



Responding to People Experiencing Suicidal Thoughts

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Externalisation

- Creating a distance between the person and the problem
- Can look at the tactics of the problem
- Reduces self-blame and hopelessness
 - Makes options visible
- Reduces labelling
 - Recognises that people have many skills and knowledges, rather than being defined by the problem.
- If current situation doesn't fit with hopes and values, then there is possibility for change.

Maps of Narrative Practice (White M, 2007)

The Impact of Suicidal Thoughts on Identity

- Tells the person negative things about themselves
- Attacks their motives
- Attacks their values
- Attacks their hopes
- Brings in doubt about other people's motives (separates them from possible support)

Noticing the Context and Deconstructing Negative Identity Conclusions

- Assisting people to recognise the context of the problem helps people to see that there are reasons these negative thoughts, sadness or suicidal thoughts are around
- Makes power relations and social constraints visible (eg. Housing issues)
- Deconstructing dominant ideas calls the truth status into question
- Reduces shame
- Reduces impact of labelling
- Opens possibility to address these concerns

- Michael White's work was influenced by the work of Derrida and Foucault

Tactics of Suicidal Thoughts

- What does the problem require to sustain itself?
- How does it work?
- How does it undermine the person's identity?
 - - What does it get them thinking about themselves?
 - - What does it get other people thinking or saying about the person?

This was a key change in thinking that Michael White and David Epston brought with narrative therapy to the field of family therapy - not 'How does the problem serve the person or the system?'

(Narrative Means to Therapeutic Ends: White and Epston, 1990)

Some possible tactics:

- Convince the person they are worthless
- Convince the person there is no hope that the situation will improve
- Convince the person they deserve to die
- Convince the person that those they love would be better off without them –they can make the ultimate sacrifice
- Silence the person by separating them from their support team:
- Convince the person others can't be trusted/undermine support team
- Convince the person that others hate them or find their problems annoying or that they don't understand

Documenting Skills

- Captures ideas from sessions that might otherwise be lost
- Another deliberate noticing of people's skills and knowledges
- Another layer of acknowledgement and an authenticating power
- Can be accessed when we are not available
- Living documents/archives/collective documents – less alone, more connected

Building a Support Team

- ‘Who knows something about you that is different to what the suicidal thoughts are saying?’
- ‘What might _____ say about this harsh attack on you?’
- ‘If you took a guess, what might _____ tell me about your skills or your values that the suicidal thoughts are overlooking?’
- ‘What story might _____ tell me about (your skills as a mother; your care for others)?’
- ‘Who in your life knows how hard you are struggling to live, and is supportive of you?’
- ‘What might _____ notice about your skills in getting through hard times?’

Building a Support Team

- ‘If _____ was here right now what might he/she be noticing in this conversation?’
- ‘What support might _____ offer to you in the dark times?’
- ‘What support would you like or need at those times?’
- ‘How would you let someone on your support team know you wanted or needed this help?’
- ‘Would different people have different roles?’
- Can be people alive or passed away, a toy, a pet, a favourite book/movie character

Collaboratively assessing safety

‘What have the thoughts been saying?’

‘What have the thoughts been getting you doing?’
(Isolating from friends; inviting carelessness when driving; buying tablets)

‘How strong would you rate these thoughts?’

- ‘Life is too hard. I want to escape.’
- ‘Maybe dying is an option.’
- ‘You could kill yourself and this is how you could do it.’
- ‘Do it now!’

Immediate physical needs

Hard to think clearly if sleep deprived or body is starving

- ‘Did you sleep last night? Do you need a rest right now?’
- ‘Have you eaten? Can I get you something to eat or a drink of water or tea?’

Activate Support Team

- Establish limits of confidentiality in first session
- Ask for phone number of preferred contact in a crisis eg. GP, partner, Mental Health worker
- Ring preferred contact or Mental Health team together and arrange a visit for that day (if needed)
- Discuss who person could tell about dark thoughts
- Make plans for meeting a friend
- 24hr support numbers
- Re-membering conversations (See ‘Maps of Narrative Practice’. White, M. 2007)

Revise Skills for Getting Through

- Print list of skills onto little card and laminate for wallet
- Write a quick list
- When there is time, write a more detailed document together

End of Session

- ‘As we’ve discussed your skills in getting through, what stands out to you from this conversation?’ (‘I’ve come through worse than this.’ ‘I know this will pass, and I can get through it.’ ‘I’m pretty strong and I know what to do to ignore the negative thoughts.’)
- ‘How are you feeling now? Is it okay if we finish in a few minutes?’
- ‘What thought might you hold on to from today’s conversation if the dark thoughts have another go at you?’