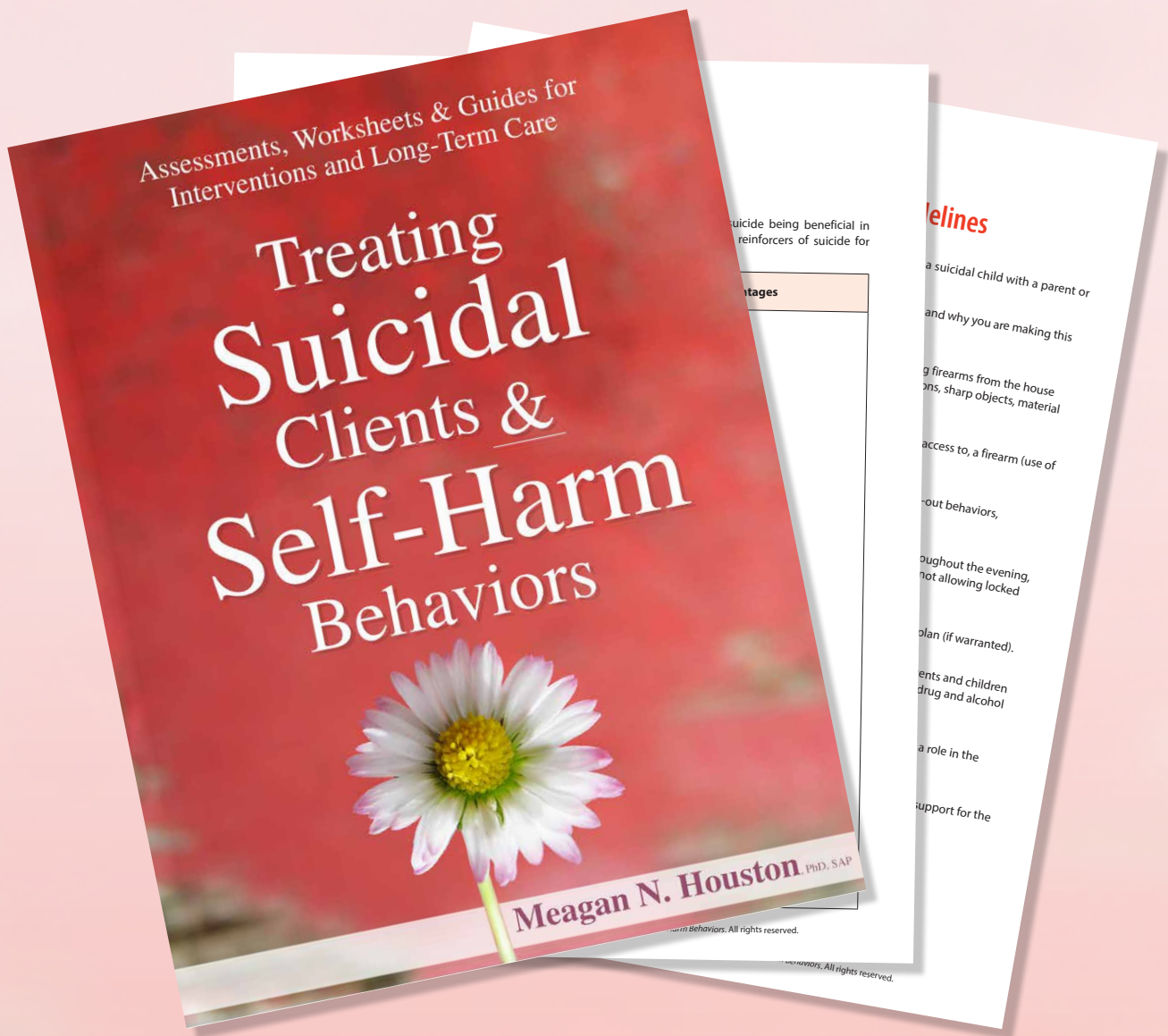


**FREE**  
**Worksheets**

# Treating Suicidal Clients & Self-Harm Behaviors



Effective and practical printable  
tools for use with your clients!

## Challenging the Belief That Suicide Is a Better Option

Most suicidal clients believe that suicide will be the catalyst for the change they want to see in their relationships or in their situations. Characteristic motives include revenge or to offer relief for family and friends (feelings of burdensomeness). Cognitive–Behavioral Therapy (CBT) allows this assumption to be challenged, which in turn allows the client to achieve a more realistic perspective. This also provides the client with the opportunity to contemplate the short- and long-term consequences of attempting and completing suicide.

By exploring this issue, you gain good information about the positive and negative reinforcers related to your client's suicidal beliefs. Detecting the positive reinforcers helps to guide treatment toward identifying alternatives to suicide in order to lessen the client's desire for suicide. It also allows the opportunity to correct any cognitive distortions the client has about the benefits of dying. Having knowledge about the negative reinforcers provides information about the client's motivation to not commit suicide. Both inform the therapy and provide a way to move your client away from ruminating about the possibility of suicide.

## Treatment Goals of CBT with Suicidal Clients

CBT is based on the idea that it is our thoughts that cause our feelings and behaviors, not external things like people, situations, and events. The benefit of this fact is that we have the power and ability to change the way we think, feel, and act even if the situation remains the same.

CBT is very structured and directive. CBT-oriented therapists have a specific agenda for each session, though the agenda will always be based around the client's specific goals. Specific techniques and concepts are taught during each session, and therapists do not direct the client's goals. We are not to instruct clients what their goals "should" be or what they "should" tolerate. This therapy is directive in the sense that you show your clients how to think and behave in ways to obtain what they want.

Homework is a central feature of CBT. The skills and techniques you teach are only useful when clients practice and apply these skills. Goal achievement could be delayed if a client only ponders these ideas and never applies the concepts to their everyday functioning. This is why CBT therapists assign bibliotherapy techniques and encourage their clients to practice the techniques learned.

The following clinical worksheets are great resources for you to use with your clients.



*Clinician Worksheet*  
**Why Suicide?**

**Directions:** Use this worksheet to challenge your client's views about suicide being beneficial in attaining their goals. This will help to identify the positive and negative reinforcers of suicide for your client.

<b>Advantages</b>	<b>Disadvantages</b>

*Clinician Worksheet*

# Why Live?

**Directions:** Use this worksheet to challenge your client's views about suicide being beneficial in attaining their goals. This will help to identify the positive and negative reinforcers of suicide for the client.

Advantages	Disadvantages

*Clinician Worksheet*

## Adolescent Suicide Risk Checklist

**Directions:** If your client answers yes to three or more concerns on this checklist (excluding social support question), a suicide inquiry (presence of any current ideation, intent or plan) and/or possible suicide risk assessment is advised.

- \_\_\_\_\_ Has there been any prior diagnosis of depression, anxiety or other mental health condition? Are these symptoms currently active? Are these symptoms currently being treated with medication or therapy?
  
- \_\_\_\_\_ Has the client been a victim of bullying (physical, verbal, cyberbullying)?
  
- \_\_\_\_\_ Is the client experiencing concerns about sexual identity or sexual orientation?
  
- \_\_\_\_\_ Have there been any significant changes in behavior (isolating themselves, withdrawn, acting-out behaviors, increased drug or alcohol use)?
  
- \_\_\_\_\_ Any history of prior suicide attempts or NSSI behavior?
  
- \_\_\_\_\_ Any history of drug and alcohol abuse? Any current drug or alcohol use?
  
- \_\_\_\_\_ Does the client have a strong social support network?
  
- \_\_\_\_\_ Does the client report familial pressures?
  
- \_\_\_\_\_ Does the client report frequent disciplinary problems or poor academic performance?
  
- \_\_\_\_\_ Does the client present with a history of physical, mental, emotional or sexual abuse?

## Parental Notification Guidelines

**Directions:** Use this worksheet as an outline to follow when discussing a suicidal child with a parent or caretaker.

1. Inform the parents that you believe their adolescent is at risk for suicide and why you are making this assessment.
2. Suggest that parents/caretakers can reduce the risk of suicide by removing firearms from the house and restricting access to other lethal means (knives, prescription medications, sharp objects, material that could be fashioned into a noose, razor blades, cleaning supplies, etc.).
3. Educate parents about different ways to dispose of, or at the very least limit access to, a firearm (use of law enforcement in disposal/removal of firearms from the home).
4. Note significant changes in behavior (isolating themselves, withdrawn, acting-out behaviors, increased drug or alcohol use; or if usually sad, are they excited, energetic).
5. Suggest heightened observation of child/adolescent (check-ins periodically throughout the evening, encouraging engaging in family/social activities, increasing family quality time, not allowing locked doors, monitoring extended periods of time in the bathroom).
6. Discuss development of a safety plan and the importance of enforcing the safety plan (if warranted).
7. Provide parents/caretakers with community resources that admit and treat adolescents and children (hospitals that admit children/adolescents, intensive outpatient treatment centers, drug and alcohol inpatient/partial hospitalization programs).
8. Explain current diagnosis or dual diagnosis to parents and how these symptoms play a role in the child's/adolescent's current suicidal behavior.
9. Provide parent/caretaker with information about groups/resources which will provide support for the parents (National Alliance on Mental Illness, other online community resources).