



# Peer-Based Suicide Awareness (2023)

## Course Plan

### Course Details

- Description:** This course provides the knowledge and skills that prepare emergency services personnel to engage in triage and direct peer-based communication for suicide prevention. Topics include statistics about and barriers to wellness and accessing care, stressors, stress, anxiety, depression, crisis indicators, communication, resources, and wellness and resilience.
- Designed For:** Full-time, part-time, paid-call, reserve, retired, or volunteer personnel or support staff in emergency services
- Prerequisites:** None
- Standard:** Attend and participate in all course sections
- Hours:** 4 hours  
(3.25 hours lecture / 0.75 hours application)
- Max Class Size:** 30
- Instructor Level:** SFT Registered Peer-Based Suicide Awareness Instructor
- Instructor/Student Ratio:** 1:30
- Restrictions:** None
- SFT Designation:** FSTEP

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## Required Resources

### Instructor Resources

To teach this course, instructors need:

- Access to all materials listed under Online Instructor Resources

### Online Instructor Resources

The following instructor resources are available online:

- State Fire Training FSTEP Curriculum: <https://osfm.fire.ca.gov/what-we-do/state-fire-training/fire-service-training-and-education-program>
- ACEs Aware, “Adverse Childhood Experiences Questionnaire for Adults”: <https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-De-identified-English-rev.7.26.22.pdf>
- Alcohol Use Disorders Identification Test: <https://auditscreen.org/>
- American Foundation for Suicide Prevention, “Risk Factors, Protective Factors, and Warning Signs”: <https://afsp.org/risk-factors-protective-factors- and-warning-signs/>
- CAGE Substance-Abuse Screening Tool: [https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/all\\_plans/cage-substance-screening-tool.pdf](https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/all_plans/cage-substance-screening-tool.pdf)
- California Peer Support Association, “CPSA Training Classes”: <https://californiapeersupport.wildapricot.org/page-831383>
- CDC Alcohol Use Fact Sheet: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- Center for Creative Leadership, “How to Use Active Listening Skills to Coach Others”: <https://www.ccl.org/articles/leading-effectively-articles/coaching-others-use-active-listening-skills/#:~:text=Active%20listening%20requires%20you%20to,buiding%20block%20of%20compassionate%20leadership>
- Commission on Peace Officer Standards and Training, “Organizational Wellness and Resilience”: <https://post.ca.gov/wellness>
- Dispatch, “Peer Support for Officer Wellness”: [https://cops.usdoj.gov/html/dispatch/02-2023/OSW\\_peer\\_support.html](https://cops.usdoj.gov/html/dispatch/02-2023/OSW_peer_support.html)
- Everyone Goes Home: <https://www.everyonegoeshome.com/>
- Federal Law Enforcement Training Centers, “Peer Support Programs”: <https://www.fletc.gov/peer-support-program>
- Fire Hero Learning Network: [https://www.fireherolearningnetwork.com/Training\\_Programs/Default.aspx](https://www.fireherolearningnetwork.com/Training_Programs/Default.aspx)
- Firefighter Behavioral Health Alliance: <http://www.ffbha.org>
- Firestrong: <https://www.firestrong.org>
- First Responder Center for Excellence: <https://www.firstrespondercenter.org>
- First Responder Support Network: <https://www.frsn.org/>
- Gallup Employee Engagement Questionnaire: [https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup\\_q12.pdf](https://www.goalbusters.net/uploads/2/2/0/4/22040464/gallup_q12.pdf)

- Healing Our Own: <https://healingourown.org>
- Her Honor Mentoring, “Active Listening Skills”: [https://herhonor.org/index.php?option=com\\_content&view=article&id=171:active-listening-skills&catid=13&Itemid=1753](https://herhonor.org/index.php?option=com_content&view=article&id=171:active-listening-skills&catid=13&Itemid=1753)
- IAFF Health and Safety: <https://www.iaff.org/behavioral-health/>
- International Association of Chiefs of Police, “Peer Support Guidelines”: <https://www.theiacp.org/resources/peer-support-guidelines>
- Mind Tools, “Active Listening”: <https://www.mindtools.com/az4wxv7/active-listening>
- NAMI, “How to Help Someone in Crisis”: <https://www.nami.org/Blogs/NAMI-Blog/September-2017/How-to-Help-Someone-in-Crisis>
- NAMI, “How to Talk (and Listen to) Someone Experiencing Suicidal Thoughts”: [https://www.nami.org/Blogs/NAMI-Blog/September-2021/How-to-Talk-\(and-Listen\)-to-Someone-Experiencing-Suicidal-Thoughts](https://www.nami.org/Blogs/NAMI-Blog/September-2021/How-to-Talk-(and-Listen)-to-Someone-Experiencing-Suicidal-Thoughts)
- National Association of EMTs, “EMS Mental Health”: <https://naemt.org/resources/wellness/ems-mental-health>
- National Fallen Firefighter Foundation: <https://www.firehero.org>
- National Volunteer Fire Council: <https://www.nvfc.org>
- Patient Health Questionnaire (PHQ-9): [http://www.cgaimh.org/pdf/tool\\_phq9.pdf](http://www.cgaimh.org/pdf/tool_phq9.pdf)
- Police1, “NG911: Preparing public safety dispatchers for the future”: <https://www.police1.com/police-products/communications/articles/ng911-preparing-public-safety-dispatchers-for-the-future-LzPOdXwwD5RCuBZV/>
- Professional Quality of Life Scale (PROQOL), “Compassion Satisfaction and Compassion Fatigue”: <https://proqol.org/proqol-measure>
- “Stress and Coping Self-Test” (various sources online)
- Suicide Prevention Resource Center, “Warning Signs for Suicide”: <https://sprc.org/warning-signs-for-suicide/>
- Trauma Screening Questionnaire: [https://local.iaff.org/docs/librariesprovider31/mental-health/trauma-screening-questionnaire.pdf?sfvrsn=447d829b\\_0](https://local.iaff.org/docs/librariesprovider31/mental-health/trauma-screening-questionnaire.pdf?sfvrsn=447d829b_0)  
[https://everyonegoeshome.com/wp-content/uploads/2015/02/SuicideGuide\\_Clinicians.pdf](https://everyonegoeshome.com/wp-content/uploads/2015/02/SuicideGuide_Clinicians.pdf)
- University of Central Arkansas, “Stress Continuum Model”: <https://uca.edu/bewell/files/2020/11/The-Stress-Continuum-Thriving-Surviving-Struggling-In-Crisis.pdf>
- WellSpace Health, “Suicide Prevention” (Includes extensive list of crisis numbers and links to suicide prevention resources): <https://www.wellspacehealth.org/services/behavioral-health-prevention/suicide-prevention>

## Student Resources

To participate in this course, students need:

- Access to all materials listed under Online Instructor Resources

## **Facilities, Equipment, and Personnel**

### **Facilities and Equipment**

The following are required to deliver this course:

- Standard learning environment, including:
  - Writing board or paper easel chart
  - Markers, erasers
  - A/V equipment
  - Laptop or tablet with presentation or other viewing software
  - Internet access with appropriate broadband capabilities
  - Hard copies or technology for delivering self-assessment

## Timetable

Segment	Lecture	Application	Unit Total
<b>Unit 1: Introduction</b>			
Topic 1-1: Orientation and Administration	0.5	0.0	
<b>Unit 1 Totals</b>	<b>0.5</b>	<b>0.0</b>	<b>0.50</b>
<b>Unit 2:</b>			
Topic 2-1: Identifying Statistics and Barriers	0.5	0.0	
Topic 2-2: Identifying Stress, Anxiety, and Depression; Stressors; and Impacts	0.5	0.25	
Topic 2-3: Describing Indicators, Communicating, and Next Steps	1.0	0.5	
Topic 2-4: Describing Resources and Resilience Strategies	0.75	0.0	
<b>Unit 2 Totals</b>	<b>2.75</b>	<b>0.75</b>	<b>3.5</b>
<b>Course Totals</b>	<b>3.25</b>	<b>0.75</b>	<b>4.0</b>

### Timetable Key

1. The Timetable documents the amount of time required to deliver the content included in the course plan.
2. Time is documented using the quarter system: 15 min. = .25 / 30 min. = .50 / 45 min. = .75 / 60 min. = 1.0.
3. The Course Totals do not reflect time for lunch (1 hour) or breaks (10 minutes per each 50 minutes of instruction or assessment). It is the instructor's responsibility to add this time based on the course delivery schedule.
4. Application (activities, skills exercises, and formative testing) time will vary depending on the number of students enrolled. The Application time documented is based on the maximum class size identified in the Course Details section.
5. Summative Assessments are determined and scheduled by the authority having jurisdiction. These are not the written or psychomotor State Fire Training certification exams. These are in-class assessments to evaluate student progress and calculate course grades.

## Unit 1: Introduction

### Topic 1-1: Orientation and Administration

#### Terminal Learning Objective

At the end of this topic a student will be able to identify facility and classroom requirements and identify course objectives, events, requirements, assignments, activities, skills exercises, resources, evaluation methods, and participation requirements in the course syllabus.

#### Enabling Learning Objectives

1. Identify facility requirements
  - Restroom locations
  - Food locations
  - Smoking locations
  - Emergency procedures
2. Identify classroom requirements
  - Start and end times
  - Breaks
  - Electronic device policies
  - Special needs and accommodations
  - Other requirements as applicable
3. Review course syllabus
  - Course objectives
  - Calendar of events
  - Course requirements
  - Student evaluation process
  - Assignments
  - Activities
  - Required student resources
  - Class participation requirements

#### Discussion Questions

1. Determined by instructor

#### Application

1. Have students complete all required registration forms.

## Unit 2: Peer Suicide Awareness

### Topic 2-1: Identifying Statistics and Barriers

#### Terminal Learning Objective

At the end of this topic a student, given an assignment as a first responder or support staff, will be able to identify statistics on emergency-responder mental health and suicide and identify barriers to wellness and accessing care.

#### Enabling Learning Objectives

1. Identify information and statistics on:
  - Mental health disorders
  - PTSD
  - Suicide (including rates compared to the general population)
2. Identify barriers to mental health and wellness
  - Intrinsic
    - Personal
      - Family/upbringing
      - Cultural
    - Biological predisposition
      - Preexisting conditions
  - Extrinsic
    - Gaps in self-care
      - Social substance use
      - Diet, sleep behaviors, and exercise
    - Professional
      - Workplace culture
      - Boundaries
      - Fear of professional repercussions
    - Access to care
      - Willingness to access care
        - Peer perception
        - Supervisor perception
        - Agency perception
      - Workers' compensation
      - Insurance and affordability
      - Concerns about impacts on family or personal life
    - Generational
    - Lack of culturally competent resources
      - Peer support
      - Clinicians
      - Chaplaincy
      - Treatment and recovery services for public safety

#### Discussion Questions

1. For you and your peers, what are barriers to maintaining behavioral health and



wellness?

2. For you and your peers, what are barriers to accessing care?

**Application**

1. Determined by instructor

**Instructor Notes**

1. This curriculum is not limited to first responders. The course content can be applied to a much larger network. Peers may be fellow first responders; they may also be anyone in professional or personal relationships with those who are struggling.
2. It is important to note that statistics are often inaccurate due to underreporting. There also may not be data collected for some first-responder professions.

## Topic 2-2: Identifying Stress, Anxiety, and Depression; Stressors; and Impacts

### Terminal Learning Objective

At the end of this topic a student, given an assignment as a first responder or support staff, will be able to identify stress, anxiety, and depression; identify common stressors; and describe the impacts of stress.

### Enabling Learning Objectives

1. Define types of stress
  - Acute
  - Chronic
2. Describe stress injuries
  - Moral
  - Traumatic
  - Grief/loss
  - Cumulative
3. Describe signs and symptoms of and reactions to stress
  - Cognitive
  - Behavioral
  - Emotional
  - Physical
  - Spiritual
  - Any stressors without mitigating resilience practices can become risk factors for suicide
4. List common stressors found in various situations and environments
  - On-duty/workplace
    - Sleep deprivation
    - Relationships
      - Peers/coworkers
      - Supervisors
      - Community
    - Environmental stressors
      - Chaotic work environment
      - Noise
      - Working conditions
      - Sensory discomfort
      - Climate/weather
      - Lack of needs being met
  - Off-duty/family and personal life
  - Transitioning to home life
  - Responding to incidents
  - Extended assignments/mandatory overtime
  - Long-term injuries
  - Training

- Demands
  - Gaps
5. Describe impacts of stress
    - Stress and the brain
      - Parasympathetic versus sympathetic (fight or flight)
    - Hypervigilance
  6. Describe behaviors associated with unmanaged stress
    - Anger and irritability
    - Sleep problems
    - Depression and anxiety
    - Marital and family issues
    - Substance abuse
    - Addictions
    - Other forms of self-harm or risky behavior
    - Thoughts of suicide
    - Suicide
  7. Describe the stress model continuum
  8. Describe adverse childhood experiences (ACEs)

#### **Discussion Questions**

1. What stressors are present in your and your peers' workplace?
2. What past/present stressors and current behaviors may be impacting your and your peers' mental health?
3. How would you describe your profession's cultural relationship with substance use and the impact on peers?
4. How does your profession's cultural relationship with alcohol or substance use affect you and your relationships?

#### **Application**

1. Given the Adverse Childhood Experiences Questionnaire for Adults, have students perform a self-assessment for adverse childhood experiences (ACEs).

#### **Instructor Notes**

1. The Firefighter Behavioral Health Alliance website includes a white paper on moral injury.

## Topic 2-3: Describing Indicators, Communicating, and Next Steps

### Terminal Learning Objective

At the end of this topic a student, given a list of resources and an assignment as a first responder or support staff, will be able to describe indicators that a person may be in crisis or struggling with thoughts of suicide, demonstrate direct communication about suicide, and describe next steps.

### Enabling Learning Objectives

1. Describe indicators that a person may be thinking about suicide
  - Verbal and nonverbal cues
  - Changes in life situation
  - Changes in behavior
  - Your intuition tells you they are suffering from pain or loss
2. Explain why prompt action in response to these indicators is critical
3. Describe how to directly communicate about suicide
  - Approach
    - Respectful, calm, nonjudgmental, nonconfrontational, validating
    - Timing and setting
  - Active listening techniques
    - Not “fixing”
  - Expressing concern citing specific reasons using indicators that a person may be at risk for suicide
  - Directly asking either “Are you thinking about suicide?” or “Are you thinking about killing yourself?”
4. Identify limitations as a peer
  - Not a trained mental health professional
  - Times when you have to let it go
  - Prioritizing personal safety
  - Immediate danger and calling 911
5. Demonstrate directly asking if the person is thinking about suicide
  - Express specific reasons for concerns
  - Ask either “Are you thinking about suicide?” or “Are you thinking about killing yourself?”
6. Describe how to respond when a person is considering suicide
  - Ask follow-up questions and continuing active listening
  - Stay with the person, show compassion, and encourage them to participate in decisions
  - Access immediate support
    - Workplace support
    - Suicide hotline (988) or other public resources
7. Describe how to respond when a person is not considering suicide
  - Reiterate specific concerns based on the indicators above
  - Reevaluate and discuss crisis indicators

- Directly ask again, “Are you thinking about suicide?” or “Are you thinking about killing yourself?”
  - If the answer is no but suicide concerns remain, provide access to support
    - Workplace support
    - Suicide hotline (988) or other public resources
8. Describe how to respond to a “no” that resolves your concerns about suicide
- Refer person to resources and support

#### **Discussion Questions**

1. What are some common misconceptions about suicide?
2. What biases and barriers can prevent people from talking to their peers about suicide?
3. What are some specific changes in behavior, statements people might make, or life changes that could indicate thoughts of suicide?
4. What are some specific, nonjudgmental follow-up questions you can ask if someone tells you they are thinking about suicide?
5. How will you care for yourself regardless of outcome?

#### **Application**

1. Activity 2-3: Asking a Peer if They Are Thinking about Suicide

#### **Instructor Notes**

1. Underscore that noticing the indicators in ELO 1 should be followed up with directly asking about suicide as soon as possible. There may need to be a change of venue or brief delay for confidentiality or other reasons, but the concerned person must promptly continue the conversation and get the peer support for safety’s sake.
2. Direct students to ask themselves if a person displaying any of the indicators in ELO 1 is suffering from pain or loss and remind them that different events impact people differently.
3. Refer to the American Foundation for Suicide Prevention’s “Risk Factors, Prevention Factors, and Warning Signs” and Suicide Prevention Resource Center’s “Warning Signs of Suicide” for more details on specific indicators that someone is thinking about suicide.
4. Refer to the Center for Creative Leadership’s “How to Use Active Listening Skills to Coach Others,” Her Honor Mentoring’s “Active Listening Skills,” Mind Tools’s “Active Listening,” and NAMI’s “How to Talk (and Listen to) Someone Experiencing Suicidal Thoughts” for information on active listening.
5. Refer to NAMI’s “How to Talk (and Listen to) Someone Experiencing Suicidal Thoughts” for a list of follow-up questions and more information on direct communications.
6. Point out that respectfulness means not gossiping.
7. Students need to understand that there is a point when they have done all they can and that they can only encourage and offer resources to someone who resists support. In cases such as this, the student should contact a peer support member or local support network.

## Topic 2-4: Describing Resources and Resilience Strategies

### Terminal Learning Objective

At the end of this topic a student, given an assignment as a first responder or support staff, will be able to describe resources and resilience strategies for maintaining wellness and assisting struggling peers.

### Enabling Learning Objectives

1. Define resilience
2. Identify and describe resilience strategies, including but not limited to:
  - Sleep hygiene
  - Diet/nutrition
  - Yoga
  - Mindfulness
  - Meditation
  - Spirituality
  - Self-compassion
  - Exercise
  - Rest
  - Communication
    - Personal
    - Professional
  - Work-to-home transition
3. Demonstrate brief relaxation techniques
  - Box breathing
  - Meditation
  - Other
4. Describe resources available in the AHJ, such as:
  - Culturally competent clinicians
  - Peer support
  - Preventive tools
  - Employee assistance programs
  - Chaplains
5. Describe external resources, such as:
  - Community and faith-based groups
  - Support groups
  - Health care system
  - Culturally competent clinicians
  - Hotlines and crisis resources
  - Apps and podcasts
6. Explain the requirements of mandated reporting
  - AHJ requirements
  - Reporting guidelines
  - Expectation of privacy does not apply

**Discussion Questions**

1. What resilience strategies do you find helpful?
2. What resources are available in your jurisdiction?
3. What is the difference between the confidentiality required of trained support resources and the privacy expectations of those in your professional or personal network?

**Application**

1. Determined by instructor

**Instructor Notes**

1. Provide a list of local resources for care and wellness.
2. Address that culturally competent or vetted clinicians are ideal, but faced with a lack of these resources, people should still access whatever care is available.
3. Encourage students to identify specific local resources prior to need.

## Acknowledgements

State Fire Training appreciates the hard work and accomplishments of those who built the solid foundation on which this program continues to grow.

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## How to Read a Course Plan

A course plan identifies the details, logistics, resources, and training and education content for an individual course. Whenever possible, course content is directly tied to a national or state standard. SFT uses the course plan as the training and education standard for an individual course. Individuals at fire agencies, academies, and community colleges use course plans to obtain their institution's consent to offer courses and provide credit for their completion. Instructors use course plans to develop syllabi and lesson plans for course delivery.

### Course Details

The Course Details segment identifies the logistical information required for planning, scheduling, and delivering a course.

### Required Resources

The Required Resources segment identifies the resources, equipment, facilities, and personnel required to deliver the course.

### Unit

Each Unit represents a collection of aligned topics. Unit 1 is the same for all SFT courses. An instructor is not required to repeat Unit 1 when teaching multiple courses within a single instructional period or academy.

### Topics

Each Topic documents a single Terminal Learning Objective and the instructional activities that support it.

### Terminal Learning Objective

A Terminal Learning Objective (TLO) states the instructor's expectations of student performance at the end of a specific lesson or unit. Each TLO includes a task (what the student must be able to do), a condition (the setting and supplies needed), and a standard (how well or to whose specifications the task must be performed). TLOs target the performance required when students are evaluated, not what they will do as part of the course.

### Enabling Learning Objectives

The Enabling Learning Objectives (ELO) specify a detailed sequence of student activities that make up the instructional content of a lesson plan. ELOs cover the cognitive, affective, and psychomotor skills students must master to complete the TLO.

### Discussion Questions

The Discussion Questions are designed to guide students into a topic or to enhance their understanding of a topic. Instructors may add to or adjust the questions to suit their students.

**Application**

The Application segment documents experiences that enable students to apply lecture content through cognitive and psychomotor activities, skills exercises, and formative testing. Application experiences included in the course plan are required. Instructors may add additional application experiences to suit their student population if time permits.

**Instructor Notes**

The Instructor Notes segment documents suggestions and resources to enhance an instructor's ability to teach a specific topic.

**CTS Guide Reference**

The CTS Guide Reference segment documents the standard(s) from the corresponding Certification Training Standard Guide upon which each topic within the course is based. This segment is eliminated if the course is not based on a standard.

**Skill Sheet**

The Skill Sheet segment documents the skill sheet that tests the content contained within the topic. This segment is eliminated if the course does not have skill sheets.

## Activity 2-3: Asking a Peer if They Are Thinking about Suicide

**Format:** Groups of two students

**Time:** 30 minutes

### Description

This activity provides students with an opportunity to observe and interpret fire dynamics.

### Materials

- Classroom setting
- Whiteboard or chart paper
- Writing implements

### Student Instructions

1. Use the scenario written on the board and, with your partner, take turns practicing being peers and going through the steps that were just demonstrated.
2. Keep the discussion simple and use the script for the questions being asked. This is just practice, and it's OK if it's an awkward or simplified version. Practicing asking the question will make it easier to ask it in real life.
3. When it is your turn to check in with your peer, cite the indicators you are concerned about, ask your peer, "Are you thinking about suicide?" or "Are you thinking about killing yourself?"
4. When you are the peer being asked if you are thinking about suicide, your answer will be a clear "yes".
5. When your peer says "yes" ask, "Can we work together to get you some help?"
6. You have three minutes in each role. You will be told when it is time to switch roles.

### Instructor Notes

1. Review exercise and learning objectives.
2. Ask students for an example (non-work-related) setting for a conversation with a peer (i.e., a coffee shop or a park). Write it on the board (or paper).
3. Ask students to describe a relationship between two peers (i.e, co-workers, friends, neighbors, employee/supervisor, etc.). Write it on the board (or paper).
4. Ask students to brainstorm potential indicators of suicidal thoughts. Choose two indicators (one behavioral and one life change). Write them on the board (or paper). Tell students these indicators are known by both peers.
5. Describe the full scenario including the setting, the relationship, and the indicators. Tell students that when their peer asks if they are thinking about suicide, their answer will be "yes."

6. Students will not demonstrate the whole conversation including follow-up questions and specific resources; they will practice the part that can be most uncomfortable at first: asking a peer if they are thinking about suicide.
7. Give students instructions:
  - a. With a student partner as your peer, demonstrate acting out the scenario. Cite specific indicators causing your concern and directly ask, “Are you thinking about suicide?” or “Are you thinking about killing yourself?”
  - b. Demonstrate acknowledging your peer’s answer (“Sounds like you have a lot going on.”) and validating their pain.
  - c. Ask your peer, “Can we work together to get you some help?”
8. Direct the students to practice the scenario with their partners.
9. Debrief with the whole class, asking about the activity.