

SMART Recovery® and Suicide Prevention: What You Can Do

Introduction

People with addictive behaviors are at particularly high risk for suicide. It is possible that in the course of Facilitating SMART Recovery® meetings, you may encounter an individual who is contemplating taking his or her own life. This is not an easy situation to deal with even for trained professionals, but some basic facts and a few guidelines can simplify things considerably and make the situation much less difficult. Remember, you are not responsible for what the individual does; however, you can help, if the individual chooses to take advantage of what's available.

On average, someone commits suicide every 17 minutes in the United States. Suicide is the ninth leading cause of death in this country. Among 15- to 24-year-olds, it is the third leading cause of death. Like addiction, suicide consists of behaviors driven by irrational beliefs, and people with addictive behaviors involving alcohol or drugs are a particularly high risk group.

Knowing the warning signs of suicide is a key element in dealing with someone who is suicidal. Some of the warning signs that a participant in a meeting may give can blend in with the regular discussion. This is one reason why it can be important to listen not only to what a person says at a given moment, but also how it adds up over the course of the discussion. At other times, comments indicating suicidal thinking may be quite obvious.

Warning Signs

Watch out for the following indications of a person at risk for suicide:

- has previously attempted suicide
- makes suicide threats
- shows increased moodiness or depression
- takes unnecessary risks
- shows a sudden tendency towards isolation
- withdraws from family and friends
- shows loss of interest in work or school
- is preoccupied with death and/or afterlife
- experiences significant changes in sleeping or eating patterns
- gets affairs in order, such as giving away personal possessions or making a will

If you hear indications of what you think may be suicidal thinking, tell the person what you are hearing them say and then ask them if they are feeling suicidal.

What You Can Do

1. Take the person's threat seriously.
2. BE DIRECT--talk openly.
3. Let the person know you care.
4. Urge the person to get professional help; refer them to a local crisis line, the emergency room of a local hospital, or their own counselor if they have one.

It is a common but false belief that asking a severely depressed person if they are feeling suicidal will give them the idea of committing suicide. To the contrary, the person is likely to have already considered suicide as an option. People who are considering suicide are frequently relieved that you are willing to acknowledge how they feel and talk about it.

It is also a common but false belief that people who talk about suicide are simply trying to get attention. Of those who threaten to commit suicide, over 70% either make an attempt or complete the act.

Most of the time, people engaged in suicidal thinking are ambivalent about the desire for death. Providing the person with an opportunity to explore options for living and constructively stopping the pain can help them to tip the balance away from death.

If the person says they are feeling suicidal, assess the situation. Disputing irrational beliefs is not necessarily the first or highest priority, though it can play an important role. Ask them such things as what brought them to the meeting and what help they would like to get from it. Is there someone where they live or a friend or relative who is familiar with their situation that they can talk with? Ask them if they currently have a counselor or case manager (and if so, urge them to contact that person). Provide them with the phone number of the local crisis line, if one exists. Also, suggest that they can go to the emergency room of a local hospital to talk with someone who is trained in crisis intervention techniques, be it a social worker, a nurse, or a doctor. Sometimes a person will be afraid of being involuntarily committed to an institution. Focus on the need for safety and seeking help.

Let the person know that you care and that you are willing to offer them what assistance you can within the context of a SMART Recovery[®] meeting. Help them to develop a plan of action to keep themselves safe and to seek help. Once some rapport has been established and a plan for safety and seeking help has been developed, consider asking them if they will agree to follow through with it and keep themselves safe until they can get help.

A Conversation Dealing With Suicidal Thinking

The following is a brief example of how a conversation dealing with suicidal thinking might progress:

Participant: "It just gets worse and worse. I can't deal with life anymore. I want to go to sleep and never wake up."

Facilitator: "It sounds like things are very rough for you right now. Are you feeling suicidal?"

Participant: A long pause and then "Yes."

Facilitator: "Do you have a plan?"

Participant: "I've got a bottle of pills next to my bed."

Facilitator: "Well, you made a good choice in coming here tonight. Although we can't know exactly what it's like to be in your shoes, some of us know what it's like to feel as though we've run out of options. Maybe we can help you come up with a plan of action tonight to help you stay safe and get things going in the right direction again."

At this point, the Facilitator solicits suggestions from the other participants. One person asks the individual what they hoped for when they came to the meeting. Several other people talk about the value of staying sober. The Facilitator suggests to the individual that they consider calling the local crisis line for support and referrals during the night or the local county mental health agency in the morning.

Facilitator: "If you don't think you can stay safe tonight, you can go to the emergency room of the local hospital. They'll have someone on staff who can talk with you."

Participant: "I think I'll be all right tonight."

Facilitator: "What about making a specific plan to stay safe? With all the things we've talked about, what sounds like it will work for you?"

Participant: "Well, I don't know. I guess I could go home and watch TV for a while. That helps to keep my mind occupied. I guess if I need to, I could call the crisis line. I've been finding it hard to get to sleep lately, but I'll try and get some rest. Then in the morning I can call the county mental health agency and see if I can talk with somebody there."

Facilitator: "That sounds like a good plan. Will you agree to do that? And if you start to feel like you can't stay safe, you agree to call the crisis line?"

Participant: "Yes."

This is a conversation that appears to have come to a satisfactory conclusion insofar as the individual has contracted to stay safe and seek help. Sometimes, even with the best of intentions and advice on your part and on the part of the other participants, the individual will refuse to keep themselves safe. Remember, you are not responsible for what the individual does. Try to respond to them in a caring, helpful, rational manner. The conversation will not be perfect and likely will not be smooth, but it can make a difference, if the person is willing to help themselves.

After the Meeting

Once the meeting is over and the individual has left, for your own benefit and peace of mind, consider talking to a fellow meeting participant or Facilitator about what happened and your reactions. This can be an important step in taking care of yourself. If your meeting has a volunteer advisor, inform your advisor of what happened and discuss the situation and how you feel about it.

Survivors of Suicide

In addition to individuals who are contemplating suicide, you are likely to encounter people who are dealing with the aftermath of the suicide of a friend or loved one. These are the survivors of suicide, the ones who are left behind. Very often, survivors are struggling to make sense of an inherently irrational act that seems to have swept the rug out from under their most fundamental and cherished beliefs. While disputing irrational thoughts around drinking or using is important, some consideration may need to be given to reestablishing a sense of balance within a belief system that has been severely challenged and irrevocably altered. While seeking professional help may not be as urgent for a survivor, it can still be a valuable option to pursue, and you may also want to suggest the possibility of seeking a support group for survivors.

For further information about suicide, suicide prevention, and support groups for survivors of suicide, contact the American Association of Suicidology, Suite 310, 4201 Connecticut Ave. NW, Washington, DC 20008, (202) 237-2280.

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Written by Robert H. Taylor and dedicated to his father-in-law, whose brother took his own life in 1970.