

**WHO CAN HELP
PREVENT SUICIDE IN
YOUR COMMUNITY?**



**LOOK IN THE
MIRROR, IT'S YOU!!**

This short publication has one purpose – to help you, an ordinary citizen, know that you truly have the ability to help prevent suicides in your community.

There are only 10 pages to read now, the rest are helpful examples (Appendix) you may want to refer to later.

Caution: Don't worry about doing all of the activities discussed in this booklet. Even if you only do one activity, no matter what it is, you will be taking an important step to prevent suicide in your community!

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WHAT CAN YOU DO IN YOUR COMMUNITY TO PREVENT SUICIDE?

Far more than you realize!!!

1. **Any interested community member** can help prevent suicides with some information and support.
2. The greatest defense against suicide is having caring community citizens **TALKING IN YOUR COMMUNITY!!**
3. Here are a few examples of what some Alaskan communities have done:
 - **Make presentation to a community group or host a community discussion** to help overcome the stigma against openly talking about suicide in your community. (See Appendix 5 - Training)
 - **Encourage agencies and organizations in your community** to meet to discuss how to work more effectively with each other to prevent suicide and help heal the community if a suicide occurs. (See Appendix 6 – Coalition Building)
 - **Call regional and statewide support systems** to help obtain or develop successful ideas from other communities, brochures, information, examples of plans, etc. (See Appendix 2 – Initial Contacts)
 - **Distribute targeted brochures and other information** to help people recognize the signs of suicide and take action. (See Appendix 4 – Public Education)

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- **Invite state trainers** to your community to teach professionals and regular citizens to recognize and act on the signs of suicide to prevent a suicide. (See Appendix 5 - Training)
 - **Host a youth discussion and brainstorming session** to get their ideas on how to prevent suicide. (See Appendix 8)
 - Start up **youth activities with adult supervision**, and other programs to help youth build personal “assets” that will help them prevent thoughts of suicide.
 - Start **healing or talking circles, or Historic Trauma discussions.**



STEP 1 - HOW DO I BEGIN?

The first step is the hardest – Start Talking, and don't give up!

Margaret Mead, the world's most famous anthropologist observed, *"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."*

- **Why is it critical for citizens like you to lead suicide prevention efforts in your community?**

Suicide prevention efforts are normally not the direct responsibility of any community agency. Effective suicide prevention requires the coordination the efforts of many agencies, organizations, and volunteer groups. Strong leadership by community members is usually required to start and maintain a good local suicide prevention strategy. **You, the community, are the glue needed to hold a successful suicide prevention effort together.**

- **Start small.**

Gather 5 to 10 people in your community who are interested in suicide prevention. (You will probably add more people later, but it is often better to start small and take some action quickly to keep your group excited.)

Interested people in your community may be: people who have been touched by suicide; church leaders; tribal or Native corporation leaders; Alaska Native Brotherhood or Sisterhood members; school board members, teachers, or counselors; local government leaders, law enforcement staff, etc.; volunteer or professional groups who work with youth.

Note: you don't have to have a large group to start, but you need at least several individuals who are willing to help.

▪ **Get help and advice from more experienced people.**

- » You may have access to people in your community with experience in suicide prevention. Use them.
- » You can ask for help and advice directly from the **Alaska Statewide Suicide Prevention Council:**
 - Office: (907) 465-6518
 - Toll free: 1 (888) 464-8920
- » Go to **www.StopSuicideAlaska.org**. This Alaska web site will help you connect with the Statewide Suicide Prevention Council staff that can provide contacts for communities that have carried out successful programs, and with other useful information and resources.
- » **In Southeast Alaska, call SEARHC, SouthEast Alaska Regional Health Consortium.**
 - Contact: Wilbur Brown, Project Director
 - Phone: (907) 966-2411
 - wbrown@searhc.org

▪ **Why you, why now?**

Alaska has a high suicide rate that results in too many losses each year in every community. It threatens the health and well being of the entire community. **Suicide prevention may seem daunting, but it is not** if a group of people take simple logic steps, one by one, tailored for their community.

STEP 2 - MAKE A PLAN WITH OTHERS

To make a plan:

1. **Find out** (with help from your Step 1 group):
 - Talk to others about the current concerns and facts regarding suicide in your community (e.g. health professionals, schools and police or Village Public Service Officers are examples of good sources of information.)
 - What is being done currently, and what has been done in the past, in your community to prevent suicide?
 - Find out what other communities in Alaska are doing. (See Step 1 above for contacts.)
2. **Invite a group** (your Step 1 members plus others who want to help)
3. **Set 1 or 2 realistic goals.** (For example, “Reducing teen suicides.”) For example, you might start the discussion with a question like, “Why do people, especially youth, commit suicide in our community?”
4. **Decide what activities you can do to help achieve those goals.**
 - For example, say, “Each of us will make a list of 1 to 3 ideas for things we can do to help prevent suicides in our community. Write down each idea so everyone can see all of the ideas. Then, briefly, discuss the pros and cons of each idea in order. Then let each person “vote” by putting a mark next to their top 3 choices. The top 1 to 5 ideas can become your activity plan.

Remember, a good idea is only good if someone will take responsibility for doing it.

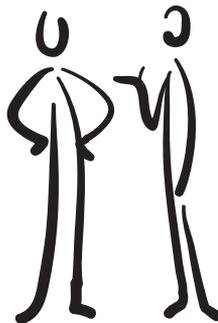
5. **Decide who will take responsibility for each activity.**

It is critical to know who will be responsible for each idea before you leave the room. The responsible person or persons will plan - “how, who, what and when”. If you don’t have enough people to work on each idea, just pursue those ideas that have support now, and set the other ideas aside for later.

6. **Follow up to make sure things are done.** It is a good idea to review your activities and add, delete, change as needed every few months.

Tips:

- **Don’t worry about having all the answers.** Any good plan evolves as you learn from experience and add more partners.
- Start small: Even if you do only one thing, it will be a good start.
- It may be a good idea to ask a trusted person in your community to act as a **meeting “facilitator”**. A meeting facilitator is simply someone to run your meeting. A facilitator makes sure everyone is has a chance to be heard; writes people’s ideas in a way that everyone can see; keeps the discussion focused.



STEP 3 – AFTER SOME SUCCESSES, CONSIDER CREATING A MORE PERMANENT COALITION

Caution: Avoid getting hung up on this step too early. If you are starting with other education or community organization activities, you may decide to put this off until later.

As you and your group proceed, it is **likely that you will need a more formal and permanent coalition to carry out some of the important long term activities that may be needed.** Since suicide prevention usually depends on a large number of individuals, agencies, organizations, and groups working together, a coalition agreement describing what each agrees to do may be a good idea.

A simple **Memorandum of Understanding** (a one or two page document that lists what is expected of members) for suicide prevention between agencies, groups, and organizations may be an important step in forging a permanent community focus on the issue of suicide prevention.

Each community is unique and a group or coalition is likely to include a different mix of people who will find a community solution to suicide prevention.

Drafting a simple Memorandum of Understanding (MOU) is not difficult (see Appendix 6 for examples). The MOU guides individuals and agencies in your community with a formal agreement on how they will cooperate to try to prevent suicides. For example, such agencies usually include: Tribal organizations, Alaska Native Brotherhood or Sisterhood members, schools, churches, municipal and tribal governments, and any other volunteer or professional groups who work with youth.

STEP 4 – TRAINING & COMMUNITY EDUCATION

1. Education/training for citizens in general, including educational brochures and open community discussions about suicide prevention, and
2. Specific training for professionals who deal with youth, are usually a key part of a long term community suicide prevention strategy. Education and training usually often focus on how to identify suicidal behavior, and how to deal with suicidal situations effectively.

Training for youth professionals: Foster parents, health care professionals, child and youth care workers, police officers, correction staff, teachers, coaches, natural helpers, and other people who work with youth should be offered training. They typically lack formal training in suicide prevention. This kind of training may be offered for free through the State. **To see the types of training offered in Alaska go to www.StopSuicideAlaska.org. Also see Appendix 5 - Training**

Citizen education and training is a critical link in suicide prevention. A community that lacks a general public that is educated about suicide prevention is like a community that has a fire department, but no alarm system to know when a fire has started. Without a community education effort, few citizens know how to recognize the signs of suicide, or what to do. There are many examples of effective citizen trainings, suicide prevention brochures, and other activities that you can “borrow” from other communities, modify, and use.

“Historical Trauma” impacts on Alaska Natives: A key publication on suicide prevention* urges communities to **“understand the impact of Historical Trauma on the (Alaska Native) individual and community.”**

The health of the individual affects the health of the community and the health of the community affects the individual. We need to understand the impact that historical trauma has on the individual, the impact of historical trauma on the community, and the impact FASD (Fetal Alcohol Spectrum Disorder) has on historical trauma and the impact of historical trauma on FASD. The impact of FASD, Historical Trauma and suicide are intertwined.

Ninety percent (90%) of people who die by Suicide have a diagnosable mental disorder at the time of their death (most often depression). Suicide is always complicated, resulting from a combination of painful suffering, and desperate hopelessness. (Please see Appendix 7 for a brief discussion of depression and fetal alcohol spectrum disorders).



* 2011 IHS/BIA/BIE/SAMHSA Action Summit for Suicide Prevention

STEP 5 – ORGANIZING A "POSTVENTION" RESPONSE

Essentially, a "Postvention" Plan says who will do what in the event of a suicide occurring in your community. A postvention plan is normally part of an overall suicide prevention plan, but may occur after a community effort matures.

Suicide within a community is sad and usually unexpected. It can affect many people, leaving them confused and unsure of what to do next. Postvention includes all interventions that attempt to reduce the negative consequences that may affect those close to the victim after a suicide has occurred. Essentially, a postvention response to a suicide helps family, friends, and the community recover from the effects of a suicide.

You and the community members working with you have likely been trained to recognize risk factors. Members of your coalition may feel comfortable being part of the postvention team. In any event, they are in a good position to do the strategic planning required for the postvention.

Once again, scan the members of your community to see who would best contribute to this piece of the work. Invite them to your postvention meetings. Select people who represent the key agencies and organizations in your community. Postvention team members should be trained to handle a crisis.

A good postvention plan is a good prevention plan. **Postvention is discussed further in Appendix 9.** Your postvention plans will probably include an overall plan for the community, a plan for the school, and plans for worksites.

With community effort and good planning, your community should be able to address the issue.

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1. Definitions

There are three types of activities generally considered part of “suicide prevention”: **Intervention; Postvention; and Prevention**

Intervention: This activity is direct intervention with someone who is suicidal. Similar to saving a life with CPR (Cardio Pulmonary Resuscitation), suicide intervention usually consists of:

- A family member, friend, teacher, or other community member who recognizes the signs of suicide and takes immediate action to intervene.
- A team of professionals and family, friends, and others who work with the suicidal person to treat the reasons for the suicidal feelings. This usually involves counseling and programs.

Postvention: When a suicide event occurs, there is a need for dealing with the grief, blame, and other impacts on family, friends, school, and community. Failing to provide postvention services may result in snowballing negative impacts. The postvention period after a suicide incident is also an opportunity to open the door to a broader discussion of suicide prevention in the community.

A postvention “protocol” should be developed to decide in advance who will take immediate action to work with the family, community, and sometimes the news media to prevent broader negative impact.

Prevention: Although intervention and postvention both aim to prevent suicide, the category of prevention generally means activities and programs in the community aimed at building “assets” in people, especially youth. “Assets” refer to

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ways to build self-value and connections that can be used by an individual to weather personal storms that can lead to suicide. Prevention programs in a community range from broad youth general activities that have adult supervision (such as recreation or afterschool programs), to more targeted programs and services to those considered “at-risk” or “high risk” for suicide due to a broad range of personal issues such as substance abuse, depression, etc.

Other Definitions:

Community Assessment – A comprehensive examination of factors that can contribute to or reduce the risk of behavioral health disorders, including suicide. A community assessment also identifies who are most at risk and the resources and partnerships that a community can access to reduce risk factors and increase protective factors.

Comprehensive Suicide Prevention Plans – Plans that use a multifaceted approach to addressing the problem; for example, including interventions targeting social and environmental factors.

Depression – A constellation of emotional, cognitive, and somatic signs and symptoms, including sustained sad mood or lack of pleasure.

Gatekeepers – Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine; they may be trained to identify persons at risk of suicide and refer them to treatment or supporting services.

Mental Health – The capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development, and use of mental abilities (e.g., cognitive, affective, and relational).

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Protective (or buffering) Factors - Factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Risk Factors – Factors that make it more likely that individuals will develop a disorder; risk factors may encompass biological, psychological, or social factors in the individual, family, and environment.

Stakeholders – Entities, including organizations, groups, and individuals, who are affected by and contribute to decisions, consultations, and policies.

Historical Trauma - It is based on shared experiences by American Indian and Alaska Native (AI/AN) people of historic traumatic events like displacement, forced assimilation, language and culture suppression, and boarding schools, and it is passed down through generations. There is a sense of powerlessness and hopelessness associated with historical trauma that contributes to high rates of alcoholism, substance abuse, suicide, and other health issues. Increasingly, AI/AN prevention programs are using culture-based strategies to address the effects of historical trauma in individuals, families, and communities. (<http://nace.samhsa.gov/HistoricalTrauma.aspx>)

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Appendix 2. Initial Contacts

State of Alaska Statewide Suicide Prevention Council has a wide range of examples of things that have worked in other communities that you can tailor for your community.

- They will help you get into contact with people like you in other communities;
- They will provide you information about the State Suicide Prevention Plan
- They will try to help you access funding, especially for mini-grants to undertake meetings or small programs;
- The state has specific suicide training programs that they can provide in your community at your request. The programs are explained on the Statewide Suicide Prevention Council's new suicide prevention web "portal" **www.StopSuicideAlaska.org**.

Office: 907.465.6518 | Toll free: 1.888.464.8920

Regional: SEARHC (SouthEast Alaska Regional Health Consortium) has staff that will help communities in Southeast Alaska organize around suicide prevention with advice, simple brochures, etc. Other regions of the state may have similar regional organizations with resources for communities. The SEARHC Help Line, 1.877.294.0074, is available 24 hours a day, seven days a week to residents of Southeast Alaska.

Other Resources:

1.877.266.4357 – Alaska Careline Crisis Intervention
juneausuicideprevention.org (*This website, developed by the Juneau Suicide Prevention Task Force, is a good example of what a citizen and agency group can do working together*)

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Appendix 3. Some Current Alaska Suicide Prevention Strategies

(By State of Alaska Statewide Suicide Prevention Council)

- **Outreach and Awareness:** Reduce stigma and increase awareness through public education campaigns, activities and events. Outreach and awareness products include suicide prevention brochures, posters, public service announcements, media and web based Internet resources. www.stopsuicidealaska.org. Participation in local village talking circles upon invitation. Expectation that behavioral health provider agencies be involved in community suicide prevention efforts. Work with media for best-practice safe-messaging.
- **Identification and Early Intervention:**
 - » **Gatekeeper Training** - School and community based adult and peer gatekeeper trainings including the Alaska Suicide Prevention Gatekeeper Training program and the Applied Suicide Intervention Skills Training. Mental Health First Aid training also includes suicide crisis component.
 - » **Screening Programs** - Best practice early identification screening e.g., Signs of Suicide, protocol should be carefully followed if used.
 - » **Hotlines and Helplines** - Maintaining and supporting Alaska Careline statewide crisis hotline and the Southeast Helpline.
 - » **Mental Health First Aid** - Giving skills to the public to help them identify, understand and respond to signs of mental illness through a 12 hour training course.

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- **Dealing with Historical Trauma:** Cultural activities and life skills development for youth intended to regain cultural identity and community connectedness. Support for communities to heal and recover from trauma and to support healthy community norms. Blended programming that honors both traditional healing and trauma informed care models.
- **Means Restriction:** Public awareness, outreach and education of restricting access to lethal means of suicide such as promoting safe storage of firearms, including installation of gun lockers.
- **Behavioral Health Services:** Assuring use of policies and protocols related to crisis intervention, treatment and postvention practices. Assessment and referral training for mental health professionals and Careline crisis hotline staff to work collaboratively. Increase behavioral health work force.
- **Coalitions, Partnerships, and Advocacy:** Leading or supporting suicide prevention coalitions related to youth, prevention partnerships with agencies and tribal organizations. Increasing collaboration with VA and National Guard to serve military service members and their families.
- **Statewide Suicide Prevention Council**
A diverse voluntary group who meet regularly to discuss, plan, and act as an advisory body to the governor and the Alaska State Legislature. The group promotes community advocacy for suicide prevention across Alaska.

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- **Postvention:** Development of a postvention resource guide including information, resources and suggested protocols on responding in the aftermath of a suicide. Will also include resources for survivors of suicide, grief and healing, and media guidelines for safe messaging. “Doorway to a Sacred Heart” postvention healing model incorporates a blended cultural approach that includes traditional healing with Western counseling directed towards survivors of suicide.



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Appendix 4. Public Education - *Examples of ways get information to the general public, or specific target audiences.*

One effective strategy is to distribute information on topics like:

1. How a parent or community member can recognize signs of suicide, and what to do.
2. List of resources in the community and elsewhere to get help for people who need assistance to deal with suicide issues.

The good news is that you don't need to "reinvent the wheel." There are many examples of every kind of brochure, website, ad, etc. The Alaska resources in Appendix 2 can help you by referring you to examples used by other communities. Other communities can also help. For example, the Juneau Suicide Prevention Task Force has a wide range of informational pieces including: websites, posters, pamphlets, community training packages, etc. You can choose an example that meets the need in your community, and then tailor it to make it more relevant to your community.

Technology: The new (www.stopsuicidealaska.org) state web portal is a good example of the use of the Internet to provide education. The Juneau Suicide Prevention Task Force (a coalition of agencies and volunteers) developed a website (juneausuicideprevention.org) to help explain who to contact if you believe someone may be suicidal, and to help connect people with public and private treatment options.

On the following page is just one example of a very simple, effective, and inexpensive way to educate. The Juneau Suicide Prevention Task Force printed the following information on both sides of a small business card.

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Example of a “Signs of Suicide” and What to do card developed by the Juneau Suicide Prevention Task Force

Information like this can be printed on small business cards for wide distribution and used for brochures, etc.

Juneau Suicide Intervention Resources

796-8427 - Bartlett Hospital Emergency Room

1-877-266-4357 – Alaska Careline Crisis Intervention

1-800-273-8255 – National Suicide Prevention Lifeline

1-877-294-0074 – SEARHC Help Line

211 – Resource Hotline

juneausuicideprevention.org

juneamentalhealth.org

StopSuicideAlaska.org

Some Possible Suicide Warning Signs

- Talking about harming or killing oneself
- Expressing hopelessness, life isn't worth living
- Changes in eating, sleeping, and personal care
- Apathy, lack of energy, inability to focus
- Withdrawing from social relationships or activities
- Undergoing significant changes in mood and personality
- Losing interest in hobbies, work, school
- Talking or writing about death, drawing images of death
- Engaging in reckless or dangerous behaviors
- Increased use of alcohol and/or drugs
- Giving away highly valued personal items or possessions
- Making a will, funeral arrangements, or telling others how affairs should be handled

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Appendix 5. Training

What you can do:

There is a **critical role to play in getting the right training to the right people in your community.**

There are two basic kinds of non-degree training:

1. **For a Community Professional** (Such as police, teachers, school counselors, firefighters, nurses, youth workers, volunteer sports coaches, etc.) Typically two-hour to several days training for people who work with youth or adults who need to recognize the signs of suicide, how to stabilize the suicidal person, and how to get longer term treatment.
2. **For the General Public:** Shorter training (from 15 minutes to three hours) for parents and general community members to recognize the signs of suicide and connect with those who can help. The purpose of such training is similar to the purpose of CPR (Cardio Pulmonary Resuscitation) for the general public. As in the case of CPR, to save a life, the family, friends, and others must be able to recognize when a person they meet may be suicidal, and be able to alert the right people to help.

To find good information on available suicide prevention training in Alaska, go to: www.stopsuicidealaska.org. This is an excellent updated description of available training for your community.

Two examples of training available for “community professionals” in Alaska are:

1. “Gatekeeper” provided by the State for free by arrangement.
2. “ASSIST” provided for a fee.

(To find out more, go to www.stopsuicidealaska.org)

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Also, following are two examples of training for the general public from the Juneau Suicide Prevention Task Force.

Community Professional TRAINING - Gatekeeper Training - Suicide Prevention - Free by State

Who Should Attend: youth services organizations, health professionals and health aides, school administrators, school teachers, counselors, tribes and Alaska Native organizations, clergy, emergency first responders, and other potential trainers interested in conducting trainings in order to provide a safety net for individuals at risk of suicide.

Gatekeeper training is provided free by making arrangements with the Alaska Department of Health and Social Services, Division of Behavioral Health. Contact 907.465.8536 or go to www.stopsuicidealaska.org to find more information or schedule a training.

Setting up this training may be a good activity for a community or regional suicide prevention task force. This training will be of value for the members of the task force and the people in the community who may interact with youth or adults.

A “gatekeeper” is anyone within a community who accepts responsibility for the health and safety of an individual, has access to resources, and has the ability to listen, connect, assess, and most importantly, act when someone is contemplating suicide.

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Gatekeeper training will help prepare and deliver information about suicide, including risk factors, warning signs, and protective factors that influence a person's ability to care for themselves and to seek help during a crisis. People trained as Gatekeepers will also practice and learn valuable relationship building and intervention skills such as active listening, assessment of risk, action planning, locating community resources, and making appropriate referrals.

The *gatekeeper* is just that—someone who keeps watch, listens, reaches out to others who may be in crisis, and offers a safe alternative for them to get help.

Day One

- Part 1: Introduction: What to know about suicide, Beginning the Conversation.
- Part 2: Risk and protective factors, identifying warning signs.
- Part 3: Relationship building and learning how likely it is someone will attempt suicide.
- Part 4: Developing an Action Plan.
- Part 5: Identify community resources.
- Part 6: Postvention, healing and self-care for gatekeepers.

Day Two

- Part 1: Using best practices in suicide prevention training, safe messaging guidelines, strengths, challenges and training considerations.
- Part 2: Development of targeted gatekeeper model for your training needs. Identifying target populations, community/agency readiness, capacity, and training implementation strategies.
- Part 3: Evaluation of the Alaska Gatekeeper Training model.

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Community Professional TRAINING - ASIST (Applied Suicide Intervention Skills Training)

Who: Alaska Applied Suicide Intervention Trainers (AKASIST) are a group of experienced Alaskan professionals with specific training in the delivery of Applied Suicide Intervention Skills Training (ASIST).

What: ASIST is a two-day suicide first aid workshop offering practical training for professional and non-professional community caregivers seeking to prevent the immediate risk of suicide. Participants often include:

- Emergency service workers
- Mental health practitioners
- Teachers
- Dorm advisors and house parents
- Administrators
- Law enforcement
- Counselors
- Doctors, nurses, and health aides
- Volunteers
- Natural helpers and/or anyone concerned about a family member, friend, or co-worker

Working in small groups of one trainer to no more than 15 participants, ASIST uses a variety of teaching processes to create a practice-oriented interactive learning experience.

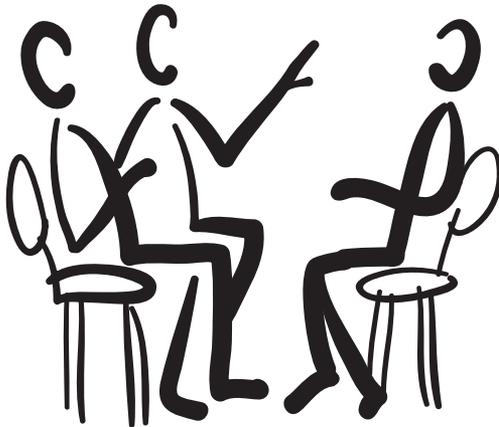
Why Alaska ASIST Trainers: Alaska ASIST Trainers have wide experience working in rural Alaskan communities, with adolescents and with veterans. They have delivered ASIST

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trainings in cities and villages, to professionals and non-professionals throughout the state, and are able to adapt the training to best meet the needs of specific populations and settings.

Cost: For agencies and organizations wanting to schedule an ASIST for their staff, the cost of the two-day workshop for 15 to 30 participants is \$2,500 plus \$75 per participant for materials including a workbook, reference book, and “cue” card. For groups between 31 and 45 the cost is \$3,750 plus per participant materials costs. Travel costs and per diem are an additional cost for workshops outside the greater Anchorage/Mat-Su area. For individuals wanting to enroll in an ASIST the cost is \$150 for the two-day workshop plus \$75 for materials.

For more information, or to register for or schedule an ASIST, please call: Susan at 907.345.7767 or 907.230.4969, or Jeanine at 907.727.8130 or 907.864.0154, or send an email to: susan@akasist.com.



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General Public Training - Model developed by the Juneau Suicide Prevention Task Force

A suicide prevention expert, Dr. Baugher, visited Juneau. A DVD of his presentation was made. A copy of the video is available from NAMI Juneau at interventionnamijuneau@gmail.com The task force prepared a simple script to accompany this informational video. Therefore, laypersons are able to present this training.

Understanding Suicide:

Building Intervention Skills

Worried about someone? Learn how to help.

1,369 confirmed suicides in Alaska from 2000-2009.

At least one (1) suicide occurred in 176 Alaskan communities.

Please register for a:

FREE 1.5 hour educational program now available in Juneau

Offered the first Tuesday of every month from

5:15pm - 7:00pm

3225 Hospital Drive

Juneau, AK 99801

Register at: interventionnamijuneau@gmail.com

Please include your first and last name,
contact number, and e-mail address.

Questions? Contact 907.463.4251

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General Public Training - 15 minute Public Presentation - Example of a short training developed by the Juneau Suicide Prevention Task Force for presentations to groups

15 minute Suicide Prevention Script Juneau Suicide Prevention Task Force (version 3 - 2/21/11)

Welcome to the "CPR for suicide prevention" 15 minute workshop.

If you remember one thing from this presentation, REMEMBER THIS, "**Every one of you can prevent a suicide,**"

(Look at the audience and make eye contact with as many people as possible or even respectfully point to members of the audience)

and "**every one of you can learn enough in the next 15 minutes to take the first and most critical step in preventing a suicide.**"

And we will **give you a card to carry** to help you remember the signs of suicide and some numbers to call for help 24/7.

We call this short seminar "CPR for suicide" because the story of CPR training in Juneau is a good example of how the Juneau community can solve a problem. **This is why:** in Juneau in the late 1970's we almost never saved a life if a person had a serious heart attack. **Why?** Because even though Juneau had good health professionals, very few members of the community knew how to recognize the signs of a heart attack and take immediate action to save a life.

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To turn this around, the community of Juneau implemented a broad training program to teach as many people as possible to recognize the signs of a heart attack and to immediately do Cardio Pulmonary Resuscitation, or CPR. Just like Juneau's successful CPR program, we need to teach as many people as possible the signs of suicide and immediate action to take to save a life.

One difference from CPR - it takes less training for a regular person to recognize the signs of suicide. On the other hand, we often have a strong fear of even talking about suicide with other people or a family member. **This deadly social or cultural stigma is perhaps the biggest reason our suicide rate is too high.** This is a social stigma probably based on:

- **A fear of overstepping personal boundaries,**
- **A feeling that another person is being over-dramatic,**
or
- **A fear that asking the question will somehow put the thought in to another person's head.**

Research has shown that these are all false. People who commit suicide most often talk about it and show recognizable signs.

When you suspect a person is depressed and hopeless, or when you detect any of the clues we will discuss in a few minutes, say, **"I'm concerned about you. Are you thinking of suicide?"** Asking this question will not put this idea in their head. **Do not be afraid to ask this question.**

To save a life, we have to first overcome this stigma.

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I am going to ask you to please do this simple EXERCISE:

1. Please turn to the person next to you.
2. One person says, "I'm concerned about you. Are you thinking of suicide?"
3. Give time for everyone to finish.
4. Wait until everyone has completed then ask the other person to do the same, "I'm concerned about you. Are you thinking of suicide?"
5. Give everyone time to finish.

Congratulations!!! Believe it or not, it is that simple and you may have saved a life. Just saying those words is an important step for most of us. **Remember those words.**

Now that the hardest part of out of the way, I would like to discuss some signs that another person is considering suicide, or actually has a plan. It important to recognize that none of these signs are very subtle, and all are usually obvious.

Here are some **Possible Suicide Warning Signs** presented by Dr. Baugher, a mental health professional:

These are examples of statements that a suicidal person might make:

- Talking about harming or killing oneself
- Expressing hopelessness, life isn't worth living
- Talking or writing about death, drawing images of death
- Making a will, funeral arrangements, or telling others how affairs should be handled

APPENDIX

Here are examples of behaviors and actions you may observe in a suicidal person: *(Read slowly, pausing after each one)*

- Changes in eating, sleeping, and personal care
- Apathy, lack of energy, inability to focus
- Withdrawing from social relationships or activities
- Undergoing significant changes in mood and personality
- Losing interest in hobbies, work, school
- Engaging in reckless or dangerous behaviors
- Increased use of alcohol and/or drugs
- Giving away highly valued personal items or possessions
- Experiencing a recent significant loss such as a relationship, job, or health problem, in connection with other signs

Now, this next information will be presented in greater detail in the longer training. After you have discovered that someone is suicidal, the next step you can perform is “suicide CPR”.

- **C:** “Do you have a **Current** plan?” If yes, then ask, “What method are you thinking of using?” Find ways to immediately put distance between the person and their method.
- **P: Prior** Behavior - Have you tried to commit suicide before?
- **R: Resources** - Who else (besides me) can help you through this (for example a relative, friend, pastor, etc.).

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This information is useful to assess the risk and point the person toward a solution. Most important, keep them talking and DON'T LEAVE them until other help arrives.

Last, the card we are now handing out has the signs of suicide on the front and help resources on the back. Basically, if you feel it is an emergency:

- Call "911" just like you would for any other emergency.
- If you do not feel it is an immediate emergency, call the Alaska Careline for Crisis Intervention help and advice, or ask the other person to do so with you.

A few pointers

- **Listen** - Let the person talk about their problems.
- **Don't keep it a secret** (You must tell others that can help).
- Advise the person to **call one of the hotlines listed on your card** alone or with you.
- If you feel the person has an immediate plan to take their life, **do not leave the person alone** until additional help is obtained (family, mental health professional, or crisis hotline).

While you have learned the most important first step today, there is a fuller two-hour training provided monthly by the Juneau Suicide Prevention Task Force or visit the websites listed on your card to learn more or how to get in contact with other resources. For more information on suicide emergency resources, visit juneausuicideprevention.org, or just "Google" "Juneau suicide prevention."

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I want to ask a quick test by having you answer three simple questions:

1. **To audience, say,** “Who can take the first critical step in preventing a suicide?” (Wait for a response and prompt them until they respond “**me**” in unison.)
2. **To audience, say,** “What question do you ask if you feel someone may be thinking of suicide?” (Wait for a response and prompt them until they respond “**Are you thinking of suicide?**” in unison.)
3. **To audience, say,** “Who will talk about suicide with family, friends, and neighbors?” (Wait for a response and prompt them until they respond “**me**” in unison.)

Thank you!! (Take questions if there is time.)

Appendix 6. Coalition Building

Juneau is a large city for Southeast Alaska but its experience with suicide prevention efforts may be relevant to any community.

The JSPTF (Juneau Suicide Prevention Task Force) has been meeting monthly for about three years. It has:

- Developed and distributed brochures for a number of different target populations.
- Encouraged opening a veteran mental health clinic.
- Developed newspaper ads, bus signs and posters that give basic information on who to call and how to recognize the signs of suicide.
- Developed and distributed small “business cards” that give basic information on who to call and how to recognize the signs of suicide.

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- Developed a website (juneausuicideprevention.org) that provides basic information, and contact information on all of Juneau's public and private social service providers with basic service information.
- Developed a general public training for suicide prevention using a video of a presentation by suicide expert, Dr. Baugher. (See Appendix 5)
- Developed a short script for a 15 minute presentation to large groups with basic suicide prevention information.
- Appeared on radio shows to discuss suicide prevention.
- Worked with the school district to develop training to educate students about suicide, do an initial screening to identify suicidal students, and follow-up with an interview by a clinician.
- Developed "protocol" for "postvention," that is, a plan that sets the community in action when suicide occurs to help heal the family and community.
- Helped organize a Native youth forum to educate adults about youth.



APPENDIX

Example of a suicide prevention Memorandum of Understanding between local groups and agencies:

A Memorandum of Understanding (MOU) is a written document describing cooperative relations between two parties wishing to work together on an agreed upon goal. It describes the terms and details of the partnership. It is more formal than a verbal agreement, but less formal than a contract. It usually has several parts:

- Purpose of the agreement
 - » Name of parties
 - » Brief description of the scope of work
 - » Any financial obligations of each party (if applicable)
 - » Effective dates
 - » Key contacts
- Detailed description of roles and responsibilities
- Duration of the agreement
- Signatures of principals

An example of a short and very simple MOU is provided on the following page.

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An example of a short and very simple MOU:

The Juneau Suicide Prevention Coalition, Juneau, Alaska, and Agency ABC of 1234 Front Street, Juneau are in agreement that the loss of any community citizen to suicide is a tragedy. Alaska has consistently ranked among the top five states for suicide rates in the nation. The Juneau Suicide Prevention Coalition and Agency ABC have decided to form a partnership to make a difference in this community. The partners will develop a community strategic plan for prevention, intervention and postvention to reduce suicide.

The Juneau Suicide Prevention Coalition is committed to holding a monthly meeting. The Agency ABC has a large conference room that can be used on a monthly basis for those meeting at no cost. In addition, the Agency ABC will provide a staff member to participate in the Coalition meetings. The Agency ABC estimates that the staff member will be able to contribute up to four hours per month during regular working hours.

This MOU will be effective from January 1 to December 31, 20___, and may be updated at any time through written agreement of each partner. Either party can terminate the agreement with 30 days written notice.

Signature of Coalition

Signature of Agency ABC

Date

Date

APPENDIX

An example of a longer, more detailed MOU:

Juneau Alaska Native Youth Coalition

Whereas Alaska has consistently ranked among the top five states for suicide rates in the nation;

Whereas Alaska Native suicide rates are four times the national rates, accounting for one-third of the suicides in Alaska;

Whereas the suicide rate is the highest for ages 15 to 34 years;

Whereas 23 percent of the Juneau School District are Alaska Native and the “Signs of Suicide” screening of high school students indicate **20 percent of the Juneau Douglas and Thunder Mountain High Schools and 40 percent of the Yakoosge Alternative High School suffered “major depression in the last six months” or had experienced suicidal thoughts, plans or attempts in the last year;”**

Whereas, according to the State Youth Risk Behavior Survey (2009) of high school students:

- 25.2% of students in traditional high schools and 37.5% of students in alternative high schools (with larger proportions of Alaska Native Students), **“Felt hopeless or sad almost every day for two weeks in a row or more;”**
- 13.9% of students in traditional high schools and 18.1% of students in alternative high schools, **“seriously considered attempting suicide** during the past 12 months,” and;
- 2.6% of students in traditional high schools and 4.4% of students in alternative high schools, **“Made a suicide attempt** during the past 12 months.”

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Whereas, according to the federal SAMSHA Report “To Live To See the Great Day That Dawns - Preventing Suicide by American Indians and Alaska Native Youth and Young Adults,” **“the most significant protective factors for native youth:**

- Opportunity to discuss problems with family or friends
- Feeling connected to community (culture) and family
- Possessing positive emotional health

When these factors are translated into action, culturally sensitive programs that strengthen family ties can help protect Native American adolescents against suicide;”

Whereas, the SEARHC Behavioral Health Prevention Team for the Southeast Region (Oct, 13, 2010) has established the motto “1 is 2 Many” and recommends that individual communities establish a community coalition to help prevent any further suicides (Including, for example, medical and behavioral health professionals, clergy, law enforcement, the U.S. Coast Guard, community and SEARHC Board members, school officials, tribal leaders, youth representatives, and survivors of suicide). And the team recommends that communities undertake locally appropriate activities, for example, recruit youth ambassadors on local task force, develop anti-bullying strategies in schools, develop cultural activities for youth, engage schools, raise funds for activities, initiate local government or school proclamations, initiate talking circles or healing circles, and develop “postvention” activities and protocols to help a community heal after a suicide.

NOW THEREFORE BE IT RESOLVED that the Juneau Alaska Native Youth Coalition is formed to plan and implement prevention, intervention, and postvention activities to reduce the incidence of suicide for Alaska Native youth. Specifically the Coalition members will:

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1. Work jointly to develop a community strategic plan for prevention, intervention, and postvention activities to reduce the incidence of suicide for Alaska Native youth; and,
2. Work jointly, including sharing and coordinating appropriate resources/information and jointly applying for grants, to enhance opportunities to prevent suicides and build assets among native youth; and,
3. Develop an evolving “postvention” protocol and action plan in the community to immediately respond to suicides and attempted suicides, and work to heal those impacted and the community; and,
4. Coordinate with the Juneau Suicide Prevention Task Force and other appropriate groups.

AND, BE IT FURTHER RESOLVED that to implement the partnership each partner will appoint a long-term liaison to the task force that will attend at least monthly meetings and be able to address his or her agency’s leadership regarding the tasks listed above.

Signature of CCTHITA

Date

Signature of SEARHC

Date

Signature of Juneau School District

Date

Signature of City & Borough of Juneau

Date

Signature of ANS

Date

APPENDIX

Signature of ANB

Date

Signature of Sealaska

Date

Signature of Goldbelt

Date

Signature of Juneau Youth Services

Date

APPENDIX

Appendix 7. Additional Mental Health Issues

Depression can be expressed in varying degrees. According to the Diagnostic and Statistical Manual of Mental Disorders IV, a major depressive episode is a period of at least two (2) weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad. In addition there are changes in appetite or weight, sleep, decreased energy, feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decision; or recurrent thoughts of death or suicidal ideation, plans, or attempts. The person's mood is often described as depressed, sad, hopeless, discouraged, or "down in the dumps."

Berman, Jobes, and Silverman note that "a diagnosis of depression, both unipolar and bipolar, has been frequently reported..." And that the odds of suicide among those with a mood disorder were more than 10 times greater than those of adolescents without mood disorders. It appears to be a complex relationship, however, as depression appears to be most directly related to ideation but not all depressed youth are suicidal. The best advice if you have a family member who has been depressed for a period of time, is to seek professional help for them. And be supportive of their treatment.

"Substance abuse is clinically associated with depression in adolescence. Alcohol and other drug use and abuse, again, have been found with great frequency among completers and among lethal and sub lethal attempters. Substance abuse histories have been noted in 15% to 33% of adolescent completers.

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In studies of adolescent substance users, suicide attempts have been found to occur at rates three (3) times those of control subjects, with the 'wish to die' increasing dramatically after the onset of substance use." (Berman 2006).

Depression, conduct disorder, and substance abuse disorders are often found together. The degrees of the disorders increase the risks. Seek help and continue to follow-up to minimize the risks.

Berman, A.L.; Jobes, D.A.; and Silverman, Morton M. (2006). *Adolescent Suicide: Assessment and Intervention*, American Psychological Association, Wash. D.C.

American Psychiatric Association (1994) Diagnostic and statistical manual of mental disorders (4th ed.) Washington, D.C.



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Fetal Alcohol Spectrum Disorders (FASD) is organic brain damage that affects judgment, insight, impulse control, mood regulation, and executive functioning skills. It occurs when a pregnant woman consumes alcohol—prenatal alcohol exposure. The disabilities are permanent and are often invisible. FASD is not rare; the high rates of alcohol use in Alaska have resulted in some of the nation's highest FASD rates. The Alaska Native Health Board in 1988 estimated a lifetime costs of \$1.4 million per effected birth. FASD may include reduced growth, facial features, and brain damage that are reflected through learning and behavior problems. But these physical features may not be evident.

Ann P. Streissguth and colleagues have conducted several studies that involved individuals diagnosed with FASD or fetal alcohol effects (FAE). In one study they discovered that 3% of children age 6 to 11 years, 12% of youth age 12 to 20 years, and 23% of adults age 21 to 51 years attempted suicide. The adult rate of 23% is five times higher than the general U.S. population rate of 4.6%. A study conducted by Lemoine and Lemoine of French adults found 9% had attempted suicide.

Streissguth et.al. (2008) and Dubovsky and Whitney (2010) compared the 16 identified suicide risk factors to the characteristics or common life experience of someone with FASD. The first eight risk factors they found that were comparable were:

- Mental health disorders
- Substance abuse disorders
- Impulsivity and/or aggressive tendencies
- History of trauma/abuse
- Job or financial loss

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- Relational or social loss
- Lack of social support or sense of isolation
- Barriers to accessing medical and psychiatric care

The other eight risk factors could apply depending on the clinical case:

- Previous suicide attempt
- Family history of suicide
- Easy access to lethal means
- Hopelessness
- Some major physical illnesses
- Local clusters of suicide that have a contagious influence or influence of significant people who have died by suicide
- Stigma associated with help-seeking behavior
- Certain cultural and religious beliefs

Individuals affected with FASD may become frustrated when they are not understood, want to be like others and “go along with the crowd,” tend to have concrete/literal thinking and may not understand the finality of death.

There is an abundance of literature on FASD and we recommend that you explore the books, pamphlets, videos, and websites, such as SAMHSA FASD Center for Excellence, for more information. The State of Alaska, Department of Health and Social Services, Division of Behavioral Health, has information about FASD and Suicide intervention/prevention. It is also recommended that the interconnectedness of FASD, Historical trauma, and suicide be understood.

Huggins, J.E., Grant T., O'Malley, K., Streissguth, A.P. (2008). Suicide Attempts Among Adults with Fetal Alcohol Spectrum Disorders: Clinical Considerations.

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Mental Health Aspects of Developmental Disabilities, 11:2, 33-41

Appendix 8. Holding a Youth Discussion In Your Community

Below is an example of a youth discussion to help involve them in finding ways to prevent suicide. The emphasis was on prevention activities - that is, ways to help teens avoid behaviors that contribute to suicide problems, and help teens achieve a more positive self image. All it takes is:

- Finding a way to get teens together (Juneau coordinated with its schools).
- Developing questions to ask that are relevant to teens, and
- Finding adult volunteers to talk to teens & record responses.

Juneau Alaska Native Youth Suicide Prevention Coalition

Friday, May 7, 2010 ~ 9:00 AM - 12:00 PM ~ ANB Hall

Approximately 45 of our Alaska Native students, about 15 from each high school, met at the ANB Hall at our May 7th Coalition Meeting with representatives from multiple agencies, to address the challenges faced by our Alaska Native community and the youth. It was a magical day as students rotated through five core issue areas to share their: perceptions, ideas, thoughts, feelings and recommendations regarding:

1. Substance abuse prevention;
2. Prevention of teen pregnancy;
3. Tobacco prevention (Native youth smoke 6x more than Non-Native);

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4. Healthy teen activities they would like to see in Juneau; and
5. "Issues regarding their Alaska Native culture."

The five groups of 8-10 students spent about 15-20 minutes at one table, as adults interviewed and scribed, before they rotated on to the next table or topic. Therefore every student was able to address every area discussed. The talking was non-stop! We were able to gather rich insightful perspectives, which we will utilize as we continue to develop a "community-wide comprehensive prevention plan for Alaska Native youth".

What are your thoughts about Alaska Native Teens and their culture?

Positive Teen Activities we need in Juneau/ things that get in the way of positive activities:

- **What can we do to prevent teen pregnancy?**
- **What can we do to prevent tobacco use?**
- **What can we do to prevent teen substance use?**
- **How we can help?**

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Appendix 9. Postvention

Go to: www.stopsuicidealaska.org (Alaska's prevention web site – is also available on Facebook) "Helping Our Communities Heal: The Alaska Postvention Resource Guide, Summer 2011." This is a guide to developing a postvention response for your community by the Alaska Statewide Suicide Prevention Council.

What is Postvention? *(Taken from "The Alaska Postvention Resource Guide")* "Postvention" is the term for actions taken after a suicide. Examples include offering grief counseling for families and close friends, debriefing with first responders like health aides and police, coordinating support from local communities of faith, and talking circles held at schools, churches or community centers. The concept of postvention is based on the idea that a single suicide will affect many people."

"Primary Goals of Postvention:

- Assist survivors of a loss to suicide, including family, friends and community members, in the grief process.
- Identify vulnerable individuals that may be at risk of suicide contagion and provide appropriate services to reduce that risk.
- Provide accurate information and safe messaging after a suicide, to reduce the risk of suicide contagion.
- Help a community heal by providing ongoing prevention efforts and services."

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Additional Information:

Postvention and prevention work need to keep each other informed of their activities and planning progress. When postvention is not addressed or not approached carefully the risk for future suicides increases. Therefore, postvention is prevention. Those who are bereaved by suicide are at increased risk for becoming suicidal, so an appropriate response can be the difference between life and death.

Postvention members should be chosen from representatives of the community's professionals, service providers, leaders, and interested parties. The strategic plans should be based upon community experience. If available, members of the media, funeral directors, law enforcement, faith-based/ church officials, and community leaders should be asked to participate. Special instructions exist for journalist and news media members to ethically and properly report a suicide. How to considerately and respectfully approach the family to offer assistance should be discussed. Who can best bring comfort. What is available within the community that will be of assistance. What additional training will be needed.

According to a 2005 Survivors of Suicide, Inc. Annual Conference Survey, in Upland, PA, Suicide grievors help preferences are:

1. A peer;
2. Someone sensitive to family need;
3. A majority were open to help/support offers;
4. Contact by phone or in-person acceptable; and
5. Referral information from police, EMTs, ER, and funeral directors was seen as helpful.

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Appendix 10. Suggested Websites and Contacts

For more information on data, training available in Alaska, other local suicide prevention groups, etc., visit: www.stopsuicidealaska.org. This site is an effort to link those individuals to help provide ongoing support and encouragement from peer to peer to build a community.

Other Suggested Web Sites:

- www.stopsuicidealaska.org (Alaska's prevention web site – is available on Facebook)
- www.epi.alaska.gov (State of Alaska, Epidemiology)
- www.hss.state.ak.us/suicideprevention (Alaska Suicide Prevention Council)
- www.cdc.gov (U.S. Centers for Disease Control and Prevention)
- www.sprc.org (Suicide Prevention Resource Center)
- www.afsp.org (The American Foundation for Suicide Prevention)
- www.thelifesavers.net (LifeSavers Training)
- www.youthline.us (Youth hotline)
- http://suicidal.com (Suicidal.com – When No One Knows Your Pain)
- www.nami.org (National Alliance on Mental Illness)
- www.theconnectprogram.org (National Alliance on Mental Illness postvention planning)
- www.save.org (Suicide Awareness Voices of Education)
- www.suicidology.org (American Association of Suicidology)

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- www.militarymentalhealth.org (Military Pathways)
- www.suicidepreventionlifeline.org (National Suicide Prevention Lifeline)
- www.juneausuicideprevention.org (Juneau Suicide Prevention Coalition)
- www.juneaumentalhealth.org (Juneau Suicide Prevention Coalition)
- <http://speakalaska.org> (Suicide Prevention Education and Awareness Ketchikan)
- www.fascenter.samhsa.gov (FASD Center for Excellence)
- www.nofas.org (National Organization on Fetal Alcohol Syndrome)
- www.webmd.com/depression/guide/depression-resources (WebMD Depression Health Center)

Contact Phone Numbers:

- 211 – Resource Hotline
- 1.877.266.HELP, 1.877.266.4357, or 1.800.273.8255 – Alaska Careline
- 1.877.294.0074 – SEARHC
- 1.877. YOUTHLINE or 1.877.968.845 – Youth Hotline
- 1.866.4.U.TREVOR or 1.866.488.7386 – The Trevor Lifeline for LGBTQ Youth
- 1.800.273.TALK or 1.800.273.8255 – National Suicide Prevention Lifeline
- 1.800.273.TALK or 1.800.273.8255 Press 1 – Veterans Crisis Line
- 1.877.VET2VET or 1.877.88.2838 – Returning Armed Forces Men and Women

Courtesy of



*Central Council Tlingit and Haida Indian Tribes of Alaska
Tribal Family & Youth Services Department
320 W Willoughby Avenue, Suite 300 • Juneau, Alaska 99801
1.800.344.1432 • 907.586.1432 • www.ccthita.org*

Funds for this booklet were made possible through the support of the Alaska Department of Commerce, Division of Community and Regional Affairs, PO Box 110800, Juneau AK 99811-0800.

MOTHER

CLASSMATE

COUSIN

NIECE

FRIEND

BOYFRIEND

SISTER

UNCLE

GRANDMA

SON

NEIGHBOR

CO-WORKER

BROTHER

DAUGHTER

GIRLFRIEND

STRANGER

GRANDPA

NEPHEW

AUNT

FATHER