

Suicide Risk Assessment: Tools & Tips

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Bridget Bulman, Psy.D.

VISN 19 Mental Illness Research,
Education and Clinical Center,
Denver VAMC



Suicide Risk Assessment

- 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.
- Risk assessment carried out in a systematic, disciplined way is more than a guess or intuition
 - it is a reasoned, inductive process



Is a common language necessary to facilitate suicide risk assessment?

Do we have a common language?



The Language of Self-Directed Violence

Identification of the Problem

- Suicidal ideation
- Death wish
- Suicidal threat
- Cry for help
- Self-mutilation
- Parasuicidal gesture
- Suicidal gesture
- Risk-taking behavior
- Self-harm
- Self-injury
- Suicide attempt
- Aborted suicide attempt
- Accidental death
- Unintentional suicide
- Successful attempt
- Completed suicide
- Life-threatening behavior
- Suicide-related behavior
- Suicide

Self-Directed Violence Classification System

Lisa A. Brenner, Ph.D.

Morton M. Silverman, M.D.

Lisa M. Betthausen, M.B.A.

Ryan E. Breshears, Ph.D.

Katherine K. Bellon, Ph.D.

Herbert. T. Nagamoto, M.D.



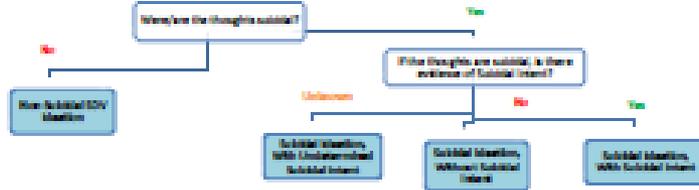
Type	Sub-Type	Definition	Modifiers	Terms
Thoughts	Non-Suicidal Self-Directed Violence Ideation	<p>Self-reported thoughts regarding a person's desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent.</p> <p>For example, persons engage in Non-Suicidal Self-Directed Violence Ideation in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).</p>	N/A	<ul style="list-style-type: none"> •Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation	<p>Self-reported thoughts of engaging in suicide-related behavior.</p> <p>For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.</p>	<ul style="list-style-type: none"> •Suicidal Intent -Without -Undetermined -With 	<ul style="list-style-type: none"> •Suicidal Ideation, Without Suicidal Intent •Suicidal Ideation, With Undetermined Suicidal Intent •Suicidal Ideation, With Suicidal Intent
Behaviors	Preparatory	<p>Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).</p> <p>For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.</p>	<ul style="list-style-type: none"> • Suicidal Intent -Without -Undetermined -With 	<ul style="list-style-type: none"> •Non-Suicidal Self-Directed Violence, Preparatory •Undetermined Self-Directed Violence, Preparatory •Suicidal Self-Directed Violence, Preparatory
	Non-Suicidal Self-Directed Violence	<p>Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent.</p> <p>For example, persons engage in Non-Suicidal Self-Directed Violence in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).</p>	<ul style="list-style-type: none"> • Injury -Without -With -Fatal • Interrupted by Self or Other 	<ul style="list-style-type: none"> •Non-Suicidal Self-Directed Violence, Without Injury •Non-Suicidal Self-Directed Violence, Without Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, With Injury •Non-Suicidal Self-Directed Violence, With Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, Fatal
	Undetermined Self-Directed Violence	<p>Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based upon the available evidence.</p> <p>For example, the person is unable to admit positively to the intent to die (e.g., unconsciousness, incapacitation, intoxication, acute psychosis, disorientation, or death); OR the person is reluctant to admit positively to the intent to die for other or unknown reasons.</p>	<ul style="list-style-type: none"> • Injury -Without -With -Fatal • Interrupted by Self or Other 	<ul style="list-style-type: none"> •Undetermined Self-Directed Violence, Without Injury •Undetermined Self-Directed Violence, Without Injury, Interrupted by Self or Other •Undetermined Self-Directed Violence, With Injury •Undetermined Self-Directed Violence, With Injury, Interrupted by Self or Other •Undetermined Self-Directed Violence, Fatal
	Suicidal Self-Directed Violence	<p>Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent.</p> <p>For example, a person with a wish to die cutting her wrist with a knife would be classified as Suicide Attempt, With Injury.</p>	<ul style="list-style-type: none"> • Injury -Without -With -Fatal • Interrupted by Self or Other 	<ul style="list-style-type: none"> •Suicide Attempt, Without Injury •Suicide Attempt, Without Injury, Interrupted by Self or Other •Suicide Attempt, With Injury •Suicide Attempt, With Injury, Interrupted by Self or Other •Suicide

Self-Directed Violence (SDV) Classification System Clinical Tool

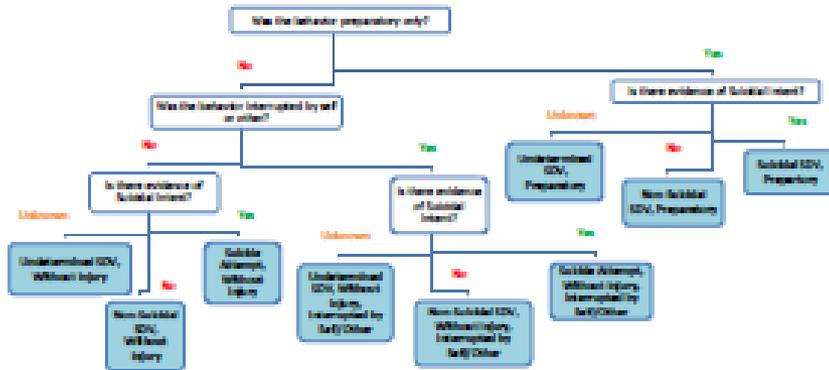
BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful? (Refer to Key Terms on reverse side)
If NO, proceed to Question 2; If YES, proceed to Question 3
2. Is there any indication that the person had self-directed violence related thoughts?
If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV FOUND
If YES, proceed to Decision Tree A
3. Did the behavior involve any injury?
If NO, proceed to Decision Tree B
If YES, proceed to Decision Tree C

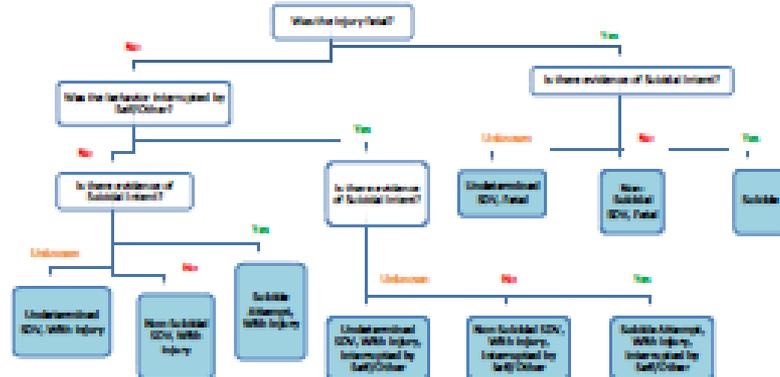
DECISION TREE A: THOUGHTS



DECISION TREE B: BEHAVIORS, WITHOUT INJURY



DECISION TREE C: BEHAVIORS, WITH INJURY



Self-Directed Violence (SDV) Classification System Clinical Tool

Key Terms (Centers for Disease Control and Prevention)

Self-Directed Violence:	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.
Suicidal Intent:	There is past or present evidence (explicit and/or implicit) that the individual intended to kill him/herself and wished to die, and that he/she understood the probable consequences of his/her actions or potential actions.
Preparatory Behavior:	Acts or preparation towards intentionally making a suicide attempt, but before potential for harm has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).
Physical Injury (paraphrased):	A bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance (e.g., bodily harm due to suffocation, poisoning or overdose, lacerations, gunshot wounds, etc.). Refer to the Classification System for the full CDC definition.
Interrupted By Self or Other:	A person takes steps to injure self but is stopped by self/another person prior to fatal injury. The interruption may occur at any point.
Suicide Attempt:	A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.
Suicide:	Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.



Reminder: Behaviors Trump Thoughts

Now that we are using a
common language...

How should we be
assessing risk?



Using Suicide-Specific Assessment Tools to Further Suicide Assessment



Elements of Useful Assessment Tools

- Clear operational definitions of construct assessed
- Focused on specific domains
- Developed through systematic, multistage process
 - empirical support for item content, clear administration and scoring instructions, reliability, and validity
- Range of normative data available

“Although self-report measures are often used as screening tools, an adequate evaluation of suicidality should include both interviewer-administered and self-report measures.”

http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-113.pdf



Self-Report Measures

- Advantages
 - Fast and easy to administer
 - Patients often more comfortable disclosing sensitive information
 - Quantitative measures of risk/protective factors
- Disadvantages
 - Report bias
 - Face validity

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; Rudd, 2004)
- Beck Scale for Suicidal Ideation (BSS; Beck, 1991)

Self-Harm Behavior Questionnaire (SHBQ)

- Semi-structured interview
- Consists of both free response and forced choice options
- Evaluates both non-suicidal self-injury and suicide-related behaviors
- Assesses details about behaviors sufficient to gauge medical severity/lethality of suicidal behavior
- Scoring system weights responses based on seriousness such that higher subscale and total scores indicate greater suicide risk status

SHBQ Interpretation

- Suicidal ideation
- Suicide threats (communication)
- Non-suicidal self-injury (NSSI)
- Suicide attempts
- Method, frequency, recency, medical treatment (attempts, NSSI), associated stressors, intent

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? _____

Reasons for Living Inventory (RFL)

- Assesses for the importance of one's reasons NOT to make a suicide attempt
- 48 items
- Subscales
 - Suicide and Coping Beliefs
 - Fear of Social Disapproval
 - Responsibility to Family
 - Child-related Concerns
 - Fear of Suicide
 - Moral Objections

RFL Directions

In each space put a number to indicate the importance to you of each for not killing yourself.

1 = Not at all important

2 = Quite unimportant

3 = Somewhat unimportant

4 = Somewhat important

5 = Quite important

6 = Extremely important

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.

RFL Interpretation

- Calculate average score on items comprising subscales
- Total score sum of all item scores
- Higher scores indicate greater degrees of adaptive reasons for living
- Potential areas for intervention

Suicide Cognitions Scale-Revised

- Assesses the cognitive dimension of suicide-specific hopelessness
- 20 items rated on a 1-5 Likert scale
 - 1 = Strongly Disagree; 5 = Strongly Agree
- Four subscales
 - Unlovability
 - Helplessness
 - Poor Distress Tolerance
 - Perceived Burdensomeness

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.

SCS Interpretation

- Sum item responses to calculate total score
- Compare to clinical sample mean of 59.35 ($SD = 21.52$; range = 37.83 - 80.87)
- Sum subscale items and calculate average for comparison

Beck Scale for Suicidal Ideation (BSS)

- Evaluates suicidal thinking
- Self-report, multiple choice measure
- Administration time: 5-10 minutes
- Self-administered or verbally administered by a trained administrator
- Training consists of reviewing the manual

BSS Item Description

- 5 Screening Items
 - Reduce the length and intrusiveness of the questionnaire for clients who are not suicidal
- 21 Test Items

Integrating Data

- Important areas for interview follow-up
- Context for understanding impact of stressors
- Assisting patients with better understanding risk factors and warning signs

Thank you

Bridget.Bulman@va.gov

<http://www.mirecc.va.gov/visn19.asp>

