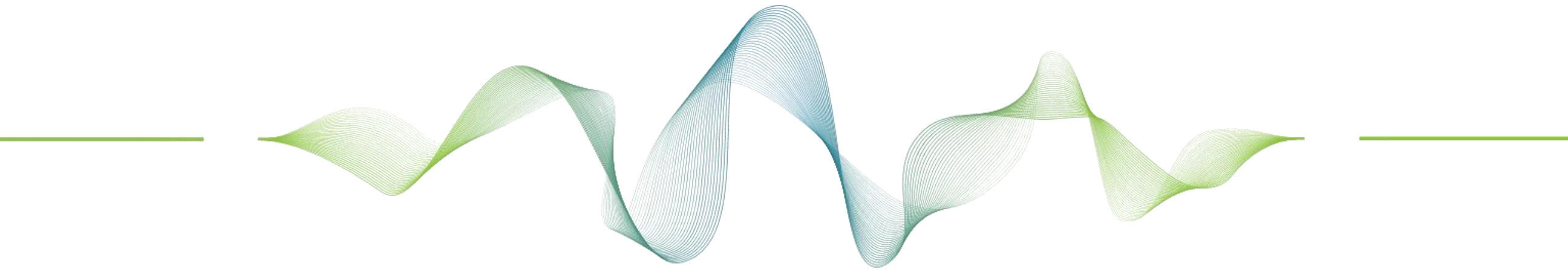


Virtual Focus Groups:
Discussing Suicide and Protecting Participant Safety

Lines for Life is a regional nonprofit dedicated to preventing substance abuse and suicide and promoting mental wellness.

We envision a world where hope, health and recovery are within reach of all.

1 Background

Overview of LFL Programs

Crisis Intervention Services

Designed to meet the reality of crisis and close the gap between needs and service. All phone services are free, confidential, and available 24/7.

Prevention Services

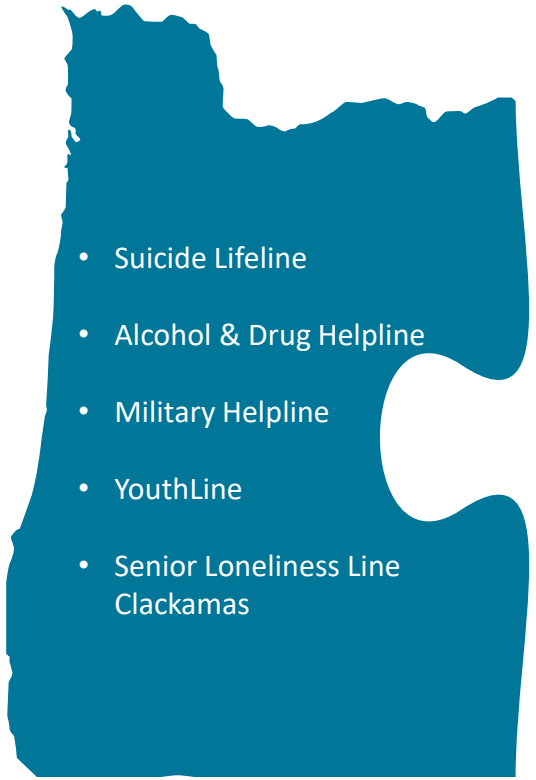
Support for county, state and regional partners to establish and maintain systems to reduce the prevalence of suicide and substance abuse.

Public Policy & Advocacy

Collaboration with legislators and community partners to shape responses to substance abuse, suicide, mental wellness, and crisis

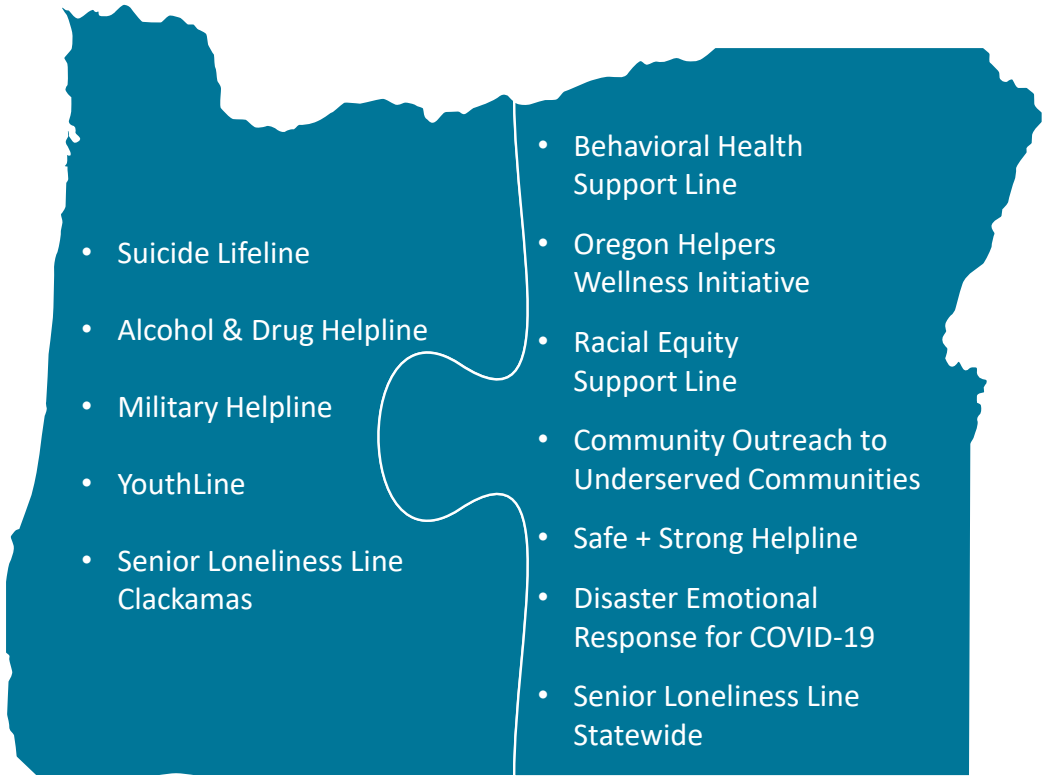
Addressing OR Behavioral Health Needs in COVID

By strengthening our foundational services…



And developing services to address New and existing health disparities…

We’re meeting the reality of crisis and closing the gap between needs and service.



Lines for Life & 988

Over 47,000 Americans died by suicide in 2018, and another 150,000 died from drug overdose and alcohol-related deaths – often closely tied to mental health crisis.

To address this issue, the FCC has approved a proposal in July 2020 that designates 988 as a mental health crisis hotline number – just like 911 is an emergency number.

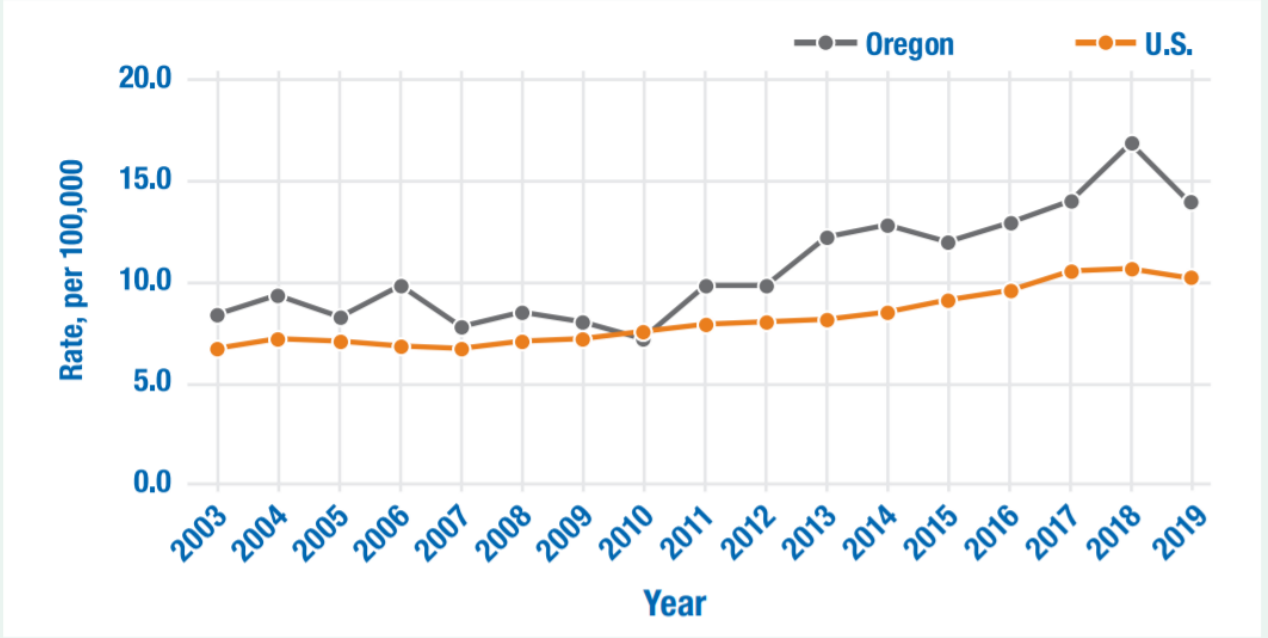
988 will feed into the NSPL network of call centers such as Lines for Life.

For more information, visit https://www.linesforlife.org/988-info/

988 will launch in July 2022 – in the meantime, please continue to refer to the National Suicide Prevention Lifeline (NSPL) at 1-800-273-8255.

Youth Suicide in Oregon and the US

Figure 1. Suicide rates among youth aged 10-24 years, the United States and Oregon, 2003-2019

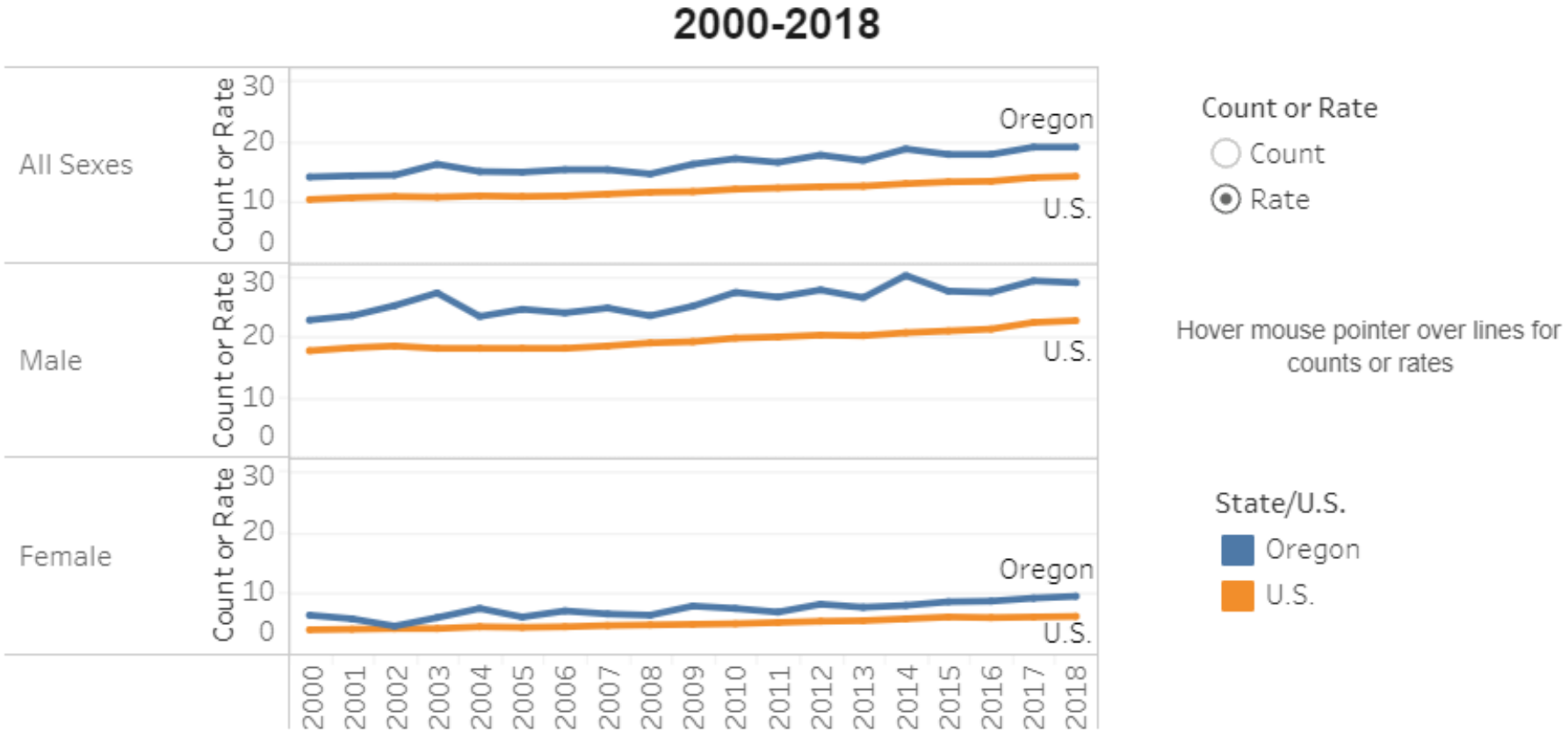


Source: CDC WISQARS and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

lines for life

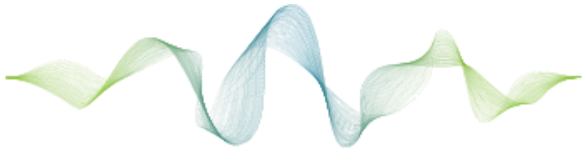
Adult Suicide in Oregon and the US



LFL Prevention Programs

- Suicide Rapid Response
- Oregon Helpers Wellness Initiative
- Oregon Conference on Opioids & Other Drugs, Pain & Addiction Treatment (OPAT)
- Oregon Suicide Prevention Conference (OSPC)
- Oregon Big River Training Program

For more information on services available, visit https://www.linesforlife.org/services/



2 | Welcome

Learning Objectives

- Understand why participant safety is an ongoing concern
- List strategies for maintaining and monitoring safety virtually
- Understand key elements of a safety protocol
- Know how and where to refer a person of concern

Advocacy Objectives

- Public understanding of suicide and mental health crisis
- Encourage adoption of safety protocols industry wide
- Recognize vicarious trauma also accrues for researchers

An Example from a Recent Conference

Safety messaging for audiences that include:

- Loss Survivors
- Impacted Family and Friends
- Those who experience mental health concerns themselves
- Those who have had suicide attempts or thoughts

Lines for Life anticipates that audience and/or recruits their participation.

Who is in your audience?

Safety: What We Ask of You!

Everyone must be attentive to safety – we are a community in this together!

What We Ask of You:

- Introduce Yourself! Be Present! Connect on Chat! Ask Questions! Support Each Other!
- Join Breakout Sessions On-Camera as You Can! Visual cues can help us monitor your safety.

  When you leave, let us know with a spoken thank you or a typed *BRB or Bye!*
- Share appropriately for this virtual space and limited session time and summarize.

  Others may find specific details or graphic descriptions distressing.
- Take care of you! If you find that emotions are arising, take a break, journal, reach out!

Safety: How we are here for you!

How we are here for you:

- Each Breakout Session has a moderator. Reach out to the moderator in private chat.
- There is a drop-in emotional support room that offers one-to-one breakouts with a crisis counselor.
- There are daily scheduled sessions for wellness groups during break.
- There is the National Suicide Prevention Lifeline: **1-800-273-8255**
  - **24/7 – available after the conference is over**
  - **CONFIDENTIAL – in-conference support is not**

But FOR REAL… We are discussing suicide.

Safety Matters!

- I have posted the Lifeline and Crisis Text Lines in chat
- If you'd like some one-to-one attention, that is your best bet.

We value lived experience and its wisdom. This presentation includes direct quotes from focus groups discussing suicide.

If you choose to share lived experience in Q&A/chat, please SUMMARIZE and do not provide details or descriptions that others might find disturbing. Please share appropriately for this webinar format.

Agenda: What Content to Expect

- Focus Group Overview
  - Group Composition
  - Group Dynamics
  - 3 Verbatims
  - Recommendations
- Fluid Vulnerability Theory: A Model of Why Suicide Attempts and Thoughts Happen
- Discussion of Methods and Strategies for Conducting these Focus Groups on Zoom
- Resources: How and Where to Refer
- This is not a suicide prevention course such as SafeTalk, QPR, ASIST or Mental Health First Aid

FOCUS GROUP	Date(s) Held	Attendance
Attempt Survivors	4/21/2021	9
Chronic Illness Disability	6/28/2021	9
Houselessness	7/1/2021	7
LGBTQIA2S+	4/16/2021	7
Older Adults	4/9/21 and 7/6/21	9
Rural	4/26/2021	13
Veterans	4/23/2021	8
		62

3 participants attended two groups – 59 individuals

Focus Group Purpose and Content

Objectives:

- Surface and include perspectives that might otherwise be overlooked in state strategic planning.
- Elicit experiences that illustrate how suicide prevention works/does not work in practice.
- Think out loud and brainstorm approaches collaboratively.

Sample Questions:

1. On a scale of 1 to 10, how well does the state of Oregon support suicide prevention and intervention among [GROUP]?
2. What do you think are unique struggles of [GROUP] when it comes to mental health and suicide?
3. What motivated you to get support? What discouraged you?

Examples of what we heard…

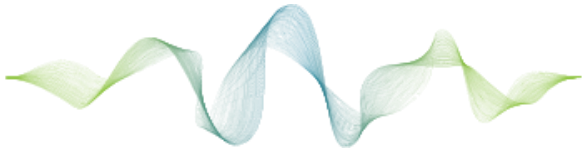
“This conversation has me thinking a lot about the importance of like a continuity of care. I am currently kind of the safe person for one of my friends who had a … psych hold about a month ago. And then she really refuses to enter back into care because there was a change with medication, there was a change of treatment, there was a negative experience again feeling like you know a prisoner in herself and that just continues this cycle of trauma and I just. I don't know if there's a good solution around psych holds, but there's certainly have to be better systems, so there can be communication with primary health care providers with you know their Community support specialist there just seems to be this real disconnect as a lay person helping someone in crisis navigate these systems there's just these huge disconnect so folks aren't getting continuity of care, especially when they come in and out of psych holds.” – Rural Participant

“Navigation, that was one of the biggest things for me…who to talk to achieve things… how do I work through the system…so yeah, navigator PLEASE that’s, that’s the hardest part.” – Rural Participant

Examples of what we heard…

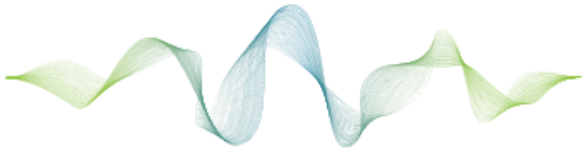
“There's just a normalization that happens there around peers like around here like [in this focus group]. Nobody is in this room is saying Oh, my goodness, I can't believe you attempted, you know there's no feeling of how like giant and horrendous it is, obviously loss of life is a big deal. But if you've lived it, you know that it's a few bad steps away and it's not something that should be like yeah horrifying to people.”

– Attempt Survivor



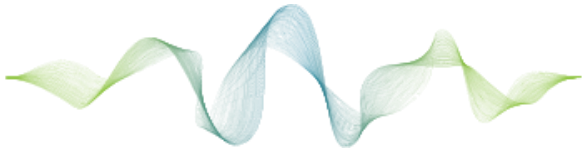
Examples of what we heard…

“As a whole system overview -- it just needs to be, it needs to be redone and rethought of and ways that are actually supportive towards healing and recovery for people. We need to decolonize this idea that we're just going to send sick people to a hospital. We need, we need to have sick people surrounded by loved ones who are going to support them. And, and that there's people around that can support those loved ones to support their loved one it gets it it's it's layered and I'd really love to see just more more of that when we talk about community resources and where funding should go around helping crisis. You know, and it just really looking at recovery as a long term thing not okay well at least they're not the hospital anymore.”
– Chronic Conditions Participant



Key Takeaways

- **Everyone** must be attuned to warning signs
- Implement QOL changes that create **intergenerational community connections**
- **Raise awareness; improve visibility of services and resources; include end-users**
- **Expand peer support services** along the continuum; **include respite care**
- **Reward providers who stay in their roles**, especially those working in **rural areas**
- **Expand community mobile crisis response teams and drop-in centers** staffed by peers and mental health providers as alternatives to 911 and emergency rooms
- **Address mandatory hospitalization**
- **Address houselessness before it occurs**
- **Expand follow-up care, post-crisis and beyond**



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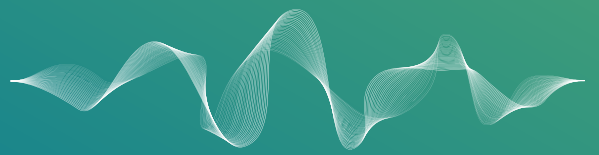
3 Objectives

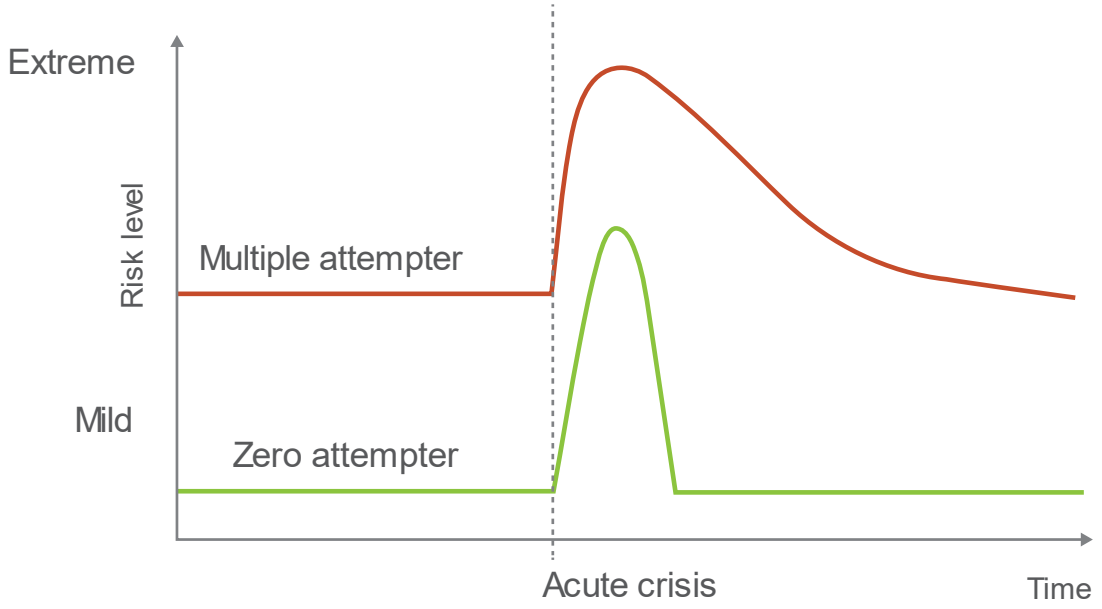
Objective 1:
Why Participant Safety is a Concern



Fluid Vulnerability Theory (FVT)

Suicide risk is composed of two dimensions:

1) **Baseline:** Individual's "set point" for suicide risk, comprised of static risk factors and predispositions
2) **Acute**: Individual's short term or current risk based on presence of aggravating variables and protective factors



Rudd (2006), (Bryan,2013)

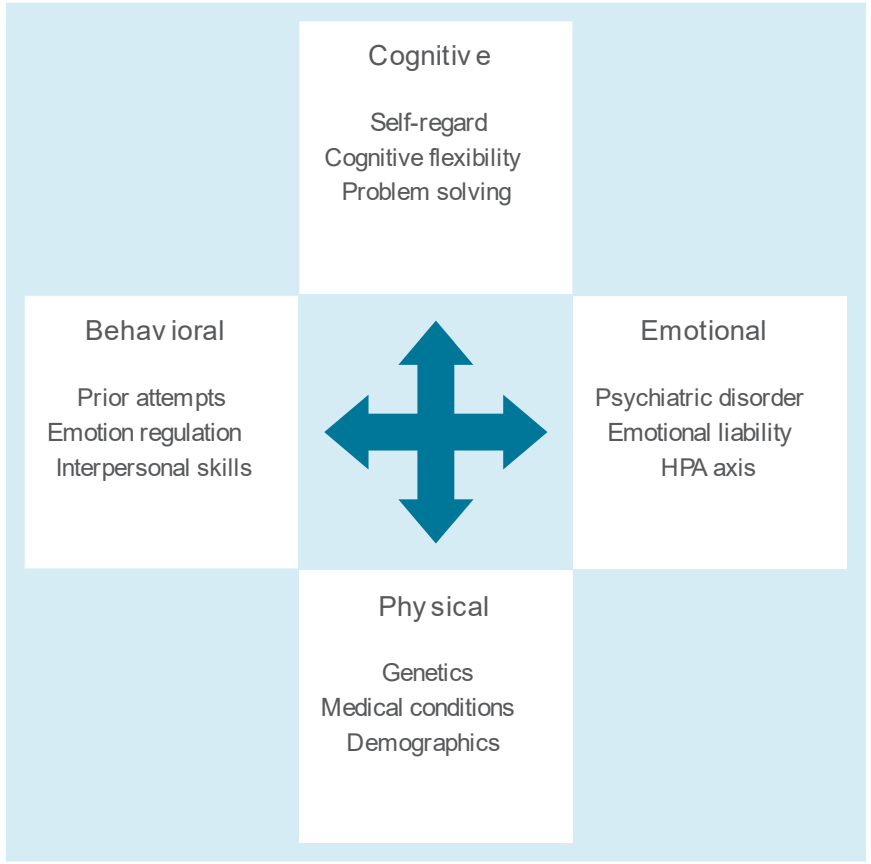
Fluid Vulnerability Theory (FVT)

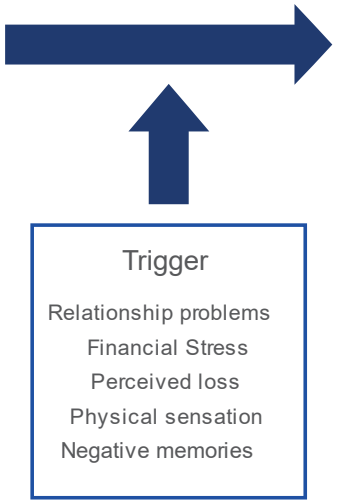
- FVT posits that risk for suicide changes over time with both stable and dynamic factors
- Emergent process
- Change is nonlinear and dynamic
- Change is best measured within people than between people (in terms of risk assessment)
- Suicidal episodes are time-limited
- Risk factors that both trigger a suicidal episode and determine the duration and severity of an episode are fluid
- Imminent risk cannot endure beyond periods of heightened arousal
- Baseline risk varies from person to person

Rudd (2006), (Bryan,2013)

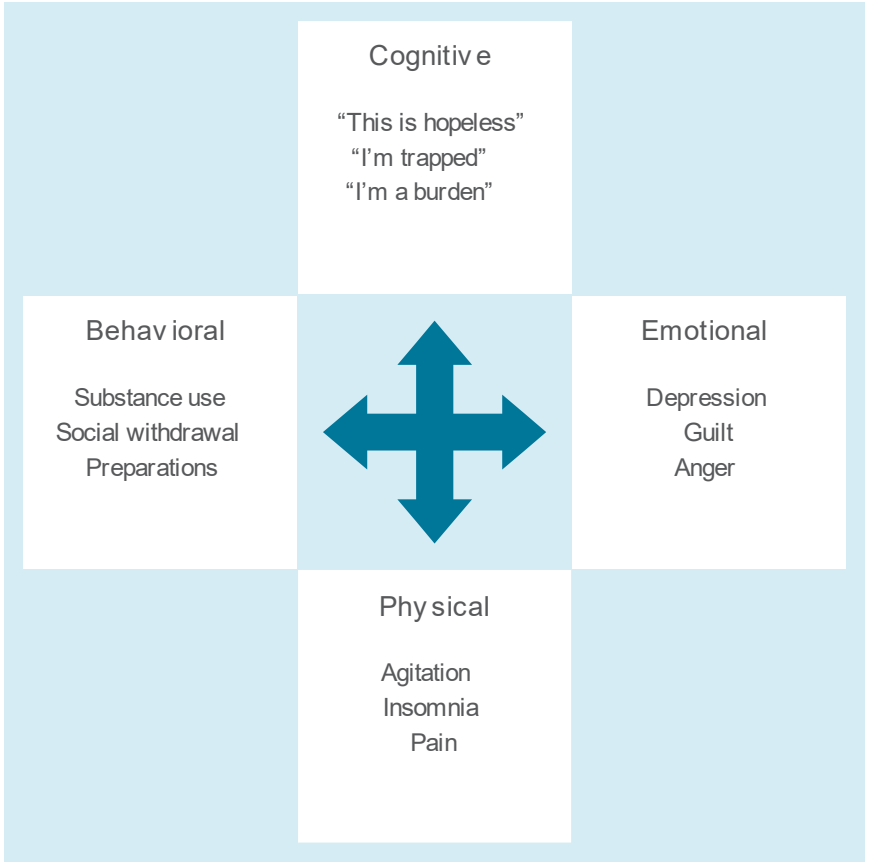
The Suicide Mode

Predispositions





Acute



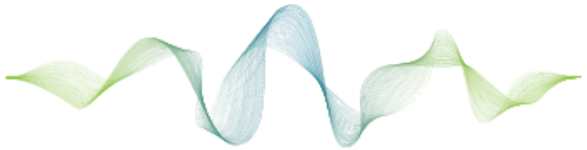
(Bryan,2016)

How to cook spaghetti al dente….

Objective 2:
Virtual Strategies to Support Safety

Safety Steps Occur Throughout

1. Registration and Platform Set-Up
2. Staffing and Staffing Roles
3. Safe Messaging
4. Welcome
5. Group Conduct
6. Closure
7. Follow-Up with Participants
8. Processing of Recordings and Transcripts



Safe Messaging – Preparation and Communication

Language builds constructive communication, positive group dynamics and shared understanding.

- Review Safe Messaging Guidance on Your Topic – Make Sure it is Up-to-Date

- Perform a Language Audit
  - ❑Non-judgmental
  - ❑Sensitive
  - ❑Accurate
  - ❑Inclusive
  - ❑Positive/Hopeful

Safe Messaging – Preparation and Communication

- Create AND Confirm Safe Messaging Guidelines with All Staff and Follow Them
  - If you misspeak, correct yourself! That's OK! We make mistakes!

- Adopt participants language appropriately – Ask if unsure: is this TERM the groups' preference?

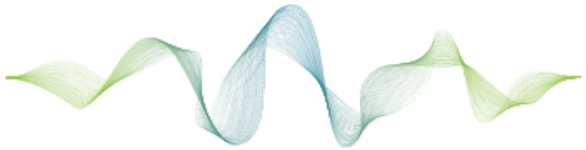
- If you find yourself on new terrain…
  - Do a language focused ice-breaker and use language identified by the group
  - EXAMPLE: Ten Commandments: How to Talk About Mental Health

Sample Ground Rules from Welcome Script

- Please be respectful of each other and be open to what you each bring to this discussion. Step up to contribute and step back to allow others to speak. We want to hear from everyone and will sometimes call on people to make sure we hear from as many of you as possible.
- We ask that what is shared in this room stays in this room. Does that confidentiality work for everyone?
- Your name will not be used in any written reports. Quotes will be changed if needed to protect identity. Because we want our written report out of these groups to be accurate, we would like to record the focus group. That allows us to go back and make sure our notes are complete. Is that okay?

Sample Ground Rules from Welcome Script (cont.)

- We want to learn from you and document what we learn BUT these intense stories can be difficult to process. Please share only what is appropriate for this short time and this virtual space. Sharing too specific information – like detail about how a person died -- can be distressing to others. Please summarize.
- We ask for cameras to be on. We use visual cues to monitor safety. If you need to go off-camera, please let us know you are OK. Just tell us you need a minute, use a thumbs up, or reach out in chat.
- Safety is our goal. If you feel you need to debrief, share a detailed personal story, or are needing direct support, please notify NAME that you need support through Zoom chat or call the National Suicide Prevention Lifeline directly **1-800-273-8255.**



Visual Scan: What are we looking for?

Any noticeable change in….

1. Body language
2. Level of participation
3. Emotional intensity (voice, tears, eye contact)

Any intense or emotive story, even when stated neutrally: psych holds, attempts, rock-bottoms, etc.

Visual Scan: How Do We Respond?

PUBLICLY…

1. “That is a lot;” “We are here with you;” “That is unfair what happened to you;” “Sending virtual hugs”
2. By using the reactions in Zoom – hearts work great!
3. By taking a moment to take a deep breath and ground (focus on your feet, on your weight in the chair)

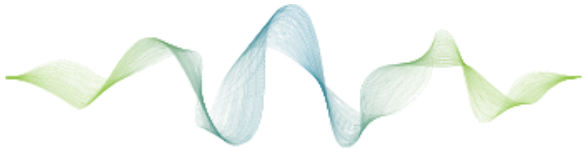
PRIVATELY…

In chat, are you okay? I’m here for support.

Objective 3:
What a Safety Protocol Includes

Safety Checklist for Virtual Focus Groups

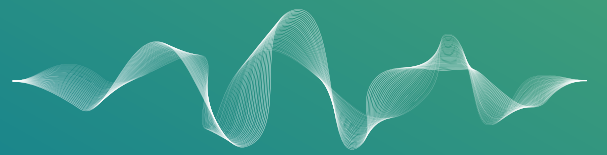
- ❑ List of participant phone numbers and/or emergency contacts
- ❑ Clear communication about upcoming content in all participant communications
- ❑ Tight protocols for registration, group size and late entry
- ❑ Deliberative staffing with thought to content and demographic of group
- ❑ Two or more staff with named point person introduced as available for safety checks
- ❑ Visible, accessible crisis line phone numbers posted in chat, in virtual background, in emails
- ❑ Comfort and use of appropriate language and openness to adapting that language with group



Safety Checklist for Virtual Focus Groups

- ❑ Warm individual connection making during gathering of group
- ❑ Welcome Script
- ❑ Time spent confirming participant comfort with Zoom features and chat
- ❑ Monitoring of visual cues and appropriate outreach – Are you OK? How are you doing?
- ❑ In the moment responsiveness expressed in group and in chat
- ❑ Elevating positive group dynamics; re-positioning when necessary
- ❑ Gentle closure
- ❑ Follow-up e-mail and resources – individually if warranted

Objective 4:
How and Where to Refer



Helpful Things to Say

- "It’s okay to be anxious or scared about [INSERT]."
- "I understand that you’re feeling angry about [INSERT]."
- “Anyone facing this would get upset. It's a difficult situation and everyone is trying their best."
- "I’m so glad that you told me you’re feeling really lonely. This is really tough."
- "Tell me more - I’m listening."
- "I love you no matter what."

Key Steps: Training and Practice!

Opening: "Are you okay? Have you been feeling (insert emotion) lately? How long have you been feeling that way?"

Ask the Question: "Are you thinking of suicide?"

Ask about Plans: "How would you do it? When? Where?"

Listen: "What's brought you to this place? What has helped in the past? Who's been helpful to you?"

Show Care: "I'm on your side. We can get through this. It's important to me that you are safe. I want to keep you safe."

Offer Help: "Let's go/call and get more people who can support and help you. We can go/call together if you'd like."

Hope & Self-Care

- It is important for us all to role model hope and self-care.
- Just like they say on airplanes, you must put your oxygen mask on first.
- Your interactions do not have to be perfect. Above all, be sincere.
- Remember: You are not in this alone!

Researchers are Working Together to Address Safety

Moderators, interviewers, researchers are impacted too!

- Growing body of literature on the effects of conducting qualitative data collection and research (e.g., in-depth interviews)
- Lack of discussion of the effects of conducting quantitative data collection and research (e.g., surveys)
- Researchers involved in AAPOR and QUALPOR are pushing for more work and for the public opinion research community to establish best practices and guidelines
- For more information, contact Mariel Leonard (m.mckone.leonard@mmckone.com)

Introductory Resources

Self-Care Tools

Warning Signs Overview

Stanley-Brown Safety Plan

example app: virtual hope box

FREE Online Suicide Prevention Course: Counselling on Access to Lethal Means

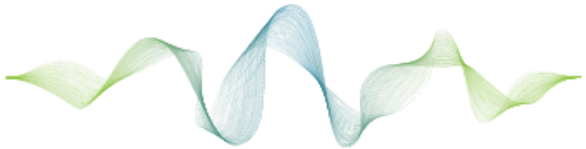
Safe Talk Online Suicide Prevention Course ($30)

Research Article:

Roberts JK, Pavlakis AE, and Richards MP.

It's More Complicated Than It Seems: Virtual Qualitative Research in the COVID-19 Era

International Journal of Qualitative Methods Volume 20: 1–13



Interested in a related presentation?

Here's a link to colleague Dr. Kris Gowen's presentation on trauma-informed research:

https://drive.google.com/file/d/1TiU70jmJCmFqHxZHmkebr_lvtahsKbDG/view

For questions and more information:

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