

Talking to Change: An MI Podcast

Glenn Hinds and Sebastian Kaplan



Episode 24: MI for Suicide Prevention, with Emma Braconier

Sebastian Kaplan:

Hello, everyone, and welcome to another episode of Talking to Change: A Motivational Interviewing Podcast. My name is Sebastian Kaplan, and I'm in Winston-Salem, North Carolina, USA, and as always, joined by my good friend Glenn Hinds in Derry, Northern Ireland. Good morning. Well, for me, good morning, Glenn.

Glenn Hinds:

Yeah. Good afternoon from me, Seb. How are you doing, man?

Sebastian Kaplan:

Doing well. So again, we are, as always, excited about today's episode and our conversation that will be forthcoming soon. But before we get started with that, Glenn, please, orient everybody to the ways that they can access our podcast and communicate with us.

Glenn Hinds:

Fantastic. Our Twitter is @ChangeTalking. Our Facebook page is Talking to Change. Our Instagram is @talkingtochangeodcast, and for direct conversations with ourselves, or feedback or questions, our email address is podcast@glennhinds.com.

Sebastian Kaplan:

That Instagram page is kind of new and we've gotten some pretty good feedback about it, huh?

Glenn Hinds:

Yeah. It's been really well done. It's actually being managed by my daughter, Maeve, so I just want to give a shout out to Maeve. It's fantastic work and some great feedback. And we'd really appreciate more people to come along and like and comment, and offer some feedback as well.

Sebastian Kaplan:

That's right. Maeve's doing a wonderful job with that and some good content there. All right. Well, moving along. So like I said, we're excited about this episode today where we will explore, arguably, one of the more challenging conversations that professionals of any kind have with clients that they're serving in the topic around suicide prevention. And so, we're very pleased to welcome Emma Braconier to the podcast. Good morning, Emma.



Emma Braconier:

Good morning, or good afternoon here, as well.

Sebastian Kaplan:

Wonderful. Well we're excited to have you, and as we've been doing recently, if we can just get started, tell us a bit about yourself, what you do, and then also let us know what your early MI story was.

Emma Braconier:

Yeah. So a bit about me. I'm a social worker, among other things, but that's my profession that I work with today. And I don't work clinically anymore, and I haven't for some time. So I work with quality development within the social services throughout the field, actually, and now I work mainly with kids. So quality development with them, child and youth prevention, and social work with kids and up to 18. So I've been through the field, and now the youth.

Sebastian Kaplan:

Right. And these are through agencies and throughout Sweden?

Emma Braconier:

So in Sweden, we have the social services are organized in municipalities, the communes, I think it's the same word in English as well, that organizes. So I work with a special municipality, and then I do MI training on my other half. So I both have an employment and then I also do MI trainings throughout Sweden, and some internationally as well. And mainly healthcare, social work, but also the police, and a lot of people who are non-professionals as well, like women's shelters and volunteering, that stuff. Volunteering at women's shelters or at the suicide support line, or stuff like that as well. So it's quite a range of people that I train in MI, from people who have no training in meeting people professionally, but in healthcare and social services. And I think that's really exciting doing that. So MI trainings I do throughout the field and throughout Sweden, but through myself, through my own company.

Glenn Hinds:

So it sounds like there's an interest across Sweden and perhaps even further inward of motivational interviewing that's not just restricted to the professional practices. It's individuals who you're supporting others in different realms and that maybe you're doing it out of goodwill, or maybe doing it because of their own experience and they're giving back. But you've been given an opportunity to spend time with them and to teach them motivational interviewing. And that's perhaps something we can tease a bit more out with you later on. But tell us a bit more, then, about how you came to motivational interviewing yourself.

Emma Braconier:



Yeah. So I started working at municipality when I had finished school with social work. I was 29. That's quite late today in Sweden. You would have your degree at 22, 23, so I was a bit older. But I started working with something called economic aid. You're supposed to give economic aid to people who can't support themselves, and it's also housing and a lot of stuff in that. And so it's a lot of decision making. You have to really make a lot of decisions about are people are going to get economic aid or are they not. And it's also the key thing that you're supposed to do when working with economic aid is actually to motivate people to have their income from somewhere else, to maybe to look for jobs, or maybe if they're too sick, to get them through the healthcare system so they can have an economic aid from the state providing, or the social security system. So what we're supposed to do is motivate people, so that's quite interesting, as well as making really hard decisions.

And I started working in a municipality that it was called a model municipality for MI, actually, through the National Board of Social Work and Welfare. And so two or three days in, when I started my new job, I went to a two day basic training of MI, and we had peer support at every unit. So we trained MI at least once every month.

And I thought MI was really hard at one point but the spirit of MI really came to me. I felt that it put words to stuff that I experienced in how to be a social worker, what I wanted to be as a social worker. And throughout my education as a social worker, I always focused on how do we meet people regarding how they want to be met, not what I think is a good way to meet them. So I think MI really struck a chord in me, and at the same time, it was hard. I worked in an area with high unemployment rates. A lot of people really, really poor. And lot of criminality. And people were really struggling. But my manager and everyone else were really keen on MI. And we had some MINTies, actually, in our team.

But when I really found that it was working, I remember being at a family's house and only the dad were home and they'd been through a lot of stuff. And we talked about his children. And he began crying when he talked about his children, as many people do. And I think I just made a reflection, saying, "Your kids are really important to you. And you want to be a good role model for them." And then he started crying some more. And then when I left, he said, "I don't consider you my social worker. I consider you my friend." And in Sweden, it's, "Oh, you're not supposed to be your friend when being a social worker." And then, thinking about it, I think he really meant, "You're being friendly." And he wasn't used to that. And I think he felt that I saw him.

And also another time I remember sitting with another family and the dad said, "I have plans to do this and this." And in my head, I'm going to say this, "I have nothing better for you." I thought, "Well, we've tried everything and nothing that we've come up with works." I didn't say that out loud. But in my head, I said that. And I thought, "Yeah. We'll try it your way. Of course we will. This sounds like a great idea." Then they never came back because they've solved their situation by him going to doing some unpaid job and then it led to a paid job. So we didn't have to give him economic aid anymore. So trusting the person's own ability and that they know themselves what they should do. So maybe a bit about social work if not us enhancing or trying to find which is the path for you. Not fucking it up. Now I'm swearing in your podcast. I'm sorry.

Glenn Hinds:



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I'm not sure if that's a first, but we'll certainly include it as-

Sebastian Kaplan:

Yeah. I think that might be the first one. Solid work, Emma. Good job.

Glenn Hinds:

Yeah. Yeah.

Emma Braconier:

But I've heard that people who cursing are more intelligent. So yeah. So I'll blame it on my Swinglish.

Glenn Hinds:

I think, as well, is people will fully understand what you mean by that when you say that. That it's a universal description of when things are falling apart in a way that really impacts on an individual's sense of the relationship, I think, that there's a passion in that word that communicates the experience of what's happening.

And it sounds like what you're describing now is that the temptation is for people who practice social work or other help and interventions too, recognize people's lives falling apart in that way, and feel that somehow that it's our responsibility to put the pieces back together. But what you're describing is that having been submerged in the culture of motivational interviewing at the beginning of your professional practice, even while it was hard, you began to see it be effective, and that what was quite striking for you was when you gave the individual space to resolve things for themselves, they did it in sometimes quite a rapid and unexpected way. And then that fucked up situation, it got resolved by themselves.

Emma Braconier:

Yeah. I think it is. It's believing that the other person has what it takes and it's not my job to fix them. And that's sometimes really, really hard, and I want to say I still struggle with that many times. We want to fix things when they're hard for someone else, and at the same time, knowing that I can't fix you because maybe you are broken. You feel broken.

I get to spend, maybe, if I'm lucky, an hour a week with that person, or maybe once a month, or I don't know how much. It depends on where you work, of course. But I mean there's 30 other days of the month that I don't get to see and you have to be on your own those days. And if I can, in my way of talking to you, help you find your way and your strength and your struggles... I think that's what's come to me over the years, that really affirm the struggle, even though the result may not be as well as you would like it to be, or the result is really, really bad.

I mean, we do struggle, to maybe connect to what we're going to talk about today, that's a professor in Sweden who has worked with suicide prevention for not 150 years, but maybe 50, called Jon Bescoff and he said, "People who are thinking about suicide are struggling really, really hard not to take their lives." And I think, in the line of social work, or wherever we are, meeting people that acknowledge their struggle, and lifting that



forward. And even though you've struggled and feel like you haven't found your way or whatever, you'll still keep on going. I mean, what a person.

And I've met a lot of people who have come from other countries to Sweden. And I mean, they've been through on a boat, they've been on some kind of hidden in the backseat of a car, or walked far, far, far, and without money and without family, and everything, and what powers do they have? It's a superpower, and giving that back that you see of the struggles a person are doing, even though they feel that the result isn't a good thing. I mean, sometimes, we really, really struggle and we don't get any results.

I think we can all... We all have this lifestyle changes we maybe want to make. We maybe want to quit smoking or do a bit more exercise or eat healthier. And then you don't succeed in that. You don't lose your pounds or whatever it is you want to do. And I think we can all feel that, "Oh, I've been struggling. I've been trying so hard and nothing works." So if we can connect that change is hard. It's really, really hard within us.

Sebastian Kaplan:

So many valuable lessons, I feel like, already, just in your brief story there, and just starting to get into the world of suicide prevention, but just trying to reflect back on them a little bit. And I guess I also want to express appreciation for your transparency in how you pair some of those early experiences and both the struggle with the early learning that you had, but also some of the ways that you were processing those conversations.

The person after that affirmation about parenting, he calls you a friend. And that got that initial level of, "Oh no, that's bad", or "That's not what we're supposed to be", you were able to reframe that a bit and think of it less as the threat of friendship, which might be a whole other conversation to be had about how threatening really is that, but just viewing it from the lens of you interacting with him in a way that few people did up to that point, maybe. And that there was something really powerful for him about how just you interacted with him.

And even sharing what was going on inside your head with the next person about he had run out of ideas, and how that practitioners always have that opportunity to support someone else's autonomy and trust their own strengths, and even affirming the struggles that they've had up until the point of that conversation that you're having with them. So just wanted to appreciate that and these are likely some threads that will continue through our conversation today as we're talking about people who are really struggling.

Emma Braconier:

Yeah. I think you're right. I think that's it. And I think I'm continuously struggling. That's a little voice in my head saying, "Don't say that. Don't say that. Don't say that." And sometimes I do. So I think it's a continual struggling, being an empathic person.

Glenn Hinds:

It's just what you were saying there that it's recognizing that the one thing that we share is a struggle in our own lives, and that's the human thread that connects us all. We're all striving to be our best selves, and what you have been describing is that once you began to recognize and be encouraged to recognize each individual's struggle, that you were



able to recognize the effort that they were making, and not struggle, and that you were able to identify the superpowers whether they be their strengths or their talents.

But ultimately, and I may be leading into the conversation now, exploring suicide prevention is even just that idea that someone who is considering taking their own life is considering it. And because they're considering it, there's another side to the conversation that they're having with themselves. And it sounds like that's part of what you're leaning towards, which is, yes, acknowledging the challenge and the pain, and potentially the opportunity that death would offer them, but also the fact that they haven't taken that path yet would seem to suggest that they're working very hard to maintain their life, and that's the bit that you become interested in, is about what is it you're exploring and striving? And maybe you could say a bit more about that, Emma, about how you begin or how you use that curiosity, leaning in that direction to explore someone's desire for life while they talk about taking their life.

Emma Braconier:

Yeah. And suicide prevention, the researchers, at least in Sweden, I think it's universal, talk about that the people are really, really ambivalent. And that's what we're talking about in MI. We feel often two things about the change we're about to make. I both want to and I don't want to. And the ambivalence in suicide or considering if life is worth living, is really, really high because the stakes are so much higher.

And I'm going to use an example from [foreign language 00:16:56]. So I'm going to use some Swedish words. She's the founder of another organization called Suicide Zero. And her daughter took her life when she was 15. And the day before she took her life, she also applied for summer work. I mean, summer work is really forward looking and suicide is not. So what I want to do in the conversation is help them get back to, "How come you applied for summer work, and how is that important?" Or, "Where is that leading you?"

Is it okay if I just take some numbers about suicide, at least how it is in Sweden? So in Sweden, it's about 1,500 each year that take their own lives, and we also, in Sweden, count something called unsure suicides. But that's 1,500, and that's the statistic that's used. And per suicide, about 10 more people have tried to take their lives, and about per suicide, about 100 people have had plans to take their lives. And about 1,000 more have had thoughts about suicide. And if you do your math, 1,500 times 1,000 is 1.5 million people. And that's 15% of the Swedish population that ever had thoughts about taking their lives. And in Sweden, you can fill out some kind of form, so it's statistically proven that about 15% have had thoughts about if life is worth living.

So when you think about, 15% is quite a lot of people. And we talk about the people who actually take their lives, and also, we forget the whole big group that aren't feeling good. And I think we all have someone or maybe a few people that we know have taken their lives or tried. I have many people in my environment or in my background that have tried and also succeeded. And it's also, by those who have tried to take their life, nine out of 10 die from something completely different. If they fail from taking their lives, nine out of 10 die from something like everyone else. And almost everyone who tries to take their life or has had taken their lives have had contact with their healthcare or in the social work



services, or something like that. So they have told people about what they think. And I think that's really hopeful.

A lot of people are thinking dark thoughts, and also a lot of people express it, and also a lot of people are feeling better. I think we have a great deal of something we can work with. So if we can talk to people a bit earlier, a lot can change. So I think it's hopeful that many people that have tried, the majority, they die from something else. Only one out ten try before die from suicide. So I think that's quite hopeful as well that people are really struggling to... They want to feel better. They want to have a life.

And also, as I mentioned before, Jon Bescoff who is a suicide psychiatric researcher, he says he doesn't talk about suicide, he talks about psychological accidents. And I think that's quite nice. And also, you feel so trapped and you are caught your dark emotions, and you find no way out. And you don't really have connections with your thoughts, your emotions. And I think, in the line of the conversations, you have to help them to get in touch with your emotions as well. I think Rory talked about it a bit, I think, it was two podcasts ago. But sometimes that's all feelings and you have to help them up a bit so you are also connected with your thoughts, because then you might realize that it's right now I'm feeling hopeless. And then, "Yeah, I also applied for summer work yesterday." And that's what we often try to do with them by acknowledging the thoughts and the feelings, and they're put together. And sometimes they don't go in the same direction.

Sebastian Kaplan:

Well, thank you for providing the context, I suppose, in Sweden at least. And just really just thinking about that number, if 15% of an entire country throughout the year will have some level of difficulty to the extent that taking their life becomes an option. And I guess there's a couple places to settle into that number. One is just feeling the power of that, and maybe even overwhelmed at how huge a number that is.

And you also offer a counter to that, I guess, which is the opportunity. That not only the people themselves have in that, more often than not, the vast majority of the people that are struggling in that way don't end up completing suicide, and they go on to live a life. Now, perhaps it's a life with some continued struggles involved, but they're, at least from the standpoint of suicide, that is not ultimately what ends most people's lives who are struggling in this way. And it also provides an opportunity for the practitioner to really respond in a way that meets their needs and helps them forward, of course, for people that are working with practitioners.

And I wonder if it might be helpful also to... Because I feel like practitioners of any kind that are in conversation with someone who's considering suicide or sharing that they're having thoughts, or whatever it might be, there's some really unique challenges that practitioners have in those conversations, and perhaps even there are parts of those conversations that there's a requirement that there are elements in these conversations that have to happen, either by law or by policy of some agency. And I wonder if we could talk a bit about what are some of those pressures the practitioners might face and how MI can inform practitioners, and maybe even provide other avenues to interact when we're dealing with such high stakes kinds of situations.



Emma Braconier:

I don't think that all that many pressures from agencies and stuff actually to ask about if they have had thoughts about it. Sometimes we have this form you fill in and that's a question if you have had thoughts about suicide, and that's it. And then you don't really, as a practitioner, know how to handle it.

So in Sweden, we have several support lines you could call in and talk to people. So this is a real struggle that we're having. I don't think practitioners ask enough about have you had thoughts about taking your life, and we also have investigations showing that, from people taking their lives, they haven't always been asked. There's a lot of myth about suicide that people who are consider it don't speak, and they do, almost everyone talks about it that they're considering taking their own lives.

And there's also a myth that it's dangerous to ask about suicide, that it will get into your head and then you will think, "Oh, suicide is an option." And that's also a myth. So I think we're afraid to talk to people, we looks or we get the notion that they're not feeling well. And it's dare to ask if life is worth living, and it's also daring to listen to the response as well. Because just asking, and then you know, "Yeah." And then you don't know what to do with the answer. Then you might feel, "Oh, this wasn't really worth telling you. You don't give anything back."

So I think, in suicide prevention, and in the use of MI or whatever you want to use, it's daring to listen to what the other person is saying because I think it's our own emotions that gets so triggered that we don't know what to say, and I don't want to say the wrong thing, and then I don't say anything at all. So we often say it's a hard conversation.

And when we talked about me getting on here, I've been thinking, "To whom is it a difficult conversation?" I think it's actually more difficult for me, as the practitioner, than the person who's feeling this. Because my experience is, they want to be listened to. They want to be heard. They want to be acknowledged. They want someone to see you and that they're feeling like this because they say it. And I think we're afraid to do, maybe something wrong, or maybe trigger something, and then we don't say anything. And I think that's a really key element. Who am I in this? And how do I respond? And I think something... Rory said in your podcast two podcasts ago. I really liked that one. I liked so many. He said, "It's not always about being the best at empathy. It's just not being the worst."

I actually, I went to the local swimming pool, indoor swimming pool, yesterday, with my son, who's two. And he was supposed to have a snack, so he had some Swedish pancakes. And then he's not a big eater, so that always stresses me. I want him to eat some more. And then he ate some pieces and then he poured his water on his plate so the pancakes are all soggy. And he had a plastic fork and he was supposed to pick the pancake pieces up. And he picked them up with a fork and they fall off, and they fall off, and they fall off. And I just want to pick the pancake up and put it in his mouth. And I really had to talk to myself, don't do it, Emma. Don't pick the pancake up and try to put it in his mouth. He won't eat it. And he was really, really struggling. And several times he's, "I can't do it. I can't do it." And then he continued trying, and trying and trying. And he got some pieces in.



So I think, in MI, we often talk about the righting reflex or we want to fix things. And I think it was so clear to me yesterday that I tried to fix him by putting that pancake piece on his fork and put it in his mouth, and he wouldn't have eaten anything. And I really had to talk to myself, "Don't do it. Don't do it. Don't do it, Emma." And he continued struggling, maybe 10 minutes actually.

And I think, "If I'm struggling that hard with my kid trying to eat some pancakes with my righting reflex, the stakes are so much higher when we're talking to someone who are considering if life is worth living. So I think our righting reflex is so aroused... I don't know if that's the right word, but it's so high up. And I think it's really, really important to try to connect with your righting reflex and try to not use it actually, because every advice you be giving someone who is considering if life is worth living will seem too small or too shallow. And as I've said before, we only maybe get to spend an hour with the person, or maybe more, but they've lived a whole life.

So I think the righting reflex is triggered when we see people are hurting. And I saw that with my kid trying to eat some pancakes. I was really trying to get him to eat some more pancakes, and that's a really small thing. So I just wanted to illustrate that that's what happens to us when people are struggling. And when it's such a big thing... Because it could be about life and death. And we don't have all the time in the world, then we want to say the thing that will solve your problem.

And being a volunteer and talking to people who've met many professionals say that the advice that they've been giving has felt like, "Oh, you should take a walk. Physical activity's really good." And it's really good for people. We all know we feel better with physical activity. And at the same time, if you say, "I'm thinking about taking my life." "Oh, you should take a walk." I mean, that's too small. So whatever we might say... Or if they say, "I've tried everything and nothing works." Instead of, "Have you really tried everything?" That's not the point.

The feeling like you've tried everything and you haven't found what really works for you yet. And how come you tried this far? Or maybe just it sound like you haven't found anyone who's been able to listen to you the way you want, and thank you for trusting me. I mean, what a weight to learn about the struggles the person are making. So I think the really important thing, when you're talking to someone in that kind of state, is be aware of what I'm feeling and not trying to project that or say to them.

Glenn Hinds:

I loved what you describe there as, "The daring to listen." I think it's a wonderful description and I think beautifully encapsulates the challenge for us as practitioners, and you were describing there, "Who's this conversation difficult for?"

And even in your description of your response to your son's dilemma at the swimming pool, that in some ways it's beginning to answer one of the questions that we've gotten on Twitter from Natalie Finch, who's handle is @natfinchleeds. And she was asking the question, "How do I manage myself and more particularly, that rolling with resistance?" And it sounds like it's that not giving an answer to this problem but paying attention. The thing that you're going to give us your attention. What you're going to give is your willingness to listen. Your willingness to listen to and understand without trying to fix. Back again to that believing in this other person's own resourcefulness and to really



support their own self determination to make a decision for themselves, knowing that there is an energy driving them towards life, and how do we get them to talk themselves through that into that.

And that idea, if we don't want to open the door, and I think a lot of people will recognize that they may be working in different realms where, from time to time, someone will present with this really challenging proposition, which is, I'm going to kill myself. And they've come in to talk about housing. They come in to talk about a bunion, or they come in to talk about weight loss. And they drop this, what a practitioner would call, a bombshell. I'm going to take my own life. And I suppose one of the questions I imagine a lot of people are curious about then, is how did you get to the place where you could begin to tolerate that feeling, that panic, I imagine? And hold it long enough for you then to be in a place where you could actually listen to the client describe their suicidal thoughts and everything else that was going on for them?

Emma Braconier:

Yeah. That's a really good question. I think I'm really trying to acknowledge when I'm being judgmental to other people, and I'm being that, as well as many other people do. And I think I'm struggling more with other stuff. I never really had a difficulty with people feeling really, really, really bad and people yelling at me, then I can, handling the discord, what we're saying in MI now. Or when I look back, I've had more trouble when I think their problem seems too small.

So that's what I need to be aware of, is am I really listening now? And I think we've all had struggles in our lives. We never know what those struggles are. And people might look really happy from the outside. I think if we just take two suicides who's been in Sweden and Norway, the former husband of the Princess of Norway decided to take his life on Christmas Day. And he seems successful as a successful writer and everything. And also the husband of one of the ministers in Sweden decided to take his life, and he was also a successful person. So we can look at people, they look happy from the outside, or something like that. And at the same time, we don't know the struggle a person has been through.

And I've had my struggles, and I think, not liking who I was at that time. And no one could have disliked me as much as I did. And I think that connecting to that, that this person is in a really bad place, and connecting with struggles you've been through yourself. And not thinking that I know what you're feeling, because I don't, connecting with the hurt and feeling is understood and not listened to, and connecting to, "How does that feel?" Reflecting that back to that person with reflecting the emotions you think they might have.

So I think I'm struggling more with people who are not saying out loud that they're feeling this bad, but they're calling the suicide support line and they talk about a movie they've been to. And some days, I have really struggling, probably someone more important that I should talk to. I really have to connect with... We all have different ways of saying that we're feeling bad. But if you're calling a support line for suicide prevention, then you're not feeling your best, and you need someone to talk to. And how you say that, if it's, "I want to talk about a movie I've been to for 15 minutes", or, "I'm feeling so bad right now, I'm thinking about taking all these pills I have at home."



So I'm struggling more with being empathic with the person who's not saying that, "It's really, really bad now. Everything is hopeless. I can't find a way out." Because I don't know. I'm judging the person based on how they speak. I need to be careful more with people who are not speaking that they're feeling that bad, and at the same time, underneath, I could hear it. And I mean, they're calling a support line. So maybe also connecting to that. A lot of people are feeling really, really bad, and how they say that is different. So I'm struggling more with being empathic when I feel, "Oh, this is a smaller problem", or something like that. That's judgmental from my heart, and I'm really trying not to be.

Sebastian Kaplan:

Something that is resonating with me, and it goes back to that phrase that Glenn, you mentioned it, and it really struck me as well, the phrase, "Daring to listen". And I think you use that phrase as a call to listen to the other person who is struggling and contemplating suicide.

And the more I hear you, it almost sounds like you could turn that on yourself, and in a way, it's a call to listen to your own inner dialog as you're working with someone who is themselves saying that they're struggling. And there may be all sorts of varieties of inner dialogs that we have, and you shared that with your son, and your inner dialog at the time was, "Feed him some pancakes." And you listened to that, and you didn't just abide by whatever it is that your inner dialog was saying to you.

And then you're also paying attention to some other elements in these conversations, like when someone is describing the problems that they have, and you judge those problems to be insufficient. And again, it's an example of that transparency that we really appreciate hearing you have, and daring to listen to yourself, I guess, so that you remain really focused on the needs of the other person, first and foremost.

Emma Braconier:

Yeah. I think it's about that listening to what's happening within me. And sometimes, might also see, "Okay, so now I wasn't the best empathic me. How come?" And it's often I have had bad sleep, I haven't eaten enough or done some exercise. So then I'm tired. I think empathy is hard. Accurate empathy isn't always easy. And it is a struggle. And sometimes, we, ourselves, have trouble showing accurate empathy. So sometimes it's like, we all want to be empathic people. And at the same time, it's hard. And sometimes harder.

Sebastian Kaplan:

Sure.

Glenn Hinds:

Yeah. Particularly what you've been saying today and what Rory talked about before, is that when I am being empathic, that some of the emotions I'm going to be in the company of are very, very uncomfortable for me to experience, too. And as an empath, how well can I contain the experience that I'm having as I dare to listen to you?



And as Seb was saying, was that internal dialog, not only the cognitive dialog, but also the emotional dialog that I think that you're describing is that, that almost your frustration with the trivialization of this issue. "I'm too bloody busy. I've got more important people to talk to. Here you are, talking about this." And just paying attention to that conversation, going, "That's really interesting. I'm getting really frustrated and angry with this person because of what they're describing."

And just being, I suppose, from an empathic perspective, just making me curious, why is that happening for me, and what has this got to do with this conversation, and perhaps what's that teaching me about this other person and their experience of their conversations with other people? Is it that, up until now, other people have trivialized their call for help? And that even just acknowledging that.

I imagine that many people... I mean, "You've talked about this before, so I'm going to dismiss it." But this sounds really important to you and perhaps allow someone to open the door to go into that deeper, more concrete place where this is the real reason why I'm thinking like this about myself. But it's almost like they have to start at the safest place. And it's, "I'm going to talk to you about something other than me, which is a movie I went to see." And it sounds, again, that effort by the practitioner to tune in and understand what may have been communicated, inverted commas, in that trivial way, that's really the beginning of a thread to a more complex presentation about, "Can anybody hear me?"

Emma Braconier:

Yeah. And also, I think you said something really valuable that, if I'm thinking this about this person, then probably, he or she has been met by other professionals like this. "Oh, it's not that." A pat on the head, perhaps, "Oh, it's not that." You said, "Trivialized. You don't have it that difficult. Many people have it more difficult." Or something like that. So I think if I'm experiencing something, then probably other people have talked to him or her that way as well. And what does that to a person, being met, this over and over again? I think that's a valuable lesson that I try to incorporate in my trainings.

Because we are quick to judge or to approve as well. Or I am, at least. And I think I am struggling with that. And I think it's, am I is this in a dialogue as well. What I'm thinking and then what I'm actually saying, as well. So it's a two way street. And I think Bill Miller said at our last MIT conference that, "Empathy's just what happens in your head. It's being curious about the other person, and then what you're saying, which is a complex reflection." So I think, maybe not acting on your first response is useful. And also be kind to yourself. I'm feeling this. I think, looking at people kindly.

Sebastian Kaplan:

Yeah. So that you're describing maybe some kind of foundational ways to orient the practitioner in the conversation. And maybe we can move towards some specific MI related skills that you find to be really helpful. And Glenn, actually, it's making me think about another one of the questions that came through on Twitter, which I think was pertaining to MI skills in particular.

Glenn Hinds:



Yeah. So that comes from Wise Guys, whose handle is @WiseGuysnow. And the question is, "What are the best ways to elicit change talk around reasons not to take one's life?"

Emma Braconier:

So you mentioned before, Glenn, but maybe you are working with, and healthcare, and think you're supposed to talk to someone about compliance to their medicine, or training program, or whatever, or quit smoking, or whatever. Or me in social work that you think you're supposed to talk about housing or whatever. And then this bomb comes. In MI, we'll often talk about, "What am I supposed to motivate that person to?" And maybe it's compliance or to start with a new medicine, or to start looking for housing. And I think, when we talk about MI suicide prevention, what is the thing that we're trying to motivate them to? It's to continue to stay alive.

So I think we need to change focus. So what am I now trying to motivate that person to? So, okay, so it's continuing to stay alive. And I don't think that's controversial to try to motivate people to continue to stay alive. And when I train people in suicide prevention, or using MI, I change the word, change talk, and sustain talk, which is the two we use. And I try to rephrase it. So change talk is, what do we want to hear more? We want to hear more reasons, ability, and need and desire to stay alive. So we want to hear more life talk. And we want to hear less... We want to turn down the death talk or the self-loathing talk. Because sometimes, what's a person that's considering taking their life? It's supposed to change. Maybe it's the society around and everything. So sometimes, talking about change talk is hard. So I try to use life talk and listen to the glimpse of life talk that comes through.

And I think, when I listen to the question, it's more like, is there another sort of MI to use when talking to people who are considering suicide? And it's really not. It's just, what am I trying to steer the conversation to? I want to hear more reasons about staying alive. And I think it's a valuable thing. It's how to turn down the sustain talk or the death talk. We want to soften it up. So if they say, "Everything is hopeless", maybe today it's a really bad day. We're not saying... Because yesterday, you applied for summer job. That's what I mentioned before. Or right now, it feels hopeless. We don't say that life is hopeless. Right now, you're feeling like this. To acknowledge that this is our true feelings and they're true to you-

Glenn Hinds:

So it's almost like it's the opposite of an amplified reflection. You're purposely turning the volume down on some of... You're reframing some of my statements to make them smaller, but while acknowledging that I still have them.

Emma Braconier:

Yeah. Exactly. And also... So the person don't say, "Yeah." And sometimes, it sounds like today is a really, really bad day, and maybe, "Has something happened today, or has it been like this for a long time?" Because we know if something's just happened, then it might be more acute. And then I sometimes add "And then it sometimes sounds like you have days that aren't this shitty". Or you really have to come from underneath.



But that's eliciting change talk, or life talk. So then it sounds like you have better days. And they talk about the better days and what they want from life. I think we need to stay very long in what's really, really difficult. And I'm not a therapist. Maybe someone who is would do an excellent job in that. And at the same time, I think they really want to get to talk about what's keeping them in life. And I think we need really a lot more about what's really the problem. And that's not always really helpful.

I think we can all try to look for the glimpse of hope that's there as well as acknowledging that they're really struggling. So looking for the talk that you feel is moving forward, wanting to stay alive. And that could be going to bed at night, or if a person is at the doctor's office or at the social worker's office, they came for a reason, didn't they? So yet you're feeling this, and yet you came to me today. So what are you hoping for today, perhaps? So saying that this is accurate and you're feeling this, as well as trying to look ahead.

And it sounds like it's been what I often say when I talk to people who are calling or chatting, "It sounds like it's been a struggle contacting us. And thank you for doing that. How come you chose to come in?" Or "How come they chose to come to me today, even though you're feeling this?" Because in that, there is something. In the actions lies the courage. I'm not going around being courageous. It's in the actions that we make, I think, sometimes. And doing really difficult things like picking up the phone and daring to call someone that you don't know, because this feeling is so strong. I need someone to talk to, and I really need someone to listen to me. I mean, that's really, really courageous.

So we talked about that prior, as well as acknowledging and really looking for affirmations and their actions, like their strides and strengths keeping them. Because they feel like, "I've accomplished nothing. I still feel like this." And yet, you called. Or I talked to someone who said they dropped out of school because he wanted to be a psychologist. And he said, "No one wants a psychologist who feels like this." And yet, "How come you're knowing you felt like this? How come you still applied to become a psychologist?" And then you get a lot of values, "Because I want to make a difference to other people." And we know that, in MI, we often talk about values being a really strong, could really influence us to making difficult changes in our lives, and when we don't live our life as we want to, or as the values we have, that could also be a strong way to make a change or beginning to think about staying alive.

And also if I connect back to what I talked about psychological accidents, it's also being so trapped in your feelings that it's dark and hopeless right now, and that's when, "Oh, there's a train coming. I'm going to jump." Or, "I'm overwhelmed with my feelings." So we need to help the person up and calm the feelings down, the limbic system down. And then, so they can get back to their own thoughts about... I also have all of this.

And sometimes when it's hard, I ask a person, "Oh, but how's your week been?" Or, "How's your day been?" And then they tell me what they've done during the week, and they've been working, seeing friends, babysitting their little brother, or went to the movies or went to the gym. And people do a lot of stuff. And that's, for me, as well, to see that this person has a lot of going on and at the same time, for me, not judging, "Oh this is a person who only feel like this." And broaden the perspective that these thoughts can come to, actually, almost anyone. And it could be me and it could be anyone. And broadening my perspective, that this is a person who has a lot of things going on and it's



not just that thing, or that diagnose or that problem that we're trying to solve. I think that's valuable to me to see in line to be more empathic.

Sebastian Kaplan:

Yeah. It's like acknowledging that there's a richness to someone's life regardless of what they are showing up with, in terms of the specific problem or diagnosis. And it also sounds like there's several things that you are attuned to. One is this notion of life talk versus death talk, and in doing that, maybe a double sided reflection is a skill that you're using quite a bit where you are respectfully acknowledging the death talk that is emerging, that life is not worth living, or that nothing I do turns out well. And offering a reflection of change talk that would be emerging. Even if there's the change talk that's always present when someone's in the room with you, the fact that they've showed up to be in the room with you, or on the phone in a conversation. So that's one thing.

Another thing that it seems like you're really attuned to is opportunities for affirmation. And that something that may be present in most people who are contemplating suicide, and it's quite a shift for someone to make as a practitioner perhaps, but to view their ongoing struggle through the lens of courage as opposed to through the lens of how difficult life is for them and how it's weighing them down. That may be true, but viewing it as courage and finding an opportunity to name it that way can be very powerful.

And if I add a third thing that it seemed like you were really paying attention to, is opportunities to discuss someone's values, which I imagine is a way to not get so stuck in the back and forth content that people can get really bogged down with, and that tapping into and exploring someone's values is a way, maybe, to loosen up the conversation so it's not only about life and death, and it's about what's important to this person. And maybe what's missing in the person's life, which is one of the things, one of the origins, perhaps, of the person contemplating their own death. So a lot of things that you get to really attune to from an MI perspective, that seem to be really helpful.

Emma Braconier:

I think you summarized quite well, Seb, what I'm trying to do in trainings overall, and specifically in trainings regarding people who are considering suicide. It's affirm, affirm, affirm, affirm. I think that's really, really the best skill you could have.

Not just the skill. I think it's also looking at people as if they have resources instead of having problems. And I think that helps us be more nonjudgmental of other people. So I think it's both training spirit and skills. The affirmations. And also the double sided complex reflections, beginning with the death talk and steering to the life talk. I think it shows empathy, that you could feel two ways about something, as well as turning down the death talk and steering towards the life talk.

And the fun part is that when training volunteers, a lot of people don't have a professional background in health care or in social work, or anything like that. And they get it. They get it quite easily, actually. They feel understood, and at the same time, know what we're steering towards. I think that's quite amazing.



And also, I have these little cases, more in training people in suicide prevention that are really, really dark, what you could hear. It's five or six sentences, and little cases, and everything is so dark for these people. And I do it a few hours in training, and trained a bit of affirmations before. And, at first, they say, "I can't find anything." And then, per case, they could find five or 10 things to affirm in different ways, like struggles. And even though you've been through all of this, you're still able to be kind to other people, was something that lingered on.

So before, they would look at this person as, "Oh, it's hopeless and it feels so dark. And how am I going to get out of this darkness as well?" And then I think affirmations is amazing, if I would say that. And really trusting, affirm the process, and not you are this and that. And that could be useful as well, and really coming, saying something about their strides that they're doing, and their struggles. Because maybe it sounds like it hasn't been easy for you, yet you're doing this. I mean, don't we all want to be a person that's really struggling?

Glenn Hinds:

It sounds like you're very sensitive to the impact of good practice, or more particular, some of the skills that you're identifying. The power of an affirmation, the power of being seen, the power of being understood. And what's lovely to hear as well is that acknowledgment that you don't have to be a professional to use motivational interviewing well. That motivational interviewing is available to everyone who wishes to help, and that you don't become a good helper by becoming a professional. You become a good helped by doing good helping.

And it sounds like one of the things that good helpers are doing is that when they're practicing helping people that the affirmations say they're offering are really responding to the challenges, or the elements or the aspects of an individual who presents themselves, that perhaps they're taking for granted about themselves, that looking after their nephew or doing things for other people that you can see the effort or the positive intention that they have just begun to take for granted. "Well, that's what everybody does", and you're just noticing the effort that they're putting in that, and just helping them to notice it for themselves.

And it sounds like that in itself potentially has the opportunity to add light to that life talk. To add energy to that life talk for the individual, and then back to that whole aspect of self-determination that it ultimately, they talk themselves into life. That you don't rescue them, but you help them find a way of describing what it is about themselves that is already those values that are meaningful to them, where they already have some roots so that they can grow from there. That they want to be a kind person and you help them see where the kindness is already present that maybe they're not paying attention to, and if they pay a bit more attention to that.

And that sounds a bit like I just want to refer to one more tweet that we got. We got a series of tweets from RIPEN, who is @angelafell who works for Samaritans, which is an organization in the UK that offers-

Emma Braconier:

Yeah. I know. A great organization.



Glenn Hinds:

... Suicide interventions. And what's important for RIPEN and their conversations with us is that the philosophy within Samaritans is that whole idea of self-determination. That they recognize this person has the right to decide whether to live or not. That they're not going to tell them not to do it, but they're going to help them explore, as you say, that ambivalence.

And I think that's, again, back to the challenge that perhaps all of us are experiencing for the first few times that we meet it is, we can't allow this person to talk about dying. We can't allow this person to talk about this stuff because it's just going to make it happen. And the reassuring message is that, yes, giving them a chance to talk about it is important, but it's been heard, but hearing the two aspects, not just the dark side, and not necessarily spending time in the dark side on purpose. It's about that you can interface towards the past and the difficulties, or as you've described, is you change to focus to life talk and just change direction in what you observe and invite the conversation to go in that way.

So there's so much that you've been giving us today, and, as often is the case, Emma, that when we come to the time where we start to draw our conversation to an end, there's still more to do. But before we do begin to close, we always offer our guest the opportunity to explore or describe anything that's happening for them at the minute that has caught their attention. That doesn't necessarily have to be MI focus, but...

Emma Braconier:

Well, I think I've been on the path of MI for 11 years. I think the more I learn about it, the more I think I need to learn as well. But I think that MI, it's given me very much in the context of communicating to other people, and also looking at other people more kindly, and also at myself more kindly, I think. So I'm trying to find exercises that train both skill and the spirit. Because I think the spirit is so powerful. Looking at each other more kindly. And I think we would have a kinder world. So I'm really trying to design trainings where really giving much punch in the exercises. So they train both skill and spirit. And I think that's sometimes hard.

And also, I really, really discovered myself, the really power of affirmations. And really trying to know, now I forgot her name, who looked at a more fixed mindset or flexible mindset, that how we talk to our kids, how they will handle challenges in their life. I look at my son. He's two. And when he started walking, he was about one, and he tried to walk over the thresholds in our apartment, and then he fell. And then he started crawling over and then got up, and then he asked for help. And then one day, I was sitting in the kitchen and he was walking over the threshold by himself. He just looked at me, he put his arms up high, he just looked at me and smiled. And then he went on. And then I just nodded at him. "I saw what you were doing, and it's great, and you've been struggling." That was what I wanted him to say.

So I think we have it in us to really try and try, and try again until we succeed when we are born, and then something happens along the way. We get more... There's a Swedish psychologist that wrote a book, Five Times More Love, that we're supposed to give our children positive reactions five times more than for every no. And I don't think we, as adults, are any different. I think we've been trained in the society that look for



what's not going well and fix that instead of building on what's working and what we are struggling. And even though it didn't go very well, we continue to get up every morning and continue to do that. And looking at that more, I think it's very, very powerful.

Glenn Hinds:

Just using that story that you describe, it's almost like the client coming to us with any presentation, but in this instance, the suicidal thoughts are potentially the child coming across the threshold, and we notice them. It's just that being noticed is what we're all looking for.

Emma Braconier:

Yeah. That's a really nice reflection. I'm going to use that, Glenn, in my trainings.

Yeah, but I think looking at our children and how they evolve, just supporting them along, has much for me, anyway, to see going my MI trainings, and what can MI contribute to. Because as a practitioner, I can only be there for a short amount of time, and I have to give back what I see in them so they can use that for the other 23 hours of the day, or 167 hours of the week. So I'm trying to give back what I see that they already have within them so they can use that. Because I'm not there to tell them every single day, "Oh, great job." They have to, "Okay, this didn't work out, but I'm a person that keeps on trying even though that didn't go that well." And we all use our resources, maybe not in the best of ways.

Sebastian Kaplan:

Yeah. With this looking forward question of what do you have going on presently, it sounds like there's both professional and personal pursuits. And ways of, I guess, what I'm hearing is, these mini MI moments that appear not out of any sort of planning or structure, but just as life unfolds, and you can acknowledge and recognize the experience. Not that everything about life is about MI, of course, but there are ways of viewing these moments through the lens of an affirmation or a self-affirmation, even, that thinking about how some of the lessons that we take in as parents, actually, we can easily generalize to being human and how we want to enrich our own connection with other people and ourselves.

Emma Braconier:

Yeah.

Sebastian Kaplan:

Wonderful. So as we close, another thing that we ask our guests is if they are willing to receive questions from the audience. They may want to follow up with you on a particular topic or ask more questions. So if you are willing, how should one contact you?

Emma Braconier:



Yeah. I love discussing MI. So everyone is always free to contact me. So it's Emma, E-M-M-A, dot... So now my difficult last name will come. So, it's B-R-A-C-O-M-I-E-R at Gmail dot com. Emma.Braconier@gmail.com.

Glenn Hinds:

And just to remind people that to continue to contact us or to make comments about this or other episodes, our Twitter is @ChangeTalking. Our Facebook page is Talking to Change. Our Instagram is @talkingtochangeodcast. And our email address is podcast@glennhinds.com.

Sebastian Kaplan:

Wonderful. Well, Emma, we really, really appreciate it. This has been a wonderful conversation about a difficult subject and I am certain people will take a lot from it and be able to put both general things, but really specific things into practice. So thank you so much for joining us.

Emma Braconier:

Thank you for having me. It's been really great being here.

Glenn Hinds:

Thanks, Emma.

Sebastian Kaplan:

All right, Glenn. Until next time.

Glenn Hinds:

Indeed. Thanks, man.

Sebastian Kaplan:

Yeah.

Glenn Hinds:

Take care.

Sebastian Kaplan:

Okay.

