”...You are not particularly helpful as a helper when you are helpless”

A qualitative study of Public Health Nurses and their professional competence related to suicidal adolescents

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ABSTRACT

The aim of this study was to develop knowledge about the significance of the Applied Suicide Intervention Skills Training workshop (equal to "Vivat – Førstehjelp ved selvmordsfare") to Public Health Nurses' practice with suicidal adolescents.

Data was gathered through three focus groups, which were interviewed twice. The empirical material was processed using qualitatively content analysis.

The main findings and interpretations were that the Public Health Nurses reports that the workshop has increased their professional mastery, their proficiency in actions and their dialogue competency. This has expanded their professional repertoire and probably improved the quality of their care.

Background

Suicide and suicide attempts occur with unpleasantly high frequency in our western society. The Norwegian suicide rate for young men between 20 and 29 years of age was 21.4/100 000 in 2010. The overall national suicide rate was 12.1/100 000 (1). This makes suicide one of the dominant reasons for death among young people. When it concerns suicide attempts and suicidal ideation, we do not have exact figures. Researchers in the CASE study found among young Norwegians aged 15 to 16 years that 10.8% of the girls and 2.5% of the boys reported that they had deliberately harmed themselves during the past year. Forty-five percent of the adolescents in the study who reported that they had harmed themselves expressed that they wanted to die at the moment of self-harm (2). Suicide attempt differs from deliberate self-harm, however several clinicians are arguing for them as interchangeable (3). In this study the two terms will be regarded as interchangeable.

Due to stigma and taboo regarding suicidal behaviour there is reason to believe that some adolescents feel ashamed to speak openly and to seek both informal and professional help. Negative attitudes towards suicidal behaviour occur among young persons, including those who are suicidal, as well as in the general population. This might be one of the underlying reasons why proper help is often given too late (4).

The World Health Organization (WHO) has pointed out that education and training are essential elements when it involves suicide prevention activities (5, 6). In the CASE study this is summarized in the following terms: “As a result, interest has moved towards an alternative approach to prevention that focuses instead on skills training for staff and/or pupils” (2 p. 122).

A suicide prevention activity which has been documented as effective is the gatekeeper function. “Where the roles of gatekeepers are formalized and pathways to treatment are readily available, such as in the military, educating gatekeepers helps reduce suicidal behavior” (7 p. 2071). Well-trained Public Health Nurses (PHNs) could be such gatekeepers in our senior high schools/colleges if the necessary structures such as referral routines are established.

Andersson, Norvoll, and Ose (8) found that one-third of the PHNs interviewed reported that they felt in need of increased competence when it involved how to handle adolescents with deliberate self-harm, suicidal ideation and depression. Health care workers need to feel ready, willing and able to enter into such conversations without being emotionally overwhelmed (9). Adolescents report that they are satisfied with the kind of help they are getting from the PHNs, but they also say that they want more frequent meetings and more time from the PHNs (10).

The Applied Suicide Intervention Skills Training (ASIST) workshop is aimed at caregivers who want to feel more confident and competent in helping to prevent the immediate risk of suicide. The workshop does not require any form of prerequisites; it is open to every interested citizen above the age of 16. The workshop addresses four thematic areas: attitudes, knowledge, intervention and network. The first aid aspect is stressed in the workshop and it can best be compared with ordinary Cardiac Pulmonary Resuscitation. The helpers are not supposed to be long-term helpers or any type of therapists (11).

The workshop was introduced in Norway in the late 1990s and it was soon accepted as a part of the National Suicide Prevention Action Plan (12). More than 21 000 persons have attended the workshop since the introduction (13), and more than 1 million persons worldwide have done so (14). ASIST has been evaluated several times both nationally (15) and internationally (16) with positive results.

Aim and research question

The aim of this study was to develop knowledge about the significance of ASIST for PHNs´ practice.

The research question was: What personal significance and changes were experienced in one’s own practice after the ASIST workshop?

Design

The design of this study is qualitative with explorative, descriptive and interpretative aspects (17). PHNs were chosen as informants since

Vård i Norden 1/2013. Publ. No. 107 Vol. 33 No. 1 pp 46–50

they are among those professional health care workers who are in contact with suicidal adolescents relatively often, and thus are in a position where they have to establish some kind of help.
The inclusion criteria were that the PHNs:

– have participated in an ASIST workshop
– have worked with adolescents for at least half a year after attending the workshop.

Participants

Information about the study and invitation to participate was sent to 61 former students; eleven agreed to participate. Because of the swine flu very few PHNs had time to participate, and there were too few participants. On this background one group was recruited through personal contact with the head of the PHNs in a small Norwegian town who had been eager to arrange ASIST workshops.

Sixteen PHNs agreed to participate in three focus groups. The participants were all females. The first group consisted of 6 PHNs who did not know each other beforehand. The second group consisted of 4 PHNs and, by a mistake, one midwife. They were all colleagues from the same municipality. The third group consisted of 5 PHNs. Three of them were colleagues from a municipality.

Data collection

Data were gathered by means of three focus groups, which were interviewed twice during the fall 2010 and spring 2011. Focus group interviews were chosen because they provide more information than one-on-one interviews. The advantage of focus groups in this context is that the participants get to hear the others' responses and can make additional comments beyond their own original responses as they hear what other people have to say (18).

The interviews were recorded and transcribed verbatim immediately by the first author. The second author had the role of assistant moderator with responsibilities for tape-recording and summarizing the groups' discussions. The third author had the role of the moderator during the interviews. A pre-written interview guide was used. Each interview lasted for approximately 60 minutes.

Qualitative content analysis

The aim of the study was to develop new knowledge and insight, and we concluded that qualitative content analyses would be an appropriate approach to the empirical data. The transcribed text (99 pages) was analysed using this method, which implied the opportunity to identify patterns, themes, biases and meanings in the material (17, 19). The text was read several times by all three authors whose aim was to get an overall impression. Consensus about what could be regarded as meaningful units was worked out, and these were condensed into subthemes and finally abstracted into main themes.

Ethical considerations

The study was approved by the head of the department at the University College, and information about the study was sent to the Norwegian Social Science Data Services (NSD). All participants were given oral and written information about the study, and they signed an informed consent before the interviews. Talking about suicide and suicidal ideation may involve reactivation of personal feelings. All participants were informed that they could contact the researchers after the interview if needed. In addition they knew each other as colleagues and thus could act as a security net if problems should arise.

Findings and interpretations

As a result of the analysis process eight sub-themes and three main themes emerged. They are presented in the following table.

Table I Main- and subthemes

Main Themes	Sub-themes
I Increased professional mastery	*a) Clearer and tougher* *b) Safer and braver* *c) Better and faster assessment of the situation* *d) Recognized by other professionals*
II Increased proficiency in actions	*e) An appropriate tool for diverse contexts* *f) An active network operator*
III Increased dialogue competency	*g) Open-minded* *h) Support of the youths´ inner strength*

Main theme I – Increased professional mastery
The analysis process revealed that nearly all of the PHNs in this study had made comments on how they felt that they had improved their ability to be *clearer and tougher* when confronted with suicidal adolescents. In this change of attitude they placed the emphasis on underlining their increased willingness to enter into emotionally challenging dialogues, dialogues which they reported that they earlier had felt reluctance towards. They spoke of themselves as more confronting and direct in their communication style. The following quotation is an example of this:

> *"I have become much tougher asking, exploring, whether she/he has suicidal thoughts, when I talk with youth."*

The analyses revealed that this made them feel *safer and braver.* This resulted in more conversation about their earlier feelings of inferiority and insecurity, both regarding the young and troubled, and their colleagues, and how this had changed. The analysis process revealed that the ASIST workshop probably had affected their work-related satisfaction. One of them reported:

> *"...and then I had a completely different sense of security after the course. Now I am very much less afraid of getting involved in the situation."*

The discussion revealed that attending the ASIST workshop had raised their level of challenge and courage in the dialogues with youth. This *safer and braver* behaviour resulted in more penetrating conversations with potential suicidal adolescents. This again led to dialogues that they felt were better when it concerned taking good care of the youth. Paradoxically this resulted in fewer, but more targeted and more necessary referrals, they reported. This is a quotation from the discussion:

> *"And to meet an adult who listens to her and asks questions and does not panic, it must be quite all right. Don't you think?, and feel that the shoulders sank and maybe you can see that things fall into place OK, and maybe you think that your life is not going to fall apart."*

The analyses showed that before the ASIST workshop this kind of dialogue often raised the PHNs' level of emotional stress and fear of inducing possible suicide actions. The PHNs also discussed the fact that they thought it was better to have this difficult dialogue than to postpone or avoid it. However, it cost them considerable emotional stress and effort. One of the PHNs reported:

> *"…but because I could ask the right question, I got an answer that was quite alarming."*

After attending the ASIST workshop, the PHNs reported that they felt more in control and calm in meetings with potential suicidal adolescents. The analyses showed that they had attained a feeling of overview, which made them able to act more competent in handling the other person's despair and suffering. They said that a consequence of this new understanding was that they made *better and faster assessments of the situation.* This is one example of what was said:

> *"…that makes me have a greater understanding of the whole problem, and uh I will not let me dismiss ... so easily. "*

Focus groups´ discussions revealed that the PHNs often spoke about their feelings of inferiority, competition and collaboration with other professionals. The analyses showed that the ASIST workshop represented a remarkable change in attitude regarding this issue. They expressed that they felt a movement from being insecure, unclear and hesitant to being an active partner in suicide prevention that was *recognized by other professionals.* They expressed:

> *"I feel that I am taken much more seriously in terms of my assessments."*

Main theme II – Increased proficiency in actions
It appeared through the analyses that the PHNs had raised their competency in handling suicidal youth and that the knowledge the workshop had provided them was very useful and versatile. They expressed that they had gained an *appropriate tool for diverse contexts.* The following quote is an example of this:

> *"... a recipe, a guide, a knowledge of how to proceed and I think it has been helpful … eh...to use."*

It emerged in the analysis that the intervention model that was taught in the workshop could be used in other contexts. This was seen as an advantage. One of the nurses expressed:

> *"I agree that it is ... you can use it when you are out in other contexts when to talk to people about other things that you say about violence and stuff like that."*

The analyses showed that the increased proficiency had given them a new and broader role in their network. They said that they had developed their will and ability to use colleagues on all levels, but they also had acquired a more active role. They considered themselves as *an active network operator.* One PHN expressed it in this manner:

> *"Yes, it is something that is embedded in you that makes you feel you are being taken more seriously in your network."*

Main theme III – Increased dialogue competency
The analysis process disclosed that after the workshop they described themselves with more pride and an expanded competence. They reported that they had improved their ability to conduct dialogues about suicidal ideations and that they felt more able to meet adolescents in crisis, and to meet them *open-minded* which the following quote shows:

> *"… if we say you must not think of doing this or that ... then we close some doors, huh (yes) eh … because then we reject something in them."*

The analysis showed that being able to use the young person's own resources gave them professional satisfaction. The following quotation is an example of this:

> *"...that they are taking that decision themselves and that they somehow are pleased that some eh see that they have it hard and that they need help..."*

The analyses showed that being open-minded in conversations with young persons also revealed that they had acquired some new abilities in their nursing care. They had become more analytic and creative in their approach to the challenges that were presented. As a result they expressed that they were clever in just listening to what was said, both verbally and non-verbally. They converted this knowledge into new actions that included *support of the youth´s inner strength,* as the following quote shows:

> *"No, but you help them to get in touch with their own power in the situation so that they…"*

Discussion

The research question was:

– What personal significance and changes were experienced in one's own practice after the ASIST workshop?

Three focus groups were interviewed twice. An advantage of doing two interviews of each group was that in the second meeting, as the conversation flowed more easily, the initial reservation was decreased and difficult topics were quickly articulated. The participants in the focus groups represent different experiences and areas, varying from working in small local communities, a little town, to a district in a large city. Such width of experience might enhance the credibility of the study.

One of the focus groups was actually a pre-existing group. The two other groups were a mixture of some who knew each other beforehand and some who did not. This fact might have influenced the communication. Groups where people know each other as colleagues can promote openness and offer safe surroundings to talk about distressing issues. On the other hand, it might also be that some of the participants definitely did not want to reveal their inner feelings, attitudes and professional weakness in front of their colleagues and superiors (17 , 18).

Two of the groups were interviewed at the University College Campus, and the third group was interviewed in their local community. The interviews were intentionally conducted outside the participants' workplace. We chose this solution to work uninterrupted during the talks and so that the premises would not influence the direction. At the end of each interview the assisting moderator summed up what she had heard and the participants were given the opportunity to add or change details. Thus a kind of respondent validation was conducted.

The researchers who conducted the interviews were not ASIST-trained. We regarded this as a strength for the study. The intention was that they could explore without biases. The first author has been central in implementing ASIST in Norway for a decade, and he may be biased concerning the workshop. However we regarded this as an advantage since he had a deeper understanding of the workshop, but this fact is not a necessary prerequisite for the study. The composition of the research team was done to assure a variety of professional competences in order to obtain the best possible analytic capacity (and credibility). On the other hand, the researchers are all from the same faculty. This fact might imply that they share professional viewpoints, which again might result in "groupthink" and less controversy. This can have affected the trustworthiness and validity of the study.

Increased professional mastery
The participants reported that after the workshop they felt clearer and tougher. The PHNs expressed that they often felt insecure and uncomfortable when confronted with potentially suicidal adolescents before the workshop. Some expressed reluctance to assess these young people. One can assume that this is not a good feeling when one is expected to be both a good listener and professional helper. The fear of losing a person to suicide may underlie this concern. Such loss is a traumatic experience for all helpers, even trained therapists (20). Encountering insecure and reluctant PHNs is probably even worse if one is an adolescent striving with emotional imbalance and suicidal thoughts. Such feelings can pressure youth into attempting suicide,

and it will definitely not raise their self-esteem. If these emotions are the starting positions of the dialogue, it is easy to see why such conversations can fail. None of the dialogue partners are in a position to lead, and both feel insecure and uncomfortable. Such indecision might result in repeated suicidal behavior and even worse: the development of chronic suicidal acts. This is consistent with what was found in a study of adolescents with repeated suicide attempts. The researcher concludes: "listen to young people's perception of their situation with the utmost seriousness." (21 p. 10). It seems to us that the workshop had raised the PHNs´ willingness and ability to listen and to enter into conversations with adolescents about their thoughts of suicide.

The PHNs reported that they felt safer and braver. This is consistent with was found in an Australian study where it was written "the ASIST workshop does enhance caregivers' sense of readiness for a suicide intervention role and their actual level of competency to perform that role in an informed manner." (22 p. 5) The analytic process revealed that the pedagogical methods used in the workshop, especially the simulations, were regarded as an advantage. Several of the PHNs made comments on the need for more time allotted to training and role-playing during the workshop. There is reason to believe that there is a link between increasing abilities within skills such as "to act clear and tough, and to feel safe and brave" and the use of alternative pedagogical methods. Improvements of such skills include learning of both intellectual and emotional traits, and this cannot be achieved only through traditional lectures. To achieve such attitude changes one has to use learning methods that affects the whole of the person according to Gulbrandsen & Forslin (23).

The PHNs report that in their experience they make better assessments and that this provides better care for adolescents who express suicidal ideation. More adolescents are taken care of locally, the participants report, and it seems as if this might result in a decreased number of adolescents who need referrals and thus have to start careers as patients. This implies that suicide thoughts can be talked about and problems can be sorted out and hopefully solved in the local communities. This is consistent with the recommendations Herrestad and Larsen (24) provide in their article about survey, observation and assessment of suicide risk. There is a risk that some PHN's might try to take care of far too troubled adolescents themselves, however none of the respondents reported this.

The PHNs' experiences can also be interpreted as development of professional empowerment. This is in line with what was found in a study of home care nurses and perceptions of empowerment. The researcher writes "Empowerment is having autonomy and resources to collaborate, trust and to communicate with health care providers and patients." (25 p. 145) One can also argue that this group of PHNs´ way of handling suicidal ideation might enhance the adolescents´ own resources for coping with life problems and that it eventually might support their feeling of empowerment. Tveiten (26 p. 27) states that empowerment is a process "…by which people, organizations and communities gain control over their own lives."

The empirical material revealed that the changes in attitudes probably resulted in fewer but more targeted referrals to specialists and thereby increased recognition of the PHNs among professionals. It seems that this led to more locally based interdisciplinary collaboration on suicide prevention activities. This is in line with what was found in a Norwegian evaluation of ASIST where it is expressed in this way: "…course participation leads to a strengthening of interdisciplinary collaboration and networking." (15 p. 19).

Increased proficiency in actions

The PHNs reported that they regard The Suicide Intervention Model (SIM) in ASIST (11) as a powerful and appropriate tool for diverse contexts and they regard it as very useful, not only when it involves suicidal problems, but also in many other challenging situations. The SIM is a communication model and there is reason to believe that this knowledge is transferable to conversations on topics other than suicidal ideation.

This need for tools is in accordance with what Andersson, Ose and Norvoll (8) found in their study, where the PHNs stated that they were in need of increased competency in encounters with adolescents who were suffering from self-harm, suicidal ideation and depression. In a survey of medical students who had received ASIST as part of the curriculum, the students reported that they had gained a tool that could be used in the clinical work (27). There is reason to believe that this also applies to PHNs. In an evaluation report of ASIST(Vivat) it is written in this way: "the course contributes to a perceived raised competence level among the participants" (15 p. 19).

Our findings revealed that the PHNs had developed their will and ability to use colleagues on all levels, and that they had started to play a role as active network operators. Suicidal ideation might be dangerous, but does not always require help from the specialized health care system. By acting in this way the PHN puts herself in the role of the "local gatekeeper". This handling of suicidal ideation and problems is supported by WHO (7). Gatekeeper training has been recommended in implementing an effective strategy to prevent suicide, but this strategy requires a functional referral system (28).

If our findings about fewer and more targeted referrals are valid, it implies that adolescents probably get the necessary help in their first encounter with the health care system. This is consistent with what Raingruber calls for in her research report about gaps in the service chain. She concludes that there is a need for "…a more collaborative and seamless way of recognizing and treating depressed and suicidal individuals." (29 p. 160).

Increased dialogue competency

The PHNs reported that they felt more able to meet adolescents in crisis, and to meet them with an open mind. The ability to act open-minded is crucial in meetings with potentially vulnerable and stigmatized youth. When it concerns establishing real communication and performing assessments of suicide ideation this is a necessary competency according to Herrestad & Larsen (24). The extreme mental pain and suffering following suicidal ideation are often spoken of as "psych ache". If the helpers are unable to grasp the youths´ need for acceptance and acknowledgement, then the result might be a feeling of hopelessness and rejection and even suicidal actions (30).

The PHNs also reported that they had improved their ability to support the youth´s inner strength. In combination with an increased willingness to act with an open mind, we interpreted this as improved dialogue competency. This way of meeting troubled adolescents can be experienced as validating their state of mind. It can also be regarded as respect for them as human beings, and as persons with the ability to help themselves. This is in line with what Tveiten & Knudsen (31 p. 339) found in their study of patients with chronic pain that; "the dialogue is very important related to aspects of control, demoralization and remoralization". We think that this finding can be applied to young persons with suicidal ideation. The result might be young persons emerging from of their difficulties with an increased sense of empowerment.

Conclusion

One may summarize that the PHNs in this study have enhanced their professional role in several areas. Significant competence has been added to their existing base of knowledge which has expanded their professional repertoire. The expansion is most evident when it concerns offering better, faster and more locally based assessment and help, and more targeted and less fragmented help for those who are in need of specialized care. This way of meeting youth with suicidal ideation can be regarded as the first step towards empowerment of both the PHNs and the adolescents, and a step away from helplessness.

This study includes information from 16 PHNs from various local communities. We cannot claim that our findings are valid beyond this group. However, since the health services in Norway are a public matter and ASIST is a standardized workshop, there is reason to believe that our findings to some extent can be transferred to similar communities. To follow up this study, we propose that several PHNs and their local partners participate in ASIST and that they are followed up with further research to see whether the findings we have arrived at may be found or replicated in other communities.

Accepted for publication 15.11.2012

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