"A vital tool in helping students and therapists bring solution-focused approaches to their work with people who are finding it hard to see the point of carrying on with life"

Harry Procter, Clinical Psychologist

Preventing Suicide

The Solution Focused Approach

John Henden

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To all my clients over the past 33 years, from whom I have learnt so much about how to be helpful and useful to people in distress.

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About the Author

John Henden is an internationally known and well-respected workshop presenter and trainer, who has a special interest in various challenging applications of the solution focused approach to psychological problems. The subject of suicide is one such interest.

John, having gained a first degree in psychology, worked in UK mental hospitals, along with many hundreds of other psychology graduates in the 1970s, to bring about positive change. During his NHS career, he had two papers published on the changing language of mental health and presented an early paper on this subject at a mental health promotion conference.

After 22 years in the UK National Health Service as both a practitioner and a manager, John set up a training, counselling and consultancy partnership providing a wide range of products and services to both public and private sectors.

John Henden is a counsellor and psychotherapist and over time has specialised in couples work, drug and alcohol dependency, and working with abuse and trauma.

It is his specialised approach to suicide prevention which has gained most public attention over the last few years. He has presented workshops at conferences; run training courses in several countries; and has had numerous suicidal clients on which to field-test the radical tools and techniques he outlines. Suicide rates within mental health services have been reduced significantly in areas where this new approach has been applied.

John has a personal interest in the subject, as he had strong suicidal thoughts as a child; lost a cousin to suicide; and witnessed an exceptionally high number of suicides within formal mental health services.

As a trainer and workshop presenter, John Henden has an energising and inspirational teaching style which incorporates a high level of humour, despite the seriousness of the subject.

As a solution focused practitioner, John never ceases to be amazed at how its effective and well-structured approach lends itself to the widest possible range of difficulties with which practitioners are presented.

John Henden is among one of the leading innovators within his field, having developed some interesting ideas and techniques of his own: ‘leapfrogging’ the problem; ‘the five o’clock rule’; ’the solution focused feelings tank’; and, ‘beating the “if only …” monster’.

Having had various articles and papers published over his long career, he has at last been persuaded to get all his ideas on suicide prevention out in book form.

Foreword

This book reminds me of a story that touched me deeply. It was told by Heather Fiske, a wise and soulful family therapist. Heather heard this story (Fiske, 2008) from a young Canadian aboriginal man in the context of his speaking about suicide deaths in his community and family, and describing his personal struggle to find reasons to carry on.

In the story, a young man is confiding to his grandfather about feelings of despair. He tells Grandfather that he has next to nothing in his life – no job, no marketable skills for getting a job, and that he has been recently rejected by the girl he loves. He tells Grandfather that half of the young people with whom he grew up are now already dead by suicide and that most of the rest are feeling hopeless like he is, and it is hard for them to find reasons to go on. Instead they sit around and get stoned or drunk. Many nights he has joined them. Why should he not?

His grandfather listens thoughtfully for a long time. Finally he tells his grandson: "Your despair is a wolf. This wolf is very powerful. This wolf will kill you, and it will eat your soul. But hope is also a wolf, just as powerful, and it will fight the wolf of despair for you." And then he stops.

Naturally the grandson wants more of an answer and so he protests: "Grandfather, please tell me—I NEED to know! Which wolf wins the fight? Which wolf survives?" And his grandfather answers: "The one that you feed."

I am confident that reading this book will help therapists and other care givers discover further ways to help their clients nourish (feed) hope.

Yvonne Dolan, Director

The Instititute for Solution-focused Therapy, Highland, IN. U.S.A.

Fiske, Heather (2008). ***Hope in Action: Solution-focused Conversations About Suicide.*** Philadelphia, PA: The Haworth Press/ Taylor-Francis Group.

Acknowledgments

First and foremost I would like to thank the three past attendees of my training workshops who, quite independently, urged me to write this book.

The work became ‘an ongoing project’ for over four years. Over this time I have consulted various friends and colleagues about how best to present my thoughts and ideas.

I am grateful to members of the Bristol Solutions Group: Kate Hart, Mark McKergow, Jenny Clarke, Alasdair Macdonald and Harry Procter, for their various comments and suggestions about how both to select and present the material.

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I am grateful to my wife, Lynn, particularly, who has listened to my ideas on the subject from the outset. At each twist and turn, she has been supportive and continued to encourage me – especially during the intensive research and writing spells, when I have gone away to one of the several retreats, for peace, quiet, inspiration and study. I am grateful, too, for her forbearance when chapters of the book and various papers have spilled out from the study into many other parts of our home.

I am especially grateful to Ginny Brink, over the past three years. She was helpful in the early days with her advice on the overall structure of the work and specifically with regard to some chapters. I have appreciated her willingness to be sounded out on particular points during the middle part. She has been of great help, too, in the latter stages, in both coaching and encouraging me at various ‘low’ points.

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the benefit of this quality when, at various times, we have discussed the project. I am grateful, also, for the use of her home during the research stage.

I am thankful to Kate Hart, who has been a great help to me during both the research and writing stage. Her 'little shed by the sea' with its tranquillity and views across the Severn Estuary was the location for much of the note-taking and writing over some two and a half years.

The helpful suggestions and peer advice I received during the early part of 2007 from Harry Procter was invaluable in both ensuring my overzealousness was curbed and that the work was positioned better within the specific academic field. Without his help on the original proposal, the book might not have reached a wider audience. My thanks go out latterly to Harry for reading and commenting on various chapters prior to submission to the publishers.

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I reserve particular thanks to my secretary, Alison Wright, who has persevered long into the afternoons to word-process the whole book from a handful of mini-cassette tapes! Some chapters and sections have undergone many revisions and I am thankful for her patience with the process.

My final thanks go to John Wiley & Sons and particularly to Nicole Burnett and Sarah Tilley who have encouraged me with their emails and have shown much patience ahead of the manuscript's delivery.

1

How to Use This Book

Whether you are a healthcare professional, an academic, advice-line volunteer, or someone who is feeling suicidal at the present time, you will find this book helpful.

If you are a healthcare professional (general practitioner, psychiatrist, psychologist, counsellor, therapist, mental health nurse, social worker, or another member of either a primary care team or a specialist mental health team); and, have already a basic grounding in solution focused brief therapy, then you might find it most helpful or useful to go straight to Chapter 8. Here you will find out about the specialised solution focused tools and techniques and see how they are applied to the suicidal service user.

If you have no previous knowledge about solution focused brief therapy and want to learn about it in a nutshell, then you might like to begin at Chapter 6, before picking up on the specialised techniques in Chapter 8.

You might be inquisitive as to how the solution focused approach to preventing suicide sits alongside other approaches and models of working. You might be from an established tradition (e.g. biomedical, cognitive behavioural, person-centred, etc.) and are curious as to how solution focused compares and contrasts with your own way of working. A number of other models are set out in Chapter 4. The author is respectful of other ways of working: all have validity.

If your interest in the subject is purely academic and you are on a journey of discovery within the wider subject of 'suicidology', then you might like to begin at the first chapter, 'The Book's Style and Purpose'.

You may be a tutor running a counselling or psychotherapy course, either wanting to understand the solution focused approach a little more and/or wanting to see how you might teach the tools and techniques herein to your students. You will find the book easy to follow and understand, and will find the many examples and sections of counsellor-client dialogue helpful in learning about which techniques to apply and when. Also, you will appreciate, I hope, that the solution focused approach is not simply 'techniquey', but is a relational process between worker and client that flows. Also, you will discover that the approach produces long-lasting results, despite the relatively few number of sessions required.

You might be a reader who has made an attempt on your life already or are thinking of doing so. I hope you will find the book both interesting and helpful to you in your current state of thinking. If you are such a reader, I would suggest you go straight to the '*worst case (graveside) scenario*' in Chapter 8 and spend about 10–15 minutes answering it as carefully and honestly as you can, before reading other chapters in the book. You might like to read either *Suicide: The Forever Decision: For those thinking about suicide, and for those who know, love or counsel them*, by Paul G. Quinnett, or *How I stayed alive when my brain was trying to kill me: One person's guide to suicide prevention*, by Susan Blauner. (See section at the back of the book for full reference details.)

You might be a solution focused practitioner who is interested in finding out about yet another specialist area which has been given the solution focused treatment or had solution focused principles applied to it. In the spirit of generosity, which is a fundamental part of the solution focused tradition, this is my offering. Please feel free to use any of the exercises in your work for the benefit of others. All I ask is that you acknowledge the source. Throughout the book, apart from a little within Chapters 4 and 5, I have avoided using the jargon of the study of suicide. The main reason for this is to keep the book simple and understandable for the widest possible readership. As first and foremost a practitioner and trainer, my overall aim is both to save lives and to help others to save lives too. My 'academic hat' is very much secondary. This whole area of research, education and practice has been given the title 'suicidology'. For those readers wishing to know what the jargon of suicidology is comprised of, and for serious academics who may wish to study aspects of the subject further, I would suggest you enter this term into your preferred internet search engines, along with other terms such as, 'suicidal ideation', 'completed suicide', and 'postvention'. Many of the references at the back of the book will be helpful too.

Throughout the book, you will find many different titles for 'practitioner' and for 'client'. I have used a maximum of interchangeability with the many

terms that refer to these two titles, in order to ensure the book is of widest appeal across the healthcare, helping, social care and welfare sectors, where suicidal people are encountered. So for ‘practitioners’ the following alternative terms will appear: ‘health professional’, ‘worker’, ‘therapist’, ‘helper’, ‘clinician’ and ‘counsellor’. For ‘client’ the following titles will be used: ‘patient’, ‘service user’, ‘person’ and ‘helpee’. Also, I have used the male and female pronoun interchangeably from time to time.

2

The Book's Style and Purpose

> "It is the quality of the personal encounters which, in the end, are the essential factors in creating positive change."
>
> John Eldrid

> "Before people kill themselves, many have had recent contact with a helping agency. Two-thirds of those who contact their family doctor have received medication, which about half use to poison themselves."
>
> David Aldridge (1998)

> " The death toll from suicide . . . with 25 mentally ill people a week taking their lives. Some 1300 mental health patients a year commit suicide."
>
> J. Slack, *The Daily Mail*, 4 December 2006

THE BOOK — IN A NUTSHELL

For decades, health professionals and policy makers have resorted to head-scratching, chest-beating and hand-wringing over high suicide rates. Questions were, and are still asked today, such as:

> Could we have asked the right question?
>
> Shouldn't we have recognised the signs?
>
> Wasn't there a clue somewhere in what he/she said?
>
> (Aldridge, 1998)

The issue of resolving the problem of suicide has taxed intelligent minds across many disciplines for a very long time. Camus (1942) in referring to it said, "There is but one truly serious philosophical problem and that is suicide".

In spite of the vast increase in research into the problem, nearly two-thirds of a century later it seems, worldwide, we are little further forward. Another main purpose of this book is to shed new light and make in-roads such that Simon's (2002) statement ("There are two kinds of psychiatrist: those who have had patients commit suicide and those who will"), can be revised to something like: "There are two kinds of mental health care-givers: those who used to have clients commit suicide and those who do not".

Much has been written about the subject of suicide, but little on the specific 'how-to-do' or 'what works' in the 1:1 relationship between worker and suicidal person.

This book concentrates on how lives are saved; what workers do and say that is effective; and, what clients have said they found helpful.

THE BOOK'S STYLE

I have aimed to make the style of this book clear, easy to read and jargon-free, wherever possible. The principle of 'Occam's Razor' is applied: that is, if more straightforward words or stories can be used to describe something, then it is those which will be chosen.

REASONS FOR WRITING

AN APPROACH WHICH IS EFFECTIVE

The many tools and techniques outlined in later chapters have been field-tested over some 15 years or so. They have been demonstrated to work both efficiently and effectively. Students of training workshops have reported similar success rates over the past six years or so. There is a growing body of practice-based evidence which shows significant reductions in suicide rates both in individual caseloads and within teams.

A SHORTAGE IN THE LITERATURE OF EFFECTIVE BRIEF THERAPY TREATMENTS FOR SUICIDAL CLIENTS

From my extensive literature review, it seems the vast majority of research, review and discussion material on the subject of suicide, is concerned with matters other than the matter of central concern: *the verbal and non-verbal communication that occurs in a 1:1 relationship with a suicidal person.*

Instead, writers become lost in national suicide trends and statistics, methods used in completed suicide, community attitudes and beliefs towards suicidal behaviour, etc. There are numerous research and discussion topics on suicide and these are dealt with more than adequately elsewhere. Should readers be interested in following up any of these, there are various avenues of inquiry. My concern is to emphasise the crucial matter of how to manage the one-to-one encounter with someone experiencing strong suicidal urges and there is evidence that how this is conducted in the first 10 minutes can make a significant difference to the outcome (see Chapter 7). This is the central focus of the book.

PERSONAL INVOLVEMENT IN THE TERRITORY

My personal interest in this subject can be traced back to my early childhood years when I tried suffocating myself on many occasions, under the bed covers, in order to escape severe and enduring emotional abuse and neglect. On other occasions I prayed to God that he would take me away in my sleep. I am pleased to realise now that He had other plans! It is only in recent years, while talking to my brother, two years my junior, that I learned he hoped to die too, as a way out.

No doubt another source of my interest is that my cousin, John Neil Henden, took his life by carbon monoxide poisoning some 15 years ago, as a result of various personal and employment difficulties. (He had been diagnosed earlier as being clinically depressed.) His death impacted on me both in that I lost a cousin, but also the less-than-satisfactory treatment he received when asking for help. Both my personal experience of suicidal thinking and the experience of close family members, has given me a heightened empathy towards suicidal people.

The connections I have had with helping agencies, both statutory and voluntary, over the past 30 years or so, have opened my eyes to what works; what helps a little; and, what patently fails those whose problems and difficulties are such that they experience recurrent suicidal thoughts and ideas.

During the course of my life, to date, I have taken various calculated risks to achieve personal objectives. On some occasions these did not work out. At those times, I considered the suicide option, albeit briefly. I know now that this type of thinking is quite normal. At a time in the mid 1990s, I found myself in a changed job situation, where job satisfaction was deteriorating by the week. I began to have regular thoughts about how I might be able to set up an elaborate suicide in the cellars of the building in which I worked, and not be