

Suicide Exploration: Approaching suicide from a dialogic position

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Josh

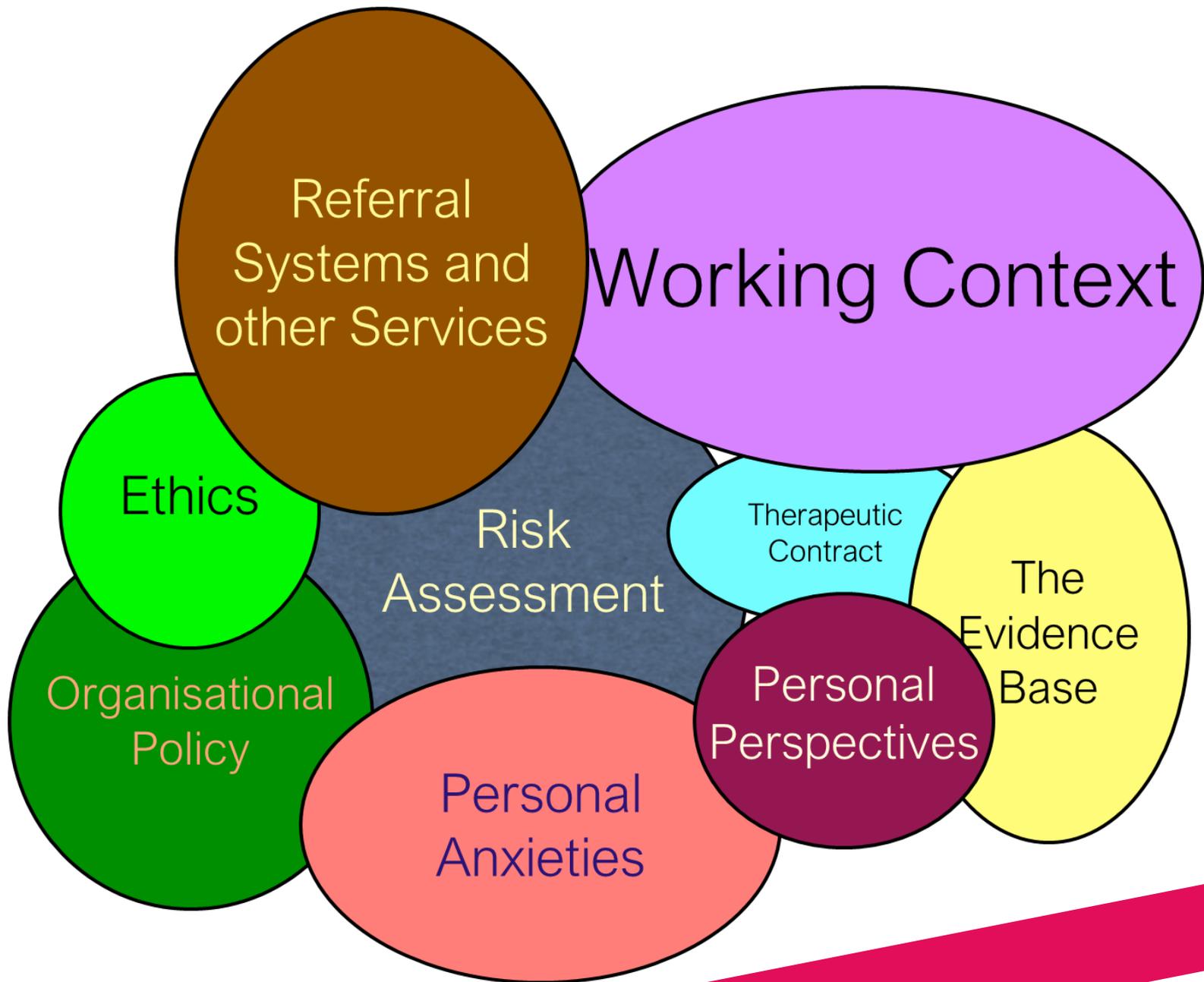
Josh is a 21 year old student

He attends counselling on the recommendation
of his GP

He has been struggling with depression for a
while

He experienced a traumatic bereavement: the
death of his father

He has suicidal thoughts, and wants to “be
with” his father



Risk Assessment

Risk assessment is generally about determining the likelihood or otherwise of an undesired event happening, such as suicide

Institutions are driven by a need to assess risk with a view that it will clearly determine the likelihood of outcome

We are expected to make use of accepted knowledge to inform our assessment of risk, primarily drawing on risk factors

While risk assessment is only one part of a process of working with risk, increasingly there is a tendency for it to be both the starting, and ending point in working with suicide potential - the only thing that counts

Suicide Assessment

A risk assessment with Josh might show that:

He is a young male

He has experienced traumatic loss

He has become socially isolated

He is losing a sense of meaning in his life

He appears to have 'capacity'

He has suicidal ideation

He cannot identify any protective factors

He feels hopeless

Working context

Where we work will influence our approach quite significantly:

Empirical and anecdotal evidence suggests significant increases in numbers accessing student counselling services

High risk students increasingly the 'norm' in services

Institutional anxiety about suicide can create enormous pressure on services to 'get it right' - zero tolerance

The therapy perspective is often overridden by the science of assessment and 'risk registers'

We can't unknow what we know - processes must reflect information

Personal anxieties

We can struggle in a number of ways:

We actively avoid asking about suicide

We undermine the importance of our relationship

We can be too quick to be reassured about apparent improvement

We assume clients will experience exploration as clumsy or insensitive

We too can feel overwhelmed or hopeless

'What we don't know can't hurt us'

We can allow the client's ambivalence to contribute to an early ending of therapy.

Personal perspective

Can we really leave 'ourselves' at the door as it is claimed we can:

We will have our own perspectives on suicide informed by a number of factors, such as:

- Faith and spirituality
- Our own experiences of having been suicidal, or in our family
- The death through suicide of those around us, both personally and professionally
- Music we listen to
- Films we watch
- Books we read
- News reports... and so on

All will be present in the process with our clients.

Therapeutic contract

What we agree informs all we then do:

“What we discuss is confidential between you and the Service, unless I have concerns about your own, or someone else’s immediate safety, in which case I may need to discuss my concerns with someone else”

Important that we do what we say we will do

Important that we are competent to do what we say we will do

Important that what we do, we do collaboratively, wherever possible

The evidence base

Plethora of research into suicide risk factors

Extensive number of risk assessment tools: questionnaires, multiple-choice, inventories, schedules, and so on...

Comfort in the 'application of science' to the human condition

Institutions and individuals drawn to a relief of certainty

Yet, no tool exists that provides proven predictive value for suicide potential in the individual. We have to remember to talk.

The bad news

Large et al. (2016) assert from their meta-analysis that 95% of high risk patients do not die through suicide.

They additionally state that “... we found no evidence that the statistical strength of suicide risk assessment has improved over time.” (p.12)

The good news

Such risk assessment tools can be useful low level indications of potential, can be used to help inform a dialogic approach to risk...

... and can help institutions feel as if they are doing something useful...

Wellbeing and Therapy

Therapy in colleges and universities has, in many ways, led the way in collaborative working and retaining ethical practice within an embedded philosophy

We are at a crossroads where counselling needs to clarify its relationship with wellbeing: retaining the importance of wellbeing interventions while, at the same time, differentiating the value of a specific therapy intervention

Institution-wide approaches to mental health need embedded counselling services: a preventative wellbeing intervention does not, in itself, provide what a student already in distress requires

Organisational Policy

For the client? For the counsellor? For the organisation?

Good organisational policy always begins with the wellbeing of the client, developing best practice options to support risk

Unacknowledged organisational anxiety, or risk-averse organisations however, run the risk of developing policies to distance themselves from risk

Therapy will always involve aspects of positive risk-taking, otherwise the principle of confidentiality will always be undermined

Good policy always needs to speak of the uncertainty in working with suicide potential

A Search for certainty

If we cannot easily find certainty in 'science', we often look towards our ethical frameworks for the answer.

We can feel frustrated when we don't find the certainty we seek:

We will give careful consideration to how we manage situations when protecting clients or others from serious harm or when compliance with the law may require overriding a client's explicit wishes or breaching their confidentiality (p. 17)

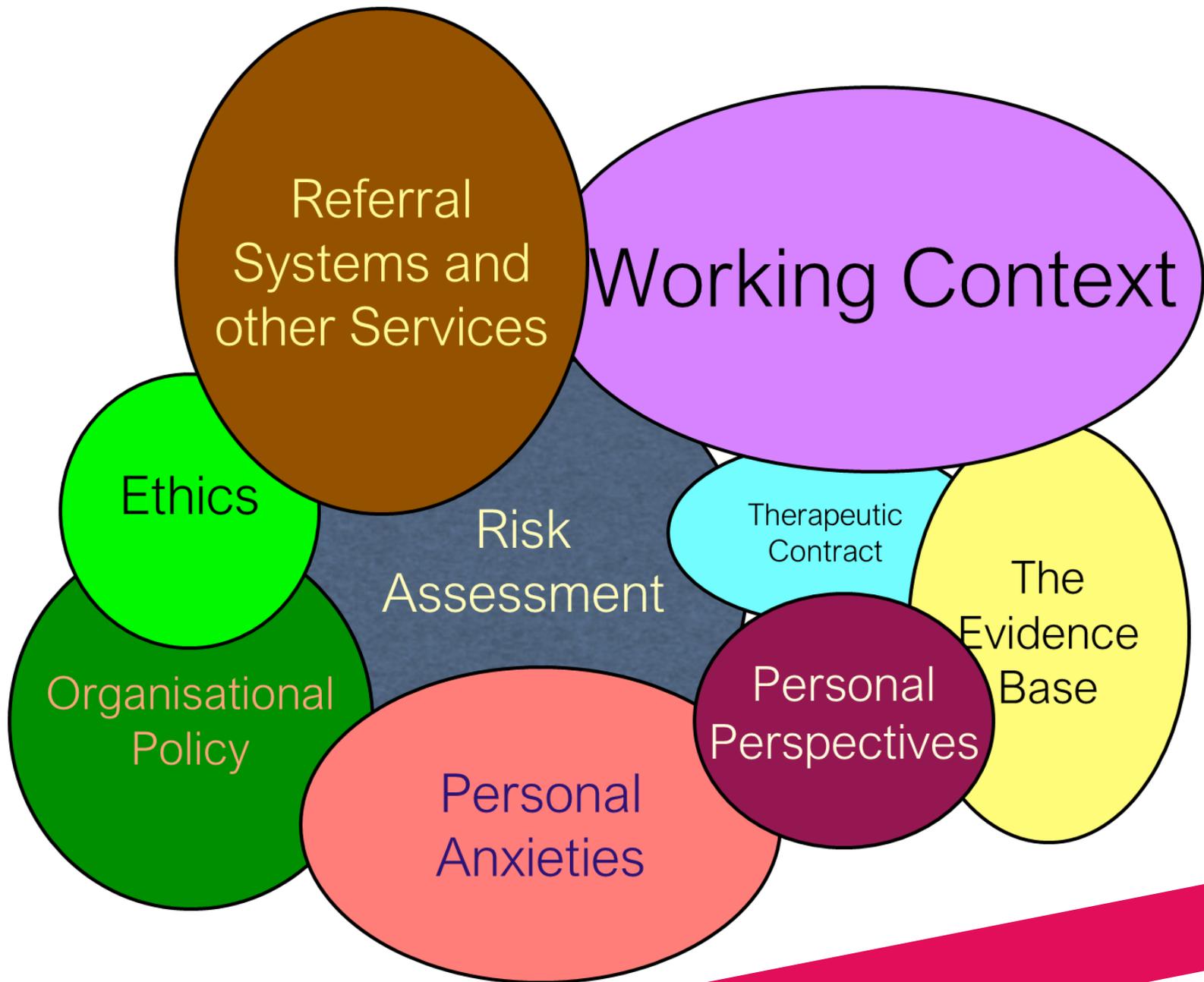
In exceptional circumstances, the need to safeguard our clients or others from serious harm may require us to override our commitment to making our client's wishes and confidentiality our primary concern. We may need to act in ways that will support any investigations or actions necessary to prevent serious harm to our clients or others. In such circumstances, we will do our best to respect the parts of our client's wishes or confidences that do not need to be overridden in order to prevent serious harm. (p. 17)

We will work with our clients on the basis of their informed consent and agreement. (p. 21)

BACP Ethical Framework (2018)

A bit of a tangle

Working with suicide risk can result in a bit of a therapeutic tangle, with the counsellor trying to gather information and make the 'right' decision in the face of institutional pressure, and the client left frightened, uncertain and not understood.



“...our best route to understanding suicide is not through the study of the structure of the brain, nor the study of social statistics, nor the study of mental diseases, but directly through the study of human emotions described... in the words of the suicidal person. The most important question to a potentially suicidal person is not an inquiry about family history or laboratory tests of blood or spinal fluid, but “where do you hurt?” and “how can I help you?”

Shneidman, 1998

Suicide exploration

Exploring suicide potential:

Provides an opportunity to really hear the pain or anguish of the client

Provides a therapeutic opportunity to increase insight and awareness

Creates the best opportunity to help the client help themselves. After all, it is them, and not us, who will keep them alive

Ensures the information we receive is three-, rather than two-dimensional - contextually relevant and meaningful

Allows the opportunity to consider future support options, while still privileging the therapeutic relationship

Suicide assessment

A factor-based assessment with Josh will show that:

- He is a young male
- He has experienced traumatic loss
- He has become socially isolated
- He is losing a sense of meaning in his life
- He appears to have 'capacity'
- He has suicidal ideation, with some generalised plans
- He cannot identify any protective factors
- He feels hopeless

Suicide exploration

A therapeutic exploration with Josh might show that:

- He feels lost
- He doesn't know what to do
- He is grieving
- He longs to be with his father
- He doesn't know how to talk to people about his feelings
- He cannot really explain how he has not acted on his suicidal thoughts
- He is willing to talk with the counsellor and be honest

Meeting client suicidality

The things that sit 'around' working with suicide risk, such as the evidence-base, working context, the contract, policies and procedures etc are important and need to be incorporated into our work

Ethics will never provide definitive answers, but need to be engaged with to help structure and inform our thinking

Risk assessment tools can open doors, but will not (and cannot) ever really give insight into the client's despairing world

We need to remember that working with suicidal potential is always a relational process, and not a procedural one

Meeting client suicidality

Too many referral systems are structured to identify risk factors, without determining protective factors, the meaning of those factors, nor the actuality of risk from the client's perspective

Once we have identified risk factors, it is an imperative (particularly in a positivist, increasingly litigious culture) that we do something with that information

Otherwise, waiting list management and allocation decisions will inevitably be increasingly driven by two-dimensional information

We, and are clients, will best understand suicidality by being brave enough to go to the most difficult place

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1 Column (Yellow Stripe) layout

Use the Increase/Decrease List Level buttons to style text correctly.

This slide can be used when conveying a body of text or perhaps a quote. We ask you to be conscious of the number of words used on each slide and recommend no more than 100.

'When I was 5 years old, my mother always told me that happiness was the key to life. When I went to school, they asked me what I wanted to be when I grew up. I wrote down 'happy'. They told me I didn't understand the assignment, and I told them they didn't understand life.'

John Lennon

2 Column (Yellow Stripe) layout

title text can run over two lines

Body copy style (Level 2). **Use the Increase/Decrease List Level buttons to style text correctly.**

Very similar to the full width (plain text) slide but text is placed across two boxes. Animation can be added to each box if desired.

Once again, we would recommend maintaining the principle of no more the 100 words per slide.

This slide may be useful when highlighting two specific but related points.

Subheading style (Level 1)

Body copy style (Level 2). Litibea non consedis seque vendendis solorrone nos ut audae. Ita consequere laborrorum lam reptis quae veliqua sperehent et ut a dellorum eius, secuscil ium nist, quas ut is poris.

- Bullet 1 style (Level 3)
- Bullet 1 style (Level 3)

Bullet 2 style (Level 4)

Bullet 2 style (Level 4)

Small quote style (Level 5)

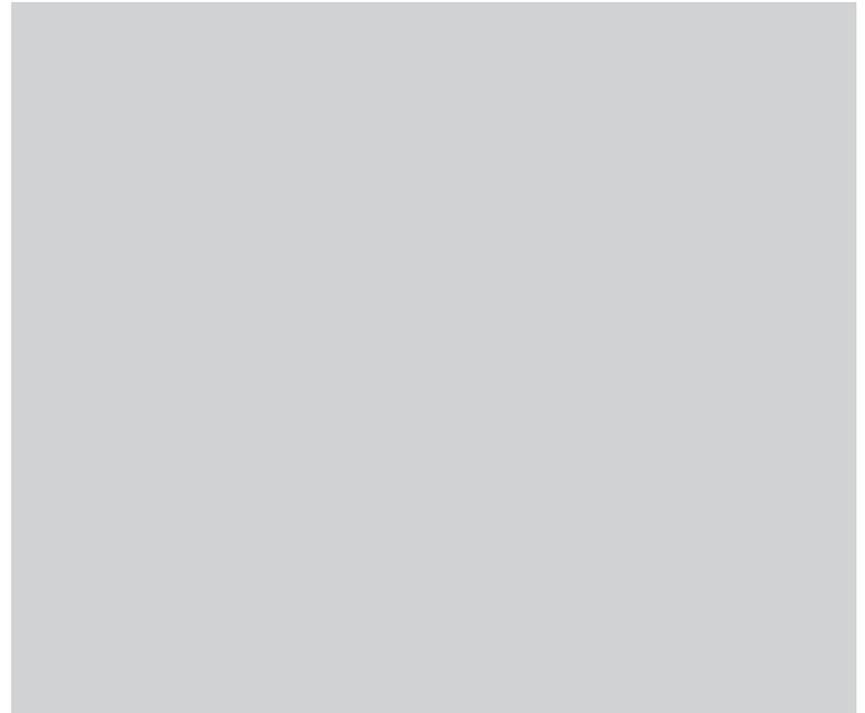
“Eestibus daesenis reпти imossi apita coreperes eatur, culparu mquibus excerun tiataqu ibearum alitiusdae verepud itatis es quis.”

2 Column (Pink Stripe) layout

This slide can be used when conveying a body of text along with an image. Click on the Picture icon (right) to add an image.

Litibea non consedis seque vendendis solorrore nos ut audae. Ita consequelaborrorum lam reptis quae veliqua sperehent et ut a dellorum eius, secuscilium nist, quas ut is poris rero.

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1 Column (Yellow Stripe) layout

- Bullet 1 style (Level 3)
- This slide is ideal when bullet points are required.
- We would suggest no more than five bullets per column.
- Text should not exceed 100 words.

2 Column (Yellow Stripe) layout

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2 Column (Pink Stripe) layout

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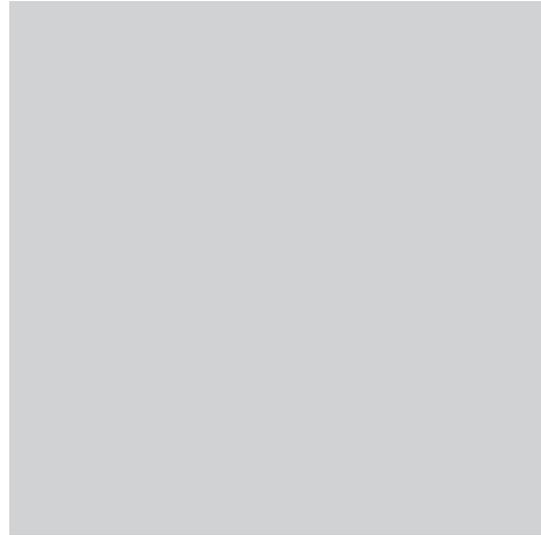
- Bullet 1 style (Level 3)
- Click on the Picture icon (right) to add an image.
- This slide is ideal when bullet points are required.
- We would suggest no more than five bullets per column.
- Text should not exceed 100 words.

3 Column Image layout

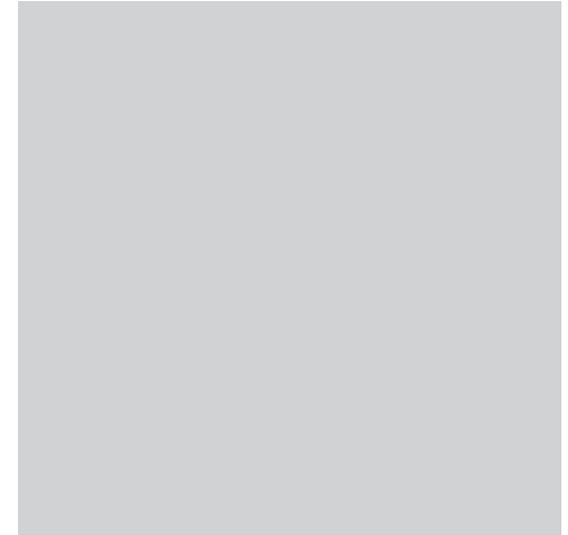


Slide could be used to highlight three separate but related points.

We recommend a maximum of 25 words per box.



Could be used as an alternative to three bullet points and including a relevant image for each point.



Litibea non consedis seque vendendis solorrore nos ut audae. Ita consequelaborrorum lam reptis quae veliqua sperehent et ut.

Inserting background image

These instructions have been generated for PowerPoint 2010, so they may vary slightly for newer versions.

- Right click the slide background
- Click Format Background
- Select Picture or texture Fill from the fill menu
- Click the Insert from File button
- Browse your computer to the picture you require. Select and then click Insert

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Inserting a video

These instructions have been generated for PowerPoint 2010, so they may vary slightly for newer versions.

From File:

- Click on the icon (right)
- Browse your computer to the video you require. Select and then click Insert

Video from Web Site

- Click on the media placeholder
- Click on the Insert tab, then the Video dropdown menu and select Video from Web Site
- Copy and paste the embed code into the box

ENSURE THIS INSTRUCTION IS DELETED

Questions?

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Thank you

Contact details

Name

Title

Telephone

Email