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

Jacobs 2003
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. Betthauser, M.B.A.
Ryan E. Breshears, Ph.D.
Katherine K. Bellon, Ph.D.
Herbert T. Nagamoto, M.D.
<table>
<thead>
<tr>
<th>Type</th>
<th>Sub-Type</th>
<th>Definition</th>
<th>Modifiers</th>
<th>Terms</th>
</tr>
</thead>
</table>
| Thoughts     | Non-Suicidal                     | **Definition**: 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                                      |
|              | Self-Directed Violence Ideation  | **Definition**: Self-reported 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 |
|              | Preparatory                      | **Definition**: 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 |
| Behaviors    | Non-Suicidal                     | **Definition**: 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       | **Definition**: 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 |
|              | Suicide                          | **Definition**: 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 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 |
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 behaviors?
   If NO, proceed to Questions 1 and 3; there is insufficient evidence to suggest self-directed violence. NO SDV IS UN
   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

Thoughts are suicidal:
Yes

Thoughts are non-suicidal:
No

DECISION TREE B: BEHAVIORS, WITHOUT INJURY

Was the behavior preparatory only?
Yes

Was the behavior interrupted by self or other?
No

Is there evidence of Suicidal Intent?
Yes

DECISION TREE C: BEHAVIORS, WITH INJURY

Was the Injury Self-Inflicted?
Yes

Was the Behavior Interrupted by Self or Other?
No

Reminder: Behaviors Trump Thoughts

Behaviors

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 himself 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 away money). 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 times that exceed the threshold of physiological tolerance (e.g., bodily harm due to suffocation, poisoning or overdose, infections, gunshot wounds, etc.), refer to the Classification System for the full CDC definition.

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.
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.”
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

Gutierrez et al.
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

Linehan et al.
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

Rudd et al.
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