**20 GOOD REASONS TO USE SFBT IN SUICIDE PREVENTION**

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1) SFBT is an efficient, effective, evidence-based practice. *Time matters with suicide risk.*

2) Any conversation with a person at risk may be the last opportunity to make a difference. SFBT practice, with its focus on change from the very beginning of treatment, can maximize the likelihood that our conversations will go *beyond risk assessment* and have *therapeutic impact*.

3) SFBT practice *utilizes strengths and capacities* that are *already present*: in clients; in their families and friends; in communities; and in helping systems. (This reliance on existing resources is one of the primary factors that make the solution-focused approach efficient). Learning new skills or coping techniques is difficult for a person in crisis. Learning that one is already doing some things right, and that one has valuable abilities or qualities to bring to the struggle, can be hope-inducing.

4) Solution-focused conversation is “*hope-friendly*” (Y. Dolan), probably in part because focusing on strengths and resources generates hope, and in part because of the future focus in SFBT.

5) Solution-focused questions can act as a “*tap on the shoulder*” (I.K. Berg) that helps clients to remember their own resources and notice reasons for living.

6) Solution-focused work shifts conversation toward a *focus on hope and reasons for living*, and therefore decreases the conversational focus on reasons and plans for suicide. According to Thomas Joiner’s interpersonal-psychological theory of suicide, repeating such thoughts and plans may be part of “rehearsing” and desensitizing suicidal action. (Joiner calls this phenomenon the “acquired ability” to die by suicide).

7) SFBT is *client-focused, individualized treatment* (“one size fits one”). This lessens the possibility that clients will feel that they are being subjected to a formula, an outcome associated with the use of standardized risk assessment or no-harm contracting protocols.

8) Clients who think about suicide often question the future or cannot think about a future at all. SFBT offers *specific techniques to work with the future*.

9) “*The address of hope is in the future*”. Therefore most of the conversation should focus on a future that is worth living”. (B. Lavoie, in Fiske & Lavoie 2016)

10) The solution-focused *“miracle question” often fits* well with a desperate person’s assumptions and can therefore elicit possibilities for change.

11) Scaling and other solution-focused techniques help to break both problems and change into smaller more manageable steps (“*partializing”*). This process implicitly challenges and undermines suicidogenic beliefs that one’s problems are inescapable, interminable, and intolerable.

12) The solution-focused technique of seeking *exceptions can widen the range of intervention.* (Exceptions include beliefs, emotions, actions, coping strategies, e.g.: moments when clients believed they deserved to live, or could have a better life; when they felt alive, hopeful, useful, needed ; when they felt they had what it takes to go on, to manage the situation, to get through the worst, to control or care for themselves, etc.)

13) The solution-focused helper is not protecting or rescuing the client, but *collaborating with the parts of the client that want to live*.

14) Although SFBT conversations are not problem focused, they typically generate *sufficient information about problems and history* for mandated assessment and recording purposes.

15) SFBT practice is more likely to engage a group that in North America is most vulnerable to death by suicide: men (Lavoie).

16) SFBT *optimizes client-helper collaboration* and is effective with clients regarded as “resistant”.

17) Solution-focused conversation helps to *focus the helper as well as the client on hope and reasons for living*, and therefore

* + 1. May contribute to better outcomes for clients;
    2. May make it easier for the helper to have matter-of –fact conversations about suicide risk; and
    3. Can be both prevention and antidote for secondary trauma

18) Solution-focused practice protects the mental health and wellbeing of practitioners doing this work, and helps them to stay hopeful and to experience *more patience and compassion* toward frequent callers or attempters.

19) Solution-focused practice with colleagues can enhance communication, collaboration, and appreciation; and thereby *strengthen the safety net*.

20) Some problems cannot be solved, therefore we cannot use a problem-focused approach. Using SFBT can help clients focus on a future that is worth living despite loss or tragedy.

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