

“So I just feel my reason to go on living was to be here for my son and to help him through this too and to try and make him see that life is the most important thing in the world and we will have many storms but we can weather them if we try and of course we will have sunny days too. I wish that there was a way for others like myself to make people who are feeling like committing suicide to realize there are so many special things in life along with the bad and we have to accept that we will experience both situations but at least we are alive to experience them and go on till it is our real time to leave the planet and not leave by our own hands which is so wrong in every way possible.”

-- Story 55



"Suicide is the triumph of pain, fear and loss over hope. Suicide is most often the result of pain, hopelessness and despair. It is almost always preventable through caring, compassion, commitment and community."

-- The Canadian Association
for Suicide Prevention



*Believing in anything less than
a favorable outcome is to flirt
with tragedy.*

--Paul Quinnett, 2005, p. 4



“If I am suicidal, I want a therapist who believes I’m going to live, not die. Even if I am chronically suicidal and have only a smidgen of ambivalence between me and a lethal attempt, I don’t think I need a healer who has already quit on me.”

--Paul Quinnett, 2005, p.4



Inspiring Hope after a Suicide Attempt

Jenn Brasch, MD
September 9, 2010





Suicide Prevention
Community Council of Hamilton

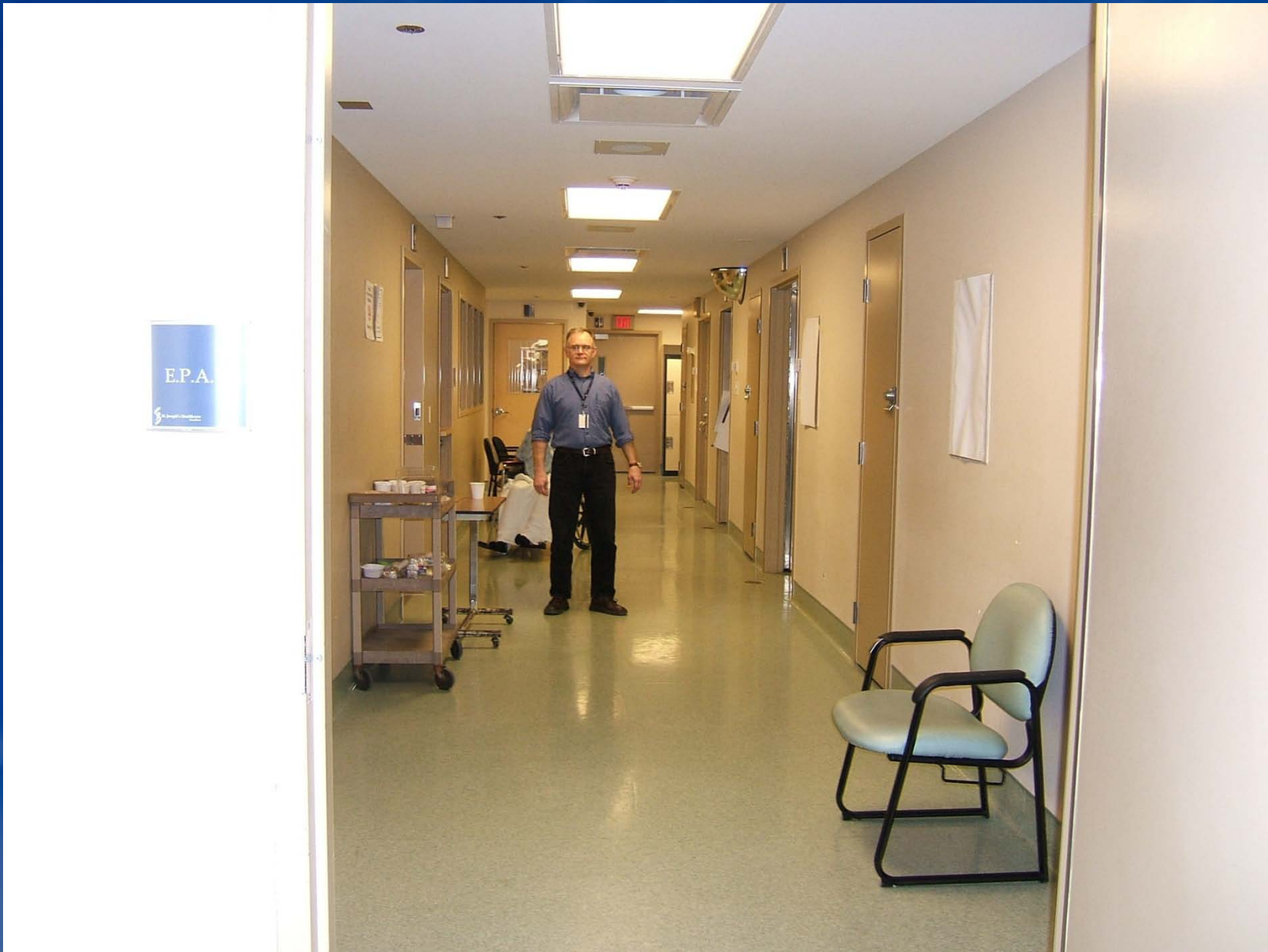
Join us for the launch
of the
**Hamilton
Suicide Prevention
Strategy**

Friday, September 10, 2010: World Suicide Prevention Day

Hamilton City Hall Council Chambers:
71 Main Street West—10:00 am—Everyone welcome

Contact: 905-546-2424 ext 3612





E.P.A.
Environmental Protection Agency

John

- 31 yr old male, brought to ER with active SI
- Reported severe anhedonia, and failure on bupropion
- Convinced nothing else would work
- Planned to jump over Niagara Falls





The

REASONS **to go on** LIVING

Project

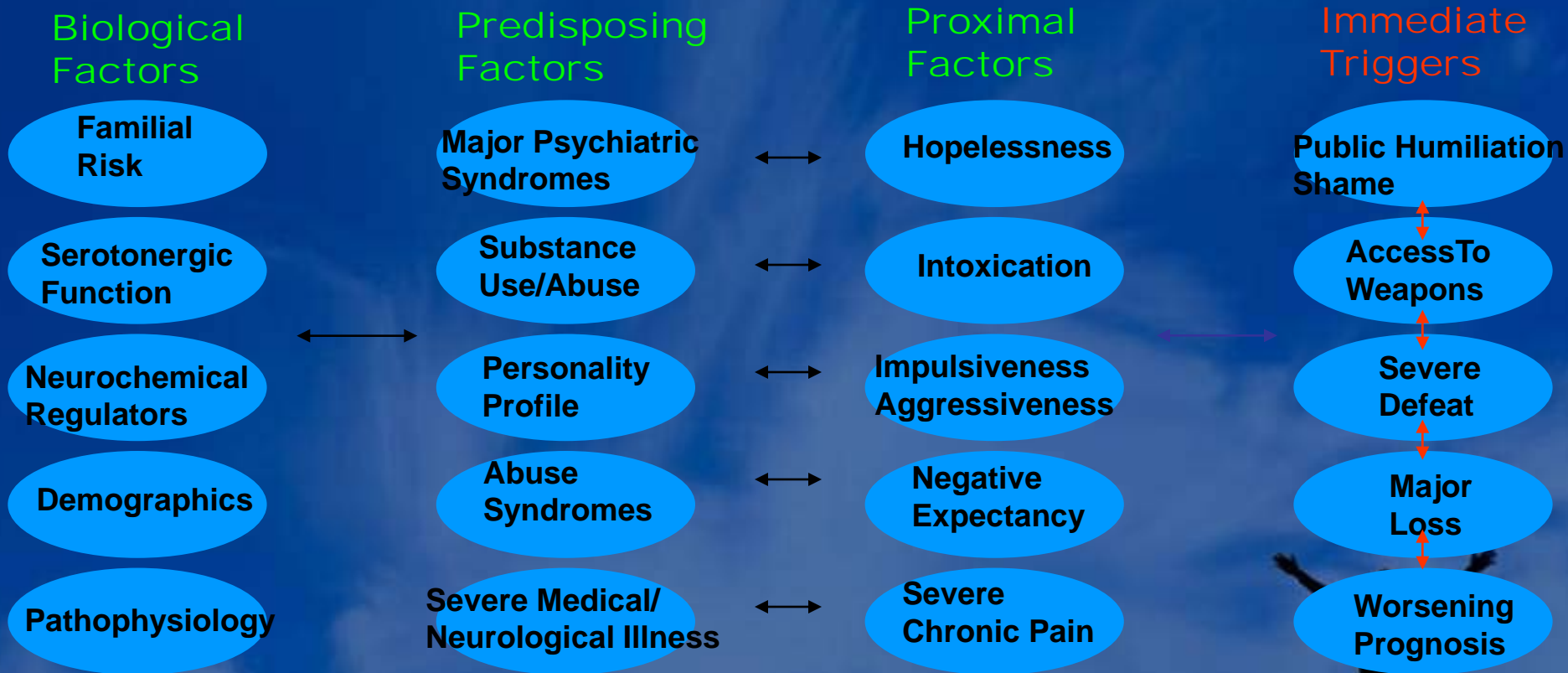
There is a vast difference between “intolerable”
and “just barely tolerable after all.”

--E. Shneidman



Suicide is an outcome that requires several things to go wrong all at once.

There is no one cause of suicide and no single type of suicidal person.



Resiliency Factors

- Sense of meaning and purpose in life
- Sense of hope or optimism
- Religious practice
- Active social networks and support from family and friends
- Good health care practices
- Positive help-seeking behaviours
- Engagement in activities of personal interest



What is hope?



"Hope is the feeling you have that the feeling you have isn't permanent."

-- Jean Kerr



- Hope is not optimism, expectation or positive thinking

- --Groopman, 2004; Jevne & Miller, 1999; Menninger, 1959



Beck Hopelessness Scale

- I look forward to the future with hope and enthusiasm: T F
- I might as well give up because there is nothing I can do about making things better for myself.
- When things are going badly, I am helped by knowing that they cannot stay that way forever.
- I can't imagine what my life would be like in 10 years.



Hope: “a basic but elusive
ingredient in our daily work.”
--Karl Menninger, 1959



Hope

- Elusive
- Encompasses affective, cognitive and behavioural aspects
- Functions both as state and trait

“An adventure, a going forward, a confident search.”

--Karl Menninger, 1959



Hope

“A multidimensional dynamic life force characterized by a confident yet uncertain expectation of achieving a future goal which to the hoping person, is realistically possible and personally significant.”

--Dufalt and Martocchio, 1985, p. 380



Hope

- “The elevating feeling we experience when we see—in the mind’s eye—a path to a better future.”
- --recognizes there may be “significant obstacles and deep pitfalls along that path”
- --Groopman



Research findings on hope

- Foundation for therapeutic change
- Requires both *pathways* & *agency* thinking
- Agency—the willpower or energy to get moving towards one's goal
- Pathways—the perceived ability to generate routes to get somewhere
- The “will and the way”
- (Snyder, 1995)



Research findings on hope

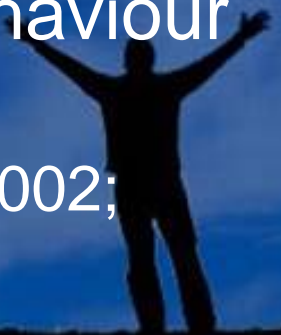
- Generated by review of strengths and successes
 - Snyder, Michael, & Cheavins, 2000
- Perception that helper is hopeful predicts positive outcome
 - Bachelor, 1991



Role of Positive Emotions

- Predicts recovery
- Is associated with the capacity to learn new behaviours, skills, or ways of thinking
- These findings hold even if positive emotion
 - Is transitory
 - Occurs during painful life events
 - Accompanies suicidal thinking and behaviour

--Frederickson, 2000; Frederickson & Joiner, 2002; Joiner et al., 2001; Wingate et al., 2006



There is no specific theory or research that informs nurses of how to inspire hope in suicidal clients.

--John Cutcliffe, 2002



How people live with or get over being suicidal: a review of qualitative studies

R. Lakeman & M. FitzGerald
Journal of Advanced Nursing
Vol 64, October 2008, p114-126



Literature Review by Lakeman

Total references found	1130
Number excluded by title	956

Studies that met all search criteria:

12



Literature Review by Lakeman

Bennett 2005	12 widowers
Bennett 2002	27 youth after serious SA
Bostik 20087	50 with SI in youth; from ads
Crocker 2006	15 with depression and SA
Cutcliffe 2006	20 after SA or SI
Eagles 2003	59 with psychosis or MDE
Moore 1997	11 psych inpts with SI
Paproski 1997	5 first nations women with SI
Paulson 2003	37 in counselling after SI
Samuelson 2000	18 hospitalized after SA
Siegel 1999	64 gay males with SI & HIV+
Talseth 2003	2 hospitalized patients



Literature Review by Lakeman

- Content analysis identified several recurring themes common to most papers:
 - Suffering and Psychache
 - Struggle
 - Suicide and coping
 - Turning point
 - Connection



Suffering/Psychache

- Psychache is the hurt, anguish, or ache that takes hold in the mind.

--Shneidman, 1996

- It seems obvious that people who contemplate suicide experience considerable pain
- Conveying understanding of another's pain and suffering and assisting in containing it is fundamental to developing relationships which are therapeutic



Struggle

- Highlight the experience of life as a struggle of varying degrees of intensity relating to different issues at different points in time
- Suicide was construed by participants and described by researchers as a choice
- The suicide attempt for some was a means of taking control



Suicide and Coping

- Suicidal behaviour as a method of problem-solving reflecting the participants' way of relating to the world
- Positive change was associated with extending the repertoire of coping strategies.
- Suicide may be seen both as a coping mechanism and a failure to cope



- Suicidality may be thought of as both a failure to cope and as a means of coping in that it provokes direct consideration of the meaning and purpose of living and dying.
- Connection with others and particular kinds of relationships may be important mediating factors in living with or overcoming suicidal thoughts.



Turning Points

- Some researchers described pivotal events or turning points towards or away from suicide
- The corrective emotional experience of being cared for could engender rapid change



Turning Points

- Nurses working with suicidal individuals should aspire to be identified as people who can turn others' lives around
- People need to experience a relationship which is incompatible with alienation and hopelessness, consistent in positive regard and permissive of emotional expression
- Nurses may assist people to mobilize, connect or reconnect with their natural networks and supports



Connection

- At the heart of engagement is an attempt to know the individual and their unique experience
- “mattering”, or the belief that one makes a difference in the lives of others, influences self-esteem, which in turn influences depression.



Connection

- A disconnection from others, culture or God was a common feature of the suicidal experience
- Connection with others and particular kinds of relationships may be important mediating factors in living with or overcoming suicidal thoughts.



Connection

- Shift the emphasis from “observation” of suicidal patients in psychiatric care settings to engagement and inspiring hope (Cutcliffe 2002)



Hope

- Therapeutic value
- In context of realistic, achievable goals



Fostering, Instilling, or Restoring Hope

- Attributes and attitudes of caregivers
- Being hopeful & knowing how to express this hope, accepting the risk that it may be proven wrong (Edey, 2000)
- Being realistic (Bruhn, 1984; Smith-Stoner & Frost; 1995, Menninger, 1949)
- Find the balance between inspiring an excess of hope and alleviating a deficiency of hope (Menninger, 1959)



Attributes and attitudes of caregivers

- The ability to recognize their own limitations to give hope and to heal, never giving the pt false hope to preserve their own image as healers (Bruhn, 1984)
- Knowing when to seek support for themselves (Bruhn, 1984)
- Holding a hopeful attitude



“The answers you get depend upon the questions you ask.”

--Thomas Kuhn



Process Issues

- Rapport
- Quality of interview
- Sufficient time
- Interviewer's attitudes about suicide



Tangible ways to foster, instill or restore hope

- Validate the client's feelings (Limandri & Boyle, 1978)
- Help the pt to find and maintain a sense of control over their environment (Smith-Stoner & Frost, 1995; Limandri & Boyle)



Tangible ways to foster hope

- Provide opportunities to the pt to be actively involved in treatment planning and decision making (Smith-Stoner & Frost; Limandri & Boyle).
- Such opportunities may help clients to explore alternatives and maintain hope even if their situation does not change (Smith-Stoner & Frost)



Tangible ways to foster hope

- Suggest the possibility of options, beyond those already explored, in solving problems –*create choice* (Edey, 2000)



Tangible ways to foster hope

- Use language that supports hope, i.e. The language of “when” and “I believe” (Edey)
- Identify and reinforce *reasons for living*
 - Support any positive activity
 - Support any less negative activity



Not just reducing risk

- Real attention to protective factors
- Support reasons for living
- Balance acknowledgement and possibility (O'Hanlon)
- Begin with hope and possibility



Solution-Focused Therapy

Thanks to Heather Fiske for these ideas

Frame the client's problems in "hope-friendly" ways:

- as skills deficits (e.g. Linehan)
- as naturally overwhelming the person's coping through sheer volume; implies that taken one at a time, they are soluble
- as evidence of treatable illness; most helpful if can point to "live" examples of others who have suffered and overcome such illnesses
- as "troubles" (S. deShazer, L. Taylor)



Solution-Focused Therapy

Assume that clients make choices and take actions that make a difference:

- When the thoughts of suicide come, how long do they stay?
- What are you doing to make them go away?



Solution-Focused Therapy

Ask questions:

--Directly about reasons for living

- What keeps you going?
- What helps you fight back against the suicidal thoughts?
- If there were one thing that might be worth living for right now, what would it be?
- What kept you alive when you felt this way before?



Solution-Focused Therapy

- Ask...how clients account for their strengths, resources, successes:
 - How did you know that x would work/help/make a difference?
 - What does x tell you about yourself?



Solution-Focused Therapy

- Ask...about *cop*ing
 - How have you managed to...despite these problems?
 - How have you kept going?
 - Why aren't things worse?



Solution-Focused Therapy

- Ask...“relationship questions”, especially if clients have difficulty seeing their own reasons for living
 - What would your parent/friend/teacher/ employer/pet say was most important to you?
 - ...most likely to make a difference in how you are feeling/thinking?
 - What would that person want you to remember?



Solution Focused Therapy

- Ask...about a possible positive future:
 - If a miracle happened...what would be different?
 - Imagine yourself as an old wise person....what would you want to say to yourself now? (Dolan, 1994)
 - Suppose you begin to see another solution to your problem [other than suicide]...what difference will that make?



Involve families and friends

- Nurture hope
 - By noticing, celebrating and reinforcing the smallest signs of progress, recovery, healing
 - Through persistent interest in their wellbeing
 - Through direct and indirect compliments for their efforts



Summary

- Caregiver attitude
- Compassion, containment
- Helping patient to see that they have choices, options, alternatives
- Choose questions carefully



How is my interaction with clients “hope-friendly”?





Last year I tried to kill myself

I'm glad I failed

Life is good again





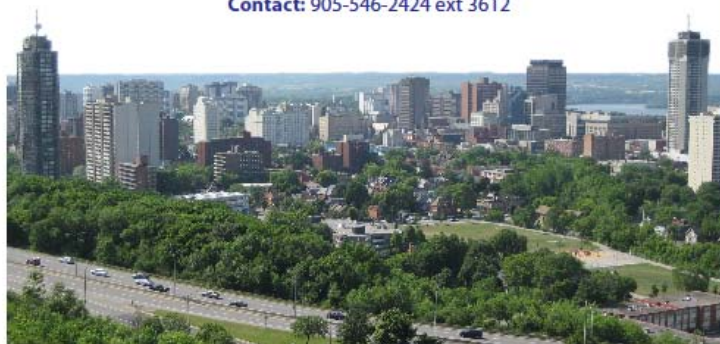
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“She was someone to hold the belief that my life was worth living”

--DeQuincy Levine, 2007

