Western Mass Recovery Learning Community, 2013

Possible Questions, Statements, and Strategies for Helping Individuals Who are Suicidal

This response has been developed by our community and focuses on the following values which are paramount and considered the guiding force behind any actions that may be taken:

- Partnership
- Transparency
- Continuity

Partnership: The support person(s) will regard their role as that of a partner in identifying concerns and potential options. (Role to avoid: Risk assessor, protector, decider, etc.)

Transparency: The support person(s) will be honest about his or her own concerns and need for support in difficult situations, including when they feel they need to call a supervisor or colleague during a given interaction. (Role to avoid: Secretly calling for help, keeping the individual in distress 'busy' while someone else calls for help, pretending you are not affected by their distress, etc.)

Continuity: The support person(s) will be aware of their own limitations in time and availability, but will seek a way to maintain a connection with the person they are supporting, even if that individual chooses to go to the hospital, etc. (Role to avoid: Seeing the individual as 'taken care of' or 'no longer their problem' once referred elsewhere.)

During the interaction, the support person will take great care:

1. **NOT** to make promises that can't be kept, such as guaranteeing that the support person(s) will be present with the individual throughout an entire intake process at the hospital, etc.
2. **NOT** to interpret cutting, burning, or other self-harm that is not life threatening as an emergency, unless the individual identifies it as one. (If the support person is having difficulty determining whether self-harm is life threatening, they should contact a supervisor for support.)
3. **NOT** to go beyond the support person's own limits in terms of staying beyond the time they are available, etc. (The support person should be pro-active in contacting a supervisor for additional support before a limit is reached, if at all possible.)
4. **NOT** to call emergency services unless it is the preferred choice of the individual in distress.
5. **NOT** to be overly alarmed or drawn in by uncomfortable conversations. Be ready to sit with crying individuals talking about their emotional pain. Sometimes just being given the space to talk through one's pain is incredibly powerful.

This list includes suggestions, not all of which need to be or should be used in EVERY situation. The support person should use this simply as a guide, and should pick and choose what is used based on the particular situation and needs of the individual being supported.

Possible Questions/Helpful Statements:

- Are you speaking seriously about what you want to do or are you venting?
- Are you taking care of your basic needs right now? Have you been eating and sleeping enough?
- Do you want to talk more about what's going on?
- Did something happen that triggered your feeling this way?
- Have you felt this way before?
- What has worked in the past to help you take care of yourself when you're feeling like this?
- Do you have a WRAP plan that could help you take care of yourself while you're feeling like this?
- If sounds like you're feeling really (reflection of what they've said…abandoned, hurt, overwhelmed, etc.)
- What's going on?
- How long have you been feeling this way?
- What does it feel like in your body when you feel this way?
- Where are you when you're feeling this way?
- Is there anything you still like doing?
- Do you have someone in your life that has helped you get through this in the past?
- How can I help?
- What do you need to help you get through this?
- Would it help to hear about some of the things I've done to take care of myself when I've been feeling like I might want to hurt myself?

Possible Strategies/Interventions:

- If in person, offer to get the individual something to eat or drink.
- Explore with them what might make them feel safer or nurtured in their current environment (being covered by a blanket, going in a room where there are no other people, increased or decreased light, a pillow to hold, etc.) and, if in person, offer to help them adjust their environment in that way.
- Reflect (eg., "It sounds like your…") and validate (eg., "After everything you've been through, it makes total sense to me that you'd be feeling this way," etc.).
- Develop a plan between the person experiencing distress and the support person that should typically include concrete steps to check-in in person or by phone later that day and the next day. (If in person, these mutually developed steps should be in writing).
- Offer resource information to help the individual develop a plan to get through at least the next twenty-four hours, including information about the local emergency services, warm line, etc.)
- Go over the individual's WRAP plan with them, if they have one and find it helpful.
- Offer to go for a walk with the individual, if in person.
- Invite the individual to come meet in person, if speaking by phone.
- If it seems advisable, offer to meet the individual in the community. (If the person is new to the community, this should typically involve two support people.)
- Share some of your recovery story, including (if applicable) your experience that these feelings can come and go, what has helped you, etc.
- Offer to call emergency services with the individual.