

CHARTER

for Alternatives to Suicide Groups



Since 2008, the Wildflower Alliance has hosted healing spaces for conversations around suicide and despair that otherwise rarely happen. Alternatives to Suicide is the approach that has grown out of that work, and can be applied to a variety of situations that involve speaking about, sitting with, understanding and moving through thoughts of wanting to die.

This Charter defines the principles and values of support groups using the Alternatives to Suicide approach. It is meant to act as a guide for creating groups that are consistent with these values, and is a tool for advocating for these groups to occur even when they are in conflict with other organizational or community policies or beliefs.

VALUES

RESPONSIBILITY TO - AND NOT FOR OR OVER

As a community, we are responsible to be honest, transparent and present with one another, but cannot be responsible for one another's choices or actions. Both experience and research have shown that when the system takes responsibility for or over an individual, through force and/or coercion, the typical result is often more trauma, isolation and disconnection. Trauma, isolation, disconnection have been linked to increases in suicide rates.

CONSENT AND CHOICE

We honor that suicidal thoughts are valid responses to painful experiences in peoples' lives. That pain often comes a lack of choice related to resources, housing, relationships and community, healthcare, income, work, exposure to violence and so on. In contrast, these groups prioritize consent and self-determination, and recognize and respect the many ways that people live with, sit with, cope with, or move through these experiences.

RESPONSES TO INJUSTICE

In these groups, we validate and explore the hurt and pain we experience of systemic oppression and injustice—for example, rape, interpersonal violence, and discrimination or being devalued based on race, gender, ability, sexual orientation, immigration status, class, employment status, generational traumas and other inherited struggles. Together, we make space to explore the unique ways each of us makes meaning of and responds to these injustices.

HEALING IN COMMUNITIES

These groups emphasize being part of community by choice. For many people, moving through suicidal moments includes acknowledging the pain that can come from feeling like they don't belong, or from being hurt or rejected by people with whom they have been connected. In groups, we make space for envisioning a world where one consistently has a sense of belonging, and can find meaning and purpose.

PRACTICES & INTENTIONS

These practices and intentions are essential to Alternatives to Suicide groups.

- 1.** We invite conversations with the freedom to:
 - a. Make meaning and share about one's own experiences in one's own words.
 - b. Challenge and explore social roles and expectations impacted by gender, class, race, productivity, parenthood etc.
 - c. Talk about anything, not just thoughts of suicide.
- 2.** Groups meet in community spaces, rather than clinical or treatment group settings where conflicting practices are or have been in place.
- 3.** Facilitators openly identify with the experience of suicidal thoughts in groups and are willing to be vulnerable and share about this and other relevant life experiences during groups.
- 4.** No pressure of any kind is placed on facilitators to report back (to funders, supervisors, or other authorities) about details of who attend s or what gets shared in groups.
- 5.** Value of privacy is stated, and everyone is asked to maintain that "what's said here, stays here" or to "leave the names, take the Lessons."
- 6.** Responsibility for what happens during the group and how the values are held among all people attending, and is not solely the responsibility of the facilitators.
- 7.** Everyone present is asked to speak from their personal experience, avoid harmful generalizations, and honor that each individual is the expert on themselves.
- 8.** Where language is concerned:
 - a. Facilitators use open, non-clinical language that makes space for a variety of perspectives;
 - b. There is no assumption that suicidal thoughts are linked to 'mental illness' and everyone is supported to use words that make the most sense to them when speaking about their own experiences.
- 9.** The group recognizes that suicidal thoughts are often rooted in experiences of systemic oppression; and therefore:
 - a. People's experiences of systemic oppression are validated; and
 - b. We strive to consistently interrupt words and actions rooted in systemic oppression, and explore where these ideas come from whenever possible.
- 10.** We value relationships, embracing and working through imperfections to learn and grow, rather than trying to fix or change each other.
- 11.** Groups are only for people attending for their own support. Observers such as media, students, providers, and anyone else wanting to come for any reason other than to explore their own experiences are not able to attend.
- 12.** Decisions are made by group consensus as much as possible and transparency is prioritized when decisions are made outside of that format.
- 13.** Attendance is completely voluntary and self-determined, being open to people:
 - a. Without regard to where they live.
 - b. Whether or not they use particular services.
 - c. Without intake, discharge, referral or other 'gatekeeping' requirements.
 - d. Whether or not someone chooses to speak when there (silence and acting as a witness to other people's pain are named as valuable).
- 14.** Value is placed on meeting and accepting people as they are—validating the stories people share about themselves,
- 15.** Emphasis is placed on a harm reduction approach which includes avoiding assumptions when someone shares about self-injury, drug use, or any other coping practice.
- 16.** Relationships are based in respect and curiosity instead of fear and judgment.
- 17.** Groups prioritize an overall willingness to sit with people in deep distress and explore thoughts and feelings without jumping to clinical or other interventions.
- 18.** All participants agree not to call to involuntary interventions like police, crisis services, people's family members, or other outside entities about something that's happened in the group unless there is an act or direct threat of violence to someone in the group.