SOME GUIDING PRINCIPLES AND SUNDRY THOUGHTS

- Big problems don't necessarily require big solutions?
- Every session can be complete in itself (it might be the only one you get!)
- Our aim is for the client to leave the session knowing ONE new thing about his her strengths/capabilities
- Any kind of movement may suffice to ignite hope in the client
- Assessment and therapy are not separate; creating possibilities happens from the start
- Define changes as the presence of, rather than the absence of something
- Listen to the clients' use of language, metaphors and way of describing himself/herself and adapt your language to fit
- Validating experience is more important than diagnosing
- Effective interviews can be achieved even when the worker is unable to describe exactly what the problem is (why the attempt was made).
- Using presuppositional language conveys the assumption that positive change will emerge
- Replacing psychiatric/biological labels with ordinary phrases drawn from everyday language can empower people in their search for solutions.
- A very small change may be all that is needed to effect a change in the entire pattern.
- Our job is NOT to create or instill hope … our job is to recognize the smallest seeds of hope that are already there.

Suicide contracts and their limitations.

The use of verbal or written no-suicide contracts is controversial and the literature is sparse. The discussion involved in arriving at a no-suicide contract may provide a useful structure for enquiring about a client's inner state and for collaboration in developing plans to deal with dangerousness and ensure safety. However it may be unwise to depend too heavily on a no-suicide contract. … the contract may serve mainly to reduce the anxiety of the clinician, and argues it is important to consider why the contract is being negotiated and what it means to the client and the clinician. (APS, 1999).

A CONSTRUCTIVE HISTORY

Assessment need not be disconnected from therapy. In fact, we can "do" assessment in ways that make clients feel more morbid or in ways that make them feel more hopeful. Asking endlessly about details of "the problem" makes the problem(s) bigger.

When asking about history, it is important to focus on a constructive history. Asking about strengths, resources, and past experiences when they have used these strengths, co-constructs a picture of resilience rather than failure.

NOT "either/or". It is not a matter of *EITHER* we ask about the problems/risks/attempts/reasons *OR* we focus on strengths and resilience. Rather, the question is **HOW** we can ask about problems/risks/attempts/reasons in the context of a conversation that still points to safety and resilience.

- Can you tell me how you ended up here?
- How was taking an overdose / cutting yourself helpful?
- How will you know when you no longer need to do that?
- What were you wanting to happen?
- What will be different when you no longer need to do that?
- How did you cope with …?
- How did you stop yourself cracking up when all this was happening?
- Where do you get the strengths to cope with all this?
- Who else knows you have this strength?
- How have you used this strength in the past?
- How did you decide not to jump from the cliff?

EXCEPTIONS — INDICATORS OF SAFETY

Exceptions are the key to a safety plan. The person and their family are identifying ways they already keep themselves safe and the conditions that are present when they are safe. We aim to co-construct a mutually understood picture of what safe needs to look like for them to remain at home. (as opposed to hospitalisation)

- Well you're sitting with me now, what have you been able to do to keep yourself safe?
- Tell me about a time in the last week when you felt least suicidal?
- What helps to keep you safe? (some prompts could be asking how helpful the following are : listening to music, writing poetry, speaking to friends/family, playing on the computer, Playstation, Nintendo, going for a walk, etc.)
- Who else knows what keeps you safe? What is that they do to help you keep safe?
- What does that person know about you that others don't?
- You said before that it's not always like this. Tell me about those other times. When is it not like this? What is it like then?
- How did you manage NOT to do it? Okay, so you feel like you were too gutless to do it. I've seen some kids who just don't care anymore. Somehow, you still cared about being gutless.
- You said you've felt this way other times. How have you managed not to kill yourself on those times?
- When are the times you feel happier — even just a bit? What's different then?

THE MIRACLE QUESTION — A PREFERRED FUTURE

The assessor needs to be clear with the person and family about what safe behaviour is. We focus on what WILL be happening rather than what needs to stop. By creating a detailed miracle picture, we are inviting the person and their family to ground the keys to safety in their daily lives. The ways that they are already achieving this can be explored when creating a miracle picture. Asking a scaling question after this follows up on other steps towards the person to feel safer.

Just suppose when you go home tonight … you go to bed … go to sleep … a miracle happens … and the miracle is that all the suicidal feelings and thoughts are gone. When you wake up in the morning, what will tell you that the miracle has happened? What will be the first thing you will notice? Who else will notice? What will be the first thing they notice?

… What else? … And what else? … And what else?

Just suppose when you go home tonight … you go to bed … go to sleep …a miracle happens … and the miracle is that the sadness *(whatever words the clients uses to describe what brings them to ED/your service)* are gone. When you wake up in the morning, what will tell you that the miracle has happened? What will be the first thing you will notice? Who else will notice? What will be the first thing they notice?

… What else? … And what else? … And what else?

Given how desperate you're feeling, I'm going to ask a question that might sound a bit strange. Just imagine that tonight you go to sleep, and during the night whilst you are sleeping, a miracle happens, and the miracle is that you are able to cope with living without James. So, when you wake up the morning after the miracle has happened, what will be the first thing you would notice that would tell you a miracle has happened, that you are able to cope with living without James?

OTHER FUTURE-FOCUSED QUESTIONS

- How will you know that coming here today was useful?
- How will the doctors know when it is safe to let you go home?
- Okay, so let's imagine you get to the point where no-one needs to worry any more about whether you are safe or not … what will be different then?
- What will be happening when you're not thinking about killing yourself anymore?
- Suppose in 6 or 12 months from now, you look back and see this as something that turned out for the best, how will you know? What will you be doing differently? Who else will notice? What will they notice that's different?

SCALING QUESTIONS

By using scaling questions, we are co creating a concrete language in which a young person and their support system can communicate about safety. It can be universally adopted at home, school, and in therapy. Scaling is also a helpful way as a therapist to monitor safety, without having to focus on problems.

Scaling encourages people and their families (and the wider system) to not think of events as black or white. It creates fluidity in conversations and introduces possibility for change to occur.

Scaling can be used as a visual tool as well, by inviting the person to draw what a 0 looks like and 10 looks like. Having a whiteboard can be really helpful. For those young people where verbal abstract language is difficult, you can use scaling by putting a 0 on the ground and a 10 and inviting them to stand where they feel today.

Scaling can also be used to identify pre session change.

- On a scale of 0 to 10, where 0 is (the sadness, the suicidal stuff, …) and 10 is you're feeling safe and things are good, where are you today between 0 and 10?
- On a scale of 0 to 10, where 0 is feeling unsafe and 10 is you're feeling very safe where do you feel today between 0 and 10?
- How will you know when you go up a point or two? What will be different?
- Where did you feel on the same scale when you hurt yourself?
- Where did you feel on the same scale when you (your family) called about making an appointment?
- If you go down the scale, what will you do for that to change and go up the scale? Who can you tell that you're feeling low on the scale? What might you need to tell them so that they can be helpful?
- When were you last low on this scale? How did you manage then to go up the scale?
- What will you do differently if you feel that low again?
- On a scale of 0 to 10 where 0 is you have no hope of life without suicidal thoughts and 10 is you are very hopeful about life without suicidal thoughts, where do you feel today?
- What will be different when you go up a point or two?

NOTE: We DON'T ask "**What do you need to do** to be higher on the scale?"

Rather, we ask "**How will you know when** you are a bit higher on the scale?" or "**What will be different when** you are a bit higher on the scale?"

- On a scale of 0 to 10, where 0 is "it's not safe to let you out of here", I can't tell the doctors that you won't try something like this again" and 10 is "we can be absolutely certain that you're not going to do anything like this again", where are you?
- You're at 4. What helps you be at 4?
- How did you get from 0 to 4?
- What's different at 4 than at 0 … or 1 … or 2?
- What will be happening when you get to 5?

- I guess you know that Mum and Dad are a bit worried, after what happened. Where do you think THEY would say you are on that scale?
- What would be different when they said you were one point higher on the scale? What would they have noticed?
- If I asked Mum and Dad what will be happening when they don't need to be worried about you, what would they say?

If the adolescent says they are at 8 (maybe just to impress you or to be allowed to leave)

- 8. Really? How have you managed that?
- So, three hours ago, when you *(made the attempt)*, you were at 0. Now, you're at 8. How come? What's different now?
- What shows you're at 8? How will other people know?