show a tendency to take excessive risks.	
14.	His attention is absorbed by subjects related to death and dying.	
15.	He suffers from depression or other mental disorders.	
16.	He's rightly declaring a desire to die.	
17.	He formulates plans for suicide.	
18.	Writes farewell letters, especially farewell posts and comments on the Internet (descriptions in communicators, entries on social networking sites, etc.).	

In the free space to the right, the parent indicates whether the statement applies to his child. After completing the survey, the person working with the family discusses what the parent observed.

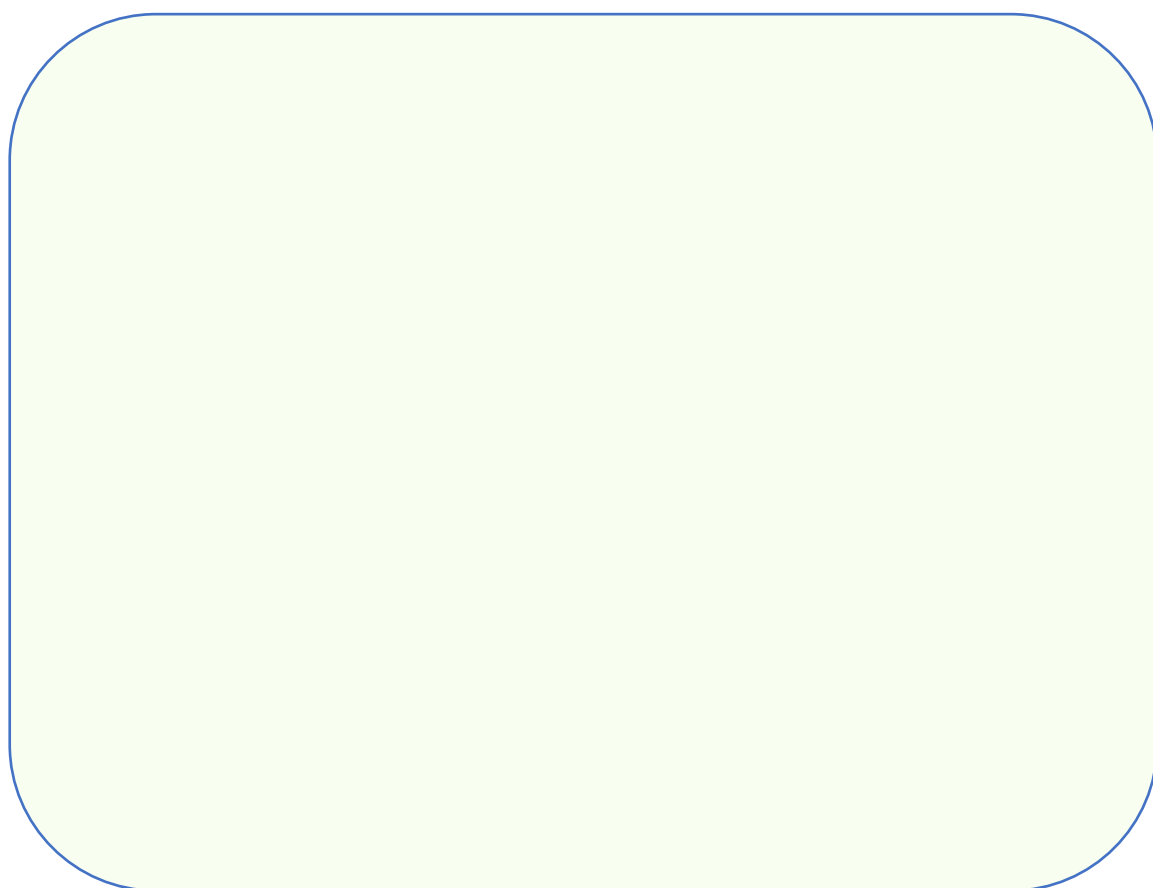
INDIVIDUAL WORK CARD FOR A PARENT 2

Since when can a change in behaviour be observed?

What do you think the change in behaviour is related to?

Have you talked to the child about this?

After completing the mini-lecture and the psycho-educational part, the social worker gives the client a card to take notes. After the client completes the Work Card, the employee answers questions. If the employee does not know the answer to the questions asked, he informs the client about it, indicating the time and manner of the answer.

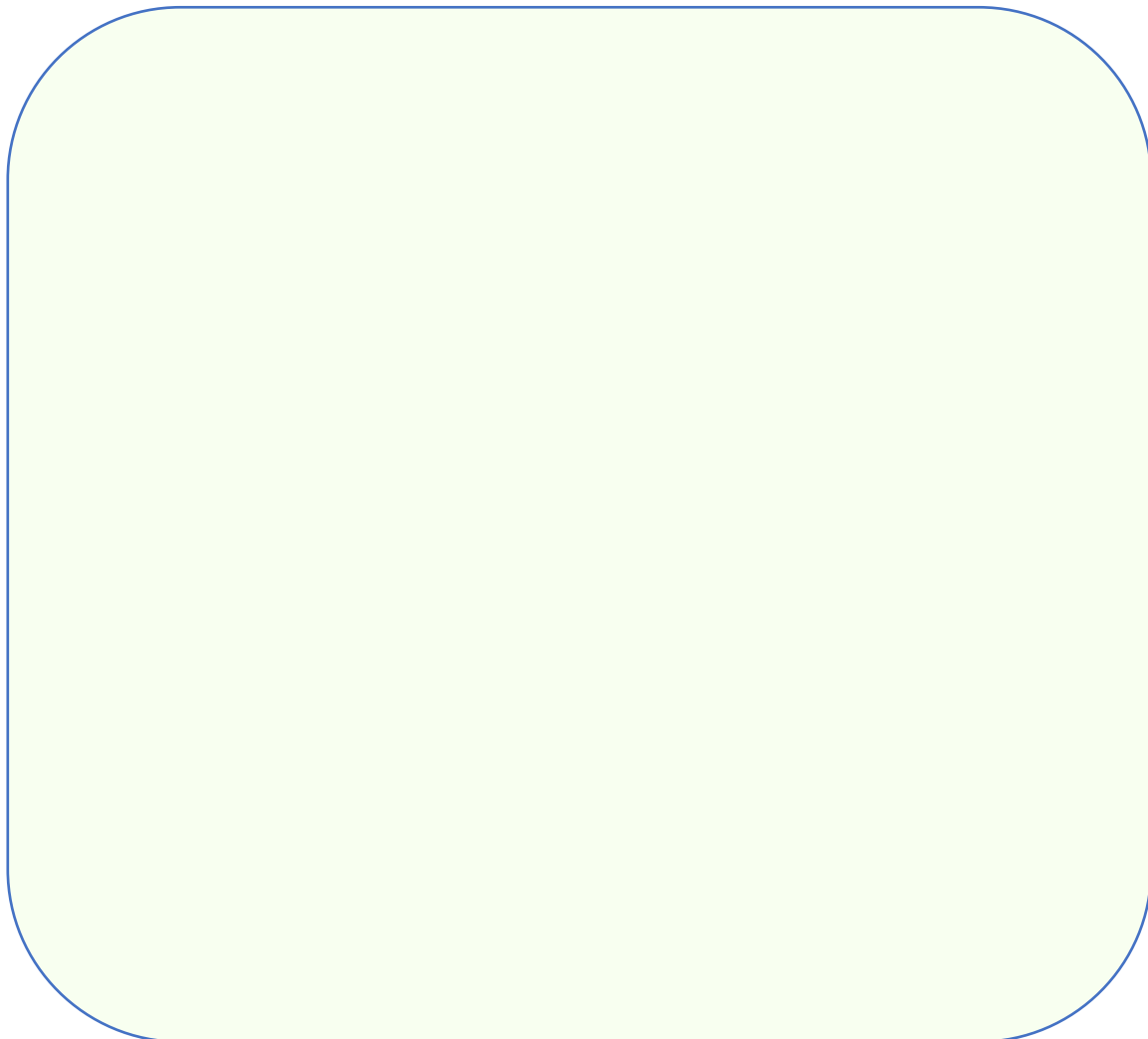


HOMEWORK - INDIVIDUAL WORK CARD FOR A PARENT/GUARDIAN

WHERE AND HOW TO GET HELP - MY STRATEGY

The task of a parent/guardian is to find possible places where they can get help and market intelligence; what, where and how.

He/she writes out real solutions suitable for the family



## Meeting 3

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

Then he asks what has changed since the last visit; he notes down what he has learned

And ask

Have you been doing anything to help with this? If so, what? If not, then why?

Have you received signals of behavioural changes from other people or institutions (e.g. school)?

The social worker then tries, together with the parent, to establish appropriate assistance for adults and the child. It is worthwhile to discuss the difficulties involved in using forms of assistance, both technical (e.g. distance of the place of assistance, unfavourable working hours, etc.) and emotional (fear, shame). Together, you can identify the most priority actions to start with and who can help (extended family, social workers, etc.).

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

## COMMENTS AND CONCLUSIONS