



SUICIDE INTERVENTION INFORMATION

I. VITAL QUESTIONS TO ASK OF A POTENTIAL SUICIDAL CLIENT

- ✓ Have your problems been getting you down so much lately that you've been thinking about harming yourself?
- ✓ How would you harm yourself?
- ✓ Do you have the means available?
- ✓ Have you ever-attempted suicide?
- ✓ What has been keeping you alive so far?
- ✓ On a scale from 1 – 10 (with 1 being not likely and 10 being that you will take action) where do you feel you are with killing yourself?
- ✓ What do you think that the future holds in store for you?

II. HOW TO RESPOND TO SUICIDAL RISK IN PERSON OR ON THE TELEPHONE

A. Establish a Relationship with the Person

1. Quickly reinforce the person for having called or confided in you.
2. Be accepting, non-judgmental; warm, friendly, and supportive.
3. Exude confidence and concern.
4. Let the person know how good you are at this type of work.
5. If it's a telephone call, get as much identifying information as possible and find out specifically where the person is, address and phone number etc.

B. Assess the Degree of Risk

1. Ask for the specific details of the plan, determine availability of the method and assess how lethal the proposed method is.
2. If it's an emergency:
 - a. Act decisively and with determination.
 - b. Try to get the person to discard the lethal implement, but don't attempt to physically restrain someone with a gun or a knife.
 - c. Never leave a suicidal person alone until help is obtained.
 - d. If it's a telephone call, obtain the help of paramedics or the police.
 - e. If necessary, file 229 Committal papers.
3. If it is not an emergency, follow the steps below.

C. Identify the Person's Major Problems

Try to identify the person's immediate problems, but don't dwell on them. Bear in mind that the person is probably confused and may not truly understand what his/her problems are. In other words, he may think that he knows, but his/her perceptions may not reflect reality.

D. Assess the Person's Resources

1. Determine who the “significant other” is, if that individual can be located, and if he/she will be helpful or hostile.
2. Ask about previously successful coping strategies.
3. Are there friends, relatives, or neighbors who might be helpful?
4. Find out what it is that is still meaningful to the person, (i.e., what has been keeping him/her alive all of these years? Why hasn't he/she killed himself before now?). Whatever the “silver lining” to the cloud is, continually stress its importance. Accentuate the positive.

E. Mobilize the Person's Resources

1. Surround the suicidal person with a wall of support by getting as many people involved as possible, especially professionals.
 - a. If the “significant other” isn't hostile, get that person involved.
 - b. If the person is religiously oriented, get the clergy involved.
 - c. If the person is in therapy or has recently been in therapy, try to get the therapist involved.
 - d. Solicit the assistance of family, friends, and neighbors if they are close to the suicidal person.
 - e. Alert the family physician or mental health care provider if client will sign a release of information form.
 - f. Make a ‘no self-harm contract’ with the client.
2. Make a specific appointment for the person at the nearest mental health center(with client permission).
 - a. Doing so will give the person something specific to cling to in the future and HOPE is always in the future. We want to reorient the person toward the future.
 - b. Be certain that the appointment is kept if the appointment is immediate. If necessary, drive the person to the mental health center. If the appointment is in the future only follow up if the client signs a release of information form permitting such follow up.
3. In order to make other calls to gather and mobilize the suicidal person's resources; you may have to end your conversation with him/her. If so, be certain that he/she understands why you need to end the telephone call and that you will call him/her back shortly after you have obtained the requisite assistance.
4. Always follow through to be certain that help actually reaches the suicidal person.

III. THE DO'S OF SUICIDE INTERVENTION

- A. Always try to take a positive approach by emphasizing the person's most desirable alternatives.
- B. Try to sound calm and understanding.
- C. Use constructive questions to help to separate and define the person's problems and to remove some of his/her confusion.
- D. To help the person to understand her/his situation, rephrase important thoughts and restate them by saying: “In other words, you feel...”
- E. Mention the person's family as a source of strength, but if he rejects that idea, back off quickly.
- F. Emphasize the temporary nature of the person's problems. Explain how crisis will pass in time and therefore suicide would be a permanent solution of a problem that is only temporary.

IV. THE DON'TS OF SUICIDE INTERVENTION

- A. Don't sound shocked by anything the person tells you.
- B. Don't stress the shock and embarrassment that the suicide would be to his/her family before you are certain that isn't exactly what he/she hopes to accomplish.
- C. Don't engage in a debate with the suicidal person because you may not only lose the debate, but also the person.