



Veteran Suicide Risk Assessment

Peter M. Gutierrez, Ph.D.

**VISN 19 Mental Illness, Research, Education
and Clinical Center (MIRECC)**

American Psychological Association Annual Convention

8 August 2014

Washington, DC

Disclaimer

- This presentation is the result of work supported with resources and the use of facilities at the VA VISN 19 MIRECC, Denver, CO. The information does not represent the views of the Department of Veterans Affairs or the United States Government.
- This presentation was in part supported by the Military Suicide Research Consortium (MSRC), an effort supported by the Office of the Assistant Secretary of Defense for Health Affairs under Award No. W81XWH-10-2-0178. Opinions, interpretations, conclusions and recommendations are those of the author and are not necessarily endorsed by the MSRC or the Department of Defense.



Veteran Suicide Statistics

- Estimated that 22% of U.S. suicides in 2009 and 2010 were Veterans (8120, 8440)
 - 97% male
 - 93% Caucasian
 - 69% \geq 50 y/o
- 12,309 attempts in 2011 (rate = 212.4)
 - 88% male
 - Only 15% $<$ 30 y/o

What's the Goal of Suicide Risk Assessment?

- Comprehensive
- Specialty care
- Case conceptualization
- Treatment planning



Image retrieved from:
http://www.northgeorgiaveteransbenefits.net/veterans_health_administration.html

Other Conditions to Monitor

- Comorbid anxiety or agitation
 - Particularly PTSD, panic disorder, social anxiety disorder, and generalized anxiety disorder
- Significant sleep problems (Ribeiro et al., 2012)



Image retrieved from: <http://www.phcny.com/Therapies.php?h=1>

Know the Red Flags

- Significant anxiety
- Psychomotor agitation (e.g., “feeling like want to crawl out of my skin”)
- Poor sleep
- Concentration problems
- Hopelessness
- Social isolation
- Significant increase in substance use



What Information do You Need?

- Step-wise approach
 - Move from general to specific
- Feeling hopeless or thinking about death?
- Specific thoughts about suicide?
- Family history and own history of self-directed violence
- History of non-suicidal self-injury (NSSI)

The Assessment Process

We assess risk to...

- Take good care of our Veterans and to guide our interventions
- Purpose is to identify modifiable and treatable risk factors that inform the Veteran's overall treatment and management requirements

(Simon, 2001)



Image retrieved from: <http://lstudents.org/tag/veterans-day/>

What does Risk Assessment Mean?

- Refers to the establishment of a
 - clinical judgment of risk in the near future
 - based on the weighing of a very large amount of available clinical detail



Image retrieved from
:http://appliedbehavioralstrategies.wordpress.com/category/assessment-2/

Jacobs 2003

How Should I do it?

- No standard of care for the prediction of suicide
- Suicide is a rare event
- Efforts at prediction yield lots of false-positives as well as some false-negatives
- Structured scales may augment, but do not replace systematic risk assessment

Best Practices?

- Standard of care requires suicide risk assessment whenever indicated
- Best assessments will attend to both risk and protective factors
- Risk assessment is not an event, it is a process
 - Inductive process to generate specific patient data to guide clinical judgment, treatment, and management
- Research identifying risk and protective factors enables evidence-based treatment and safety management decision making

Specific Inquiry of Thoughts, Plans, and Behaviors

- Elicit any suicidal ideation
 - Focus on nature, frequency, extent, timing
 - Assess feelings about living
- Presence or Absence of Plan
 - Ask about GUNS and address the issue



Image retrieved from : <http://www.psychologytoday.com/blog/we-are-only-human/201106/loaded-question>

Specific Inquiry of Thoughts, Plans, and Behaviors

- Assess Veteran's degree of suicidality, including **intent** and **lethality of the plan**
 - Consider motivations, seriousness and extent of desire to die, associated behaviors and plans, lethality of method, feasibility
 - Ask what circumstances might lead them to enact plan
- ***Strive to know your patient and their specific or idiosyncratic warning signs***

Risk Factors vs. Warning Signs

| <u>Risk Factors</u> | <u>Warning Signs</u> |
|--|--|
| <ul style="list-style-type: none">•Suicidal ideas/behaviors•Psychiatric diagnoses•Physical illness•Childhood trauma•Genetic/family effects•Psychological features (i.e. hopelessness)•Cognitive features•Demographic features•Access to means•Substance intoxication•Poor therapeutic relationship | <ul style="list-style-type: none">•Threatening to hurt or kill self or talking of wanting to hurt or kill him/herself• Seeking access to lethal means•Talking or writing about death, dying or suicide•Increased substance (alcohol or drug) use•No reason for living; no sense of purpose in life•Feeling trapped - like there's no way out•Anxiety, agitation, unable to sleep• Hopelessness•Withdrawal, isolation |

Assessment Measures

Suicide Specific Self-Report Measures

- Self-Harm Behavior Questionnaire (SHBQ; Gutierrez et al., 2001)
- Reasons for Living Inventory (RFL; Linehan et al., 1983)
- Suicide Cognitions Scale-Revised (SCS-R; Bryan et al., 2014)
- Beck Scale for Suicidal Ideation (BSS; Beck, 1991)

Sample SHBQ Question

Times you hurt yourself badly on purpose or tried to kill yourself.

2. Have you ever attempted suicide? **YES** **NO**

If no, go on to question # 4.

If yes, how? _____

(Note: if you took pills, what kind? _____; how many? _____; over how long a period of time did you take them? _____)

a. How many times have you attempted suicide? _____

b. When was the most recent attempt? (*write your age*) _____

c. Did you tell anyone about the attempt? **YES** **NO**
Who? _____

d. Did you require medical attention after the attempt? **YES** **NO**

If yes, were you hospitalized over night or longer? **YES** **NO** How
long were you hospitalized? _____

e. Did you talk to a counselor or some other person like that after your attempt? **YES** **NO** Who? _____

Sample RFL Items

- _____ 1. I have a responsibility and commitment to my family.
- _____ 2. I believe I can learn to adjust or cope with my problems.
- _____ 3. I believe I have control over my life and destiny.
- _____ 4. I have a desire to live.
- _____ 5. I believe only God has the right to end a life.
- _____ 6. I am afraid of death.
- _____ 7. My family might believe I did not love them.
- _____ 8. I do not believe that things get miserable or hopeless enough that I would rather be dead.
- _____ 9. My family depends upon me and needs me.
- _____ 10. I do not want to die.

Sample SCS-R Items

- 1) The world would be better off without me.
- 2) Suicide is the only way to solve my problems.
- 3) I can't stand this pain anymore.
- 4) I am an unnecessary burden to my family.
- 5) I've never been successful at anything.
- 6) I can't tolerate being this upset any longer.
- 7) I can never be forgiven for the mistakes I have made.
- 8) No one can help solve my problems.
- 9) It is unbearable when I get this upset.
- 10) I am completely unworthy of love.

What to do with the Data

Determine if factors are modifiable

Non-modifiable Risk Factors

- Family History
- Past history
- Demographics

Modifiable Risk Factors

- Psychiatric symptoms
 - Insomnia
 - Anger/agitation
 - NSSI
- Low social support
- Access to lethal means



Image retrieved from: <http://www.energydigital.com/utilities/2259/Top-20-Risk-Factors-Facing-the-Oil-Gas-Industry>

Don't Neglect Modifiable Protective Factors

- These are often key to addressing long-term or chronic risk
- Sense of responsibility to family
- Sense of purpose post-military career
- Positive coping skills
- Positive problem-solving skills
- Enhanced social support; reintegration with civilian life
- Positive therapeutic relationships

Develop a Treatment Plan

- For the suicidal Veteran, particular attention should be paid to modifiable risk and protective factors
- Static risk factors help stratify level of risk, but are typically of little use in treatment
- Modifiable risk factors are typically many
- Treat what is driving their desire to die first, then move on to other clinical concerns

Utilize Available VA Resources

- Local suicide prevention coordinator
- VA Crisis Line 1-800-273-TALK[8255], press 1 for Veteran
- Evidence-based care for specific disorders
 - Prolonged Exposure and Cognitive Processing Therapy (PTSD)
 - Cognitive Behavioral Therapy for Insomnia
 - Cognitive Therapy for Suicide
 - Acceptance and Commitment Therapy for Depression

Conclusions

- Comprehensively assess risk with psychometrically sound measures
- Assessment is a process not a static event
- Determine person-specific risk/protective factors
- Focus on what can be changed
- Know what resources are available

Thank You for Your Attention

Peter M. Gutierrez, Ph.D.

peter.gutierrez@va.gov

www.msrc.fsu.edu

