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Suicide Assessment

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Agenda

- Risk & Protective Factors of Suicide
  - Demographic, Diagnostic, Psychological Variables
- Suicide Risk Assessment
  - C-SSRS (Columbia-Suicide Severity Rating Scale)
  - BDI-II (Beck Depression Inventory 2nd Edition)
  - Reasons for Living Inventory (RFL)
- Creating a Safety Plan

IS PATH WARM?

Ideation

Substance Abuse

Purposelessness

Anger

Trapped

Hopelessness

Withdrawing

Anxiety

Recklessness

Mood Change

IS PATH WARM?

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Previous Attempts

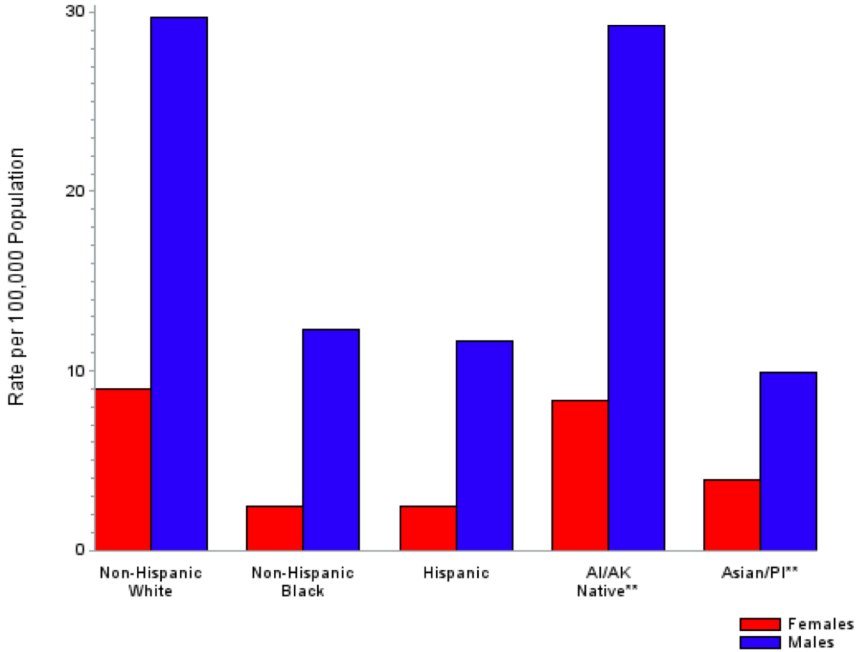
Demographic Correlates

The high-risk demographic profile for suicide completers:

- A White or Native American
- Male
- Low SES
- Unemployed or recently fired
- Single or recently divorced/widowed

Suicide Rates By Gender & Ethnicity

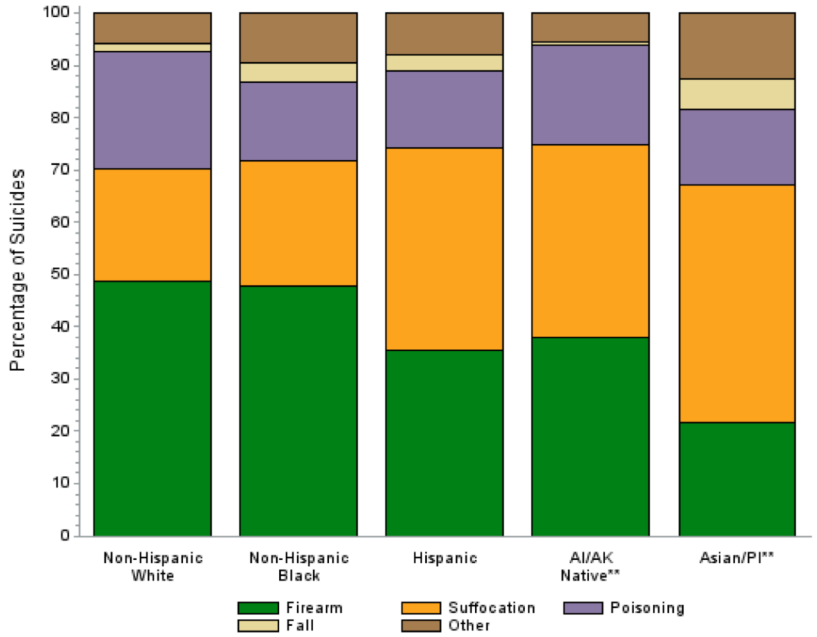
Suicide Rates* Among Persons Ages 25–64 Years, by Race/Ethnicity and Sex, United States, 2005–2009



Centers for Disease Control and Prevention (2012)

Suicide Rates by Method

Percentage of Suicides Among Persons Ages 25–64 Years, by Race/Ethnicity and Mechanism, United States, 2005–2009



Centers for Disease Control and Prevention (2012)

Diagnostic Correlates

Medical Illness

Chronic pain & medical illnesses (AIDS, cancer, COPD, renal diseases,

severe neurological disorders)

Psychiatric Illness

+90% of those who die by suicide have had been diagnosed w/ 1+ psychiatric disorders

Diagnostic Correlates

Major Depressive Disorder

~15% report at least 1 lifetime suicide attempt

2-12% die by suicide

~50% of all suicides are completed by someone diagnosed with MDD

Risk of suicide is ~20x greater than those not diagnosed with MDD

Bipolar Disorder

Risk of suicide is ~15x greater than those not diagnosed with BPD

At greatest risk of suicide in the depressed or mixed affective stages

Diagnostic Correlates

Psychotic Disorders

As many as 40% will attempt suicide at some point in their lifetime

Borderline Personality Disorder

Patients diagnosed with BPD report an average of 3 lifetime attempts

Diagnostic Correlates

Substance Use Disorders

Generally:

One substance use disorder increases suicide risk by 4-20x

Polysubstance use increases suicide risk even further

Diagnostic Correlates

Substance Use Disorders

People who inject drugs (Artenie, et al., 2014)

Occasional or chronic use of stimulants was associated with 2-3x

suicide attempt risk compared to other PWIDs.

Chronic use of sedative-hypnotics was associated in 2x suicide attempt risk compared to other PWIDs

High-injection frequency, hx of a psychological disorder, prostitution in the past 6 months, increases risk of suicide attempts.

(Cohort of study participants in Montreal, Canada)

Psychological Variables

History of Suicide Attempts

Among the most potent predictors of eventual suicide

~38-40x more likely to die by suicide compared to general population

Multiple suicide attempts increases the risk of death by suicide

Lethality often increases as attempts increase

First year following discharge from hospital presents heightened risk

Hx of attempts is significantly correlated with suicidal ideation

Psychological Variables

Suicide Related Cognitions

Suicidal Ideation

A potent predictor of eventual suicide

“Worst Point” ideation is a stronger predictor than current ideation

This includes both specific and non-specific thoughts of suicide

Suicidal Intent

How strongly one intends to die via self-injury

Intent & Ideation both are associated with eventual suicide

Psychological Variables

Hopelessness

High levels of hopelessness are associated with high levels of suicide intent

It predicts eventual suicide in inpatient & outpatient populations

Hopelessness increases the risk of suicide 3x

Stable trait hopelessness raises the risk even further

Other Risk Factors

Increased Risk if Present in Home:

- Firearm and/or lethal prescription of medications

Acute onset of or worsening medical condition

Any type of loss (interpersonal, health, financial)

- If what is lost is of significant value to the individual

Protective Factors

Less empirical evidence for protective factors

Clinically derived information suggests:

- Marriage
- Being a parent (esp. mothers)
- Identified reasons for living
- Participation in religious activities (esp. among black and hispanic pop.)

Defining Suicidal Behaviors

Suicidal Behavior

- Suicide Attempt - A self-injurious act committed with at least some intent to die as a result of the act
  - No injury is needed to meet definition
  - Any “non-zero” intent to die
  - Attempt begins when the first pill is swallowed, first scratch is made

Defining Suicidal Behaviors

Suicidal Behavior

- Interrupted Attempt - Someone else prevents the self-injurious act
- Aborted Attempt - Stops themselves before engaging in self-injurious behavior
- Preparatory Acts/Behavior - Any acts beyond verbalization

Defining Suicidal Behaviors

Suicidal Behavior

- Determine intent
  - “Were you trying to end your life when…?”
  - “Did you think it was possible you could have died from…?”
- This may help differentiate suicidal actions from non-suicidal self-injurious behavior

Defining Suicidal Behaviors

Suicide Attempt?

A patient wanted to escape from her mother's home. She researched lethal doses of ibuprofen. She took 6 ibuprofen pills and she said that she felt certain that this amount was not enough to kill her. She stated that she did not want to die, only to escape from her mother's home. She was taken to an ER where her stomach was pumped and she was admitted into the psychiatric ward.

Defining Suicidal Behaviors

Suicide Attempt?

Following a fight with their partner, a young male reported a desire to kill himself. The patient impulsively took a kitchen knife and made a superficial scratch on his wrist. Before he could injure himself further, the patient changed his mind and put the knife away.

Defining Suicidal Behaviors

Suicide Attempt?

Patient was feeling ignored. She went into the family kitchen where her mother and sister were talking. She took a knife out of the drawer and made a cut on her arm. She did not want to die as a result of this injury, but commented that she wanted her family to listen to her.

Defining Suicidal Behaviors

Suicide Attempt?

A patient cuts her wrists after learning that she would be fired from her job.

Suicide Risk Assessment

Beck Depression Inventory (BDI-II)

- 21 item self-report measure
- Easy and quick to administer and score
- A total score of 23+ suggests increased suicide risk (Brown, Beck, Steer, Grisham, 2000)
- Review items #2 #9 specifically (Hopelessness & suicide items)
    - If 2 or higher, may indicate increased risk

Developing a Safety Plan

“Contracts for safety” or no-suicide contracts are an evidenced based intervention that have been shown to reduce a person’s risk of committing suicide

True or False

Virtually no empirical evidence exists to support the effectiveness of no-suicide contracts (Rudd, Mandrusiak, & Joiner, 2006)

Developing a Safety Plan

Developing a plan when not in crisis can ensure that solid coping strategies are available when needed

The safety plan should include:

- Recognizing warning signs
- Individual coping strategies that don't require others
- Contacting friends and family
- Contacting professional resources

Clinician and patient should would together in its completion

Developing a Safety Plan

Recognizing Warning Signs

- What warning signs precede a suicidal crisis?
- “What things do you experience just before you feel suicidal?”
- “Is there (anything that happens to you/anything you do differently) just before you feel this way?”
- Each patient will have their own warning signs, though many similarities will be present across patients

Developing a Safety Plan

Recognizing Warning Signs

Automatic Thoughts	"I am a nobody." "I'm a failure." "I don't make a difference." "I'm worthless." "I can't cope with my problems." "Things aren't going to get better."
Images	Flashbacks
Thinking Processes	Having racing thoughts Thinking about a whole bunch of problems
Mood	Feeling really depressed Intense worry Intense anger
Behavior	Crying uncontrollably Isolating myself Using drugs/alcohol

Developing a Safety Plan

Using Coping Strategies

- List activities they can do WITHOUT others
- Early in treatment, this serves as a distraction
- e.g. going for a walk, listening to inspirational music, playing with pets, reading the Bible, taking a warm shower etc.
- Behavioral/affective/cognitive coping strategies can be introduced as therapy progresses

Developing a Safety Plan

Contacting Family or Friends

- If individual strategies are not effective, patients are encouraged to contact their supports
- Do not have to disclose their suicidality to others
- Can serve as a distraction or as a direct means of assistance in coping with the thought of suicide

Developing a Safety Plan

Contacting Professional Help

- This can include:
  - The clinician
  - Psychiatrist
  - Suicide hotlines
  - Mobile crisis numbers
  - Local ER addresses & phone numbers

Developing a Safety Plan

Soliciting a Commitment

- “On a scale from 0 (not at all likely) to 100 (very likely), how likely is it that you will use this list in the event of a crisis?”
- Look for a high likelihood of compliance (80-90%)
- If commitment is low, ask: “What would need to change in order to move you from X to X+10?”
- If commitment is still low, reassess if the person can be safely treated at the outpatient level of care

Developing a Safety Plan

Removal of Weapons

- ~50% of all suicides are completed via firearm
- If a person is suicidal, ask if they have a gun in the home.
- If yes, and if the patient presents with significant suicidal ideation and a plan to use the weapon:
  - Ask permission to contact a person living in the home to secure the weapon away from the patient

Questions?