

2018 AASFBT Conference, Melbourne

The pragmatics of using SFBT with a suicidal client.

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'It is 3 a.m. and your patient is at home, wide awake and being tormented by suicidal thoughts. What is likely to stop him ending his life and make him seek help? A complex lengthy risk assessment he underwent earlier that day, or the skill and understanding of an empathic and trusted GP [professional] with whom he agreed a simple crisis plan? Every contact a suicidal individual has with a health care professional represents an opportunity to intervene and prevent that individual from going on to die by suicide. As long as suicide is seen as the preserve of specialist mental health services, opportunities for early intervention will be missed.'

#1

Why has the person come
to the appointment?

'The question is not "What problem brings you to therapy?" but "What would you like to achieve by coming to therapy?" '

Sharry, J., Darmody, M., Madden, B. (2002) "A solution focused approach to working with clients who are suicidal." British Journal of Guidance & Counselling, 30. Pp. 383-399

#2

“One advantage of this type of perspective is that it tends to change the nature of what one finds in [clients]. Simply stated, if one studies only [clients’] problems, one finds only problems.”

DeFrane, M. (1999) “Strong families around the world” p.13

#3

"When I focus on what's good today, I have a good day, and when I focus on what is bad, I have a bad day. If I focus on a problem, the problem increases; if I focus on the answer, the answer increases"

Alcoholics Anonymous (1976) *Alcoholics Anonymous: the story of how thousands of men and women have recovered from alcoholism* (The big book). Alcoholics Anonymous World Services, New York.

#4

We will assume that our client has

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#5

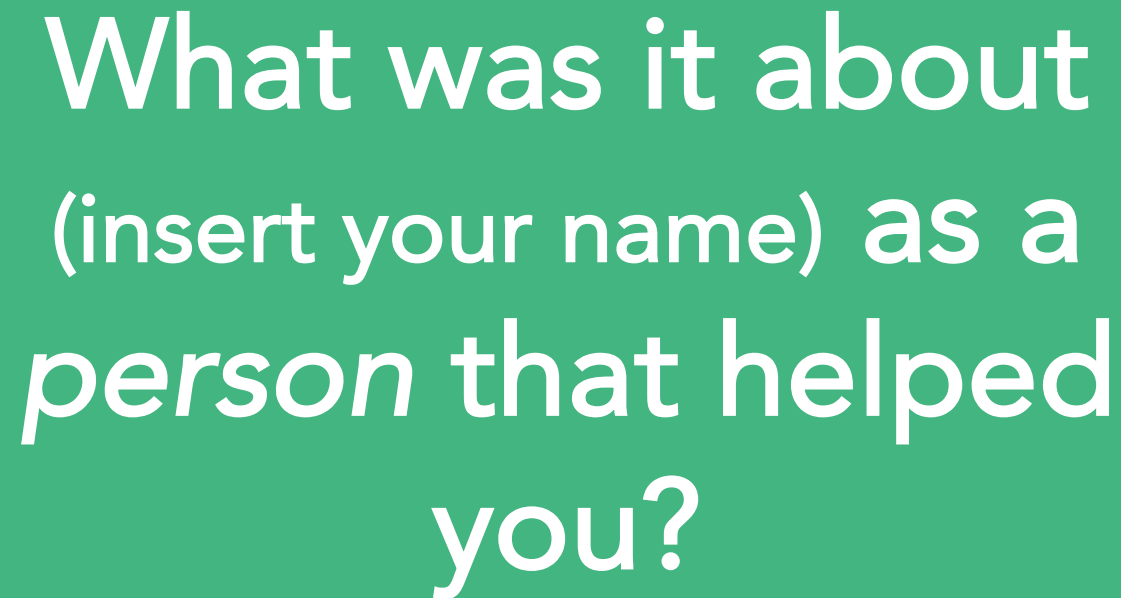
We know that SFBT

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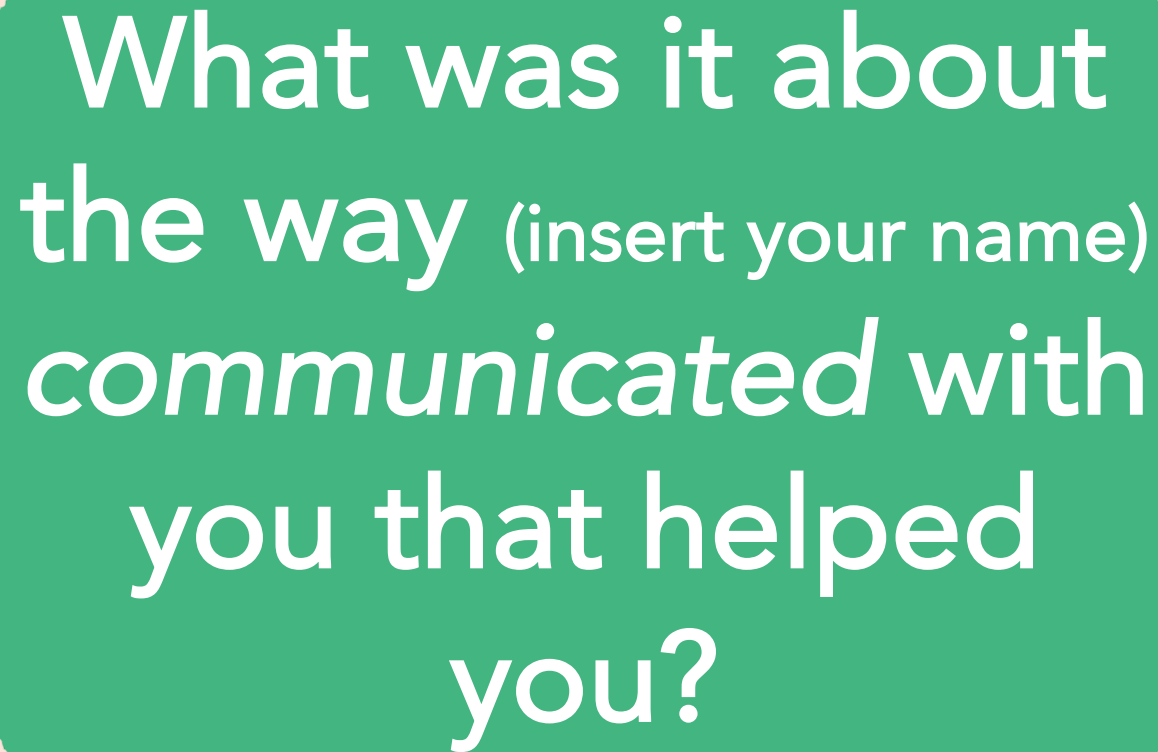
#6

I know that I am good at ...

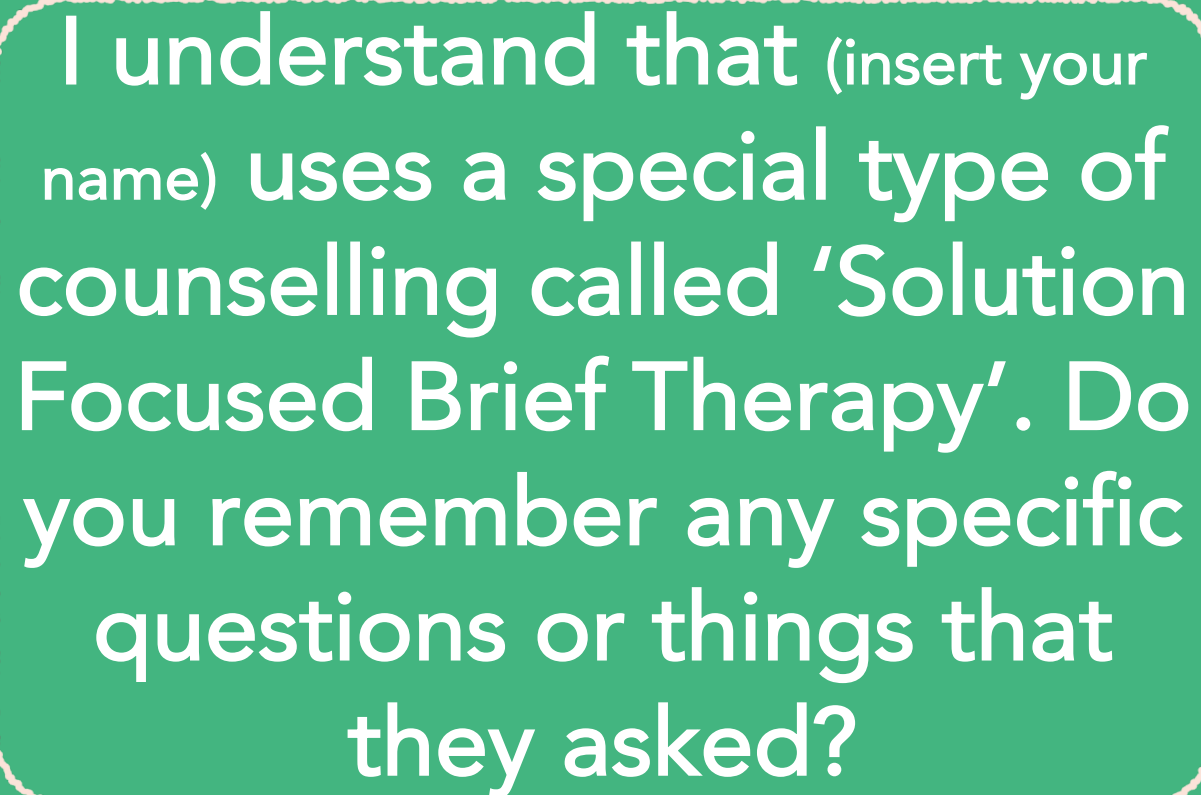
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What was it about
(insert your name) as a
person that helped
you?



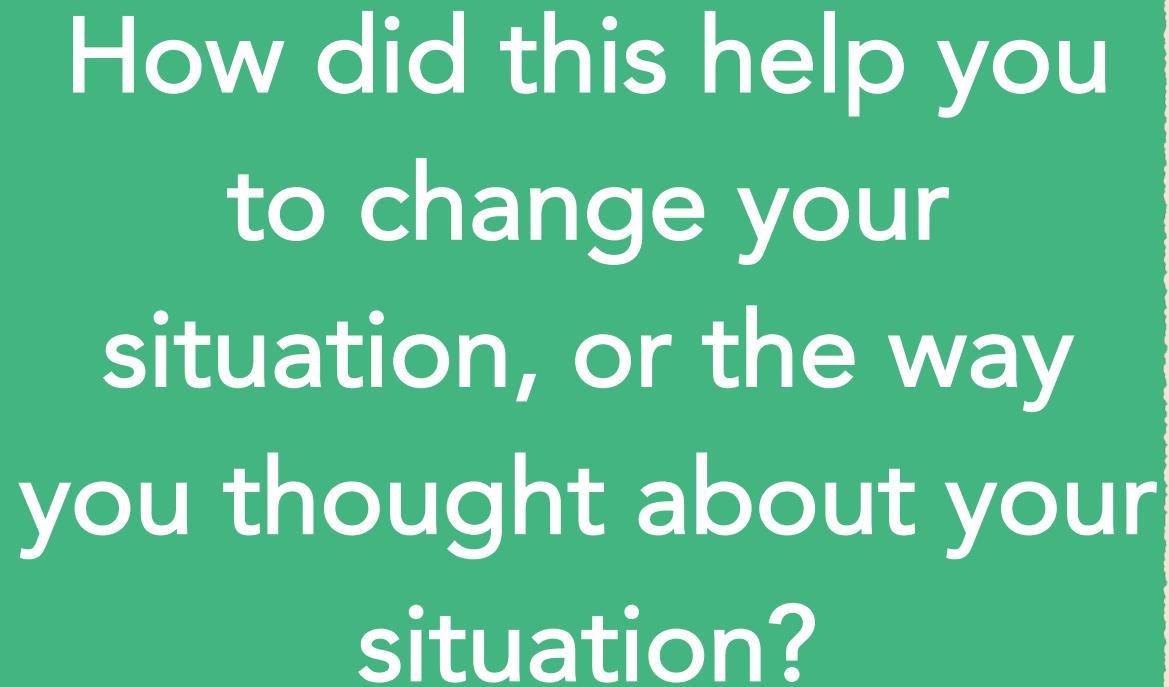
What was it about
the way (insert your name)
communicated with
you that helped
you?



I understand that (insert your name) uses a special type of counselling called 'Solution Focused Brief Therapy'. Do you remember any specific questions or things that they asked?

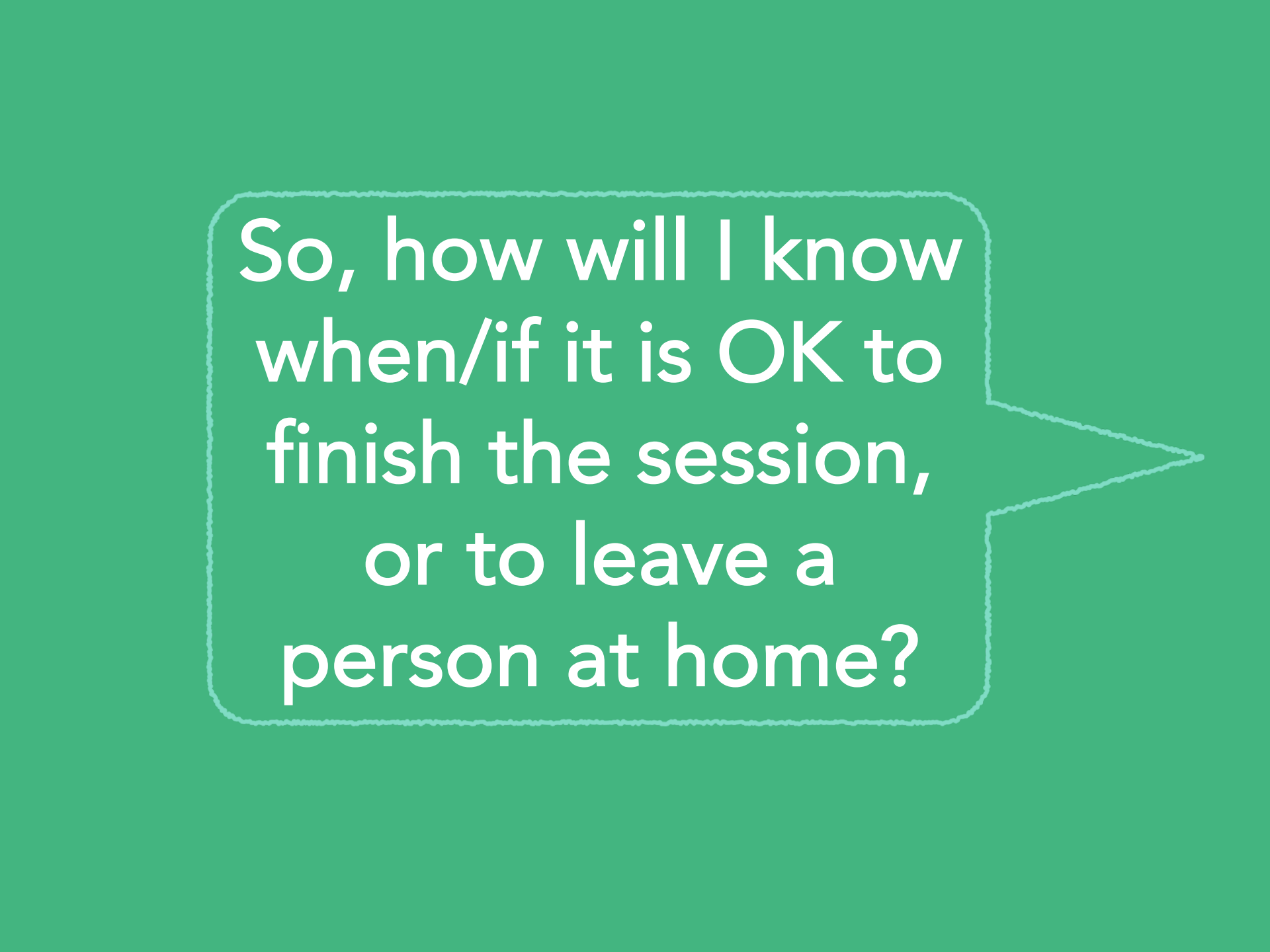


I want you to pick out a specific
SFBT technique eg:
engagement (in the SF approach)
coping questions
exemption questions
miracle question
scaling questions
homework task
or some other thing ...



How did this help you
to change your
situation, or the way
you thought about your
situation?

Sally's case study



So, how will I know
when/if it is OK to
finish the session,
or to leave a
person at home?

'Traditionally, professional responses to suicidal and self-injuring clients have consisted of risk assessment and management, followed by treatment interventions such as medication or problem-focused psychotherapy. In recent times there has been a growing interest in exploring more collaborative and strength-based approaches to this client group ... to reorient the therapy away from an exclusive focus on the problem and to help clients envision a positive future where suicide is not an option.'

Sharry, J., Darmody, M., Madden, B. (2002) "A solution focused approach to working with clients who are suicidal." British Journal of Guidance & Counselling, 30. Pp. 383-399

Just a note about risk assessments ...

For those of you working in a clinical field how could we use a scaling question to do a risk assessment but without actually doing a risk assessment (ie, we might need to assess suicide risk, but we want to do it in a way where we can springboard into the right direction)

John Sharry , Melissa Darmody & Brendan Madden (2002) A solution-focused approach to working with clients who are suicidal, British Journal of Guidance and Counselling, 30:4, 383-399

As distinct from working with other clients we have a responsibility, when working with suicidal clients, to assess the suicide risk and to take action if clients are in danger. Some therapists have explored how solution-focused therapy can complement more traditional forms of risk assessment, by using scaling questions to collaboratively establish with clients the level of risk and the safety action needed. Useful questions are as follows:

Therapist: On a scale of 1 to 10, how confident are you that you will be able to get through the weekend without attempting to harm yourself, where 1 means you feel you have no chance and 10 means you are totally confident?

What makes you that confident?

What needs to happen to make you more confident . . . to move one point forward on the scale?

John Sharry , Melissa Darmody & Brendan Madden (2002) A solution-focused approach to working with clients who are suicidal, British Journal of Guidance and Counselling, 30:4, 383-399

Where appropriate, other family members should be involved in safety discussions, and often they can provide great resources in helping the client be safe. Questions can be addressed to them as follows:

Therapist: On the same scale, how confident are you that your son will be safe this weekend?

What makes you that confident?

What needs to happen to make you more confident . . . to move one point forward on the scale?

Fiske, H. (2008) Hope in action: Solution-Focused conversations about suicide. Routledge. Page 12.

Heather Fiske suggests approaching it in this order:

1. A primary focus on what will be of immediate help
2. A more individualized or client-centred approach
3. Assessment of protective as well as risk factors; and
4. Taking histories of overcoming, coping, and resisting rather than solely those of deficit, pathology, and injury.

She also says:

- Ask useful questions
- Tap into hope
- Ask yourself “What is one thing I can do right now that will make a difference to my client?” If you don’t have an answer, then ask the client!

Books

Heather Fiske (2008) Hope in action: solution focused conversations about suicide



John Henden (2017) Preventing Suicide, the solution focused approach

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