My wife, Amanda, who is an amazing writer (and an amazing person), told me that my experience reads as "flowery, and verbose . . . more like a suspense novel than a genuine tale of struggling to help those grappling with depression." And she is absolutely right, because that's exactly how that moment felt for me—being my first time. I was worried that my skills were lacking, an experience common for those new to this field (Douglas & Wachter Morris, 2015).

Unless you have specific training in suicide assessment and intervention, you are most likely going to have one class or one chapter of a textbook—if you are lucky—and that will not feel like enough when you are sitting across from your first client who is living with suicidal ideation. This chapter will be a primer for you, and my hope is that through this chapter you will increase your comfort with the topic of suicide and gain tools to pull from.

Understanding Those Living With Suicidal Thoughts and Behaviors

It is evident that those who engage in suicidal behavior are suffering emotionally, psychologically, or physically (Gramaglia et al., 2016). To understand the individual's unique pain, the counselor appreciates the client's perception with full empathy. Edwin S. Shneidman, the father of contemporary suicidology, believed that "the author of suicide is pain" (Shneidman, 1998, p. 246), and he introduced the idea of those engaging in suicidal behavior as experiencing *psychache*. Psychache is the aching psychological pain that can take over the mind (Shneidman, 1999). Shneidman (1999) suggested that suicidal behavior occurs when an individual deems their psychache to be intolerable and begins to see death as an active option to be rid of their pain. Indeed, those living with suicidal ideation are struggling to find connection and hope. Riethmayer (2004), in her discussion on trauma, stated:

> Trauma's initial impact brings four very powerful messages to a trauma survivor and the community. It tells the survivor that the world is no longer safe, kind, predictable, and trustworthy. Each of these has been taken away, or at the very least has been violated and/or damaged through the traumatic experience. (p. 219)

Individuals living with suicidal behavior experience a sense of the world as unsafe, unkind, unpredictable, and untrustworthy (National Suicide Prevention Lifeline, 2017a). In a suicide assessment and intervention, a counselor remembers that this perspective is likely how their client is experiencing the world, and the counselor should actively look for hope and stability as they move toward a treatment decision.

Myths

The word "suicide" feels heavy for many. This feeling may be due to the taboo nature of the act, personal and societal moral and philosophical views, or simply the fear of not knowing what to do after a client states, "I want to die." Society and culture have a large impact on the narrative of suicide. In addition, the act of suicide is so personal that those affected by it may create their own narrative about it (American Association of Suicidology [AAS], 2014). As a result, several myths abound (Moskos, Achilles, & Gray, 2004; World Health Organization [WHO], 2014). The WHO (2014) published six common myths in a report on suicide:

1. "Once someone is suicidal, he or she will always remain suicidal" (p. 69). According to the WHO report, this assumption is not the case: "Heightened suicide risk is often short-term and situation-specific" (p. 69). Although it is true that those with suicidal ideation may reexperience suicidal ideation, these thoughts need not be permanent, and individuals with previous ideations and attempts can continue their life without existing in this state.
2. "Talking about suicide is a bad idea and can be interpreted as encouragement" (p. 94). The WHO report suggests that because of social and cultural stigma around suicide, it becomes difficult for those who are living with suicidal ideation to know who to reach out to. Encouraging an individual to share may introduce the option to reflect on and reexamine their decision. This approach can lead to the prevention of an attempted suicide.
3. "Only people with mental disorders are suicidal" (p. 77). Although "suicidal behavior indicates deep unhappiness" (p. 77), it does not always indicate the comorbidity of a mental health disorder.
4. "Most suicides happen suddenly without warning" (p. 41). As indicated by the WHO report, most suicides are preceded by warning signs and symptoms. Knowing what to look for can make you a protective factor for a person contemplating suicide.
5. "Someone who is suicidal is determined to die" (p. 64). The WHO report suggests that most suicidal people are "often ambivalent about living or dying" (p. 64). There are also occasions of impulsivity, but those individuals may still hold uncertainty.
6. "People who talk about suicide do not mean to do it" (p. 21). The WHO report suggests that "a significant number of people contemplating suicide are experiencing anxiety, depression and hopelessness and may feel that there is no other option" (p. 21). Most likely, those people who are speaking about suicide are looking for someone to talk to and are reaching out for assistance.

Additional mental health advocacy organizations, such as the AAS, have also created materials to dispel suicide myths.

Suicide Nomenclature

To further our understanding of the individual living with suicidal behavior, we turn to the terms we use to talk about suicide. Having a common language supports continuity of care within the helping profession and across disciplines. Many agree that how suicidal behavior is labeled is essential (Hoff, Hallisey, & Hoff, 2009; National Suicide Prevention Lifeline, 2017a; WHO, 2014); however, there have been difficulties adopting universal nomenclature.

Next, you will find the most widely accepted terminology as well as language that is no longer used. The accepted and defined terms are suicidal behavior, suicide, suicidal ideation, suicide plan, suicide attempt, and suicide survivor. Although there are other more specific terms connected to assessment, such as levels of lethality (which are covered later), these terms are essential for documentation and for communicating about suicide with other professionals.

Recommended Terms

The following are recommended terms to use when describing the range of concepts related to suicide.