Solution-Focused Approach to Suicide Prevention
—Report on the 8th conference of National Foundation of Brief Therapy—

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ABSTRACT. This paper is a brief report on a lecture and workshop, “SFA to suicide prevention” in 8th conference of National Foundation of Brief Therapy held on November 26th and 27th, 2016 at Utsunomiya. A lecturer, Dr. Heather Fiske, gave the workshop on how to encourage clients to get productive choices and to overcome crises of their life: therapists should focus on the slight difference between “intolerable now” and “just barely tolerable after all,” highlight clients’ strengths to keep on living, and not only refrain from suicide but change their frame of problems.

KEY WORDS: Suicide prevention, SFBT, Conference report

Introduction
The 8th conference of National Foundation of Brief Therapy was held on December 26th and 27th, 2016 in Utsunomiya, Japan. In the conference, Dr. Heather Fiske was invited as a lecturer who is a practitioner of prevention for suicide from the viewpoint of Solution-Focused Brief Therapy. She had a lecture on her specific practice to suicide prevention. This paper is a brief report on the lecture and workshop.

In Japan, although the number of suicides has passed a peak, there are around 24,000 suicides a year. This number is a high level among developed countries. Particularly, suicide of the young is a serious problem, so it can be said to be one of the biggest problem in 21st century. This workshop gave a new perspective and a chance to consider how helpful and effective SFBT can be to suicide prevention.

Suicide Prevention and SFBT
Human beings potentially have a disgust for pain, blood, and death. Some, however, commit suicide against the feeling. This is because they who are about to commit suicide believe that killing themselves is the only solution to all of the problems. For suicide prevention, thus, therapists should intervene to reframe clients’ problems and to find another solution except suicide.

Among various psychotherapy, one of the effective approach to suicide prevention is SFBT. This approach can help people even facing a challenge to acquire the meaning and hope to live on. It can also bring clients’ strength, resource, and way of coping with their problem so far, to give a light on the possibility
for their future and an alternative goal.

![Photo 1. A scene from the lecture](image)

**Practice in Suicide Prevention**

There are specific descriptions on practice of SFBT to suicide prevention below.

1) **Helpful Strategies 1**

It begins with listening to client’s story. Not just listening to him or her, but exploring “what is his strength,” “what resource does he have?” and “what success has he experienced?”

2) **Helpful Strategies 2**

After listening, the therapist feedback that the client has strength, resource, and success. In addition to that, therapist suggests that there are various choices in life and client may have the ability to produce them. Then, the reason to live now — not the reason not to die but to survive — is required to be confirmed and enforced.

3) **Helpful Strategies 3**

However, most clients who think of committing suicide look at only a part of the incident because of being in the midst of problem, have biased ideation, or overestimate a negative point. They think, for example, “this problem will be interminable,” “I cannot change this awful situation,” and “I cannot bare this hardship.” But are these exactly true? There will be a possibility that that problem is a temporality, something already changed, or the client has overcome more trouble than now. Therapists have to change the clients’ words “interminable,” “unchangeable,” “overcontrol,” and “intolerable” into “terminable,” “changeable,” “controllable,” and “already overcome several challenges,” and to offer clients with a larger view.

Especially, solution-focused questions as “why have you got along with such situation without suicide?” “how can you cope with your problem?” have a cue to notice exception, clients’ strengths, and their network. These questions help clients to shift their focus to other aspects from their biased cognition. At the same time, these questions also show that therapist appreciate client’s agony and pain to thinking of suicide, whereas therapist believe client’s strength for potential change.

4) **Helpful Strategies 4**

Given that the reason to live on, exception, strength, resource, success, and experience of coping with a hardship emerge in the dialogue with a client, therapist ask more about them and outline the situation and episode with concrete descriptions.

5) **Helpful Strategies 5**

Asking about relationships in the network sometimes enables the client and therapist to find a new hope. Therapist, for example, ask questions focused on the relationships as “is there someone who disapprove of suicide?”
“tell me more about that person,” and “what will that person say for you?” These conversations may develop such hope as the client would like to do something for that person. On the other hand, scaling-question can search the specific way of keeping the present situation: what to do for maintaining that point. With turning up the strength, resource, and ability to succeed overlooked by the client, therapist construct a bridge to way of surviving and a strength to overcome such hard situation.

6) Helpful Strategies 6

It is essential for a therapist to dialogue with a client in the standpoint that the client should have other choices and the ability to generate a change. This perspective enables therapist to identify client’s strength and resource through some questions: “how long can you tolerate when you want to commit suicide?” “what can you do to let the thought of suicide pass away?”

7) Helpful Strategies 7

Based on the knowledge of client’s strength, resource, and success finding from the conversation, therapist reconstruct the frame of client’s problem from “the problem that there is nothing to do for solution” to “the problem that there is a little hope.” Specifically, therapist can easily review the problem with these logics: “the client has not enough skills,” “an infinite amount of task exceeds client’s coping capacity inevitably”, and “it is just a trouble”. This way of thinking produce other standpoints that “getting skills may bring the solution”, “the problem can be resolved by decreasing tasks,” “the client just had a hard luck”. These standpoints lead spontaneously new means to solve the problem.

8) Helpful Strategies 8

As an important point at last, do not forget appreciation for family and friends. It is also necessary to support the client’s family member to refrain the client from committing suicide.

Conclusion

In SFBT for suicide prevention, therapists focus on a vital difference between “intolerable any more” and “just barely tolerable,” and a strength which makes a client manage to live. Then, therapists show clients a specific way to overcome a hardship, and encourage clients to confirm that the person who take the steps is the client himself, and the client have the ability to do that. This enables client to generate a hope even in the hard situation, and take another choice but suicide. It can be said that suicide prevention by SFBT facilitates not only restraint from a thought of suicide, but also reframing of a problem, offering of a constructive choice in life, and negotiating of the challenge. This viewpoint had a lot of
influence on our practice to suicide prevention. We would like to make a most cordial acknowledgment to Dr. Heather Fiske for such a grateful lecture.