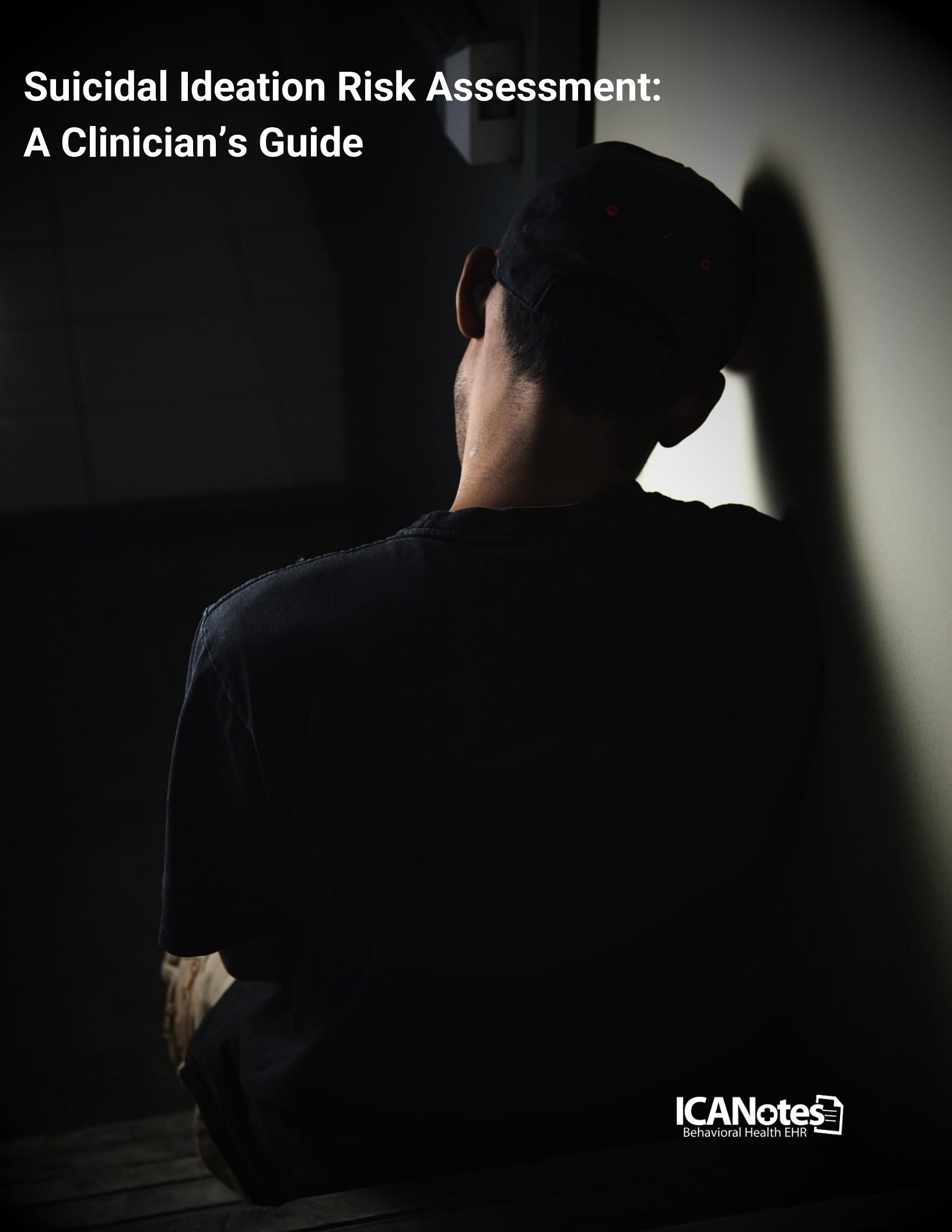
Suicidal Ideation Risk Assessment: A Clinician's Guide



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Navigating Suicidal Ideation with Clients

This guide aims to help clinicians effectively assess and document suicidal ideation during patient encounters. By establishing a safe and supportive environment, building rapport, and using clear and sensitive communication, therapists can foster trust and encourage patients to open up. The significance of cultural sensitivity is emphasized to create an inclusive therapeutic environment. The guide also provides appropriate and inappropriate questions to ask regarding suicidal thoughts and offers a Suicidal Ideation Checklist for use in identifying warning signs and providing timely support.

Our primary goal as clinicians is to ensure the safety and well-being of our patients. One of the most challenging aspects of patient care involves assessing and addressing suicidal ideation. This goal of this guide is to provide clinicians with a helpful tool to effectively assess and document suicidal ideation during every encounter while also developing a comprehensive care plan with appropriate interventions. With these strategies, we will be able to better support our patients and reduce the risk of suicide.

Step 1: Establishing a Safe and Supportive Environment

Creating a safe and supportive environment is essential when discussing sensitive topics such as suicidal ideation. First, assure privacy and confidentiality so that clients are comfortable sharing thoughts and emotions with you. Second, show empathy, active listening, and non-judgmental attitudes throughout the session. Encouraging open communication and establishing trust with clients is like building a house – it takes time and effort to lay the foundation and construct the walls, but the reward is that clients will feel secure and supported.

Building Rapport: The Foundation of Trust

Building a strong therapeutic alliance with a client should come before delving into detailed assessment questions. By investing time and effort in establishing a trusting relationship, therapists create an environment where clients feel safe, respected, and understood. This foundation of trust encourages clients to openly share their thoughts, emotions, and experiences, including any struggles with suicidal ideation. By emphasizing the human connection, therapists can foster a sense of support and compassion. Those who feel that you genuinely care about their well-being are more likely to open up to you.

Plain Language: Communicating Clearly and Effectively

When assessing suicide risk, it is imperative to use language clients can easily understand. As a therapist, you deal with individuals from all different backgrounds, educational levels, and cognitive abilities. By avoiding complex terminology and jargon, therapists can ensure that vital information is accessible and understandable to all. This approach promotes client comfort, trust, and active participation, enabling accurate risk assessment and facilitating collaborative decision-making.

The Significance of Sensitivity

Suicide risk assessments must be conducted with utmost sensitivity and cultural awareness. Each client is unique, with diverse experiences, beliefs, and values. Recognizing and respecting these differences is essential for creating an inclusive therapeutic environment. By embracing cultural sensitivity, therapists can navigate potential barriers and establish meaningful connections with clients. By tailoring their approach to each individual client's needs, therapists can address sensitive topics with empathy, care, and compassion, fostering an environment where clients feel heard, valued, and supported.

Questions to Ask:

- ❑ Sometimes people feel that life is not worth living. Would you mind telling me how you feel about your own life?
- ❑ How do you feel about your future?
- ❑ Is there ever a time when you have thought about harming yourself or taking your own life?
- ❑ Is there a part of you that wishes there was a permanent escape from life?
- ❑ Do you think about your own death or dying?

Questions Not to Ask:

- ❑ You're not thinking of hurting yourself, are you?
- ❑ Have you thought about the impact that suicide would have on your family/friends?
- ❑ Don't you think suicide is selfish?
- ❑ Have you tried thinking positively?

Protective Questions:

- ❑ What aspects of your life contribute to your will to live?
- ❑ If you were to experience thoughts of self-harm, what strategies or actions would you employ to deter those thoughts and ensure your safety?
- ❑ Tell me, what would help you feel more optimistic or hopeful about the future?

Step 2:
Suicidal Ideation Checklist

As a clinician, it is important to be aware of the signs and symptoms that could indicate suicide in your clients. Knowing the warning signs can help you intervene in time and provide the necessary support to those at risk. A Suicidal Ideation Checklist can help clinicians identify potential risks and take preventive measures. It is important to look out for changes in behavior, such as those listed below:

- ☐ Presence of feelings of hopelessness
- ☐ Feeling trapped in a situation or life circumstances
- ☐ Perceiving oneself as a burden to others
- ☐ Expressing a belief that life is not worth living
- ☐ Increased alcohol or drug consumption
- ☐ Significant changes in sleep patterns (oversleeping or insomnia)
- ☐ Withdrawal from friends and family
- ☐ Suicidal ideation or formulation of suicide plans
- ☐ Giving away possessions
- ☐ Paranoia or a pervasive belief that everyone is against the individual
- ☐ Intense and persistent feelings of depression
- ☐ Frequent anxiety and/or panic attacks
- ☐ Loss of interest in previously enjoyed activities or hobbies
- ☐ Engaging in reckless or risky behavior without concern for safety or consequences
- ☐ Profound sense of unworthiness in life
- ☐ Expressing a desire for violent revenge against those who have harmed them
- ☐ Feeling that life lacks purpose or meaning
- ☐ Unusual calmness or sudden happiness following a period of depression
- ☐ Experiencing extreme mood swings
- ☐ Avoidance of social interaction
- ☐ Feeling targeted or bullied by others
- ☐ Having a family member or close friend recently commit suicide
- ☐ Changes in eating habits
- ☐ Listening primarily to sad or depressing music
- ☐ Actively seeking means or methods to end their life

This systematic and structured tool aids mental health professionals to identify and assess various risk factors associated with suicide, enabling a comprehensive evaluation of an individual's level of risk. By utilizing a Suicidal Assessment Checklist, clinicians can methodically explore personal, relational, community,

and societal risk factors that contribute to the client's vulnerability. This thorough assessment aids in the early detection of potential suicidal tendencies and assists in devising appropriate intervention strategies.

Step 3: Structured Assessment of Suicidal Ideation

Utilizing a standardized assessment tool can help clinicians accurately evaluate the severity and frequency of suicidal ideation. Widely used assessment scales in the public domain include the Columbia-Suicide Severity Rating Scale (C-SSRS) and the **Suicidal Affect-Behavior-Cognition Scale (SABCS).** These tools provide a framework for gathering essential information and tracking changes in ideation over time. The utilization of evidence-based assessments for thoughts of death and dying is of utmost importance when evaluating clients due to the gravity and complexity of suicide. Evidence-based assessments are grounded in empirical research and these two assessments have demonstrated validity and reliability in identifying suicide risk factors, assessing the severity of suicidal ideation, and determining the appropriate level of care needed for clients. By relying on scientifically validated measures, clinicians can ensure consistency and standardization in the assessment process, reducing the risk of misjudgment or oversight of critical symptoms.

Evidence-based assessments provide a structured framework that guides clinicians through a comprehensive evaluation, encompassing various dimensions of a client's mental health, history, and psychosocial context. These assessments evaluate not only the presence of suicidal ideation but also factors such as previous suicide attempts, access to means, and protective factors, allowing for a more comprehensive understanding of the individual's risk profile. By adhering to evidence-based assessments,

Always ask questions 1 and 2.	**Past Month**	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	**Life-time**	**Past 3 Months**
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		**High Risk**

Columbia Suicide Severity Rating Scale (C-SSRS)

1. Have you ever thought about or attempted to kill yourself?
   - ◯ Never
   - ◯ It was just a brief passing thought
   - ◯ I have had a plan at least once to kill myself but did not try to do it
   - ◯ I have attempted to kill myself, but did not want to die
   - ◯ I have had a plan at least once to kill myself and really wanted to die
   - ◯ I have attempted to kill myself, and really wanted to die

2. How often have you thought about killing yourself in the past year?
   Never ◯ – ◯ – ◯ – ◯ – ◯ – ◯ Very Often

3. In the past year, have you had an internal debate/argument (in your head) about whether to live or die?
   Never ◯ – ◯ – ◯ – ◯ – ◯ – ◯ Frequently

4. Right now, how much do you wish to live?
   Not at All ◯ – ◯ – ◯ – ◯ – ◯ – ◯ Very Much

5. Right now, how much do you wish to die?
   Not at All ◯ – ◯ – ◯ – ◯ – ◯ – ◯ – ◯ Very Much

6. How likely is it that you will attempt suicide someday?
   Not at All ◯ – ◯ – ◯ – ◯ – ◯ – ◯ Very Likely

Suicidal Affect-Behavior-Cognition Scale (SABCS)

clinicians can enhance the accuracy of their evaluations, leading to early identification and intervention for individuals at risk of suicide. Timely and appropriate care can significantly reduce the incidence of suicide attempts and fatalities, thereby safeguarding the well-being and safety of clients. The use of evidence-based assessments not only bolsters the quality of care provided but also strengthens the ability to effectively address and combat the pressing issue of suicide in our society.

Step 4: Thorough Documentation

Accurate and clear, concise, and professional documentation is vital for providing quality care to clients. When it comes to addressing critical and sensitive issues like suicidal ideation, having a reliable Electronic Health Record (EHR) system can greatly support clinicians in documenting critical information accurately. When documenting suicidal ideation assessment, be sure to include the following key components:

1) *Detailed Description*: Document the patient's statements about suicidal thoughts, plans, intent, and behaviors. Are the thoughts vague, fleeting, or is there a clear plan and intent?

2) *Gather Context Information:* Document the patient's emotional state, social support system, substance abuse history, and any psychiatric diagnoses or medications.

3) *Assess Risk Factors:* Note the presence of any risk factors, such as previous suicide attempts, recent life stressors, and substance use.

4) *Protective Factors:* Identify factors that may reduce the risk of self-harm, such as a strong support network, positive coping skills, or even a beloved pet.

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Sunshine Psychiatry
1600 Brightness Way
Annapolis, MD 21409
443-347-0990

Teresa Test

Chart ID: 0006 DOB: 09-12-2006

Progress Note

Encounter Date: Wednesday, August 2, 2023 **Start Time:** 03:38 PM EDT

RECENT HISTORY:

Teresa says, "I have been feeling so sad lately." Depressive symptoms are today described. Her depressive moods are chronically present. She describes continued difficulty focusing. Crying spells and excessive worrying continue. She says that as of today her worrying has worsened in frequency or intensity. She reports episodes of excessive fatigue. Symptoms of irritability are present. It is reported that her level of sadness has also worsened in frequency or intensity. Anhedonia is described by Teresa. She indicates that she has suicidal ideas and intentions. Brief, fleeting ideas of suicide are reported. Teresa expresses the clear intention to suicide. Teresa today reports that suicidal ideas or impulses are decreasing in intensity and frequency. She does not have access to a firearm.

Current Risk Factors:
*Feelings of Hopelessness

Protective Factors:
*Has Beloved Pets
*Has Reasons for Living
*Feelings of Responsibility to Children
*History of Ability to Cope with Stress
*Spiritual, or Moral Beliefs/Attitudes Against Suicide
*Fear of Death
*Strong Social Support System

VERBAL CONTENT OF SESSION:
Today, Teresa spoke of family problems. She discussed her depressed mood and spoke about her low self-esteem.

PSYCHOTHERAPY:
In today's session, a goal for Teresa was to build coping skills. The main aim of the session was to help her develop a stronger sense of self-esteem. Teresa was given emotional support and structure. To enhance her self-esteem, she was given positive feedback and unconditional positive regard.

RATING SCALES:
The PHQ-9 Test: Teresa was administered the PHQ-9 depression assessment test. She scored between 10-14, indicating that a Moderate Depression is present. Her exact score is 13.

LEVEL OF CARE JUSTIFICATION: Teresa continues to need outpatient treatment. She continues to exhibit symptoms of an emotional disorder that interfere with day-to-day functioning and she is unable to alleviate these symptoms on her own.

MEDICATIONS:
Current Medication: Vistaril, 50 mg capsule, by mouth, Refills: None, Prescriber: Monique Ornelas, Status: Active, Written Date: 03/21/2023

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Sample Progress Note Documenting Suicidal Ideation

5) *Safety Plan:* Develop a personalized safety plan with the client that includes coping strategies, emergency contact information, and alternative sources of support.

6) *Follow-Up Plan:* Outline the frequency and duration of follow-up appointments, referral to other healthcare professionals, and involvement of support services.

Step 5: Developing a Treatment Plan

Based on the suicidal ideation assessment and documentation, clinicians can develop a comprehensive care plan for each client. A comprehensive self-harm treatment plan should indeed incorporate both long-term and short-term goals, along with appropriate interventions. This multi-faceted approach helps address the underlying issues contributing to self-harming behaviors while providing immediate support and strategies to manage the urge to self-harm.

Protective Factors

In the assessment of individuals with suicidal thoughts, various protective factors warrant careful examination. One critical aspect to evaluate is the extent of social support available to the individual, encompassing strong social connections and supportive relationships, such as close friends, family members, or support groups. Adequate social support has been recognized as a significant protective factor against suicidal thoughts, as it can provide a sense of belonging, emotional comfort, and access to practical assistance during times of distress.

Assessing coping skills and problem-solving abilities is another crucial facet of the evaluation process. Effective coping strategies are essential in helping individuals manage stress and navigate emotional challenges, thereby reducing the likelihood of succumbing to suicidal ideation. Additionally, exploring the individual's sense of hope and optimism about their future can offer valuable insights into their resilience. A positive outlook on the future serves as a potent protective factor against suicidal ideation, fostering an inherent motivation to persevere through adversity. Religious or spiritual beliefs also warrant assessment, as they can provide comfort, meaning, and a sense of purpose to some individuals, effectively acting as protective factors. Moreover, understanding the individual's sense of purpose and meaningful connections in life, such as work, hobbies, or volunteer activities, is essential, as a profound sense of purpose and connectedness can contribute to resilience against suicidal thoughts.

Identifying positive and supportive relationships in the individual's life, such as caring family members, friends, or mentors, is of paramount importance. These relationships serve as a buffer against suicidal risk, providing emotional support and a safety net during challenging times. Moreover, determining the individual's willingness to seek help and their propensity to engage in seeking professional assistance or support from loved ones during times of distress is critical in devising an effective intervention strategy. As a final step, it is critical to collaborate with the individual to develop a personalized safety plan.

Safety Interventions at Home

Safety interventions at home are imperative in suicide prevention, irrespective of the immediate risk. Among these interventions, the safe storage of firearms assumes a paramount role, even in instances where suicide risk may not be overtly evident. Employing practices such as utilizing cable or trigger locks, storing firearms in locked cases or safes, and maintaining separate and secured storage of firearms and ammunition effectively reduces the risk of unauthorized access. Valuable resources and information regarding appropriate firearm storage options can be accessed through the National Shooting Sports Foundation website.

SAFETY PLAN

List three warning signs to look for when you begin to feel unwell:

1. _____
2. _____
3. _____

List three people you can reach out to if you are feeling down:

Being around people you identify with helps to destress you and makes you feel better. It can be anyone that helps, whether it is in person, by phone, by text, or online.

1. _____
2. _____
3. _____

If you don't want to talk to anyone, list things you can do for yourself to feel better:

Examples: Take a walk, listen to music, take a bath, play video games, read a book, deep breathing, or meditation.

1. _____
2. _____
3. _____

Make a list of professionals or agencies you can contact for help:

1. _____
2. _____
3. _____

List of numbers to call during a crisis:

- 988 Suicide and Crisis Lifeline, dial 988
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Crisis Text Line: Text HOME to 741741
- National Domestic Violence Hotline: 1-800-799-SAFE (7233)
- National Sexual Assault Hotline: 1-800-656-HOPE (4673)
- The Trevor Project (LGBTQ+ youth crisis intervention): 1-866-488-7386
- Veterans Crisis Line: 1-800-273-8255, press 1
- Substance Abuse and Mental Health Services Administration (SAMHSA) Helpline: 1-800-662-HELP (4357)
- National Alliance on Mental Illness (NAMI) Helpline: 1-800-950-6264

Sample Safety Plan

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Teresa Test

Chart ID: 0006 DOB: 09-12-2006

Treatment Plan

Date of Exam: 08/02/2023 | 03:38 PM EDT

Participant(s) Developing the Plan: October Boyles

PROBLEMS/NEEDS:

Problem/Need #1: Danger to Self

Teresa's danger to self has been identified as an active need requiring treatment. It is primarily evidenced by:
Suicidal:
•With Continuing Wishes to be Dead

LONG-TERM GOAL:
Teresa will not exhibit any signs of self-injurious or suicidal impulses for at least a period of one week. Target Date: 08/16/2023

SHORT-TERM GOAL(s):

Manifestation: Suicidal

Short term goal/objective: Teresa will be free of suicidal impulses or ideas for a period of at least 1 week.

Intervention(s):

- Therapist/Counselor will conduct individual therapy to help Teresa better understand psychological causes of self-injurious/suicidal behavior. Progress will be monitored and documented.
- Therapist/Counselor will instruct and encourage Teresa to report suicidal ideas or intentions within session. *Frequency:* once per session, *Duration*: for one month
- Therapist/Counselor will help Teresa explore behaviors and feelings that lead to dangerous behaviors. Progress will be monitored and documented. *Frequency*: once per session, *Duration*: for one month
- Therapist/Counselor will help Teresa to understand course and beginning symptoms of dangerous behavior so that self-control techniques can be more efficiently applied. *Frequency*: once per session, *Duration*: for one month

STRENGTH(S):

Family Strengths Include: Teresa is able to use family support. Teresa has established a good relationship with family.

BARRIER(S):

Motivational issues may interfere with treatment. Motivational problems will be an initial therapeutic focus.

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Sample Suicidal Ideation Treatment Plan

Similarly critical is the careful handling of prescription medications. Specifically, storing sedative, narcotic, or opioid medications in lockboxes obtainable from pharmacies and conscientiously disposing of expired or leftover medications at local pharmacies is essential for ensuring client safety. Additionally, during times of crisis, proactively removing potentially harmful objects within the household, such as ropes, cords, and sharp items, significantly contributes to cultivating a safer home environment for all occupants. In certain circumstances, the severity of an individual's suicidal ideation may necessitate more intensive intervention to ensure their safety and well-being. While inpatient psychiatric care is typically reserved for acute situations, it plays a pivotal role in crisis stabilization and ensuring the safety of individuals facing severe suicidal ideation.

Self-Harm Versus Suicidal Ideation

In the context of mental health, self-injury and suicidal thoughts or behaviors are interconnected, though distinguishing between them can be challenging due to their shared characteristics. The intent and level of danger associated with each behavior play a significant role in differentiating them. Self-injury, often referred to as non-suicidal self-injury (NSSI), serves as a means of alleviating emotional distress rather than pursuing the termination of one's life, and some individuals who engage in self-injury perceive it as a protective mechanism against suicidal tendencies.

Examining the differences between self-injury and suicide is essential for clinicians and support networks to provide appropriate care and interventions. The phenomenon of self-injury and suicide presents notable distinctions in terms of intent, methods employed, and ensuing consequences. Self-injury, commonly observed as a means of ameliorating emotional distress and coping with overwhelming emotions, contrasts with suicide, which emanates from a profound yearning to terminate one's life entirely. The modalities utilized in self-injury predominantly entail superficial harm to the body, whereas suicide-related behaviors pose substantially higher lethality risks, often prompting individuals to adopt distinct methods for each purpose. The level of harm and potential lethality further delineates these phenomena, as self-injury maneuvers generally aim to avoid inflicting severe injuries or necessitating medical intervention, whereas suicide attempts harbor inherent peril and the potential for life-threatening outcomes. Self-injury is recurrently employed as a coping mechanism, serving to manage stress and emotions on a regular or intermittent basis, while suicide-related behaviors tend to manifest as infrequent occurrences.

In addition to divergent patterns in methods and frequency, the level of psychological pain experienced in self-injury contrasts with that underlying suicidal ideation and behaviors. The emotional distress accompanying self-injury tends to be of a lesser magnitude, while suicidal thoughts exhibit heightened intensity. For certain individuals, self-injury assumes a role in mitigating arousal and deterring actual suicidal attempts. Cognitive constriction further distinguishes these phenomena, as those with suicidal tendencies often manifest high levels of black-and-white thinking and limited ambiguity, whereas individuals resorting to self-injury commonly exhibit a milder degree of cognitive constriction.

When considering the aftermath, unintentional deaths resulting from self-injury are infrequent occurrences. Instead, self-injuring individuals may experience transient improvements in their overall well-being and functioning following an episode. In stark contrast, suicide-related gestures or attempts tend to yield adverse outcomes, thereby engendering significant concerns for the individual's safety and mental state. Understanding these discrete characteristics is pivotal in formulating appropriate interventions and support systems, catering to the unique needs of individuals grappling with self-injury and suicidal thoughts.

Clinicians wishing to assess a patient's self-harm behavior can utilize the Self-Harm Inventory which is available in the public domain. This instrument is known for detecting the diagnosis of borderline personality disorder.

SELF-HARM INVENTORY

Instructions: Please answer the following questions by checking either, "Yes," or "No." Check "yes" only to those items that you have done intentionally, or on purpose, to hurt yourself.

Yes	No	Have you ever intentionally, or on purpose, done any of the following:
___	___	1. Overdosed? (If yes, number of times_____)
___	___	2. Cut yourself on purpose? (If yes, number of times_____)
___	___	3. Burned yourself on purpose? (If yes, number of times_____)
___	___	4. Hit yourself? (If yes, number of times_____)
___	___	5. Banged your head on purpose? (If yes, number of times_____)
___	___	6. Abused alcohol?
___	___	7. Driven recklessly on purpose? (If yes, number of times_____)
___	___	8. Scratched yourself on purpose? (If yes, number of times_____)
___	___	9. Prevented wounds from healing?
___	___	10. Made medical situations worse on purpose (e.g.,skipped medication)?
___	___	11. Been promiscuous (i.e., had many sexual partners)? (If yes, how many?_____)
___	___	12. Set yourself up in a relationship to be rejected?
___	___	13. Abused prescription medication?
___	___	14. Distanced yourself from God as punishment?
___	___	15. Engaged in emotionally abusive relationships? (If yes, number of relationships?_____)
___	___	16. Engaged in sexually abusive relationships? (If yes, number of relationships?_____)
___	___	17. Lost a job on purpose? (If yes, number of times_____)
___	___	18. Attempted suicide? (If yes, number of times_____)
___	___	19. Exercised an injury on purpose?
___	___	20. Tortured yourself with self-defeating thoughts?
___	___	21. Starved yourself to hurt yourself?
___	___	22. Abused laxatives to hurt yourself? (If yes, number of times_____)

Have you engaged in any other self-destructive behaviors not asked about in this inventory? If so, please describe below.