Alternatives to Suicide Support Group
Waterville Peer Recovery Center
Tuesdays, 1:00 – 2:30

The Alternatives to Suicide approach was developed by The Western Mass Recovery Learning Community because having the opportunity to talk openly about suicide and feelings of deep emotional distress with others who have or are experiencing similar struggles has proven to be a powerful way to support people to move through those darkest places. There is strength in coming together to talk about thoughts of death and suicide and other ‘taboo’ topics and to support one another in our times of greatest distress. The approach is peer-led and non-clinical.

During Alternatives to Suicide groups, people share their successes and their challenges, provide support for one another and strategize and share ideas for coping with difficult life circumstances and difficult feelings. People are encouraged to come both in times of strength and challenge. Individuals need not identify as being in 'crisis' in order to attend.

The Alternatives to Suicide group at the Waterville Peer Recovery Center will be facilitated by Elaine Ecker and Gale Gagnon, both of whom completed a 3-day facilitator training in this model presented by the Western Mass Recovery Learning Community.

Core Values

• Group is based in self-help with a focus on relationships
• Culture of mutual respect, support and empathy is cultivated
• Facilitators openly identify with the experience of suicidal thoughts
• Framework is that of a mutual support group and not a clinical group or treatment program
• No ‘red tape’ or ‘hoops’ for anyone attending (including no intake or discharge processes, no referral requirements, etc.), provided reasons are genuine and based in a desire for mutual support
• Each person is honored as the expert of their own experiences
• Complete transparency around limits to privacy is maintained at all times
• No documentation or attendance records are kept (beyond total numbers)
• Value is placed on people sharing from their own life experiences
• Ordinary, common language is used
• Relationships are based in respectful curiosity instead of fear and judgment
• Value is placed on meeting and accepting people as they are
• Willingness to sit with people in deep distress and explore thoughts and feelings without jumping to clinical or other interventions
• Attendance is completely voluntary and self-determined
• Freedom to interpret one’s own experiences in any way is central
• Freedom to challenge social norms is present and openly explored
• Freedom to talk about anything, not just thoughts of suicide
• No assumption of illness including no assumption that suicidal thoughts are connected to “mental illness”
• Differences between suicide and self-injury or other ways of coping are acknowledged and respected