Chapter 9 – Suicide Assessment
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“Suicide is man’s way of telling God. You can’t fire me, I quit.”

Bill Maher

- Not this:
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Personal Reactions to Suicide
- As we discuss suicide and suicide assessment, be sure to monitor your own personal reactions and take time to talk with someone you trust if this topic raises strong emotions in you.

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 is very difficult to predict.

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
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- 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

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

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

- 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
  - Ask directly and calmly
  - Asking compassionately about suicidal thoughts will not create those thoughts
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Assessing Suicide Plans
- Specificity
- Lethality
- Availability
- Proximity of social support

Assessing Client Self-Control and Past or Familial Attempts
- Is there fear of loss of control?
- What are the client's reasons for living that reduce or prevent suicide impulses?
- Is there a history of impulsive acts?

Assessing Suicidal Intent
- Absent
- Low
- Moderate
- High
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Suicide Intervention
- Listening and being empathic
- Establishing a therapeutic relationship
- Suicide prevention contracts
- Identifying coping strategies and alternatives to suicide

Suicide Intervention (Cont.)
- Separating the psychic pain from the self
- Becoming directive and responsible
- Medications
- Making decisions about hospitalization and referral

Suicide Prevention Hotline
- 1-800-273-8255 (1-800-273-TALK)
- Text: 741741
- www.suicidepreventionapp.com
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- Professional Issues
  - Can you work with suicidal clients?
  - Consultation
  - Documentation
  - Dealing with completed suicides