

**How to respond to suicidal talk
(with people who have been evaluated as not at risk for suicide)**

by
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As a front line support person you may sometimes find yourself listening to what sounds like suicidal talk from the person you are supporting. When the person has been assessed for suicidal behaviors by a professional and has been evaluated to be at minimal or no risk for suicidal behavior it may be that their “suicidal talk” has other meanings.

In any case, when you hear suicidal talk, don't try to “go it alone.” Seek out professional support and guidance.

Susan Opie comments: “Some individuals with FASD have a tendency to waft in and out of being truly suicidal. When assessed they may present as actively wishing to harm or kill themselves, possibly having a plan to do so. But ten minutes or half an hour later they will deny any interest in wishing to harm or kill themselves.

This can be very frustrating and confusing for caregivers and front line staff who may call for emergency services to take the individual to the hospital only to be told that the individual is not (i.e. no longer) suicidal. Despite being assessed as “not suicidal,” the individual may return to feeling suicidal an hour or several hours later. They need to be closely watched by caregivers or staff if they have this pattern.”

When the person you are supporting is well known to you and has an established a pattern of behavior of “talking about suicide,” but never has a real plan for, or never has attempted suicide there are other things for you to consider about how to behaviorally support them.

Sometimes, suicidal talk is an indication that the person, at that moment, has lost a sense of connection to those around them. The talk may not necessarily be a reflection of a desire to die, but for some it can be a clear cry for help to help them feel that they belong and are important. Once the moment of despair is past, the individual may become emotionally stable once again.

Many persons with FASD have low self esteem and may speak of suicide when they blame themselves or feel ashamed of themselves.

It is important to “be in the moment” with the person you are supporting.

Your positive and upbeat emotional response may function for them as a positive emotional surfboard they can ride on through their momentary emotional storm.

The following are some strategies that have been used by other support persons. These approaches have provided immediate and concrete emotional “antidotes” to their client’s momentary, negative emotional states.

- Create and suggest they sleep on a happy face pillow case.
- Silk screen onto pillow case pictures of the swimming trophy, baseball team. Or, put these on a cup.
- Create visual posters with self-affirmations: Such as picture of the sun with “The good comes back. Remember the bad feelings are like a cloud passing in front of the sun.”
- Have affirming phrases: “Remember you used to walk small, now you walk tall.” Go on-line and print out relevant motivational phrases.
- Have him rehearse, “You can’t push my buttons because I just keep moving them.” Have a laugh, while giving him a “comeback” that will make him feel in control.

Those of us who support persons with FASD may hear something like the following example of suicidal talk:

“What’s the point of living if your mother gives you away?”

We need to have ready access to supportive counseling responses. Here are some that have been useful to others:

“We picked you.”

“You are here now.”

“You are safe now.”

“This is where you belong now.”

Cautions about when not to try to personally counsel:

A. Some people with FASD don’t know how else to evoke a caring response from others. They may try to prompt others to step into the role of counselor so that they can seek sympathy or use this as an excuse to vent their anger. This type of “suicidal talk” can be both functional and habitual.

One approach may be to agree with them that they have lots to be unhappy about, but your interest is in having a good time with them right now. Remind the supported person that they will need to bring up their suicidal feelings with their designated counselor. This allows you to acknowledge them without trivializing or invalidating their comments. Then move on.

B. Some people with FASD have been so traumatized by their history that every time they do talk about what makes them feel depressed it is like this causes them to re-live the experience. Some clients can be re-traumatized by these re-activated memories. They then have more suicidal thought following the discussion.

Susan Opie comments: "Assessing individuals for suicide involves asking them a series of questions, and having a discussion with them. Models such as the widely used ASIST training provide useful training for front line staff. However, the nature of the model involves a series of questions, and the use of dialectics (i.e. part of you wants to die, but part of you wants to live). The model also encourages spending time with the individual discussing the reasons they want to die for a while before picking up on threads of why the individual wants to live.*

Using models such as ASIST without accommodating for issues such as language impairments, working memory difficulties, issues with cause and effect reasoning, and self-regulation issues that many individuals with FASD experience may be frustrating or even harmful. Individuals with FASD who 'mirror' caregiver's emotions may be particularly vulnerable when faced with discussions that focus on negative situations such as why they want to die. Checking with a caregiver who knows the individual well is usually recommended, and can help put an assessment into context for that particular individual with FASD."*

Engaging in counseling with a person who "actively relives" memories and who "mirrors" caregiver's emotions can be traumatic and can trigger extreme emotional responses. It may be more helpful, in the moment, to simply agree with them that they have lots to be unhappy about, they deserve better, and your job is to give them better. Once again, this allows you to acknowledge them without trivializing or invalidating their comments. Then move on with a positive plan for the day.

Case studies in Fetal Alcohol Spectrum Disorder

Remember: When you hear what sounds like suicidal talk, don't try to "go it alone." Seek out professional support and guidance.

The ideas on these pages are practices that have sometimes resulted in assisting the supported person from becoming bogged down in their momentary, emotional distress.

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*ASIST (Applied Suicide Intervention Skills Training)

Reference:

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