

SUICIDE ASSESSMENT

Screening item

"Over the past two weeks, how often have you had thoughts about wanting to complete suicide?"

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Frequently
- 4 = Always

If client scores 2 or above, proceed with comprehensive suicide assessment. Use clinical judgment to determine if a more in-depth assessment of suicide needs to be made when client scores below a 2. Clients may not be honest; clients may also provide information that clearly contradicts their answer to this question.

Intent to Die (Subjective vs. Objective Markers)

- Determine if client is thinking about suicide
- Determine if client desires to commit suicide/die
- Determine if client has a plan (many clients have several plans, so if you ask twice during the interview, you will get more helpful data)
- Ask questions to determine whether or not client has been making behavioral preparations (e.g., gathering pills, obtaining rope, writing wills, writing letters, giving away belongings, asking someone to care for their animals). *If client has plan(s), see **The Plan/Rehearsal**.*

Meaning/Motivation of Suicidal Thoughts and/or Behavior

- Ask about precipitating factors that led to suicidal thoughts/behaviors (i.e., acute risk factors)
- Ask about predisposing factors may impact or lead to suicidal thoughts/behaviors (i.e., chronic risk factors)
- Specifically assess whether or not client perceives himself as a burden to others
- Assess client's feelings of hopelessness
- Assess client's feelings of helplessness
- Ask client how often he thinks about suicide (how often each day and for how long each time)
- Ask client to give his reasons for dying

The Plan/Rehearsal

- If client has a plan, ask the following questions:
 - When will plan be enacted?
 - Where and how?
 - Does client have access to his method of suicide?
 - Does client have enough knowledge to implement this plan?
 - How lethal is his method?
 - Has client made attempts to prevent rescue (e.g., checking into a hotel out of town with handgun has higher lethality than taking pills in dorm room, where roommate is present)?
 - Has client practiced or done a "dry run" of his suicide? (e.g., laid out clothes he will wear, target practice)
- PLAN B? C? (If there are other plans, ask the above questions for each plan)
- "What is stopping you from carrying this out ____?" (today, tomorrow)

Overt Suicidal/Self Destructive Behavior (Past History)

- "Have you ever made a suicide attempt before?"
 - Assess recent AND distant past
- Assess intent for each past attempt. Ask, "Did you mean to die?" or "What was your goal in attempting suicide?" or "What did you hope would happen?"
- It is very important to gather **specific** information about previous attempts (how, when, why, lethality of method, prevention of rescue), as multiple, serious attempts puts client at chronic risk for suicide, which has greater lethality in the long run.
- Differentiate between "attempt with injuries" or "attempt without injuries"
- Did client seek help afterwards (medical, psychological)?
- If client has been suicidal before but the client did not attempt, what stopped him/her from acting?

Physiological, Cognitive, & Affective States

(Acute/Chronic Psychopathology—Axis I/II)

- Assess for severe medical illness
- Assess for Axis I disorders associated with suicide
 - EX: Mood disorders (bipolar, depression, dysthymia)
 - Substance abuse/dependence**
 - Schizophrenia (psychosis, command hallucinations)
 - Anorexia Nervosa
 - Severe/unrelenting/agitated anxiety**
 - GLBTIQ issues; gender identity
- Personality Disorders and/or traits
- Assess for reality testing/thought disorders

Coping Skills/Protective Factors

- Assess quality and quantity of social support
- Ability to problem-solve—how has client handled crises before?

- Assess joy, religious beliefs, reasons for living

Impulsivity and Self-Restraint

- What objective and subjective markers of impulsivity exist?
 - Subjective: "I'm usually very planful."
 - Objective: risky hypersexuality; previous suicide attempt occurred without warning; client frequently acts on emotions
 - Objective evidence is more compelling
- What evidence exists that client is able to delay gratification or show restraint? (objective and subjective markers)

Other Life Stressors

- What other stressors exist in client's life?
 - Significant losses
 - Relationship issues
 - Legal issues
 - Financial issues
 - Job/school issues
 - GLBTIQ issues and/or relevant multicultural factors?
- If in therapy, are there transitions to consider?
 - Changes in therapy—format, frequency, or termination
 - Vacations (Fall, Winter, Spring, and Summer breaks, too!)
 - Has client just been released from hospital?

Client Presentation

- Rapport
- Orientation
- Mood and Affect
- Clarity of thought; Speech
- Memory; Judgment
- Reality testing
- Important behavioral observations

The challenging task: Differentiating between true suicide intent and instrumental suicide behavior

Instrumental suicide behavior

- Potentially self-injurious behavior where motivation is not death
- Could result in injury, no injury, or death
 - Ex: Sarah takes 20 aspirin with bottle wine in front of boyfriend after an argument. After trip to the hospital, Sarah shares that she was angry and wanted boyfriend to feel sorry for what he'd said to her.