

# Uniform protocol for the assessment and treatment of acute suicide risk

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## Suicide Risk

<b>Distal risk factors</b> (‘Background information’)	<b>Proximal or ‘acute’ risk factors</b> (‘In the moment information’)
<ol style="list-style-type: none"><li>1. Gender, Race, Age</li><li>2. Psychiatric history (self &amp; family)</li><li>3. Suicide behavior history (self &amp; family)</li></ol>	<ol style="list-style-type: none"><li>1. Current suicide behavior &amp; means</li><li>2. Feelings, Cognition, Behaviors</li><li>3. Recent (stressful) events</li></ol>

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## When to assess for suicide risk?

**If during contact, patient:**

1. Presents in suicide crisis
2. Makes suicide communication

**Use Suicide Treatment Tools to Develop Crisis Plan**

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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"/>	

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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"/>	

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## Suicide Risk Management: Acceptance and Change

<b>ACCEPTANCE</b>	VALIDATE current emotions and wishes to escape or die
	IDENTIFY events that triggered crisis
	SUMMARIZE events and problem situation
<b>CHANGE</b>	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	

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### 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

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<u>CRISIS PLAN</u>	
1. REMOVE/REMI DATE 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	

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### 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

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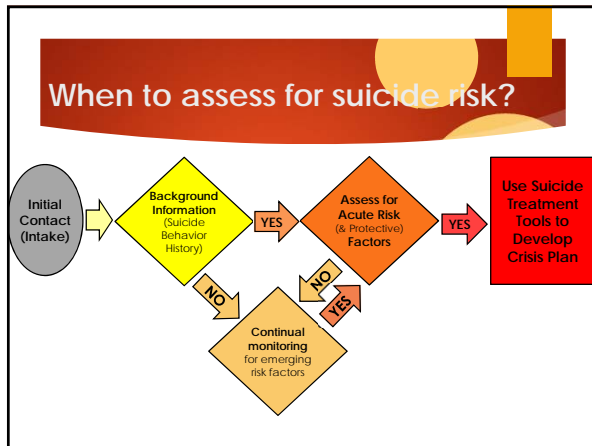
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