

1. SOME FUNDAMENTAL PRINCIPLES, ASSUMPTIONS & BELIEFS OF SOLUTION FOCUSED WORKING

- The helper-helpee relationship is paramount
- Generally, people are good at constructing solutions to most of the problems of daily living
- “If it ain’t broke, don’t fix it”
- “If it works, do more of it”
- When people get stuck, it is usually because they are continuing to do what does not work. “So, do something different.....”
- Change is happening all the time
- There is no one “right way” of looking at things
- One small change in a person’s life can be amplified and can lead on to other changes being made
- No “problem” happens all the time. It is usually very helpful to find out exceptions to it or when it is less of a problem
- It is important to stay solution focused and not solution forced

Jhc.SFBT.handouts.basicprincs.150212

2. SUICIDE PREVENTION: THE PRINCIPAL SOLUTION FOCUSED TOOLS & TECHNIQUES USED

GRAVESIDE SCENARIO

GENERATION OF POSSIBILITIES

EXCEPTION FINDING

PAST SUCCESSES: PREVIOUS SITUATIONS DEALT WITH
SATISFACTORILY

MIRACLE QUESTION

WISE OLD YOU

DEATH BED SCENARIO

SCALING

RAPPORT BUILDING

GOING WITH THE CLIENT

PRESUPPOSITIONAL LANGUAGE

ENDING A SESSION

'THE FEELINGS TANK'

'THE 5 O'CLOCK RULE'

Jhc.suicide.Ts&Ts.OHP.120308

3. PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

SOME SAMPLE QUESTIONS TO ELICIT SUICIDAL IDEATION

1. "Seems like you are having quite a time of it at the moment?"
2. "When everything comes at once, sometimes it can seem to get on top of one?"
3. "At this point, how much more do you feel you can cope with?"
4. "How far is all this getting you down right now?"
5. "How often, recently, have you felt you are getting to the end of your tether?"
6. "I expect sometimes you feel you have had your lot?"
7. "At the moment, how far do you feel able to go on?"
8. "How close do you feel, right now, to ending your own life?"
9. "On a scale of 1-10 (where 1 is 'not at all well' and 10 is 'very well'), how do you feel you are doing at the moment?"
10. If you decided to go ahead with the last resort option (nb kill yourself/take your life):-
 - a) What method would you use? (i.e. pills, rope, razor blades, vacuum cleaner tube, firearms, etc.)
 - b) How prepared are you should you decide?

4. SOLUTION FOCUSED BRIEF THERAPY WORKSHOPS

PRESUPPOSITIONAL LANGUAGE

The use of pre-suppositional language as a use of indirect communication was one of Milton Erickson's major innovations.

Presuppositions are ways of talking that presume something without stating it directly: they are "implicit, unconscious suggestions."

Counsellors and therapists can use pre-suppositions to introduce change notions and expectations during the counselling or therapy session.

Some useful examples of pre-suppositional language are as follows:

1. "Which problem do you want to solve first, A or B?"
2. "When you have got through this time of difficulty, what other changes will you make in your life?"
3. "Tell me about a time when the problem was less of a problem."
4. "When you have had similar difficulties in the past, what strategy/ies did you use to solve them?"
5. T: "Tell me about a time when things were better."
C: "There have been none."
T: "So, you can't remember a time right now."
6. "Who will be the first to notice when you've cut back on your drinking?"
7. "What will be different in your life when therapy is successful?"
8. "When you are attending school on a more regular basis, what will be the main reasons for doing so?"
9. "How have you coped with things being worse?"
10. "When things are better again, how might you have got that to happen?"

(Please add your own...)

- 11.
- 12.
- 13.
- 14.

5. PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

PRESUPPOSITIONAL QUESTIONS

1. "What will be different in your life, when you are no longer suicidal?"
2. "When you've cracked this really low patch, how will your life be different?"
3. "When you are feeling just a little more optimistic, what thoughts about the future might you be having?"
4. "When you've got through this difficult time.....?"
5. "When you look back on this testing period in your life.....?"
6. "How have you coped with this situation up to now?"
7. "What has stopped you.....?"
8. "Apart from this last resort option, which of the other options do you think are worthy of a try first?"

Jhc Suicide PressupSuiQs Handouts 120417

6. PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

WHEN SOMEONE EXPRESSES SUICIDAL IDEAS:

10 KEY POINTS TO COVER

1. ALWAYS TAKE THEM SERIOUSLY
2. BE SINCERE AND GENUINE AS THEY ARE RELATING THEIR PAIN
3. SHOW DEEP EMPATHY
4. DON'T SHOW FEAR OF THE WORST-CASE SCENARIO
5. ACKNOWLEDGE AND VALIDATE FEELINGS AND THINKING
6. TOGETHER, GENERATE OTHER POSSIBILITIES
7. USE AS MUCH PRE-SUPPOSITIONAL LANGUAGE AS POSSIBLE
8. COMPLIMENT FOR BEING HERE NOW AND FOR TALKING IT THROUGH (AND ANYTHING ELSE WORTH COMPLIMENTING)
9. ENSURE THEY UNDERSTAND THEY ARE RESPONSIBLE
ULTIMATELY, FOR ANY DECISIONS THEY MAKE
10. SET EITHER A 'NOTICING', 'THINKING ABOUT' OR 'DOING' TASK
PRIOR TO YOUR NEXT APPOINTMENT OR SESSION

7. PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

SAMPLE QUESTIONS FOR THE SUICIDAL PERSON (ONCE SUICIDAL IDEATION HAS BEEN ESTABLISHED)

- 1) Tell me about a time in the last week when you felt least suicidal?
- 2) Before you were feeling as you do at the moment, what did you do in the day that interested you?
- 3) What has stopped you taking your life up to this point?
- 4) a) On a scale of 1-10, (where 1 stands for very suicidal and 10 stands for not at all), how suicidal do you feel right now?
b) On a scale of 1-10, (where 1 stands for very suicidal and 10 stands for not at all), how suicidal were you before you decided to seek help?
c) What would you be doing / thinking about / feeling to be another 1/2 point higher?
- 5) What have you done in the last week/ couple of weeks that has made a difference to this terrible situation you are in?
- 6) On a scale of 1-10, how determined are you to give other options (other than suicide) a try?
- 7) What would have to happen here today (i.e. in this counseling session), for you to think it was worthwhile coming?
- 8) Let us suppose you went for the last resort option and actually died. You are at your own funeral as a spirit looking down from about 10ft. at the mourners below:
 - a) What might you be thinking about another option you could have tried?
 - b) At this funeral, who would be most upset amongst the mourners? What advice would they have wanted to give you regarding other options?
- 9) Miracle question...
- 10) When was the last time (before this current time in your life) that you thought of ending it all?
- 11) What did you do then that made a difference and enabled you to pull yourself back?
- 12) Suicide is the last resort as we know: what other ways have you tried so far to crack this problem?

Jhc Suicide QuestionsEstab Handout 120417

8. SUICIDE PREVENTION WORKSHOPS SCRIPTED EXERCISE

You are in your mid 30's, your spouse/partner left you two days ago after six years of marriage/being together. The previous month a storm dislodged roof tiles and your bedroom got a soaking. There are buckets to catch the drips and you are still trying to eradicate the dampness. You lost your credit card two months ago and £3000 has gone from your account. You will not be reimbursed, say the bank, because you didn't report the loss of the credit card in time. You were not able to pay the electricity or phone bill recently and you are about to have both utilities cut off. You have no children, but you do have a pet cat with whom you feel close. Your family live away, but you do have a few friends who live locally. You are feeling quite desperate and thoughts of ending it all enter your mind daily.

9. PREVENTING SUICIDE WORKSHOPS

BEGINNING THE FIRST SESSION AND THE BUILDING OF RAPPORT

EXERCISE:

(Before exercise – read Scripted Exercise Sheet)

1. Welcome and Introduction
2. Explanation of how the service works (e.g. confidentiality, any notes taken, session length, frequency, etc)
3. Worker: “How can I be of help?”
4. Client: “I’ve had a few troubles recently; things that have happened, etc.”
5. Worker: (Either) “Tell me a bit more about what things are like for you, at the moment”;

(Or) “What sorts of things aren’t working out for you right now?”
6. Client: Describe the things that have been happening from your Script.
7. Worker: Use worksheet: ‘Some Sample Questions to Elicit Suicidal Ideation’, asking 2 or 3 from 1-9, then at an appropriate point, ask No.10.

As the exercise unfolds, it is important for the worker to:

- Acknowledge and validate feelings and compliment the client where appropriate;
- Remain optimistic and hopeful;
- Positively reframe any absolute statements used by the client.

10. SOLUTION FOCUSED BRIEF THERAPY WORKSHOPS

FAST FORWARDING THE DVD

GUIDELINES FOR EXERCISE IN THREES

1. Each triplet will consist of a helpee, helper and observer
2. Each time the helpee will state briefly the concern/complaint/difficulty to the helper (while the observer listens to and 'observes' them both)
3. Helper warns/asks permission to ask a strange question
4. Helper asks the Fast Forwarding the DVD question
5. When the helpee answers, helper asks subsidiary questions:
 - a. What else will we see?
 - b. What else?
 - c. What will you be doing differently?
 - d. What else will you be doing?
 - e. What different reactions might you see in those closest to you?
 - f. What else?
 - g. How will your thinking have changed?
 - h. How else?
6. After 8 minutes, observers, who were keeping a strict eye on time, describe to both helpee and helper what they observed, complimenting the helper as appropriate. (Take 2 minutes only for this part)
7. Change over for next person to take up helper role

SCALING THE DVD

GUIDELINES FOR EXERCISE IN THREES

1. Each triplet will consist of the same helpee, helper and observer, as above
2. Helper asks the 'link question' - "I'm wondering whether some of the things you've described on the TV monitor are happening already? Tell me about that"
3. Helper asks helpee: "On a scale of 1-10, where 10 stands for everything on the screen having happened, and 1 for nothing at all yet, where are you right now on this 1-10 scale?"
4. Helpee answers
5. The helper expresses interest at the number given; then asks: "What will be different when you are half a point higher?"; or, "What would you have to do to get to half a point further along?"
6. Take 5 minutes each for this exercise, including allowing time for observers to give feedback on the process, before letting the next person take up the helper role. Again, observers keep strict time on each occasion

a. PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

THE MIRACLE QUESTION (APAPTED) – AND SCALING IT

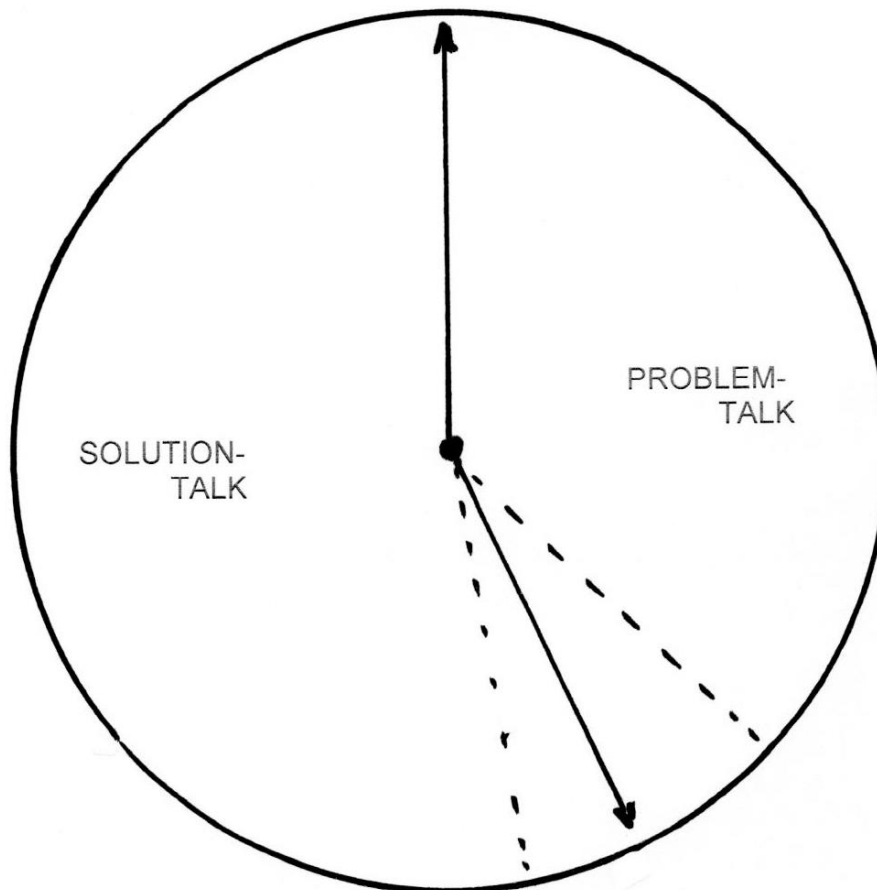
GUIDELINES FOR EXERCISE IN 3s

1. Each triplet will consist of a helper, helpee and observer
2. Each time the helpee will repeat briefly the concern/complain/difficulty to the helper (nb. The Role Play Script)
3. Helper asks permission to ask an unusual question
4. Helper asks the (adapted) miracle question
5. When the helpee answers, helper asks subsidiary questions:
 - a. What else?
 - b. And what else?
 - c. Who will be the first to notice that this miracle has happened?
 - d. What will they notice?
 - e. What might you do differently as a result of this miracle having happened?
6. I am wondering whether a little piece of this miracle (i.e. you are feeling slightly less suicidal) is happening already. Tell me about that.
7. Can I ask you another unusual question?
(helpee says yes)
8. Helper asks helpee: “On a scale of 1-10, where 10 stands for the miracle having happened (nb. all these suicidal feelings and ideas are gone); and 1 for the miracle having not happened at all, where are you right now on this 1-10 scale?”
9. The helper asks: “What would be different when you are half a point higher?”; or, “What would you have to do to get to half a point further on?”

Take 10 minutes for this exercise. After this time observers to give feedback on the process, before letting next person take the helper role. Again, observers keep time in each case.

12.

SOLUTION FOCUSED BRIEF THERAPY WORKSHOPS
'THE 5 O'CLOCK RULE' FOR FIRST SESSIONS



NOTES

1. 'Solution-talk' consists of things like: problem-free talk, strengths-based questions, exceptions, pre-session change, the miracle question, scaling, identification of small steps, etc.
2. 'Problem-talk' consists of what the nature of the problem is: its effects on the client's life, signs & symptoms, negativity, general difficulties, failed solutions, setbacks, etc.
3. The 2 sections in the diagram above are simply **overall proportions** of the 60-minute hour. It does **not** mean that the first 25 minutes consists only of 'problem-talk', i.e. the session may begin with problem-free talk. Also, as the client is outlining their problem story, the worker will be interrupting with strengths-based questions and asking for exceptions.
4. For 25 minutes of problem-talk is only a guide. It may be possible for it to be lessened (as in the diagram). It may be slightly more but, ideally, still less than 30 minutes; otherwise the client will be trained the wrong way.

13. SOLUTION FOCUSED BRIEF THERAPY WORKSHOPS

FAST FORWARDING THE DVD OF YOUR LIFE

“hypnosis without trance”

FAST FORWARDING THE DVD is used to:

- by-pass problem thinking
- create a context for setting (well formed) goals
- encourage expectations of change
- get information about how the client can make progress
- find out about client behaviours that will complete therapy

Fast Forwarding the DVD:-

“Just suppose, over there in the corner... (worker points to corner of room)... there is a TV monitor + DVD player... In the DVD tray, we have a DVD of your life... In my hand, I have a remote control... (worker demonstrates using mobile phone or some other object). We fast forward the DVD of your life to, say, 6 months' time... when things are sorted out... We press 'stop'... and then press 'play'... What will be the first thing we see on the TV monitor, that lets us know that your problem is solved?...”

...what else will we see?

...what else?

...what will you be doing differently?

...what else will you be doing?

...what different reactions might you see in those closest to you?

...what else?

...how will your thinking have changed?

...how else?

Some people find the fast forwarding the DVD question easier to use than others. Here are some ideas that have made it easier to use successfully:

- memorise it and write it down (So you don't dry up!)
- get comfortable with it. (Try it out on yourself!)
- ask it when you already have the client's attention
- ask it fairly slowly, checking the client is following it. (Watch for head nods!)
- be prepared for a change of pace
- be prepared for the client to slow down and be quiet
- be prepared to get several answers
- be prepared to wait a bit for useful answers
- ask follow-up questions about post DVD activities

14. Solution Focused Brief Therapy Workshops

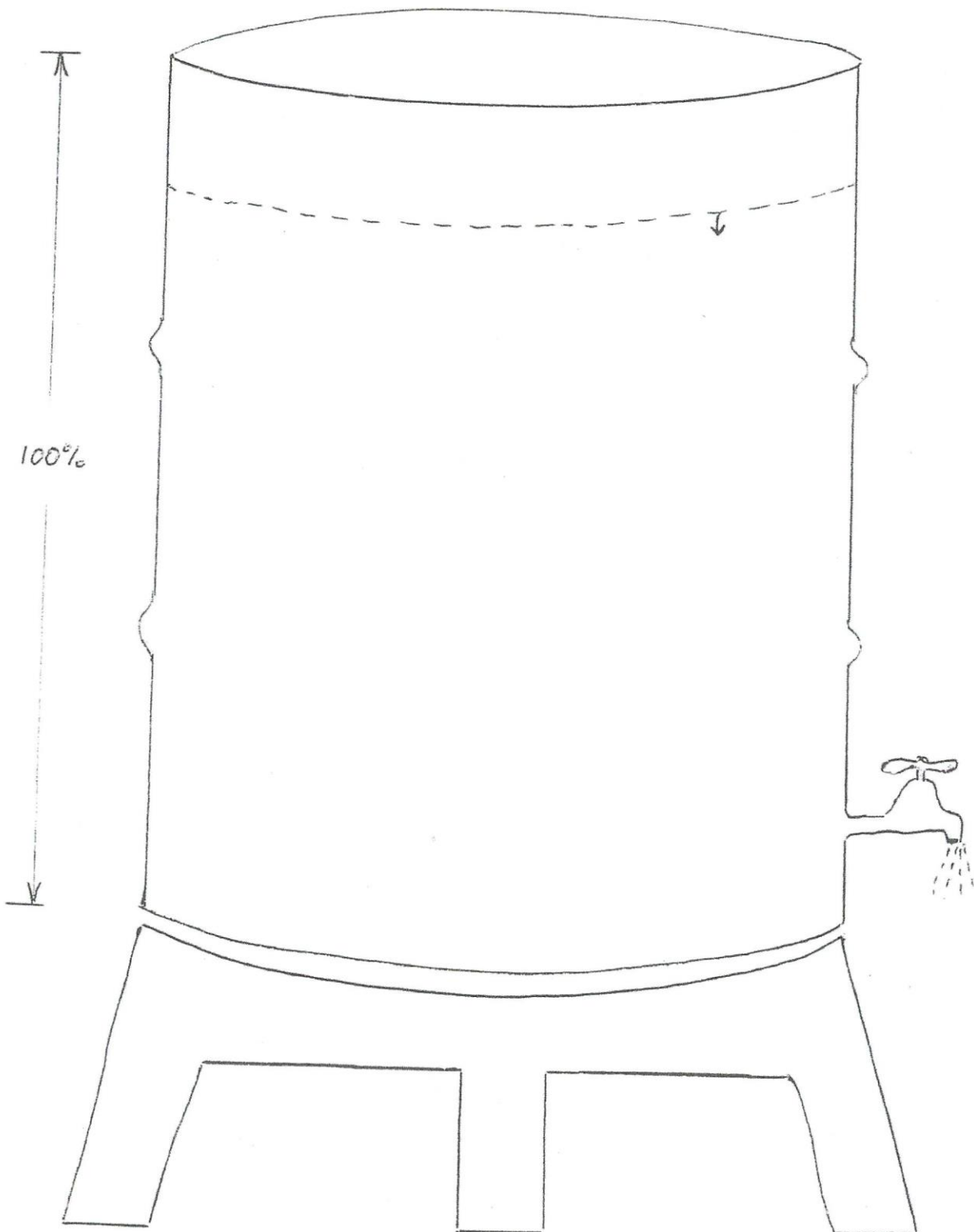
THE SOLUTION FOCUSED FEELINGS TANK

LIST OF NEGATIVE FEELINGS

Anger	Hate
Anguish	Helplessness
Anxiety	Hopelessness
Being Overwhelmed	Hurt
Betrayal	Low self-confidence
Confusion	Low self-worth
Demoralization	Misery
Depression	Powerlessness
Desire to be dead	Rage
Despair	Regret
Despondency	Sadness
Disappointment	Self-blame
Doubt	Shame
Embarrassment	Sorrow
Fear	Worry
Frustration	Worthlessness
Grief	
Guilt	

15.

THE SOLUTION FOCUSED 'FEELINGS TANK'



16.

PREVENTING SUICIDE WORKSHOPS

HOW CAN WE TELL WHETHER OR NOT SOMEONE IS SUICIDAL?

There are various ways in which we can tell whether someone is suicidal or not. These fall into either a verbal or a non-verbal & vocal category.

VERBAL

- Direct communication of intent
- Expressed feeling of hopelessness
- Inability to identify a future
- Expressed inability to change the situation; or not wanting to change it
- Reduced levels of verbal communication
- Description of previous self harming/suicide attempts
- A finality or definiteness in speech
- No verbal consideration expressed towards others (family/friends etc.)
- Clear statement of a plan, which is specific and carefully thought out
- Statements around having put (or continuing to put) all their affairs in order
- Having said some farewells to people
- Language content sounding very bleak and negative
- Sounding uncharacteristically or surprisingly joyful; an attitude which doesn't fit the facts

NON-VERBAL &/OR VOCAL

- Staring for long periods at a single spot
- Brief eye contact only
- When questioned, or challenged about self harming intent, incongruence between body language (especially eye contact) and the spoken reply
- Gradual withdrawal from people and situations
- Disengagement from services
- A sense that the service user is covering things up
- No enthusiasm or little expression of emotion
- An increase in self harming behaviour or risk-taking behaviour
- Neglecting self: appearance, personal hygiene, choice of clothing, etc.
- More self-centredness noticed
- A sense of silent, internal rage detected
- Changes in personal habits: i.e. increased alcohol consumption or storing of medication. Also, making unusual purchases: masking tape, cans/bottles of alcohol, knives, rope, etc.
- Staccato and/or flatness of speech
- Fidgeting and/or restlessness
- Communication become more philosophical in nature
- Slumped, resigned posture

17. PREVENTING SUICIDE - THE SOLUTION FOCUSED APPROACH FOUR TECHNIQUES

MIRACLE QUESTION (Adapted)

Just suppose when you go home tonight you go to bed.... go to sleep..... a miracle happens..... and all these strong suicidal feelings and ideas are gone. Only you won't know this miracle has happened, as you are asleep at the time... When you wake up in the morning.... what will let you know that the miracle has happened? What will be the first thing you will notice?

-What else?
-and what else? etc

GRAVESIDE SCENARIO

Just suppose you decided to take this last resort option before considering all the other possibilities. You are in the grave but your spirit is hovering 3 metres above looking down on the assembled crowd below.

- a) Who is there?
- b) Who is most upset?
- c) What advice would they have liked to have given you before you took the 'last resort' option?
- d) What would you be thinking of in terms of other options you could have tried?
- e) Who would throw some soil in first? - What might they be thinking as the soil hits the lid?
- f) As the guests walk away from the graveside/crematorium, who might say what to whom about how you might have sorted things differently?

DEATHBED SCENARIO (Adapted)

Let us suppose for one minute that you decided not to go for this last resort option and you lived to a ripe old age (say, 70, 80 or 90). You are looking back on your life as a person who survived this dark period and lived a purposeful and meaningful life. What would your life have been like?

(Some possible trigger questions):

What sort of things would you have done?
What people would you have known and met?
What new places might you have visited?
What sorts of holidays would you have had?
What other challenges in life might you have had to resolve?
How would you have allocated your time in retirement?
Where might you have seen the best sunrises and sunsets?

WISE OLD YOU (Adapted)

Just suppose you decided not to go ahead with this last resort option and you are much older and wiser than you are now, what advice would you give to you now, to solve this problem / get through this time of difficulty?