



# SUICIDE INTERVENTION FOR CALLTAKERS

Suicide is a taboo topic, riddled with secrecy and inaccurate notions. It is also one of the most feared calls a telecommunicator can take. Suicide is as old as recorded history and has occurred in almost every culture in the world. As we begin to look at how a telecommunicator can intervene with a suicidal caller we should look at some facts that surround suicide.

## Suicide Facts

- Suicide is consistently under reported
- Suicide notes are left in only 15-20% of suicides
- Suicide rates have steadily increased since 1960
- There are more suicides than homicides in the United States
- Family members are nine times more likely to attempt suicide if a family member has committed suicide

## What is Suicide

- A final attempt to communicate what a person cannot express in words.
- A transient state where the suicidal person moves from being suicidal to non-suicidal.
- The suicidal person sees more of the negative aspects of life than the positive
- Suicidal people many times try and cut off ties with friends

So what should a calltaker do when they have a suicidal person on the phone? The calltaker should remember several things. The first thing is that many of us have been trained all our careers to control the call. The problem is that the suicidal caller may not be a call that you have control of. Many of us have been told that when a suicidal person calls they are looking for help. That is not always the case. There are a certain amount of suicidal persons who will call for no other reason than to make sure that their bodies are found after their suicide. During their call to 9-1-1 they will leave no chance of intervention. The important thing for the calltaker to remember is that they may not be in control. That the person calling may not be looking for help. Do not set yourself up for a fall.

## **Risk assessment**

The first step in the intervention process many times is going to be risk assessment. Risk assessment involves not only accessing the risk of suicide for the caller but the risk for responders.

Risk assessment for the callers begins with determining if the caller has a suicidal plan.

A suicidal plan contains the following; method, time, details and availability of means. Method is how the person will kill himself or herself. Firearms are the most lethal means of suicide followed by hanging and then overdose. Any suicide attempt involving one of these three methods should be treated as a high-risk situation. If the attempt is in progress you have a high-risk situation no matter what the method of suicide is. If you have an attempt that may take place in a few hours or some time in the future it is lower risk. The next step is the details of the suicide plan. One example is if the caller tells you they will commit suicide on Friday at 5:00 p.m. by use of a firearm. The suicide plan is very detailed and the risk is very high even if it is Monday. The last part of the suicide plan is availability of means. If the person says they are going to kill themselves by overdose but they are going to have to stockpile medicine for a week the risk is less than a person who has the pills available.

The second part to risk assessment is to determine the risk to responders. As communications professionals we have a responsibility not only to the caller but also to people who are responding to the scene. Are there weapons involved or present? What are the actions of the suicidal person? Has the suicidal person made any statements currently or in the past that may lead you to believe that they may be a danger to responders? You must also be aware of suicide by cop. Suicide by cop is officially defined as "an outrageous act designed to provoke a police response." It is believed that 10-15% of all subjects killed by police wanted to be killed. It has been estimated that in 56% of suicide by cop incidents, the lives of police or bystanders were directly threaten. A calltaker needs to be aware of callers who may want an officer to kill them.

## **Suicide Intervention**

Many times when we get a suicidal person on the phone they do not just come out and tell us that they are going to kill themselves. Many times the suicidal person will be talking about how bad life is and how they do not know how to go on. If you do not know if a person is suicidal ask them. Are you thinking about killing yourself? Once you have determined that you are talking to a suicidal person assure them that you are glad they called, calm yourself and modulate your voice. Keep the caller talking, be personable and explore the caller's situation. You want to determine what is the current stressor but you do not want to focus on it. You do not want to focus on the caller's troubles. You

want to focus the caller on the positive aspects of life. You want to find a way to remind the caller that there are other solutions than suicide. You want to give the caller a sense of acceptance and support. Once you have been able to establish a rapport with the caller you want to begin to move them to a successful conclusion. The conclusion can be as easy as have the person walk to the front door and meet responding officers. The conclusion may be after hours of hard negotiations by you and others.

Suicide intervention involves a few do's and don'ts that can help the calltaker.

### **DO'S**

- Do listen
- Regulate your voice
- Be non-judgmental
- Offer help

### **DON'TS**

- Don't dare them
- Don't give advice by making decisions for someone else
- Don't act shocked
- Don't be sworn to secrecy

A suicidal caller is a very stressful call for any calltaker. The calltaker should remember that the decision to commit suicide is the decision of the caller. Do not set yourself up for a fall. The calltaker should do their best in the intervention process but you must remember that the final decision is that of the caller.

**By Tony Harrison**

## Quiz

### **CDE Article – Suicide**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

1. The following are suicide facts.
  - A. Suicide is consistently under reported
  - B. Suicide notes are left in only 15-20% of suicides
  - C. The highest rate of suicide is among divorced white males
  - D. All the Above
  
2. The most lethal method of suicide is
  - A. Overdose
  - B. Hanging
  - C. Wrist cut
  - D. Firearm
  
3. A suicide plan contains the which of the following.
  - A. Time
  - B. Others present during the attempt
  - C. Social services available
  - D. Previous suicide attempts.
  
4. If the caller is going to commit suicide by use of a firearm is the suicide attempt \_\_\_\_\_ risk.
  - A. Low
  - B. Medium
  - C. High

5. If the caller gives you very specific details about how they are going to commit suicide is the situation a \_\_\_\_\_ risk.
- A. Low
  - B. Medium
  - C. High
6. It is estimated that \_\_\_\_\_ of all police shootings the victim wanted to die.
- A. 5%
  - B. 10-15%
  - C. 20-25%
  - D. 50%
7. Suicide is?
- A. A final attempt to communicate what a person cannot express in words.
  - B. A transient state where the suicidal person moves from being suicidal to non-suicidal.
  - C. The suicidal person sees more of the negative aspects of life than the positive.
  - D. All the above.
8. Which of the below is something a calltaker **should** do during a suicidal call?
- A. Do Listen
  - B. Argue with the caller about their intentions
  - C. Dare them to do it
  - D. Act shocked
9. Which of the below is something the calltaker **should not** do during a suicidal call?
- A. Listen
  - B. Regulate your voice
  - C. Argue with the caller about their intentions
  - D. Offer help

10. A suicidal caller is many times a call you have \_\_\_\_\_ control of?
- A. Complete
  - B. NO
  - C. A lot of
  - D. May have