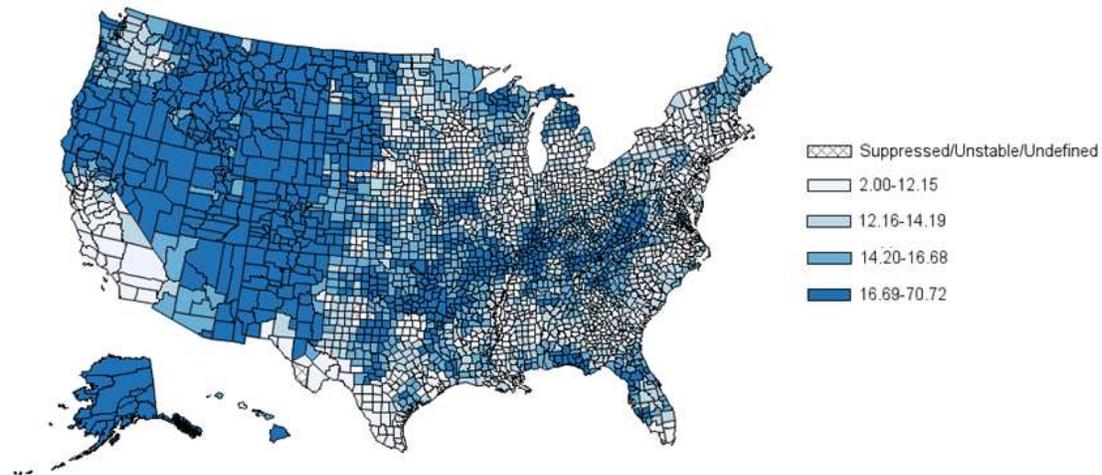


# RISK ASSESSMENT: SUICIDE PREVENTION

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Davis Behavioral Health

## Suicide Rates at the County Level, United States 2008-2014



Rates (age-adjusted) per 100,000  
Rates appearing in this map have been geospatially smoothed

[www.sprc.org](http://www.sprc.org)

Source: CDC, 2020



## Clinicians:

Often fear the suicide of a client and feel ill prepared to assess for suicide risk.

We have become proficient at screening, and identifying risk, but where do we go from here?

**% Of Patient Suicides Who Denied SI When  
Last Asked**

49% seen within 2 days, 73% within 7 days of death

(Berman, 2018)

Variable	Denied SI (N= 89)
Social Isolation/Withdrawal	58%
Angry Irritability	47%
Anxiety/Agitation	78%
Sleep Disturbance	76%
Hx SI/SA	82%
IPP/Job or \$ strain	73%
Hopelessness/Catastrophic thinking	73%
Comorbidity	79%



## DO NOT USE: see saw approach to risk assessment

- Protective factors alone DO NOT protect from suicide.
- people with children die by suicide
- Married people die by suicide
- People engaged in treatment die by suicide
- People with future orientation die by suicide

# Moving away from screening towards risk formulation and prevention:



CLINICIANS FORMULATIONS  
OF RISK WILL VARY  
ACCORDING TO CONTEXT



SUICIDALITY IS DYNAMIC  
AND FLUID



RISK ASSESSMENTS IN  
ISOLATION ARE  
INADEQUATE



“RISK FORMULATION AS A CONCISE  
SYNTHESIS OF EMPIRICALLY BASED SUICIDE  
RISK INFORMATION REGARDING A PATIENT'S  
IMMEDIATE DISTRESS AND RESOURCES AT A  
SPECIFIC TIME AND PLACE”

Pisani and Colleagues, 2015

The goal:  
Enhance  
prevention and  
collaboration  
throughout  
assessment

- Screen for suicidal ideation
- If Suicidal Ideation is absent; continue with suicide risk assessment
- Suicidal risk may high and acute even with denial and plethora or reported protected factors

# The goal: Enhance prevention and collaboration throughout assessment

Evaluate both dynamic and static risk factors (short/changing vs. long term/fixed)

Where are they compared to baseline?

Consider resources or protective factors: internal and external coping

Precipitating Factors: What could go wrong (Warning signs/triggers)

Lethal Means

Structured, suicide specific, individualized risk accountable treatment planning

# We know that screening is not enough...

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Planning or looking for a way to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Others will benefit (be better off) from my death
- Talking about being a burden to others
- Using alcohol or drugs more often/increased amounts
- Acting anxious or agitated
- Withdrawing from family and friends
- Change in eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

# Weighing risk:

- Depression, other mental disorders, or substance abuse disorder
- Impulsivity
- Certain medical conditions (terminal)
- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Social isolation
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities

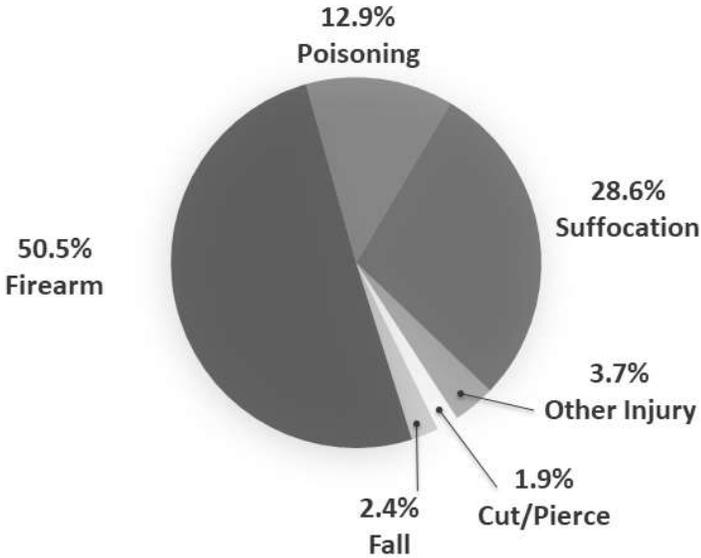
# Precipitating Factors:

- Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:
  - End of a relationship or marriage
  - Death of a loved one
  - An arrest
  - Serious financial problems
  - Job loss
  - Consider acute vs chronic factors
  - How much can he/she handle
  - Past resilience

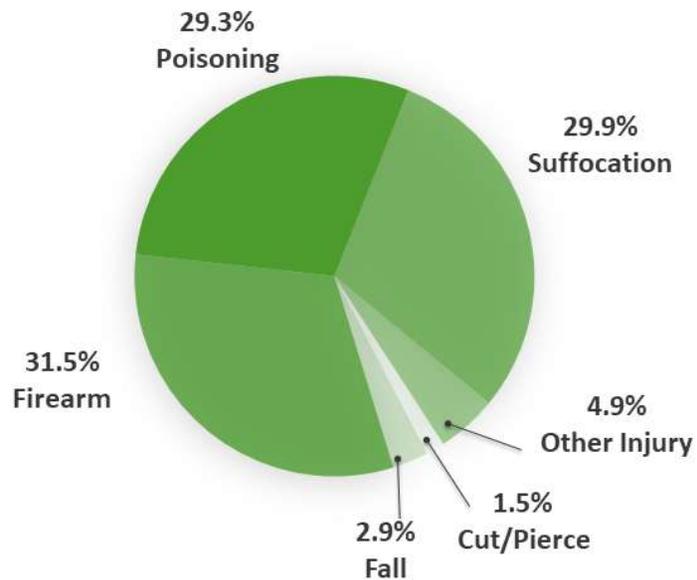
LETHAL MEANS  
MATTER

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# Means of Suicide, United States 2018



## Means of Suicide among Females, United States 2018



# Safety and Treatment Planning

## **Document to Suicide as Target Behavior**

- Utilize and document use of evidenced based treatment for suicidal behavior
- Communicate frequently and document contacts
- Involve a Safety Plan with documentation and follow up on lethal means counseling
- Implement in a continuum of care; involving collaboration between treatment providers
- Use motivational principles to encourage engagement
  - Refer to appropriate levels based on risk

# I: Orientation

Introduce yourself

Customer service and engaging

Empathy and rapport

Therapeutic relationship

Explain role

- Top priority is client's safety
- Think like a crisis worker not a therapist

Educate the client by explaining the process

- Right now
- After today
- Structured interview
- Permission to interrupt and re-direct

Instill confidence from the client toward crisis worker

Gives control to the crisis worker

## II: The formulation process

- Gather information
- Presenting problem
- Precipitating event
- How did he/she get to you
- Symptoms
- Acute stressors/chronic stressors
- History of suicide attempts, suicidal thoughts/ideation, self injury, psychiatric hospitalizations
- Mental health diagnosis
- Current treatment and medication adherence
- Substance abuse
- Risk factors/Protective factors
- Collaborating information (family, medical record, professionals)
- Summarize and review client's perception of engagement

### III: Formulate disposition

Develop a decision based on inductive reasoning  
(Don't back yourself into a decision based on a denial)

Base on evidence

Base on risk factors

Base on protective factors

When words conflict with action, go with actions

CONSULT

## IV: Action



DETERMINE  
DISPOSITION



LINK TO  
RESOURCES



SAFETY  
PLANNING



LETHAL MEANS  
COUNSELING



COMMUNICATE



CLOSE THE  
LOOP

# V: Documentation

- Consider the audience (the client)
- Narrative in nature with reasons for decision
- Document consultation
- Keep in mind “If there was a bad outcome, what is the standard of care?”
- Document planned follow up

## VI: Follow up (matters!)

Offer and document follow up

- Stanley, Brown Brenner and Colleagues(2018): Persons receiving at least 2 follow up calls were less likely to engage in suicidal behavior (45%)
- Gould and Colleagues (2017) : The majority of interviewed follow-up clients reported that the intervention stopped them from killing themselves (79.6%) and kept them safe (90.6%).
- Olfson and Colleagues (2016) : After psychiatric hospital discharge, adults with complex psychopathologic disorders with prominent depressive features, especially patients who are not tied into a system of health care, appear to have a particularly high short-term risk for suicide.



QUESTIONS?