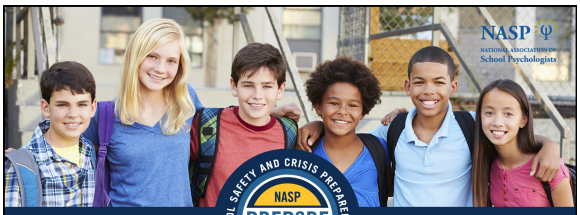

# Suicidal and Non-Suicidal Self Directed Violence

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## Objectives

This session will help participants:

1. Understand the term "suicide" and be able to differentiate it from "non-suicidal self directed violence"
2. Identify protective and risk factors, and warning signs, of self injury.
3. Identify the elements of a suicide risk assessment, and increase the ability to determine the risk of a suicidal behavior.
4. Improve their school's suicide prevention and risk assessment procedures.



## Definitions

- **Self-Directed Violence** (SDV)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself."
    - Includes Non-Suicidal and Suicidal behaviors
- ***Non-Suicidal*** SDV(AKA self-mutilation, cutting, self-injury)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent."
- ***Suicidal*** SDV
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent."

Crosby, Ortega, & Melanson (2011, p. 21)



## Definitions

- Non-Suicidal and Suicidal SDV
  - ***Similarities***
    - Coping behaviors
      1. Suicide aims at eliminating overwhelming and intolerable pain
      2. Non-Suicidal SDV aims at managing stress and/or pain, decreasing tension, providing relief from troubling emotions
  - ***Differences***
    - Death orientation
      1. Suicide associated with conscious thoughts of death
      2. Non-suicidal SDV not associated with conscious thoughts of death
- ***Undetermined*** SDV
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence."



## Suicide & NSSI: Differences

| | NSSI | Suicide |
|---|---|---|
| **Expressed Intent** | relieve pain (feel better | end life |
| **Method** | damage to body | more lethal |
| **Frequency** | more frequent | more rare |
| **Level of psychological pain** | psychological distress is lower | intense distress |
| **Cognitive Constriction** | less severe | all or nothing/ good or bad |
| **Aftermath** | short-term improvement (death is rare) | can be lethal |

Whitlock, Minton, Babington, & Ernhout, C. (2015)



## Non suicidal SDV Myths

- Only females and/or teen-agers self-injure
- Self-injury is a suicide attempt
- Those who self-injure are
  - crazy
  - just seeking attention
  - manipulative
  - only cut themselves
- NSSI is untreatable
- There's nothing I can do to help
- Anyone who self-injures:
  - has Borderline PD
  - Is part of a "Gothic" or "Emo" subgroup
  - enjoys the pain or can't feel it
  - are a danger to others
  - have been abused
  - can stop if really want to

Caicedo & Whitlock (2016)

Non-Suicidal SDV Risk Assessment

# PROTOCOL

7

## School Based: Non-Suicidal SDV Protocol

1. Identification
2. Assessment
3. Designated individuals to help manage NSSI cases
4. Determine when parents should be contacted
5. Manage active NSSI student
6. Determine when and how to refer
7. Identify external resources
8. Educate students and staff about NSSI

Bubrick, Goodman, Whitlock (2016)

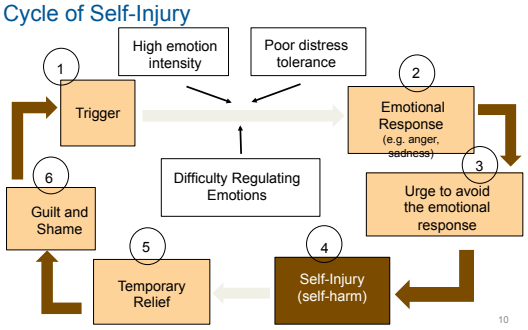
8

## Non-Suicidal SDV: Risk Factors

- Variables that Increase the Odds of Behavior
  - Far from perfect predictors
  - Non-suicidal and suicidal SDV are idiosyncratic
    - Non-suicidal SDV serves many different functions
    - There are likely as many paths to suicide as there are suicide victims

9

## Cycle of Self-Injury




10

## Non-Suicidal SDV: Risk Factors

- Variables that Increase the Odds of **Non-Suicidal** SDV
  - Demographics
  - Child Abuse
  - Self Directed Violence History
  - Family Dynamics
  - Peer Modeling
  - Mental Disorder
  - Psychological

Miller & Brock (2010), DSM-5 (2013)

11

## Non-Suicidal SDV: Risk Factors

- Variables Signal the Presence of **Non-Suicidal SDV**
  - Personality Traits
    - Negative affect
    - Low impulse control
    - Hostility
    - Anxiousness
  - Biological/Genetic
    - Serotonin imbalances
    - Puberty: typical age of onset
      - Neurodevelopmental vulnerability increases emotional stability
      - Risk-taking behaviors
      - Impulsivity
      - More susceptible to negative social cues and respond poorly to emotional distress
      - Problem solving skills still developing/limited coping skills
  - Interpersonal Conflict
    - Rejection, isolation, criticism

Kakhovets et al (2010), Hawton (2012), Whitlock (2010)

12

## Non-Suicidal SDV: Warning Signs

- Variables Signal the Presence of **Non-Suicidal SDV**
  - Behavioral
    - Other forms of self-destructive behavior (e.g., substance abuse)
    - Running into traffic
    - Jumping from high places
    - Possession of objects that could be used for cutting (e.g., razors, broken glass, thumb tacks)
    - Sudden change in peer group and/or withdrawal from prior relationships (or social isolation)
    - Secretive behaviors (e.g., spending atypical amounts of time in the restroom or isolated areas in school)
    - Males: tend to engage in self-battery
    - Females: tend to cut, burn, skin-pick
    - Many learn from a recommendation or observation of others

Miller & Brock (2010), Hawton, Saunders, & O-Connor (2012); Whitlock (2010)

13

## Non-Suicidal SDV: Warning Signs

- Variables Signal the Presence of **Non-Suicidal SDV**
  - Physical
    - Cuts, scratches or burns that do not appear to be accidental
    - Reports of frequent "accidents" that have caused physical injury
    - Frequently bandaged wrists and/or arms
    - Reluctance to take part in activities (e.g., physical exercise) that require a change of clothing
    - Constant wearing of pants and long sleeved shirts, even in hot weather
    - Direct observation of self-injurious behaviors (e.g., self-punching or scratching, needle sticking, head banging, eye pressing, finger or arm biting, pulling out hair, or picking at skin).

Miller & Brock (2011)

14

## Non-Suicidal SDV Risk Assessment

- Non-Suicidal SDV
  - Assess the behavior
    - *How I Deal With Stress* (Heath & Nixon, 2009)
    - *Self-Harm Behavior Questionnaire* (Gutierrez et al., 2001)
    - *Nonsuicidal Self-Injury Assessment Tool* (NSSI-AT; Whitlock 2014)
    - *Functional Assessment of Self-Mutilation* (FASM; Nock & Prinstein, 2004)
    - *Self-Injurious Thoughts & Behaviors Interview* (SITBI; Nock, Holmberg & Michel, 2007)
  - Are they refocusing attention from a stimulus that is causing psychological pain to a physical external pain they can control?
  - Help to identify alternatives
  - In some cases can be a rehearsal for suicide so always inquire about thoughts of death

15

## Suicidal SDV: Transactional Relationship

react to negative stress

actively select and contribute to negative stress (view minor events as having major impact)

***Can then lead to***

Psychological distress

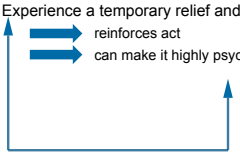
Negative affect — Self-injurious behaviors

Burke, et al (2015) DSM-5 (2013)

16

## Non-Suicidal SDV: Negative Reinforcement

- Experience a temporary relief and reduction of unpleasant emotions
  - reinforces act
  - can make it highly psychologically addicting



❑ Opioids released during self-injury mediate affect and decrease negative emotions

Konrad, et al (2013); Bresin & Gordon (2013)

17

## Non-Suicidal SDV: Positive Reinforcement

- Gain attention and concern from peers
  - → social rewards
- Use to influence social relationships (get attention, thus decreases isolation)
- Learn about it via social media/online forums
  - Encourages behavior, describes relief, shapes norms

Whitlock (2010)

18

## Non-Suicidal SDV & Suicide: Common Risk Factors

- History trauma, abuse, chronic stress
- High emotional perception and sensitivity
- Few effective mechanisms for dealing with emotional stress
- Feeling of isolation (consider their perception)
- History alcohol/substance abuse
- Depression or anxiety
- Feelings of worthlessness

*thus presence of NSSI can be a risk factor for suicide
*no evidence NSSI causes suicidal thoughts/behaviors but it lowers inhibition to suicidal behaviors

Whitlock, Minton, Babington, & Ernhout, C. (2015)

19

Suicide Risk Assessment

## PROTECTIVE FACTORS

20

## Protective Factors

- Protective factors are variables which, when present, make it less likely that individuals will consider, attempt, or die by suicide
  - Protective factors can include genetic or neurobiological makeup, attitudinal and behavioral characteristics, and/or environmental attributes
- Protective factors in individuals and communities provide targets for intervention
  - Increasing protective factors in individuals and communities can decrease risk
  - Programs that support and maintain protective factors should be ongoing as resistance to suicidal ideation and behavior is not permanent

Blumenthal (1988)

21

## Protective Factors

- Effective Medical and Mental Health Care
  - clinical care for mental, physical, and substance abuse disorders
  - Access to a variety of clinical interventions
  - Support from ongoing medical and mental health care relationships
- Connectedness (family, school, and community support)
  - Contacts with caregivers
  - Family cohesion and stability
  - Seeks adult help when needed
  - Good relationships with other youth
  - Positive connections with school and extracurricular partition
  - School environment that encourages help seeking and promotes health

McAuliffe et al. (2006); Fleischmann et al. (2008); CDC (n.d.); U.S. Department of HHS (2012); U.S. Public Health Service (1999)

22

## Protective Factors

- Learned skills
  - Skills in problem solving, conflict resolution, anger management and nonviolent ways of handling disputes
  - Positive self worth and impulse control
  - Hopefulness
- Cultural and religious beliefs
  - Beliefs that discourage suicide and support instincts for self-preservation
  - Religiosity
- Restricted access to lethal means (including firearms)

McAuliffe et al. (2006); Fleischmann et al. (2008); CDC (n.d.); U.S. Department of HHS (2012); U.S. Public Health Service (1999)

23

Suicide Risk Assessment

## RISK FACTORS

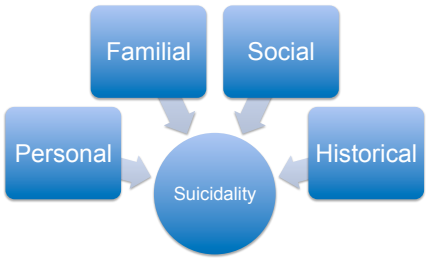
24

## Suicide Risk Factors

- Risk factors are variables, which when present, simply increase the odds of suicidal ideation and behavior
  - Risk factors are far from perfect predictors of the presence of suicidal thoughts, suicide attempts, or suicide deaths
- Pathways to suicidal ideation and behavior are idiosyncratic
  - Suicidal ideation and behaviors are typically the result of interactions among a number of different factors
  - Generally speaking these factors can be categorized as personal, familial, social, and historical

25

## Suicide Risk Factors




26

## Suicide Risk Factors: Children

- Suicide is rare among children under age 13 years
- Suicide is practically unheard of under the age of 9 years
- Thus, childhood can be considered a protective factor
  - Very young children have difficulty cognitively understanding death
  - Psychopathology is more common in later adolescence
  - Alcohol and substance abuse less common
  - Less access to guns

27

Johnson et al. (2006); Pfeffer (1997); Shaffer et al. (1996); Soole et al. (2015)

## Suicide Risk Factors: Children

- However…
  - Most children have an understanding of death and the concept of suicide by age 8 years
  - Many are capable of planning, attempting, and dying by suicide
  - Suicide is a leading cause of death among children age 10 to 12 years (*N*= **114 deaths** in 2014, 7th among children age 10 years, 3rd among children age 11 to 12 years)
  - Each year a small number of under age 10 years to die by suicide (*N* = **3 deaths** in 2014, all were 9 year olds, **no suicides among children 8 and under** in 2014)
  - In community samples rates of suicidal ideation among children range from 6% to 15%
- Consequently, even though it is rare it is important to attend to risk factors for childhood suicidality

28

CDC (2016); Ridge Anderson et al. (2016); Soole et al. (2015)

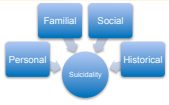
## Suicide Risk Factors: Children


- Personal
  - Psychopathology
    - Depression, ADHD and other disruptive behavior disorders
      - Relative to adults and adolescents lower rates of such
  - Negative emotional states
    - Worthlessness and negative automatic thought processes
  - Hopelessness
    - May be specific to ideation and not behavior
  - Low self-esteem
    - in the context of high depression

29

Ridge Anderson et al. (2016); Soole et al. (2015)

## Suicide Risk Factors: Children




- Personal
  - Strong emotional states
    - Anger, sadness, expectations of loss/abandonment
  - Aggression, Irritability
    - A symptom of depression in children
  - Sleep disturbance
  - Bed-wetting
  - Impulsivity
  - Sensation seeking
  - Somatic complains

30

Ridge Anderson et al. (2016); Soole et al. (2015). NOTE: Gender not a factor until after 11 to 12 years

## Suicide Risk Factors: Children


- Familial
  - Family conflict
    - 22% of hospitalized children with ideation had experienced family conflict in their home prior to hospitalization
    - Discord, divorce
    - Parent-child conflict, poor communication
      - Often a precipitating factor
    - attachment difficulties
  - Parental psychopathology
    - 36.8% of hospitalized children with ideation had a family history of depression

31

Ridge Anderson et al. (2016); Soole et al. (2015)

## Suicide Risk Factors: Children


- Social
  - Suicidal children were more likely to have been bullied than suicidal adolescents
  - Negative peer pressure
  - Perceived or real school performance problems

32

Ridge Anderson et al. (2016); Soole et al. (2015)

## Suicide Risk Factors: Children


- Historical
  - Prior suicide attempts
    - Children who die by suicide are more likely than other children to have previously attempted suicide
  - Prior suicidal thinking
    - More likely to think/dream about death
    - Preoccupation with death significantly correlates with the degree of lethality in subsequent suicidal behavior
  - Prior suicidal behavior within the family
    - "6-fold increased risk for suicide attempt, relative to offspring of non- attempters"
  - Child abuse, neglect, exploitation

33

Soole et al. (2015); Brent et al. (2002, p. 805)

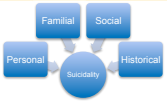
## Suicide Risk Factors: Adolescents

- While childhood might be considered a protective factor, increasing age is associated with increased risk of suicide.
- Suicide is the 2nd leading cause of death among adolescents age13-18 years
  - *N*= **1,669** in 2014
- 2015 YRBS data suggests…
  - **17.7%** of 9-12 graders have thoughts of suicide
    - 13.8% in 2009
  - **14.6%** of 9-12 graders have made a suicide plan
    - 10.9% in 2009
  - **8.6%** of 9-12 graders have attempted suicide
    - 7.3% in 1991
  - **2.8%** of 9-12 graders have made a suicide attempt serious enough to require medical attention
    - 1.7% in 1991

34

CDC (2016); Kann et al. (2016)

## Suicide Risk Factors: Adolescents




- Personal
  - Hopelessness
  - Psychopathology
    - Depression severity
    - PTSD
      - Differentiates attempters from ideators
    - Greater psychological distress increases risk
  - Dissatisfaction with one's weight

35

Bell et al. (2015); du Roscoät et al. (2016); May & Klonsky (2016); Taliafero & Muehlenkamp (2013)

## Suicide Risk Factors: Adolescents

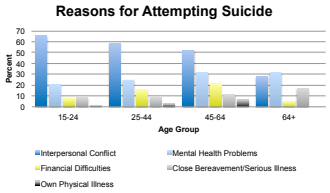

- Familial
  - Quality of the relationship with each parent predicts attempts
    - Conversely parent connected is a protective factor

36

Du Roscoät et al. (2016); Taliaferro & Muehlenkamp (2013)

## Suicide Risk Factors: Adolescents


- Social
  - Interpersonal conflict the most frequent precipitating event
    - Conversely, connectedness to others is a protective factor




Burón et al. (2016); Taliaferro & Muehlenkamp (2013).

37

## Suicide Risk Factors: Adolescents

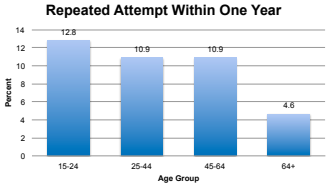

- Social
  - "Compared with adolescents who were not involved in bullying, all pure victims, pure perpetrators and victim- perpetrators had a higher risk of reporting suicidal ideation and attempt. The results indicated that no matter what kind of involvement they have in bullying, adolescents who are involved in bullying are at risk of suicide."
    - Conversely, having caring friends and reporting feeling safe at school are protective factors

Taliaferro & Muehlenkamp (2013); Yen et al. (2015, pp. 445-446)

38

## Suicide Risk Factors: Adolescents


- Historical
  - Prior suicide attempt
    - Violent attempts associated with a clearly elevated risk among males.




Burón et al. (2016); Stenbacka & Jokinen (2015)

39

## Suicide Risk Factors: Adolescents


- Historical
  - Nonsuicidal self injury
    - Differentiates ideators from attempters
  - Prior suicidal behavior among peers and family members
  - Prior substance use
  - Running away from home
  - Sexual abuse

Cwik et al. (2015); Taliafero & Muehlenkamp (2013)

40

## Suicide Risk Factors: Adolescents, Weighing the Risk

Risk Factors Differentiating ***Male*** Adolescents With ***Only Suicide Thoughts*** From Those With ***No Suicidality***

| Rank | Risk Factor | Effect Size |
|---|---|---|
| 1 | Hopelessness | 3.30 |
| 2 | Self Injury | 1.21 |
| 3 | Depressive symptoms | 1.18 |
| 4 | Physical Abuse | 0.34 |
| 4 | Mental health problem | 0.34 |
| 7 | Skipped school because felt unsafe | 0.28 |
| 8 | Alcohol use | 0.24 |

Taliafero & Muehlenkamp (2013)

41

## Suicide Risk Factors: Adolescents, Weighing the Risk

Risk Factors Differentiating ***Female*** Adolescents With ***Only Suicide Thoughts*** From Those With ***No Suicidality***

| Rank | Risk Factor | Effect Size |
|---|---|---|
| 1 | Hopelessness | 3.29 |
| 2 | Self Injury | 1.12 |
| 3 | Depressive symptoms | 0.95 |
| 4 | Perceived over weight/maladaptive dieting | 0.36 |
| 5 | Mental health problem | 0.28 |
| 5 | Ran away from home | 0.28 |
| 5 | Sexual abuse | 0.28 |

Taliafero & Muehlenkamp (2013)

42

## Suicide Risk Factors: Adolescents, Weighing the Risk

Risk Factors Differentiating ***Male*** Adolescents With ***Suicide Attempts*** From Those With ***No Suicidality***

| Rank | Risk Factor | Effect Size |
|---|---|---|
| 1 | Self Injury | 3.72 |
| 2 | Hopelessness | 2.82 |
| 3 | Depressive symptoms | 1.09 |
| 4 | Mental health problem | 095 |
| 5 | Ran away from home | 0.75 |
| 6 | Sexual abuse | 0.51 |

Taliafero & Muehlenkamp (2013)

43

## Suicide Risk Factors: Adolescents, Weighing the Risk

Risk Factors Differentiating ***Female*** Adolescents With ***Suicide Attempts*** From Those With ***No Suicidality***

| Rank | Risk Factor | Effect Size |
|---|---|---|
| 1 | Hopelessness | 3.44 |
| 2 | Self Injury | 2.63 |
| 3 | Mental health problem | 1.00 |
| 4 | Ran away from home | 0.86 |
| 5 | Depressive symptoms | 0.74 |
| 6 | Stress or anxiety | 0.66 |

Taliafero & Muehlenkamp (2013)

44

Suicide Risk Assessment

# WARNING SIGNS

45

## Suicide Warning Signs

- Warning signs are the immediate indicators that a person has suicidal thoughts and may be considering suicide.
  - Signs can include behaviors, verbalizations, emotional states, and/or physical presentations
  - Warning signs in isolation are concerning, but warning signs in constellation, with risk factors and triggering events are a significant concern
- Most people who die by suicide show warning signs, rarely do suicides occur out of the blue.

Erbacher et al. (2015); Suicide Prevention Resource Center (2007)

46

## Suicide Warning Signs

- Imminent Warnings
  - Talking about wanting to kill oneself or having the desire to die
  - Increased feelings of hopelessness, life is meaningless, or having no reason to live
  - Researching methods to commit suicide and/or getting a gun
  - Isolating oneself from social connections such as family and friends
  - Having a detailed plan of how, when and where

Erbacher et al. (2015); Miller (2011)

47

## Suicide Warning Signs

- Verbalizations
  - Direct statements/threats about killing or hurt themselves, e.g.:
    - "I wish I were dead."
    - "I am going end it all."

48

## Suicide Warning Signs

- Verbalizations
  - Indirect/vague statements, e.g.:
    - "You won't have to worry about me anymore."
    - "I want to take a permanent nap."
    - "I wish I could fall asleep and never wake up"
    - "Everybody would be better off if I just weren't around"
    - "I'm not going to bug you much longer"
    - "I hate my life. I hate everyone and everything"
    - "I'm the cause of all of my family's/friend's troubles"
    - "I've tried everything but nothing seems to help"
    - "Nobody can help me"

49

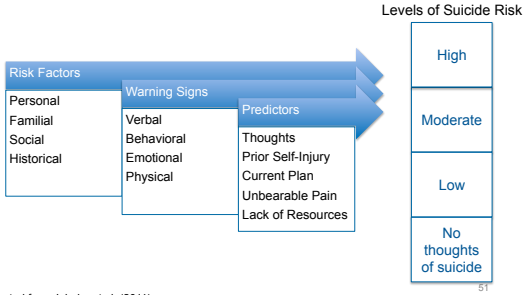
## Suicide Warning Signs

- Common Behavioral, Emotional, and Physical Warning Signs
  - Refusing help and/or believing that there is not help for them
  - Giving away prized possession
  - Withdrawing from activities
  - Aggressive behaviors (e.g., fighting, arguing)
  - Decline in appearance and hygiene
  - Sudden positive change in mood
  - Expressing death/suicide themes in writings and art

Erbacher et al. (2015); Miller (2011)

50

## The Interaction of Risk Factors, Warning Signs, and Predictors in relation to Suicide Risk




Adapted from Juhnke et al. (2011)

51

## Suicide Warning Signs

- A pneumonic to help remember critical warning signs

| IS PATH WARM | |
|---|---|
| I | Ideation (suicidal thoughts) |
| S | Substance abuse |
| | |
| P | Purposelessness |
| A | Anxiety |
| T | Trapped |
| H | Hopelessness |
| | |
| W | Withdrawal |
| A | Anger |
| R | Recklessness |
| M | Mood changes (including unexpected happiness) |

American Association of Suicidology (2016); Juhnke et al. (2007)

52

Suicide Risk Assessment

# KEY ELEMENTS

53

## Suicide Risk Assessment

- Preface
  - Suicidal ideation and behavior is a 24/7 concern
  - Schools resources are not available around the clock
  - Consequently, a school-based suicide risk assessment will ALWAYS involve consultation, collaboration, and activation of 24/7 resources.

54

## Suicide Risk Assessment

- Purpose
  - Is the student suicidal and to what extent?
    - No, Low, Moderate, or High Risk?
  - Connect to interventions and supports that address the needs of the student.
    - Is the situation a psychiatric emergency (i.e., is a 911 call indicated)?
    - How to address immediate and longer term needs?

55

Miller (2011)

## Elements of Suicide Risk Assessment

- The presence of suicide risk factors and warning signs generates the need for a suicide risk assessment.
- Risk assessment begins by identifying the presence of suicidal thoughts
  - If suicidal thoughts are not present, then the suicide risk assessment is complete and other helping models are employed to address the risk factors and warning signs that lead to concern about suicide.

56

## Elements of a Suicide Risk Assessment

- Risk Factors, Warning Signs, and Protective Factors
  - What are the factors and signs that increase or decrease the likelihood of suicide?
- Suicidal Ideation
  - Does the student want to die?
  - Is the student thinking about suicide?
    - Frequency
    - Duration
    - Intensity

57

Erbacher et al. (2015); Miller (2011)

## Suicide Risk Assessment: Ask Questions

- Be direct when asking the "S" question.
  - Sample questions to uncover suicidal thinking:
    - Sometimes, people in your situation (describe the situation) lose hope; I'm wondering if you may have lost hope, too?
    - Have you ever thought things would be better if you were dead?
    - With this much stress (or hopelessness) in your life, have you thought of hurting yourself?
    - Have you ever thought about killing yourself?

58

Suicide Prevention Resource Center (n.d.)

## Suicide Risk Assessment: Ask Questions

- Be direct when asking the "S" question.
  - **BAD**
    - *You're not thinking of hurting yourself, are you?*
  - **Better**
    - *Are you thinking of harming yourself?*
  - **BEST**
    - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*

59

## Elements of a Suicide Risk Assessment

- Sample questions to assess suicidal ideation:
  - When did you begin having suicidal thoughts?
  - Did any event (stressor) precipitate the suicidal thoughts?
  - On a 10 point scale, with 1 being rarely and 10 being all the time, how often do you have thoughts of suicide?
    - How long do these thoughts last?
    - How strong are they?
    - What is the worst they have ever been?
  - What do you do when you have suicidal thoughts?
  - What did you do when they were the strongest ever?

60

Suicide Prevention Resource Center (n.d.)

## Elements of Suicide Risk Assessment

- **Intent** (are there thoughts of suicide?)
  - Expressed and Observed Intent
- **History Self-Injury** (the more significant the history the greater the risk)
  - Prior behavior is the best predictor of future behavior
  - Prior suicide attempts = the greatest risk, but nonsuicidal self-injury is also increases the danger presented by suicidal thoughts
- **Plan** (the greater the planning the greater the risk)
  - How? Is there a plan? Is it specific?
  - How soon? Is there a time frame for suicidal behavior
  - How prepared? Method, means, has the student been preparing?

61

## Elements of Suicide Risk Assessment

- Risk Levels
  - From information collected is the student at No, Low, Moderate, or High Risk for suicide?
    - **No risk** is assigned to the student who does not have suicidal thoughts.
    - **Low risk** is assigned to the student with suicidal thoughts, but who has no plan to engage in a suicidal behavior.
    - **Moderate to high risk** is assigned to the student who has suicidal thoughts and at least some hint of a suicide plan.
    - **The highest risk** is reserved for the student with suicidal thoughts, a history of prior self-injury, who is in unbearable pain that they are desperate to end, and is unable to identify life sustaining resources.

62

Suicide Risk Assessment

## ABSOLUTES

63

## Suicide Risk Assessment: Absolutes

- Must Keep the student safe and supervised
  - Work as a team to assist with the student's safety
    - Monitor, supervise, and escort
  - Don't leave an at risk student alone
    - For any reason
  - Don't allow an at risk student leave the school unattended

64

## Suicide Risk Assessment: Absolutes

- Parent Contact
  - Should be done regardless of the level of risk
    - To inform, educate, and assist with connecting parents and student to appropriate levels of support
      - Lists of resources and outside providers
      - Release of information to facilitate ongoing support within the school
    - Educate and advise regarding the presence of lethal means within the home and the importance of their removal

65

## Suicide Risk Assessment: Absolutes

- Parent Contact
  - Identify who you are and that their child is safe
  - Link to your state legal requirements as part of your justification
  - Discuss the concerns and importance of seeking treatment
  - Assess the parents' intent and willingness to help their child
  - Should not be done if the threat is associated with parental abuse
    - Child protective services
  - Document the contact

66

## Suicide Risk Assessment: Additional Elements

- Documentation of the assessment
  - **MUST BE DONE REGARDLESS OF THE RISK**
  - Record keeping
  - Be aware of local and state requirements
    - How long must the records be maintained?
    - Where must they be stored?

67

## Suicide Risk Assessment: Absolutes

- Follow up intervention/Safety Plan
  - What supports do you need to put into place once the student returns to school?
- Monitoring
  - Once the student returns to school with supports and interventions, how are you going to track safety and progress?
- Information for connecting student and families to outside resources.

68

## Suicide Risk Assessment: Training & Maintenance

- Core Training
  - Assessment Team
  - Document who went through the training and when
- Set up regular refreshers
  - Case studies/tabletops
  - Document who attended and when
- Review Cases for Lessons Learned

69

Suicide Risk Assessment

## MODELS OF RISK ASSESSMENT

70

## Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)
  - **C**urrent plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?
  - **P**ain (unbearable pain = greater risk)
    - How desperate to ease the pain?
      - Person-at-risk's perceptions are key
      - On a 10-point scale (just a little – to – unbearable) how great is the psychic pain?
  - **R**esources (more alone = greater risk)
    - Reasons for living/dying?
      - Can be very idiosyncratic
      - Person-at-risk's perceptions are key

71

Ramsay et al. (2004)

## Suicide Risk Assessment

- While the C-P-R are the variables (++) this model considers to be most predictive, two other factors (that may be historical in nature) are also considered when assessing risk and determining an action plan.
- Predicting Suicidal Behavior (CPR++)
  - (+) Prior Suicidal Behavior?
    - of self (40 times greater risk)
    - of significant others
  - (+) Mental Health Status?
    - history mental illness (especially mood disorders)
    - linkage to mental health care provider

72

Ramsay et al. (2004)

**Suicide Risk Assessment Summary Sheet**

*Instructions: When a student acknowledges having suicidal thoughts, use as a checklist to assess suicide risk. Items are listed in order of importance to the Risk assessment.*

| | | *Risk present, but lower* | *Medium Risk* | *Higher Risk* |
|---|---|---|---|---|
| 1. | Current Suicide Plan<br>A. Details<br>B. How prepared<br>C. How soon<br>D. How (Lethality of method)<br>E. Chance of intervention | ___Vague.<br>___Means not available.<br>___No specific time.<br>___Pills, slash wrists.<br>___Others present most of the time. | ___Some specifics.<br>___Has means close by.<br>___Within a few days or hours.<br>___Drugs/alcohol, car wreck.<br>___Others available if called upon. | ___Well thought out.<br>___Has means in hand.<br>___Immediately.<br>___Gun, hanging, jumping.<br>___No one nearby; isolated. |
| 2. | Pain | ___Pain is bearable.<br>___Wants pain to stop, but not desperate.<br>___Identifies ways to stop the pain. | ___Pain is almost unbearable.<br>___Becoming desperate for relief.<br>___Limited ways to cope with pain. | ___Pain is unbearable.<br>___Desperate for relief from pain.<br>___Will do anything to stop the pain. |
| 3. | Resources | ___Help available; student acknowledges that significant others are concerned and available to help. | ___Family and friends available, but are not perceived by the student to be willing to help. | ___Family and friends are not available and/or are hostile, injurious, exhausted |
| 4. | Prior Suicidal Behavior of…<br>A. Self<br><br>B. Significant Others | ___No prior suicidal behavior.<br><br>___No significant others have engaged in suicidal behavior. | ___One previous low lethality attempt; history of threats.<br>___Significant others have recently attempted suicidal behavior. | ___One of high lethality, or multiple attempts of moderate lethality.<br>___Significant others have recently committed suicide. |
| 5. | Mental Health<br>A. Coping behaviors<br><br>B. Depression<br><br>C. Medical status<br><br>D. Other Psychopathology | ___History of mental illness, but not currently considered mentally ill.<br>___Daily activities continue as usual with little change.<br><br>___Mild; feels slightly down.<br><br>___No significant medical problems.<br><br>___Stable relationships, personality, and school performance. | ___Mentally ill, but currently receiving treatment.<br>___Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork.<br>___Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy.<br>___Acute, but short-term, or psychosomatic illness.<br>___Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality. | ___Mentally ill and not currently receiving treatment.<br>___Gross disturbances in daily functioning.<br><br>___Overwhelmed with hopelessness, sadness, and feelings of helplessness.<br><br>___Chronic debilitating, or acute catastrophic, illness.<br>___Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family, and teacher. |
| 6. | Stress | ___No significant stress. | ___Moderate reaction to loss and environmental changes. | ___Severe reaction to loss or environmental changes. |
| **Total Checks** | | | | |

## Suicide Risk Assessment: Children

| Guideline | Examples |
|---|---|
| 1. Ask about suicidal ideation | *Do things ever get so bad you think about hurting yourself? Have you ever wished you were dead? Have you ever tried to kill yourself?*<br>Ask child to draw a picture of what they think about when<br>they are at their most sad, angry or scared. |

Ridge Anderson et al. (2016, p. 8)

74

## Suicide Risk Assessment: Children

| Guideline | Examples |
|---|---|
| 2. Assess child's developmental understanding of death, including past experiences with death and anticipated outcome of suicide plan | *Can someone return to life after they die? Have you ever known a person or pet who has died? Do you think death is pleasant or unpleasant?*<br>*What do you think will happen when you die?*<br>*If you [describe child's plan, e.g., stab yourself in the stomach], what do you think would happen next?* |

Ridge Anderson et al. (2016, p. 8)

75

## Suicide Risk Assessment: Children

| Guideline | Examples |
|---|---|
| 3. Ask about precipitating event(s) | *What was happening right before you tried to kill yourself? (or, last thought about killing yourself?)*<br>Ask child to draw a picture of what happened. |
| 4. Assess parent attitudes | Do parents/caregivers believe the child is at risk? Are they willing to implement safety plans? |
| 5. Use a multi-method, multi-informant approach | Observe parent-child interactions; observe child's play behavior; ask parents about relevant history and risk factors, to reduce interview burden on child |

Ridge Anderson et al. (2016, p. 8)

76

## Suicide Risk Assessment: Children

| Guideline | Examples |
|---|---|
| 6. Use structured assessment tools to supplement clinical interview | 1. *Suicidal Behavior Questionnaire for Children* (Range & Knott, 1997)<br>2. *Scale for Suicidal Ideation* (Allan, Kashani, Dahlmeier, Taghizadeh, & Reid, 1997)<br>3. *Child Suicide Potential Scales* (Pfeffer, 1986)<br>4. *Child-Adolescent Suicidal Potential Index* (Pfeffer, Jiang, & Kakuma, 2000)<br>*Child Suicide Risk Assessment* (Larzelere, Andersen, & Jorgensen, 2004) |

Ridge Anderson et al. (2016, p. 8)

77

## References


American Association of Suicidology. (2016). *Knowing the warning signs.* Retrieved from http://www.suicidology.org/resources/warning-signs

Bell, S., Russ, T. C., Kivimäki, M., Stamatais, E., & Batty, G. D. (2015). Dose-response association between psychological distress and risk of completed suicide in the general population. *JAMA Psychiatry, 72,* 1254-1256. doi: 10.1001/jamapsychiatry.2015.2107.

Blumenthal, S. J. (1988). Suicide: a guide to risk factors, assessment, and treatment of suicidal patients. *Medical Clinics of North America, 72,* 937-71. doi: 10.1016/S0025-7125(16)30754-4

Brent, D. A., Oquendo, M., Birmaher, B., Greenhill, L., Kolko, D., Stanley, B., . . . Mann, J. (2002). Familial pathways to early-onset suicide attempt: Risk for suicidal behavior in offspring of mood-disordered suicide attempters. *Archives of General Psychiatry, 59,* 801–807. doi: 10.1001/archpsyc.59.9.801

Burón, P., Jimenez-Trevino, L., Saiz, P. A., García-Portilla, M. P., Corcoran, P., Carli, V., … Bobes, J. (2016). Reasons for attempted suicide in Europe: Prevalence, associated factors, and risk repetition. *Archives of Suicide Research, 20,* 45-58. doi: 10.1080/13811118.2015.1004481

Centers for Disease Control and Prevention (CDC). (2016, May 4). *Fatal injury data.* Retrieved from http://www.cdc.gov/injury/wisqars/fatal.html

Centers for Disease Control (CDC). (n.d.). *Promoting individual, family, and community connectedness to prevent suicidal behavior.* Retrieved from http://www.cdc.gov/violenceprevention/pdf/suicide_strategic_direction_full_version-a.pdf.

Cwik, M., Barlow, A., Tingey, L., Goklish, N., Larzelere-Hinton, Craig, M., & Walkup, J. T. (2015). Exploring risk factors with a community sample of American Indian adolescents who attempted suicide. *Archives of Suicide Research, 19,* 172-189. doi: 10.1080/13811118.2015.1004472


78

## References


du Roscoät, E., Legleye, S., Guignard, R., Husky, M., & Beck, F. (2016). Risk factors for suicide attempts and hospitalizations in a sample of 39,542 French adolescents. *Journal of Affective Disorders, 190,* 517-521. doi:10.1016/j.jad.2015.10.049

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). *Suicide in the schools: A practitioner's guide to Mmulti-level prevention, assessment, intervention, and postvention.* New York, NY: Routledge.

Fleischmann, A., Bertolote, J. M., Wasserman, D., De Leo, D., Bolhari, J., Botega, N. J., … Thanh, H. T. T. (( 2008). Effectiveness of brief intervention and contact for suicide attempters: A randomized controlled trial in five countries. *Bulletin of the World Health Organization, 86*, 703-709. Retrieved from http://www.who.int/bulletin/volumes/86/9/07-046995.pdf

Kann L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Hawkins, J., … Zaza, S. (2016). Youth risk behavior surveillance – United States, 2015. *Morbidity and Mortality Weekly Report, 659*(6), 1-174. Retrieved from http://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Juhnke, G. A., Granello, D. H., & Granelloe, P. F. (2011). *Suicide, self Injury, and violence in the schools: Assessment, prevention, and intervention strategies.* Hoboken, NJ: Wiley.

Juhnke, G. A., Granello, P. F., & Lebrón-Striker, M.A. (2007). *IS PATH WARM? A suicide assessment mnemonic for counselors*(ACAPCD-03). Alexandria, VA: American Counseling Association.

Johnson, R. M., Miller, M., Vriniotis, M., Azrael, D., & Hemenway, D. (2006). Are household firearms stored less safely in homes with adolescents? *Archives of Pediatric & Adolescent Medicine, 160,* 788-792. doi: 10.1001/archpedi.160.8.788.

Loudoun County Public Schools Office of Diagnostic and Prevention Services. (2015, August). *Suicide prevention procedures.* Ashburn, VA: Author.


79

## References


May, A. M., & Klonsky, E. D. (2016). What distinguishes suicide attempters from suicide ideators? A meta-analysis of potential factors. *Clinical Psychology: Science and Practice, 23,* 5-20. doi: 10.1111/cpsp.12136

McAuliffe, C., Corcoran, P., Keeley, H. S., Arensman, E., Bille-Brahe, U., de Leo, D., … Wasserman, D. (2006). Problem solving ability and repetition of deliberate self-harm: A multicentre study. *Psychological Medicine, 36,* 45-55. doi: 10.1017/S0033291705005945

Miller, D. N. (2011). *Child and adolescent suicidal behavior: School-based prevention, assessment, and intervention.* New York, NY: Guilford Press

Pfeffer, C. R. (1997). Childhood suicidal behaviour: A developmental perspective. *Psychiatric Clinics of North America, 20,* 551–562. doi: 10.1016/S0193-953X(05)70329-4

Ramssay, R. F., Tanney, B. L., Lang, W. A., & Kinzel, T. (2004). *Suicide intervention handbook* (10th ed.). Calgary, AB: LivingWorks.

Reed, J. (2016, September 2). Changing the Conversation. Retrieved from Suicide Prevetion Resource Center: http://www.sprc.org/news/changing-conversation

Ridge Anderson, A. R., Keyes, G. M., & Jobes, D. A. (2016). Understanding and treating suicidal risk in young children. *Practice Innovations, 1*(1), 3-19. doi: 10.1037/pri0000018

Shaffer, D., Gould, M. S., Fisher, P., Trautman, P., Moreau, D., Kleinman, K., & Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry, 53,* 339–348. doi: 10.1001/archpsyc.1996.01830040075012

Soole, R., Kölves, K., & De Leo, D. (2015). Suicide in children: A systematic review. *Archives of Suicide Research, 19,* 285-304. doi: 10.1080/13811118.2014.996694


80

## References


Stenbacka, M., & Jokinen, J. (2015). Violent and non-violent methods of attempted and completed suicide in Swedish young men: The role of early risk factors. *BMC Psychiatry, 15,* 2-9. doi: 10.1186/s12888-015-0570-2

Suicide Prevention Resource Center. (n.d.). *Module 4 - Suicide risk assessment.* Retrieved from http://www.sprc.org/sites/default/files/PrimerModule4.pdf

Taliaferro, L. A., & Muehlenkamp, J. J. (2013). Risk and protective factors that distinguish adolescents who attempt suicide from those who only consider suicide in the past year. *Suicide and Life-Threatening Behavior, 44,* 6-22. doi: 10.1111/sltb.12046

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012, September). *National strategy for suicide prevention: Goals and objectives for action.* Washington, DC: U.S. Department of Heath and Human Services. Retrieved from http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full-report.pdf

U.S. Public Health Service. (1999). *The Surgeon General's call to action to prevent suicide.* Washington, DC: U.S. Department of Health and Human Services. Retrieved from http://www.sprc.org/sites/sprc.org/files/library/surgeoncall.pdf

Yen, C., Liu, T., Yang, P., & Hu, H. (2015). Risk and protective factors of suicidal ideation and attempt among adolescents with different types of school bullying involvement. *Archives of Suicide Research, 19,* 435-452. doi: 10.1080/13811118.2015.1004490


81