Index

Introductory Notes: **Bold** page numbers indicate Figures and Tables. Abbreviations used: CBT for Cognitive- Behavioural Therapy; DBT for Dialectic Behaviour Therapy; HG for Human Givens Therapy; REBT for Rational Emotive Behaviour Therapy; SFBT for Solution Focused Brief Therapy; TA for Transactional Analysis.

1–10 Scale  87, **88**, 89
5 'o'clock rule  **82**, 83

A&E Departments  20–1, 249, 254, 255
ABC model of REBT  63
acceptance  **116**, **118**
access points for the suicidal  254–5
accurate empathy  10, 197
acknowledgement  93–4, 100
during first 10 minutes  119–20
action, taking  73–4
active listening  200, 202
‘affairs in order’ statements  127
AISRAP (Australian Institute for Suicide Prevention and Research)  222–3
alcohol consumption
  Finland  224, 225

Irish people  230
Russians  236
alcohol misuse  212–13
ambition of ‘zero suicides’  248–9, 250
ambivalence of suicidal people  189–90, 208–9
anger-suicide link  56
anger tank  148–9
anti-depressants  37, 41–3, 250, 258
appearance, lack of attention to  129
ASIST (Applied Suicide Intervention Skills Training)  126, 143
assertiveness training  56
assessment
  Connecting with People tool  185–6
  importance of thorough  193–7
  inadequacy of  21, 188
of level of intent 37–8
risk assessment 32–8, 187, 190, 192
of suicidal thoughts 191
assumptions of SFBT 75, 76–8
‘attempted suicide’, defined 25
attitudes of practitioner 191–3
Australia 222–4
awareness
dual awareness exercise 157
public, promoting 230, 249, 253
of risk factors 36–7
WHO objective 17
‘awfulising’ 63
‘baby steps’ 149–50
Beck, Aaron 53–4
Beck Hopelessness Scale (BHS) 53, 54
Belgium 243
beliefs
REBT 63–4
SFBT 75
Beyond Blue 224
bio-social theory, Linehan 60–1
blame for suicide 208–13
blinkered thinking 51, 61, 121, 205
body language 114, 117, 125, 127–8, 190
bridging statements 104, 206
Canada 217–21
case examples
basic assumptions 76–7
goals 84
quick rapport 124–5
reverse psychology 95–6
scaling tool 90, 91
use of metaphor 96–7
case study 152–74
case vignettes 175–84
‘catastrophising’ 63
change
in actions, thoughts and feelings 73–4
in the doing or the viewing of the problem 73
effects of making small 76–7
pre-session 72, 76, 135–6
solution focused theory of 71–2
child abuse, link to self-harm 28
China 243–4
classification of suicidal thoughts 194–5
client-centred approaches 9, 52–3
client language 98
client ‘radar’ 113–14
clients, blame of 210–11
clinical depression, defined 26
clues and keys to client’s solution building 72, 98–100, 107
questions to ask 132–9
cognitive behavioural therapy (CBT) 53–7, 242
‘cognitive constriction’ 51, 61
cognitive restructuring 55
Cole-King, Alys 10, 12, 21, 202, 221
Connecting with People 185–98
communication styles, transactional analysis 65–6
community institutions 47
compassionate care 10, 186, 189–91, 192, 196
complimenting 93
beginning intervention with 102–3
when finishing a call 206
confidence 121–2
scaling 90
Connecting for Life, prevention strategy, Ireland 230
Connecting with People, social enterprise 185–6, 253
challenge of suicide 186–7
compassion 189–91
lack of necessary knowledge 188
non-mental health specialists, role of 187–8
practitioner attitudes 191–3
resources 197–8
suicide mitigation 188–9
thorough assessment 193–7
conversation structure, successive sequences 112–13, 114

coping cards, CBT 54, 55

core conditions, Rogerian 9–10, 50, 116–17

coroners’ courts 251–2

cost of suicide 186, 249

cost-effectiveness of SF approach 14–15

cultural issues
  Canada 218
  Denmark 228–9
  Finland 225
  Ireland 229–30
  Japan 232
  the Philippines 239
  Poland 235
  Russia 237–8
  Singapore 226

Culverhay Community Mental Health Centre (CMHC) 40–1
‘curlers on ice’ analogy 100

death, talking about 68

deathbed scenario 146–7

deep empathy 124–5, 202

degrimming 102

deliberate self-injury 28–9

Denmark 228–9

depression
  anti-depressant treatment 37, 41–4, 258
  assessment 32–3, 34–5, 125–6
  cognitive-behavioural therapy (CBT) 53
  counselling vs. medication 258–9
  endogenous, existential guilt 67
  Gotland Study 12
  human givens (HG) approach 57–9
  risk factor in suicide 17, 26, 36, 54
  symptoms of 57–8
  training in social skills reducing 55–6
  ‘trough of’ 129

Diagnosis/Recognition of Suicidality 21–2

Dialectical Behaviour Therapy (DBT) 60–2

discrepancies between verbal and non-verbal communications 125–30

disempowerment of patient 142, 146

distress of client/patient 59, 187, 192

feature of depression 59

resources/support 197–8

tolerance to, worker’s compassion 189

doing nothing option 101

‘doing something’ task 104, 150

dreaming 58

drugs
  drug abuse-suicide link 17
  see also medication

dual diagnosis, questioning 212–13

dysfunctional behaviour/beliefs/thoughts 61, 63

Egan, Helping Model 52–3

ego states, transactional analysis 64–5

emotional dysregulation 61

empathy 116–17

accurate empathy 10, 197

deep empathy 124–5, 202

employee assistance programme (EAP) 13–14

empowerment 101–2, 142–3

end(ing) a session, three steps in 102–5

ER (emergency room) settings 220–1, 242, 254

Erickson, Milton 36, 92, 100, 102

evidence base 260–1, 270–7

evidence-based practice, SFBT as 254

exceptions to the problem 86–7, 106–7

existential frustration 67, 68

existential logotherapy 66–9

existential questions from clients, dealing with 23

existential vacuum 67, 68

eye contact, ‘faulty’ 128

facial expressions 80, 129

families 213–14
Index

fast-forwarding the DVD 85
‘feel good factors’ 59
feelings
  acknowledging, validating and normalising 119–20
  changes in 73–4
  SFBT approach to 94, 111
  solution focused feeling tank 148–9
FFST (formula first session task) question 72, 78–80, 99, 113
financial issues 13–15
finishing a call, telephone work 206–7
Finland 223–6
first ten minutes, importance of 112–22
flashbacks 73–4
  dual awareness exercise 157
formula first session task (FFST) 72, 78–80, 99, 113
Frankl, Viktor
  existential logotherapy 66–9
  paradoxical intention technique 36, 56
frustration, existential 67, 68
functional analytic therapy, Kohlenberg and Tsai 56
future
  inability to envisage 127
  ‘wise old you’ question 145
  zero suicide 252
‘games’ people play, TA 66
general practitioners (GPs)
  assessment by 21, 22
  medication from 19
  practice counsellors 13
  role of 187–8
  training of 12, 254–5
  see also primary care
generation of possibilities 100–2
genuineness 9–10, 116, 118, 202
Glasgow Airport terrorist attack 31
goals 84–5
  case study 160–1
  of helping, client-centred approach 52
  hope theory 140
miracle question 84
  zero suicide 245–52
Gotland Study 12
graveside scenario 145–6, 178–9
guided imagery see visualisation
  guilt
  existential 67
  family members 213
Guyana 216–17
‘half-empty’ (problem focused) 109
‘half-full’ (solution focused) 109
Healing Letters Exercise 163–8, 171
healthcare professionals
  assessment by 21, 193–7
  attitudes 191–2
  communication of intent to 22
  contact with by suicidal person 18–21, 256
  fear of asking questions about suicidal thoughts 190
  service quality 255–6
  training need 257
healthcare services, contact with 20, 187–8
Helping Model, Egan 52–3
hill slope (scaling alternative) 88–9
history taking, avoidance of for first session 21, 59
‘homework’ 104–5, 206–7
Hong Kong 243
  hope 56–7, 120, 140–2
  ‘hope kit’, CBT tool 55
hopelessness
  Beck’s theory 53–4
  child ego state, TA 64, 65
  in DBT 61
  and depression 59
  in REBT 63
  solution focused feelings tank 148, 149
  worker 142
hospitalisation 34, 39–40, 256
human givens (HG) approach 57–9
humanistic approaches 50–3
humour
and ‘degrimming’ 102

IAPT (Improving Access to Psychological Therapies) 13, 47–8

imagination, use of 58, 59, 85, 101, 145, 147

‘implicit validation’, DBT 60

Improving Access to Psychological Therapies (IAPT) 13, 47–8

In Touch Community Services, Manilla 239–40

incongruence, assessing for 125–30

indoctrination of suicide bombers 31

information giving, SF phone work 205

initial assessment/intake interview 45–6

SF approach 221

inpatient (hospital) admission, problems with 39–40

inpatient suicides 20, 22, 38, 247

inquests 251–2

intent
assessing degree of 191

assessing level of 37–8

communication of to clinicians 22

continuum of 190

statement of 126

verbal and non-verbal incongruence 125–30

interests of client, eliciting 80–1, 183

intervention, defined 26–7

interventions, effectiveness 11–12

interview, assessment 45–6

Ireland 229–31

national prevention strategies 230–1

religious and cultural issues 229–30

solution-focused practice 231

suicide rate 229

see also Northern Ireland

Islamic frame of mind 30

Japan 231–4

‘jitters’ felt by workers, help with 8–9

joyfulness, superficial 128–9

key points to cover in SFBT 150–1

knock-on effect of small changes 73, 77

knowledge of suicide risk
and attitudes towards suicide 22, 38

factors hindering 188

lack-of-attention signs 129

‘ladder scale’ 88

language

body language 114, 117, 125, 190

of client, importance of using 98

presuppositional 92–3

‘learnt helplessness syndrome’,

Rosenthal 56

learnt response, depression as 57–8

Leenaars, Antoon, person-centred counselling 50–2

letter writing 157–9, 163–8, 169–74

level of intent, assessing 37–8

Linehan, Marsha, Dialectical Behaviour Therapy (DBT) 60–2

listening skills 199–200, 202–3

literature reviews 6, 10–11, 44, 192, 253, 254

lithium therapy 42

logotherapy, existential 66–9

‘lose-win’ situation 65

magic wand tool 85–6

manualised approach 261–2

meaning, search for 67–9

medical model 44–8

medication 41–4

and increased suicide risk 42, 246

over-prescribing of 48

reliance on 43, 250

and schizophrenia 212

treating depression with 258

use of for self-poisoning 19, 258

mental health problems

coroner training in 251–2

and ‘dual diagnosis’ 212–13

link to completed suicide 17

stigma around 47
mental health professionals
  alternative approaches used by 47–8
  assessing level of intent 37–8
  knowledge of 22, 38
  need for training 122, 257
  stress and/or distress of 8–9
  see also healthcare professionals
mental health promotion 15, 26–7
mental illness, medical model applied to 45–6
Merseyside zero suicide policy 249
metaphors 96–8
military veterans 223, 241, 262
mindfulness 60
‘minimal encouragers’ 200
miracle question (MQ) 82–3
  adapted 143–4, 154–5, 181–2, 206
  alternatives to 85
  exceptions to the problem 86–7
  key to success of 86
  purpose served by 86
  scaling progress 89
mitigation of suicide risk 185, 188–9, 196–7
‘modes’ concept, Beck 54
motivation
  and compassion 189
  scaling 90
multi-modal approaches 50–1, 60–1
myths
  about depression 57
  about SFBT 105–11
  of safety in hospitals 40

National Confidential Inquiry (NCI) into Suicide and Homicide by People with Mental Illness 16, 20, 187, 188, 248, 259
National Electronic Library for Health-Mental Health (NeLMH) 42–3
National Office of Suicide Prevention (NOSP) 230–1
National Service Framework for Mental Health, UK 16
national targets 15–16
neurosis 67–8
neutral approach, Milan Associates 40
non-judgmental quality
  and compassion 189
  of effective listener 202
non-trance hypnosis 86
non-verbal communication
  A&E departments 20–1
  assessing for incongruence 125–6, 127–9
  of core conditions 116
  during first 10 minutes 114–15
  of ‘positive regard’ 10
  rapport building 119
  telephone work 203–4
non-mental health specialists, role of 187–8
noögenic neurosis 67, 68
normalisation of feelings 94–5, 138, 139
  during first 10 minutes 120
Northern Ireland
  Contact lifeline crisis counselling service 246
  political suicides 29–30
  zero suicide drive 247–8
‘noticing task’, setting 104, 150, 206–7
‘older, wiser self’ 145
optimism 120–1
  and hope 140
  logotherapy 68
outpatient treatment plan, Jobes 36
pain, mental 25
paradoxical intention, behavioural technique 36, 56, 68, 95–6
past tense, client talking in 126
person-centred counselling 50–3
personal care/hygiene, lack of attention to 129
pessimism 120–1
PFT (problem-free talk) 77–8, 80–2, 115
pharmaceutical industry 47, 212, 213, 246
the Philippines 238–40
philosophical stance towards life, REBT 63–4
phone work see telephone counselling
pictures versus numbers, using 88
Poland 234–6
political suicides 29–30, 31
possibility-generation process 100–2
posture of suicidal person 128
practice-based evidence 260–1
practitioner attitudes 191–3
prediction of suicide, difficulty of 188, 193–6
presuppositional language 92–3, 151
presuppositional questions 141, 145
prevention
    defined 26–7
    policy, CMHC 40–1
    vs. treatment 27–8
primary care
    access point for suicidal 254
    communication of intent 22, 38
    knowledge of risk factors 37
    suicidal person’s contact with 18–19, 20, 187, 247
primary prevention 27
principles
    of SFBT 75–6, 78
    of treatment 40
problem focus vs. solution focus 260
problem-free talk (PFT) 77–8, 80–2, 115
problem solving
    CBT technique for 55
    DBT strategy 61
    vs. solution building of SFBT 106–7
’ve problem talk’ 79, 108
    hearing out the problem 82–3
problems
    change in doing/viewing of 73
    exceptions to 86–7, 106–7
    getting to root of 105–6
    hearing out 82–3
professional competence, self-doubt 8–9
progress
    measuring with scaling tool 87–8, 89
    small steps 90–2, 149–50
Prozac, suicide linked to 43–4
psychotherapy approaches 49–50
    cognitive behavioural therapy (CBT) 53–7
    dialectical behaviour therapy 60–2
    existential logotherapy 66–9
    human givens 57–9
    person-centred counselling 50–3
    rational emotive behaviour therapy 62–4
    transactional analysis 64–6
psychotropic medication 19, 41–3, 48, 246, 250
Purpose-in-Life (P-I-L) test 68–9
qualities
    asking clients about 99–100
    for compassion 189
    for effective counselling 9
    of effective listener 202–3
    hope, optimism and confidence 120–2
quality of services 255–6
Quebec 219–20
questions
    about the service received 208–10
    to elicit suicidal ideation 130–2
    hard-hitting 35
    presuppositional 92–3
    risk assessment 33–4
    scaling questions 134–5
    solution-focused 132–9
‘radar’ of client 9, 93–4, 113, 116
randomised controlled trials 11, 12, 248, 261
rapport building 9, 10, 119, 202
    quick rapport 124–5
Index

Rational Emotive Behaviour Therapy (REBT) 62–4
Reach Out, Ireland 230
reassurance 205–6
Red Deer Hospital, Alberta, Canada 220–1
relationship building 112–22, 201–2
religious issues
Canada 218
Denmark 228–9
Finland 225
Ireland 229
Japan 232
the Philippines 239
Poland 235
Russia 237–8
Singapore 226
REM (rapid eye movement) sleep 58
research using blame shifting language 211–13
resources for people in distress 197–8
re‐referrals, fewer following SFBT 14, 78
risk assessment 32–8, 187
risk factors 36–7
risk management 39–41
Rogers, Carl
client/person‐centred counselling 9, 50, 52
core conditions 9–10, 50, 116, 124, 202
Russia 236–8
SAFETool (Suicide Assessment Framework E Tool) 185–6
safety plans 196–7
Samaritans 199, 248
Russia 237
in Singapore 227
scaling, SFBT tool 87–90
secondary care 13, 16, 19, 22, 255
secondary prevention 27
self‐doubt in workers 8–9
self‐injury, defining 28–9
self‐help resources 197–8
sensitivity, compassion quality 189
session endings, three steps in 102–5
Seven Dials junction, analogy to generate possibilities 101
SFBT see Solution Focused Brief Therapy (SFBT)
Side‐of‐a‐Hill Numberless Scale 89
side effects of medication 42, 246, 252, 258
silence(s)
telephone work 203–4
therapists’ use of 200–2
sincerity of counsellor 116
Singapore 226–8
skills
asking clients about 99–100
required by helpers 52
sleep abnormalities in depression 59
small steps, value of making 90–2, 149–50
SMART+ goals 84
social skills training, clients 55–6
Solution Focused Brief Therapy (SFBT) 70–1
approach of 75
basic assumptions, principles and beliefs 75–8
change in actions, thoughts and feelings 73–4
changing how the problem is viewed 73
clues and keys 98–102
cost‐effectiveness of 14–15
ending a session 102–5
myths about 105–11
origins 70–1
theory of change 71–2
tools and techniques 78–98
solution focused feelings tank 148–9
solution vs. problem focus 106–7, 108–9, 260
Spain 244
specialist workshops 268–9
standards, National Service Frameworks 15, 16
start of session, crucial first 10 minutes 112–22
Staying safe (Connecting with People) 197
’stick plaster’ myth 105, 109
stigma, mental-health related 45–6, 47, 185, 246
’S’ (‘Stop’) technique 73–4
stories, use of 96
strengths, asking clients about 99–100
stress
of patient, coping skills 41
of workers, dealing with 8–9
substance abuse 17
co-morbidity with mental health problems 212–13
and return to therapy 78
suffering, role of 67–8
suicidal ideation, continuum of 34–5
suicidal thoughts 15, 25
appraisal of risk 192
asking about 190
assessment of 33, 33–5, 191
classification of 193, 194–5, 196
failure to elicit 188
miracle question (adapted) 143–4
normalisation 94
risk factors 187
suicide mitigation approach to 188–9
suicide bombers 30–1
suicide, defining 24–6
suicide encounters, crucial first 10 minutes 112–22
Suicide Intent Scale (SIS) 38, 53
suicide mitigation 188–9
training programme 185
suicide rates, global 215–17
suicide terrorism 30–1
supervision of practitioner 9, 110, 170
Sweden 243
‘vision-zero’ approach 250–1
sympathy
compassion quality 189
vs. empathy 117
talking therapies
increased availability on NHS 13
need for more research on 214
vs. medical model 47–8, 246
targets, suicide prevention 16, 245, 246, 259
Task Force, UK Government 16
task forces, WHO 17–18
tasks/’homework’
between-session 150, 151
end session 104–5
pre-session 113
tearfulness 204
telephone counselling 199–200
finishing a call 206–7
key qualities of worker 202–3
solution focused 204–6
use of silence 200–2
verbal vs. non-verbal communication 203–4
telephone helplines 227, 233, 239–40, 244, 254
TELL Counselling, Japan 233
terrorism 30–1
tertiary prevention 27
Texas State Plan 241–2
therapeutic alliance 117–19
therapeutic empathy, role of 116–17
therapeutic relationship 9–10,
117–22, 257
’thinking about’ task 104, 150
Third Viennese School of Psychotherapy 67
throwaway remarks 127
training
ASIST 126, 143
Australia 222–3
for crucial first ten minutes 122
in empathy 117
Finland 225–6
Gotland Study, GP training 12
length of 110
need for better 7–8, 19, 38, 256–8
Philippines 240
Poland 235
Quebec 219–20
Singapore 227–8
specialist workshops 268–9
suicide mitigation programme 185–6
UK 248–50
United States 242

Transactional Analysis (TA) 64–6

trauma, reducing sense of 51
trauma survivors, Stop technique 73–4

unbearable mental pain, defined 25
uncertainty in workers 8–9
unconditional positive regard 9, 10, 116
unconscious factors explaining lack of
knowledge of suicide risk 188
unconscious suggestions,
 présuppositions 92

under-reporting of suicide 45–6, 215, 217,
222, 238
United Kingdom (UK)
community mental health facilities 47
Connecting with People enterprise
185–98
coroners' courts 252
IAPT 47–8
suicide rates 15, 20, 186
suicide reduction targets 15–16, 259
telephone helplines 199, 254
training needs 257
zero suicide discussions 248–50
see also Northern Ireland
United States of America 240–2
Jonestown Mass Suicide 29
solution-focused practice 242
suicide prevention strategies 241–2
suicide rate 216, 240
zero suicide 251

validation 94
DBT strategy 60
during first ten minutes 120
at session end 103
verbal communication 126–7
telephone work 203–4
very, very small steps 149–50
veterans 223, 241, 262
vignettes 175–84
visualisation
deathbed scenario 147
fast-forwarding the DVD 85
HG approach 59
magic wand tool 85
voice (tone) of distressed client 203

waiting lists 13
warmth, non-possessive 10, 197
Water the Flowers, Not the Weeds
(Peacock) 90
‘watering the flowers, not the weeds’, Peacock 100, 107
‘What’s better?’ question 141
‘win-win’ situation 65, 66
wise old you (WOY) question 145
worker stress/distress 8, 9
working relationship, building 112–22, 202–3
World Health Organisation (WHO) 17–18
league table of suicide rates 216–17
mental health training needs 258

START (suicide trends in at-risk territories) 216
task forces 17–18
worst case scenario 145–6
WOY (wise old you) question 145
youth suicide, reducing, WHO
recommendations 17
zero suicide 245–52
Zero Suicide Ambition 248–9, 250