



# Suicide Awareness & Intervention

## I. *Suicide Awareness*

- *What Do You Hear?* Direct & Indirect Statements
- *What Do You See?* Sadness, Withdrawal, Mood Swings etc.
- *What Losses Are You Aware Of?* (Resources / Meanings & Feelings)
- *What Do You Feel?* Intuition & Listening to Your Gut

## II. *Tools*

- *Active & Reflective Listening*—Engaged Listening / Reflect Meanings & Validate Emotions

## III. *Intervention Process*

- *Engage & Explore* (Caring Engagement / Exploring Losses)
- *Ask & Estimate* (Asking About Suicide / Assessing Risk)
- *Listen & Leverage* (Respect Death / Affirm Life)
- *Recognize & Reflect* (Leverage Ambivalence)
- *Plan & Agree* (Safety Planning, Collaboration & Referral)
- *Follow-Up & Through* (Keeping Commitments / Emergency Response)

## VI. *Conclusion*

- Community Resources (1-800-273-TALK / 901-CRISIS7 / 211 for Resources)
- Limitations & Self Care / Q & A

## DO's & DON'T's

Do be calm and non-threatening  
Do be an engaged listener  
Do ask directly about suicide  
Do listen to the reasons for suicide  
Do listen for reasons for living  
Do validate feelings  
Do build an alliance  
Do reflect feelings of being torn  
Do negotiate temporary solutions to buy time

Don't overreact  
Don't be argumentative  
Don't badger  
Don't be demanding  
Don't ignore the reasons for suicide  
Don't shift focus  
Don't be dismissive or minimize  
Don't jump too quickly to possible solutions  
Don't moralize

## EMPATHIC LISTENING PRINCIPLES

1. Establish a Supportive Climate
2. More Listening / Less Talking
3. Suspend or Postpone Judgment
4. Restate and Summarize (But Don't Be a Parrot!)
5. Clarify / Question (Don't Interrogate!)
6. Prefer Open-Ended Questions
7. Reflect Feelings, Not Just Facts
8. Be Empathetic, Not Sympathetic

## LISTENING IMPEDIMENTS

Sympathizing  
Judging and Criticizing  
Me-Tooing  
You-Shoulding and Advice Giving  
Avoiding and Diverting  
Over Analyzing and Interpreting

*Mike's Golden Rule of Empathic Listening:*

***"Listen to others as we ourselves would wish to be heard and understood."***

*Memphis Crisis Center, a United Way Agency &  
Partner with the University of Tennessee Health Science Center  
(901) 274-7477 (CRISIS7) or Toll Free 1-800-SUICIDE*

**Make a Financial Gift or Volunteer. Save a Life!**

***MemphisCrisisCenter.org***

*Memphis Crisis Center P.O. Box 40068 Memphis TN 38174*

# SUICIDE INTERVENTION

## 1. Engage and Explore

- *Engage in a compassionate and responsive manner*
- *Use empathic listening, build rapport*
- *Explore losses, stressors, and traumatic events*

## 2. Ask and Estimate

### A. Ask About Suicide

- *Ask directly about suicidal thoughts and behaviors*
- *Estimate risk (Plan, Attempts, Pain, Supports)*
- *Does the client have a mental health diagnosis?*
- *Risk specific considerations (pills, gun, lethal means)*

## 3. Listen and Leverage

### B. Marshal Resources

- *Listen to reasons for suicide*
- *Leverage life supports*

## 4. Recognize and Reflect

### C. Leverage Ambivalence

- *Recognize ambivalence – most people are torn*
- *Reflect ambivalence back to the client*
- *Respect death-side, affirm life*

## 5. Plan and Agree

### D. Plan for Safety

- *Collaboratively work toward safety with the client*
- *Include time-anchored commitment to life & safety*
- *Provide 24/7 access to support*
- *Mobilize coping skills and support systems*
- *Neutralize immediate risks when possible (pills, gun, etc.)*
- *Establish access to professional resources*

## 6. Follow-Up & Through

- *Have client repeat back plan and gauge commitment*
- *Solicit follow-up with client*
- *Encourage follow-through on safety plan*
- *Be ready to engage emergency help if necessary*

# The Three Broad Tasks of Intervention

Keep in mind the value of allowing the client to emotionally decompress and talk through their problems. The therapeutic value of empathic listening, both in terms of decreasing the client's emotional pain and in verbalizing their problem to move towards resolution, cannot be overstated.

There are three broad tasks in intervention:

1. **Connect with Compassion:** Use tone of voice, verbalizations of care and concern, rapport building, non-judgmental stance, and the provision of emotional support to connect with the client. Remember, kindness and compassion can break down the barriers that prevent clients from opening-up. Your goal is compassionate connection.
2. **Take the Time to Listen:** Empathic listening, also known as active and reflective listening, is a fundamental technique used in crisis intervention. Be a focused and engaged listener. Reflect your understanding—in your own words—what is being communicated by the client. Also, reflect back the feelings being conveyed. Emotional validation normalizes how the client feels and helps them feel affirmed. *Take the time necessary* to understand. If you don't understand something, ask the client for clarification. Use a non-judgmental stance to encourage open disclosure.
3. **Help with Safety Planning:** Plan for safety. Use collaborative problem-solving with the client. This may include reflecting on what coping skills have worked for the client in the past, brainstorming possible solutions, inventorying the client's resources, and examining alternative options. It is the policy of the MCC to empower callers to make their own healthy decisions whenever possible. Make sure you use safety planning whenever it is appropriate.

Do not jump too quickly to referrals or possible solutions. Let the client take the lead in setting the pace. Take your time to gain a fuller understanding. Remember, you do not have to be a miracle worker or solve all the client's problems. When developing a plan with the client, be as collaborative as possible so the client is personally invested. The situation may seem overwhelming to the client, so focus on small steps.

***“A journey of a thousand miles starts with a single step.” – Lao Tzu***

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version - Recent*

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are <b>bolded</b> and <u>underlined</u> .	YES	NO
<b>Ask Questions 1 and 2</b>		
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</b>		
3) <b><u>Have you been thinking about how you might do this?</u></b> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></b>		

6) <b><u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u></b>	YES	NO
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
<b>If YES, ask: <u>Was this within the past three months?</u></b>		

- Low Risk
- Moderate Risk
- High Risk