



Uniform protocol for the assessment and treatment of acute suicide risk

STEPHANIE STEPP, PHD

ASSOCIATE PROFESSOR OF PSYCHIATRY & PSYCHOLOGY

AMY BYRD, PHD

POST-DOCTORAL SCHOLAR OF PSYCHIATRY

Suicide Risk

Distal risk factors

('Background information')

1. **Gender, Race, Age**
2. **Psychiatric history**
(self & family)
3. **Suicide behavior history**
(self & family)

Proximal or 'acute' risk factors

('In the moment information')

1. **Current suicide behavior & means**
2. **Feelings, Cognition, Behaviors**
3. **Recent (stressful) events**

When to assess for suicide risk?

Initial
Contact
(1)

- If during contact, patient:
1. Presents in suicide crisis
 2. Makes suicide communication

Monitoring
for emerging
risk factors

YES

Use Suicide
Treatment
Tools to
Develop
Crisis Plan

Suicide Behavior & Means	Not Reported	No	Somewhat	Yes	Comment
Current suicide intent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current plan, rehearsals, preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preferred method available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to lethal means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feelings, Cognition, Behaviors	Not Reported	No	Somewhat	Yes	Comment
Perceived burdensomeness to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current hopelessness or pessimism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe loss of interest or pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diminished concentration, decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Currently or will be isolated or alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol intoxication (currently or planned)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client motivated to under-report/lie about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent Events	Not Reported	No	Somewhat	Yes	Comment
Discharge from psychiatric hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnosis of a mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagnosis of chronic physical illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stressful life event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Survival & Coping Beliefs	Not Reported	No	Somewhat	Yes	Comment
Hope for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidence in ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attachment to life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibility to Others	Not Reported	No	Somewhat	Yes	Comment
Responsibility to family/friends/pets who client would not want to abandon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attached to therapist/service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social support or connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of Social Disapproval	Not Reported	No	Somewhat	Yes	Comment
Concern what others would think of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of Suicide	Not Reported	No	Somewhat	Yes	Comment
Fear of suicide, death and dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moral Obligations	Not Reported	No	Somewhat	Yes	Comment
Belief that suicide is immoral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequently attends religious services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Suicide Risk Management: Acceptance and Change

ACCEPTANCE

VALIDATE current emotions and wishes to escape or die

IDENTIFY events that triggered crisis

SUMMARIZE events and problem situation

CHANGE

REMOVE/REMEDIATE triggers

REINFORCE adaptive responses

CHALLENGED maladaptive beliefs

GAVE ADVICE/OFFERED SOLUTIONS to reduce suicidality

COACHED to use skills

GENERATE hope and reasons for living

EMPHATICALLY told client NOT to commit suicide or self-injure

Suicide Risk Management: Commitment

▶ Commitment to plan of action

- ▶ Agreement to use crisis plan and no self-injury or suicide attempts until _____ .
- ▶ Agreement to reach out to therapist if unable to use crisis plan.
 - ▶ If therapist contact fails, agree to contact CRISIS hotline
 - ▶ If therapist is unable to manage risk, refer
- ▶ Parental support and involvement

▶ Strategies to Increase Commitment

- ▶ Trouble-shooting: What might get in the way?
- ▶ Pros and Cons
- ▶ Devil's Advocate

CRISIS PLAN

1. REMOVE/REMITATE triggers

2. REINFORCE adaptive responses

3. CHALLENGE maladaptive beliefs

4. GAVE ADVICE/OFFERED SOLUTIONS

5. COACHED to use skills

6. GENERATE hope & reasons for living

7. EMPHATICALLY told client NOT to
commit suicide or self-injure

8. COMMITMENT to plan of action

When to refer to higher level of care?

- ▶ Client will not commit to crisis plan
- ▶ Client will not take suicide off the table (even for brief period of time)
- ▶ Therapist is unable to increase client commitment
- ▶ Therapist is unable to manage risk

When to assess for suicide risk?

