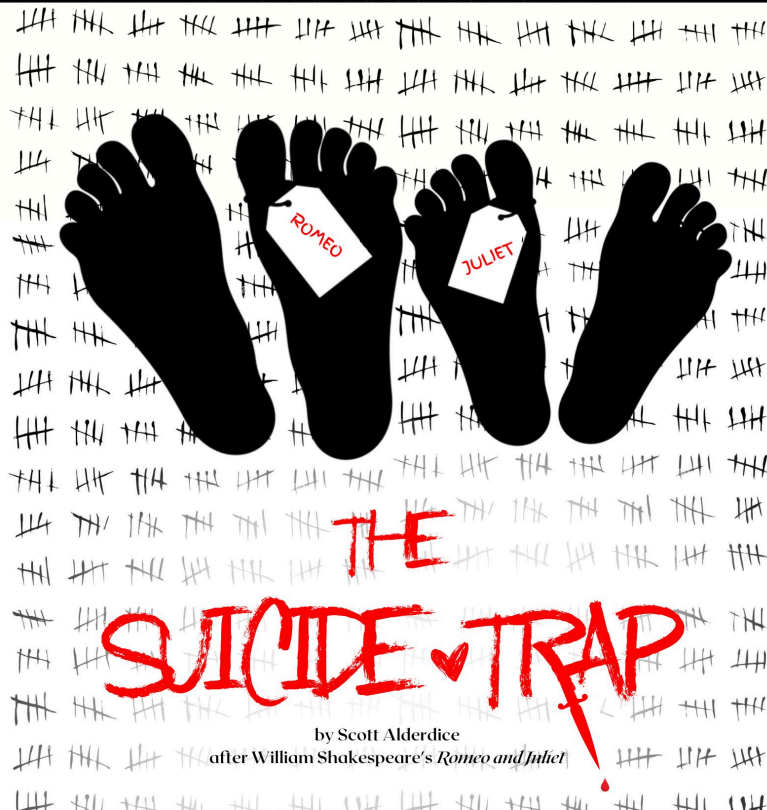


PARTICIPATORY WORKSHOP LEARNING PACKAGE

AFTER 400 YEARS, IT'S TIME FOR ROMEO AND JULIET TO
TAKE THEIR LIVES INTO THEIR OWN HANDS



A participatory learning program for
schools and communities



PEDAGOGICAL APPROACH

Ozplays learning programs are based on the assumption that the most effective learning is achieved through play. There is a rich body of widely accessible evidence to support this claim.

The principles of play

The framework for play is based on the following principles:

1. That engagement in the activity is voluntary. Participants CHOOSE to be involved.
2. That the activity is separate from the real world.
3. That the rules, space, and duration of the play is separate from real world activity.
4. That the rules and 'order' of play are clearly defined, recognized, and adhered.
5. That play involves no real-world ramifications or rewards.

The state of FLOW

Directly derived of the action of play is the notion of FLOW. Flow is a state of being. An induced disposition that has the following characteristics: a) an intense engagement with the 'moment' in sentient awareness and response. b) a profound lack of self-awareness or self-consciousness. c) a heightened sense of euphoria or joy. d) a capability to extend oneself beyond one's normal 'known' boundaries

All living organisms play. All living organisms learn through play. Watch a pup or a kitten playing with an object. Watch a joey chasing in and out of the undergrowth. Or a fish in coral. Or an adolescent learning to ride a skateboard. All animals learn from a heightened state of euphoria, from a sense of safety, from complete engagement in the moment.

Collaboration and Communities of Learning

It is widely recognised that humans are social creatures. Collaborative learning environments are known as communities of practice or communities of learning. Our family structures, our schools, our community and sporting groups and our

workplaces all form as communities of practice and/or learning. They are characterised by the following:

1. A shared set of goals
2. Recognised guidelines and rules of practice and outcome.
3. Recognised levels of competency and roles among member participants
4. Peer assisted and/or peer validated learning and growth.
5. Individual and group identification and re-identification through practice and community validation

An important active component of collaborative communities of learning is the culture of support. Through shared values and endeavours, individuals are supported through mistakes, through failed attempts, through growth and through achievement. Whether through the challenge of proximal development, or through guidance, coaching and assistance, individual growth and learning becomes integral to group practice. The whole is made greater than the sum of its parts, and in turn, the individual is enabled to grow beyond what they alone are capable.

The Ozplays pedagogical principles of design and delivery

This approach underpins the pedagogical design and content of Ozplays learning activities.

1. We learn as a bunch of individuals sharing defined goals of the game.
2. We learn through mistakes made and aspirations achieved.
3. We learn through reflective practice and rigorous analysis.
4. We play and learn within an environment built on respect, patience, and empathy.
5. We accept and celebrate all participants to our process.

Please ask if you wish to investigate these principles further.

Participant group organisers should arrange for professional support services to be on hand or available as a part of planning to engage in any of these activities.

THE SUICIDE SAFETY PLAN

The play, *The Suicide Trap*, is inspired by the Beyond Blue Suicide Safety Plan and applied to the theatrical history of Shakespeare's Romeo and Juliet.

The play is intended to be a shared starting point for collaborative investigation and learning around suicide and mental wellbeing.

The following workshop activities are suggestions for play-based learning activities suitable for participation by adolescents, families, and community groups.

Important Recommendation

It is important that organisers recognise the sensitive nature of these topics and how these workshop activities may precipitate responses that require professional assistance. For that reason, it is important that organisers are familiar with the background and circumstances of participants and/or that they have ready access to professional support as an integral part of this workshop process.

Workshop Sequence

The workshop activities provided in this package traces the following levels of potential engagement with the exploration of suicide in our community:

1. General understanding of suicide
2. Engaging with someone you think might need assistance
3. Taking care of yourself

1. GENERAL UNDERSTANDING OF SUICIDE

1.1 WORKSHOP – MYTHS AND FACTS ABOUT SUICIDE

Workshop purpose:

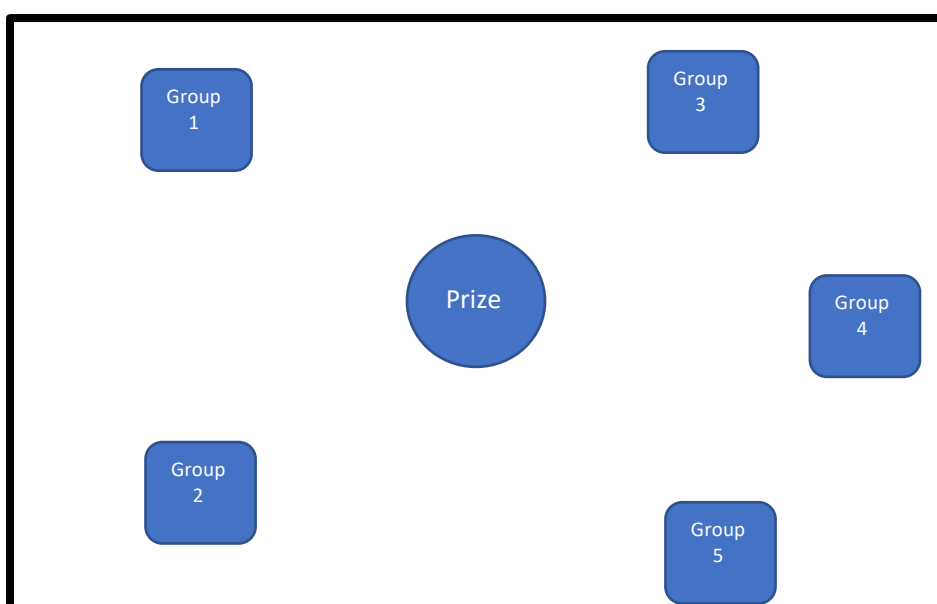
1. To foster a sense of learning and open discussion about suicide
2. To embed a sense of evidence-based rigour to the workshop process

GAME: BURIED TREASURE Minimum Time: 1 Hour

Game Structure: This game has a single goal which every participant is seeking to reach first. The 'goal' is the 'buried treasure' but could be designated as anything which every participant recognises as a valued prize that may be somehow symbolic of their community values. The 'goal' should be placed in the centre of the playing area. Competitor participants are spaced at each corner or at equidistant points at the periphery of the playing space.

Competitors can play as individuals or in small groups – depending on the total number of participants. There are only 25 questions to be answered and each competitor needs to be able to reach the prize in a maximum of 10 moves or steps. So each competitor will have to answer at least 5 'Myth' questions to potentially reach the prize. So 25 questions divided by five means that a maximum of five competitor groups can play. If the total workshop participant number is 20, that means that there are 4 participants to each competitor group.

General configuration of playing area:



The playing area could be a large open room – in which case the competitor players progress towards or away from the prize in steps. Or the playing area could be the top of a table, in which case the players might use icons to move forward or backward in relation to the prize.

Each group is provided random questions to identify as Myths or Facts. They can answer with one of two responses: FACT or MYTH.

A correct answer is rewarded with a move towards the prize. An incorrect answer results in a step away from the prize.

At the end of the game – we have a visual representation of how close to the ‘prize’ the knowledge of the players enabled them to approach.

The sobering insight to be revealed is in the consideration, “What if helping someone close to you in a personal problem with suicide, were the prize?’ How close were you able to come?”

This game then, gives us one indication of our *readiness* to engage effectively with explorations related to suicide.

The MYTHS and FACTS are:

MYTH: Asking someone if they are suicidal puts ideas in their head.

FACT: Experts generally agree that asking is unlikely to make the situation worse.

- One of the only ways to really know if a person is contemplating suicide is to ask. Asking someone if they are feeling suicidal may seem difficult, but it shows that you care.

MYTH: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

FACT: Talking about suicide provides the opportunity for communication.

- Fears shared are more likely to diminish.
- The first step in encouraging a person with thoughts of suicide to live comes from talking about those feelings.
- A simple inquiry about whether or not the person is intending to end their life can start the conversation.
- However, talking about suicide should be carefully managed.

MYTH: Young people who talk about suicide never attempt or never die by suicide.

FACT: Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide. If you have concerns about a young person who talks about suicide:

- Encourage him/her to talk further and help them to find appropriate counselling assistance.
- Ask if the person is thinking about making a suicide attempt.
- Ask if the person has a plan.
- Think about the completeness of the plan and how dangerous it is. Do not trivialise plans that seem less complete or less dangerous. All suicidal intentions are serious and must be acknowledged as such.
- Encourage the young person to develop a personal safety plan. This can include time spent with others, check-in points with significant adults/ plans for the future.

MYTH: A promise to keep a note unopened and unread should always be kept.

FACT: Where the potential for harm, or actual harm, is disclosed then confidentiality cannot be maintained.

- A sealed note with the request for the note not to be opened is a very strong indicator that something is seriously amiss.
- A sealed note is a late sign in the progression towards suicide.

MYTH: Suicide attempts or deaths happen without warning.

FACT: The survivors of a suicide often say that the intention was hidden from them. It is more likely that the intention was just not recognized. These warning signs include:

- The recent suicide, or death by other means, of a friend or relative.
- Previous suicide attempts.
- Preoccupation with themes of death or expressing suicidal thoughts.
- Depression, conduct disorder and problems with adjustment such as substance abuse, particularly when two or more of these are present.
- Giving away prized possessions/ making a will or other final arrangements.
- Major changes in sleep patterns - too much or too little.
- Sudden and extreme changes in eating habits/ losing or gaining weight.
- Withdrawal from friends/ family or other major behavioural changes.
- Dropping out of group activities.
- Personality changes such as nervousness, outbursts of anger, impulsive or reckless behavior, or apathy about appearance or health.
- Frequent irritability or unexplained crying.
- Lingering expressions of unworthiness or failure.
- Lack of interest in the future.
- A sudden lifting of spirits, may point to a decision to end the pain of life through suicide.

MYTH: If a person attempts suicide and survives, they will never make a further attempt.

FACT: A suicide attempt is regarded as an indicator of further attempts.

- It is likely that the level of danger will increase with each further suicide attempt.

MYTH: Once a person is intent on suicide, there is no way of stopping them.

FACT: Suicides can be prevented. People can be helped.

- Suicidal crises can be relatively short-lived.
- Immediate practical help such as staying with the person, encouraging them to talk and helping them build plans for the future, can avert the intention to attempt or die by suicide.
- Such immediate help is valuable at a time of crisis, but appropriate counselling will then be required.

MYTH: People who think about suicide are weak or selfish.

FACT: Anyone who thinks about suicide is experiencing intense and overwhelming negative feelings and cannot see any other solution – they need support, not judgment.

MYTH: People who threaten suicide are just seeking attention.

FACT: All suicide attempts must be treated as though the person has the intent to die.

- Do not dismiss a suicide attempt as simply being an attention-gaining device.
- It is likely the young person has tried to gain support and, therefore, this attention is needed.
- The attention they get may well save their lives.

MYTH: Suicide is hereditary.

FACT: Although suicide can be over-represented in families, attempts are not genetically inherited.

- Do not dismiss a suicide attempt as simply being an attention-gaining device.

MYTH: Only certain types of people become suicidal.

FACT: Everyone has the potential for suicide.

- The evidence shows disposing conditions may lead to either suicide attempts or deaths.
- It is unlikely those who do not have the predisposing conditions (for example, depression, conduct disorder, substance abuse, feeling of rejection, rage, emotional pain and anger) will die by suicide.

MYTH: Suicide is painless.

FACT: Many suicide methods are very painful.

- Fictional portrayals of suicide do not usually include the reality of the physical and mental pain.

MYTH: Depression and self-destructive behavior are rare in young people.

FACT: Both forms of behavior are common in adolescents. Depression may manifest itself in ways which are different from its manifestation in adults but it is prevalent in children and adolescents. Self-destructive behavior is most likely to be shown for the first time in adolescence and its incidence is on the rise.

MYTH: All young people with thoughts of suicide are depressed.

FACT: While depression is a contributory factor in most suicides, it need not be present for a person to attempt or die by suicide.

MYTH: Marked and sudden improvement in the mental state of an attempter following a suicidal crisis or depressive period signifies the suicide risk is over.

FACT: The opposite may be true. In the three months following an attempt, a young person is at most risk of dying by suicide. The apparent lifting of the problems could mean the person has made a firm decision to die by suicide and feels better because of this decision.

MYTH: Once a young person thinks about suicide, they will forever think about suicide.

FACT: Most young people who are considering suicide will only be that way for a limited period of their lives. Given proper assistance and support, it is likely they will recover and continue to lead meaningful and happy lives unhindered by suicidal concerns.

MYTH: Young persons thinking about suicide cannot help themselves.

FACT: While contemplating suicide, young people may have a distorted perception of their actual life situation and what solutions are appropriate for them to take. However, with support and constructive assistance from caring and informed people around them, young people can gain full self-direction and self-management in their lives.

MYTH: The only effective intervention for suicide comes from professional psychologists with extensive experience in the area.

FACT: All people who interact with adolescents in crisis can help them by way of emotional support and encouragement. Psychotherapeutic interventions also rely heavily on family, and friends providing a network of support.

MYTH: Most young people thinking about suicide never seek or ask for help with their problems.

FACT: Evidence shows that they often tell their school peers of their thoughts and plans. Many adults with thoughts of suicide visit a medical doctor during the three months prior to a suicide attempt or death. Adolescents are more likely to 'ask' for help through non-verbal gestures than to express their situation verbally to others.

MYTH: Young people thinking about suicide are always angry when someone intervenes, and they will resent that person afterwards.

FACT: While it is common for young people to be defensive and resist help at first, these behaviours are often barriers imposed to test how much people care and are prepared to help. For most adolescents considering suicide, it is a relief to have someone genuinely care about them and to be able to share the emotional burden of their plight with another person. When questioned some time later, the vast majority express gratitude for the intervention.

MYTH: Break-ups in relationships happen so frequently, they do not cause suicide.

FACT: Suicide can be precipitated by the loss of a relationship.

MYTH: Young people thinking about suicide are insane or mentally ill.

FACT: Although adolescents thinking about suicide are likely to be extremely unhappy and may be classified as having a mood disorder, such as depression, most are not insane. However, there are small numbers of individuals whose mental state meets psychiatric criteria for more severe mental illness and who need psychiatric help.

MYTH: Death by suicide is not that common..

FACT: Young Australians are more likely to die by suicide than die in a motor vehicle crash, with suicide the leading cause of death in young people aged 15-24 in Australia in 2021.

MYTH: There are no gender differences in individuals who die by suicide.

FACT: Males are more likely than females to die by suicide.

MYTH: Some people are always suicidal.

FACT: Nobody is suicidal at all times. The risk of suicide for any individual varies across time, as circumstances change. This is why it is important for regular assessments of the level of risk in individuals who are 'at risk'.

MYTH: Every death is preventable.

FACT: No matter how well intentioned, alert and diligent people's efforts may be, there is no way of preventing all suicides from occurring.

MYTH: The main problem with preventive efforts is trying to implement strategies in an extremely grey area.

FACT: The problem is that we lack a complete understanding of youth suicide and know more about what is not known than what is fact.

From Nevada Division of Public and Behavioral Health Office of Suicide Prevention

Retrieved from: <https://suicideprevention.nv.gov/Youth/Myths/> 16March2023

and

From Life in Mind National Suicide data retrieved from:

<https://lifeinmind.org.au/about-suicide/suicide-prevention/suicide-myths>

16March2023

REFLECTION:

The game is a chance for us to explore and to spatially represent our current levels of knowledge, and therefore, potential readiness to engage effectively with a situation involving aspects of suicide.

Having played the game we can now engage in a reflective discussion as to our understanding of the 'starting points' indicated by the myths and how that may position us for dealing with a suicide situation.

This discussion will no doubt raise questions which may be addressed in ensuing games and activities.

Some points that you may wish to review in your group reflection:

1. What did you learn?
 2. What were the surprises?
 3. Was there anything touched on in the game that troubled you?
 4. What challenges could be made to the information revealed?
 5. Are you aware of any 'grey areas' or exceptions that we need to consider?
 6. How do you feel about your own readiness to engage in suicide related problems?
 7. What questions has the game raised for you?
-

1.2 WORKSHOP – WARNING SIGNS THAT A PERSON MAY BE SUICIDAL

Workshop purpose:

1. To foster a sense of learning and exploration about suicide
2. To enable a personal experience of a wide range of views of suicide
3. To inculcate a collaborative skills set and system for creative exploration of difficult subject matter

GAME: PICTURE POSTCARDS

Recommended time: 10 – 60 minutes

Game structure:

The group is split into teams of at least three people (ideally approximately 6 people).

Each team chooses their own work area in the space or they share a designated 'post-card' area.

Team members stand at the edge of the postcard area. The workshop facilitator calls out a caption or subject for the postcard. One by one team members enter the postcard area and form a cumulative physical picture inspired by the title/subject. Each team member may be an animal, human, object, element (eg: sparkle, smell) or concept (eg: fear; vengeance; brainstorm)

Team members must commit to a physical manifestation of whatever they nominate themselves to be.

Each consecutive team member must seek to build on the cumulative offers and building picture presented by the team members prior to them.

Once all team members have entered the card area to contribute to their picture postcard, they hold the picture until the workshop facilitator frees them and they return to the edges of the work area again ready for the next title.

Workshop facilitators should side-coach to encourage a quick skills development.

Team members should be encouraged to add in whatever component of the building picture that comes to them 'off the moment' – they should free themselves of the pressure to think of something logical or acceptable or creative. Just add whatever comes to them off the moment.

Facilitators should introduce the structure and process of building the picture postcards using a random series of postcard titles or subject matter to begin. For example: Birthday party; worst birthday party; exam; beach; Wall Street; walking the (unfinished sentence); Restaurant; burglary; regrets; first date;

Broad subject matter for exploration through picture postcards:

Risk factors associated with a higher risk of suicide:

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Been recently exposed to suicide by someone else

Suicide is also more common in certain groups, including males, Indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people and people from lower socio-economic status.

Adapted from Hawton K, van Heeringen K. Suicide. Lancet 2009; 373: 1372-1381.

Retrieved from:

https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf 15March2023

Reasons why a person might have thoughts about suicide

The main reasons people give for attempting suicide are:

1. Needing to escape or relieve unmanageable emotions and thoughts. The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help.

Adapted from May & Klonsky (2013) Assessing motivations for suicide attempts: Development of psychometric properties of the inventory of motivations for suicide attempts. Suicide and Life-Threatening Behavior, 43(5), 532-546.

Retrieved from:

[https://mhfa.com.au/sites/default/files/suicidal thoughts and behaviours - mhfa guidelines 2021 0.pdf](https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf) 15March2023

Signs a person might be suicidal

- Threatening to hurt or kill themselves
- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006). Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262.

Retrieved from:

[https://mhfa.com.au/sites/default/files/suicidal thoughts and behaviours - mhfa guidelines 2021 0.pdf](https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf) 15March2023

REFLECTION:

Groups should take time to debrief on their experience of this deceptively simple game and cumulative exploration of what are a serious range of personal and social circumstances.

Note: When discussing images and choices made, it is important that participants utilize professional language which avoids undue personalization and assumed points of view. People should speak from their own perspective of what they saw and heard and how it affected them without affixing blame, allegiance or cause to any other participants. Give space and respect for all participants to contribute truthfully from their own ideas, impulses and lived experience without being judged.

Explore the discovery or revelation of different perspectives, impulses and lived experience as represented through the postcard images.

Discuss how this has perhaps changed your own view of some of the aspects of suicide thus far touched upon.

Acknowledge that the exercise does not seek to establish any understandings or solve any problems. It simply seeks to open up the area for wide and multi-point of view exploration.

Has that been achieved?

1.3 WORKSHOP – ATTITUDES TO SUICIDE

Workshop Purpose:

1. To review and familiarize us with the range of attitudes that surround notions of suicide.
2. To foster analysis of those emotional ‘stances’ and to objectify the value and efficacy of emotional responses.

GAME: WHAT’S YOUR STANCE? Minimum Time: 1 hour

Game Structure: This is a roleplay game. In the TV format stage of the game, a panel of experts will answer questions from a ‘general public audience’ under the supervision of a compere or MC.

The gameshow MC should be a teacher or person qualified to maintain control of the direction and emotional energy of the discussion.

Participants can work individually, in pairs or in small groups depending upon levels of confidence and competency in working effectively within an improvisational interplay.

The game is structured to provide participants with the scope to offer their own feelings/values about suicide; and then, within the ‘play’ structure of the gameshow, to enable space for those opinions/values to be canvassed.

As with most of these activities, a period of post-game critical reflection allows participants to review discoveries and learning achieved through the game, and to debrief and de-role from that experience.

There are several stages to the game:

Stage 1: Finding our Stances - To begin with, participants anonymously or cumulatively contribute words which denote a response or a value in relation to ‘suicide’ or even simply describing a broad approach to life. Words may be offered such as: *Scary; morally wrong; sin; sad; mentally ill, care, empathy*. Care must be taken in establishing boundaries for these contributions and the responses they evoke, to provide a safe and respectful space for all participants to engage in the game.

Stage 2: Building a Stance mentality - Participants may then nominate or be allocated to a group which will explore one of those opinions or 'Stances'. There will be a 'Scary Stance group', an 'It's a Sin Stance' group.... and so on. Stance Group participants might like to search for answers such as: "Why does it (suicide) evoke this response (the Stance they are exploring)?" "How does it (suicide) evoke this response?" "What aspects of (suicide) most provokes this response?" "Why should other people respond in this way?" Basically, these stance groups are collecting evidence and reason for their approach to life (or suicide).

Exploration groups should be given a strict short (5 minutes) period to amass as many justifications, explanations and arguments in support of their 'stance' as they can.

Stage 3: Assigning Stance Representatives: Each stance must be represented on the expert panel. Unless there are very confident and articulate group members, participants working in pairs will be able to combine their ideas and responses as part of the panel discussion.

Stage 4: The TV show Expert Panel begins – the Stance 'experts' take their place at a table or in chairs, in front of the rest of the assembled participants. The MC welcomes everyone and announces the topic of their discussion for today.

AT ANY TIME, THE COMPERE CAN CHANGE THE SUBJECT OF DISCUSSION.

For example, the compere may introduce the topic of discussion as 'Suicide'; and any question from the 'audience' must be responded to as clearly as possible, from the STANCE of the group being represented. The compere maintains control and provides guidance for those responses. However, at any time the compere may change the topic of discussion to any range of alternative topics, for example: Public breastfeeding; vaping; car accidents; eggs; people walking dogs.

Stage 5: Swapping in and out Stance representatives – to maintain respect for each participant, you can set up pre-arranged swap-times so that everyone gets a chance to experience all aspects of the game and from all points of view.

REFLECTIVE DISCUSSION:

Participants are then asked to share their observations of the stances in relation to the various different topics for discussion. What did this reveal about some of the stances? Did this reflect in any way upon established or fixed points of view that you

may have experienced? What does this reveal about peoples enculturated, or learned or lived points of view?

What are your own attitudes towards suicide, personal vulnerability, and mental wellness?

2. ENGAGING WITH SOMEONE YOU THINK MIGHT NEED ASSISTANCE

The previous section investigated general perceptions and understanding surrounding suicide. This next section investigates understanding, preparation, and applied strategies for engaging with someone who we think may be experiencing circumstances or thoughts around suicide.

2.1 WORKSHOP: GAMEPLAN FOR AN INTERVENTION

Workshop duration: 10 – 20 minutes

Purpose:

1. To brainstorm different approaches and scenarios for intervening with any one of the characters from Romeo and Juliet in preparation for an intervention.
2. To explore and come to an understanding that all strategies are CHOICES backed by knowledge (lived experience) and reason.
3. To develop an objectified and evidence-based approach to helping a friend.

Workshop structure:

Participants choose any character from Romeo and Juliet, or a character from any story of which they are all familiar. Participants should then spend a short period brainstorming the following areas of investigation:

What do you know about their situation?

- What has been happening around them recently?
- Do any of those situations possibly link (act as a trigger) to any longer term historical experiences or patterns that you know about?
- How do they normally behave in sharing their problems?
- What are their favourite activities? Pastimes? Places to inhabit?
- Among your intervention planning group, is there one person who may be better suited to lead this intervention? What are the reasons for this choice?
- Is there some person in authority or with expertise that you could reliably call on if in an emergency? Someone with whom you could consult prior? Or keep on speed-dial?

What do you know about your own situation?

- All members of the intervention planning group should ask how they relate to the (supposed or known) problem or situation that they think their subject character is experiencing. How does the situation impact upon you? Does it raise some unresolved issues in or from your own life experience? Does it change your disposition? Make you want to act in a particular responsive way? Are there some adjustments you need to make in and of yourself to approach this situation as openly and as calmly as possible?
- Is there some advice or extra knowledge you think you need to access before your intervention? Do you have time to gain this information?
- Is there someone you should enlist to assist you? or someone you should have on speed-dial?
- How confident do you feel in being able to manage this intervention and maintain a level of control? What are your expectations of how it might unfold? What contingencies do you feel able to handle? Do you feel less confident about?

Strategies for the intervention

- What is the best situation in which to bring introduce/begin the intervention?
- What are some best sentence starters?
- What are the stages of the intervention that you wish to achieve?
- What might be the best available places or times to initiate the conversation?
- What other people might be effectively brought in to assist with the conversation?

For example:

- Get the person to agree to having the conversation with you
- Make sure they feel supported, and not judged
- Make sure that they understand that you care about them
- LISTEN to what they say.
- Ask questions that encourage them to tell their story
- Thank them for what they tell you – no matter how harrowing or upsetting.

- Once they have finished speaking – told their story – you should respectfully summarise the situation to let them know that you understand their situation.
- Now you can introduce the notion of empowerment – of doing something about the situation. **DO NOT TRY AND SOLVE IT FOR THEM.**
- Ask them how they would best like the situation to be resolved?
- What reasonable and achievable strategies are available?
- Is there someone in authority that you can approach/take the situation to?
- Allow for the possibility of the person becoming emotional, them wishing to break off the conversation, or them wishing to blame you or get angry at you.
- Bring them back to centre. Bring them back to a place of being cared for. Of being appreciated. Of being heard.

NOTES FOR THE IMPROVISATION:

This exercise is a dramatic improvisation wherein participants put themselves in the situation and characters of other people and behave in a constructed reality. Often times these sort of improvisations can get very real and very emotionally charged. The workshop facilitator should keep a close watch of the improvisation and be prepared to stop or guide the improvisation through side-coaching and suggestions. It is also possible, to maximise the learning opportunity, to swap in and out other participants to pick up the impro as it unfolds.

The improvisation can work better if the subject of the intervention, the character from R&J, does not sit in on all of the intervention planning.

REFLECTION:

Critical reflection from participants can focus upon any aspect of the process to review experiences and the unfolding process of the intervention.

2.2 WORKSHOP INVESTIGATING COMMUNICATION TECHNIQUES

GAME: I'VE DONE ALL THE WRONG THINGS

Minimum Time required: 20 minutes

Game Structure: Improvisational. Participants familiarize themselves with a list of 'What not to do' when listening to someone who you think may be experiencing difficulties.

Participants are then asked to improvise a scene where one person asks another about a particularly calamitous occurrence. The more disastrous, the better. For example, Person A might have accidentally caused the destruction of an entire city block; or burned down the high school; or put the family pet in the microwave. The more outrageous the circumstance the better.

Person B is the concerned friend.

The purpose of the improvisation game is for person B to do as many 'What Not to Do' points as possible in a set period. For example – 2 minutes.

Both participants must keep the improvisation going throughout.

Spectator participants 'score' the accumulated misdemeanours.

PURPOSE: The purpose of the game is to familiarize yourself with the recommended protocols of appropriate listening techniques through exploring in a humorous context, the other end of the spectrum.

List of 'WHAT NOT TO DO' when listening....

DO NOT:

- Argue or debate with the person about what happened
- Judge the person and condemn, shame or belittle them
- Use guilt threats to make them feel like they are wrong (People are gonna hate you; you're gonna go to Hell...)
- give glib reassurances – 'it'll be fine' ... 'don't worry about it' 'could've been worse'.
- minimise the situation or the person's problems
- interrupt with stories of your own
- be on your phone...
- convey any lack of interest or distraction...
- challenge the person's belief or intentions of next actions

- make assumptions or diagnoses of the person's state of mental wellness or physical capability
- bring up past histories to refute or blame or condemn
- threaten to tell inappropriate other people
- make it all about you – don't take on all the emotional states
- do things that show you are not interested or dismissive or judging of the person.
- tell the person you're not really interested or not really listening
- freak out or overreact to what you're being told.
- repeat aspects of the person's story back to them and get it all wrong or mixed up.
- dismiss or misinterpret important points of the person's story

CRITICAL REFLECTION

Participants can focus upon actions or words which were effective in discouraging or disempowering the person telling the story. They may then wish to discuss how this suggests a bridge into effective communication and listening with someone who might need assistance.

2.3 WORKSHOP: KEEPING THE CONVERSATION EVOLVING

Purpose:

1. To develop listening skills in conversation
2. To develop conversation maintenance skills

Minimum Time: 20 – 30 minutes

GAME: Keeping the conversation growing

This is an improvisational game that can be played by 2 – 4 people. Person A selects something from their past or from a story of which they are familiar. NB: When choosing any aspect of your own life experience, participants should be aware that they are making that part of their life public. They should not choose any aspect of their life or experience which they are not comfortable in sharing with others.

The subject might be a gift they were once given; an experience they once had; an object they can remember – it doesn't have to be significant. It simply has to have a range of possibilities for discussion.

The other partner(s) to the discussion must encourage/cause the first person to talk about this selected item. BUT they must beware of asking questions which precipitate a 'yes' or 'no' answer. Five (or however many the group decides) 'Yes' or 'no' responses and the conversation is over. For example – asking, "is it yellow?" causes a 'yes' or 'No', response. "What colour is it?" evokes a response which leads to further discussion.

The aim of the game is to keep the conversation going as long as possible in some way connected to the selected subject/item, and to discover as much about the subject/item as possible.

REFLECTION:

This game is about listening. It is about following possibilities of story wherever they may lead to discover more possibilities, connections and meanings. And it is about learning to focus on another person's story.

People should discuss their experiences, insights and challenges.

2.4 WORKSHOP – DEALING WITH PRIVATE INFORMATION

Purpose:

1. To investigate the circumstances and decision-making process around discreet information
2. To investigate options around reaching out to professional assistance

Minimum Time: 20 minutes

Game: And my next action is.....

The format is very simple. Participants stand in a circle. A 'lucky dip' box is passed sequentially around the circle. Each consecutive participant withdraws a 'secret' statement from the container. They may then choose to keep the secret; call a friend (from within the circle) for discussion and advice; or to refer the secret on to a professional or person in authority. Whatever their decision, any other participant from within the circle can respectfully challenge their decision, at which point critical

reflection from among the wider group should be supervised by the workshop facilitator.

EXAMPLE SECRETS

- I think I am pregnant
- My friend just texted to break off our relationship
- I got caught shoplifting
- I have been mercilessly trolled and bullied online for the past 15 hours
- I hate my body
- My best friend just died from an illness/accident
- I have been drinking myself to blackout for the past six weeks
- I am hearing voices
- I got raped by a friend at work
- I just can't find any purpose for being here
- I plan to kill myself tomorrow afternoon after school
- My family threw me out and I've been living on the streets for the last three weeks
- I just can't see anything in my life but a huge black hole
- I won \$350,000 on an online contest
- Some pics of me at that festival have gone viral
- I cheated on my best friend and I'm scared she'll find out
- My folks are splitting up
- My parents are moving me to another school
- I've just joined this amazing church!
- I haven't eaten anything for three days
- I can get paid heaps for running this financial scam online
- My sports coach is being creepy
- I stopped taking my meds
- I keep having these really weird flashbacks of some terrible experiences
- I've got about 120 pills collected in my cupboard/backpack

The workshop organisers should choose the list of 'secrets'. They should not all be negative and dire. Some should be humorous. Some very positive. Some just personal and deserving of respect.

REFLECTION

The important focus of the exercise is that the group engage in a critical evaluation of the choices available in response to the secrets and the decision-making process and values that inform upon choices to maintain or refer the secret.

2.5 WORKSHOP ON DEALING WITH A FRIEND IN IMMEDIATE DANGER

Game: Because you're my friend

Purpose:

1. To roleplay strategies for supporting a person in advanced danger of suicide
2. To gain experience in the different points of view of a person experiencing a critical personal situation

Minimum Time: 1 hour

Game structure: The game needs to begin with a clear acknowledgement that this game is about someone who is in imminent danger of suicide.

For the purposes of the game participants choose an analogous action that they consider represents a commitment to suicide with integrity. This might be expressed as: "taking a jump" – signified by jumping from a fixed point in the space. "Sit in that chair" – signified by sitting in a chair in the space. "Pick up the backpack" – signified by a backpack placed in the space. Whatever the analogous action it **MUST** be accepted and respected by the participants.

Working in small numbers:

It is better for participants to work in small numbers. This spreads the perceived responsibility and allows for peer learning and support.

It is important that participants understand that it is alright to make mistakes.

Making mistakes is how we learn.

At least two participants are the person in need. They should familiarize themselves with the list of potential circumstances which may lead someone to suicide.

Risk factors associated with a higher risk of suicide:

People are at greater risk of suicide if they have:

- A mental illness
- Poor physical health and disabilities
- Attempted suicide or harmed themselves in the past
- Had bad things happen recently, particularly with relationships or their health
- Been physically or sexually abused as a child
- Been recently exposed to suicide by someone else
- come from a lower socio-economic status

Suicide is also more common in certain groups, including males, Indigenous people, the unemployed, prisoners, and gay, lesbian and bisexual people.

Adapted from Hawton K, van Heeringen K. Suicide. Lancet 2009; 373: 1372-1381.

Retrieved from:

https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf 15March2023

Reasons why a person might have thoughts about suicide

The main reasons people give for attempting suicide are:

1. Needing to escape or relieve unmanageable emotions and thoughts. The person wants relief from unbearable emotional pain, feels their situation is hopeless, feels worthless and believes that other people would be better off without them.
2. Desire to communicate with or influence another individual. The person wants to communicate how they feel to other people, change how other people treat them or get help.

Adapted from May & Klonsky (2013) Assessing motivations for suicide attempts: Development of psychometric properties of the inventory of motivations for suicide attempts. Suicide and Life-Threatening Behavior, 43(5), 532-546.

Retrieved from:

https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf 15March2023

Signs a person might be suicidal

- Threatening to hurt or kill themselves

- Looking for ways to kill themselves: seeking access to pills, weapons, or other means
- Talking or writing about death, dying or suicide
- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped, like there's no way out
- Increasing alcohol and drug use
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

Adapted from Rudd et al (2006). Warning signs for suicide: Theory, research and clinical applications. Suicide and Life-Threatening Behavior, 36:255-262.

Retrieved from:

[https://mhfa.com.au/sites/default/files/suicidal thoughts and behaviours - mhfa guidelines 2021 0.pdf](https://mhfa.com.au/sites/default/files/suicidal_thoughts_and_behaviours_-_mhfa_guidelines_2021_0.pdf) 15March2023

As the at-risk person, this grouping of 2 – 3 people should quickly build a profile of the person they will be cumulatively playing. One person should be chosen as the outside person – or speaker. The other persons become their inner voices and feelings – they can strategically ‘feed’ responses, feelings or thoughts to their ‘speaker’. All participants should refer to themselves as ‘I’. In advanced situations it is possible for this person to engage in limited disagreement with ‘themselves’. The other group of participants should form a group of between 2 – 3 people. They represent the person trying to ‘help’ their friend. ONE person is chosen as the ‘speaker’. The others are the inner advisory voices. This group should familiarize themselves with the recommendations for strategies for dealing with someone at risk of suicide.

TIPS FOR COMMUNICATING WITH SOMEONE WHO MAY BE AT RISK

HOW CAN I TELL HOW URGENT THE SITUATION IS?

Take all thoughts of suicide seriously and take action. Do not dismiss the person's thoughts as 'attention seeking' or a 'cry for help'. Determine the urgency of taking action based on recognition of suicide warning signs. Ask the person about issues that affect their immediate safety:

- Whether they have a plan for suicide.
- How they intend to suicide, i.e. ask them direct questions about how and where they intend to suicide.
- Whether they have decided when they will carry out their plan.
- Whether they have already taken steps to secure the means to end their life.
- Whether they have been using drugs or alcohol. Intoxication can increase the risk of a person acting on suicidal thoughts.
- Whether they have ever attempted or planned suicide in the past.

If the person says they are hearing voices, ask what the voices are telling them. This is important in case the voices are relevant to their current suicidal thoughts. It is also useful to find out what supports are available to the person:

- Whether they have told anyone about how they are feeling.
- Whether there have been changes in their employment, social life, or family.
- Whether they have received treatment for mental health problems or are taking any medication.

Be aware that those at the highest risk for acting on thoughts of suicide in the near future are those who have a specific suicide plan, the means to carry out the plan, a time set for doing it, and an intention to do it. However, the lack of a plan for suicide is not sufficient to ensure safety.

LISTENING TIPS

- Be patient and calm while the person is talking about their feelings
- Listen to the person without expressing judgment, accepting what they are saying without agreeing or disagreeing with their behaviour or point of view
- Ask open-ended questions (i.e. questions that cannot be simply answered with 'yes' or 'no') to find out more about the suicidal thoughts and feelings and the problems behind these
- Show you are listening by summarising what the person is saying
- Clarify important points with the person to make sure they are fully understood.
- Express empathy for the person.

The inner voices task is to listen to the interaction between their speaker and the at risk speaker and to try to suggest effective strategies.

None of the 'inner voices' can hear the other inner voices.

Only the speaker can hear their own inner voices. They cannot hear the inner voices of the other speaker.

STRATEGIES

This game builds on all the skills and awareness covered in the workshops up until now. The game should begin with the helper friend approaching the at-risk person and beginning a conversation. They should endeavour to establish if the person is thinking about 'sitting in the chair'. According to the 'profile' built by the at-risk person, they can tell the truth or they can avoid or they can lie or use any response which they think is real to the circumstance.

The speakers (and their inner voices) should move at any point in time – either towards or away from the suicidal action (a chair or backpack or signifying object placed somewhere in the work space.) Both speakers know that object exists and what it signifies.

The object of the game for the friend, is to keep the at-risk person from doing the suicide action.

If there are onlooker participants, they should be watching to acknowledge the tactics and interchange at play.

At any point in time a speaker can request a swap with one of their inner voices.

At any point in time the workshop facilitator can introduce a swap of roles among the players.

REFLECTION

This game can be played in a light-hearted way, or it can get very real, depending on a range of circumstances.

The workshop facilitator should take care to discover the background circumstances of all participants.

In group reflection following the game, all participants should be encouraged to contribute to the discussion. All points of change or choice should be discussed.

Direct journaling should be considered as a strategy to assist in debriefing and unpacking the experience.

If required, professional support should be enlisted for this activity and the potential outcomes.

An acknowledgement should be investigated in the difference between this game and a real-life situation.

2.6 WORKSHOP ON DEVELOPING A **SUICIDE SAFETY PLAN** WITH A FRIEND AT RISK

EXERCISE: Breaking participants into small groups. Within the small groups, participants should either choose a subject from within their group or choose a fictitious character that they all know well. A fictitious character first gives space to concentrate on the framework and application of criteria.

After participants have progressed through an application of Suicide Safety Plan principles with a fictitious character, they may then choose to focus on more real life circumstances or people for the exercise.

Minimum Timing: 30 minutes – 1 hour

Groups should then brainstorm the following:

IDENTIFYING RISKS:

1. What past experiences might cause significant vulnerabilities?
2. What circumstances or occurrences may be triggers in inciting suicidal thoughts or feelings?
3. What personal traits might leave your person vulnerable? (ie: lack of family support; existing mental or physical circumstances; friendship circles; behavioural patterns; living conditions; financial conditions) The workshop facilitator may have more specific circumstances to consider.
4. What warning signs can be identified which indicate they might be entering into dangerous feelings, emotional states or thoughts? (What thought patterns; inner voices; patterns of behaviour; tell-tale habits which might otherwise be more controlled?)

IDENTIFYING STRENGTHS

1. What past experiences or achievements have they had which can be instructional or which can be leaned on in times of challenge?
2. From among the person's group of friends, compile a list of actions or qualities for which you value or respect the person. The qualities for which you think they are awesome. Depending on the circumstances surrounding the person, this list can be given them to read in private; or can be spoken directly with eye contact to the person by a succession of their friends; or they can sit in the centre of a circle and their friends read out the witness statements with other of the friends in the circle echoing key words from each statement.
3. What friends, family, workmates or acquaintances do they have who can be reliable supports or advisors?
4. What activities or habits have they experienced or witnessed which help them to find centre? Which puts them in a positive state of being? Which makes them feel good and worthwhile about themselves? Which gets the positive feel-good chemicals in their system flowing? (Examples: Physical activities, games, creative pursuits, hiking, online interactivity, hanging out with particular friends/family)

MAKING THEIR ENVIRONMENT SAFE

1. What dangers exist in their immediate environment which they might use on impulse to harm themselves? Can these items be removed or placed under some form of control?
2. If these items cannot be easily removed or controlled, is there someone or some people close to the person who can help to keep an eye on their behaviour or their interaction with these items?
3. Are their triggers or 'downers' in the environment that can be removed or avoided? For example, find another way to walk home after school rather than going down the street where your ex lives or where you used to hang out with your ex. How can these changes in behaviour form a positive strategy of rebuilding?

BUILDING A PERSONAL PRACTICE OF RESILIENCE

1. What activities do you enjoy doing either on your own or with others which make you feel better about being you? How can you include these activities in your daily/weekly practice?
2. What stories, pics, music, memories can you accumulate which reminds you of good times from your past or of your potential future? How can you put these items in a format which can be easily and regularly accessed?
3. What people, pets or organisations need or appreciate your presence and/or your contribution? That value your spending time with them? How can you build regular time for those visits or interactions into your daily/weekly/monthly schedule?
4. Compile a list of people you can talk or yarn to. Elders, coaches, teachers, siblings, extended family, friends. The wider the circle of people the better. Endeavour to include professional organisations in this list: [Lifeline](#); [Beyond Blue Suicidal Thoughts Forum](#). Include in your list what you know about how these people may have helped you previously. Things about you or your life that they have been able to advise you on. What might be some of the trigger points or patterns of behaviour that would cause you to contact each of these people?
5. Make a list of:
 - a. The things you would like to see/experience next week.
 - b. The things you would like to see/experience next month
 - c. The things you would like to see/experience next year
 - d. The things you would like to see/experience in 5 years (think about what the world was like five years ago – where might that indicate the world might be like in five year's time?)

SHARING YOUR PLAN

1. Who will you share your plan with. Or who will you share some parts of your plan?
2. Write out a simple introductory statement or jot down a few important points that you would like the person with whom you are sharing your plan to understand. You are asking them to be committed to being a part of your plan.

What do you want them to do or understand? What is the agreement that you are seeking to make with them?

3. How long will this plan be active? What is the date when it will be reviewed or ceased?
-

3. TAKING CARE OF YOURSELF

In this section participants may investigate resilience building; mindfulness techniques for mental wellness; and building healthy daily regimes of practice.

3.1 WORKSHOP – INSPIRATION BOARD

Purpose:

1. To build a register of people and sayings which inspire us in our approach to the challenges of life.
2. To foster a sense of discovery and investigation in seeking out guidance for the challenges which we encounter and experience.

Minimum Time: 30 minutes – 1 hour

Exercise structure: working either individually or in small groups – gather a range of people or sayings or pics/memes which encapsulate an aspect which is inspirational to you.

You might like to begin with your already known idols/inspirations.

You might like to compile a list of challenges or life situations or experiences which you then use as a keyword search to discover people who have encountered and overcome these sort of experiences previously.

You might like to compile a playlist of inspirational and uplifting songs, podcasts, TV shows, online media or even a compilation of specific scenes and episodes from favourite sites/stories.

PRESENTATION: Take some of your key items and present them to the rest of the group and explain why they are important generally. You may choose to explain why they are important to you.

3.2 WORKSHOP – MINDPLATTER

Purpose:

1. To develop an objective awareness of different aspects of our integrated wellbeing.
2. To consider a managed approach to balancing our daily and weekly activities to foster increased awareness and management of our integrated wellness.

Minimum Time: 30 minutes – 1 hour

EXERCISE:

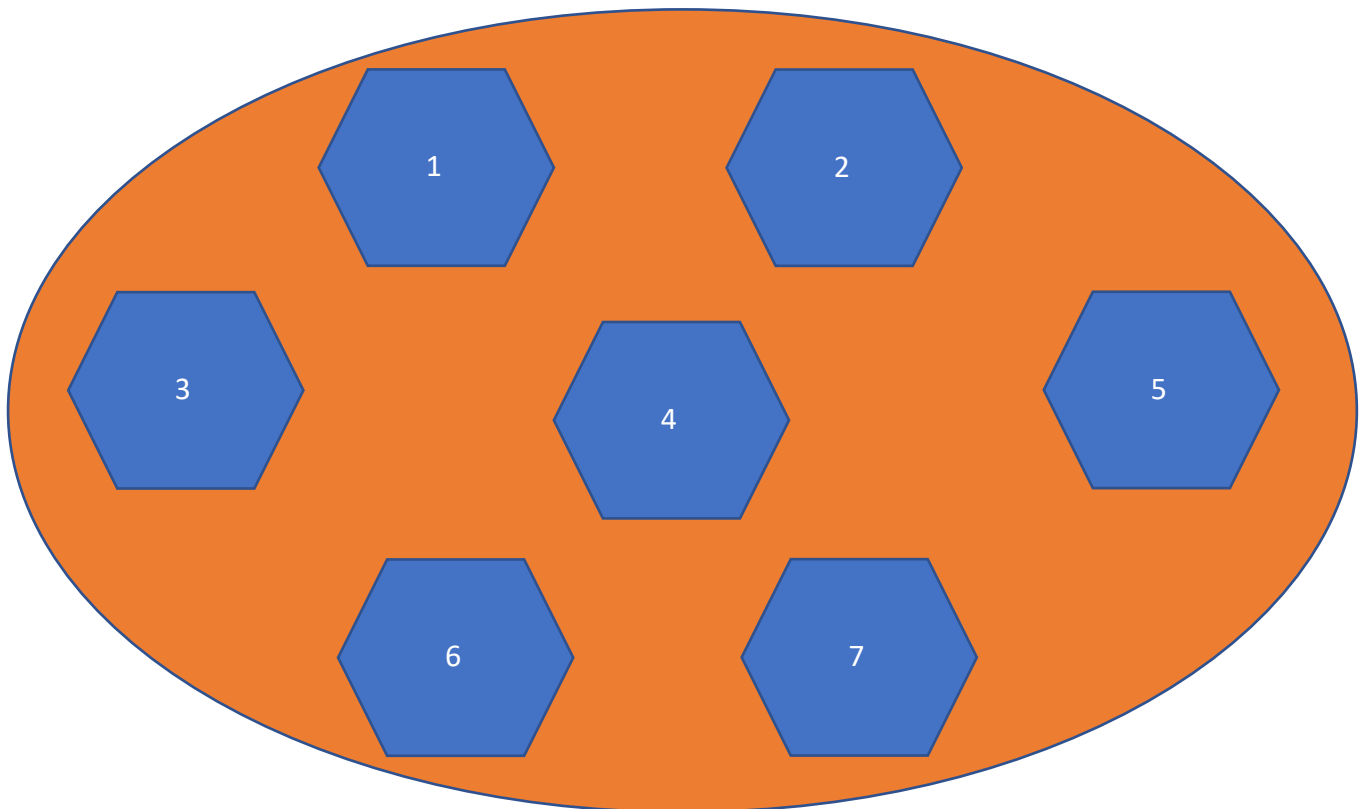
Working individually or in a small group, fill out the following diagram indicating your average daily engagement with activities which fit within each of the seven Healthy Mindplatter Areas.

Retrieved from: <https://drdaniel.siegel.com/healthy-mind-platter/> 20March2023

MINDPLATTER AREAS:

1. Focus Time: The time we spend in goal-oriented tasks (school work, house cleaning, building something, practicing a skill) that require deep levels of concentration and commitment.
2. Play Time: When we allow ourselves to be spontaneous, and creative, joyful and engaged in free flow and new experiences.
3. Connecting Time: When we spend time connecting with other people, especially in real world circumstances. When we also take time to connect with the living world around us. To engage and interact with our sentient and communicative living world.
4. Physical Time: When we engage our physical self as fully as we are able in activities.
5. Time In: When we engage in our internal being: in the sensations and awareness of our inner selves: of our sentient experience; our feelings; our reflections and musing; our dreams, hopes and regrets - our inner being.
6. Down Time: When we are just chilling with no immediate focus or purpose. We are just floating along with the moment.
7. Sleep Time: When we are recharging. When we are allowing our subconscious to work through the experiences of our conscious day/night living experience. And when we are giving our body a rest and rejuvenation period.

FILLING YOUR PLATTER:



What is the spread of hours that you might allocate to each of these areas on your typical day?

Is there a more healthy alternative allocation?

How might you go about managing that alteration?

How might that more healthy allocation be managed across a typical week?

Would it help to make a weekly schedule or plan?

What might happen if your spread of hours suddenly changes without warning or if you are unable to complete a specific area/activity? What flexible options can you imagine/plan?

3.3 WORKSHOP – BACES STEPS TO POSITIVE MENTAL HEALTH

Purpose:

1. To get familiar with applying a framework for healthy living to your life.
2. To foster an objective understanding of the components of our weekly life activities and their impact upon our mental wellness.

Retrieved from: <https://www.abc.net.au/everyday/an-illustrated-guide-to-bace-self-care/12136186> 19March2023

BACES is a Cognitive Behaviour Therapy (CBT) approach to promoting comprehensive personal wellbeing.

The five principle areas of life activities covered in the BACES system are:

1. **BODY** – Physical exercise releases endorphins which are the natural feel-good chemicals produced by our bodies. [Beyond Blue Exercise Guide](#)
 - a. Body self-care involves regular exercise and hygiene practices
 - b. Healthy eating choices and eating regularly throughout the day
 - c. Appropriate sleep cycles
 - d. Avoiding unhealthy quantities of alcohol, drugs, smoking/vaping and caffeine.
2. **ACHIEVE** – Achievement of measurable tasks releases another set of feel-good chemicals called dopamine and serotonin. Measurable tasks are anything like work, or chores or study or homework or housecleaning. Anything that has a start and an end and is made up of doing something that you can tick off a list and say ‘finished’, or ‘finished that bit’.
3. **CONNECTING** – This means spending meaningful time with other people or even with other living things like pets or the environment. Interacting; having conversations; letting other people into your life and experience and being a part of theirs. But also connecting with people at your workplace; in your travels – making time to actually see them and listen to them and let them affect you.
4. **ENJOYMENT** – Doing stuff which makes you feel good. Doing things that make you feel YOU. Doing things which make you feel GLAD to be you. Which open you up to an experience of the world and of the moment. Playing, creating, doing hobbies, interacting - whatever floats your boat and makes your heart sing. If you can’t think of anything, then look at what your friends love doing and try that; or try to remember what you loved doing when you were little, and start there.

5. STEPPING BACK – this is the one that most of us need some practice. Or even an introduction. We are not very good at stepping back away from a situation and taking a breath. Learning to walk away. Give ourselves some distance. And also – after we have played the game; or built the project; or tamed the dragon – we need to step back and enjoy what we have done. We need to reflect and learn. We need to gain a different perspective. Learning to breathe out and take a step back or walk away and come back tomorrow – it takes the stress out of our body and gives you space to build resilience.

Minimum Time: 30 minutes – 1 hour.

EXERCISE:

Working with a partner or a small group – make a list of ways in which you fulfil each of these principles on a daily and a weekly basis.

Make a list of ways in which you would LIKE to fulfil any of these principles.

Think of things that have happened in your life recently when some aspect or activity that belongs within any of these categories may have been beneficial to you?

How can you plan to build more of these activities into the BACES areas of your life in the future?

When might you be able to start?

When will you check in to see how you are going?

REFLECTION:

Share these discoveries and plans with the larger participant group.

3.4 WORKSHOP GAME – CHOICES – EXPLORING THE NOTION OF CONSEQUENCES

Purpose:

1. To explore the notion that choices have consequences.
2. To explore through play a range of life and social experiences

Game: Choices

Recommended Duration: Anywhere between 30 minutes – ongoing.

Game structure: Choices can be played by anywhere between 2 and 20+ players. Ideally, the number of players is influenced by how effectively the various character storylines can be remembered and maintained.

The game has three different levels of participant player:

1. CHARACTER – this is played by a single person or a pair or trio of players, depending upon participant levels of maturity and social confidence. The players choose the qualities of their avatar or character. Age, gender, size, social history, family status, social media status, hobbies, and three most important values. (NB: a value is expressed as a single word and is a quality of disposition that forms a foundation in the way you approach every aspect of your life. Sometimes we sell out or ‘fail’ our values – and sometimes they inform our decisions and actions – and often times we change our values. Example values are: Honesty; Courage; Learning; Competitiveness; Selfishness; Kindness; Generosity, Greed. Values are often prominently embedded in the behaviour of people. To choose the values of your character, you might like to think of other characters/people that you know who are like your character. For this game – players must choose THREE values which form the foundation of their characters.)
2. STORYTELLER – This may be one or two people. It is their task to maintain all of the developing storylines of all of the characters and to challenge the characters to make choices at crucial times in their story. The storyteller operates as MC or umpire for the operation of the story. The storyteller also chooses the three consequences for each choice made. The storyteller may also challenge an EVENT, which is a situation or scene where characters must act out an improvised scenario.
3. CONSEQUENCES – This is a panel of at least three participants. Once a character has made a choice, the three Consequences are brought in to

decide what the outcome of that decision might be. The consequence chosen must be a direct and believable outcome. In a circumstance wherein the consequence is challenged for its believability by the character, the storyteller has capability to over-ride and require another consequence, an adaptation to the consequence, or an acceptance of the consequence. Each player has a prior agreed upon number of EXTREME CHALLENGES (for example – three that they can invoke during the game duration). In an extreme challenge, a consequence can be either accepted or rejected through a show of hands from all participants. If a rejection occurs, the Consequences must come up with an alternative consequence OR the Storyteller replaces the Consequences.

The game can be themed or it can be placed in any recognised 'world' or reality. The game can also be focused around any one single event. Where character's choices will change the circumstances of the world and the characters within it – some pre-arrangement and design of participant characters may be productive. For example, a game that focused on possible nuclear war might require characters that include at least two world leaders and their military/foreign affairs representatives.... A game that focuses on the school formal may require some students, some staff and some parents characters....

EVENTS - Are improvised scenes or scenarios. EVENTS can be evoked through a challenge by the Storyteller of a character(s). Or a character faced with a choice may choose to use an EVENT as a means of making or working out their choice.

The game is completed when the embedded goal of the game scenario is reached or when significant actions have occurred sufficient to require the game to cease. For example, a game that focuses on a school excursion may end at some appropriate point out on a field trip; or when the school bus pulls back into the school grounds...

SUPERVISION: It is imperative that the playing of this game be under the direct supervision of experienced staff who are aware of the personal circumstances and issues experienced by individual and group participants.

CORE VALUES: At any decision or choice made by a character any other participant can make a challenge – that the character has changed their CORE VALUES. The

participants playing that character may either acknowledge that change or justify the choice they have made as a negotiation without abandoning or changing their values. Changing or suspending values does not have to be positive or negative. Being aware of your own values and evaluating their worth and application is the important aspect.

POST-DISCOVERY – This game structure and format can also be used to explore storylines and choices made in a known story. For example, students may choose to explore the story of Romeo and Juliet by developing characters from the play and working their way through the entire story – stopping to review decisions and choices of each of the characters as they progress.

REFLECTION:

This game may require significant reflection and shared analysis of behaviour experienced, choices made and consequences. The game can be very 'realistic' in its aesthetic and approach, or it can be wildly imaginative and magical realism fantastical. It is entirely up to the players and their imaginations.
