

Risk Assessment: suicide and violence

**Resource Center Training
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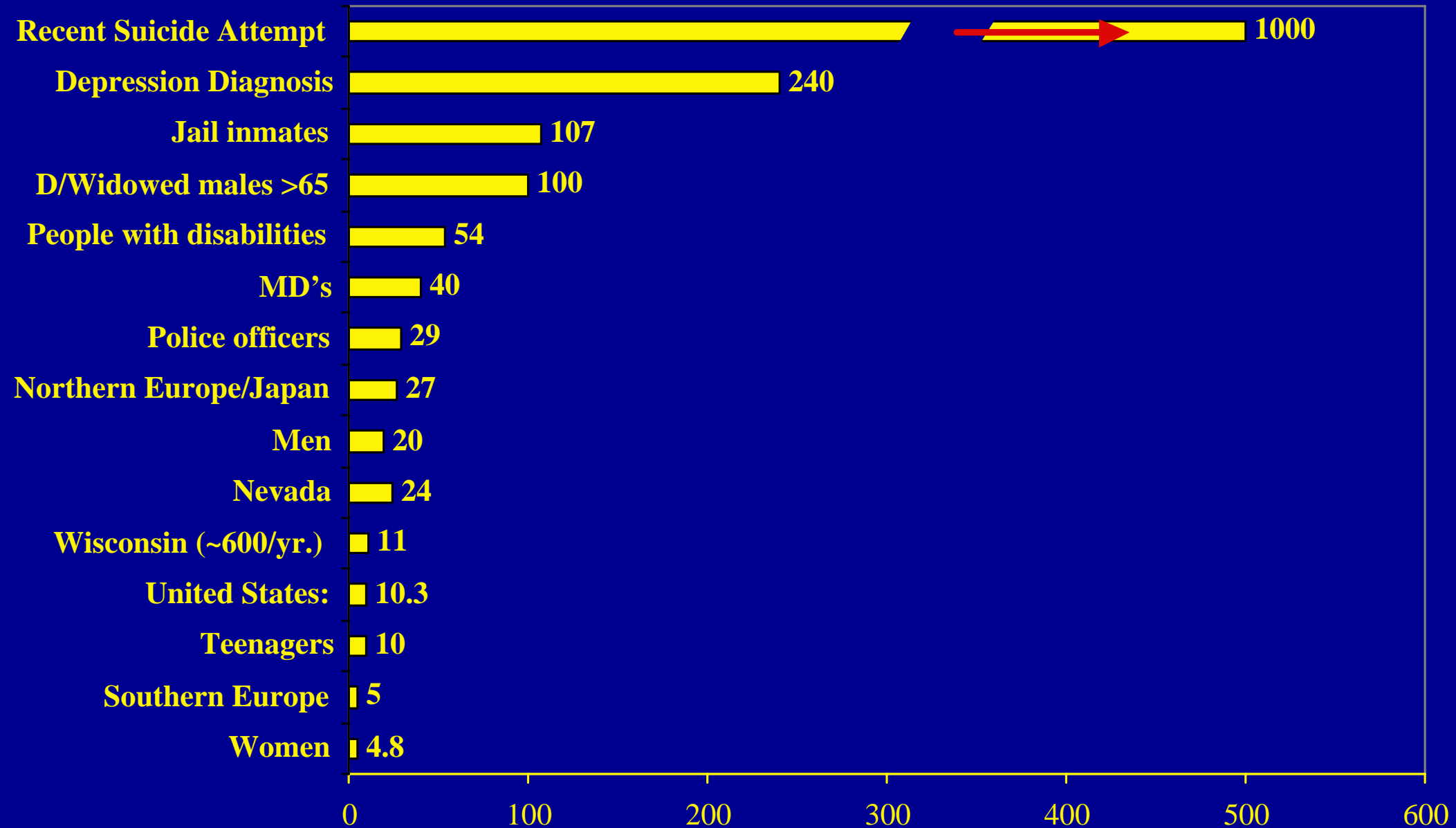
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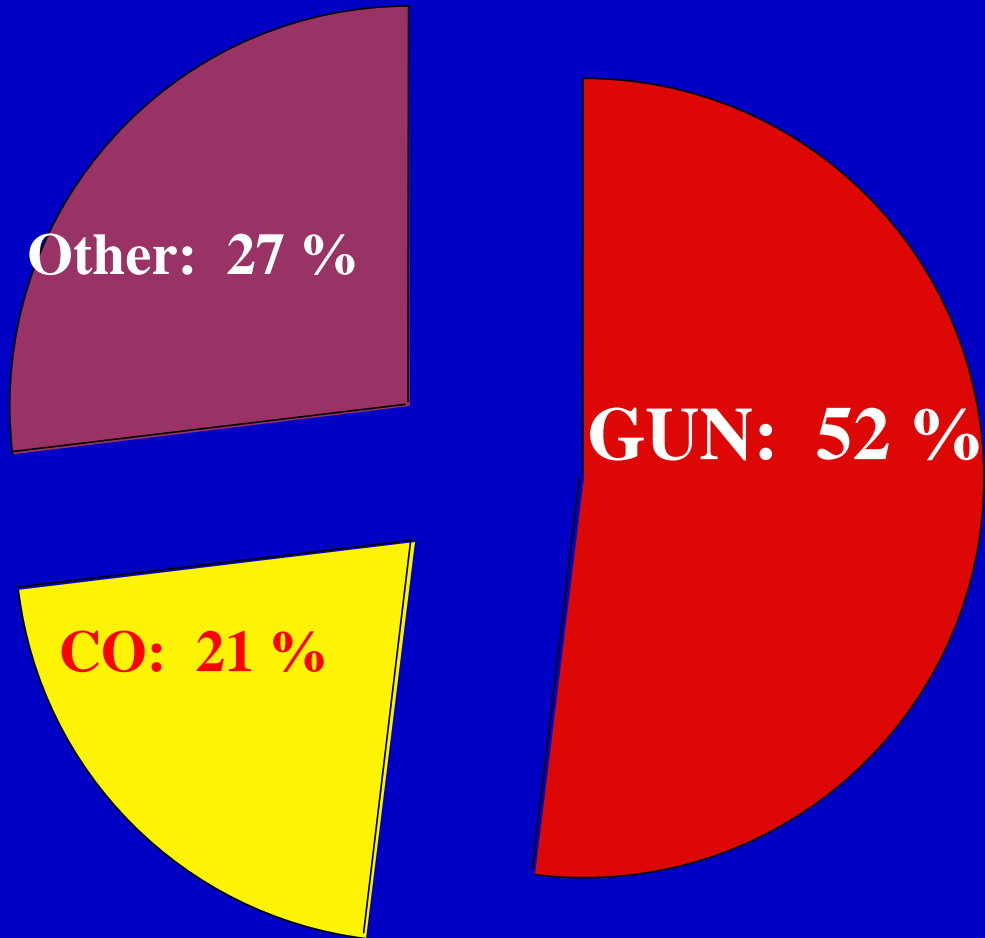
U.S. Suicide Statistics:

- **30,000 /yr, 81 people a day**
- **8th leading cause of death**
- **More people kill themselves than are murdered**
- **15-24 year olds most likely to suicide and > 65 y.o.**

Suicide per 10,000 Population



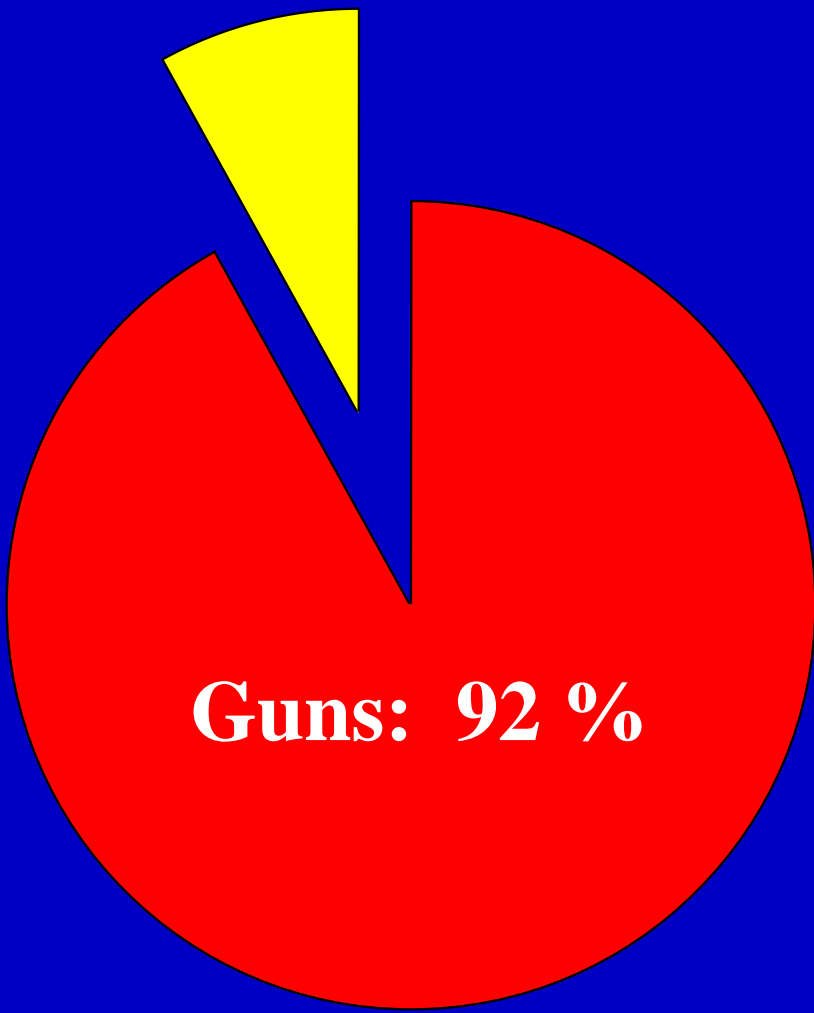
Wisconsin statistics: How people kill themselves



**Men 5 x more likely
to suicide than
women**

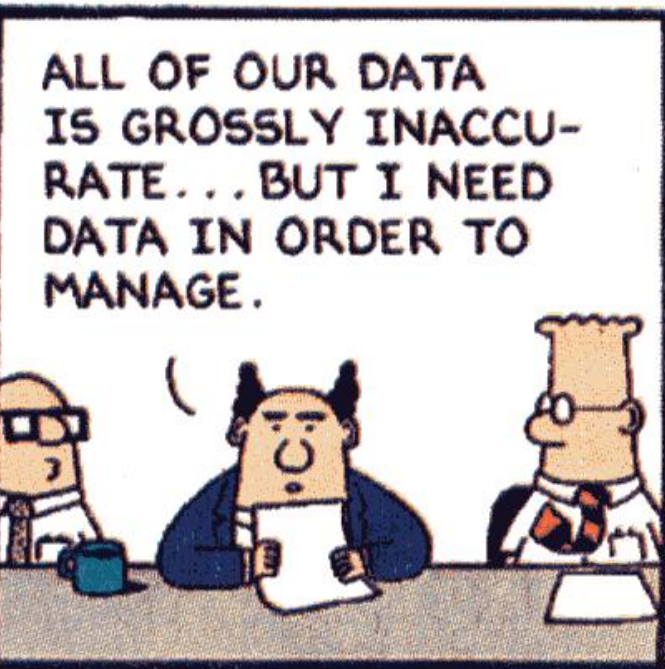
**Whites 2 x more
likely than people of
color**

Wisconsin Statistics: How Adolescents Kill Themselves:



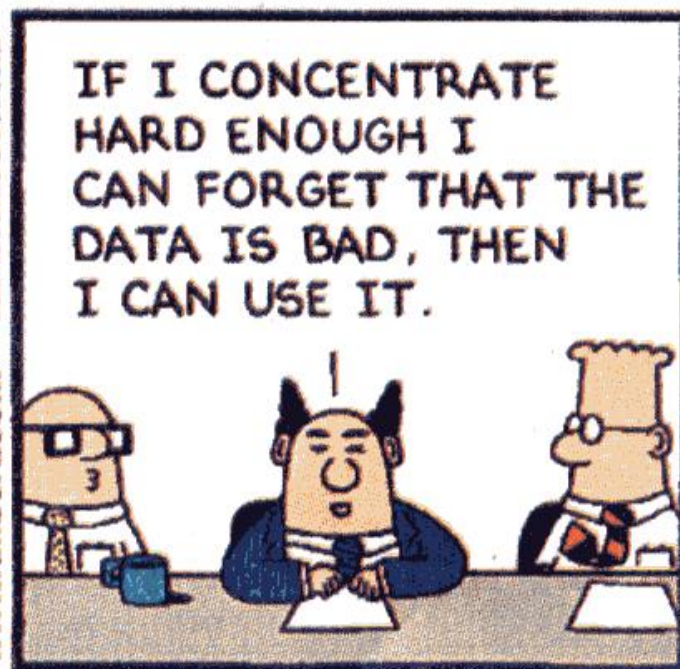
Problem:

- **How to predict very short term risk—**
- **How to predict longer term risk**
- **What can you do to decrease both short term and long term risk**



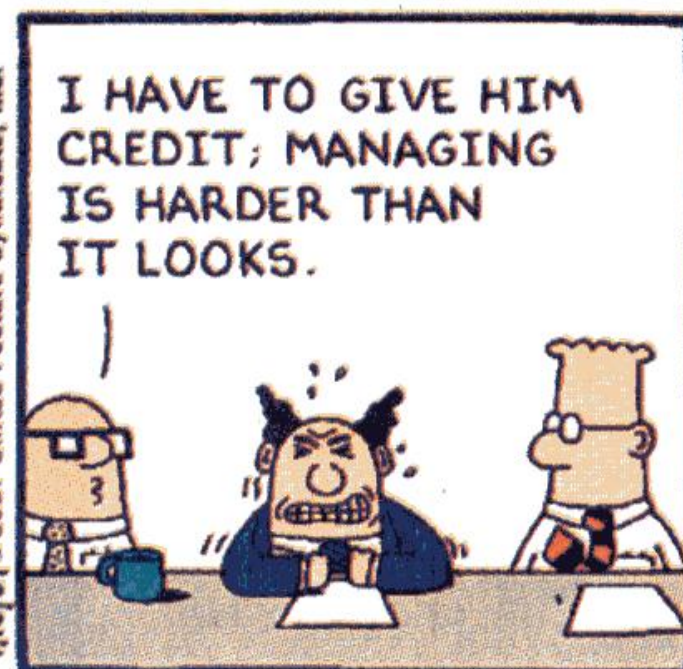
ALL OF OUR DATA IS GROSSLY INACCURATE... BUT I NEED DATA IN ORDER TO MANAGE.

www.dilbert.com scottadams@aol.com



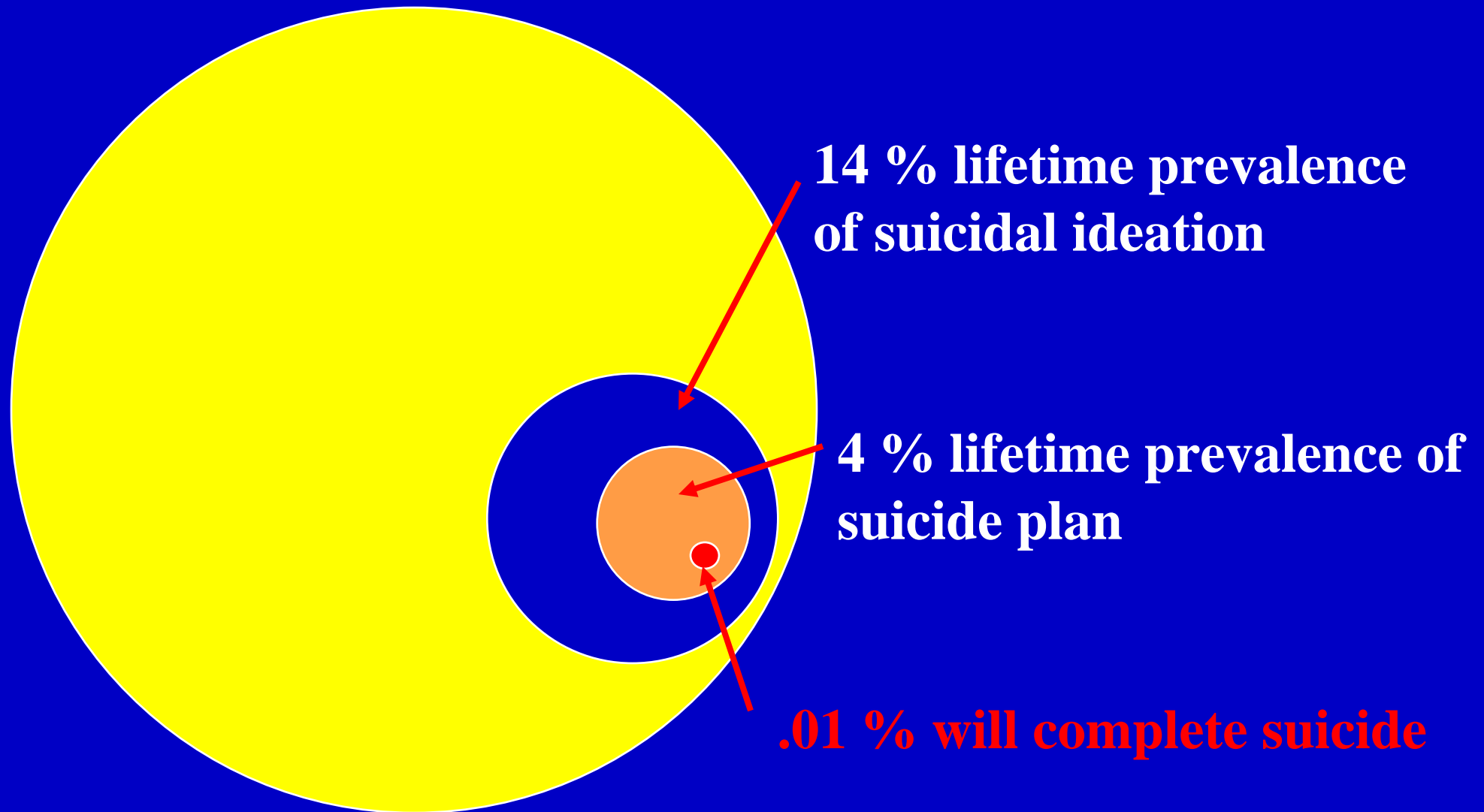
IF I CONCENTRATE HARD ENOUGH I CAN FORGET THAT THE DATA IS BAD, THEN I CAN USE IT.

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I HAVE TO GIVE HIM CREDIT; MANAGING IS HARDER THAN IT LOOKS.

Suicide ideation, and even suicide attempts are fairly common



Problem of predicting low base rate behavior

- 10 % of suicide attemptors die of suicide
- 1% die in the year after this attempt
- **Ex.** problem of assessing chest pain if there were no EKG or cardiac enzymes: still have data from history and clinical exam
 - mistakes of false inclusion and false exclusion are inevitable
- **ERGO:** you cannot always predict, or always keep the patient safe

Suicide attempt:

ANY self harm attempt from someone expressing the intent to kill themselves

para-suicide (rather than suicide gesture) non-lethal suicide attempt

Vs

Self harm attempt for some other reason

Risk/Rescue Scales

Risk factors do not predict suicide, they give information about the potential for suicide

- **Best predictor is past history of suicide attempt**
 - **intent to die**
 - **plan in mind**
 - **available lethal means**
- **What is this person's risk of suicide?**
- **What is helping to keep this person alive?**



"I need a card that expresses my innermost feelings for under three bucks!"

Be alert for the potentially suicidal patient

- **Consider which patients may be depressed.**
- **Be alert for nonverbal feelings of hopelessness and despair.**
- **Ask about suicide directly.**
- **Feelings of wanting to hurt oneself are different from feelings of wanting to kill oneself--ask about each separately**

Many Mental Health Illness Associated with Suicide

- **Depression**
- **Bipolar**
- **Schizophrenia**
- **Panic**
- **Borderline Personality Disorder**
- **Substance Abuse**

Suicide Assessment

- 1. Assessment of suicidal ideation and intent**
- 2. Assessment of strengths and supports**
- 3. Assessment of statistical risk factors**



- 4. Clinical intervention/crisis intervention**

General considerations in crisis intervention:

- Be interested in any recent change
- Be active
- Get a DETAILED story of what happened when
 - helps organize the sense of chaos
 - Provides critical information
- Ask about any gaps in the chronology
- What kept the person from killing him/herself
 - How was the person rescued?

Do not dismiss suicidal feelings with casual reassurance.

- **Give the patient a chance to talk about both wanting to die and wanting to live, before helping the patient decide to live.**
- **Do not let patients become carried away with apologetic, remorseful or self-punitive behavior about their suicidal feelings.**

Assessment Techniques:

Shawn Shea 1998

- **Behavioral Incident: ask for specific behavior, details or trains of thought**
 - When did you buy the pills?
 - Were you thinking of killing yourself when you bought them?
 - What did you do after you bought them?
 - When did you take them?
 - What happened then?

Assessment Techniques:

Shawn Shea 1998

- **Gentle Assumption: assumes the behavior is occurring**
 - What other ways have thought about killing yourself
 - What other street drugs are you using?
 - How many jobs have you been fired from?

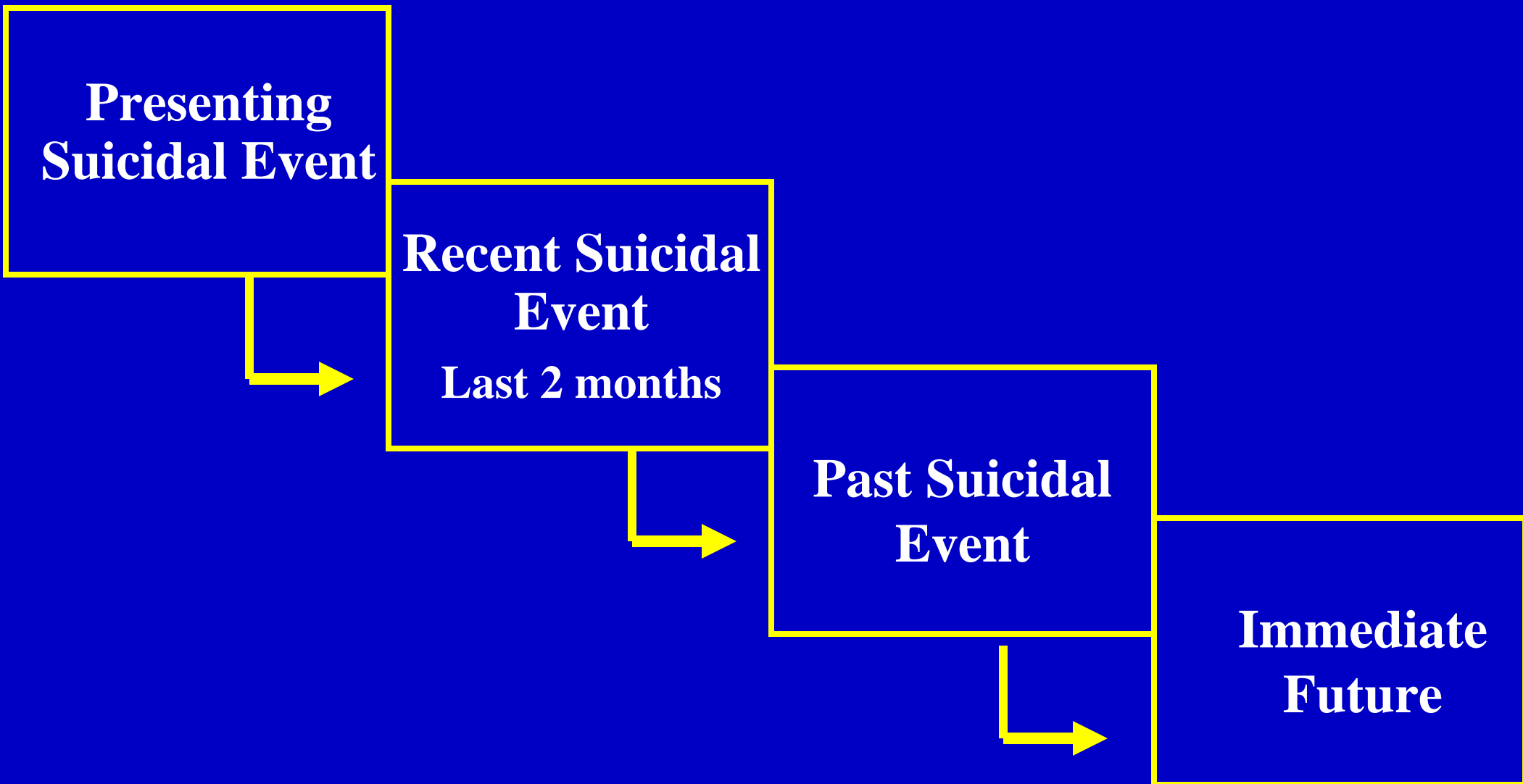
Assessment Techniques:

Shawn Shea 1998

- **Denial of the Specific: gently assume a specific behavior in the question**
 - Have you thought about shooting yourself?
 - Have you tried cocaine?
 - Have you been arrested?
 - Have you ever had an OWI?

CASE: Chronological Assessment of Suicidal Events

Shawn Shea 1998



1. Presenting Suicidal Event (and ideation)

Why now? What was the final straw?

- **Specifics of plan, what, when, how**
- **Risk-rating: lethality, discoverability**
- **Action taken**
- **Alcohol, substance use, impulsivity**
- **Degree of hopelessness**
- **What stopped patient/how were they found**
- **Attitude now of being found/alive**

Adapted from Shawn Shea 1998

Evaluate current suicidal ideation (cont)

- **Ask about preparations for death --**
 - **suicide note, giving away of possessions, etc.**
- **There is a small slip between "gesture" and death.**
- **The more specific and detailed the plan, the more available and lethal the method, the higher the risk.**

How does suicide fit into the patients life

- **Suicide commonly involves another person**
 - **What would the suicide mean, and to whom.**
 - **Consider both real and fantasized consequences.**
- **Is the patient's account consistent?**
 - **Look for gaps and ambivalence.**
 - **What assumptions is the patient making?**

2. Recent Events (2 months)

- **Detailed investigation of behavioral chronology**
 - **What happened when, then what, then what**
 - **Use gentle assumption and denial of specific**
 - **Consider frequency, duration, intensity**

Adapted from Shawn Shea 1998

3. Past Events

- **Past attempts and periods of suicidal ideation**
 - **Most serious attempts**
 - **Most recent attempts**
 - **Number/pattern of attempts**

Adapted from Shawn Shea 1998

History of previous suicide

- **Context of previous attempts may predict context of future attempts**
- **A history of previous attempts increases the risk of both future attempts, and the risk of a successful suicide.**
- **Consider history of "sub-intentioned" suicide attempts (i.e. single person car accident, etc).**
- **Consider the history of other kinds of impulsive behavior.**

4. Immediate Future Events: What's Next

- **What is happening NOW**
- **Current intention**
- **Assessment of Hopelessness**
- **Supports/strengths**
 - **Role of “safety contracts”**
 - » **Limitations**
 - » **Use of contracts as assessment, part of relationship**

Sad Person scale (Patterson et al. 1983)

- **Sex**
- **Age**
- **Depression**

- **Previous Attempt**
- **Ethanol abuse**
- **Rational thought loss**
- **Social Support Lacking**
- **Organized Plan**
- **No spouse**
- **Sickness**

Assess for psychiatric illness: Disorder

- **Personality disorder**
- **Schizophrenia**
- **Depression and bipolar disorder**
- **Anxiety disorder, especially panic**
- **Substance use disorder**
- **Chronic crises, chaotic lifestyles that continues for years, always on the brink of suicide.**



"I try to keep my coffee buzz going till the Martini buzz kicks in."

Alcohol and Drug Abuse

Cage Questions:

- Have you ever felt the need to **Cut down** on drinking?
- Have you ever felt **Annoyed** by criticisms of drinking?
- Have you ever had **Guilty** feelings about drinking?
- Have you ever taken a morning **Eye opener**?

Consider What other people should be involved

- **Always with the patient's knowledge, and usually with patient's consent.**
 - may be a critical source of information as well as part of the treatment plan.**
 - **Assess whether involvement of a current or previous therapist would be feasible and/or useful.**
 - **Avoid "pseudo-confidentiality."**
- **Evaluate whether the patient willing to accept such help?**

Evaluation of Suicide Risk: Demographic Factors

1. History of previous attempts:

- **20-60% of successful suicides have tried before;**
- **Those who have made previous attempts are more likely to succeed;**
- **Second attempts commonly come within three months of first attempt.**

Long term follow up of people who make a suicide attempt

- **Long term follow up of 100 consecutive clients in Finland, 37 year follow up**
- **13 % of patients eventually completed suicide**
 - **26 % men, 8 % of women**
 - **19% if “accidents” were included**
 - **2/3 occurred more than 15 years after initial attempt**

Suominen et al, Am J of Psychiatry Mar 2004

Evaluation of Suicide Risk: Demographic Factors

2. Occupational status:

- Unemployed and unskilled have higher rate than employed;
- Higher rates occur in policemen, musicians, dentists, insurance agents, physicians, and lawyers;
- Financial problems

Evaluation of Suicide Risk: Demographic Factors

3. Marital status (support system):

- **Single (never married) persons at greatest risk, followed by persons widowed, separated and divorced (for men)**
- **People "all alone in the world", people who have lost a loved one in last 6-12 months increase risk.**
- **No young children in the home increases risk**

Evaluation of Suicide Risk: Demographic Factors

4. Gender:

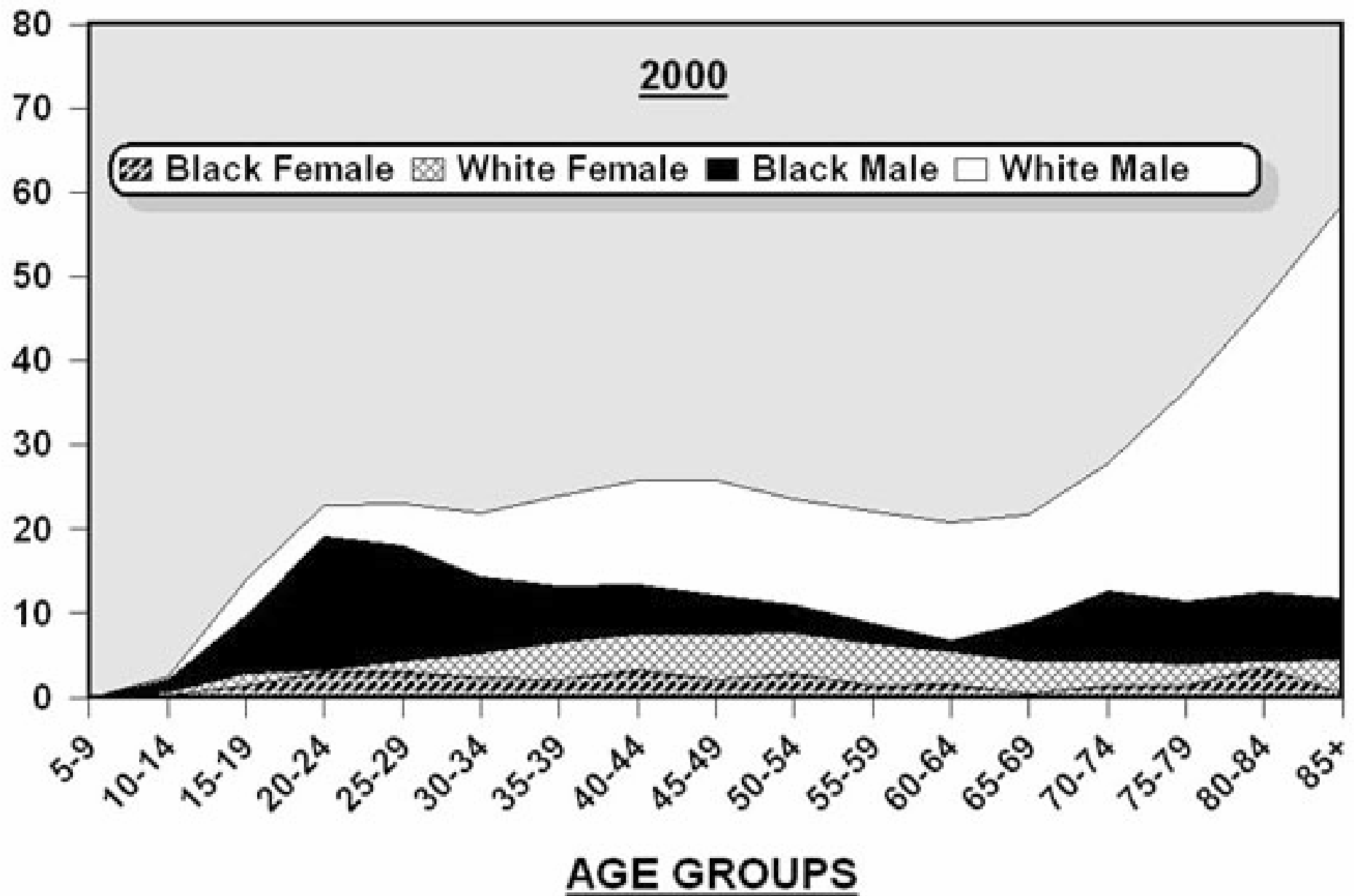
- **Women attempt suicide three TIMES as often as men;**
- **Men succeed in suicide three times as often as women.**

Evaluation of Suicide Risk: Demographic Factors

5. Age:

- Frequency increases sharply with age in men especially in 70 and 80s
- Frequency increases slightly with age in women until sixth decade;
- Peak frequency in men is 75, in women 55.

SUICIDE RATE PER 100,000



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

Evaluation of Suicide Risk: Demographic Factors

6. Family history:

- **Suicide more common if immediate family member or other significant person attempted or committed suicide;**
- **Death or loss of one or both parents early in life also increases risk.**

Evaluation of Suicide Risk: Demographic Factors

7. Emotional factors:

- **Co-morbid Mental: helplessness and hopelessness especially significant;**
- **Severe insomnia even without depression;**
- **Psychosis, particularly with "command hallucinations" or with terror, or shortly after initial improvement;**
- **Alcoholism and other drug-dependency (also problem of "state dependent" suicidality;**
- **For women, postpartum months and pre-menstrual week are period of high risk.**
- **Recent humiliation**

Evaluation of Suicide Risk: Demographic Factors

8. Health factors:

- **Recent surgery or severe illness;**
- **Intractable pain;**
- **Terminal illness, all increase risk.**

Evaluation of Suicide Risk: Demographic Factors

9. Race/religion:

- In U.S., risk is higher among whites than african Americans, except African American men 20-35 have rate two times that of white men;
- Traditionally suicide lowest among Jews and Catholics, higher among Protestants.

Evaluation of Suicide Risk: Demographic Factors

10. Access to firearms:

Assessment of Violence

- **Assessment is for potential towards violence**
- **“Hot threats” [out of control, impulsive] Vs. “Cold threats” [way to assert control over others]**

Assessment of Violence (cont)

- **What is happening now**
- **Past history of violence**
- **Past history of other impulsive behavior**
- **Substance use/abuse**
- **History of untreated or under-treated psychotic illness, especially in presence of substance use**

Violence: statistical prediction

- **Male>female**
- **young.>older**
- **Past violence/arrest for violence**
- **AODA + mental illness**

Duty to Warn

- **Get supervision**
- **Duty to warn or to intervene if you believe there is a credible threat to another person**
 - **How credible does the threat have to be?**
 - **How immanent does the risk have to be?**
 - **Does their need to be a specific person?**
 - **What are you permitted/required to do?**

Problem of general risk

- **Special issues:**
 - **Risk to children, elderly, and other special populations**
 - **Driving**

Intervention

- **LISTEN**
- **Understand the story and the problem**
- **What has happened, *in detail***
- **Has it happened before**
- **What happened**
- **What strengths and options are available**
- **DO NOT give premature advice:**
- **Use validation, active listening**