OBSTACLES IN EFFECTIVE SUICIDE INTERVENTION

There are many obstacles that may interfere with an effective response to the suicidal client. Try examining which of these obstacles may or may not be an impediment to your work.

FEAR

- Denial eclipses good judgment.
- Fear that he or she will die on my clock.
- Fear of failure.
- Fear of the difficult work related to carrying a suicidal client in one's caseload.
- Fear, because this is my first suicidal client.
- Fear that tangles with the effective use of the stages of the helping process and counseling techniques.
- Fear of lawsuits or other repercussions.

COUNSELOR / CLIENT DYNAMICS

- *I like my client too much, we work well together; he/she would never "do this" or "do this to me."*
- *I do not like my client. My client is difficult.* [Unwittingly] the work becomes sloppy or negligent.
- *"But my client is so high-functioning."*
- Transference and countertransference. Personal issues, attitudes & circumstances eclipse good judgment.
- Client secrecy or fear of disclosure.
- Carl Sandburg, the poet: *The fog crept in on little cat feet.* Suicidal risk sneaks in stealthily.
- Ineffective assessment measures and / or treatment planning. Treating the wrong problem.

PARADIGM AND BELIEF-SYSTEM PROBLEMS

- Belief systems about suicide are not modern or reflective of current knowledge and research.
- Mis-assignment of morality and religious issues to suicide.
- Suicide is unthinkable. If I don't think about it, it won't happen. Surely it would not happen.
- Limited support or informed aid from public policy makers, or funding sources.
- Treating clients as members of statistical risk groups, rather than as one individual case among many.
- Differences in clinical opinions between disciplines, supervisors, departments.
- "Humble Arrogance" or just arrogance (unintentional or otherwise) about one's immunity from suicidality (professionally or personally), e.g., *it just wouldn't happen to me.*

LACK OF RESOURCES

- Lack of health insurance on the part of the client.
- Lack of hospital beds.
- Psychiatrists' caseloads too big; difficult to get clients in.
- Too few providers. Providers' caseloads too big; case management difficult.
- Lack of adequate training, experience, or assessment tools.