Effective Suicide Risk Assessment and Intervention With Correctional 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

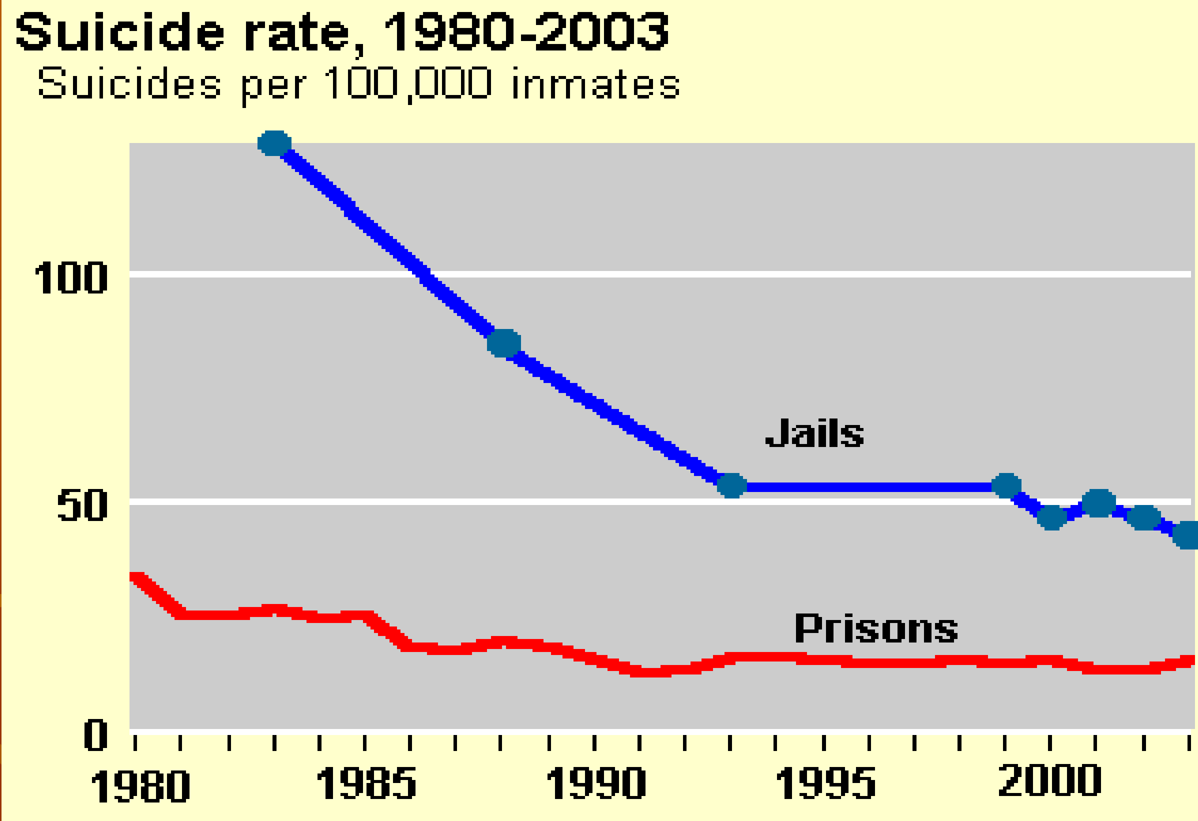
Results in 30,000 deaths per year

Suicide Rate
State of Florida

14.3 per 100,000

Results in over 2,000 deaths per year

Suicide Statistics

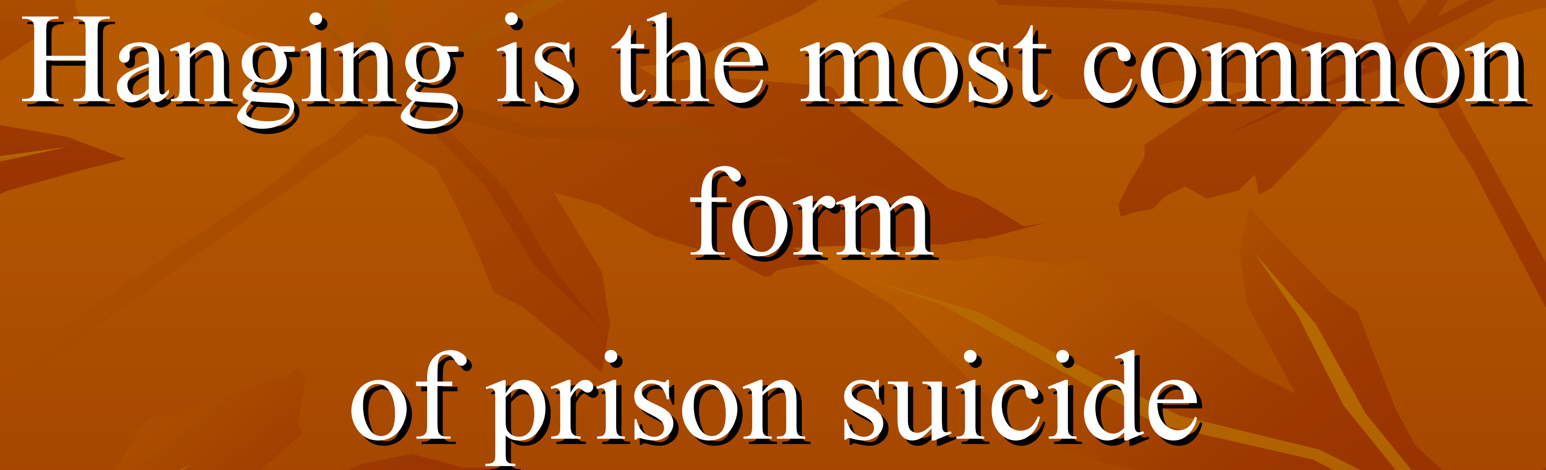


Source: U.S. Department of Justice, Bureau of Justice Statistics

Suicide Rates Among State and Federal Prisoners, 2001

State	14 per 100,000
Federal	12 per 100,000

Source: U.S. Department of Justice, Bureau of Justice Statistics


Hanging is the most common form
of prison suicide

Suicide Rate - Alcoholics

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

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

The CASE Approach

Shawn Christopher Shea, M.D.

- Behavioral incident
- Gentle assumption
- Denial of the specific

Assess recent vs. remote ideation

Assessment of Suicide

H -History

1. Prior attempts or gestures?
   “Why did the attempt fail?”
   “How do you feel about the fact you are still alive?”

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?

6. Recent discharge from psychiatric facility (within 3 months)?

E-Environmental Influences

1. External Stressors?
   - Health problems
   - Family problems
   - Recent losses
   - Sentence length
   - Protective custody

E-Environmental Influences

2. Environmental Support?

- Marital status
- Emotional support
- Friends
- Church
- Visits, phone calls, letters
- NA/AA

L-Lethality

1. Knowledge of truly lethal means?
   (If you were going to kill yourself, how would you do it?

2. Access to means?
   (Shank? Pills? Noose?)

3. Intent to die?
   (If patient denies this, ask why not?)

L-Lethality

4. Planning

   How long did you think about it beforehand?

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:
   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. Substance abuse?
7. Include diagnosis

E-Evaluation of Risk Potential

1. Review available records
   *if not available, get release for future assessment

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"

E-Evaluation of Risk Potential

Avoid using terms such as "manipulate/manipulative" to describe the behavior in question.

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. Bibliotherapy?

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

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).

No Harm Contracts

- Deterrent
- Risk Management
- Assessment Tool

- Do not use with a borderline or passive-aggressive patient

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

- Dialectical Behavior Therapy

  for patients who repeatedly engage in self-injurious behavior

- Emphases increasing coping ability

Therapy After the Crisis

Use of inmate suicide watch companions may facilitate a smoother transition back to the compound following a suicide watch

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