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REVIEW ARTICLE

Psychological rescue techniques for use in attempted suicide

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From the perspective of psychology, this paper reviews actions emergency care personnel can take to prevent suicide in situ. As in many emergency settings, in which it is essential to act quickly under stress, an action protocol can be useful in providing a series of indications for intervention. Even though all indications may not be applicable, they can help health-care and emergency personnel decide how to respond appropriately. [Emergencias 2010;22:381-383]

Key words: Rescue. Suicide, attempted. Psychological techniques.

Introduction

The purpose of an emergency intervention in the case of attempted suicide is to thwart the attempt, leaving investigation of the case and treatment for later[1,2], as well as preventive measures to be adopted[3,4]. Despite the need for clear guidelines and an action protocol, few studies have addressed this issue[5-7]. The great diversity of suicide attempts and their non-specific temporal characteristics hinders the application of specific techniques, so they must be adapted and improvised "in situ". The risk of failure is very high and must be assumed from the outset. However, it is useful to have a set of guidelines, an "action protocol", in situations which are highly unusual and demanding, since one may easily be overwhelmed by the stress of the moment.

Suicidal behavior is complex. We may distinguish between actual and tentative suicide attempt. In the former, the person is determined to commit the act of self-destruction and is thwarted by external causes. In the latter, there is no real desire to die, but rather to draw attention to him/herself or a problem to which he/she relates[8]. Detecting this difference may be decisive in handling the rescue attempt[9]. Actual suicide attempt can be especially dangerous in the setting where the action takes place. With tentative attempts the rescuer has to identify and nullify the 'triggers' of action.

To understand suicidal behavior from a rational perspective, we start with the question: Why commit suicide? If the attempt is real, the subject has no hopes or expectations, and even fear. The alternative to dying involves having to face up to the problems that lead to such an extreme situation. The subject accepts that dying is the best possible solution. The subject is not seeking death in itself, but rather sees no other way out and prefers to abandon life. Therefore, before biological death there has to be psychological (cognitive) death, and perhaps social death has already occurred; the subject feels bereft of affective and social support[10].

Also, to understand this behavior one needs to take into account comorbidity, with depression-related states such as sadness, hopelessness, guilt, etc., personality disorder, especially borderline personality, and other psychiatric diseases and disorders, as well as associated use and abuse of drugs and narcotics.

Detecting subjects at risk of suicidal behaviour is a central objective of prevention, especially in those with a history of attempted suicide, and in certain risk populations such as terminal cancer patients[11,12].

Psychological intervention

Obviously, each case is unique. There may be more or less distance and accessibility between the rescuer and a stranger who threatens to commit suicide. The setting may also differ considerably: the subject may be enclosed, hidden, on top of a bridge, scaffolding, etc. But for any type of psychological intervention to take place, the possibility of communication, however minimal, must exist.

Although not necessarily in this order, the rescuer is recommended to proceed as follows:

1. As in all emergency situations, the first step is to "ensure personal safety," i.e. that of the rescue team and others. In the case of a person who is threatening to commit suicide, we must consider the possibility of harm being done to others, even killing, since the subject may focus exclusively on the goal of suicide, regardless of collateral damage.

2. Faced with this situation, but lacking time, the next step is to gather relevant information: possible causes, demographic data, name and professional activity, even tastes and preferences. If possible, we may discreetly use a telephone to obtain such information (headphones). Intervention by third parties, known or not, is not advisable.

3. We need to establish verbal and nonverbal communication with the subject. The objective is not to argue the subject out of the act of suicide – he/she may in fact have good reasons for ending his/her life. The objective is to buy time and possibly cause a change in emotional state and control impulsiveness.

4. Then the following steps are recommended: Firstly, personalize the subject, learning and using his/her name and introducing ourselves. Second, establish verbal contact, and visual contact if possible. Our "weapon" is words, so keep talking until one has the physical contact required to ensure success of the intervention. Third, perform an initial assessment of the case based on age, sex, proposed method (jumping, use of weapon, etc.) and motivation, possible causes, previous attempts, etc. Based on this "pre-diagnosis" one can decide on what approach to adopt[13].

5. We must act with common sense, but knowing possible courses of action.

Some approaches are as follows:

a. Our attitude should show empathy, respect and interest, with warmth and affection. Approach the subject slowly, allow crying (relaxation) and expression of anger, but not screaming (lack of emotional control).

b. Distraction: questions such as "Are you all right?/Are you cold?/Do you want something…?" can change the focus of attention and make the subject feel he/she is being treated like a person and cared for. The recent news item of what might be called the "Spiderman case" in Thailand is worth recalling: a fireman disguised as the subject's hero rescued an 8 year-old autistic boy from a balcony.

c. If appropriate, give the subject explicit commands on emotional control: "Keep calm!/Take it easy" etc.

d. Ask about the reason for the behavior, using short, direct questions: this clarifies the situation, objectifies it for the subject and reassures him/her. It also helps to assess the risk.

e. Active listening (use short sentences, listen more than you talk). The subject should talk and notice that his/her words have an effect. We can reinforce this by repeating his/her words prefaced by "So, you think that….." or repeating and adding "Is that what you think?" Ask the subject "What drove you to this?" and then listen. Interject with "I see/I understand" or use silence to encourage further verbal expression.

f. Use positive language: "We're going to help. You have a right to feel bad." Avoid negative commands like "Don't think about it./Don't cry." etc. g. Watch his/her body language carefully. If dangerous, think twice!

h. "Read" the subject's thoughts and change cognitive distortions. This is the most difficult task given the lack of time and the difficulty of the moment[14].

i. Create ambivalence: Weigh up positive and negative aspects of suicidal action. Allow both positive and negative motivation. Eg. the consequences of suicide may make certain people suffer but may also provide satisfaction for someone else, like an enemy./Will it solve the problems?/Will others suffer?/Is there another way out? Emphasize that suicide may not have the

expected consequences, eg. irreversible physical consequences (quadriplegic).

j. How to convert adversity into advantage? The crisis may be an opportunity to grow and learn; problems are not solved by disappearing; only life can offer another chance for things to work out.

k. Slowly win the subject's confidence, and slowly approach - with his/her permission.

l. Gain time (no limit) with questions: "Do you want to talk to someone?/Do you need anything?/You know who was asking after you?

m. Empathy: convey understanding, especially

about emotional state, but do not give the impression of agreeing with the choice of action. It is important for the subject not to feel prejudged.

n. Try changing the subject's emotional state[14]. In all probability, there is strong negative emotion (sadness or anger) which has been channeled into the idea of self-destruction.

The desired process is to change this to "verbal hetero-aggressivity "(spitting the aggression out in words) and from there move on to neutral or even positive emotions: "Calm down./Give yourself a chance./We can work things out".

o. Paradoxical effect: getting the subject to verbalize his/her thoughts and fears has the paradoxical effect of diminishing their force: the emotions lose force when given a name.

p. Negotiate: Look for realistic possible solutions. Provide real advantages and potential benefits in exchange for abandoning the suicidal behaviour: "I will contact that person./We're going to help so this never happens again./How can we help?/What can we do for you? etc.[15].

q. If the rescue is successful, the subject should be sedated and transferred in a medicalized ambulance to a hospital for investigation and treatment. Good luck!

Conclusion

In general, the rescue effort in attempted suicide is very complex because of situational factors, pre-morbid characteristics and different triggers of suicidal behaviour in the subject. All this may make for an extremely stressful experience for the rescue team, and they may even be overwhelmed by the situation. In this regard, having an action protocol can be useful in providing a series of indications on what to do and, especially, what not to do, to respond appropriately and thus increase the possibility of a successful intervention.

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Técnicas psicológicas de rescate en intentos de suicidio

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El objetivo del presente trabajo es ofrecer desde la psicología unas pautas de actuación para que los profesionales de emergencias puedan abordar la situación de evitar un intento de suicidio "in situ". Como en muchos supuestos de emergencias, hay que reaccionar rápidamente en un contexto muy estresante. Por ello, nos parece útil la propuesta de un "protocolo de actuación" con una serie de indicaciones de intervención, que aunque no se apliquen todas pueden ayudar a la actuación de los profesionales sanitarios y de emergencias. [Emergencias 2010;22:381-383]

Palabras clave: Rescate. Intentos suicidio. Intervención psicológica.