

QC31/QC37 Supporting a Suicidal Young Person

Transcript 1: Dr Brené Brown – Empathy

Vimeo link:

<https://vimeo.com/446337987/8f31bb934e>

Dr Brené Brown:

[MUSIC PLAYING] So what is empathy and why is it very different than sympathy? Empathy fuels connection, sympathy drives disconnection. Empathy, it's very interesting, Theresa Wiseman is a nursing scholar who studied professions, very diverse professions, where empathy is relevant, and came up with four qualities of empathy. Perspective taking, the ability to take the perspective of another person, or recognise their perspective as their truth, staying out of judgement, not easy when you enjoy it as much as most of us do. Recognising emotion in other people, and then communicating that.

Empathy is feeling with people. And to me, I always think of empathy as this sacred space, when someone's kind of in a deep hole and they shout up from the bottom and they say, I'm stuck, it's dark, I'm overwhelmed. And then we look and we say, hey, we climb down. I know what it's like down here, and you're not alone.

Sympathy is oh, it's bad, huh? No. You want a sandwich?

[LAUGHTER]

Empathy is a choice, and it's a vulnerable choice because in order to connect with you, I have to connect with something in myself that knows that feeling. Rarely, if ever, does an empathic response begin with at least.

[LAUGHTER]

I had a-- yeah-- and we do it all the time because you know what, someone just shared something with us that's incredibly painful and we're trying to silver line it. I don't think that's a verb, but I'm using it as one. We're trying to put the silver lining around it. So I had a miscarriage. Oh, at least you know you can get pregnant. I think my marriage is falling apart. At least you have a marriage.

[LAUGHTER]

John's getting kicked out of school. At least Sarah is an A student, but one of the things we do sometimes in the face of very difficult conversations, is we try to make things better. If I share something with you that's very difficult, I'd rather you say, I don't even know what to say right now, I'm just so glad you told me. Because the truth is, rarely can a response make something better. What makes something better is connection.

Time stamp: 00:02:53

QC31/QC37 Supporting a Suicidal Young Person

Content: Clinician introducing safety plan to Gary and his family and starting to identify warning signs. Focus on how to make safety planning meaningful for consumers.

Scene: Session is coming to a close. Clinician introduces safety plan to Gary.

Safety planning with Gary	
Vimeo link:	https://vimeo.com/422305274/e387303c6b
Clinician:	Ok Gary, from what we've discussed today, you've been having a really tough time for a really long time now. You've been feeling pretty hopeless and pretty trapped. Going through and discussing those times, you keep mentioning Jacey and Laura though. I'm wondering if there is a part of you that wants to keep living for them.
Gary:	Yeah.
Clinician:	Is that right?
Gary:	I don't have any suicidal thoughts right now ... but I don't wanna cause any more hurt and difficulties for you and for Jacey *looks at Laura* ... So yeah, I just ... I donno these thoughts, they are gonna come back ... and I donno what I'm gonna do when they do.
Clinician:	That's a fair worry Gary. Something that can be helpful is figuring out what's driving those suicidal thoughts. Based on our discussion today it seems like there's been a few things going on for you. So, it sounds like that ... you know ... since you lost your job ... there's been a lot of stress with that. Sounds like you've been in a lot of pain since you hurt yourself as well. 'Cause of those things it sounds like you've been fighting more at home ... Jacey and Laura ... sounds like you've been drinking a lot as well. Is that right?
Gary:	Yeah, it's about right. I want to get better at that stuff, but I don't know how ... *looks at Laura* I don't know how.
Clinician:	What I'd like to do is come up with a plan on how we can work together on those things. Some of those things might take a little while though, so in the meantime we need to figure out a way to keep you safe. One way of doing that is that we come up with a safety plan. Basically, what that is, is we figure out what things trigger off suicidal thoughts and things you can do to manage them when they do come up. How does that sound for you?
Gary:	I'll give it a go. I wanna give this a shot for you *looks at Laura* ... and for Jacey. 'Cause, I don't think I can do it by myself.

Clinician:	<p>So, it's really important to involve family, friends, and even other agencies, your doctor ... You don't have to do this by yourself. It's really important to be able to reach out to the people that you trust.</p> <p>So Gary, this is your plan. This is about figuring out what's gonna work for you and Laura, to keep you safe.</p>
<i>Fades out</i>	
Time stamp: 00:02:58	