

TRANSCRIPT for Series 3, Episode 2: From Little Thing Big Things Grow

Introduction

Welcome to *A World Where LivingWorks*, stories of science and survival. Bringing together our heads and our hearts, to build a suicide safer world.

This podcast is brought to you by LivingWorks, a network of local suicide first aid trainers in your community and communities around the world visit livingworks.net to find out how you can play your part in suicide prevention.

Kim Borrowdale, host: You're listening to *A World Where LivingWorks* and I'm your host Kim Borrowdale.

First of all, I'd like to acknowledge Traditional Owners of the beautiful lands wherever you're listening.

I'd also like to acknowledge everyone out there who has been impacted by suicide, the pain it brings to our lives, but also the desire to make positive change, for all of us to live well.

Today I'm talking with Richard Ramsay, co-founder of LivingWorks.

This is the second episode in season three of *A World Where LivingWorks*, a season focused on learning about the history and evolution of their ground breaking suicide first aid training practices, now being taught around the world.

We know LivingWorks today as a global leader in suicide intervention. Thousands of trainers in workplaces and communities around the world teaching gold class suicide first aid programs like the two-day ASIST workshop, the half day safeTALK suicide alert helper workshop and now the 90- minute online interactive introduction to suicide first aid, LivingWorks Start. Programs that have been endorsed in more than 50 peer reviewed journals around the world. That have informed international policy and are implemented everywhere from schools to military bases, hospitals to sports clubs and everything in between.

In episode one we talked with Richard about the early days, some 40 years ago. Make sure you have a listen to that episode if you missed it. I won't give you too much of a spoiler but let's just say that a film student and a road trip weren't what I was expecting.

Today we're continuing that chat having a look at how this new curriculum teaching people suicide first aid was put to the test in Canada and then further afield.

Hi again Richard.

Richard Ramsay, guest: Hello Kim.

KB: Richard, so you've got the curriculum framework stepped out, what next?

RR: Yeah, and so with that information and the attitude information, that formed the framework or the structure of the curriculum that it looked like we couldn't do it in an hour, we couldn't do it in a day, we tested a number of models and the optimum was two days and that gave people in the attitudes part time enough to digest different opinions and dialogue with others and to also decide whether or not they were going to change any of their attitudes.

(3:11)

KB: And going away overnight after the first day I think is an important reflection time too because it's two days but you also have that break between the days where you're mulling things over in your head.

RR: Yeah, and in the very early days because of other research that I was involved in and Brian too but we were doing research on the magnitude or the prevalence of suicide in a community because the literature of the day said, they just spoke to the tip of the iceberg, so X number of people who died and even though it was the top ten deaths, it still was a low base rate, it was considered rare, so that allowed a lot of people just brush it aside but when we did the prevalence study, the community based random sample study, we discovered that the ratio of those who died by suicide statistically is 100 to 1 to those who have attempted or seriously thought about and then there is another six or more people who are affected by someone's death or attempt, you can see the iceberg below the ocean is bigger and bigger and bigger.

In the early days when we taught an attitude knowledge and skill module, we had them kind of separated, in the knowledge module we presented this evidence of the magnitude and that it was bigger than the tip but we weren't sure whether the audience was going to accept that, so we actually said, with this magnitude you have to decide whether or not it's worth your time to spend two days in this kind of training because if it doesn't matter to you or if you don't think, or you think you've got other things to do (chuckles) ...

KB: Than spend the time.

RR: ... yeah, and we actually gave people the opportunity to leave at that moment, sort of noon of the first day I guess, something like that and said, no fault finding, it's just you have to try and commit to the fact that it's going to take two days to get through this and if you don't think that number is big enough to bother then you might as well leave, today we don't do that, it's the same kind of message but it's sort of along the lines of, stick it out for the two days and we think you're going to change your mind.

KB: Yeah, we think you'll agree that it was a valuable use of your time.

RR: Yeah, yeah, so we're not quite as forgiving this time as ... in terms of, leave if you feel like it after the first couple of hours. And anyway, we developed the two-day curriculum and then we had to, we started to have the training for trainers concept and we thought that, well how many in this province actually are interested in crisis intervention work, because it's pretty scary and it's high risk and you never know what's going to come at you.

KB: With the best intentions I can be a good citizen but yeah, if you say the word crisis too many times, it's a bit scary.

RR: Yeah, so we thought there might be a hundred people in the province that might be interested in taking this Training for Trainers pilot and we had funding for 40 seats. We figured it wouldn't be too hard to scale a hundred down to 40, but when we put the advertisement out if you want, we got 400 people.

KB: Wow.

RR: Saying they were interested.

KB: Wow.

RR: Then we had to figure out a way to screen 400 down to 40 and that was tough but it was also our first experience that discovering that you cannot come up with, if you want to paper and pencil test to predict

whether you're going to become a star in the training or you're going to be a dud, and we tried that, we put people in the top quarter and then the second best quarter and we cut them off at the third quarter and there was a bunch in the fourth quarter that we just said, no you're not going to be able to take this training. Well after we did the first pilot we discovered that some of our paper stars were duds and some of those that were marginal were brilliant, then we started thinking, oh my god, how many in that fourth quarter ...

KB: Who have we let go.

RR: ... yeah, did we throw out who were really good and that was the beginning of saying that we're not going to trust pre-screening kind of instruments that people have to go through it, they have to decide for themselves, if they're really bad we'll try and coach them out but if they even get into the field and if they want the free enterprise of the community we'll take care of that because other trainers won't train with them or the community will complain that that's a bad trainer.

KB: Or even as an individual, you won't open up to that person anyway ...

RR: Yeah, yeah.

KB: ... if they don't have those skills.

RR: They will screen themselves out or the community will screen them out, that became an important philosophy for us in Training for Trainers. Originally once we put people through the first two days of the workshop, then on Tuesday night we would sit up until midnight or late at night analysing all these people as to who would be likely to be good and bad, and so forth and again we discovered, we might as well have gone to bed (chuckles) ... because our predictions didn't turn out that way on Friday and we had what is now referred to in many cases as Friday miracles, that people we thought were really going to have a bad time when they had to get up and present and so forth, with all the anxiety, they aced it, yeah ...

KB: That's funny, it's like all the debate around suicide risk assessment itself, you know, it's like it went from the checkbox process to human beings are complicated individual, it's a conversation and sounds like the same with assessing trainers.

RR: ... well yeah exactly and when we started, the only literature that was available was from the Los Angeles Centre in Los Angeles, by and large, and they had done some research that came up with the categories of risk and they identified seven categories, one had to do with age and sex and stress and symptoms and current behaviour and resources and current plan and at the end of that you'd make an assessment as to whether they were high risk, medium risk or low risk.

Well Brian and I because we'd been involved in clinical kind of work, we knew that what the textbook would train you to do as a young therapist, is you'd have to engage, you have to build rapport and then you have to do a social history and it's a long a process and so we took those seven and said, what if we reverse them, because we've only got two days and what we want people to know is what's most practical to them to decide whether somebody needs help or not, so we reversed the order and said, well let's start with current plan, prior behaviour, and resources, if all three of those are in a sense negative then we've got risk, and of course when you think about it, current plan, prior behaviour, we've got CPR.

KB: Yeah.

(10:29)

RR: That's how we came up with our first parallel to physical first aid and CPR. Then 10 years later, the literature was saying that these prediction models aren't very good because if you put you and me, or a professional and a non-professional, in front of a scenario most of us will get high risk correct and we'll get low risk correct but we're all over the map as far as medium risk and so we decided 10 years, or so, in to get rid of categorization and to get rid of, partly because we also found institutions or agencies were misusing it, if they judged you high risk then you know, they locked you up and they had someone watch you every 15 minutes.

KB: Because you said, after 10 years, what year are we talking here, around what time period?

RR: We made that change in 2003 and 2004.

KB: Okay.

RR: And that was also a time when we had already got up to the sixth edition of the original edition and the training manual and because of a lot of changes that we made, in that 2003/4 period, we said actually we've jumped three or four editions and we're now at the tenth edition (chuckles) and so we launched the tenth edition in 2003 and 2004 and because the International Association of Suicide Prevention conference was in South Africa in 2005 and the president of the IASP was Lars Mehlum from Oslo, Norway, he came to me and he said, ok, it's time that LivingWorks was put onto the international stage. So he said, I want you to write a new developments article that we'll publish before the conference and we'll publish it in the Norwegian Suicidology Journal and so that's what we did, I wrote a new developments article that was published and it showed that transition that we've just been talking about and why we changed from risk categorization to what we said was risk review and SafePlan and we introduced SafePlan in 2003/4 and eventually our whole emphasis is now on SafePlans, the risk review is sort of built inside the safety framework.

KB: How do you keep you safe, not how much risk you are to yourself.

RR: That's right, yeah. And a check of the literature will show that we were four years in front of the other safety plans authors like Stanley and Brown.

KB: Wow.

RR: Who get all the credit for safety plan kind of work.

KB: That's very interesting to know because that's true actually. Yeah, so when you ...

RR: and ...

KB: ... when you, Lars suggested this and you wrote the article and you got published in the Norwegian Journal and then went to the International conference in South Africa was that then the step change of where the demand for this training program went further than your province or had you already seen people using it in other places before that?

RR: Oh no we had already, we went outside of our boundaries to the federal prison system in the early 1980s, they were having a problem with a number of suicide deaths in the prisons and they were having to have public hearings and by and large the staff were being blamed and not only were they being blamed but nobody sort of

paid attention to the trauma that they might have had to go through in finding somebody and so one of the people who was on this provincial strategy that I was also on, was an Anglican Priest who'd actually, he and I had worked together in another agency several years earlier but he went down to a conference and the correctional services people tossed the problem of suicide over the Chaplain's group and said, you solve it, and they were talking about it, how the hell are we going to solve it kind of message.

KB: And prisons too, the attitudes questions is even more complex than in the general population.

RR: Yeah, so the Anglican Priest said, well I'm sitting on this committee in Alberta and these guys are doing something in training, they might be helpful, somebody came out and studied what we were doing and then got invited to go to Eastern Canada to try it out and talking about trial by fire because they put us in front of 40 prison guards ...

KB: Wow.

RR: ... who were pretty hardnosed, and it turned out that if we could get by those guys, we could get by anybody.

KB: Absolutely, wow what a first experiment outside your existing area.

RR: That was the first beginning and then the Los Angeles Suicide Prevention founders Dr Farberow and others, I'm not exactly sure how they knew about our work but anyway they did, and they were commissioned by the government of California to come up with a plan to how to help youth suicide risk people and training had to be part of it.

KB: And around what time period was that? Early 80s or later?

RR: That's in 1985/6. We didn't know this but when they wrote the report they said, well as far as training is concerned we know training around the world, what's going on and there is only one group that can meet what you guys want and that these guys up in Canada. They said to the government, they said, look, what you need to do is to get them to write you a proposal and turn it into a single source grant and that's what they did and we ended up with the first single source, out of state, out of country, contract with the state of California.

KB: Wow.

RR: They wanted us to come in and we had three years to train two people - trainers in all 58 counties, which was kind of nutso because the rural counties didn't need two people and the big counties like Los Angeles needed 42.

KB: Needed a lot yeah and from what I've heard of California it's like a micro system of the States anyway, it's like its own country with disparate counties.

RR: Oh yeah, and it's the same size as Canada population wise.

KB: Yeah, wow.

RR: It's half again as big as Australia.

KB: When you went in to do that did you adjust those number and shuffle it around once you realized what you were dealing with?

RR: We did some of it, they were under a fairly strict sort of grant mandate that said, no two in each place, and we tried several times to say, you're nuts to be doing it that way but ok, we'll do our best.

(17:35)

KB: Interesting in '86 you're training people to train up young people and then 2020 you're working with California schools, it's a nice loop around over the years.

RR: Yeah, and we were working with California educators at that time and I still remember at a Training for Trainers at several places, we'd be sitting down in the evening and we'd be talking to somebody who was a school teacher and so forth and they would always say, you know the school board or the Department of Education is forcing different kinds of training on us forever, like we're the gatekeepers of all the kids, we're supposed to be moms and dads and doctors and nurses.

KB: Experts in every subject and health issue.

RR: Everything, and I still remember a number of them saying, in this informal discussion said, this is the first course that we've ever taken that makes practical sense and I'm prepared to go back and try to implement it either as an individual teacher if I see a kid or to convince my school that maybe we should have more of this.

KB: That's a ringing endorsement because that is one occupation that CPD is constant.

RR: Yeah, for us to come full circle 20 years later and work with the school board in terms of the online training and ...

KB: And now training students not just the teachers.

RR: That's right. Then we finished that project in 1989, we were still working with the correctional services, but they did what a lot of institutions will do, is that once they experience something then they start to think, well we can do it better ourselves.

KB: Yeah interesting.

RR: And we don't have to bring outsiders in. It started to wear off right about the time that Dr. Tanney was on a study sabbatical in Australia and that's where he met Bruce Turley at a conference in Townsville and he was a speaker and Bruce was intrigued with what he had to say, and he's probably exaggerated the story but it makes a good story, he noticed that Brian had a suitcase, a big suitcase full of stuff and Brian had brought this big suitcase of documents all the way from Canada and he'd been speaking at different places and no one really asked what the hell is in the suitcase.

KB: What's in the bag Brian? What's the bag?

That's a wrap for episode two and haven't we covered a lot of ground. From Norway to Australia. From prisons to schools. Tune into episode 3 to catch up with LivingWorks co-founder Richard Ramsay for more tall tales from around the world – including what was in Brian's suitcase!



Thank you again for sharing your time and insights Richard.

RR: Thank you Kim. Great to talk with you today.

Outro

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