

# Suicide Assessment *and* Treatment Planning

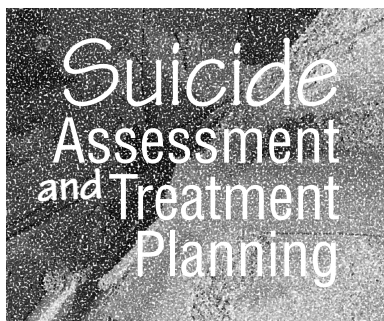
**A Strengths-Based Approach**

**John Sommers-Flanagan  
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AMERICAN COUNSELING  
ASSOCIATION

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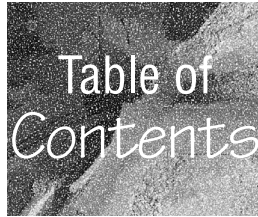
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# Dedication

*We dedicate this book to all the school, mental health,  
health care professionals, and students who are so busy  
saving lives that they will probably skip this dedication.  
We see you, and we honor you and your work.*



A square graphic with a dark, textured background. The words "Table of Contents" are written in a white, serif font, centered within the square.

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Writing a book about suicide may not have been our best idea ever. Rita made the point more than once that reading and writing about suicide at the depth necessary to write a helpful book can affect one's mood in a downward direction. She was right, of course. Her rightness inspired us to pay attention to the other side of the coin, so we decided to integrate positive psychology and the happiness literature into this book. As is often the case when grappling with matters of humanity, focusing on suicide led us to a deeper understanding of suicide's complementary dialectic—a meaningful and fully lived life—and that has been a very good thing.

Before diving into these pages, please consider the following.

### Do the Self-Care Thing

In the first chapter, we strongly emphasize how important it is to practice self-care when working with clients who are suicidal. Immersing ourselves in the suicide literature required a balancing focus on positive psychology and wellness. While you are reading this book and exploring suicide, you cannot help but be impacted emotionally, and we cannot overstate the importance of you taking care of yourself throughout this process and into the future. You are the instrument through which you provide care for others, and so we highly encourage you to repeatedly do the self-care thing.

### What Is a Strengths-Based Approach?

Many people have asked, “What on earth do you mean by a strengths-based approach to suicide assessment and treatment

planning?" In response, we usually meander in and out of various bullet points, relational dynamics, and assessment procedures and try to emphasize that the approach is more than just strengths based—it is also wellness oriented and holistic. By "strengths based," we mean that we recognize and nurture the existing and potential strengths of our clients. By "wellness oriented," we mean that we believe in incorporating wellness activities into counseling and life. By "holistic," we mean that we focus on emotional, cognitive, interpersonal, physical, cultural-spiritual, behavioral, and contextual dimensions of living.

You will find the following strengths-based, wellness-oriented, and holistic principles woven into every chapter of this book:

1. Historically, suicidal ideation has been socially constructed as sinful, illegal, or a terribly frightening and bad illness. In contrast, we believe that suicidal ideation is a normal variation on human experience that typically stems from difficult environmental circumstances and excruciating emotional pain. Rather than fear client disclosures of suicidality, we welcome these disclosures because they offer an opportunity to connect deeply with distressed clients and provide therapeutic support.
2. Although we believe that risk factors, warning signs, protective factors, and suicide assessment instruments are important, we value relationship connections with clients over predictive formulae and technical procedures.
3. We believe that trust, empathy, collaboration, and rapport will improve the reliability, validity, and utility of data gathered during assessments. Consequently, we embrace the principles of therapeutic assessment.
4. We believe that counseling practitioners need to ask directly about and explore suicidal ideation using a normalizing frame or other sophisticated and empathic interviewing strategies.
5. We believe that traditional approaches to suicide assessment and treatment are excessively oriented toward psychopathology. To compensate for this pathology orientation, we explicitly value and ask about clients' positive experiences, personal strengths, and coping strategies.
6. We believe that the narrow pursuit of psychopathology causes clinicians to neglect a more complete assessment and case formulation of the whole person. To compensate, we use a holistic, seven-dimension model to create a broader understanding of what is hurting and what is helping in each individual client's life.



7. We value the positive emphasis of safety planning and coping skills development over the negative components of no-suicide contracts and efforts to eliminate suicidal thoughts.

## The Book's Organizing Themes

This book includes 10 chapters organized to build on one another in ways that are consistent with our understanding of the research literature in suicide theory, research, and practice. We begin our discussion of the seven dimensions with the emotional dimension, because, as Edwin Shneidman (1993) wrote, psychological or emotional distress is the primary driving force at the heart of suicide. In our model, all risk factors and life dimensions contribute in some way or another to deep and excruciating emotional distress, and deep and excruciating emotional distress pushes people toward suicide.

## Language Use

This book is written for counseling professionals and other professionals who work directly or indirectly with people who are suicidal. As a consequence, although we usually refer to *counselors* and *counseling*, we also use the words *clinician* or *practitioner* to recognize members of other disciplines who provide counseling or mental health services. When referring to the people who receive counseling or treatment, we usually use the word *client*, but we also use *student* or *patient* as a method of incorporating school counselors and health professionals who work in medical settings.

In all cases, we strive to use person-first language. Instead of reading the phrase *suicidal clients*, you will read the slightly more cumbersome *clients who are suicidal*. Using person-first language is essential to separating the problem from the person and is consistent with the constructionist or social constructionist theory that undergirds the strengths-based approach.

We avoid using language and phrases that have a history of offending people. For example, unless quoting others, we do not use the phrase *commit suicide*. We try to use positive language to refer to people who are suicidal. We occasionally use the language of mental disorders, but because we do not want to tightly construct suicide or mental disorders as internalized pathological states, more often we avoid negative labeling. These ways in which we are using language are foundational to our strengths-based approach.

Information in this book is broadly research based. When discussing evidentiary support, we use the following terminology:

*Empirically supported* is used when there is substantial and specific research support; *evidence based* is used when there is general research support, but that support may not be especially robust or specific. We avoid using *best practice* because this phrase implies direct comparisons and rank orderings of all potential practices (which have not been done) and is often used to communicate normative practice standards rather than procedures with underlying empirical support.

## Incorporating Positive Psychology

*Positive psychology* is broadly defined as the scientific study of well-being and human experiences that contribute to a well-lived life. To balance our focus on suicide and to practice a strengths-based orientation in this book, in each chapter we include a pullout box on how to use a specific positive psychology intervention to elevate mood. We call these sidebars *Wellness Practices*. Each one is founded on research or common sense and can be applied to you—as a practitioner—or used therapeutically with your students, clients, or patients. We encourage you to try these wellness practices with a hopeful spirit of experimentation.

## Case Material

Case material in this book is used to illustrate the many ways in which suicidality manifests and the many ways in which providers can work with clients and students. All cases are anonymous; they are often composites of multiple cases. Age, sex, gender, and other identifying factors were sometimes changed. Several cases are adapted from video simulations (for a three-part, 7.5 hour video training, see: <https://www.psychotherapy.net/video/suicidal-clients-series>).



**John Sommers-Flanagan, PhD**, is a professor of counseling at the University of Montana. He is the author or coauthor of more than 100 professional publications, including the books *Tough Kids, Cool Counseling* (2007, American Counseling Association), *Clinical Interviewing* (6th ed., 2017, Wiley), and *Counseling and Psychotherapy Theories in Context and Practice* (3rd ed., 2018, Wiley). When not immersed in writing, speaking, teaching, and researching, John keeps busy watering the zucchini, picking beans, and starring in videos along with his grandchildren. He also excels at making pancakes, waffles, and quiche. He was drawn to writing this book because of his earnest belief that effective suicide assessment and intervention simply must become more positive, skilled, and compassionate. You can find what he is up to on his blog, <https://johnsommersflanagan.com/>.

**Rita Sommers-Flanagan, PhD**, is an author, counselor, passive solar advocate, and professor emerita of counseling at the University of Montana, with many published books and articles. She enjoys collecting rocks and driftwood, jogging, blogging, and contemplating the meaning of life. Her experiences with and views about suicide have been shaped and changed by clients, colleagues, students, and friends who have had to cope with the phenomenon of suicide clinically and/or personally. She looks forward to writing further in this area, including addressing end-of-life policies and practices as they intersect with the materials in this book. In the meantime, you can follow her on her

blogs: <https://drbossypants.wordpress.com/author/ritasf13/> and <https://godcomesby.com/>.

As coauthors, the Sommers-Flanagans have stylistic differences that are distinct but usually complementary. John dives way too far down various rabbit holes, skims and reads too many journal articles and book chapters, jots notes on several hundred different small pieces of paper, and then begins a word processing version of loose associations about arcane facts. (Did you know that suicide rates among males older than 85 in the United States are 13.17 times higher than suicide rates among females older than 85 in the United States? Should we include results from that one cool study showing that trait impulsiveness is not associated with increased suicide attempts but that negative state-triggered impulsiveness is linked to suicide attempts?) At some point, Rita nudges John out of his loose associations and research reveries, takes her commonsense garden clippers to John's meandering prose, pulls a few of his worst puns, and voilà! After mostly agreeing with each other's brilliance, they send the resulting draft out to a plethora of volunteer readers, collect feedback, marvel at the diversity in perspective, integrate the input, get organizing and copyediting assistance through the publisher, and end up with pretty much what you are about to read.

# Acknowledgments

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