

A Clinician's Guide to Talking about Suicidal Thoughts and Behaviors

The goal of this conversation is to understand the patient's experience of suicidal thoughts and behaviors to deepen the therapeutic alliance and allow you to co-create an appropriate personalized safety plan. Some of the sections offer multiple ways of asking similar questions.

Screening

Many people who feel [depressed / anxious / etc.] have thoughts about not wanting to wake-up anymore. Have you had those thoughts?

If your clinic uses the PHQ9: I noticed that you checked the box indicating that you have thoughts of hurting yourself or being better off dead more than half the days. Can you tell me more about that?

Exploring Suicidal Ideation

Have you had thoughts about killing yourself? Can you tell me more about those thoughts?

Context

- When did you begin thinking about suicide?
- Was there something that happened that led to these thoughts of suicide?
- What is it that you feel you can't live with?

Duration and Frequency

- How often do you have these thoughts? How long do they stick around?
- How many hours a day do you spend thinking about suicide?

Emotional Impact & Coping

- When you have these thoughts, how do you feel?
- When you have these thoughts, what do you do?

Protective factors

- What has kept you from acting on these thoughts so far?
- When people think about suicide, they are often split. There is one part that wants to die because something in life is too painful. There is also a part that wants to live. Can you tell me about the part of you that wants to live?

Exploring Suicidal Plans, Preparations, and Intent

Plan

- If you decided that you were going to kill yourself, do you have a plan for how you would do it?
- Have you spent time researching methods of suicide online?

Preparations

- Have you made any preparations for suicide?
 - *Ask specifically about acquiring means for the plan discussed in the previous question (firearm, poison, rope, stockpiling pills, etc.).* Do you have a stockpile of pills at home?
 - *Ask about suicide rehearsal of the plan discussed in the previous question (going to a bridge or tall building or subway station).* Have you ever gone to the [XX] building?
- **Ask of Everyone, regardless of their plan: Do you have access to a firearm?***
- Have you taken any steps to prepare for death, like writing a note or giving things away?

Intent

- How likely are you to carry out your plan in the next month?

History of Suicidality

- Have you ever tried to kill yourself before? What happened?
- Have you had thoughts about suicide in the past? What happened?
- Have you lost someone to suicide?
- Some people intentionally hurt themselves, for example by cutting or burning themselves, but they are not trying to die. Have you ever intentionally hurt yourself in this way?

These questions may sound blunt or intrusive, just like the questions discussing sexual history sounded when we first asked them. Patients are more comfortable talking about suicidality if clinicians are comfortable, so practice saying the word suicide without flinching. People are having these thoughts whether or not we are talking about them. We also know that talking about suicidality does not lead to more suicide attempts.

*As discussed in the previous [PsychSnap](#), our ability to predict suicidal behavior is poor. However, the assessment and removal of lethal means of suicide can save lives. Suicide attempts are often impulsive acts and firearms are the most lethal means of suicide. I ask everyone with suicidal thoughts if they have access to a firearm. I also ask this question of patients with family members who are depressed, impulsive, or ambivalent about living.