MENTAL HEALTH ASSESSMENT & MANAGEMENT OF SUICIDAL CLIENTS

OUTLINE

- Understanding Suicide
- Assessment & Management Model
- Treatment
- Counselor Variables
- Coping & Self-Care
- Resources

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Suicide is complex with no one cause or reason
- Not predictable
- Most people do not want to die but want relief from intense pain
- Ambivalence is always present until completion
- Culture will influence potential for suicide, disclosure and assessment
- Suicide is an interpersonal issue
- Some interventions that work for adults are less effective with adolescents

UNDERSTANDING SUICIDE

ASSESSMENT & MANAGEMENT MODEL
RISK & PROTECTIVE FACTORS

WARNING SIGNS

- Intense feelings of:
  - Hopelessness
  - Powerlessness
  - Helplessness
  - Exhaustion

- Loss of purpose or meaning

- Mood changes

- Amazing reversal

- Giving away possessions

- Preparation rituals

- Verbalization of suicidal ideation and intent

- Gathering method

- Practicing
RISK ASSESSMENT

Suicide Ideation
- Situation
- Passive to active
- Frequency
- Duration
- Intensity

Suicide Plan
- Suicide plan
- Lethality of method
- Access to method
- Proximity to rescue
- INTENT
- practice attempts

ASSESSMENT TOOLS


Adults
- Beck Hopelessness Scale
- Beck Depression Scale
- Scale for Suicide Ideation
- Suicide Ideation Scale
- Reasons for Living Inventory
- Suicide Behavior Questionnaire
- Depression Symptom Inventory – Suicidality Subscale
- Psychological Pain Assessment Scale
- Life Attitudes Scale
- Suicide Assessment Checklist
- Suicide Status Form
- MMPI critical items

Children & Adolescents
- Inventory of Suicide Orientation – 30
- Suicide Probability Scale
- Suicidal Ideation Questionnaire
- Child–Adolescent Suicidal Potential Index
- Multi-Attitude Suicide Tendency Scale
- Juvenile Suicide Assessment
- Reasons for Living Inventory for Adolescents
<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Management Plan</th>
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<tbody>
<tr>
<td>None</td>
<td>Safety plan</td>
</tr>
<tr>
<td>Low</td>
<td>Outpatient</td>
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<tr>
<td>Moderate</td>
<td>Intensive outpatient</td>
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<tr>
<td>High</td>
<td>Partial hospitalization</td>
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<tr>
<td>immediate</td>
<td>Inpatient hospitalization</td>
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<td></td>
<td>Deal breakers:</td>
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<td>Ambivalence toward safety plan</td>
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<td>Unwilling to limit access to plan</td>
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**TREATMENT**

- Empathize with suicide as an option
- Explore suicidal wishes
- Acknowledged impact of stigma
- Exploring suicidal fantasies
- Discuss alternative options
- Interpersonal interventions
- Motivational interviewing
- Dialectical Behavior Therapy
- Cognitive Behavioral Therapy
- Group Therapy
- Psychopharmacology
## COUNSELOR VARIABLES

- Anxiety & Distress
  - Competence
  - Liability
  - Death
- Attitudes toward suicide
- Previous experiences with suicidal clients
- Personal experiences with suicide
- Stigma
- Training in suicide prevention and treatment

## COPING & SELF-CARE

- Supervision
- Maintain boundaries
- Anxiety reduction & distress tolerance
- Purpose and meaning
- Seek positive experiences
- Know limitations
- Seek more training opportunities

**How do you cope?**
QUESTIONS & RESPONSES

- Resources
  - American Association of Suicidology
  - Suicide Prevention Resource Center
  - American Foundation for Suicide Prevention
  - National Lifeline (1-800-273-TALK)

THANK YOU!