

The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.



Center for
Children and
Families

Workshop

Suicide Risk Assessment and Formulation in Children and Adolescents: A Workshop for Clinicians

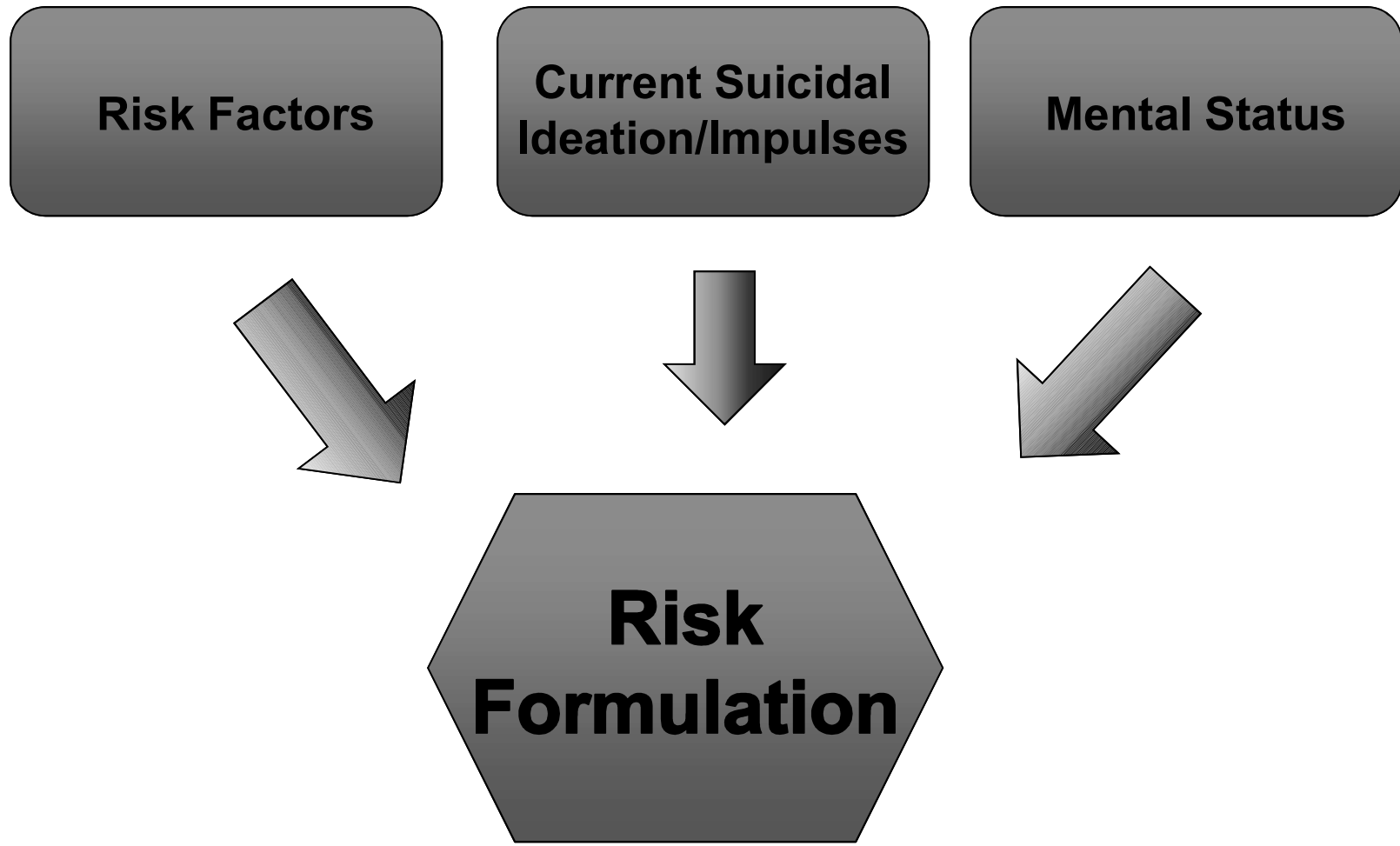
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Center for
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Risk Assessment and Formulation



Risk Assessment and Formulation

1. Manage own reactions to youth and youth's suicide risk/collaborative stance
2. Understand risk and protective factors
3. Collect accurate assessment information
 - a. Risk factors
 - b. Current suicidal intent/impulses
 - c. Mental status
4. Formulate risk/Develop plan

Maintain a collaborative and non-adversarial stance

- Listen thoroughly to attain a shared understanding of youth's suicide risk
 - Create atmosphere in which youth feels safe sharing information about suicidal thoughts, behaviors, plans
 - Communicate understanding that resolution of problem(s) is of most importance
 - Be empathic; Share understanding of suicidal state of mind; Honestly express why important for youth to live.
- Discuss privacy, confidentiality, exceptions

Collect Accurate Assessment Information

- Elicit risk and protective factors
- Elicit suicidal ideation, behavior, plans
- Conduct mental status examination
- Inquire about availability of means
- Obtain information from collateral sources

Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

■ Individual

- Demographic Risk Factors
- History of Suicide Attempt / Multiple Attempts
- Psychiatric Disorder / Psychopathology
- History of Sexual / Physical Abuse
- Psychological Characteristics
- Sexual Orientation – GLB
- Exposure to Suicide

Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

■ Family

- Family History of Suicide
- Family Psychiatric History
- Family Cohesion / Support

■ School / Community / Social Context

- Social Integration / Isolation
- Perceived Social Support
- Bullying
- Availability of Means

Risk Factor Checklist for Teen Suicidal Behavior and Suicide

Demographic Characteristics

- **Gender**
 - **Male** (suicide)
 - **Female** (nonfatal suicidal behavior)
- **Racial & ethnic background**
 - Black females have lowest suicide rate
 - Native American/Alaskan Native males have highest suicide rate

Clinical Features

- **Previous suicide attempt**
 - Multiple previous attempts(2 or more) = highest risk
- **Suicide ideation and/or impulses**
 - Especially plans and preparation
- **Psychiatric Disorders**
 - Depressive or Bipolar Disorder
 - Alcohol/Drug Abuse
 - Conduct Disorder
 - Post-Traumatic Stress Disorder
 - Other (e.g., Anxiety Disorder, Schizophrenia, Eating Disorder)
 - Insomnia
- **States of Mind, Behavioral Traits**
 - Hopelessness
 - Impulsivity
 - Psychic pain
 - Poor reality testing
 - Aggressive tendencies or history of violent behavior
 - Borderline traits
- **Recent discharge from psychiatric hospital; recent change in treatment**

Family and Interpersonal Factors

- Family history of suicidal behaviors, suicide
- Family history of psychiatric disorder
- Sexual Abuse, Physical Abuse
- Bullying
- Peer Relationship Difficulties, Poor Social Integration
- Family conflict, low support, instability
- Lesbian, gay, bisexual, transgender
- Exposure to suicidal behavior/Local cluster (e.g., school)

Recent Life Stress

- Loss of/Conflict in Close Relationship
- Disciplinary Action, Shame Experience

Elicit Suicidal Ideation, Plans, Behaviors

- Make use of attitudes/approach outlined earlier
- Be familiar with suicide assessment tools, and understand their appropriate use
- Use strategies for decreasing youth's reluctance to discuss suicide
 - Be direct, unhurried, comfortable with topic
 - Use careful phrasing, sequencing
 - Remember that “no, not really” in response to an initial question warrants follow-up.

Elicit Suicidal Ideation, Plans, Behaviors:

Interviewing Strategies

■ Normalization

“When youth feel this bad, they sometimes have thoughts.....”

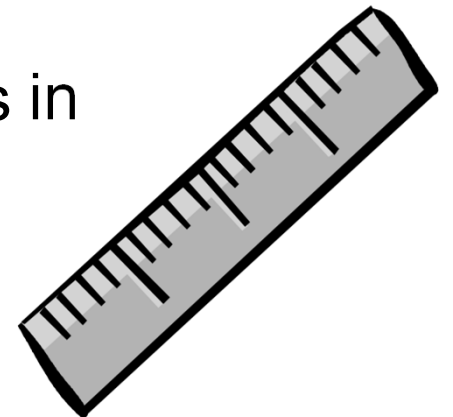
■ Four validity techniques (Shea, 2004)

- Gentle assumption: *“How frequently do you have thoughts of killing yourself?”*
- Behavioral incident: *“What did you do next? Where did you place the razor blade?”*
- Symptom amplification (set at high level): *“How many pills did you take....30, 50, 100?”*
- Denial of the specific (entire sequence of questions): *“Have you thought of shooting yourself? Have you thought of....? Have you thought of? Have you thought of?”*

Elicit Suicidal Ideation, Plans, Behaviors: Clinically Useful Instruments

■ Suicidal Ideation Questionnaire-JR

- Self-report; 15-item, 7-point frequency scale (Reynolds, 1988)
- Excellent psychometric properties, including evidence of predictive validity
 - Post-hospitalization suicide attempts in adolescents (King et al., 1995)



Elicit Suicidal Ideation, Plans, Behaviors:

Clinically Useful Instruments

- Beck Hopelessness Scale (BHS)
 - Self-report, 20-item true/false scale
(Beck et al., 1974; Beck & Steer, 1988)
 - Evidence of predictive validity
 - Higher scores associated with treatment drop-out in adolescents (Brent et al., 1997)
 - Higher scores predict suicide attempts (among adolescents with prior history of attempt; Goldston et al., 2000)

Beck Hopelessness Scale



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

This questionnaire consists of 20 statements. Please read the statements carefully one by one. If the statement describes your attitude for the **past week including today**, darken the circle with a 'T' indicating TRUE in the column next to the statement. If the statement does not describe your attitude, darken the circle with an 'F' indicating FALSE in the column next to this statement. **Please be sure to read each statement carefully.**

- | | | |
|--|-----------------------|-----------------------|
| 1. I look forward to the future with hope and enthusiasm. | <input type="radio"/> | <input type="radio"/> |
| 2. I might as well give up because there is nothing I can do about making things better for myself. | <input type="radio"/> | <input type="radio"/> |
| 3. When things are going badly, I am helped by knowing that they cannot stay that way forever. | <input type="radio"/> | <input type="radio"/> |
| 4. I can't imagine what my life would be like in ten years. | <input type="radio"/> | <input type="radio"/> |
| 5. I have enough time to accomplish the things I want to do. | <input type="radio"/> | <input type="radio"/> |
| 6. In the future, I expect to succeed in what concerns me most. | <input type="radio"/> | <input type="radio"/> |
| 7. My future seems dark to me. | <input type="radio"/> | <input type="radio"/> |
| 8. I happen to be particularly lucky, and I expect to get more of the good things in life than the average person. | <input type="radio"/> | <input type="radio"/> |
| 9. I just can't get the breaks, and there's no reason I will in the future. | <input type="radio"/> | <input type="radio"/> |
| 10. My past experiences have prepared me well for the future. | <input type="radio"/> | <input type="radio"/> |
| 11. All I can see ahead of me is unpleasantness rather than pleasantness. | <input type="radio"/> | <input type="radio"/> |
| 12. I don't expect to get what I really want. | <input type="radio"/> | <input type="radio"/> |
| 13. When I look ahead to the future, I expect that I will be happier than I am now. | <input type="radio"/> | <input type="radio"/> |
| 14. Things just won't work out the way I want them to. | <input type="radio"/> | <input type="radio"/> |
| 15. I have great faith in the future. | <input type="radio"/> | <input type="radio"/> |
| 16. I never get what I want, so it's foolish to want anything. | <input type="radio"/> | <input type="radio"/> |
| 17. It's very unlikely that I will get any real satisfaction in the future. | <input type="radio"/> | <input type="radio"/> |
| 18. The future seems vague and uncertain to me. | <input type="radio"/> | <input type="radio"/> |
| 19. I can look forward to more good times than bad times. | <input type="radio"/> | <input type="radio"/> |
| 20. There's no use in really trying to get anything I want because I probably won't get it. | <input type="radio"/> | <input type="radio"/> |

Suicidal Ideation and Attempt Severity

Clinically Useful Instruments

- Columbia Suicide Severity Rating Scale (C-SSRS)
 - Interview format (Posner et al., 2007)
 - Assesses suicidal ideation along a spectrum: “wish to be dead” to “suicide intent with a specific plan”
 - Details actual, interrupted, aborted attempts, preparatory acts, and self-injurious behavior
 - Assesses for previous week and lifetime (or since last interview)

Columbia- Suicide Severity Rating Scale

COLUMBIA-SUICIDE SEVERITY RATING SCALE Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann		
SUICIDE IDEATION DEFINITIONS AND PROMPTS:	Past week	Lifetime
1. Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/ commit suicide	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
3. Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
4. Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having intent to act on such thoughts	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
5. Suicide Intent with Specific Plan: Thoughts of killing oneself with plan fully or partially worked out and person has some intent to carry it out	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
If any suicide ideation items are endorsed, complete intensity ratings for the most severe level of ideation:	Past week	
Frequency: <i>Do you usually have these thoughts? How many times have you had these thoughts in the last week?</i> (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day		
Duration: <i>When you have these thoughts how long do they last?</i> (1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous (3) 1-4 hours/a lot of time		
Controllability: <i>Could / can you stop thinking about killing yourself or wanting to die if you want to?</i> (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty (2) Can control thoughts with little difficulty (5) Unable to control thoughts (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts		
Deterrents: <i>Are there things – anyone or anything (e.g., family, religion, pain of death) – that stopped you from taking your life or acting on these thoughts?</i> (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply; wish to die only		
Reasons for Ideation: <i>What sort of reasons did you have for thinking about wanting to die or to kill yourself?</i> (1) Completely to get attention, revenge or a reaction from others. (2) Mostly to get attention, revenge or a reaction from others. (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling). (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling).		

COLUMBIA-SUICIDE SEVERITY RATING SCALE Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann		
SUICIDAL BEHAVIOR DEFINITIONS AND PROMPTS	Past week	Lifetime
Actual Suicide Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of the act. Behavior was in part thought of as a method to kill oneself. Intent does not have to be 100% <i>Have you made a suicide attempt?</i> <i>Have you done anything to harm yourself?</i> <i>Have you done anything dangerous where you could have died?</i> <i>What did you do?</i> <i>Did you ___ as a way to end your life?</i> <i>Did you want to die (even a little) when you ___?</i> <i>Were you trying to end your life when you ___?</i> <i>Or Did you think it was possible you could have died from ___?</i> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Total # of Attempts _____
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (if not for that, actual attempt would have occurred). <i>Has there been a time when you started to do something to end your life but someone or something stopped you before you actually did anything?</i> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Aborted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. <i>Has there been a time when you started to do something to try to end your life but you stopped yourself before you actually did anything?</i> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Other Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. <i>Have you taken any steps towards making a suicide attempt or preparing to kill yourself (such as collecting pills, getting a gun, giving valuables away or writing a suicide note)?</i> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Self-Injurious Behavior without Suicide Intent: Acts of self-harm where there is no evidence that the person intended to kill oneself and the person intended to harm oneself for other reasons. <i>Did you do (name of behavior) purely for other reasons / without ANY intention of killing yourself (like to relieve stress, feel better, get sympathy, or get something else to happen)?</i> If yes, describe:	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Lethality Ratings for Suicide Attempts Only	Past week	Lifetime
Actual physical injury: 0 = None or very minor (such as superficial scratches) 1 = Minor (such as mild bleeding, 1 st degree burn) 2 = Moderate, medical attention needed (such as somewhat responsive, second degree burns, bleeding of major vessel) 3 = Moderately severe, medical hospitalization required (such as comatose with intact reflexes, third degree burns over less than 20% of body, extensive blood loss with stable vital signs, major fractures) 4 = Severe, medical intensive care required (such as comatose without reflexes, third degree burns over >20% of body, extensive blood loss with unstable vital signs, major damage to internal organs) 5 = Death likely, despite available medical care		
If actual physical injury = 0, rate the potential for physical injury: 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care		

Suicidal Ideation and Attempt Severity

Clinically Useful Instruments

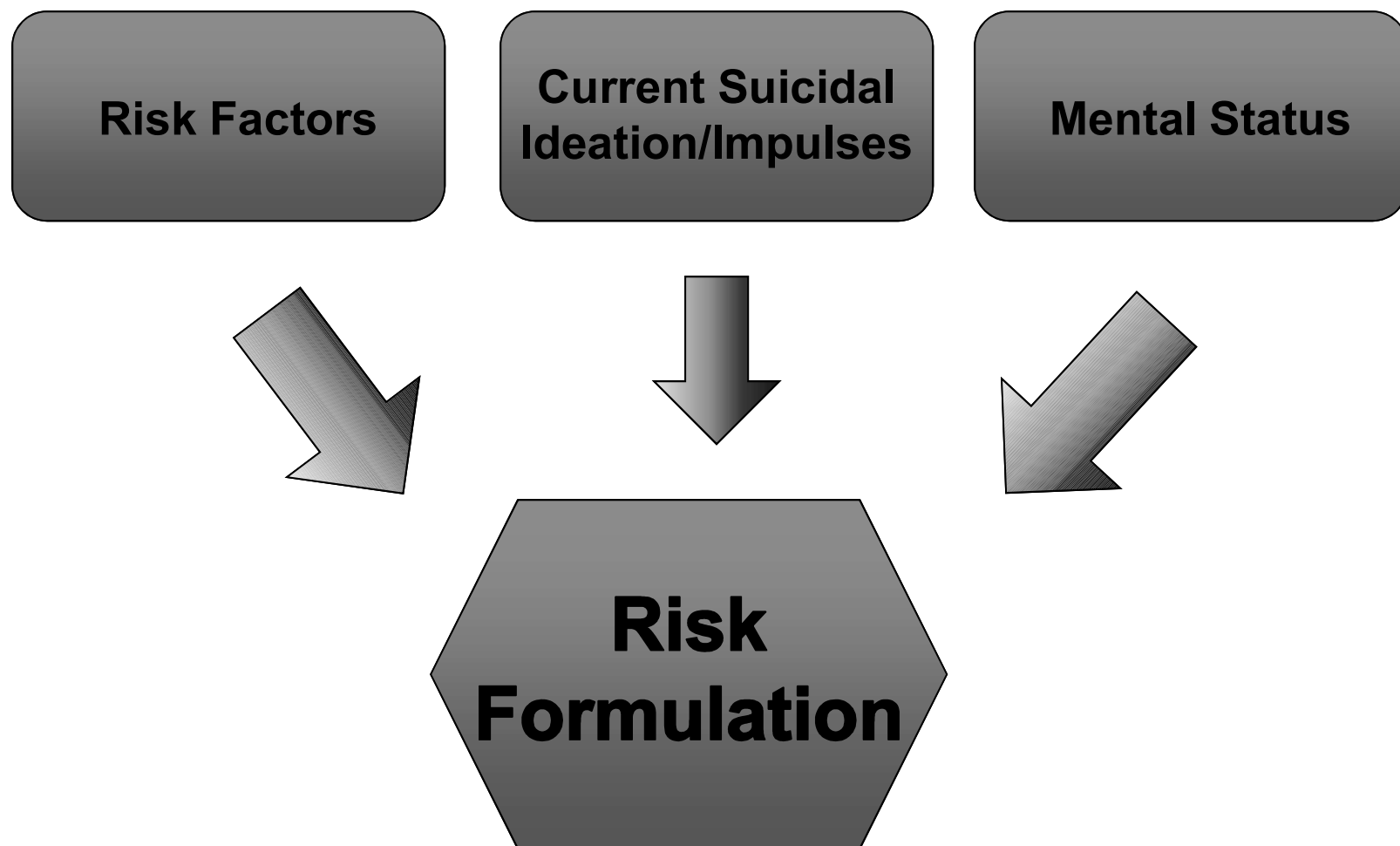
- C-SSRS: Increasingly being used to assess suicidal behaviors in research, including treatment trials
 - Determine extent to which intense affect predicted future suicidal behavior (Hendin et al., 2010)
 - Assess suicidal behavior after beginning use of anti-depressants in adolescents (Emslie et al., 2009)
 - Assess suicidal ideation and behavior in multiple large-scale clinical trials (Posner et al., 2011)

Mental Status

Warning Signs of Imminent Risk

- Threatening to hurt/kill self or talking of wanting to hurt/kill self
- Seeking access to firearm, pills, or other means
- Talking/writing about dying or suicide, when out of ordinary for youth
- Additional warning signs:
Hopelessness, rage/uncontrolled anger, recklessness, feeling trapped, increased alcohol/drug use, social withdrawal, anxiety/agitation, no reason for living

Risk Assessment and Formulation



Case Examples

- Group Discussion
 - Level of Risk?
 - Additional Information Needed?
 - Formulation

Teen Suicide Risk Assessment Worksheet

Evaluator _____ Date _____

Client _____

Gender: M F Birthdate: _____ Age (years): _____

Reason for Comprehensive Risk Assessment (e.g., recent suicide attempt, reported suicidal thoughts, hospital discharge/disposition, new client, other):

Sources of Information (Circle): Teen Parent/Guardian Other

Interview with _____

Interview with _____

Interview Form or Questionnaire (specify) _____

Other Source(s) of Information (specify) _____

Current or History of Suicidal Thoughts: YES NO

If Yes, provide the following information:

What is content of thoughts?

Time Frame/Course (today, past week? past month? lifetime?)

Frequency _____

Duration (How unrelenting?) _____

Has client considered a method? _____

Does client Have a plan? _____

Any preparatory action(s) _____

Are there triggers that can be identified? _____

Recent or History of Suicide Attempt: YES NO

If Yes, provide the following information:

How many suicide attempts? _____

Most Recent Suicide Attempt

When (Date and Circumstances) _____

Method _____

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning)

Possible function(s) of attempt

Situation or triggers? _____

Previous Suicide Attempt(s) - Summarize

When (Date and Circumstances) _____

Methods _____

Intent (quality and level; e.g., ambivalent, fleeting, definite with advance planning)

Possible function(s) of attempts

Situations or triggers? _____

Other Clinical Risk Factors: Check all that apply:

Psychiatric disorder

- Depressive/Bipolar disorder
- Alcohol/Drug abuse
- Conduct disorder
- Post-traumatic stress disorder
- Other _____

Contextual/Interpersonal

- Social isolation
- Victim of bullying
- Lesbian/Gay/Bisexual/Transgender
- Exposure to suicidal behavior
- Local cluster

Other Clinical

- | | |
|--|---|
| <input type="checkbox"/> Previous suicide attempt | <input type="checkbox"/> Shame experience |
| <input type="checkbox"/> Suicide ideation/impulses | <input type="checkbox"/> Recent psychiatric discharge |
| <input type="checkbox"/> Poor reality testing | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Aggression/Violent history | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Trauma or Abuse | <input type="checkbox"/> Psychic pain |
| <input type="checkbox"/> Family suicide/psychiatric disorder | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Loss of close relationship | <input type="checkbox"/> Anxiety |

Mental Status Exam: Check items present to a clinically significant degree:

- | | |
|--|--|
| <input type="checkbox"/> Psychic pain | <input type="checkbox"/> Poor reality testing |
| <input type="checkbox"/> Inability to see/consider options | <input type="checkbox"/> Depressed mood |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Perceived burdensomeness | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Shame/self-hate | <input type="checkbox"/> Sleep dysfunction |
| <input type="checkbox"/> Alcohol or drug intoxication | <input type="checkbox"/> Command hallucination |
| <input type="checkbox"/> Impulsivity | |
| <input type="checkbox"/> Aggressive behavior | |
| <input type="checkbox"/> Poor judgment | |
| <input type="checkbox"/> Agitation | |

Notes: _____

Protective Factors:

Family and/or other social support (describe) _____

Problem-Solving/Coping Skills (describe) _____

Future Orientation & Reasons for Living (describe what teen is looking forward to etc.)

Cultural/Religious/Community Beliefs (describe) _____

Connectedness to Others (describe) _____

Risk Formulation

- Integrate and prioritize information
 - Warning signs of imminent risk?
 - Examples of moderate/high suicide risk status
 - Plans and preparation for suicide attempt
 - History of multiple suicide attempts plus current alcohol/drug abuse or significant hopelessness

Documentation of Teen Suicide Risk Assessment

Evaluator's Name _____ Assessment Date/Time: _____

Client/Patient's Name _____

Risk Factors (Psychiatric disorders, Active use of alcohol or drugs, History of trauma/abuse/family suicide, Recent stress, Hospital discharge/treatment change, Contextual factor such as victimization/bullying):

Suicidal Thoughts, Impulses; History of Suicide Attempts (Thoughts: content, severity, frequency, controllability; Attempts: number, precipitants, method, functional analysis):

Mental Status (Current psychological functioning):

Protective Factors:

Risk Formulation (Summarize risk and protective factors; Indicate judgment re: level of risk):

Plan of Action:

Mental Health Model

Evidence-Based Practice

- Risk Assessment and Formulation
- Intervention and Care Management

Limited Evidence for Interventions

Treatment and Care Management

Evidence-Based “Best Practices” Model

1. Address safety first
2. Specify interventions
 - Immediate Response
 - Remove accessible lethal means
 - Consider hospitalization
 - Crisis Response Plan/Safety Plan
 - Acute
 - Provide external support
 - Treat symptoms and build individual’s resources
 - Continuing treatment/Care management

Treatment and Care Management

3. Consider use of Crisis Response Plan/Safety Plan or Coping Cards – Target suicidal thoughts directly
4. Involve parent/guardian in developing and implementing treatment plan
5. Use evidence-based interventions to impact modifiable risk and protective factors (e.g., Depression, Alcohol Abuse)

SAMPLE SAFETY PLAN

1. What are my triggers for suicidal thoughts or self-harmful behaviors? How might I recognize when I need to take steps to protect my well-being and remain safe?

2. The steps I will take when I experience triggers, suicidal thoughts, or self-harm urges:

a. Try to relax by _____

b. Do something physically active such as _____

c. Distract myself by _____

d. Use coping statements (thoughts) such as _____

e. Contact a family member, friend, support person:

Name

Phone Number

f. Call my therapist or emergency numbers OR go to emergency room:

Emergency: 911

Local Emergency Services: _____

My Clinical Provider/Therapist: _____

(Times I can reach my clinical provider) _____

Suicide Prevention Lifeline: 1-800-273-TALK (8255)

g. Move away from any method or means for hurting myself; Involve family member or support person in limiting my access to methods for hurting myself.

3. A couple of things that are very important to me and worth living for are:

Client Date

Therapist Date

Parent/Guardian (if possible) Date

Special Issues with Adolescents

- Involve parents/guardians in initial assessment, treatment planning, ongoing risk assessment
- Clarify confidentiality issues with parent(s) and adolescent
- Acknowledge parents' helpful contributions and empower them to have positive influence
- Evaluate parents' ability to fulfill essential functions (food, shelter, safety)
- Consider interventions to assist family

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Clinical Skills: Core Competencies Curriculum Task Force
Sponsored by: Suicide Prevention Resource Center and
American Association of Suicidology

For more information, please go to the main website and browse for workshops on this topic or check out our additional resources.

Additional Resources

Online resources:

1. Suicide Prevention Resource Center website <http://www.sprc.org/>
2. American Association of Suicidology <http://www.suicidology.org>
3. Society of Clinical Child & Adolescent Psychology: <http://effectivechildtherapy.com/sccap/>
4. American Foundation for Suicide Prevention website <http://www.afsp.org>
5. National Suicide Prevention Lifeline website <http://www.suicidepreventionlifeline.com>

Books:

Suicide Prevention Resource Center (2008). *Assessing and managing suicide risk: Core competencies for mental health professionals*. Newton, MA: Education Development Center, Inc.

Selected Peer-reviewed Journal Articles:

1. King, C. A., & Merchant, C. R. (2008). Social and interpersonal factors relating to adolescent suicidality: A review of the literature. *Archives of Suicide Research*, 12(3), 181 - 196.
2. Posner, K., Oquendo, M. A., Gould, M., Stanley, B., & Davies, M. (2007). Columbia Classification Algorithm of Suicide Assessment (C-CASA): Classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. *American Journal of Psychiatry*, 164(7), 1035-1043.
3. Shea, S. C. (2004). Suicidal Ideation: Clear understanding and use of an interviewing strategy such as the Chronological Assessment of Suicide Events (CASE Approach) can help clarify intent and immediate danger to the patient. *Psychiatric Annals*, 34(5), 385-400.

