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How to use this book

Whether you are a healthcare professional, an academic, advice-line volunteer, or someone who is feeling suicidal at the present time, you will find this book helpful.

If you are a healthcare professional (general practitioner, psychiatrist, psychologist, counsellor, therapist, mental health nurse, social worker, or another member of either a primary care team or a specialist mental health team); and, have already a basic grounding in solution focused brief therapy, then you might find it most helpful or useful to go straight to Chapter 8. Here you will find out about the specialised solution focused tools and techniques and see how they are applied to the suicidal service user.

If you have no previous knowledge about solution focused brief therapy and want to learn about it in a nutshell, then you might like to begin at Chapter 6, before picking up on the specialised techniques in Chapter 8.

You might be inquisitive as to how the solution focused approach to preventing suicide sits alongside other approaches and models of working. You might be from an established tradition (e.g. biomedical, cognitive behavioural, person-centred, etc.) and are curious as to how solution focused compares and contrasts with your own way of working. A number of other models are set out in Chapter 4. The author is respectful of other ways of working: all have validity.

If your interest in the subject is purely academic and you are on a journey of discovery within the wider subject of 'suicidology', then you might like to begin at Chapter 2, 'The Book's style and purpose'.

You may be a tutor running a counselling or psychotherapy course, either wanting to understand the solution focused approach a little more and/or wanting to see how you might teach the tools and techniques herein to your students. You will find the book easy to follow and understand, and will find the many examples and sections of counsellor-client dialogue helpful in learning about which techniques to apply and when. Also, you will appreciate, I hope, that the solution focused approach is not simply 'techniquey', but is a relational process between worker and client that flows. Also, you will discover that the approach produces long-lasting results, despite the relatively few number of sessions required.

You might be a reader who has made an attempt on your life already or are thinking of doing so. I hope you will find the book both interesting and helpful to you in your current state of thinking. If you are such a reader, I would suggest you go straight to the 'worst case (graveyard) scenario' in Chapter 8 and spend about 10–15 minutes answering it as carefully and honestly as you can, before reading other chapters in the book. You might like to read either *Suicide: The Forever Decision: For Those Thinking about Suicide, and for Those who Know, Love or Counsel Them*, by Paul G. Quinnett, or *How I Stayed Alive When my Brain was Trying to Kill Me: One Person's Guide to Suicide Prevention*, by Susan Blauner. (See Reference section at the back for full details.)

You might be a solution focused practitioner who is interested in finding out about yet another specialist area which has been given the solution focused treatment or had solution focused principles applied to it. In the spirit of generosity, which is a fundamental part of the solution focused tradition, this is my offering. Please feel free to use any of the exercises in your work for the benefit of others. All I ask is that you acknowledge the source. Throughout the book, apart from a little within Chapters 4 and 5, I have avoided using the jargon of the study of suicide. The main reason for this is to keep the book simple and understandable for the widest possible readership. As first and foremost a practitioner and trainer, my overall aim is both to save lives and to help others to save lives too. My 'academic hat' is very much secondary. This whole area of research, education and practice has been given the title 'suicidology'. For those readers wishing to know what the jargon of suicidology is comprised of, and for serious academics who may wish to study aspects of the subject further, I would suggest you enter this term into your preferred internet search engines, along with other terms such as, 'suicidal ideation', 'completed suicide', and 'postvention'. Many of the references at the back of the book will be helpful too.

Throughout the book, you will find many different titles for ‘practitioner’ and for ‘client’. I have used a maximum of interchangeability with the many terms that refer to these two titles, in order to ensure the book is of widest appeal across the healthcare, helping, social care, and welfare sectors, where suicidal people are encountered. So for ‘practitioners’ the following alternative terms will appear: ‘health professional’, ‘worker’, ‘therapist’, ‘helper’, ‘clinician’, and ‘counsellor’. For ‘client’ the following titles will be used: ‘patient’, ‘service user’, ‘person’, and ‘helpee’. Also, I have used the male and female pronouns interchangeably from time to time.