The Indian Health Service (IHS)

Division of Behavioral Health

# Theory of Suicide

Pamela End of Horn, MSW, LICSW
Public Health Advisor
May 9, 2013
pamela.endofhorn@ihs.gov

# Objectives

1. Gain knowledge in ambivalence.
2. Understanding importance of theories related to suicidal behavior.
3. Effectively identify role of hopelessness and helplessness in suicide related behavior.

# The Clinician's Task

- Is not to predict suicide, but rather to recognize when a patient has entered into a heightened state of risk (risk assessment) and to respond appropriately. At its best, risk assessment both estimates the risk of suicidal behavior and explains it when used in a consistent fashion for all patients, providing a template for clinical management of any crisis, as well as short- and long-term treatment targets. (Bryan & Rudd, 2006).

# A Model for Risk Assessment

- A continuum of suicidality with associated categories of risk is presented, with distinction between *acute* and *chronic* risk. (Bryan & Rudd, 2006).

# Modality

- Despite vast amounts of research, no one assessment tool or method, when applied to individual patients, has been demonstrated to be ultimately superior in the accurate estimation of risk for suicidal behavior (Maris, Berman, & Maltsberger, 1992).
- An estimation of risk is more feasible and applicable to the assessment of the suicidal patient (Motto, 1992).

# Components of a Suicide Risk Assessment

- Look for Warning Signs
- Identify Risk Factors
- Identify Protective Factors
- **Conduct Suicide Inquiry**
- Determine Risk Level/Intervention
- Document

# Conduct Inquiry

- Hierarchical approach to questioning.
  - Identification of precipitant
  - Symptomatic presentation
  - Hopelessness
  - Suicidal thinking
- Gradually progressing in the intensity of the interview can reduce anxiety or agitation in the patient while improving rapport.
- Goal:
  - Normalize the patient's hopelessness and suicidal thinking in the context of their presenting problem or mental disorder.

# Types of Intent

- Explicit or Subjective Intent
  - Patient's stated intent.
  - What the patient said in the interview.
- Implicit or Objective Intent
  - Estimated by the clinical on the patient's current and past behaviors as well as taking into account the lethality of the method chosen.
  - Weigh objective markers of intent regarding possible discrepancies.

# Ambivalence

- Is the quick fluctuations between suicidal and non-suicidal states, and researchers and clinicians long ago identified the presence of ambivalence in the suicidal crisis (Cardell & Horton-Deutsch, 1994; James, 1984; Shneidman, 1992; Simon, 2007).

# Areas to Assess

- Predisposition to suicide
- Precipitants or stressors
- Symptomatic presentation
- Presence of hopelessness
- The nature of suicidal thinking
- Previous suicidal behavior
- Impulsivity and self-control
- Protective factors

# Predisposition to Suicide

- Previous history of psychiatric diagnosis
- Previous history of suicidal behavior
- Recent discharge from inpatient psychiatric treatment
- Same-sex sexual orientation
- Gender
- History of abuse

# Precipitants or Stressors

- Significant loss
- Acute or chronic health problems
- Relationship instability

# Symptomatic Presentation

- Depressive symptoms
- Bipolar Disorder
- Anxiety
- Schizophrenia
- Borderline and Antisocial personality features

# Presence of Hopelessness

- Severity of hopelessness
- Duration of hopelessness

# The Nature of Suicidal Thinking

- Current ideation
  - Frequency, duration and intensity
- Presence of suicide plan
  - Increased risk with specificity
- Availability of means
- Lethality of means
- Active suicidal behaviors
- Explicit suicidal intent

# Previous Suicidal Behavior

- Frequency and context of previously suicidal behaviors
- Perceived lethality and outcome
- Opportunity for rescue or help seeking
- Preparatory behaviors

# Impulsivity and Self-Control

- Subjective self-control
- Objective control
  - Substance abuse, impulsive behaviors, aggression

# Protective Factors

- Presence of social support
- Problem-solving skills and history of coping skills
- Active participation in treatment
- Presence of hopefulness
- Children present in home
- Pregnancy
- Religious commitment
- Life satisfaction
- Intact reality testing
- Fear of social disapproval
- Fear of suicide or death

# Instruments in Risk Assessment

- Self-report measures are notorious for high rate of false positives.
- Use of historical and static variable that do not change with time and may underestimate acute levels exacerbation.
- Predictive validity have not been established.
- Generalizability is limited due to the specialized settings with the instruments were developed and utilized.
- Most instruments were developed using predominantly Caucasian adolescent and young adult populations raising concerns about their utility in elderly and minority populations.
- The core of the comprehensive suicide risk assessment is the face-to-face clinical interview. Instruments provide supplementary or clarifying information.

# Citations


- American Psychiatric Association. (2003). *American Psychiatric Association Practice Guideline for the assessment and treatment of suicidal behaviors.* Arlington, VA: American Psychiatric Publishing.
- Bryan, C.J., & Rudd, M.D. (2006). Advances in the Assessment of Suicide Risk. *Journal of Clinical Psychology,* 62(2), 185-200.
- Smith, J.M., Allow, L.B., & Abramson, L.Y. (2006). Cognitive Vulnerability to Depression, Rumination, Hoplessness, and Suicidal Ideation: Multiple Pathways to Self-Injurious Thinking. *Suicide and Life-Threatening Behavior, 36(4),* 443-454.
- Rudd, M.D. (2000). The Suicide Mode: A Cognitive-Behavioral Model of Suicidality. *Suicide and Life-Threatening Behavior, 30(1),* 18 – 33.
- Joiner, T.E., & Rudd, M.D. (1996). Disentangling the Interrelations Between Hopelessness, Loneliness, and Suicide Ideation. *Suicide and Life-Threatening Behavior, 26(1),* 19 – 26.
- Cardell, R., & Horton-Deutsch, S. (1994). A model for assessment of inpatient suicide potential. Archives of Psychiatric Nursing, 8, 366-372.
- James, N. (1984). Psychology of suicide. In C.L. Hatton & S.M. Valente (Eds.), Suicide: assessment and intervention (pp. 34). Norwalk, CT: Appleton-Century-Crofts.
- Shneidman, E.S. ( 1992). A conspectus of the suicidal scenario. In R.W. Maris, A.L. Berman, J.T. Maltsberger, & R. I. Yufit (Eds.), Assessment and prediction of suicide (pp. 50-64). New York: Guilford Press.
- Simon, R.I. (2007). Just a smile and a hello on the Golden Gate Bridge. American Journal of Psychiatry, 164, 720-721.

# Contact Information:

Pamela End of Horn, MSW, LICSW

Indian Health Services H.Q.

Office of Clinical and Preventive Services

Division of Behavioral Health