

*2018 Grantee*

# **Supporting Older Adults At Risk of Suicide Through Nutrition Services in Georgia**

## Summary:

To enhance identification and support of older adults with elevated suicide risk or mental health distress (ESR/MHD), the Atlanta Regional Commission (Atlanta Area Agency on Aging), in partnership with affiliate nutrition service providers and Georgia State University researchers, developed a standardized and manualized suicide intervention to be delivered by nutrition services volunteers. Through a series of related studies, they found that nutrition services volunteers and providers can develop suicide intervention skills, and when they do, use those skills as part of their job role and provide life assisting suicide interventions to the older adults they serve.

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# Caregiver Tips During COVID-19

Suggestions and resources for protecting yourself and those you care for.



# Caregiver Tips During COVID-19:

## *Building Resilience, Protecting Yourself and Those You Care For*

Caregivers are among the most resilient, capable, and competent people in this country. At a time when many are struggling to cope with the new reality of social distancing at home, uncertain of what tomorrow brings, caregivers live in this reality on a daily basis.

One of the strengths caregivers have is resilience to take each day as it comes. As a caregiver, the skills you have accrued (and your innate compassion for others) will serve you well at this difficult time. And remember, there is strength in seeking help.

### THE PROBLEM

Many older adults are canceling in-home services, and caregivers may be hesitant due to concerns about spreading COVID-19. However, caregivers can do concrete things to support older adults in need. Here are some guidelines that may be helpful:

#### *Protect Your Health to Protect Your Loved Ones*

- Take [everyday steps](#) to ensure that you reduce the odds of getting sick. As time permits, [sanitize your home as thoroughly and often as you can](#), with an [effective disinfectant](#). This is particularly important after a visitor enters your home. See the [CDC's FAQs](#) for specifics on how the virus can and cannot be transmitted.
- If you are concerned that you may be sick with COVID-19, please review these [helpful tips from the CDC](#). [Click here](#) for a self-checker.
- Even if you're feeling healthy, [wash your hands frequently](#), and ask visitors to do the same. The CDC has a 2-minute video on best hand-washing techniques. In fact, wash your hands every time you walk by a sink.
- [Social distancing is okay](#). If family members visit, but are reluctant to be close to you or to your loved one, that is perfectly normal. Normal, but not easy. *We all appreciate hugs and physical closeness from our friends and family, but this is a time to use caution.*

#### *Maintaining Your Loved One's Access to Food and Healthcare*

If you or your family employs a caregiver, continue to foster that relationship. *Unless that caregiver has been exposed to the virus, there's no reason to end their services.* However, caution and service modification are prudent.

- Ask about their recent travels/activities, and about their hand-washing practices.
- Ask them to use [personal protective equipment](#) (PPE; e.g., gloves, mask, etc.) if they have it available. This is most important for direct contact care.

## ADDITIONAL RESOURCES

### Caregiver Help Desk:

855-227-3640

<https://www.caregiveraction.org>

### Eldercare Locator:

800-677-1116

<https://eldercare.acl.gov/Public/Index.aspx>

### Administration for Community Living:

<https://acl.gov/COVID-19>

### AARP:

877-333-5885

- If allowing a necessary service provider into your home makes you feel uncomfortable for any reason, call the Caregiver Help Desk or visit their website (<https://www.caregiveraction.org>) and they will help you navigate the situation.
  - Free Caregiver Help Desk (open 8:00am-7:00pm ET) 855-227-3640
  - Chat available on website as well
- If you need help finding eldercare, resources can be found at:
  - Administration for Community Living: <https://eldercare.acl.gov/>
  - Eldercare Finder Toll-Free Number: 800-677-1116
- Utilize grocery and meal delivery services. Consider these [helpful tips](#) about how to make these services a part of your routine.

### *The Importance of Self-Care for Caregivers*

Stress can [decrease your immunity](#) and use up emotional resources, both of which are critical to protect during this time of uncertainty. These are challenging circumstances and you are doing the best possible job you can for yourself and your loved one. The CDC offers [suggestions to reduce stress and maintain wellness](#) during this precarious time.

- First and foremost, take care of yourself and prioritize your own well-being.
- Take a deep breath and know you will get through this. If you become overly anxious or depressed, it may impact your ability to care for your loved one. Take care of your own emotional health.
- Engage in daily physical activity, prayer, or meditation.

Sometimes caregivers feel guilty when they take time for themselves—this is normal when you're caring for someone you love.

- It's important to *take the time daily to seek out the little things that bring you joy ...* maybe savoring a morning cup of coffee, or listening to the birds sing as they greet the day. Allow yourself these joyful moments.
- If you live with someone, let them know when you need respite care. Caregiving is 24/7 challenging work, and everyone needs a break to recharge and renew.
- Another option for support is to ask for care packages from loved ones rather than in-person visits; that may ease your stress and protect your household.
- AARP has a support line for caregivers to call during this time if you have questions or need local resources: 1-877-333-5885.
- The Family Caregiver Alliance also has [online support groups](#) to ensure that you can stay connected to other people facing similar challenges.

### **LOVE WINS**

There are many people in your community, city, state, and country that want to help others right now. [Our country has a strong volunteer spirit, and people really want to help.](#) You will likely be receiving more calls at this time from your family, friends, and faith communities who care about you in this time of crisis. Tell them what you need. Remember the strength in seeking and accepting help. Allowing others to help you in this way is a gift to them as well.

Don't forget to tell your loved ones, "I love you," "I'm here for you," and "We'll get through this." Look for people who will give you the same type of support that you are providing to others.

While social distancing measures can feel isolating, it can be helpful to remember: **you are not alone** in the unique challenges presented by the pandemic.

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# **More Than a Meal: Facts, Stress, and Coping Information for Home Delivered Meal Volunteers During COVID-19**

Guidance on how to identify signs of stress and mental health trouble or suicide risk in seniors receiving Home Delivered Meals.



# More than a Meal:

## *Facts, Stress, & Coping Information for Home Delivered Meal Volunteers (HDM) during COVID-19*

As a HDM volunteer, YOUR work with the older adult population is having a monumental impact on their lives. They are the demographic most heavily hit by this pandemic, and through your caring and giving nature, YOU are providing human connection and promoting life through home delivered meals.

### FACTS

#### HOW IT SPREADS:

Many older adults are canceling in-home services, and caregivers may be hesitant due to concerns about spreading COVID-19. However, caregivers can do concrete things to support older adults in need. Here are some guidelines that may be helpful:

#### *Protect Your Health to Protect Your Loved Ones*

- There is currently no vaccine to prevent COVID-19.
- The best way to prevent illness is to avoid exposure to this virus.
- The virus is thought to spread mainly from person-to-person:
  - Between people who are in close contact (within about 6 feet).
  - Through respiratory droplets from a cough or sneeze by an infected person. These droplets can then be inhaled by others.

*When caring for older adults, be sure to physically distance yourself adequately*

### STRESS

#### WHAT SHOULD YOU KNOW

Fear and anxiety about the COVID-19 pandemic can be overwhelming and cause strong emotions and reactions. *Those who receive delivered meals ARE having stress reactions right now.* With new restrictions in place for the services seniors rely on and for their visitors, it is highly likely they feel even further isolated than usual. This, combined with their increased risk when exposed to the disease, makes it more likely you will see increased mental health symptoms.

#### *Seniors you encounter may be feeling anxiety, worry, or fear related to:*

- Their own health status.
- Monitoring themselves or being monitored by others for symptoms of the disease.
- The challenges of securing things they need such as groceries, medication, personal care items.
- Concern about being able to effectively care for themselves, pets, or others in their care.
- Uncertainty or frustration about how long they will need to remain in this situation, and uncertainty about the future.
- Loneliness associated with feeling cut off from the world and from loved ones.
- Anger if they think they were exposed to the disease because of others' negligence.

### CREDIBLE RESOURCES

#### Center for Disease Control & Prevention:

1-800-CDC-INFO  
(1-800-232-4636)  
<https://www.cdc.gov>

#### World Health Organization Office of the Americas:

202-974-3000  
<http://www.who.int/en>

#### Substance Abuse and Mental Health Services Administration :

1-877-SAMHSA-7  
(1-877-726-4727)  
<https://www.samhsa.gov/>

- Boredom and frustration because they may not be able to engage in their typical routines and regular day-to-day activities.
- Uncertainty or ambivalence about the situation.
- A desire to use alcohol or drugs to cope.

### WHAT TO EXPECT: SIGNS OF STRESS<sup>3</sup>

Some of the normal stress reactions you will see in seniors during an infectious disease outbreak are:

- Changes in energy level, sleep patterns, and eating habits.
- Increased irritability.
- Crying more frequently.
- Blaming others for everything.
- Difficulty finding pleasure or having fun.
- Headaches and digestive issues.
- Difficulty concentrating; feeling confused.

### TIPS FOR COMMUNICATING WITH SENIORS

As an HDM volunteer, YOU are in a unique position to notice a senior who is struggling at a moment where support is most needed.

- If possible, listen and allow extra time for them to express their feelings and thoughts.
- Validate their experience with simple, reflective statements such as: “You feel afraid and that makes sense.” Or “You are feeling a lot of anxiety right now.” Or “This situation feels new and scary and out of your control.”
- Use a calm, even tone of voice. People often unconsciously imitate our level of energy and tone of voice. Your calm tone may help a senior stay calm.
- Ask them what they need and direct them to resources as appropriate.
- Encourage them to engage in the stress reduction and self-care tips listed here.

### SIGNS & SYMPTOMS OF INCREASED MENTAL HEALTH TROUBLE OR SUICIDE

Don't be afraid to connect with seniors about their mental health and suicide—asking directly is helpful and needed! Be on the lookout for:

- Symptoms of depression: feelings of hopelessness, changes in appetite or hygiene, sleeping too little or too much, and difficulty concentrating that persist for 2-4 weeks.
- Death of loved ones.
- Financial or legal hardship.
- Increased use of alcohol, tobacco, or medications.
- Worsening of chronic health symptoms.
- Symptoms of Post-Traumatic Stress Disorder (PTSD): intrusive distressing memories, flashbacks (reliving the event), nightmares, and being easily startled.
- Statements about wanting to die or harm themselves. For example: “My bags are packed ... I'm ready to go.” OR “I just wish it would end.” OR “It's hard to go on.” OR “You shouldn't be worrying about me when there is so much going on. I don't matter as much.”

**If you notice a senior experiencing any of these reactions, encourage them to contact their health care provider or one of the hotline resources on this tip sheet.**

## HOTLINES

### SAMHSA's Disaster Distress Helpline Toll-Free:

1-800-985-5990  
(English and español)

SMS:

Text TalkWithUs to 66746

SMS (español):

“Hablamos” al 66746

TTY: 1-800-846-8517

### National Suicide Prevention Lifeline Toll-Free:

(English):

1-800-273-TALK (8255)

(español):

1-888-628-9454

TTY:

1-800-799-4TTY (4889)



## SELF-CARE FOR HOME DELIVERED MEAL VOLUNTEERS

Things you CAN control include your self-care and health practices<sup>2</sup>:

- Move your body safely. One way to release stress and anxiety is through physical movement. Find ways to move, stretch, or exercise that are safe for you!
- Take deep breaths—deep breathing can help you manage anxious feelings.
- Stay hydrated, work on getting enough sleep, and do your best to eat nutritious food.
- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Maintain a sense of hope and positive thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

### Notes:

1. “Prevention of Coronavirus Disease 2019 (COVID-19): How to Protect Yourself,” Centers for Disease Control and Prevention (U.S. Department of Health & Human Services, March 18, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>
2. “Taking Care of Your Behavioral Health During an Infectious Disease Outbreak: Tips for Social Distancing, Quarantine, and Isolation.” Taking Care of Your Behavioral Health During an Infectious Disease Outbreak: Tips for Social Distancing, Quarantine, and Isolation. Rockville, MD: SAMHSA: Substance Abuse and Mental Health Services Administration, 2014.
3. “Coping with Stress During Infectious Disease Outbreaks.” Coping with Stress During Infectious Disease Outbreaks. Rockville, MD: SAMHSA: Substance Abuse and Mental Health Services Administration, 2014.

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# Quick Tips for Social Distancing

Dos and Don'ts for social distancing.



# Quick Tips for Social Distancing:

## *Dos and Don'ts*

**Social distancing refers to physical distancing—you can (and should) maintain contact with friends, family, and others via text, email, phone, or video calls.**

- Engage in meaningful activities at home, such as prayer, knitting, art, and mindfulness activities.
- Make a plan to keep your home ready for [shelter in place](#).
- If possible, get a three-month supply of your medications to have on hand at home. This will help you avoid crowds of people at the pharmacy and ensure that you are not impacted by any medication shortages.
- Call your doctor if you or your loved one begin to exhibit symptoms consistent with COVID-19.

**DO** Maintain six feet of distance from anyone with whom you do not live, particularly in public places (i.e., grocery stores, public parks, etc.).

**DO** Wash your hands regularly for at least 20 seconds.

**DO** Go for walks in places that are not crowded (as long as you are not in an area with a shelter in place order).

**DO** Attend medical appointments by phone or video conferencing when possible.

**DO** Go to the grocery store once a week at the most, preferably during less busy hours. Many grocery stores are opening for an hour specifically for older adults and people that are immunosuppressed, if you are able to go during that time.

**DON'T** Travel. Traveling by plane or by car outside of essential trips (such as medical appointments, trips to the grocery store, or trips to the pharmacy) places you at significantly higher risk of contracting the virus.

**DON'T** Invite friends or family to visit. Try to maintain social relationships via phone or other technology, such as Skype or FaceTime. Even people who are not obviously ill may be carrying the virus.

**DON'T** Eat out at restaurants or bars.

**DON'T** Physically attend large gatherings, such as church. Many churches are offering services online to protect their congregations. While engaging in faith is critical at this time, it is equally important to protect yourself, your loved ones, and others.

**DON'T** Panic. While these are frightening times, safe social distancing can protect you and your loved ones. Stay informed and stay well.

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### CONTACTS & UPDATES

HDI's website and social media accounts provide ongoing updates and resources for preparing your church for COVID-19.

**Email:** [hdi@wheaton.edu](mailto:hdi@wheaton.edu)

**Facebook:** [facebook.com/WheatonHDI](https://www.facebook.com/WheatonHDI)

**Twitter:** [twitter.com/WheatonHDI](https://twitter.com/WheatonHDI)

**Instagram:** [@wheaton\\_hdi](https://www.instagram.com/wheaton_hdi)

# Caring for Wellbeing of Older Adults during COVID-19

Tip for ways to connect with seniors while social distancing.



# Caring for Wellbeing of Older Adults During COVID-19:

## *Connecting While Social Distancing*

**Millions of older adults already struggle with loneliness, isolation, and lack regular companionship.** Now, imagine them being flooded with messages that “elders with underlying medical conditions are most at risk of death from in-person transmission of COVID-19,” and in Italy hospitals are “prioritizing the lives of young persons and those more likely to recover.” These messages coupled with social distancing is further isolating older adults.

### *What can I do? How can I help?*

Loneliness and isolation are dangerous—but we can **connect** while **social distancing!**

- Check in on the people in your life who live alone—call them! Regularly!
- Utilize social media to stay connected.
- Connect with your clergy and faith community to reach out together.
- Volunteer through the aging network!

### **LET THEM HEAR YOUR VOICE.**

A simple phone call (or video call) may be a powerful way to combat social isolation.

#### *Creative ways to spend time on the phone (or Skype/Zoom/Google Hangout)*

- Plan consistent times to “meet”—make calls part of your regular routine.
- Read poetry or a book together.
- Play trivia or games (i.e. 20 Questions), or tell jokes!
- Ask the person to tell you about a favorite memory of their childhood.
- Pray with them or Read scripture.
- Read the Daily Office together from the Book of Common Prayer, available here: [https://episcopalchurch.org/files/book\\_of\\_common\\_prayer.pdf](https://episcopalchurch.org/files/book_of_common_prayer.pdf)

#### *If you aren't a big talker ...*

- Plan to watch a favorite TV show during the call
- Plan to watch (and “play”) a TV game show such as Jeopardy!
- Listen and play music.
- Watch a movie together.
- Do a crossword puzzle together.

## ADDITIONAL RESOURCES

**Resources for family caregivers:** <https://www.aarp.org/caregiving/>

**How to make a household care plan:** <https://bit.ly/393BkOB>

**Administration for Community Living:** <https://acl.gov/COVID-19>

**ACL Eldercare Toll-Free Number:**  
1-800-677-1116

**Eldercare Locator:**  
<https://eldercare.acl.gov/Public/Index.aspx>

### *What if the person is unable to talk?*

- If someone in your life is at risk of social isolation and cannot communicate verbally, check with their care provider. Ask them to plan regular contact hours, or for assistance setting up video technology like FaceTime. Work together to plan out how to connect.
- Ask specific questions for person's the well-being: Are they eating meals? How is their mood? What activities are offered daily?

## **VOLUNTEER**

Consider volunteering as part of the efforts underway with a local senior center. Faith based communities are one of the main sources of home delivered meal (HDM) volunteers. Services have been altered for safety regarding COVID-19; meals are being delivered through social distancing. The meal is dropped at the front door, the older adult is called, the volunteer steps back a safe distance (minimum of 6 feet).

- Your church may already have a relationship with a local senior center. If not, you can develop one. It is pretty easy, requires a quick background check, and is most meaningful.
- Many deliver meals on a route, some do it during their lunch break.
- HDM volunteers have a unique opportunity to connect with the older adult from a distance.
- **Go to <https://eldercare.acl.gov/Public/Index.aspx> to find your local Area Agency on Aging or county senior services office.** Ask them for **volunteer opportunities** with homebound members of your community. (*Try to have one representative do this for an organized group.*)

Finally, please know you have all you need in this moment to promote life with a socially isolated senior. All that is needed is a caring heart, and desire to connect.

### *Prayer for the Aged, from the Book of Common Prayer*

*“Look with mercy, O God our Father, on all those whose increasing years bring them weakness, distress, or isolation. Provide for them homes of dignity and peace; give them understanding helpers, and the willingness to accept help; and, as their strength diminishes, increase their faith and their assurance of your love. This we ask in the name of Jesus Christ our Lord. Amen.”*

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# Enhancing Socialization through Making Meaningful Volunteer Connections During COVID-19

Tips on building and strengthening connections with seniors.





## Enhancing Socialization through Making Meaningful Volunteer Connections during COVID-19 June 3, 2020

Social interaction [is essential for physical and mental health and well-being](#). The health benefits of human social interaction are plentiful; delaying memory loss, improving mood, stimulating appetite, and decreasing mortality. Aging experts have known the value of socialization for a long time, which is why the Older Americans Act (OAA) nutrition programs has three primary goals:

- reduce hunger, food insecurity and malnutrition,
- **promote socialization**, and
- delay the onset of adverse health conditions

Unfortunately, social isolation and loneliness are nonetheless [prevalent among older adults](#), and can [lead to functional decline and death](#). [A recent ACL funded study](#) of older adults receiving nutrition services *before COVID-19* revealed 1 in 5 meet key suicide predictors (thwarted belongingness and perceived burdensomeness), and 15.6% were at increased risk of suicide. Experts expect feelings of social isolation, loneliness, and potentially suicidality to be exacerbated by this crisis; however, the Aging Services Network (ASN) is well positioned to foster meaningful social interactions that help decrease social isolation and promote life with older adults during this trying time.

The OAA congregate and home delivered meal programs have functioned as “more than a meal” for many years. These programs provide an essential means for connecting older adults with each other and the community, and have been found to provide many benefits. A recent evaluation of the OAA nutrition program found that (in comparison to non-participants) congregate meal participants were more satisfied with their social interactions, and less likely to be depressed (among other benefits).

Both the nutrition and regular connection that the OAA nutrition programs provide are now more important than ever since some form of social distancing interventions will be needed for a prolonged period due to COVID-19, which [disproportionately impacts older adults](#). It is important to consider how nutrition programs can [effectively promote socialization while social distancing](#). As nutrition services programs look for ways to return to a “new normal”, volunteers are a critical resource for helping **make warm calls/connections** that will help older adults feel supported and engaged. The ASN has been innovative in equipping big-hearted volunteers to promote [the health and well-being of at-risk older adults in novel ways](#). Here are some tips for your volunteers (many of which you are likely already doing) to build and strengthen these important connections:



1. When possible, **use the same volunteers each time** to increase familiarity and build rapport. It may take a few iterations of the check-in calls to develop sufficient trust between the volunteer and older adult. Be patient, and persistent.
2. **Use active listening.** Active listening is a helpful way to demonstrate your care and concern. Active listening is hard work. It requires listening with your ears and with your heart. The older adult (or anyone for that matter) can tell when someone is really listening. Try to minimize distractions and make contacts when you are present and available.
3. **Be aware of euphemisms** that may indicate an older adults is feeling lonely, depressed, or anxious. They may not flat out say they are struggling, but instead they may allude to feeling "tired," "blue," or "not myself." Try to listen for these cues and gently respond with a clarifying question such as, "You said you're feeling tired. Is that similar to feeling down or depressed?"
4. **Normalize experiences**, such as feeling lonely, depressed, or anxious, to remove any perceived stigma about these feelings. You might say, "I know this is a difficult time and many people in your situation are feeling [lonely], [down and depressed], [jittery and anxious]. Do you ever feel that way?"
5. **Provide empathic responses** when older adults share struggles. You can simply name what they are feeling when you get a sense of what that is (Examples: "it's scary", "you miss having meals with your friends", "it's lonely", "you've got a lot on your mind", etc.).
6. **Don't give advice or problem solve, listen instead!** What is needed is for someone to take the time to listen, care, and understand. Paradoxically, they feel better when someone else has heard them and genuinely cares, not when advice has been given.
7. When you think you understand the story, **listen some more.** It takes time and investment to really connect. When you have truly connected, the other person may share more things that are going on that are below the surface.
8. **Ask open-ended questions** as opposed to closed-ended questions. Open-ended questions are not answered with Yes-No. Instead, they elicit a dynamic response from the other person. Open-ended Example: "What is on your mind?", "What did you have for dinner?", "Last time we talked about x, y, z, how are you doing with those?", or "Can you share with me a low, and a high experience since the last time we spoke?". Closed-ended question, such as "Do you have any needs? Are you ok?" are unlikely to elicit discussion.
9. **Ask about their lives.** People have amazing life stories, and are often eager to share. Ask them things like "How far back can you remember?", "Can you share a favorite childhood memory?", "Might you remember what it was like in elementary school?", "What is the most impressive thing you can remember from your teenage years?", "Are there meaningful life events that come to mind from middle age or older adulthood?", "Who were the influential people in your life?", "Can you tell me about... College (if attended)? Your work/career? Significant relationships? Major life events? Marriage? Kids?"
10. Many older people love talking about their families, prior professional lives, and happy memories from their past. When they start talking about these, **you can always reflect** that they "love talking about their loved ones", and ask them "what else", "what

happened next", "what happened just before", etc. to get them to elaborate on something that matters to them.

11. It may be helpful to **take notes** either during your conversation or immediately afterwards. That will allow you to reference information you learned in prior conversations. It means a lot when you remember specifics that are important to the person you are talking to, e.g. remembering the name of their child or grandchild.
12. Consider **preparing for the conversation**. It is not necessary to have a script, but try to have some general conversation prompts handy in the event that older adult that isn't very talkative.
13. **Remind the older person you're speaking with that they are not a burden**. During hard times it is easy to believe you need more than you have to give. Note that we all need help at times.
14. **Foster a sense of belonging** by listening for meaningful relational connections in the older person's life. Describe how the older person matters to others, and to you.
15. If you hear references to not wanting to live, **be with them in their pain**. Ask directly about suicide (e.g. "*sometimes when there are so many problems, people start to think about suicide, are you thinking about suicide?*"). Contrary to the myth that it is a danger, research shows that asking about suicide will bring relief -- they are no longer alone with those thoughts. You can't take away the stressful life events, but you can hear and understand their suffering. The hard work is the heart work. Your sincere care and concern is a strong life promoter, and buffers suicide. Be sure that you understand and follow your organization's protocols for seeking help when an older adult expresses suicidal thoughts. The National Suicide Prevention Lifeline is also available to help: 1-800-273-8255.
16. Ask whether the client is planning to come back to **congregate meal site** if/when it's possible again. Let them know that you are looking forward to seeing them again *in person* when it's safe.
17. **Express gratitude**. There will be things you will get from the calls that you might not even know you needed or wanted. Thank older adults for talking with you, and for sharing their wisdom.

#### Related resources:

- Talking Points Table (see below)
- [Social Isolation and Loneliness Among Older Americans during COVID-19: Evidence, Policy, and Advocacy](#) (2020, National Council on Aging)
- [Addressing Social Isolation for Older Adults during the COVID-19 Crisis](#) (2020, ADvancing States)
- [Tools for Reaching a Remote Audience](#) (2020, National Council on Aging)

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***Talking Points Table***

Day/Time of Call \_\_\_\_\_

Older Adult Name \_\_\_\_\_

<b>Names to keep track of...</b>	
Children	
Grandchildren	
Siblings	
Parents	
Friends	
<b>Favorite things...</b>	
Hobbies / activities	
Places	
Movies / Shows	
Sports teams	
Foods	
Other...	
<b>Significant Life Events...</b>	
Career	
Education	
Military service	

<b>Challenges / Stressors...</b>	
Medical Issues	
Significant Losses	
Thwarted belongingness	
Perceived burdensomeness	
Suicide risk (y/n)? Contact nutrition services coordinator?	
<b>“Reasons for Living” ...</b>	
Specific Family/Friends	
Strengths and Hopes	
Things to look forward to	
<b>Congregate Meal site</b> Returning (y/n)?	

# Suicide Intervention Response Inventory (SIRI 2) with Scoring

Tool for assessing a volunteer's ability to recognize appropriate responses to suicidal clients



**REPLICATION GRANT**  
**Georgia**  
**PLEASE CUSTOMIZE**  
**Suicide Intervention Response Inventory (SIRI-2)**

DATE: \_\_\_/\_\_\_/\_\_\_ PROGRAM/TRACK: \_\_\_\_\_

CODE NUMBER: (The code number is used to track survey and assures the confidentiality of the respondents)

What is the second letter of your first name?..... \_\_\_\_\_

What are the two digits of the year of your birth date? ..... \_\_\_\_\_

What are the two digits of the day of your birth date? ..... \_\_\_\_\_

What is the last letter in your last name (if female use maiden name) ..... \_\_\_\_\_

The following items represent a series of excerpts from counseling sessions. Each excerpt begins with an expression by the client concerning some aspect of the situation he or she faces, followed by two possible helper responses to the client's remark.

You are to rate each response in terms of how appropriate or inappropriate you feel the reply is to the client's comment. In the blank, you should record a rating from -3 to +3, corresponding to the chart below. Be sure to respond to each item and try not to leave any blanks.

- +3 Highly appropriate response
- +2 Appropriate response
- +1 Marginally appropriate response
- 0 Neither appropriate, nor inappropriate
- 1 Marginally inappropriate response
- 2 Inappropriate response
- 3 Highly inappropriate response

**1. Person at-risk:** I decided to call in tonight because I really feel like I might do something to myself ... I've been thinking about suicide.

\_\_\_\_\_ **Helper A:** You say you're suicidal, but what is it that's really bothering you?

\_\_\_\_\_ **Helper B:** Can you tell me more about your suicidal feelings?

**2. Person at-risk:** And now my health is going downhill too, on top of all the rest. Without my husband around to care for me anymore, it just seems like the end of world.

\_\_\_\_\_ **Helper A:** Try not to worry so much about it. Everything will be alright.

\_\_\_\_\_ **Helper B:** You must feel pretty lonely and afraid of what might happen.

**3. Person at-risk:** But my thoughts have been so terrible ... I could never tell them to anybody.

**Helper A:** You can tell me. I'm a professional and have been trained to be objective about these things.

**Helper B:** Some of your ideas seem so frightening to you, that you imagine other people would be shocked to know you are thinking such things.

**4. Person at-risk:** No one can understand the kind of pain I've been through. Sometimes I just feel like I have to hurt myself, so I cut my wrists.

**Helper A:** It seems like you've been suffering so much that cutting your wrists is the only way you can make the pain go away.

**Helper B:** But you're so young, you have so much to live for. How can you think of killing yourself?

**5. Person at-risk:** What are you anyway? Are you a doctor? How do you know what I've been going through? You've probably had it pretty soft.

**Helper A:** So you're wondering if I can understand how you feel.

**Helper B:** You're not even giving me a chance. I've had a pretty rough life too; you're not the only one who's seen some hard time.

**6. Person at-risk:** My life has been worthless ever since my wife, Emma, died four years ago. The kids are grown and married now, and I've been retired from my job at the railroad for some time. It just seems that I'd be better off dead.

**Helper A:** But try to think of what Emma would want for you. She'd want you to continue leading a productive life, wouldn't she?

**Helper B:** It sounds like everything just collapsed around you when Emma died...But what has happened recently to make things even worse, to make you think that dying is the only way out?

**7. Person at-risk:** I really need help ... It's just ... [voice breaks: silence]

**Helper A:** It must be hard for you to talk about what's bothering you.

**Helper B:** Go on. I'm here to listen to you talk.

**8. Person at-risk:** When you sum up my problem like that, it makes it seem less confusing and not so scary.

**Helper A:** See, it really isn't so bad after all. It certainly isn't anything you would think of killing yourself over, is it?

**Helper B:** Sometimes talking about problems does make them a bit clearer. I think you realize how dangerous your suicidal feelings were, that's why you decided to contact me.

**9. Person at-risk:** You were supposed to help me, but you've only made things worse.

**Helper A:** I'm sorry. I was only trying to help.

**Helper B:** You sound pretty angry.

**10. Person at-risk:** How could you ever help me? Have you ever wanted to kill yourself?

**Helper A:** It sounds like you're concerned about whether I can understand and help you.

**Helper B:** Sure. I've thought about suicide sometimes. But I always found more realistic solutions to my problems.

**11. Person at-risk:** I don't know ... this whole thing with my wife really gets to me. [Sobs] I try so hard to keep from crying ...

**Helper A:** Do you think that the reason it's hard for you to cry is because You're a man?

**Helper B:** With all the hurt you're feeling, it must be impossible to hold those tears in.

**12. Person at-risk:** How can I believe in God anymore? No God would ever let this happen to me; I've never done anything to deserve what's happened.

\_\_\_\_\_ **Helper A:** Things have gotten so bad, that it's difficult to see any meaning in the things that have happened to you.

\_\_\_\_\_ **Helper B:** Well. God works in mysterious ways. Maybe this is His way of testing your faith.

**13. Person at-risk:** I don't know why I'm calling you. My family is financially well off, and my husband spends plenty of time with me, even though he has a successful law career. Even my kids have been doing well. They get good marks at school and have lots of free time activities with their friends. But nothing seems to interest me. Life is just a bore ...

\_\_\_\_\_ **Helper A:** Considering all you have going for you, your problems can't be all that serious. Try to focus more on the positive aspects of your situation.

\_\_\_\_\_ **Helper B:** So even though things seem to be going well at one level, life still seems pretty depressing, even if it's hard to say exactly why.

**14. Person at-risk:** I have to hang up now. My mother's coming home soon and I don't want her to know I've been talking to you.

\_\_\_\_\_ **Helper A:** Okay, but if you keep feeling suicidal, remember you can always call back.

\_\_\_\_\_ **Helper B:** All right, but first I want you to promise me you won't do anything to hurt yourself, until you call and talk to me. Will you repeat that promise?

**15. Person at-risk:** Is it really true, that many people feel this way? I thought I was the only one who had such dreadful, sinful ideas.

\_\_\_\_\_ **Helper A:** No, there are many people who suffer from mental illness. But with appropriate treatment by a qualified physician, some of these patients can be cured.

\_\_\_\_\_ **Helper B:** It is true. You're not the only one who has suicidal thoughts. And you can be helped to get through this crisis, just as others have been.

**16. Person at-risk:** I'm so lonely, so tired. [crying] There just isn't anywhere left to turn.

\_\_\_\_\_ **Helper A:** You seem so alone, so miserable. Have you been feeling suicidal?

\_\_\_\_\_ **Helper B:** Come on now. Things can't be all that bad.

**17. Person at-risk:** [over telephone] It's hard to talk here, with all these people.

\_\_\_\_\_ **Helper A:** Would it help if I asked questions?

\_\_\_\_\_ **Helper B:** Why don't you call back some other time when you can talk more easily?

**18. Person at-risk:** I have a gun pointed at my head right now, and if you don't help me, I'm going to pull the trigger!

\_\_\_\_\_ **Helper A:** You seem to be somewhat upset.

\_\_\_\_\_ **Helper B:** I want you to put down the gun so we can talk.

**19. Person at-risk:** Why should you care about me, anyway?

\_\_\_\_\_ **Helper A:** I've been trained to care about people. That's my job.

\_\_\_\_\_ **Helper B:** Because I think your death would be a terrible waste, and it concerns me that things are so that you are considering suicide. You need help to get through this critical period.

**20. Person at-risk:** I really hate my father! He's never shown any love for me, just complete disregard.

\_\_\_\_\_ **Helper A:** You must really be angry at him for not being there when you need him.

\_\_\_\_\_ **Helper B:** You shouldn't feel that way. After all, he is your father, and he deserves some respect.



**21. Person at-risk:** I don't think there's really anyone who cares whether I'm alive or dead.

\_\_\_\_\_ **Helper A:** It sounds like you're feeling pretty isolated.

\_\_\_\_\_ **Helper B:** Why do you think that no one cares about you anymore?

**22. Person at-risk:** I tried going to a therapist once before, but it didn't help...Nothing I do now will change anything.

\_\_\_\_\_ **Helper A:** You've got to look on the bright side! There must be something you can do to make things better, isn't there?

\_\_\_\_\_ **Helper B:** Okay, so you're feeling hopeless, like even a therapist couldn't help you. But has anyone else been helpful before – maybe a friend, relative, teacher, or clergyman?

**23. Person at-risk:** My psychiatrist tells me I have an anxiety neurosis. Do you think that's what's wrong with me?

\_\_\_\_\_ **Helper A:** I'd like to know what this means to you, in this present situation. How do you feel about your problem?

\_\_\_\_\_ **Helper B:** I'm not sure I agree with that diagnosis. Maybe you should seek out some psychological testing, just to be certain.

**24. Person at-risk:** I can't talk to anybody about my situation. Everyone is against me.

\_\_\_\_\_ **Helper A:** That isn't true. There are probably lots of people who care about you if you'd only give them a chance.

\_\_\_\_\_ **Helper B:** It must be difficult to find help when it's so hard to trust people.

**25. Person at-risk:** [Voice is slurred, unclear over telephone.]

\_\_\_\_\_ **Helper A:** You sound so tired. Why don't you get some sleep and call back in the morning?

\_\_\_\_\_ **Helper B:** Your voice sounds so sleepy. Have you taken anything?

## SCORING FOR SIRI-2

To score the revised Suicide Intervention Response Inventory (SIRI-2), simply compute the difference (taking into account the sign) between the respondent's rating for a particular item and the mean rating assigned by the criterion group of experts, as indicated in the following table. The total score on the SIRI-2, therefore, represents the total discrepancy between the individual and the panelist ratings across all items. Item 14 proved to be psychometrically ambiguous in our validation study, and we therefore recommend its exclusion from the SIRI-2. Unlike the original SIRI, whose scores range from 0-25, with larger scores representing greater degrees of competency, scores on the revised version span a much larger range, and represent degrees of variation from a hypothetically ideal score. Therefore, larger scores represent less, not more, competence in recognizing facilitative responses to a suicidal individual.

### Mean Ratings (and Standard Deviations) of Appropriateness of Response Options in Items on the Suicide Intervention Response Inventory Form 2 by Panel of Experts

1. Remember to not use question #14
2. A lower total score indicates more competence in recognizing facilitative responses to a suicidal individual.

Response Option	M	SD	Response Option	M	SD
1A	-2.71	.49	13A	-2.57	.54
1B	1.86	.38	13B	2.29	.95
2A	-2.71	.49	15A	-2.57	.79
2B	1.86	.69	15B	2.14	.69
3A	-2.14	1.07	16A	2.14	.69
3B	2.14	.38	16B	-2.86	.38
4A	1.29	1.11	17A	1.57	1.27
4B	-2.71	.49	17B	-1.71	.95
5A	2.43	.54	18A	-2.00	1.41
5B	-2.71	.49	18B	1.43	1.72
6A	-2.00	1.16	19A	-2.39	.76
6B	2.57	.53	19B	1.57	.54
7A	2.00	.86	20A	2.00	1.41
7B	-1.29	1.70	20B	-2.86	.38
8A	-2.29	.49	21A	1.86	1.35
8B	2.14	.90	21B	-1.57	.79
9A	-1.29	1.50	22A	-2.71	.49
9B	1.29	1.80	22B	1.43	1.62
10A	2.29	.76	23A	1.57	1.40
10B	-2.43	.98	23B	-2.57	.54
11A	-2.42	.54	24A	-2.43	.79
11B	2.43	.79	24B	2.14	.69
12A	2.00	.82	25A	-2.57	.79
12B	-3.00	.00	25B	2.43	.79

Sources:

[Validation for the SIRI-2 Inventory](#)

[Scoring Methodology 1: Suicide Intervention Response Inventory](#)

[Scoring methodology 2](#)