

When the Client is Thinking of Suicide

Michael Marx, Ed.D., PCC

John was working with his client Alice to formulate an action plan. "I'm just not in the mood to do any long-term planning right now," Alice said.

John picked up on the signal: "Have you been having thoughts of suicide?"

"Yes."

Mary was rehearsing for an interview. Her coach, Tom, noted her mounting frustration about explaining the path her life had taken. She started crying. Tom asked, "Do you want to end your life?"

"Yes."

Both of these stories are true. Both clients quickly were able to get professional help and are grateful that someone cared enough to intervene.

Recently my son went through a divorce. When he was visiting a few months ago, I said to him, "You know, many people going through such changes think of suicide."

"That's ridiculous," he replied.

However, the next day at breakfast he said that he had been thinking about what I told him and understood why people going through a divorce might think that way. He was grateful that he had someone close to him to talk to if his thoughts became dark.

Talking openly about suicide is one of the most effective ways to affect prevention. Suicide is not a taboo subject. [Applied Suicide Intervention Skills Training \(ASIST\)](#) teaches that the more and the longer suicide is discussed, the less likely a person will attempt suicide. Many believe that bringing up suicide plants the seed which will then grow into suicidal thought. The opposite is true. If suicidal thoughts are not already present, the person will now know there is someone to talk to about suicide if needed. You can prevent suicide.

As a volunteer ski guide, I've called in several accident reports on the radio. I'm always amazed at the relaxed and nonthreatening, yet efficient, way the ski patrol handles information gathering when they show up on the scene. Patient safety and care are paramount. Like the ski patrol, when you suspect that someone might have suicidal thoughts, stay calm, ask good questions and stay alert for warning signs.

[Referring a Client to Therapy: A Set of Guidelines](#), a white paper published in May 2018 by ICF, outlines the symptoms of suicidal ideation and steps coaches can take if they suspect a client is considering suicide. (The white paper is accompanied by a one-page quick-reference guide for coaches, available [here](#).) Symptoms of suicidal ideation include:

- Talking about feeling hopeless
- Talking about having no reason to go on living
- Making a will or giving away personal possessions
- Searching for a means of doing personal harm, such as buying a gun
- Sleeping too much or too little

- Eating too little or eating too much, resulting in significant weight loss or gain
- Engaging in reckless behaviors, including excessive alcohol or drug consumption
- Avoiding social interactions with others
- Expressing rage or intentions to seek revenge
- Showing signs of anxiousness or agitation

The Question, Persuade, Refer (QPR) intervention is one of the most straightforward approaches to suicide prevention. (Learn more about QPR training [here](#).) Question the person as to the level of suicide risk. Persuade them to move to a place of mental safety. Refer them to a qualified person who can help them.

Question: A good question might sound like: “Are you thinking of taking your life?” Listen carefully to the response. If the person has a plan and means to carry out that plan, you will need to persuade them to get help quickly.

Persuade: The person needs to find a place of safety in their mind. Adding hope and care into the conversation can gain the time needed to “bring the person off the ledge,” so to speak. Most people who are willing to talk about it are not actually holding a gun to their heads. They are looking for someone to talk them out of it—to care.

Refer: Help the person find a way to stay safe. The next 72 hours are critical. Work out a way for them to quickly seek and get help. Stay with them. Never abandon a person at risk.

If you believe your client is in imminent danger of self-harm, contact local emergency services immediately and stay with the person (be that in person, on the phone, or on the virtual coaching platform) until help arrives. Ask what means they have that may cause harm, and listen, but do not judge, argue, threaten or yell.

If you are concerned about a client but don’t believe danger is imminent, *Referring a Client to Therapy* (the white paper referenced above) offers recommendations and best practices for referring a client to therapy and following up afterward.

How often will you need to use this as a coach? Hopefully never. However, like CPR, suicide intervention readiness should be in everyone’s toolbox. You might just save a life.

This [article](#) was originally published on ICF Coaching World.

Michael J. Marx, Ed.D., PCC, specializes in Business Coaching and corporate consultation and is the volunteer co-leader of ICF Global’s Ethics Community of Practice, a member of the ICF Independent Review Board and a member of the ICF Ethics Code Review Team. He is an on-site Suicide Prevention Advocate for Reaching Everyone Preventing Suicide (REPS) in Steamboat Springs, Colorado, USA. He also teaches ethics and coaching skills mastery for the Professional Christian Coaching Institute. Additionally, he is past president of Christian Coaches Network International and the author of *Ethics and Risk Management for Christian Coaches* (2016). You can email him at Michael@NewTrailsCoaching.com