ASIST 11: TRUE TO OUR TRADITIONS

Throughout its thirty-year history, LivingWorks has been known for its commitment to excellence and its dedication to saving lives. While it would have been far safer, easier and less expensive for LivingWorks to have avoided allocating significant financial and personal resources to improving ASIST, we choose to remain true to who we are. ASIST 11 will become the current and official version of ASIST starting in June of 2013. It will become the only supported and official version of ASIST starting in June of 2015. This document should be useful for all trainers of earlier versions as well as organizations who want to upgrade to or support training in ASIST 11.

Significantly Better

We are asking you to upgrade to ASIST 11 because it is significantly better. It improves upon the strengths of ASIST X and addresses its known problems. It will be easier to teach. It will be easier to learn. It will do an even better job of broadening participants' general helping skills. Most importantly, it will enable those trained in ASIST to save more lives. Evidence for ASIST 11 is reviewed in Evidence in Support of the ASIST 11 Program (2013). Independent research will soon make public evidence for the power of ASIST X to save lives as well as documenting some of its limitations.

The following will give you some idea of why we are so pleased with ASIST 11. First, we will concentrate on how ASIST X's strengths are enhanced in ASIST 11 and then on how ASIST X's limtations are addressed. The last part of this section provides a list of all the significant improvements of ASIST 11 over ASIST X.

Not addressed are the reasons ASIST is the preferred suicide first-aid intervention training vehicle. There aren't any comparable training options available. As just one small illustration of that claim, note that ASIST 11 was produced from the direct effort of an international team of the equivalent of six full-time people over a two year period. It also benefits from the ideas of hundreds of thousands of participants and thousands of trainers. No one else puts in the kind of effort LivingWorks expends in keeping our training cutting edge.

Hear Their Story

Persons at risk indicate that the willingness and ability of a helper to let them talk about their reasons for suicide and helping them to find their own reasons for staying alive was essential to their avoiding suicide. These have always been key assumptions of all versions of ASIST. The two tasks caregivers have the hardest time doing are asking directly about suicide and listening to the person at risk's story about suicide. ASIST's most important learning goal is to increase the chances that caregivers will be able to fulfill those two tasks.

While ASIST 11 probably only improves participants' learning to ask about suicide a modest amount, it greatly improves the chances that caregivers will be able to listen to the person at risk's story about suicide. Indeed, one might almost say miraculously so.

ASIST 11 makes hearing the story about suicide a separate caregiver task, not just one part of a task as in ASIST X. Guidance is provided about what hearing means and how to do it. ASIST 11 also makes supporting the life connections that emerge from hearing their story a separate task.

Various fears cause caregivers to jump to solutions and impose their reasons for living upon persons at risk. Maybe the person at risk will just "get lost in the negative." Maybe they will not understand that they also have connections that hold them to life or will not understand what those life connections suggest they should do. ASIST 11 makes identifying life connections and turning them into reasons to keep safe-for-now almost easy.

Indeed, ASIST 11 virtually structures doing what is the hardest thing in all forms of helping: finding positives amongst all of the person's negatives.

To understand how this might be possible, recognize that almost all persons at risk are ambivalent, or what ASIST 11 calls, "uncertain," about suicide. If you provide an opportunity for a person at risk to tell their story, they will, almost always sooner rather than later, express some form of this uncertainty. ASIST 11 calls that moment, a "turning point." This is the emotional component of change.

It is profoundly illogical to suicide when one is uncertain because suicide eliminates ever discovering what the uncertainty is about. ASIST 11 provides what is almost a formula for turning any form of uncertainty into a reason for focussing upon safety-for-now rather than suicide. And not just any reason, mind you, but a reason that a person at risk will acknowledge, accept and even welcome.

While ASIST X encouraged these things to happen, it provided very little guidance about how they could be achieved consistently. If ASIST X worked—which it did—imagine what ASIST 11 will enable caregivers to do.

Integrating Care and Respect

Helpers providing a first-aid suicide intervention do not consistently explore aspects of the person at risk's life that could be relevant to risk and safety. ASIST X-trained caregivers have a similar problem. While they can facilitate processes that encourage the person at risk to talk about suicide and find their own reasons for staying alive, focusing upon protecting against risk typically does not get enough attention.

These aspects of good care are traditionally associated with risk assessment. A question like, "Have you ever attempted suicide before?" is one of the questions any risk assessment tool would have a helper ask. The reason for asking is because prior suicide behavior is known to have a potential relationship with risk and with safety. ASIST X's risk review framework has the same question. One would assume that diligence—or "care" for a simpler word—would require that prior suicide behavior typically be discussed.

We suspect this kind of question is often regarded as too intrusive or disrespectful, perhaps even implying disease or disorder. Beyond that, it is not generally clear what one does with a response about prior suicide behavior in a safety sense in most risk assessment processes although ASIST X's risk review at least made that clear.

ASIST 11's somewhat similar question is: "Have you learned anything from previous suicide attempts that might be helpful in keeping you safe for now?"

ASIST 11's question is more efficient in two ways. The longer-term potentially negative implications of prior suicide behavior cannot be addressed in a first-aid intervention context except by referral to a professional for help. ASIST 11 starts a process that might result in such a referral automatically through its recommendation for connection with a general practitioner for all persons at risk. Things learned from previous attempts, on the other hand, may be quite relevant to safety-for-now: "I have forgotten that I had learned...." ASIST 11 asks directly about that possibility. ASIST 11's safety assessment framework is constructed to focus on just what needs to be focussed upon for the purpose at hand.

ASIST 11's question is transparent and positive. There is no doubt about why a helper is asking about prior suicide behavior in ASIST 11: the reasoning is captured in the question. The question also emphasizes the positive: the search is for a possible contributor to keeping one safe-for-now rather than negative past events. We suspect that one of the biggest reasons helpers are reluctant to ask about things like prior behavior is because they do not have a way to ask about it that is transparent and positive.

ASIST 11's model guides caregivers to obtain permission for asking a question about things like prior behavior. Under the model, a person at risk must agree that the focus of the intervention process should shift to a focus upon safety-for-now. Once agreed, it makes good sense to ask questions about how safety can be achieved. Indeed, it would not make sense if one did not.

The shift to safety has another care-enhancing effect. The goal of every suicide first-aid intervention is safety-for-now. Achieving it needs to fit the situation. More elements of safety might need to be carefully considered in some situations than others. Thus, the standard of good practice ought to be: "Are the things being considered, the ones that need to be considered to create safety-for-now in this situation?" As a simple illustration of how profoundly clarifying this is, consider a situation in which a person has already harmed themselves or is about to harm someone else. Taking the time to ask about prior suicide behavior when one ought to be implementing an emergency protocol makes no sense. Risk assessment by rote should not be a practice standard. Risk assessment is a tool; not a goal.

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Improvements of Significance

The two improvements just noted are found in a new suicide intervention model known as *Pathways for Assisting LIfe* or "*PAL*" and a new Safety Framework that aids a two part planning and commitment process to create safety-for-now.

Other improvements of significance are:

- Early and continuous framing of the goal of suicide intervention as both first-aid and life-assistance with the latter meaning that an intervention should be done in a way that encourages future help-seeking whenever possible.
- Protection for participants to help ensure that their ASIST experience meets the standard of what their experience was supposed to be.
- Better, common-language labeling of the attitudinal dimensions that underlie caregivers' responses to suicide, making the work of understanding the impact of attitudes on caregiving behavior easier.
- More practical closure of the attitudes discussion resulting in a better understanding that the level of guidance compatible with a caregiver's attitude may not be the level of guidance that a person at risk needs.
- Ongoing opportunities to consider the appropriate level of guidance needed to meet various person at risk needs and situations.
- Ongoing opportunities to consider the impact of role and organizational procedures on caregivers and persons at risk.
- More practice asking directly about suicide and more exploration of the reasons to do so.
- The structure of *PAL* is taught in Day 1, leaving only the process aspects of the model to be taught in Day 2.
- Time for more small group practice; typically, two more practice experiences.
- Consultation with the mental and physical health communities built-in with the general recommendation for referral to a family practitioner.
- Closing of the workshop provides a review of caregiver role implications and provides a good understanding of what a suicide-safer community could be like.
- New twenty-page participant workbook with more workshop content built-in making it more of an ongoing resource.
- New web-based participant integration tools at two levels for two purposes: consolidating learning right after the workshop and refreshing or "tuning up" learning at a later date.

Significant Support

The clock on ASIST X is ticking. LivingWorks cannot afford to support two versions of ASIST. ASIST 11 is different enough from ASIST X that supporting two programs would necessitate creating two independent departments within LivingWorks. We do not have the resources to do that. Two departments would mean less service as well as severely limiting support for upgrading to ASIST 11. It would also create confusion for everyone.

We are making significant contributions to upgrading existing trainers. We are providing or subsidizing upgrading vehicles and the acquisition of new trainer materials. It is, of course, far less expensive to upgrade existing trainers than train new ones at new T4Ts. Besides, upgrading existing trainers rewards them for training as well as making use of their experience.

Information is available to help ASIST X-trained persons understand the similarities and differences between ASIST X and ASIST 11. See, Living with ASIST 11 Helpers. This is a stopgap measure until all persons within an organization can be upgraded to ASIST 11. The only way for helper to understand ASIST 11 is to take ASIST 11.

In some situations it might work to only train new participants in ASIST 11 but there are possible complications with this for organizations. Many organizations create protocols for using ASIST. As those of us with organizational experience know, it is typically hard enough just to get one helping protocol of any kind used consistently.

Another consideration is that word of mouth from participants who take ASIST 11 will cause others in the same organization to want that experience. Field trials of ASIST 11 have already established that ASIST 11 will be received enthusiastically. Lastly, a best practice for essential helping skills of any kind is to renew and refresh them periodically. Taking ASIST 11 provides an excellent way for those who have taken earlier versions of ASIST to do that. ASIST 11 is fundamentally the same as ASIST X. Thus, a person taking ASIST 11 can build upon what they learned from earlier versions of ASIST. On other hand, ASIST 11 is significantly better so that taking it will in some ways seem like taking a new program

To address the need for refreshing and recertification in the future, ASIST 11 provides web-based tools. ASIST 11 participants will be able to meet these needs in a cost-effective way, using on-line methods and working at their own pace.

In conclusion, you need to upgrade. Choosing not to use ASIST would be particularly unfortunate at a time when new evidence is likely to make ASIST training almost a requirement.

Your Traditions

We assume that you value excellence and helping to save lives too. These are difficult economic times but, in some ways, the choices are even sharper as a result. A decision to embrace the ASIST 11 upgrade:

- gives tangible evidence of and supports your organization's commitment to continuous improvement and service excellence that reflects current evidence about suicide and leading trends about preventing suicide.
- provides more teachable ways of providing suicide first aid that can be readily learned and consistently applied.
- equips those within your organization to work toward the understandable and achievable goal of increasing safety-for-now for persons at risk.
- ensures that your trainers can readily partner with others who have updated, rather than face a dwindling number of training partners who can use the current version of ASIST for only a limited time.
- means that you can train service providers in your organization to work with updated protocols that reflect the best of current and emerging trends in suicide prevention practice.
- is cost effective in that the cost of upgrading existing trainers is subsidized and far less than training new ones.
- is an investment in the future of your workers and those people at risk who they help.

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