

PREVENTING SUICIDE: THE SOLUTION FOCUSED APPROACH

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2-DAY INTENSIVE WORKSHOP

Learning Outcomes/Training Objectives

At the end of the workshop, participants will:

- Have acknowledged their existing skill base and effectiveness when working with suicidal service users, and be keen to enhance that effectiveness

- Have a good grasp of the basic concepts of solutions approaches to the suicidal service user
- Feel more comfortable in their dealings with service users who want to talk about suicide as an option in dealing with their difficulties

- Be confident enough to apply at least three of the solution focused techniques learnt, to their current working practice, with immediate effect
- Appreciate the value and importance of optimism within themselves even when dealing with the most tragic of human circumstances confronting them

SCALING CONFIDENCE

- “On a scale of 1-10, how confident are you generally, about working with service users/clients, who are suicidal?”
- A) How come you are ‘y’ and not ‘x’?
- B) What would you have to do to move up just one half point along your scale?

**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

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

- RAPID RAPPORT BUILDING
- GOING WITH THE CLIENT
- GRAVESIDE SCENARIO
- GENERATION OF POSSIBILITIES

- EXCEPTION FINDING
- PRE-SESSION CHANGE
- PAST SUCCESSES: PREVIOUS SITUATIONS DEALT WITH SATISFACTORILY

- MIRACLE QUESTION
- WISE OLD YOU
- DEATH BED SCENARIO
- SCALING

- PRESUPPOSITIONAL LANGUAGE
- ‘THE S F FEELINGS TANK’
- ‘THE 5 O’CLOCK RULE’
- ENDING A SESSION

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 well 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 own 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?

PRESUPPOSITIONAL LANGUAGE

The use of presuppositional language as a way 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 presuppositions to introduce change notions and expectations during the counselling or therapy session.

Some useful examples of presuppositional language are as follows:

- “Which problem do you want to solve first, A or B?”
- “When you have got through this time of difficulty, what other changes will you make in your life?”
- “Tell me about a time when the problem was less of a problem.”
- “When you have had similar difficulties in the past, what strategy/ies did you use to solve them?”
- 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.”

- “Who will be the first to notice when you’ve cut back on your drinking?”
- “What will be different in your life when therapy is successful?”
- “When you are attending school on a more regular basis, what will be the main reasons for doing so?”
- “How have you coped with things being worse?”
- “When things are better again, how might you have got that to happen?”

**PRESUPPOSITIONAL QUESTIONS
SPECIFICALLY FOR USE WITH
SUICIDAL SERVICE USERS**

- “What will be different in your life, when you are no longer suicidal?”
- “When you’ve cracked this really low patch, how will your life be different?”
- “When you are feeling just a little more optimistic, what thoughts about the future might you be having?”
- “When you’ve got through this difficult time.....?”

- “When you look back on this testing period in your life.....?”
- “How have you coped with this situation up to now?”
- “What has stopped you.....?”
- Apart from this last resort option, which of the other options do you think are worthy of a try?” “Which of these will you try first?”

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 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

AVOID ACCEPTING ABSOLUTES (AAA)

SOME COMMON EXAMPLES OF ABSOLUTES:-

- “I have always been miserable and depressed”.
- “He/she never gives me any space”.
- “I am doomed to a life of hopelessness and despair”.

- “No-one has ever helped me before”.
- “I will never get over the shock of . . .etc”.
- “I am simply one hell of a hopeless case”.
- “There is no future for me and nothing you can do or say can tell me there is”.

- These absolutes may be positively reframed into presuppositional language and reflected back to the client in the following ways:
- “So you can’t remember a time when you’ve not been miserable and depressed”.
- “It seems at the moment he/she never gives you any space”.
- “Right now you’re feeling you are doomed to a life of hopelessness and despair”.

- “As far as you can recall, it seems that the help up to now hasn’t been that useful to you”.
- “At the moment it seems that you won’t ever get over the shock of . . .”.
- “You’re feeling at this point in time that you are simply one hell of a hopeless case”.
- “Right now, you can’t see that I can be helpful to you”.

EXCEPTION FINDING QUESTIONS:

There is always an exception

Some examples for the suicidal:

1. Tell me about a time over the past few days/weeks when you have felt least suicidal?
 - What was happening at that time to give you even the tiniest morsel of hope?
 - How come?
 - What were you doing/thinking about differently?
 - What were others close to you noticing about you at that time?

PURPOSE OF EXCEPTION FINDING QS:

- Shows client it is not 100% bad 100% of the time
- Lets client know that you expect there to be better times
- Shows client there are times for hope

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 first?

- 7) What would have to happen here today (ie 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 instead?
 - 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?

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.

IN WORKBOOK

P 15-16: Ask 1 or 2 from Qs 1-9;
then Ask Q10

P 5-6

P12: (Ask these Qs, but **NOT** 4, 8 & 9)

MIRACLE QUESTION (Adapted)

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

- What else?
- And what else?
- Who would be the first to notice you were different?
- What will they notice?
- And what else?
- As a result of this miracle having happened, what might you do or think differently as a result?

THE TRIPLE TWINS OF SF SUCCESS

- Patience & Persistence
- Hope & Optimism
- Curiosity & Creativity

EXERCISE (in 4s)

Compare examples of either your persistence and patience; or your hope and optimism; or your curiosity & creativity (or all 6 of these) paying off with a particular client, over the past year or two.

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?

Purpose of the exercise:

- Looking for clues for ways to make progress
- Client generates other possibilities for solution building
- Begins to reconnect them with family, friends and acquaintances
- Shows we are taking client very seriously
- Looking for areas to be more hopeful or optimistic about

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?”

WORKSHOP ENDS

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