

The ten most common errors of suicide interventionists

1. Superficial reassurance	Seeking immediate positives which dismiss the client's feelings e.g. "you'll meet someone new in not time"
2. Avoiding strong feelings	Always empathise first; acknowledge, don't shy away from pain e.g. "with everything you're feeling it sounds overwhelming"
3. Professionalism as a barrier	Insulating yourself from your own fear, and the client, by reinforcing your role/title not their needs or feelings, or your shared humanity e.g. "I'm a counsellor, you can talk to me" vs. "It seems like you feel very alone, thank you for sharing this with me"
4. Inadequate assessment	Avoiding looking at allusions or indirect expressions of despair or suicidal thinking; e.g. "I want to not care at all..." e.g. "It would be nice to feel better" vs. "You sound very tired, I'm wondering if you want to escape, and what that might mean?"
5. Not recognising precipitating events	Explore what has happened recently to 'step up' their feelings. What has changed, and when, and how long have they felt this way? Clients are likely to have ultimate, black and white thinking e.g. "life isn't worth living without him..." but some change will have led to the suicidal thinking becoming more fully realised. This can be a perceptual trigger or event.
6. Passivity	It is frightening to think that your actions might cause harm or fail the client, leading to their death, but inaction; including not acknowledging the pain, the thought and not being fully present with the client, is more dangerous. Be focussed, direct, and open. Take the client seriously
7. Insufficient Directiveness	Seek a contract with the client, verbal or written, for them to attend again in a week or x days, and to contact you or your office or the Samaritans if they actively/immediately intend to commit suicide
8. Advice Giving	Your instinct may be to seek positives, goals or actions, BUT look first at their 'reality' start with empathy and be alongside them to encourage them to come into your 'reality' where life is an option for them
9. Stereotypic responses	Focus on the individual, not the factors which may contribute to them feelings suicidal; avoid statements based on their age, gender, ethnicity etc. e.g. "a lot of people your age and without a job feel suicidal"
10. Defensiveness	Accept that anger and rejection is not about you! Use open-ended inquiry to address their feelings towards you, they may project onto you their feelings that the world is against them e.g. "does it seem like I don't understand you?" Use Disarming statements to be open about their fears; e.g. "You're right, this can only work if you trust me"