

Attitudes, values and style of interaction

Attitudes towards people who self-harm or are suicidal

An ability to adopt a compassionate and respectful attitude that conveys a sense that:
self-harming and/or suicidal behaviour reflects high levels of psychological distress
a person's experience of distress is real
psychological support and interventions will be offered to people who self-harm or are suicidal, because there is evidence for their potential effectiveness
An ability to work from a position that assumes that the difficulties experienced and expressed by people who self-harm or are suicidal can usually be understood:
in the context of their life experiences and the ways that they were brought up
in relation to their beliefs, attitudes and values, and the way that these influence the way they feel and how they interact with people
An ability to draw on knowledge that helping people who self-harm or are suicidal (and their families and carers) is best done by:
developing a shared understanding of their difficulties
adopting a collaborative working relationship which (as far as is possible) includes joint decision-making
ensuring that a person has as much sense of direction and control over actions that are taken as is possible
An ability to draw on knowledge of the importance of developing a shared language that captures the way a person understands their problems and concerns, for example:
holding in mind the fact that terms relating to mental health may be experienced as stigmatising if they are not congruent with a person's own sense of what is happening to them
openly discussing any differences in the language used by a person and by the practitioners involved in their support

Professional values

An ability to hold in mind the whole person, their context, aspirations, values and cultural and spiritual preferences (rather than focusing only on their immediate presentation)
An ability to convey a sense of hope and optimism
An ability to recognise and maintain a focus on the strengths, resources and assets of a person and their family or carers
An ability to reflect on one's own beliefs, attributions and assumptions about the factors that contribute to (or reduce) distress
An ability to reflect on one's own reactions to the person, for example one's:
emotional reactions
beliefs about their difficulties
beliefs about the extent to which one can help the person

Style of interaction

An ability to maintain a style of interaction that actively affords a person and their family or carers the experience of being understood, and which demonstrates that their perspective is being taken seriously

An ability to hold in mind the risk of a person feeling that they have no choice or control over the ways that services intervene, and to address this by conveying a sense that all parties can respect and learn from each other's experience and expertise, assuming that:

one can learn from the experience of a person who has self-harmed or is suicidal

a person who has self-harmed or is suicidal can learn from the expertise of professionals (based on their training and experience)

An ability to maintain a style that is likely to be experienced as helpful by being consistently open, responsive and receptive, for example by:

actively listening in order to understand a person's perspective and concerns

acknowledging when something has been misunderstood or when an error has been made

being willing to explain the reasons for suggesting a course of action

An ability to maintain a professional and helpful relationship in the face of challenges to its integrity or boundaries, for example by:

taking care not to jump to premature conclusions regarding the meaning of a person's behaviour or the seriousness of their intent

avoiding being drawn into an unhelpful, rejecting or punitive response