Welcome to RoseEd Academy

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Disclaimer
• This module has been written and designed to help Rosecrance clinicians in the assessment and treatment of potentially suicidal patients. It is not intended to replace clinical judgment. It is a tool that can be helpful in making sometimes difficult clinical decisions. However, ultimately it is the clinician’s responsibility to use their own best judgment.

Learning Objectives
By the end of the training module, the participant should be able to...
- …List protective factors for suicide
- …describe the six steps to suicide evaluation and intervention at Rosecrance
- …explain how to assess a patient who has suicidal thoughts
- …describe the utility of a standardized measurement tool for suicidal thought
- …know the differences in presentation and intervention for patients with varying risk for suicide

Prerequisites
• This training module for suicide assessment and intervention at Rosecrance is designed to be built upon information already learned in the six modules of the Samhsa suicide educational program located at: http://pathwayscourses.samhsa.gov/suicide/suicide_intro_pg1.htm. Please complete this course before completing this training.

Suggested RoseEd Additional Resources
• Suicide Part A: Adolescent Suicide
• Suicide Part B: Elderly Suicide
• Suicide Part C: Manipulative Suicide Threats
• RoseEd: Suicide and Substance Use Disorders
Your completed previous training consisted of six categories:

- The Nature and Scope of Suicide
- Recognizing the Progressive Development of Suicide
- Substance abuse as a major contributor to suicide
- Suicide across the lifespan
- Special Populations and Suicide Risk
- Prevention and early Intervention for suicide and substance abuse problems

Things you should already know

- The connection between suicide and substance abuse
- Warning signs of potential suicide attempt
- Difference between ideation, planning, attempt, and completion
- Multiple dimensions of suicide
- Protective Factors for suicide

Things about Protective Factors you should already know

- Good social support
- Good coping skills
- Access to mental health treatment
- Decreases stigma
- Strong community and family connections
- Supportive medical relationships
- Conflict resolutions skills
- Problem solving skills
- Social/Religious belief discouraging suicide

Clinical Pearl

- Assessment and treatment is an ongoing and dynamic process. Once an individual has been identified as “at risk,” a plan needs to be in place to monitor that risk and response to treatment. It is beyond the scope of this training to say exactly how often this should happen. However, it should be ongoing and responsive to patients needs and presentation.

Rosecrance Suicide Evaluation (TASA II)

- Triggers to Assess
- Assessment Interview
- Standardized Measures (SIQ/ASIQ)
- Assessment Risk Determination
- Interventions
- Individualized Program Response

Triggers to Screen

- All patients or potential patients at introductory interviews should minimally be asked about current or previous thoughts of self-harm or suicide.
  “Do you, or have you ever had thoughts about wishing you were dead, harming yourself, or killing yourself?”
Triggers to Assess

- "Positive" answer to screening question
- Previous history of thoughts or attempts – no matter how distant
- Excessive thoughts of death
- Family history of suicide
- Peers/Family concerns about self-harm
- Current Depression or Anxiety
- Loss of hopefulness

Assessment – Thought Content

- Thought Content assessment should be part of every mental status. The basic elements of Thought Content include the concepts of
  - Suicidality
  - Homicidality
  - Hallucinations
  - Delusions
  - Obsessions/Compulsions
  - Ideas of Reference (covert messages, etc)

Suicidal Thoughts – Questions to Ask:

- Have you ever or are you currently thinking of hurting or even killing yourself?
- Do you now, or have you ever had chronic thoughts of death or dying you can’t seem to stop?
- If you do have thoughts of hurting or killing yourself, have you thought of a plan(s)?
- If you have a plan, do you believe you intend to carry this plan out?
- For any of these questions, do you feel like you could tell me if any were true?

Assessment – Past History

- Any patient who answers positively to any of the suicidal questions should be asked about past history to include:
  - Past thoughts of suicide – including time, treatment, and precipitating events
  - Past Attempts – including time, Treatment, and precipitating events
  - Past attempts or completions by family members or close friends

Suicide Assessment – Current Treatment

- All patients with current suicidal thoughts should be asked about current treatment and whether it has been found helpful or worsens symptoms. These might include:
  - Medication (name, dose, and duration)
  - Psychotherapy
  - Inpatient Admissions
  - Systems involvement

Additional Assessment Features

- Presence or absence of protective factors
- Acute intoxication and with what
- Co-morbid higher risk psychiatric disorder
- Availability of Means
- Barriers to attempting Suicide
Standardized Measure – SIQ/ASIQ

• Suicidal Ideation Questionnaire (SIQ; Reynolds, 1987)
  – Designed for Adolescents and Young Adults
  – 30 Question Self-Report Measure of Suicidal Ideation
• Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991b)
  – Designed for Adults
  – 25 Question Self-Report Measure of Suicidal Ideation
• Very good reliability and validity
• Should be used by trained professionals
• Only one aspect of suicidal assessment
• Interpretation of scores requires training

SIQ Form

SIQ Administration

• Introduce as questionnaire as thoughts about him/herself – not “suicide questionnaire”
• Inform that there are no right or wrong answers
• Demographic items not necessary
• Score range is 0-6 for each item
  – 0 – “I never had this thought”
  – 6 – “Almost every day”

SIQ Interpretation

• Raw Scores possible from 0-180
• SIQ is continuous score measure
• Raw score of 41 is considered clinical “cutoff score” requiring further response
• This cutoff based on 90th percentile for raw scores

SIQ – Critical Items

• Items 2, 3, 4, 7, 8, 9, 13, 18
• Identified because of their “potency” for destructive behavior
• Include specific to actual thoughts and plans for suicide
• Should always be reviewed even if cutoff not met
**ASIQ Form (Adults)**

**ASIQ Score Sheet (with CI)**

**ASIQ Administration**
- Introduce questionnaire designed to assess thoughts about his/her life
- Inform that there are no right or wrong answers
- Demographic items not necessary
- Tear off top stub to reveal scoring key
- Each item rated 0-6
- Add up total for total score
- If scores 5 or better on one of the CI, then indicate with an “X”

**ASIQ Interpretation**
- Raw Scores possible from 0-150
- ASIQ is a continuous score measure
- Raw score of 31 is considered a clinical “cutoff score” requiring further response
- This cutoff is based on the 97th percentile for raw scores

**ASIQ – Critical Items (CI)**
1. I thought about Killing myself
2. I thought about how I would kill myself
3. I thought about when I would kill myself
4. I thought about what to write in a suicide note
5. I thought that if I had the chance I would kill myself
15. I thought that if I had the chance I would kill myself
25. I thought that if things did not get better I would kill myself

**SIQ/ASIQ – How frequent**
- Clinical Decision
- Not so often that becomes annoying
- May want to wait until some clinical changes evident
Risk Determination

- Minimal
- Low
- Moderate
- High
- Imminent

### Minimal Risk

- **Thought Content**
  - No positive responses to any suicide questions
- **Past History**
  - No previous self, family, or close friend history of attempt
- **Means**
  - No means available, or means restriction completed
- **Standardized Measure (SIQ/ASIQ)**
  - No indication
- **Protective Factors**
  - Several protective factors available
- **Co-occurring Disorders**
  - No mood or anxiety disorder, and not acutely intoxicated
- **Current Treatment**
  - Patient and family willing to or is engaged in quality treatment with providers pt feels connected to

### Low Risk

- **Thought Content**
  - Positive response to thoughts in the past, some current
  - Never had plan or intent
- **Past History**
  - No previous self, family, or close friend history of attempt
- **Means**
  - No means available, or means restriction completed
- **Standardized Measure (SIQ/ASIQ)**
  - SIQ <10; ASIQ <10
  - No Critical Items (CI's)
- **Protective Factors**
  - Several protective factors available
- **Co-occurring Disorders**
  - Either no mood or anxiety disorder, or one present and currently not symptomatic. Patient not acutely intoxicated
- **Current Treatment**
  - Patient and family willing to or is engaged in quality treatment with providers she feels connected to

### Moderate Risk

- **Thought Content**
  - Has current thoughts and sometimes thinks of a plan
  - Denies intent
- **Past History**
  - Previous self, family, or close friend history of attempt
- **Means**
  - No means available, or means restriction completed. Or, if not put into treatment might have means available
- **Standardized Measure (SIQ/ASIQ)**
  - Indicated to do: SIQ >35; ASIQ >25; Positive Answer to any CI's
- **Protective Factors**
  - Few or Some protective factors available
- **Co-occurring Disorders**
  - Current mood or anxiety disorder with some symptoms, may or may not be acutely intoxicated
- **Current Treatment**
  - Some potential engagement with quality psychiatric and substance abuse treatment providers but sporadic about compliance

### High Risk

- **Thought Content**
  - Patient has thoughts, plans, and voices some intent (alternatively, cannot reassure for own safety)
- **Past History**
  - Previous self, family, or close friend history of attempt
- **Means**
  - Means available if no intervention and no ability to restrict these means
- **Standardized Measure (SIQ/ASIQ)**
  - SIQ >40; ASIQ >50. One or more CI's
- **Protective Factors**
  - Perhaps few protective factors available
- **Co-occurring Disorders**
  - Symptomatic mood or anxiety disorder, and likely to be acutely intoxicated
- **Current Treatment**
  - Little self-motivation and engagement in treatment. Primarily externally motivated

### Imminent Risk

- **Thought Content**
  - Patient initiated positive response to thought, plan, and intent
- **Past History**
  - Previous self, family, or close friend history of attempt, especially within past month
- **Means**
  - Has means immediately available
- **Standardized Measure (SIQ/ASIQ)**
  - Indication to do: May be no need to administer– rather transport
- **Protective Factors**
  - Few protective factors available
- **Co-occurring Disorders**
  - Acute mood, psychotic or anxiety disorder, and acutely intoxicated
- **Current Treatment**
  - No known other providers
Interventions - Safety

• Setting
  – Consider inpatient assessment
  – Consider S.A. or S.P. precautions

• Acute management
  – Restraints if imminent
  – Safety Contract
  – S.A. or S.P.

• Co-occurring management
  – Emergent psych assessment

• Psychotherapy
  – Immediate problem solving

Interventions - Treatment

• Setting
  – Consider outpatient

• Management
  – Parents or Natural support to monitor
  – Frequent Check-ins
  – Safety Contract

• Co-occurring Management
  – Diagnosis and treat

Interventions – Treatment Cont’d

• Psychotherapy
  – Managing response to triggers
  – Coping Skills
  – Develop Problem solving skills
  – Build and improve therapeutic relationship
  – Scaling and re-framing

Interventions – Treatment Cont’d

• Medication
  – Consider whether Suicidal thoughts “black Box” issue
  – FDA recommended in 2007 that the warning be extended to young adults up to age 24.

Case Study for Post Test

A new patient, 27 y.o. woman, comes to the health center and in addition to her diagnosis of opiate dependency, you find the following mental health findings: She has a history of being treated for depression in the past. This treatment included medication as well as psychotherapy. In this treatment she has also addressed some issues of trauma in her childhood. She has not been on medications since she started her daily use of opiates, but was on zoloft in the past which she describes as helpful. Currently she reports symptoms consistent with a diagnosis of major depression and PTSD. When question about her thought content, she reports that she has a history of suicidal attempts in the past – including two overdoses. Her most recent attempt was two weeks ago. She says she isn’t thinking about that now, but says, “If I did want to do it, I’d find a way to overdose again.” She says that she knows how to do this now since a friend had recently committed suicide and that is how he did it. She says that some of the things that have kept her from completing a suicide in the past is that she knows it would cause pain on her family. She also has a history of absences from work both because of drug related behaviors and has not paid her rent in two months. She completes the ASIQ and scores 107 (see Case Study ASIQ attached to this course). What might your treatment plan for this patient include?“
You have reached the end of the slides. Please

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