

Assessing Potential for Suicidality in Co-Occurring Populations

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Frequency

Suicide Rate in General - U. S. Population

- ◆ Male: 18 per 100,000
- ◆ Female: 6 per 100,000

Combined: 12 per 100,000

Results in 30,000 deaths per year

Suicide Rate State of Florida

14.3 per 100,000

Results in over 2,000 deaths per year

Suicide Statistics

State of Florida

- ◆ Males account for 79% of suicides
- ◆ Those age 65 and older account for 27% of suicides
- ◆ Firearms account for 58% of suicides
- ◆ Poisoning accounts for 19% of suicides
- ◆ Suffocation accounts for 15% of suicides

Suicide Attempts State of Florida

- ◆ Individuals aged 25-44 years old account for 52% of suicide attempts
- ◆ Females account for 59% of suicide attempts
- ◆ Poisoning accounts for 87% of suicide attempts
- ◆ Cutting/piercing accounts for 10% of suicide attempts

Suicide Rate - Alcoholics

- ◆ Approximately 15% of alcoholics die by suicide
- ◆ The rate of suicide among alcoholics is 270 per 100,000

SELF INJURIOUS
BEHAVIOR

VS

SUICIDAL BEHAVIOR

Suicidal Behavior

Has the intention of ending a
painful experience

Self-Injurious Behavior

Has the intention of managing
painful existence

Self-Injury

Is an attempt to balance pain with little capacity to modulate it



IDEATION

THREAT

GESTURE

ATTEMPT

COMPLETION

Classification of Terms

◆ **Gesture**

- ◆ An insincere act of self-injury. Intention is to draw attention for help and not to die

◆ **Attempt**

- ◆ An act of self-damage with self-destructive intention

◆ **Completion**

- ◆ Individual has succeeded in ending his/her life

Screening Instruments

- ◆ Beck Hopelessness Scale
- ◆ Beck Scale for Suicidal Ideation
- ◆ Beck Suicide Intent Scale
- ◆ Beck Depression Inventory

Assessment of Suicide

Patient Name: _____ Date: _____

Reason for Referral: _____

H -History

1. Prior attempts or gestures?
2. Was effort made to conceal the behavior?
3. Is there a family history of suicide or mental illness?
4. Does the person have a mental health history?
5. Substance abuse or dependence?

E-Environmental Influences

1. External Stressors?

- ◆ Finances
- ◆ Health problems
- ◆ Job/school situation
- ◆ Family problems
- ◆ Recent losses

E-Environmental Influences

2. Environmental Support?

- ◆ Marital status
- ◆ Emotional support
- ◆ Friends
- ◆ Church

L-Lethality

1. Knowledge of truly lethal means?

(If you were going to kill yourself, how would you do it?)

2. Access to means?

(Is there a firearm in the home?)

3. Intent to die?

(If patient denies this, ask why not?)

P-Psychological Organization

1. Thought formation:

content of thoughts, organized plan, future orientation, how often does he/she think of hurting themselves, how long at a time do they think about it.

P-Psychological Organization

2. Cognitive style:

Dysfunctional assumptions about the world, thinking errors, dichotomous thinking (black & white), cognitive rigidity, tunnel vision, deficits in coping skills.

- What could you do in the future to prevent these thoughts?

P-Psychological Organization

3. Include mental status exam

4. Impulsivity?

5. Severe anxiety?

6. Include diagnosis

E-Evaluation of Risk Potential

1. Review available records
2. Consult with a colleague or supervisor
Document this
3. Make a probability statement
 - a. Use the language of probability, not certainty
 - b. Make it time-limited
“At this time”

R-Recommendations

1. Hospitalization (*If not, why not*)
2. Suicide watch? (*If not, why not*)
 - a. *Conditions of watch*
 - b. *Time frames*
3. Psychiatric consult?
4. Follow-up appointment?
5. Treatment plan necessary?

R-Recommendations

6. Involve family or friends?

7. Bibliotherapy?

High Risk

Immediate
hospitalization

Moderate Risk

- ◆ Hospitalization
- ◆ Frequent outpatient visits
- ◆ Re-evaluate treatment plan frequently
- ◆ Remain available to patient
- ◆ Immediate referral to psychiatrist or physician
- ◆ Encourage increasing social support
- ◆ Bibliotherapy

Low Risk

Continue with current
treatment plan

Suicidal Patients

Therapists must frequently assess the patient's threshold for pain, and estimate how close the current level of pain comes to it (Motto, 1989).

Therapy After the Crisis

Therapy should have the goal of lowering the likelihood of future crises, rather than “therapy as usual.”
(Fremouw et al, 1990)

Therapy After the Crisis

Treatment of patients at-risk for suicide should aim to ameliorate risk factors most likely to result in suicide

- ◆ Problem-solving deficits
- ◆ Impulsivity
- ◆ Substance abuse
- ◆ Difficulty regulating emotions
- ◆ Anger management problems
- ◆ Poor interpersonal skills

Therapy After the Crisis

Involve the patient's social network as appropriate

Bibliotherapy

Frankl, Victor (1985)

Man's Search for Meaning

Washington Square Press

Quinnett, Paul (1992)

Suicide: The Forever Decision

Crossroad

Ten Boom, Corrie (1971)

The Hiding Place

Bantam Books

Ellis, Thomas & Newman, Cory
(1996)

Choosing to Live

New Harbinger

Levi, Primo (1992)

Surviving Auschwitz

Touchston