Chapter 10 - Suicide Assessment

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● Not this:

“Suicide is man's way of telling God, You can't fire me, I quit.”

Bill Maher
Suicide Assessment

- **Personal Reactions to Suicide**
  - As we discuss suicide and suicide assessment, be sure to monitor your own personal reactions and talk with someone you trust if this topic raises strong emotions in you.

Statistics

- **Suicide Statistics**
  - In 1991, the average suicide rate was 12.2 deaths per 100,000 people.
  - It was under 10.0 deaths per 100,000 people in 1999.
  - In 2004, it was 11.0 deaths per 100,000 people.
  - In 2014, it was 13.0 deaths per 100,000 people, the highest it has been since 1986.

- **Suicide Statistics**
  - Worse in military veterans
  - 22-23 per day
  - The suicide rate for American men is about four times higher than for American women.
  - Women are more likely to attempt suicide, but men are more likely to succeed.
  - Lethality of methods.
  - Suicide is very difficult to predict.
Risk Factors

- A suicide risk factor is a measurable demographic, trait, behavior, or situation that has a positive correlation with suicide attempts and/or death by suicide

- Risk factor checklists aren’t especially helpful

- But understanding risk factors helps understand suicide-related dynamics

Risk Factors II

- Mental Disorders and Psychiatric Treatment
  - Depression
  - PTSD
  - Bipolar disorder
  - Substance abuse/dependence
  - Schizophrenia
  - Anorexia nervosa
  - Borderline personality disorder
  - Conduct disorder
  - Insomnia
  - Post-hospital discharge
  - Recent SSRI treatment

Risk Factors III

- Social, Personal, Contextual, and Demographic Factors
  - Social isolation/loneliness
  - Previous attempts
  - Non-suicidal self-injury
  - Physical illness
  - Unemployment or personal loss
  - Military or veteran status
  - Sexual orientation/sexuality
  - Firearms availability
  - Suicide contagion
  - Abuse and bullying
  - Demographics: Sex, age, and race
Suicide Assessment

- Suicide Risk Factors and Suicide Risk Factor Assessment
  - Recent Loss
  - Past History
  - Psychological Disorders
  - Impulsivity
  - A&D Use
  - Social/Cultural Risk Factors
  - Suicide Exposure
  - Stressful Life Events
  - Hopelessness

Suicide Assessment

- Suicide is viewed as the only solution - there is no other way out
- Self-doubt, self-loathing
- Selective serotonin reuptake inhibitors (SSRIs)
- Sexual orientation
- Trauma and abuse history
- Warning signs
  - Talk of death or committing suicide
  - Loss of interest in hobbies, work, or school
  - Withdrawal from family or friends

Suicide Assessment

- Taking unnecessary risks or increases alcohol or drug use
- Making final arrangements or gives away prized possessions
Protective Factors

- Protective factors are personal or contextual factors shown to decrease suicide risk or aid in resisting suicide impulses

- Protective factors may be:
  - Empirically linked to reduced suicide risk in the general U.S. population
  - Factors that protect against suicide for individuals within specific populations

Protective Factors II

- General protective factors include:
  - Reasons for living (e.g., having children or loved ones)
  - Higher global functioning
  - Social support (e.g., reporting many friendships)
  - Life evaluations (e.g., life is meaningful)
  - Frequent religious service attendance
  - Suicide-related beliefs

Protective Factors III

- Specific protective factors include:
  - Parent connectedness (for adolescents)
  - Neighborhood safety (for adolescents)
  - Academic achievement (for adolescents)
  - Supportive school climate (for sexual minority youth)
  - Coming out/disclosing (for transgender adults)
Suicide Assessment

- Conducting a Thorough Suicide Assessment
  - A reformulation of suicide assessment
  - A constructive critique
    - Differential activation theory
    - Depressogenic social, cultural, and interview factors
    - Adopting a new client and suicide-friendly interview attitude

Warning Signs

- IS PATH WARM was created to facilitate recall of important warning signs:
  - I = Ideation
  - S = Substance Use
  - P = Purposelessness
  - A = Anxiety
  - T = Trapped
  - H = Hopelessness
  - W = Withdrawal
  - A = Anger
  - R = Recklessness
  - M = Mood Change

Building a Theoretical and Research-Based Foundation

- Shneidman posited three factors that directly contribute to suicidality.
  - Psychache: Intense personal pain and anguish
  - Mental Constriction: A problem-solving deficit
  - Perturbability: Agitation or heightened arousal
Theory and Research II

- Joiner theorized that two interpersonal factors can be proximal causes of suicidal intent
  - Thwarted belongingness (social isolation)
  - Perceived burdensomeness

Theory and Research III

- Based on constructive theory, whatever we consciously focus on, be it relaxation or anxiety or depression or happiness, shapes individual reality
- This implies that clinicians should move away from illness-based weaknesses, deficits, and limitations and instead, adopt a stronger emphasis on clients strengths, resources, and potentials

Suicide Ideation is a Sign of Distress, Not Deviance

- Suicide ideation occurs at a high rate among the general U.S. population
- Suicide ideation is primarily a means of communicating emotional pain and distress
- Holding the belief that suicide ideation is pathological creates distance between clinician and client
Emphasize Protective Factors over Risk Factors and Wellness over Diagnosis

- Don’t over-emphasize risk factor assessment during clinical interviews
- An illness-oriented perspective can inadvertently facilitate an iatrogenic process
- Be sure to ask about wellness and positive experiences

Collaborate with Clients who are Suicidal

- If you try arguing clients out of suicidal thoughts and impulses, they may shut down and become less open
- Using the Collaborative Assessment and Management of Suicide model, therapist and client collaborate to monitor suicide ideation and develop an individualized treatment plan

Suicide Assessment Interviewing

- Use this acronym to remember suicide interview content
  - R – Risk and protective factors
  - I – Suicide Ideation
  - P – Suicide Plan
  - SC – Client self-control and agitation
  - I – Suicide Intent and Reasons for Living
  - P – Safety Planning
Suicide Assessment

- Assessing Client Depression
  - DSM forms of depression
  - Mood-related symptoms
  - Physical or neurovegetative symptoms
  - Cognitive symptoms
  - Social/interpersonal symptoms

Suicide Assessment

- Personal and Family History
  - It is good practice to assess for previous attempts within the individual and within his/her family
  - A family constellation interview or genogram can help with this

Exploring Suicide Ideation

- It’s standard practice to ask directly
  - Asking will not create thoughts of suicide in a client
  - But it’s possible to ask: “Have you ever thought about suicide?” while nonverbally communicating to the client: “Please, please say no!”
  - Before asking about suicide ideation, you need the right attitude about asking the question
Suicide Ideation II

- The right attitude involves these beliefs:
  - Suicide ideation is normal and natural
  - I can be of better help to clients if they tell me their emotional pain, distress, and suicidal thoughts
  - I want my clients to share their suicidal thoughts
  - If my clients share their suicidal thoughts and plans, I can handle it!

Suicide Ideation III

- Asking Directly about Suicide Ideation:
  - Use a normalizing frame: “... it is very normal when one feels so down in the dumps. The thought itself is not harmful” (Wollersheim, 1974, p. 223)
  - Use gentle assumption: “When was the last time when you had thoughts about suicide?”
  - Use mood ratings with a suicidal floor

Practice: Asking About Suicide Ideation

- Get with a partner or small group
- Practice each of the three approaches to asking about suicide ideation
  - Normalizing frame
  - Gentle assumption
  - Mood ratings with a suicidal floor
- Report your experiences back to the large group
Responding to Suicide Ideation

- Validate and normalize: “Given the stress you’re experiencing . . .”
- Collaboratively explore the frequency, triggers, duration, and intensity
- Strive to emanate calmness, and curiosity, rather than judgment

Exploring Depressive Symptoms

- Use the ICD or DSM and check on the following with balanced questioning:
  - Explore mood-related symptoms
  - Check on anhedonia
  - Ask about physical or neurovegetative symptoms
  - Explore cognitive symptoms
  - Ask about social/interpersonal symptoms
Assessing Suicide Plans

- S-L-A-P the Plan, by asking about:
  - Specificity
  - Lethality
  - Availability
  - Proximity of social support

Assessing Client Self-Control

- This is challenging, but you can:
  - Ask Directly
  - Observe for Arousal/Agitation
  - How can you do this?

Assessing Suicide Intent

- Suicide intent is defined as how much an individual wants to die by suicide - and is difficult to assess

- You can infer it from a balanced and collaborative exploration of:
  - Suicide planning
  - Severity of previous attempts
  - Reasons for living and other protective factors
Using Outside Information to initiate Risk and Protective Factor Assessment

- Suicide assessment may be initiated based on information from the following:
  - Client Records
  - Assessment Instruments
  - Collateral Informants

Suicide Interventions

- Listening and being empathic
- Establishing a therapeutic relationship
- Safety planning
- Alternatives to suicide
- Separating the psychic pain from the self
- Becoming directive and responsible
- Making decisions about hospitalization

Suicide Interventions II

- Find a partner or small group
- Discuss the interventions listed on the preceding slide
- Identify the ones you are comfortable with
- Practice applying them with each other
Ethical and Professional Issues

- Consider how you can address these:
  - Can you work with suicidal clients?
  - Consultation
  - Documentation
  - Dealing with completed suicides

Suicide Assessment

- Suicide Prevention Hotline
  - 1-800-273-8255 (1-800-273-TALK)
  - Text: 741741
  - www.suicidepreventionapp.com