

This information provided  
as a community service by:  
The Glendon Association

The Glendon Association mission is to save lives and help people create more meaningful lives by addressing the social problems of suicide, child abuse, violence, and troubled interpersonal relationships.



The Glendon Association  
5383 Hollister Ave., Suite 230  
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800.663.5281  
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**For help or information  
about suicide call:  
24 hour Suicide  
Prevention Hotline  
Call 211**

Santa Barbara County  
Cell Phones Call  
1-800-400-1572

San Luis Obispo Hotline  
1800 549-8989

National Help Line  
1-800-SUICIDE

**Other helpful resources:**  
American Association  
of Suicidology  
www.suicidology.org

American Foundation for  
Suicide Prevention  
www.afsp.org

**Develop an Action Plan:** This task involves you and the person at-risk coming to an agreement and putting a plan into action to prevent the immediate risk of suicide. You have already identified and explored the problem. You have made your best guess about the level of risk. Now you are prepared to do something about it. But is the person at risk as ready as you are? You need to make sure that the two of you are working together toward the same goal.

Share your assessment of the degree of risk with him or her. "I think you are really in danger of hurting yourself." Ask if he or she is ready to consider solutions that are on the side of life. Most plans, to be effective, must have the cooperation of the person at risk. If the person is hesitant, or unsure, return to the inquiry task and reopen the issue of ambivalence.

You need to realize that the person always maintains the option of suicide for the future. You need to allow this. It is unrealistic to expect that your conversation has entirely resolved ambivalent feelings about suicide. You must feel free to suggest life-sustaining alternatives in a way that encourages the person to reconsider the prospect of continued life.

As you discuss the positive parts of the person's life, the steps away from suicide will usually seem more clear. There are several important parts to a good action plan.

### **1. Be specific**

Details about what's to be done must be clearly understood. Being specific is very important. Leaving things vague and non-specific can be dangerous.

### **2. Limit objectives**

Remember that your role is to help until the immediate danger, or the threat of suicide, has passed. The action plan is not meant to be a total solution for all the person's problems. Be realistic. Do not make false promises or resort to phony statements (For example, "It will be alright.")

### **3. Work together**

Both you and the person at-risk are committing to fulfilling your responsibilities according to the plan. You are mutually agreeing to a commitment to life.

### **4. Confirm the commitment**

The person at-risk agrees not to engage in any self-harming behavior for an agreed-upon time period. Ask the person to repeat the agreement out loud; both of you will experience a feeling of relief.

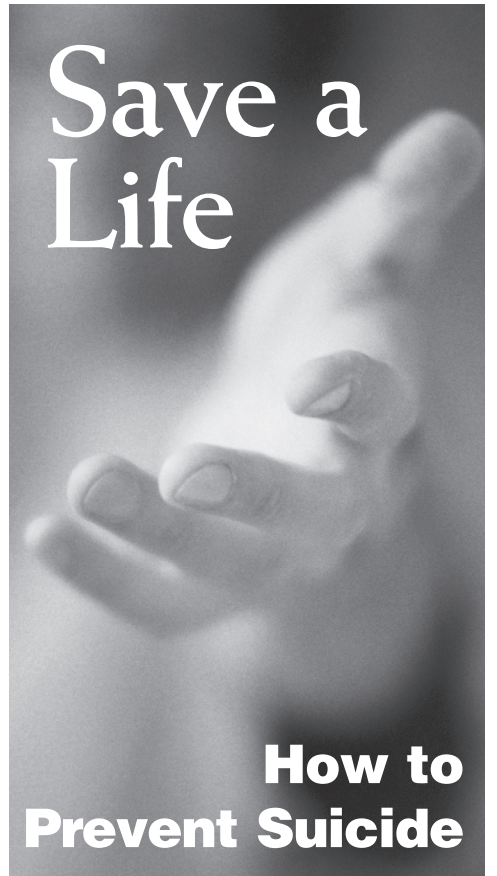
### **5. Develop crisis control**

Build in some arrangement for emergency support if the steps of your plan for action cannot be carried out or if the commitment cannot be maintained until the set follow-up time. (For example, have the person or parents call the local suicide hotline or paramedics.)

### **6. Spell out the follow-up**

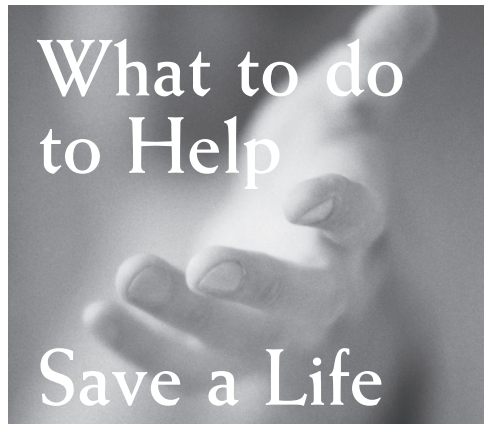
Set the date and time for another meeting between you and the person at-risk, or between the person at-risk and whatever follow-up resources you have agreed to (such as meeting with the school counselor).

*Information adapted from  
"California Helper's Handbook"*



**Helper tasks** are practical steps to take when you are worried about a person who may be suicidal. These steps can help you prevent a suicide. They provide you with a strategy for serving as a lifeguard for the people in your life that may be at risk.

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**Engage:** The beginning of any relationship requires some kind of exchange between the two parties. Engage the person at risk in a personable way. Explore the individual's situation from his or her point of view by encouraging the open expression of his or her personal concerns. Show him or her that you want to understand his or her feelings.

The most important goal here is to make the person feel accepted. To accomplish this, use **attending skills**, which let the person know you are paying attention and make the person feel accepted. Maintain eye contact, give your full attention, and let your personal reactions show on your face. Also communicate attention through your body posture by sitting forward, leaning toward the person, and not acting distracted.

You also need to use **expressive skills**. These include empathy, or being able to see and feel things from the person's perspective, and self-disclosure, or revealing yourself, sharing times when you may have felt as they do. Expressive skills show that you are listening closely and that you connecting to what is being said. For example an empathic response, such as, "It must seem like these feelings will never stop," can convey understanding.

**Identify:** The second task is to identify whether or not the person is currently thinking about suicide. As you learn more about the person's thoughts and feelings, you may get more clues that he or she is considering suicide. The signs might include the risk factors that you have learned about, including direct expressions of ideas or plans about suicide. The best way to find out is to ask, using sensitive but clear and specific questions. For example, ask "Are you thinking about suicide?" or "Are you thinking about killing yourself?" There is nothing to lose and much to gain. Being direct and to the point gives the person at-risk permission to talk about his or her suicidal thoughts and possible plans. It makes suicide an issue that can be talked about.

**Inquire:** If the person is indeed considering suicide, you need to inquire into the reasons why these events and feelings are leading to a consideration of suicide at this time. Why now? Having developed a deeper understanding of the person at-risk's reasons, you can then work together to find other ways out of the situation than suicide.

You are trying to learn as much as possible about what the person is feeling and whether he or she sees suicide as the solution. What are the current stressors and what is making the person feel the most distress? What is really important is not how you view the problem, but how the person sees it.

Do not expect the understanding that the person shares with you to be clear and specific. If it were, he or she would have been able to find his or her own solutions already.

You must be willing to let the person at-risk vent whatever feelings he or she has about his or her immediate problems and talk openly

about thoughts of death. It may sound odd that to help someone at-risk you need to let the person talk in detail about suicide, but this is important. Allowing one to open up about these thoughts and feelings often allows that person to recognize that there are other ways to look at the situation.

Use **reflective skills**, reflecting back what you are hearing in order to help the person feel that he or she is being understood. Restate in your own words what you hear the person saying, or what you think is meant by what is said. Summarizing what has been said so far is helpful as well; it clarifies the situation for both of you.

As a result of this open, sharing conversation, the person at-risk may be beginning to move away from his or her thoughts about suicide. You may see a turning point, some indication that the person is ambivalent or unsure about taking his or her life. Part of the person wants to die but another part wants to live. Everyone who is suicidal is ambivalent; each one has a part that wants to live. Help the person connect with the part that wants to live. No matter how focused the person is on death and the futility of life, you should always assume that some part of the person still struggles with the will to live. Your willingness to share in this struggle can provide the key for a renewed commitment to life.

Help identify the personal strengths and opportunities that might orient him or her toward life. Who or what will the person miss the most if he or she is gone? What is the best part of his or her life? How did he or she solve serious problems previously? Be ready to speak for the life side! But don't overdo it. The sensitive introduction of commitment to life allows both sides of ambivalence to be experienced by the person at-risk.

**Assess:** Use closed questions that require yes/no answers. Be specific. The questions you ask at this point address the person's plan for suicide and information about prior suicidal behavior.

When you want to know about a current plan, ask (1) How he or she plans to do it: "Have you thought of how you might kill yourself?" (2) How prepared he or she is to do it: "Do you have a gun at home?" (3) How soon are they planning to do it? "Do you plan on killing yourself in the near future? This month? This week?"

You need to ask whether the person has attempted suicide before. You want to know how serious his or her past attempts were. You need to ask directly about these attempts: "Have you ever made a suicide attempt before?" "What happened when you did?"

Find out how close the person feels to his or her friends and family. Explore how you might be able to help him or her to feel closer.

It is important to remember that there is no way anyone can be certain about someone else's likelihood of dying by suicide.

Your assessment is a combination of gut feelings and an assessment of risk factors that you have learned about. What you will develop is your best guess about the probability of something happening rather than a certainty that it will. If you have any doubts about the level of danger, err on the side of caution. In a situation where a person's life is at stake, it is better to do too much than not enough.