Handout 3: Suicide Intervention Script & Observation Form

I am counseling a 16-year-old boy, Chris, whose girlfriend killed herself after they broke-up. Chris cut school yesterday, and I know that he has been drinking heavily since his girlfriend's funeral. This morning he is at school and is sober. I have called Chris into my office.

Engage with the Person At-Risk of Suicide

Psychologist: Hello Chris. I want you to know how sorry I am for your loss. How are you

doing?

Chris: OK, I guess. I just can't seem to stop thinking about Susan killing herself.

Psychologist: I understand it must be real painful to lose someone you care about. Can you tell

me some more about your feelings?

Chris: I just can't help thinking that if it wasn't for me, Susan will still be alive right

now. I just can't live with the guilt.

Psychologist: So not only are you dealing with the sudden death of Susan, but you are also

feeling real guilty? Chris: Yes (Chris begins to cry).

Identify Suicidal Ideation

Psychologist: You know Chris, sometimes when people have experienced a sudden lose and

feel as you do, they think of suicide. Is this something you have thought about?

Chris: (Chris stops crying, pauses, and tentatively says). Yes.

Inquire About the Reasons for Suicidal Thinking

Psychologist: I think I understand, but can you tell me some more about what it is that has lead

you to think about suicide?

Chris: I just can't live with this guilt. Everyone is looking at me. They know that I had

broken up with

Susan. No one, except you, will talk to me. I'm sure everyone hates me and wishes I

were dead. I might as well do them a favor.

Psychologist: So then you are really feeling alone right now. You are thinking that you are

being blamed for Susan's death.

Chris: You got that right (Chris' tears have now turned to some anger). I'll show them.

Psychologist: What do you mean "I'll show them"?

Chris: If I kill myself they will not have me to kick around anymore!

[I have identified that Chris is feeling very guilty about Susan's death, and feels isolated and alone. He is also feeling that everyone is blaming him for Susan's death (which may or may not be true). I know that he has thoughts of suicide, but need to assess his risk of engaging in such behavior.]

Assess the Degree of Suicide Risk

Psychologist: Chris, you mentioned that you think suicide is a way to cope with the feelings and

problem generated by Susan's death. Do you have a plan? How would you go

about killing yourself?

Chris: Yes, I could do it with my car

Psychologist: Have you thought about when you would do it?

Chris: Yes, I was planning to get drunk and drive off the bridge tonight.

Psychologist: So the pain feels so intense you are thinking of crashing your car off the bridge

tonight.

Chris: Yes.

Psychologist: Have you ever tried to talk to anyone about this pain before?

Chris: I was thinking about going to my old therapist, but I don't even know if she is still

around. It has been over a year since I last saw her.

Psychologist: What were you seeing the therapist for?

Chris: Depression.

Psychologist: Chris, have you ever tried anything like this before?

Chris: No

Psychologist: Is there any one you can talk to about this. Anyone who you think could help you

solve these problems.

Chris: No (Chris slums into his chair, the anger has dissolved, and he again begins to

sob).

[Chris has a plan, he has the means to carry it out, and he has a pretty immediate time frame for engaging in suicidal behavior. He is in intense emotional pain and feeling extreme guilt. While he has no prior suicidal behavior himself, the fact that Susan has modeled such as a problem solving strategy places him at increased risk. Finally, I have learned Chris is unable to identify any resources that can move him from a suicide orientation and that he has a history of depression. I determine his risk for suicide is High.]

Take Action to Reduce the Suicide Risk

Psychologist: Chris, I know it hurts a lot right now and it seems like there is no way out, but I

believe that I can help you, if you let me.

Chris: What can you do (a hint of anger returns to Chris' voice)? I'm ready to leave now.

[Chris gets up and leaves the office. After giving the secretary a signal that I need assistance, I follow Chris to the parking lot.]

Psychologist: Chris, we need to get some help right now. How would you like to proceed?

Chris: I'm done with all of this?

Psychologist: OK, Chris I understand. You see no hope. But I do. You need to come with me

right now (my voice is compassionate, but firm).

[This intervention will need to be very directive. The secretary has alerted the principal of my need for assistance. He is standing by on the edge of the parking lot. If need be he could immediately contact the police for assistance. As it turned out Chris responded to my very direct and firm approach. He cooperated with me and his parents who took him to the crisis intervention clinic at the local mental health facility].

Suicide Intervention Observation Form

Role Players:Observer:
Crisis Situation:
Engage with the Person At-Risk of Suicide
1. Establish psychological contact.
a. Introduction:i.Identify self:
b. Empathy:
i.State known stressors and symptoms:
c. Respect:
i.Pause to listen:
ii. Do not dominate the conversation:
iii. Do not try to smooth things over:
d. Warmth:
i. Verbal communication is congruent with nonverbal:
ii. Use of and provide physical contact, as indicated:
Identify Suicidal Ideation
2. Ask the "S" question.
[Poor: "You are not thinking of suicide are you?" Better: "Are you thinking of hurting yourself?" Best: Identify stressors + Identify symptom Directly ask: "Are you thinking of suicide (or killing yourself)?"]
Inquire About the Reasons for Suicidal Thinking 3. Understanding reasons for suicidal ideation. a. Stressors:
b.Symptoms:
Assess the Degree of Suicide Risk (CPR++)
4. Current Plan:
a. How?
b. How prepared?
c. How soon?
5. Pain: a. Unbearable?
6. Resources:
a. Degree of "aloneness"? Reasons for living?
7. +Prior Behavior:
a. Prior suicidal behavior of self or significant other?
8. +Mental Health History
a. History of mental illness? Receiving therapy?
Take Action to Reduce the Suicide Risk
9. Suicide risk level: Low Moderate High
10. Action Plans Equilitative Directive
10. Action Plan: Facilitative Directive
