



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century



The Self-Directed Violence Classification System (SDVCS)

What it is and why it matters

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Developed in collaboration with the Centers for Disease Control and Prevention

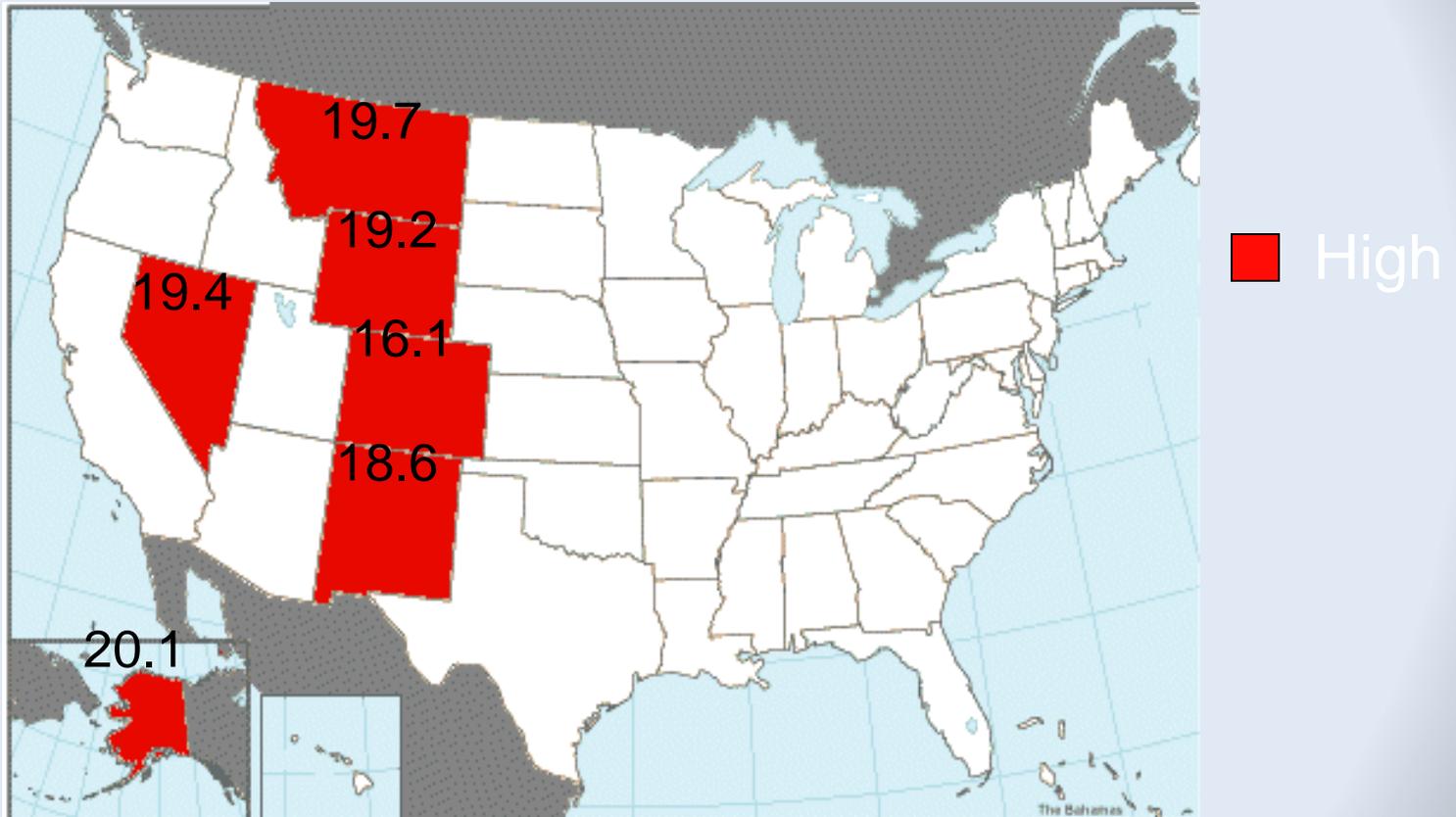
Presentation Overview

- Brief Introduction
- Background Information
- Development of the SDVCS
- Using the SDVCS
- Vignettes
- Q & A

A Brief Introduction to the Epidemiology of Suicide and Veteran Suicide Studies

Epidemiological Trends

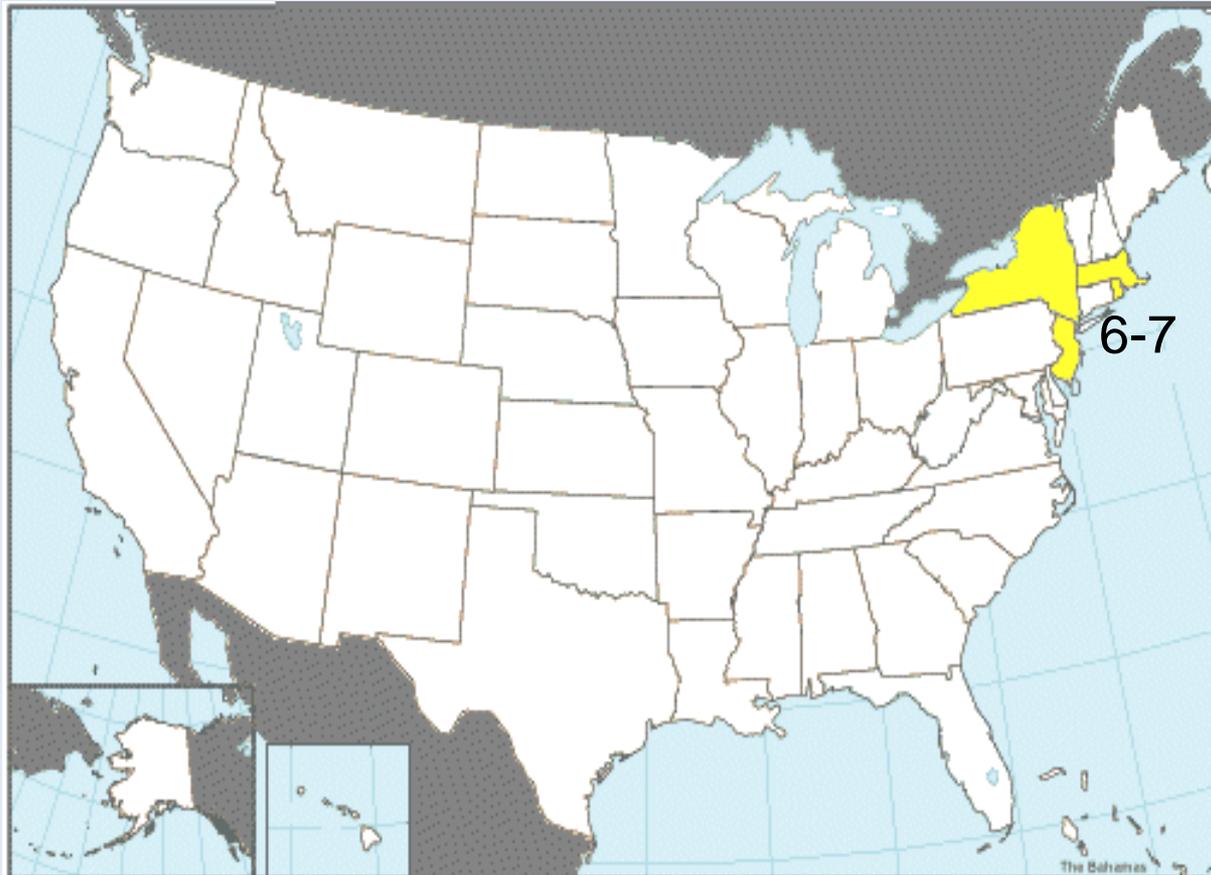
Suicide in the U.S. (2000-2006)



U.S. average suicide rate = 11/100,000

Epidemiological Trends

Suicide in the U.S. (2000-2006)



U.S. average suicide rate = 11/100,000

Facts about Veteran Suicide

- ~34,000 US deaths from suicide/ year.
 - Centers for Disease Control and Prevention
- ~20% are Veterans.
 - National Violent Death Reporting System
- ~18 deaths from suicide/day are Veterans.
 - National Violent Death Reporting System
- ~ 5 deaths from suicide/day among Veterans receiving care in VHA.
 - VA Serious Mental Illness Treatment, Research and Evaluation Center
- No evidence for increased rates in OEF/OIF Veterans relative to sex, age, and race matched people in the population as a whole.
 - VA Office of Environmental Epidemiology

Facts about Veteran Suicide

- More than 60% of suicides among utilizers of VHA services are among patients with a known diagnosis of a mental health condition
 - Serious Mental Illness Treatment Research and Education Center
- Before enhancements, rates in facilities depended upon the quality of mental health services
 - Office of Mental Health Services
- Veterans are more likely to use firearms as a means.
 - National Violent Death Reporting System
- ~1000 attempts/month among Veterans receiving care in VHA as reported by suicide prevention coordinators.
 - ~8 % repeat attempts with an average of 3 months follow-up
 - ~0.45% deaths from suicide in attempters with an average of 3 months follow-up
 - ~30% of recent suicides have a history of previous attempts
 - VA National Suicide Prevention Coordinator

Blue Ribbon Panel

- In 2008, former Secretary of Veterans Affairs, Dr. James B. Peake, recommended a standard nomenclature for “suicide” and “suicide attempts” to improve Veterans Affairs’ (VA):
 1. Suicide prevention programs
 2. Suicide prevention research
 3. Suicide prevention education

Suicide Prevention: Basic Strategy

- Basic Strategy
 - Suicide prevention requires ready access to high quality mental health (and other health care) services
 - Supplemented by programs designed to:
 - Help individuals & families engage in care
 - Address suicide prevention in high risk patients.

Specific Initiatives Established for Suicide Prevention

- Hubs of expertise
 - CoE
 - MIRECC
- National programs for education and awareness
 - Operation S.A.V.E
 - Suicide Risk Management Training for Clinicians
 - TBI and Suicide
 - Women Veterans and Suicide (in development)
- 24/7 Crisis Line, 1-800-273-TALK (8255), Push #1
 - Veterans Chat
- Suicide Prevention Coordinators (SPC)
- Federal partnerships

Self-Directed Violence Classification System Training

Objective: to learn and begin using a new nomenclature for self-directed violence

Training Overview

- Review of the language of suicidology
- Rationale for a self-directed violence classification system
- Implementation of a new classification system

A Brief History of the Development of a Nomenclature and Classification System

Case Example

A healthy 24-year-old female Veteran is brought by her boyfriend to the Emergency Department after she ingested all remaining pills in a bottle of regular strength Tylenol. She estimates there were 4 to 6 pills total in the bottle (1300-1950 mg total dose), and she reports no ill effects. Lab tests done at the time of admission to the ED reported her acetaminophen level within the therapeutic range. During triage, she states that before she took the pills she was upset from arguing with her boyfriend and just wanted to die. She feels better now and requests to go home.

What is the Behavior?

Gesture?

Threat?

Acting Out/Manipulation?

Attempt?

Other?

What criteria did you use to decide?

- Lethality of method?
- Expressed intent?
- Number of pills ingested?
- Lab results?
- Other?

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
- Deliberate Self-Harm
- Non-Suicidal Self Injury
- Suicidal Gesture
- Self-harm
- Self-injury
- Suicide attempt
- Aborted suicide attempt
- Accidental death
- Unintentional suicide
- Successful attempt
- Completed suicide
- Life-threatening behavior
- Suicide-related behavior
- Suicide

The Language of Self-Directed Violence

Why Does It Matter?

“A rose is a rose is a rose is a rose”

“Sacred Emily,” by Gertrude Stein, 1913

“What’s in a name? that which we call a rose
By any other name would still smell as sweet”

Juliet in “Romeo and Juliet,” by Shakespeare, 1600

EXCEPT IN THE FIELD OF SUICIDOLOGY:

WHERE a Suicide Attempt (by one person’s assessment)
IS **NOT** ALWAYS a Suicide Attempt (by another’s)?

The Problem...

- The field of suicidology is challenged by the lack of conceptual clarity about suicidal behaviors and a corresponding lack of well-defined terminology
 - In both **research** and **clinical** descriptions of suicidal acts
- There is a great variability of terms referring to the same behaviors (e.g., threat, gesture). Terms are often pejorative and based on incorrect notions about seriousness and lethality of methods (e.g., manipulative, non-serious, etc).

Hence.....

It becomes very difficult to:

- Accurately count the number of suicides and suicide attempts that occur annually
- Accurately differentiate suicide attempts from non-suicidal self-injuries
- Conduct longitudinal studies of suicide attempters
- Communicate between and among clinicians, researchers, patients, and patients' families
- Establish suicide and suicide attempts as a major public health problem that warrants investment of resources

The Language of Self-Directed Violence

Implications of the Problem

- Clinical
- Research
- Public Health (e.g., surveillance)
- Public Policy

Current Terminology

Research Implications of the Problem

Example 1.

ABSTRACT

Background. Psychiatric emergency room (ER) patients are thought to be at increased risk of suicide. The prevalence and characteristics of suicidal behavior in a recent sample of patients who came to the ER for psychiatric evaluation were examined.

Methods. Charts of 311 consecutive psychiatric ER patients were reviewed. Suicidal behavior was considered present if current suicidal ideation or attempts within 24 hours of or during the emergency evaluation were noted in the chart.

Results. Suicidal behavior was present in 38% of the psychiatric ER patients. Younger age, white race, affective disorders in female patients, and substance abuse disorders in male patients were features of the suicidal group. Sex of the patient was not associated with suicidal behavior.

Conclusions. Suicidal behavior is prevalent in the psychiatric ER. Effective suicide prevention in this setting will hinge on finding more specific risk factors.

(Dhossche, 2000)

Current Terminology

Research Implications of the Problem

Example 2.

Introduction

Suicide prevention has been at the forefront of mental health strategy for some years [1,2]. Effective management of deliberate self-harm (DSH) patients must be an important element in any suicide prevention policy [3]. This is because of the significant risk of completed suicide following deliberate self-poisoning or self-injury [4–7] and the fact that approximately half of all suicides in the United Kingdom have a history of DSH [8,9].

(Hickey, Hawton, Fagg, & Weitzel, 2001)

Consequences of Ill-Defined Terms

- Makes interpreting the meaning of self-injurious acts more difficult and hampers precise communication on individual or population basis
 - Some Self-injurious acts that should be classified as suicidal may be mislabeled
 - Other types of Self-injurious acts may be inappropriately classified as suicidal

The Need for Consistent Definitions & Data Elements

“Research on suicide is plagued by many methodological problems... Definitions lack uniformity ... reporting of suicide is inaccurate...”

(Reducing Suicide: A National Imperative, Institute of Medicine, 2002)



15 Definitions of Suicide

Definitions	Source	Year
All cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.	Emile Durkheim	1897/1951
Suicide is (1) a murder (<i>selbstmord</i>) (involving hatred or the wish-to-kill), (2) a murder by the self (often involving guilt or the wish-to-be-killed), and (3) the wish-to-die (involving hopelessness).	Karl Menninger	1938
All behavior that seeks and finds the solution to an existential problem by making an attempt on the life of the subject.	Jean Baechler	1975
Suicide is a conscious act of self-induced annihilation, best understood as a multi-dimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution.	Edwin S. Shneidman	1985
An act with a fatal outcome which the deceased, knowing or expecting a fatal outcome, had initiated and carried out with the purpose of provoking the changes he desired.	World Health Organization	1986
A fatal willful self-inflicted life-threatening act without apparent desire to live; implicit are two basic components—lethality and intent.	Joseph H. Davis	1988
Death, arising from an act inflicted upon oneself with the intention to kill oneself.	Mark L. Rosenberg et al.	1988
Death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that decedent intended to kill himself/herself.	Centers for Disease Control (OCDS definition)	1988
Self-initiated, intentional death.	André Ivanoff	1989
The definition of suicide has four elements: (1) a suicide has taken place only if a death occurs, (2) it must be of one's doing, (3) the agency of suicide can be active or passive, and (4) implies intentionally ending one's own life.	David J. Mayo	1992
Suicide is, by definition, not a disease, but a death that is caused by a self-inflicted intentional action or behavior.	Morton Silverman & R. Maris	1995
The act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome.	World Health Organization	1998
Death from injury, poisoning, or suffocation where there is evidence that a self-inflicted act led to the person's death.	S. K. Goldsmith, T. C. Pellmar, A. M. Kleinman, & W. E. Bunney	2002
Fatal self-inflicted self-destructive act with explicit or inferred intent to die. Multiaxial description includes: Method, Location, Intent, Diagnoses, and Demographics.	Institute of Medicine	2002
An act with a fatal outcome which the deceased, knowing or expecting a potentially fatal outcome, has initiated and carried out with the purpose of bringing about wanted changes.	Diego DeLeo et al.	2004

Synonyms for Suicide

- Committed Suicide
- Completed Suicide
- Failed Attempt
- Fatal Repeater
- Fatal Suicide
- Fatal Suicide Attempt
- Hastened Death
- Intentional Self-Murder
- Intentional Suicide
- Lethal Suicide Attempt
- Rational Suicide
- Self-Inflicted Death
- Self-Murder
- Self-Slaughter
- Sub-intentional Death
- Suicide Victim
- Successful Attempt
- Successful Suicide
- Unintentional Suicide

9 Definitions of Non-fatal Self-Harm

TABLE 2

Some Alternative Definitions of Nonfatal Self-Harm Behaviors

WHO/EURO Multicentre Study on Parasuicide (Platt et al., 1992)

An act with nonfatal outcome, in which an individual deliberately initiates a nonhabitual behavior that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desired via the actual or expected physical sequences.

O'Carroll et al. (1996) Definition of Suicide Attempt

A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence (either explicit or implicit) that the person intended at some (nonzero) level to kill himself/herself. A suicide attempt may or may not result in injuries.

National Strategy for Suicide Prevention (2001) Definition of Suicide Attempt

A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person intended to kill himself or herself; a suicide attempt may or may not result in injuries.

National Strategy for Suicide Prevention (2001) Definition of Suicidal Act

A potentially self-injurious behavior for which there is evidence that the person probably intended to kill himself or herself; a suicidal act may result in death, injuries, or no injuries.

Goldsmith et al. (2002) Definition of Suicide Attempt

A nonfatal, self-inflicted destructive act with explicit or inferred intent to die. (*Note:* important aspects include the frequency and recency of attempt(s), and the person's perception of the likelihood of death from the method used, or intended for use, medical lethality, and/or damage resulting from method used, diagnoses, and demographics.)

Hawton et al. (2003) Definition of Deliberate Self-Harm

Deliberate self-harm includes nonfatal self-poisoning and self-injury, irrespective of motivation.

DeLeo et al. (2004) Definition of Nonfatal Suicidal Behavior (with or without injuries)

A nonhabitual act with nonfatal outcome that the individual, expecting to, or taking the risk, to die or to inflict bodily harm, initiated and carried out with the purpose of bringing about wanted changes.

AAS/SPRC (2006) Definition of Suicide Attempt

A potentially self-injurious behavior with a nonfatal outcome, for which there is evidence that the person had the intent to kill him/herself, but failed, was rescued or thwarted, or changed one's mind. A suicide attempt may or may not result in injuries.

AAS/SPRC (2006) Definition of Deliberate Self-Harm

Intentional self-injurious behavior where there is no evidence of intent to die. DSH includes various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness.

Synonyms for Suicide Attempt

- Aborted Suicide Attempt
- Attempted Suicide
- Cry for Help
- Death Rehearsals
- Deliberate Self-Harm
- Failed Attempts
- Failed Completion
- Failed Suicide
- Instrumental Suicide-Related Behavior
- Near Lethal Self-Harm
- Near Miss Attempt
- Non-Fatal Suicide-Related Behavior
- Non-Fatal Self-Harm Behavior
- Non-Lethal Self-Injurious Act
- Non-Suicidal Self-injury
- Parasuicide
- Risk-Taking Behavior
- Self-Assaultive Behavior
- Self-Destructive Behavior
- Self-Harm Behavior
- Self-Inflicted Behavior
- Self-Injurious Behavior
- Suicidal Episode
- Suicidal Manipulation
- Suicidal Rehearsal

Suicidality

What does this term actually mean?

What behaviors are included in this term?

- State of being Suicidal?
- Suicidal Proneness?
- Suicidal Motivation?
- Suicidal Intentionality?
- Suicidal Proclivity?
- Suicidal Ideation?
- Suicidal Intent?
- Suicidal Gesture?
- Suicidal Threat?
- Suicide-Related Thoughts?
- Suicide-Related Behavior?

“Unacceptable Terms”

- Attempted Suicide
- Completed Suicide
- Committed Suicide
- Failed Attempt
- Failed Completion
- Fatal Suicide Attempt
- Parasuicide
- Nonfatal Suicide Attempt
- Nonfatal Suicide
- Successful Suicide
- Suicidality
- Suicide Threat
- Suicide Victim
- Suicide Gesture
- Manipulative Act

The Language of Self-Directed Violence

A Solution to the Problem

NOMENCLATURE

CLASSIFICATION SYSTEM

The Language of Self-Directed Violence

A Solution to the Problem

Nomenclature (def.) - a set of terms that are:

- Commonly understood
- Widely acceptable
- Comprehensive

These terms:

- Define the basic clinical phenomena (of suicide and suicide-related behaviors)
- Are based on a logical set of necessary component elements that can be easily applied

(Silverman, 2006)



What is the Purpose of a Nomenclature?

- enhance clarity of communication
- have applicability across clinical settings
- be theory neutral
- be culturally neutral
- use mutually exclusive terms that encompass the spectrum of thoughts and actions



Peter Bruegel the Elder, 1563

What is a Classification System?

Essential Features

- Builds upon a nomenclature (e.g., terminology)
- “Exhaustive” categorization and breakdown of subtypes of related behaviors (e.g., covers all possibilities)
- Further differentiates amongst phenomena that appear to be similar by use of modifiers

(Silverman, 2006)



Beck, et al., Classification
(1974)

Table 1
Classification of Suicidal Behaviors

- I. Completed suicide (CS)
 - A. Certainty of rater (1-100%)
 - B. Lethality (medical danger to life)
(zero, low, medium, high)
 - C. Intent (to die)
(zero, low, medium, high)
 - D. Mitigating circumstances (confusion, intoxication, etc.)
(zero, low, medium, high)
 - E. Method (not an ordinal scale)
 - II. Suicide attempt (SA)
 - A. Certainty (1-100%)
 - B. Lethality (medical danger to life)
 - C. Intent (to die)
(zero, low, medium, high)
 - D. Mitigating circumstances
(zero, low, medium, high)
 - E. Method (not an ordinal scale)
 - III. Suicidal ideas (SI)
 - A. Certainty (1-100%)
 - B. Lethality (medical danger to life)
(undetermined, low, medium, high; refers to consequences, if life-threatening plan were to be carried out)
 - C. Intent (to die)
(zero, low, medium, high)
 - D. Mitigating circumstances
(zero, low, medium, high)
 - E. Method
(multiple methods may be listed. In some cases the method may be unknown. Not an ordinal scale)
-

Source. Beck, A. T., Resnik, H. L. P., & Lettieri, D. J. (Eds.). (1974). *The prediction of suicide*. Bowie, MD: Charles Press Publishers (p. 41).

Beyond the Tower of Babel: A Nomenclature for Suicidology

Patrick W. O'Carroll, MD, MPH, Alan L. Berman, PhD,
Ronald W. Maris, PhD, Eve K. Moscicki, ScD, MPH,
Bryan L. Tanney, MD, and Morton M. Silverman, MD

Suicidology finds itself confused and stagnated for lack of a standard nomenclature. This paper proposes a nomenclature for suicide-related behavior in the hope of improving the clarity and precision of communications, advancing suicidological research and knowledge, and improving the efficacy of clinical interventions.

O'Carroll, et al.
Nomenclature
(1996)

Terms for suicide-related behaviors			Intent to die from suicide ¹	Instrumental thinking	Outcome		
					No injury	Nonfatal injury	Death
S U I C I D E - R E L A T E D B E H A V I O R	I N S T R U M E N T A L B E H A V I O R	Instrumental suicide-related behavior					
		-with injuries	No	Yes		✓	
		-without injuries	No	Yes	✓		
		-with fatal outcome ⁵	No	Yes			✓
	S U I C I D A L A C T S	Suicide attempt					
		-with injuries	Yes	+/-		✓	
		-without injuries	Yes	+/-	✓		
Completed suicide		Yes	+/-			✓	

¹Conscious intent to ends one's life through the suicidal behavior.

⁵Note that a fatal outcome of instrumental behavior is properly considered accidental death, since by definition there is no intent to die from suicide.

Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors

Part I: Background, Rationale, and Methodology Part II: Suicide-Related Ideations, Communications and Behaviors

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SLTB (2007), 37(3), 248-277

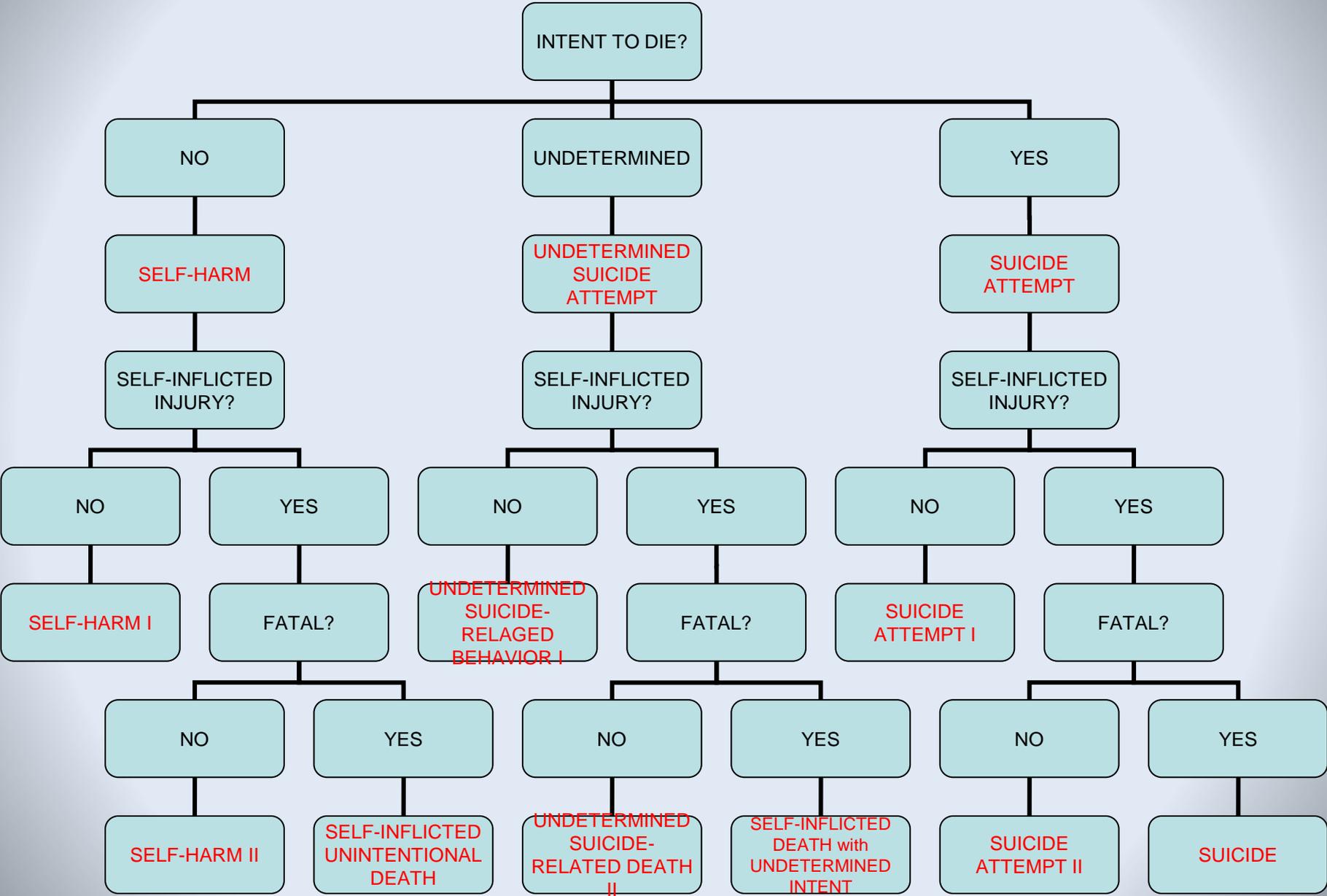


Suicide-Related IDEATIONS

Suicide-Related COMMUNICATIONS

Suicide-Related BEHAVIORS

Suicide-Related Behaviors



Development of the SDVCS

Response to The Blue Ribbon Panel

- VISN 19 MIRECC's collaboration with Silverman, et al.
- Development of a clinically feasible system, based on research, theory, and clinician feedback
- Collaboration with the CDC
- Pilot testing at VA and non-VA sites
- Testing of Feasibility via QUERI Phase I Rapid Response Project

Why “Self-Directed Violence” ?

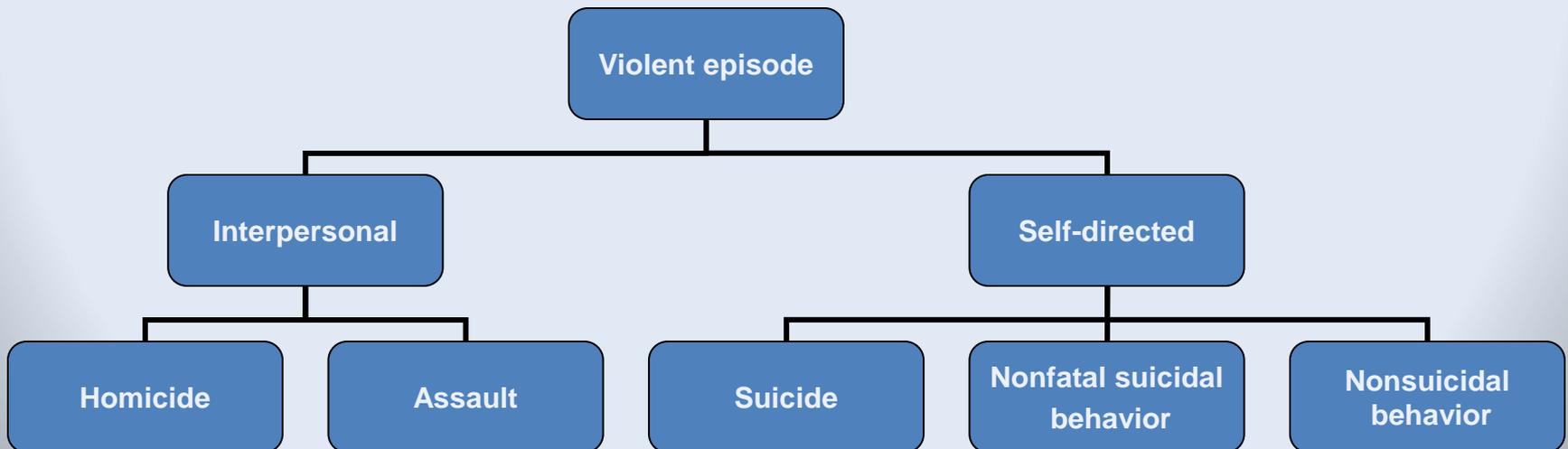
Blue Ribbon Task Force recommendation was to work with CDC and other federal agencies on the development of a nomenclature and classification system

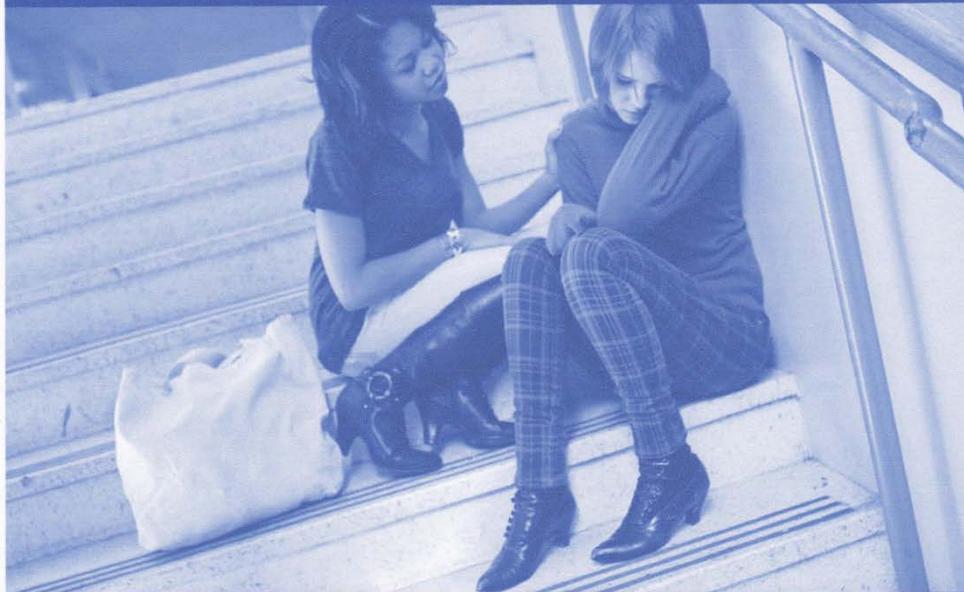
CDC was already developing a Self-Directed Violence Surveillance System that included Uniform Definitions and Recommended Data Elements

The opportunity presented itself for the VHA, DoD, and CDC to adopt the same nomenclature and classification system

Violence

is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. (Source: World Health Organization)





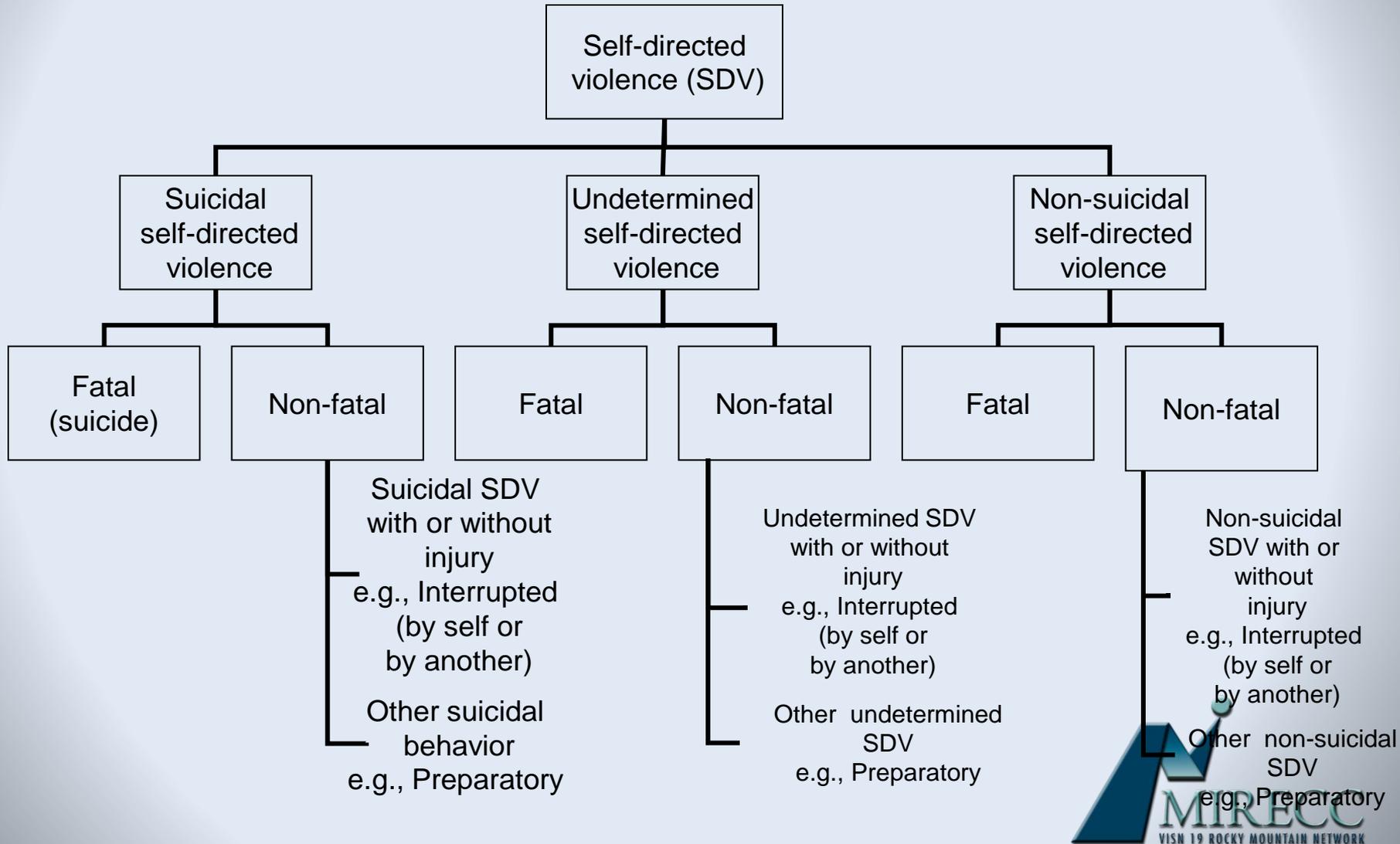
SELF-DIRECTED VIOLENCE SURVEILLANCE

UNIFORM DEFINITIONS AND
RECOMMENDED DATA ELEMENTS

National Center for Injury Prevention and Control
Division of Violence Prevention



CDC Flowchart for surveillance definitions for self-directed violence



The Self-Directed Violence Classification System

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Key Concept

Suicidal Intent

Suicidal Intent:

There is past or present evidence (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and in the absence of suicidal behavior.

The individual ...

COMPONENT 1

wishes to die

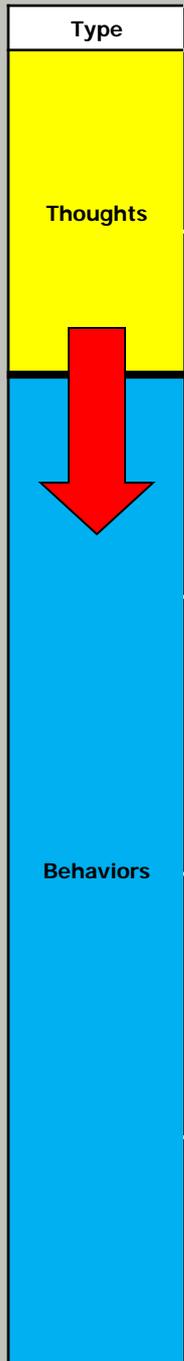
COMPONENT 2

means to kill him/herself

COMPONENT 3

understands the probable consequences (i.e. death)

Type	Sub-Type	Definition	Modifiers	Terms
Thoughts	Non-Suicidal Self-Directed Violence Ideation	Self-reported thoughts regarding a person's desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent. 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).	N/A	•Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation	Thoughts of engaging in suicide-related behavior. For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.	•Suicidal Intent -Without -Undetermined -With	•Suicidal Ideation, Without Suicidal Intent •Suicidal Ideation, With Undetermined Suicidal Intent •Suicidal Ideation, With Suicidal Intent
Behaviors	Preparatory	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). For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.	• Suicidal Intent -Without -Undetermined -With	•Non-Suicidal Self-Directed Violence, Preparatory •Undetermined Self-Directed Violence, Preparatory •Suicidal Self-Directed Violence, Preparatory
	Non-Suicidal Self-Directed Violence	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. 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).	• Injury -Without -With -Fatal • Interrupted by Self or Other	•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	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. 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.	• Injury -Without -With -Fatal • Interrupted by Self or Other	•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	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. For example, a person with a wish to die cutting her wrist s with a knife would be classified as Suicide Attempt, With Injury.	• Injury -Without -With -Fatal • Interrupted by Self or Other	•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



When both
Thoughts and Behaviors are present
Behaviors
trump
Thoughts
for purposes of classification

Type	Sub-Type
Thoughts	Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation
Behaviors	Preparatory
	Non-Suicidal Self-Directed Violence
	Undetermined Self-Directed Violence
	Suicidal Self-Directed Violence

When both are present,
Self-Directed Violent Behaviors
trump
Preparatory
for purposes of classification

Using the Clinical Tool

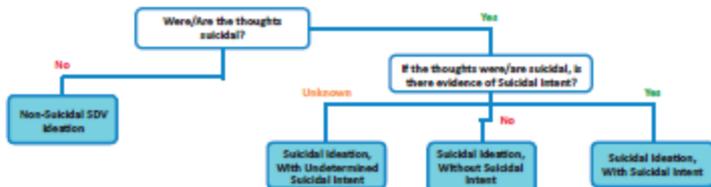


Self-Directed Violence (SDV) Classification System Clinical Tool

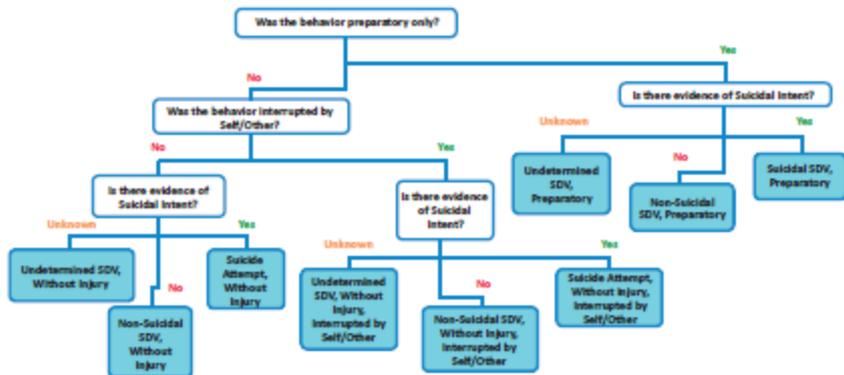
BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior that was lethal, 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 TERM
If YES, proceed to Decision Tree A
3. Did the behavior involve any injury or did it result in death?
If NO, proceed to Decision Tree B
If YES, proceed to Decision Tree C

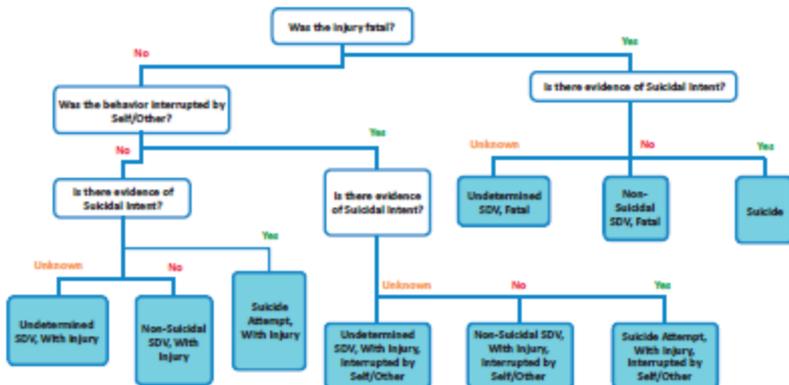
DECISION TREE A: THOUGHTS



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 (implicit or explicit) that an individual wishes to die, means to kill him/herself, and understands the probable consequences of his/her actions or potential actions. Suicidal intent can be determined retrospectively and in the absence of suicidal behavior.

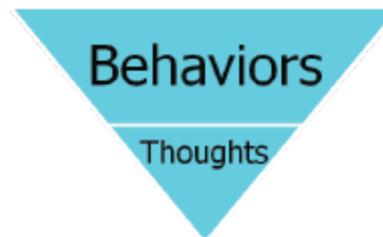
Preparatory Behavior: Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).

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 overdoses, lacerations, gunshot wounds, etc.). Refer to the Classification System for the Centers for Disease Control and Prevention 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

CASE EXAMPLE 1: A Veteran comes in for an initial mental health intake. During the intake, the therapist and the Vet have the following dialogue:

Therapist: “Have you had thoughts of suicide?”

Veteran: “There have been times when I’ve thought about it.”

Therapist: “Times? Like recently?”

Veteran: “Yeah, well sometimes those thoughts enter my mind.”

Therapist: “Can you say more about that?”

Veteran: “Well ... if you had the pain I have, you might understand.”

Therapist: “You’re telling me that your pain feels unbearable at times?”

Veteran: “Yeah, like yesterday ... I thought it would be better if I just went to sleep and never woke up. “

Therapist: “So you wanted to die?”

Veteran: “Yeah, you could say that.”

Therapist: “Did you take any actions to make that happen?”

Veteran: “You mean, like, did I try to kill myself?”

Therapist: “Yes.”

Veteran: “Oh no. I mean I thought about it, but I didn’t do anything. I just took my medication like I always do.”

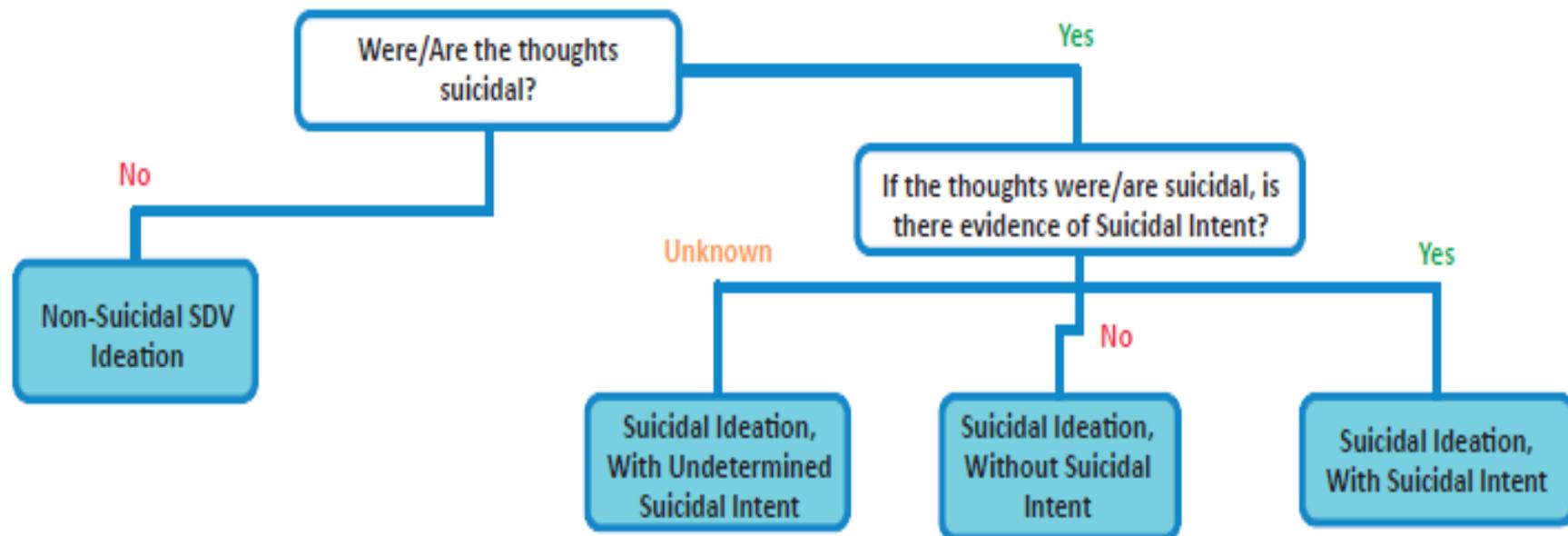
Therapist: “Your medication?”

Veteran: “Yeah, my pain meds. They usually help the pain pretty well.”

BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior that was lethal, 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 TERM
If YES, proceed to Decision Tree A
3. Did the behavior involve any injury or did it result in death?
If NO, proceed to Decision Tree B
If YES, proceed to Decision Tree C

DECISION TREE A: THOUGHTS



CASE EXAMPLE 2: During a therapy session, a therapist and Veteran engage in the following dialogue:

Therapist: “Have you had thoughts of hurting yourself recently?”

Veteran: “I’ve had thoughts like that for several years.”

Therapist: “Can you tell me about some of the thoughts you’ve had since your last visit a week ago?”

Veteran: “I would prefer not to.”

Therapist: “I can respect your right to choose what you want to tell me.”

Veteran: “I just don’t want you to get the wrong idea.”

Therapist: “You seem concerned that I might.”

Veteran: “Well, the last therapist I mentioned anything to put me in the hospital. I don’t want to go through that again.”

Therapist: “That’s understandable. I would certainly like to prevent that if possible. I do, however, want to make sure you’re safe.”

Veteran: “I appreciate that. I think I’m ok.”

Therapist: “You think?”

Veteran: “Well, there was a time last week when I was feeling pretty bad, and I was reading online about ways to kill yourself, but I didn’t do anything. And I don’t plan to do anytime soon.”

Therapist: “I see. When you say you didn’t do anything, you’re saying that you did not try to hurt yourself?”

Veteran: “Yeah.”

CASE EXAMPLE 3: A Veteran is being seen for a psychiatric evaluation. During the diagnostic interview, the clinician inquires about the Veteran's history.

Therapist: "Have you ever hurt yourself on purpose?"

Veteran: "Long time ago.

Therapist: "Can you tell me about that?"

Veteran: "Well, it was a while ago, but I attempted suicide once."

Therapist: "Can you say more about that?"

Veteran: "I tried to throw myself down a flight of steps."

Therapist: "Tried to?"

Veteran: "Yeah. "

Therapist: "What prevented you from doing it?"

Veteran: "Well, I guess I didn't actually try to. I just thought about doing it."

Therapist: "So you had the urge or impulse, but didn't actually do it?"

Veteran: "Right."

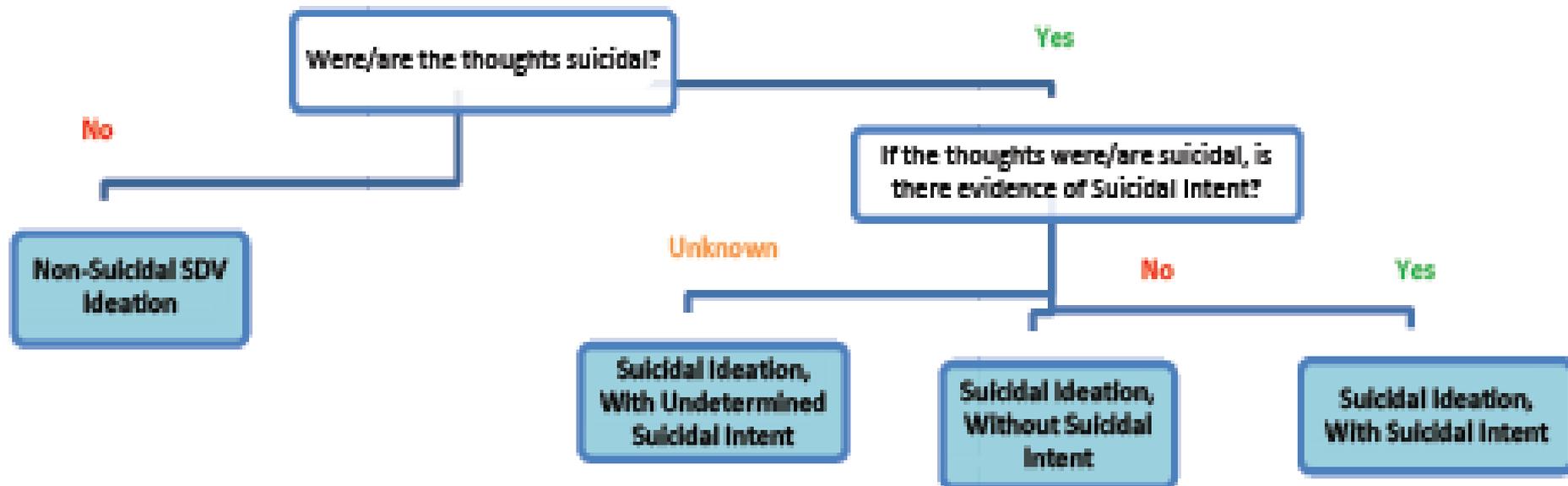
Therapist: "I know you said it was a long time ago, but can you tell me about the circumstances that led up to that impulse?"

Veteran: It was a very long time ago, so it is hard to remember the details.

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DECISION TREE A: THOUGHTS

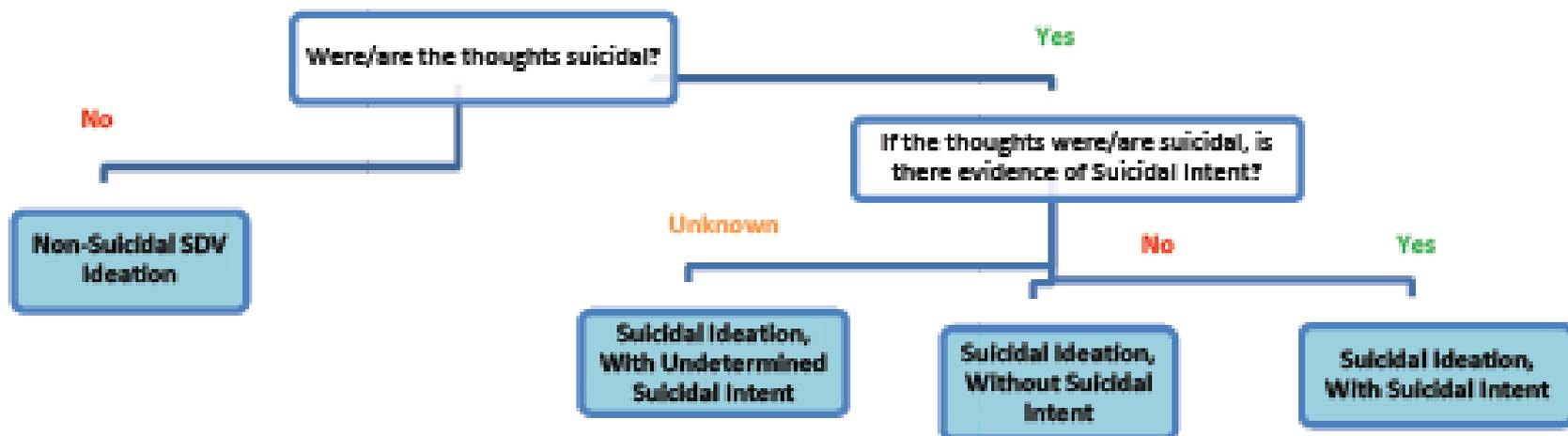


CASE EXAMPLE 4: Working with a depressed Veteran, you ask if she ever has thoughts of killing herself. She says, “Well, sometimes the thought pops into my head, but I would never do it because of my kids.”

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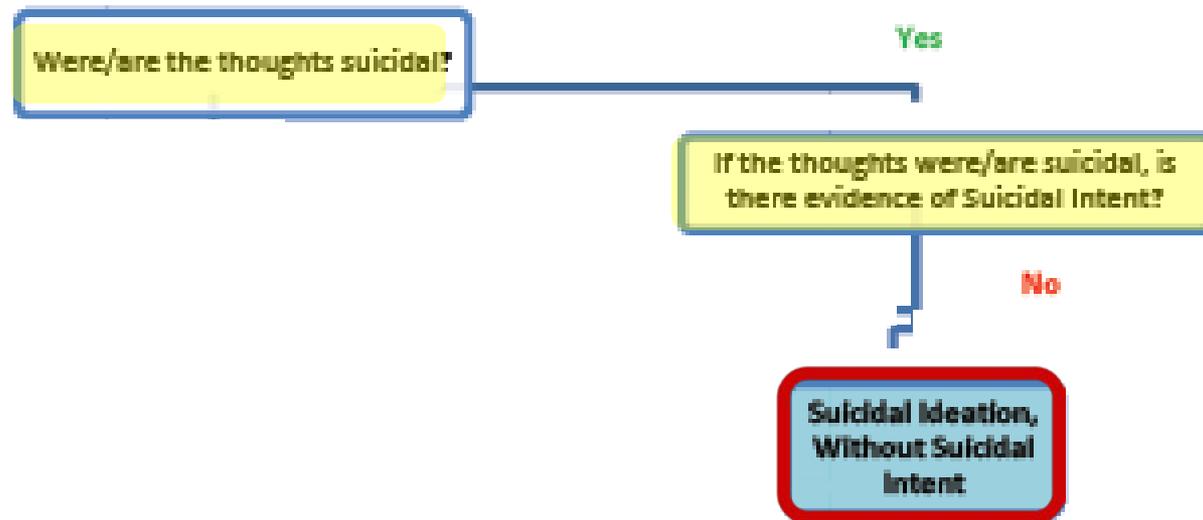
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DECISION TREE A: THOUGHTS



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DECISION TREE A: THOUGHTS



Key Terms (Centers for Disease Control and Prevention)

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CASE EXAMPLE 5: A wife finds her husband tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, “I can’t go on like this. You’ll be better off without me.”

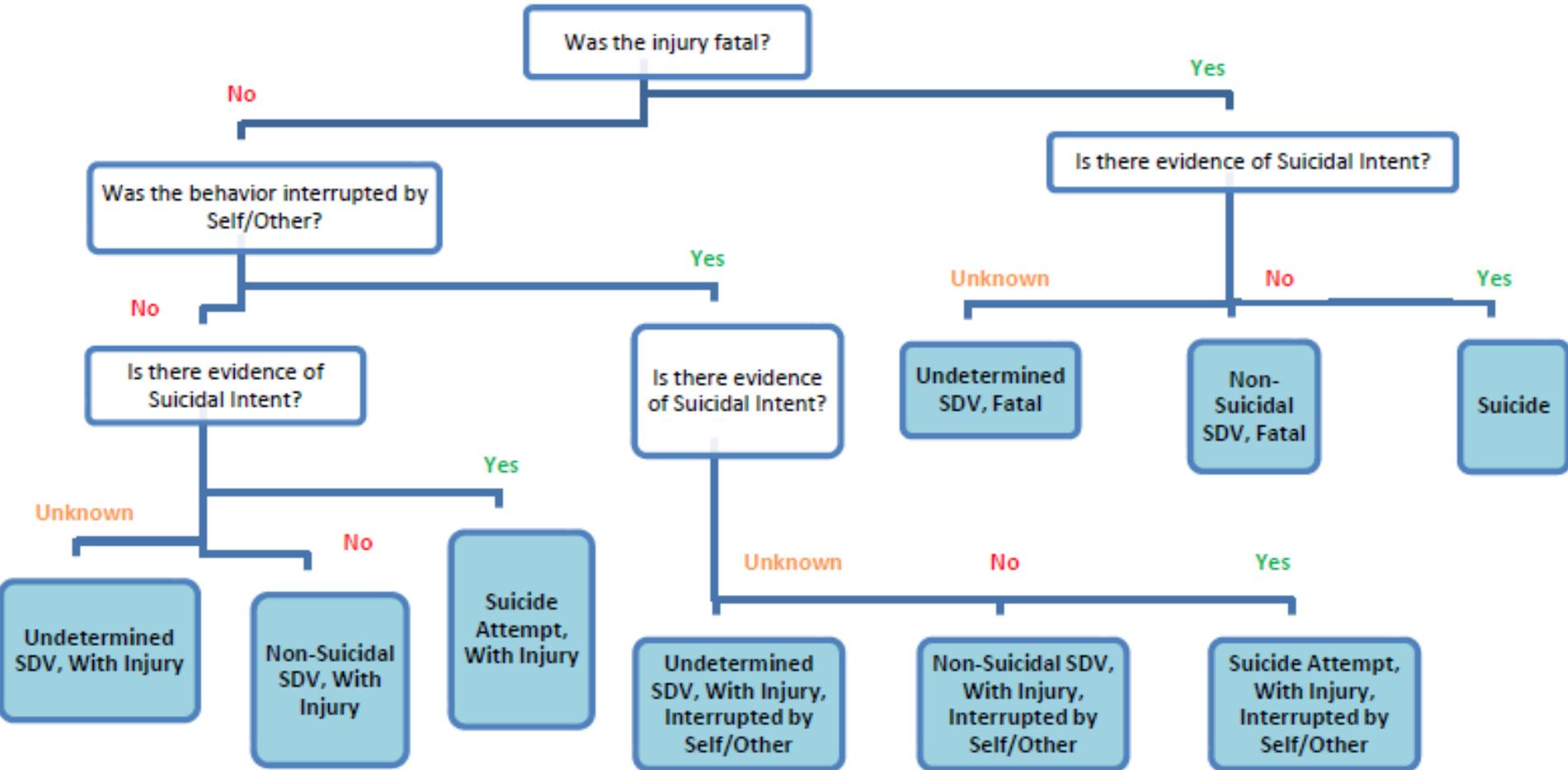
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If YES, proceed to **Decision Tree A**
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CASE EXAMPLE 5: A wife finds her husband tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, "I can't go on like this. You'll be better off without me."

- 3. Did the behavior involve any injury or did it result in death?
 If **NO**, proceed to **Decision Tree B**
 If **YES**, proceed to **Decision Tree C**

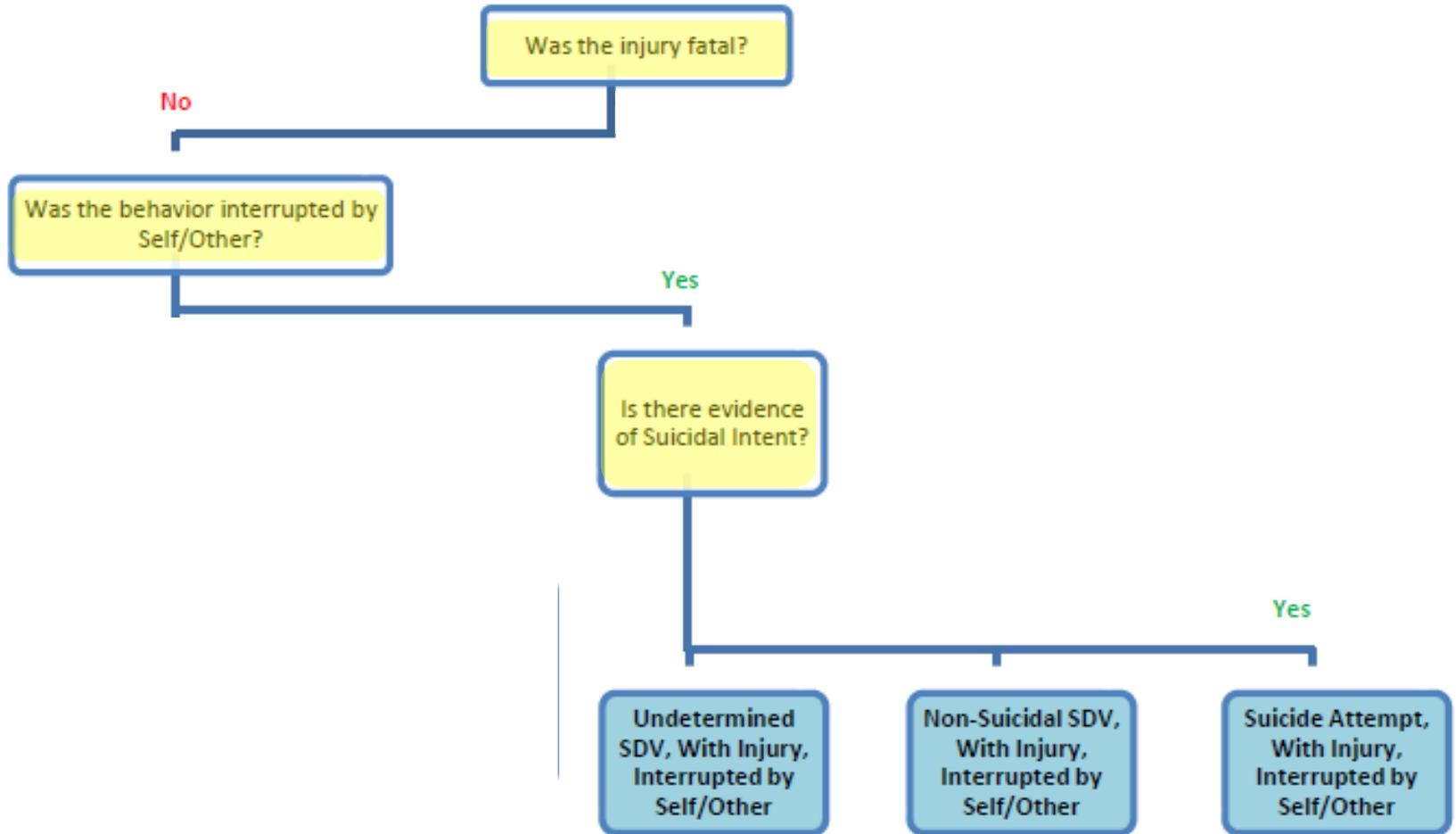
DECISION TREE C: BEHAVIORS, WITH INJURY



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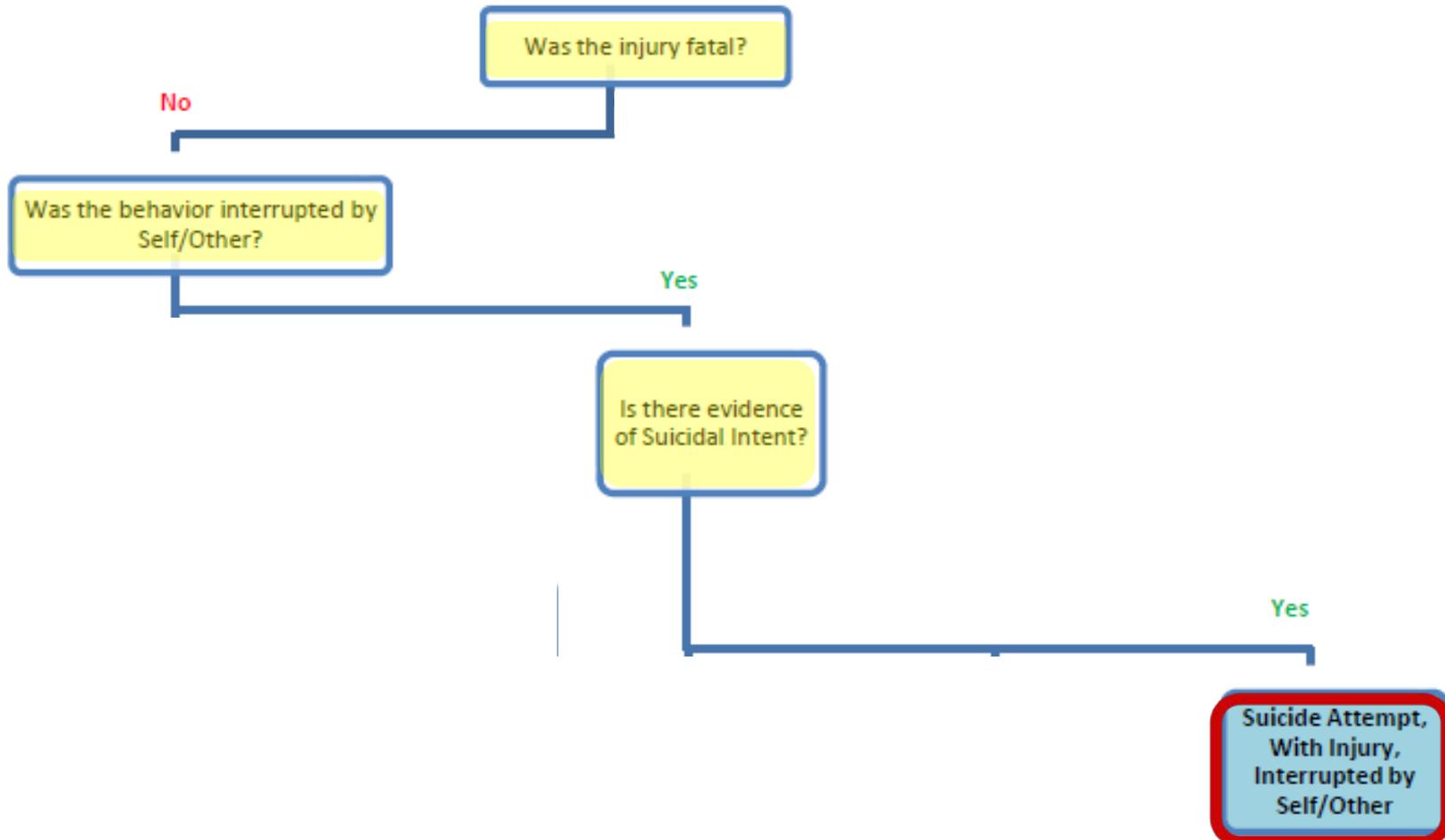
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DECISION TREE C: BEHAVIORS, WITH INJURY



CASE EXAMPLE 6: A 75-year-old veteran loses his wife to cancer. Within hours, he purchases ammunition for a handgun he has had for years and contacts his attorney asking to revise his will. His son asks him about these behaviors, and he refuses to answer, changing the subject.

BEGIN WITH THESE 3 QUESTIONS:

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- 3. Did the behavior involve any injury or result in death?
 If NO, proceed to **Decision Tree B**
 If YES, proceed to **Decision Tree C**

DECISION TREE B: BEHAVIORS, WITHOUT INJURY

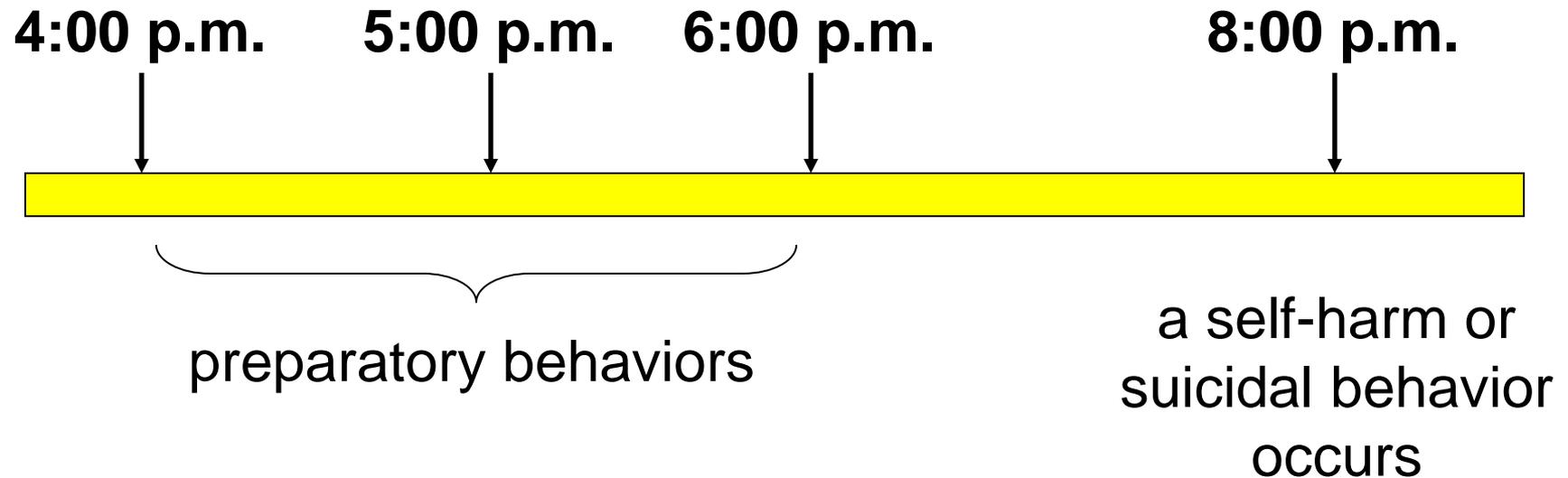


Key Concept

Preparatory Behavior

Preparatory:

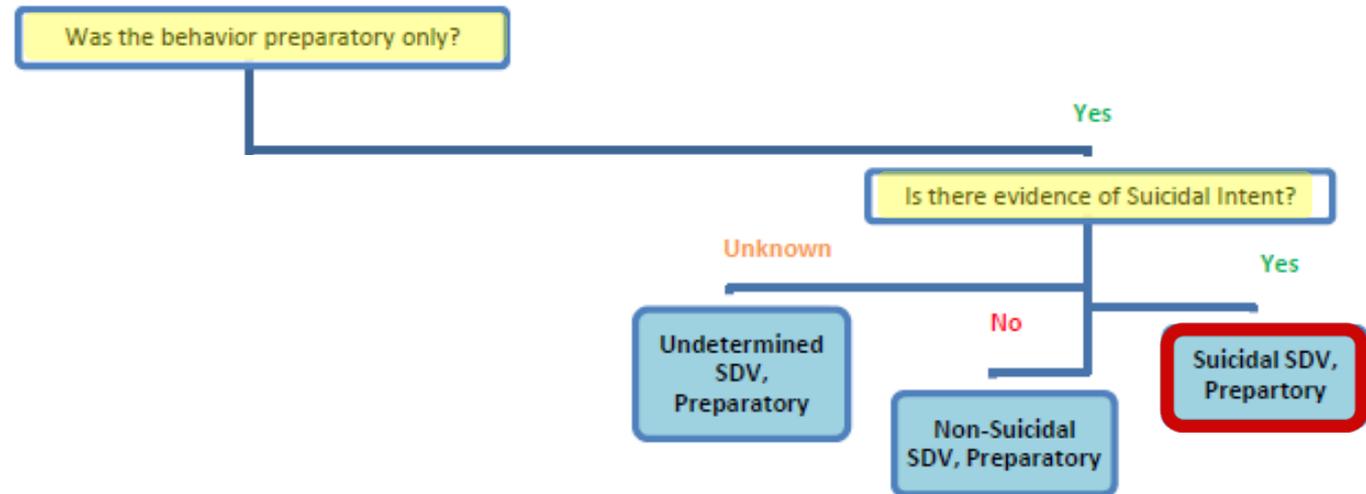
Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).



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- 3. Did the behavior involve any injury or result in death?
If NO, proceed to **Decision Tree B**
If YES, proceed to **Decision Tree C**

DECISION TREE B: BEHAVIORS, WITHOUT INJURY



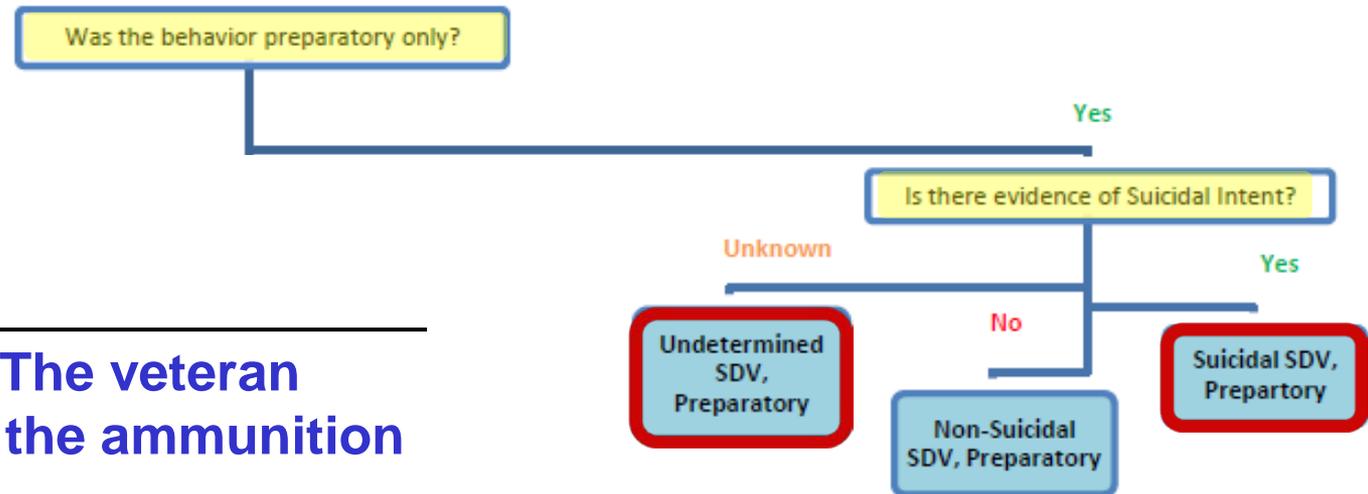
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- 3. Did the behavior involve any injury or result in death?
If NO, proceed to **Decision Tree B**
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DECISION TREE B: BEHAVIORS, WITHOUT INJURY



NOW SUPPOSE: The veteran never purchased the ammunition

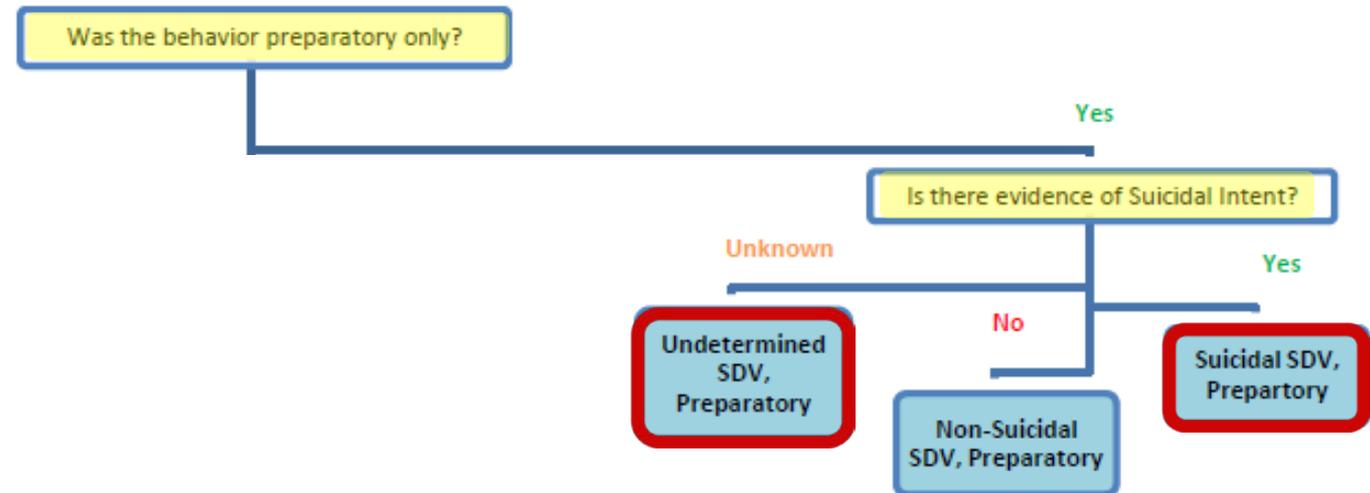
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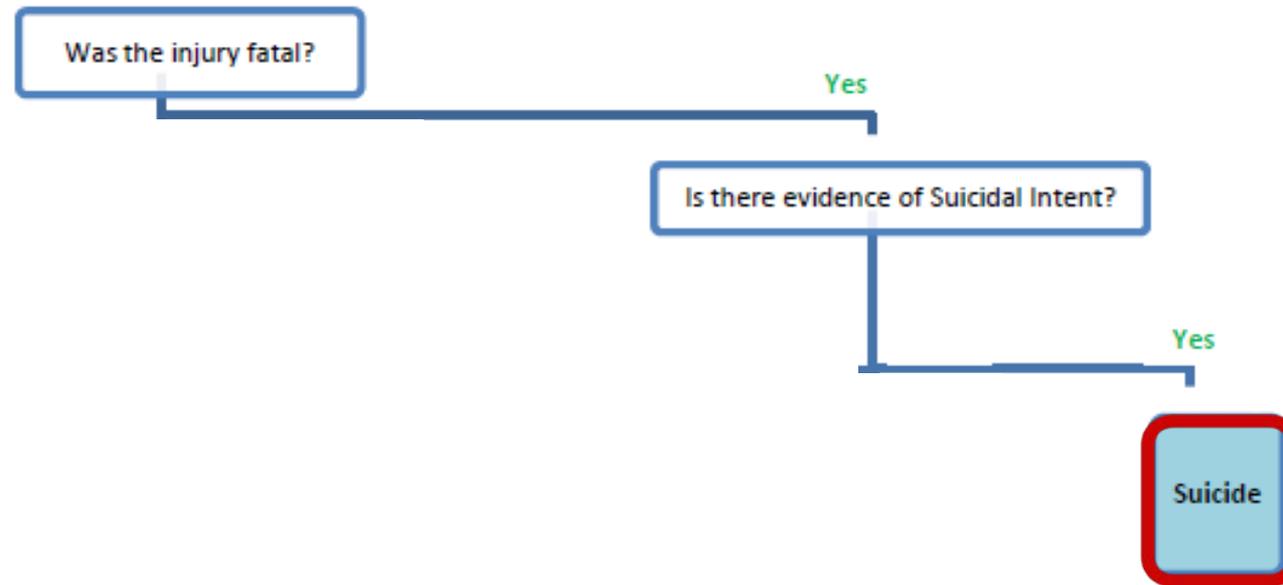
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NEW UPDATE: One week later, the veteran is deceased from a self-inflicted gunshot wound.

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DECISION TREE C: BEHAVIORS, WITH INJURY

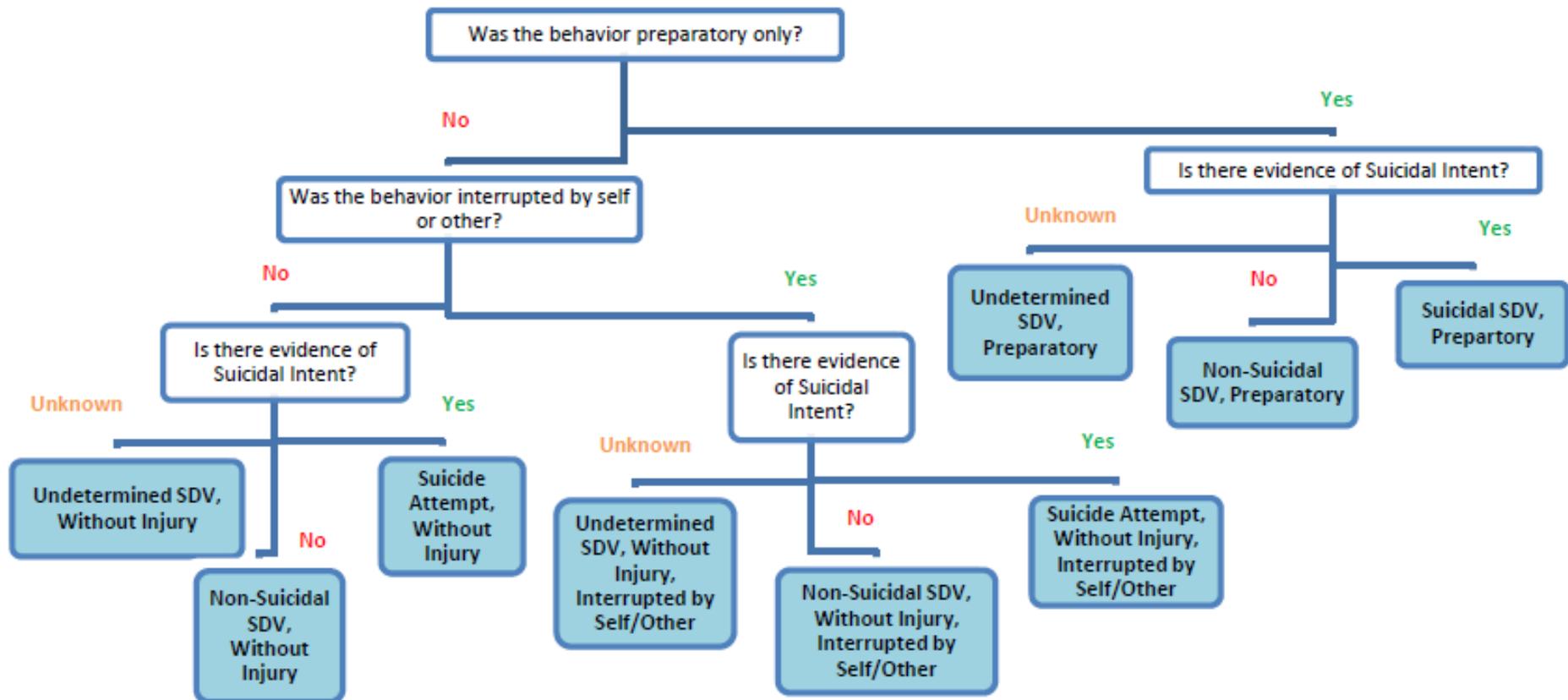


REVISITING FIRST CASE EXAMPLE: A healthy 24-year-old female Veteran is brought by her boyfriend to the Emergency Department after she ingested all remaining pills in a bottle of regular strength Tylenol. She estimates there were 4 to 6 pills total in the bottle (1300-1950 mg total dose), and she reports no ill effects. Lab tests done at the time of admission to the ED reported her acetaminophen level within the therapeutic range. During triage, she states that before she took the pills she was upset from arguing with her boyfriend and just wanted to die. She feels better now and requests to go home.

BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior that was lethal, preparatory, or potentially harmful?
(Refer to Key Terms on reverse side)
If NO, proceed to Question 2
If YES, proceed to Question 3
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If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → **NO SDV TERM**
If YES, proceed to **Decision Tree A**
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VIGNETTE A

A Vet is drinking near a lake with a group of friends on Labor Day. On a dare, he and his old Army buddy decide to play Russian Roulette with a loaded gun. The Vet puts the gun to his head, pulls the trigger, and dies instantly from a gunshot wound to the head.

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Key Elements in Decision-Making

- ✓ Is there any indication that the person engaged in SDV **behavior**, either preparatory or potentially harmful? N/Y
- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
- ✓ Is there evidence (implicit/explicit) of suicidal intent? N/Y, Undetermined

VIGNETTE B

A Vet with no history of suicidal behavior points the tip of a hunting knife against his bare chest but, as he begins to apply pressure, decides not to go any further, and calls the VA Crisis Line. When asked why he did this, he repeatedly answers, “Gee, I don’t know why.”

VIGNETTE B

A Vet with no history of suicidal behavior points the tip of a hunting knife against his bare chest but, as he begins to apply pressure, decides not to go any further, and calls the VA Crisis Line. When asked why he did this, he repeatedly answers, “Gee, I don’t know why.”

Key Elements in Decision-Making

- ✓ Is there any indication that the person engaged in SDV behavior, either preparatory or potentially harmful? N/Y
- ✓ Is there any indication that the person had SDV related thoughts? N/Y
- ✓ Was the behavior preparatory only? N/Y, N/A
- ✓ Did the behavior involve any injury or death? N/Y, N/A
- ✓ Was the behavior interrupted? N/Y, N/A
- ✓ Is there evidence (implicit/explicit) of suicidal intent? N/Y, Undetermined

VIGNETTE C

During a crisis call, a Vet reports she has been feeling depressed and hopeless. The VA Crisis Line responder asks if she ever has thoughts of killing herself. She answers, “Well, sometimes I think it would be better if I weren’t here, but I never really talk to anybody about it, until now. I don’t think that I would ever act on those ideas, I just think about it sometimes and it frightens me.”

VIGNETTE C

During a crisis call, a Vet reports she has been feeling depressed and hopeless. The VA Crisis Line worker asks if she ever has thoughts of killing herself. She answers, “Well, sometimes I think it would be better if I weren’t here, but I never really talk to anybody about it, until now. I don’t think that I would ever act on those ideas, I just think about it sometimes and it frightens me.”

Key Elements in Decision-Making

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VIGNETTE D

Despondent, depressed and angry, a Vet calls the Crisis Line to say that he fashioned a noose out of a piece of rope, climbed up on top of a footstool, and tied the noose around a beam in his garage. As he jumped, the rope broke, and he fell to the ground without sustaining any injuries. He now calls to say that he is frustrated that no matter what he does, he can't do it right.

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Key Elements in Decision-Making

- ✓ Is there any indication that the person engaged in SDV **behavior**, either preparatory or potentially harmful? N/Y
- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
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VIGNETTE E

Despondent and depressed over a recent job loss, a female Vet blames herself for getting fired. She begins ruminating about her poor attitude and attendance record. Trying to take her mind off of these bothersome thoughts, she holds a lit cigarette to her arm, and calls the Crisis Line. The responder gets her to take the cigarette off her skin and throw it away, but not before blistering has occurred.

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- ✓ Was the behavior **interrupted**? N/Y, N/A
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VIGNETTE F

A Vet who lives alone often drinks to the point of blacking out. After a recent episode, he wakes up next to his gun and realizes a shot had been fired. He has no injuries and no recollection of any events from the night before. He does, however, realize that he used his cell phone to text, “I hope it doesn’t hurt,” to several friends.

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Key Elements in Decision-Making

- ✓ Is there any indication that the person engaged in SDV **behavior**, either preparatory or potentially harmful? N/Y
- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
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VIGNETTE G

A very intoxicated Veteran calls the Crisis Line and says, “I am so tired of everything. Sometimes I wish I were dead,” and then he hangs up.

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Key Elements in Decision-Making

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- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
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VIGNETTE H

A Veteran with a history of Major Depressive Disorder and chronic pain reports that he downloaded information on the internet detailing how to overdose on prescription medication.

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- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
- ✓ Is there evidence (implicit/explicit) of suicidal intent? N/Y, Undetermined

VIGNETTE I

A Veteran is despondent over his pending divorce and failing health. He writes a suicide note, smokes marijuana, and gets into his car with the plan to drive into a concrete wall. On the way, he is stopped by police for speeding and reckless driving, and is arrested due to an outstanding warrant.

VIGNETTE I

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- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
- ✓ Is there evidence (implicit/explicit) of suicidal intent? N/Y, Undetermined

VIGNETTE J

Feeling bullied by her partner about losing weight, a female Vet calls the VA Crisis Line to get some support and feedback. She tells the responder that she recently imagined how sorry her partner would feel if she stopped eating altogether and ended up in the hospital.

VIGNETTE J

Feeling bullied by her partner about losing weight, a female Vet calls the VA Crisis Line to get some support and feedback. She tells the responder that she recently imagined how sorry her partner would feel if she stopped eating altogether and ended up in the hospital.

Key Elements in Decision-Making

- ✓ Is there any indication that the person engaged in SDV **behavior**, either preparatory or potentially harmful? N/Y
- ✓ Is there any indication that the person had SDV related **thoughts**? N/Y
- ✓ Was the behavior **preparatory** only? N/Y, N/A
- ✓ Did the behavior involve any **injury or death**? N/Y, N/A
- ✓ Was the behavior **interrupted**? N/Y, N/A
- ✓ Is there evidence (implicit/explicit) of suicidal intent? N/Y, Undetermined

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