

Working with a suicidal client

Volume 4 Issue 5 - 2015

Irene Christofidou

Walden University, USA

Correspondence: Irene Christofidou, Walden University, USA**Received:** August 14, 2015 | **Published:** December 22, 2015

Introduction

Suicide is a topic that even at the sounding of it alarms everyone. It takes the lives of more than 30,000 Americans each year.¹ Researchers are trying to identify all the risk factors which will help prevent suicide and save some people. Conte & Plutchik² correlated 41 factors with suicide. It is difficult though to prevent it due to the unpredictability of human nature. Nevertheless below are some of the most common factors in order to determine whether a client is suicidal. Age is a major risk factor. White males above 65 years old are at risk. Then 15 years old up to 24 years old is another risk age, especially when there are prior attempts and if the child is a college student, where the pressure of academic demands, social interaction problems and career choices elevate the risk of committing suicide.³ In children, 10 to 14 years old suicide is rare but if it happens, is due to the loss of a parent, abuse or psychopathology.³ Although, age is an important factor, gender also provides information. Males usually do a complete suicide, whereas females have more attempted suicides.

Mental illness is another issue influencing suicide. It is estimated that accounts for 95% of all completed suicides.⁴ Depression, schizophrenia, borderline and antisocial personalities, as well as conduct disorder are individual risks for suicide.³ Chronic illness and chronic pain make people to feel distressed and unable to cope with the problems causing. Feeling hopeless and “stuck” into a situation that cannot alter.⁴ Psychological factors influence the ability of someone to cope with everyday stressors. Impulsivity, aggression, pessimism, loss of meaning, hopelessness, especially about the future, is some of the characteristics of a suicidal client.³ According to Shneidman (1997) in every case of suicide there is always psychological pain which is experienced as unbearable and death is perceived as the only solution to this painful knowledge.³

Sociocultural factors, such as culture, religion, divorce, low levels of social support, unemployment and family instability, are also important aspects in a person's life.³ Genetic factors, such as family history, serotonin levels also influence. Alcohol dependency is another risk factor and also certain professions have higher risk in committing suicide. Furthermore, soldiers have a high risk, especially if they suffer from post traumatic stress disorder (PTSD).³ If the professional had a suicidal client, firstly he/she should make certain whether the client was treated for mental illness. Then the expert should use questionnaires in order to examine the level of suicidal ideation and self inventories to check the client's beliefs and attitudes towards life and death. Also use the Suicide Status Form (SSF) and possibly the Crisis Interview method using Shea's validity techniques (2002).⁴

Furthermore, inform his/her immediate environment for the suicidal intentions and try to enhance any social support as back up. The expert should try to have standard appointments, listen truly and help to relief the psychological pain. According to Maris (2000) suicidal patients are actually “help rejecting” with a variety

of “interpersonally alienating behaviors”.⁴ Show the client how serious you are by using his/her words and that you could handle his/her thoughts of committing suicide. Moreover, give him/her the space to talk about these thoughts because some might not have anyone to discuss them with. Taking notes in this situation would be inappropriate and make sure to be 100% into the therapeutic process and keeping always eye contact.

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.

References

1. Centers for Disease Control and Prevention. Suicide. Retrieved from. 2012.
2. Conte H, Plutchik R. Ego defences: Theory and measurement. *The Einstein Psychiatry Series, John Wiley & Sons, New York, USA.* 1995. p.340.
3. James NB, Jill MH, Susan MM. Abnormal psychology, (16th edn), Pearson Publishing, Boston, USA. 2013.
4. Toth ME, Schwartz RC, Kurka ST. Strategies for understanding and assessing suicide risk in psychotherapy. *Annals of the American Psychotherapy Association.* 2007;10(4):18–25.