

Suicide Risk Assessment & Management

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22 OCTOBER 2014

AL JAIL ASSOCIATIONS ANNUAL CONFERENCE

Agenda

Understanding Suicide

Working with Suicidal Individuals

Suicide Risk Assessment

Understanding Suicide

DEFINITIONS, EPIDEMIOLOGY,
& SOME OTHER STUFF

Understanding Suicide

Suicidality...What does it mean!?

Define basic terms related to suicidality

- Differentiating
 - Morbid Ideation
 - Passive Suicide Ideation
 - Active Suicide Ideation
 - Self-harm
 - Suicide threat
 - Suicide attempt (with and without injury)
 - Suicide

Key Dimensions

Ideation

- Suicidal vs. Morbid
- Active vs. Passive

Intent

- Subjective
- Objective

Evidence of Self-Infliction

Outcome

- Injury
- No injury
- Death

Understanding Suicide

TABLE 2
Percent of local jail inmate deaths, by cause of death, 2000–2012

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008 ^a	2009	2010	2011	2012
All causes	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Illness	57.1%	51.5%	52.4%	51.1%	51.8%	47.9%	55.2%	55.3%	46.4%	51.1%	52.0%	47.8%	55.2%
Heart disease	21.9	22.8	22.8	24.0	22.2	19.3	22.5	21.0	19.2	20.8	26.1	25.9	28.2
AIDS-related	6.3	6.3	5.4	5.5	5.1	3.8	4.9	3.9	3.3	2.8	2.8	1.5	2.2
Cancer	3.4	2.7	4.0	3.4	2.8	3.5	3.6	3.8	2.6	4.9	3.7	3.4	4.5
Liver disease	2.7	2.9	2.8	3.2	3.1	3.1	2.3	3.5	3.8	3.2	3.2	1.7	3.1
Respiratory disease	3.4	1.9	2.1	2.0	3.4	2.0	2.5	4.4	3.2	3.2	2.0	2.0	2.8
All other ^b	19.4	15.0	15.4	13.1	15.1	16.2	19.5	18.6	14.2	16.1	14.2	13.4	14.4
Suicide	32.0%	33.2%	32.4%	29.5%	29.3%	27.4%	25.4%	25.8%	23.8%	31.7%	33.2%	35.0%	31.3%
Drug/alcohol intoxication	4.1%	6.2%	5.6%	8.9%	7.4%	7.9%	8.0%	7.2%	4.5%	6.7%	5.9%	8.2%	5.9%
Accident	2.8%	3.8%	3.5%	2.8%	3.2%	2.3%	3.0%	1.6%	1.6%	2.7%	2.5%	3.0%	1.9%
Homicide^c	1.9%	2.0%	1.9%	1.5%	2.4%	2.1%	3.3%	1.8%	1.7%	2.4%	2.2%	2.4%	2.3%
Other/unknown	1.9%	2.5%	3.6%	5.2%	4.9%	10.5%	4.8%	6.5%	0.8%	2.5%	1.4%	2.5%	2.5%
Missing	0.3%	0.7%	0.7%	1.0%	0.9%	1.8%	0.4%	1.8%	21.2%	2.9%	2.8%	1.1%	0.8%

Note: Data may have been revised from previously published statistics. Cause-of-death rankings may differ from previously published estimates because cause of death was ranked on all deaths from 2000 to 2012.

^aIn 2008, a high number of illness cases were missing cause-of-death information and were classified as other or unknown. See *Methodology*.

^bIncludes other specified illnesses, such as cerebrovascular disease, influenza, cirrhosis, and other nonleading natural causes of death, as well as unspecified illnesses. See *Methodology* for illness classifications.

^cIncludes homicides committed by other inmates, incidental to the staff use of force, and resulting from assaults sustained prior to incarceration. See *Methodology*.

Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2012.

Understanding Suicide

TABLE 3
Mortality rate per 100,000 local jail inmates, by cause of death, 2000–2012

Cause of death	2000	2001	2002	2003	2004	2005	2006	2007	2008 ^a	2009	2010	2011	2012
All causes	151	147	145	146	143	141	142	141	123	128	125	123	128
Illness	86	76	76	74	74	67	78	78	57	66	65	59	71
Heart disease	33	34	33	35	32	27	32	30	24	27	33	32	36
AIDS-related	10	9	8	8	7	5	7	5	4	4	4	2	3
Cancer	5	4	6	5	4	5	5	5	3	6	5	4	6
Liver disease	4	4	4	5	4	4	3	5	5	4	4	2	4
Respiratory disease	5	3	3	3	5	3	3	6	4	4	2	2	4
All other ^b	29	22	22	19	22	23	28	26	17	21	18	16	18
Suicide	48	49	47	43	42	39	36	36	29	41	42	43	40
Drug/alcohol intoxication	6	9	8	13	11	11	11	10	6	9	7	10	8
Accident	4	6	5	4	5	3	4	2	2	3	3	4	2
Homicide^c	3	3	3	2	3	3	5	3	2	3	3	3	3
Other/unknown	3	4	5	8	7	15	7	9	1!	3	2	3	3
Missing	1!	1!	1!	1!	1!	3	1!	3	26	4	4	1!	1!

Note: Data may have been revised from previously published statistics. Cause-of-death rankings may differ from previously published estimates because cause of death was ranked on all deaths from 2000 to 2012. Local jail mortality rates are per 100,000 inmates held in custody. Mortality rates are based on the average daily population (ADP). In 2000 and 2001, ADP was estimated by taking the average of January 1 and December 31 one-day inmate population counts.

! Interpret with caution; estimate based on too few cases to provide a reliable rate. See *Methodology*.

^aIn 2008, a high number of illness cases were missing cause-of-death information and were classified as other or unknown. See *Methodology*.

^bIncludes other specified illnesses, such as cerebrovascular disease, influenza, cirrhosis, and other nonleading natural causes of death, as well as unspecified illnesses. See *Methodology* for illness classifications.

^cIncludes homicides committed by other inmates, incidental to the staff use of force, and resulting from assaults sustained prior to incarceration. See *Methodology*.

Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2012.

Understanding Suicide

TABLE 7
Number of local jail inmates deaths, by cause of death and selected decedent characteristics, 2000–2012

Characteristic	All causes	Illness						Suicide	Drug/alcohol intoxication	Accident	Homicide ^b
		Heart disease	AIDS-related	Cancer	Liver disease	Respiratory disease	All other ^a				
Total	12,760	2,904	531	455	379	345	2,015	3,807	854	340	274
Sex											
Male	10,947	2,597	464	410	347	275	1,671	3,494	682	308	270
Female	1,457	307	67	45	32	70	343	312	172	32	4
Race/Hispanic origin^c											
White	6,657	1,380	87	202	204	155	849	2,690	534	210	104
Black/African American	3,957	1,216	377	196	83	149	849	532	186	86	113
Hispanic/Latino	1,441	242	64	49	85	34	265	440	111	33	51
Other ^d	283	51	3	7	5	5	39	130	18	10	4
Age											
17 or younger	60	2	1	0	0	1	5	44	3	1	1
18–24	1,195	77	10	7	3	14	103	725	112	39	58
25–34	2,435	280	93	29	20	49	280	1,163	273	81	70
35–44	3,345	695	215	69	78	86	523	1,115	261	98	61
45–54	3,348	1,022	171	155	195	104	694	575	166	80	56
55 or older	1,973	823	38	195	83	89	401	173	36	39	27
Legal status											
Convicted ^e	3,035	883	143	132	108	93	541	667	173	103	70
Unconvicted ^f	9,280	2,002	383	321	271	247	1,462	3,121	677	236	198

Note: Data may have been revised from previously published statistics. Detail may not sum to total due to missing data.

^aIncludes other specified illnesses, such as cerebrovascular disease, influenza, cirrhosis, and other nonleading natural causes of death, as well as unspecified illnesses. See *Methodology* for illness classifications.

^bIncludes homicides committed by other inmates, incidental to the staff use of force, and resulting from assaults sustained prior to incarceration. See *Methodology*.

^cExcludes persons of Hispanic or Latino origin, unless specified.

^dIncludes American Indians or Alaska Natives, Asians, Native Hawaiians, or other Pacific Islanders, and persons identifying two or more races.

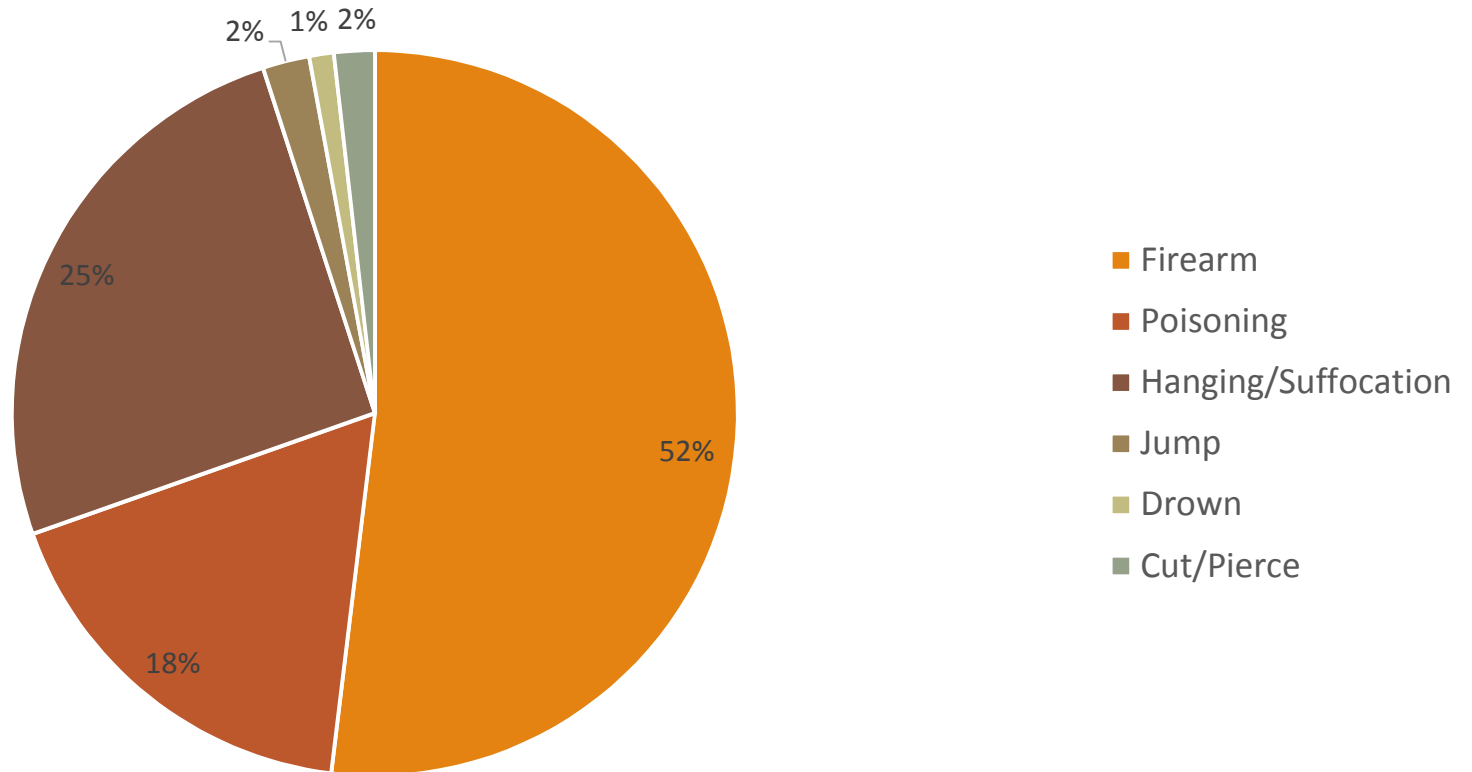
^eIncludes inmates who returned on a probation or parole violation. See *Methodology*.

^fIncludes inmates whose status was marked as other or was unspecified.

Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2012.

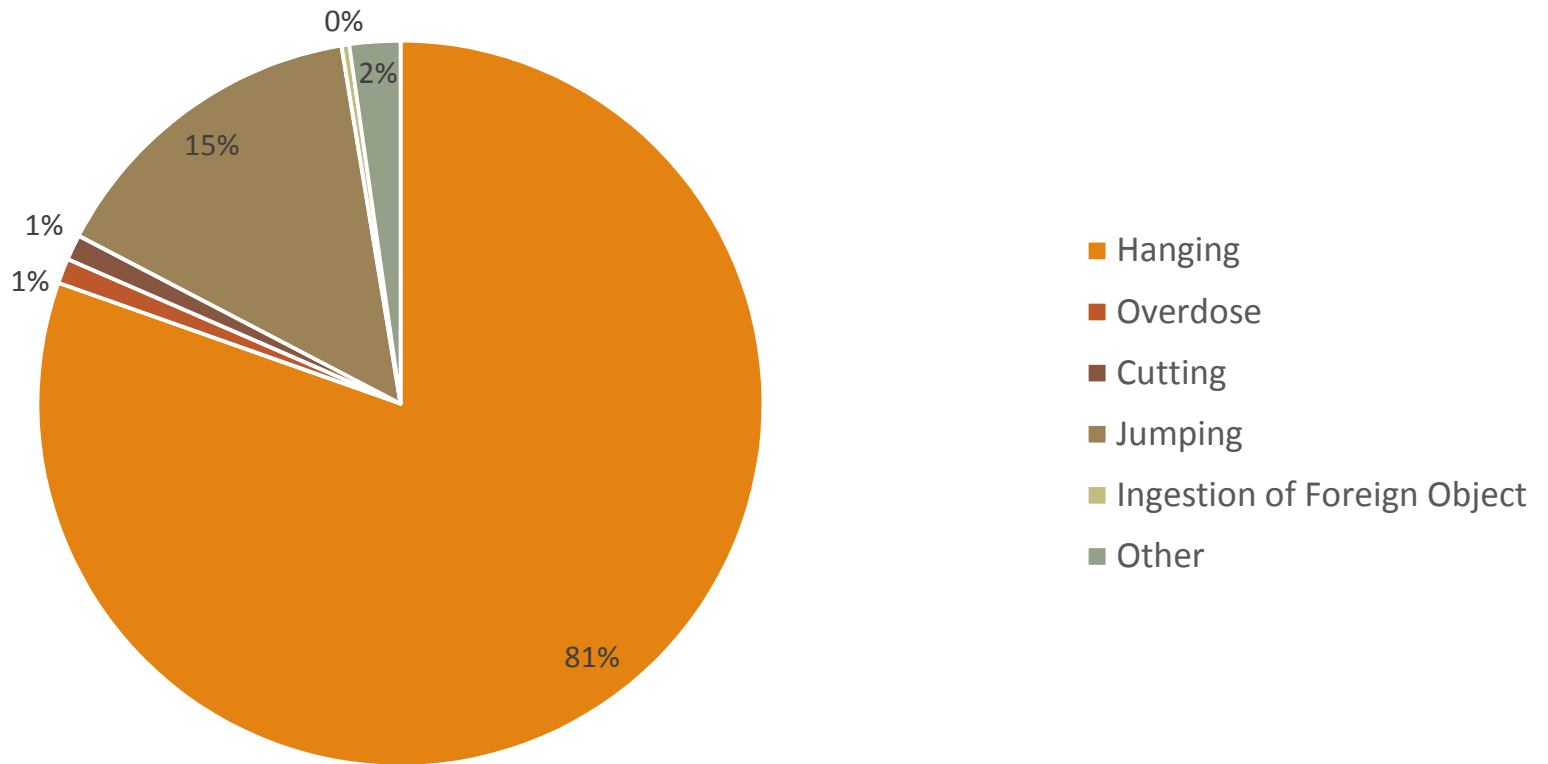
Understanding Suicide

Suicide Methods in General Population



Understanding Suicide

Suicide Methods in Jails



Working with Suicidal Individuals

ATTITUDES & APPROACH

Working with Suicidal Individuals

Suicide

- A sensitive subject
- Most reported fear by therapists (97%)
- What's all the fuss about?

Negative provider reactions to suicidality

- Overcompensation
- Denial
- Helpless Dependence

Effect on patients?

In corrections, high potential for malingering

- Secondary gains
 - Avoiding or delaying legal proceedings
 - Housing change
 - SSI
 - Psychotropics
- Rare symptoms
- Unusual symptom clusters
- Inconsistency in presentation

Working with Suicidal Individuals

Some myths

- “People who talk about it don’t do it.”
- “If someone is prevented from suicide at one place, they’ll just go somewhere else to do it.”
- “Mentioning suicide plants the idea in someone’s head.”
- “People kill themselves on impulse.” or “You can’t predict suicide.”

Working with Suicidal Individuals

Maintaining a collaborative, non-adversarial stance

- Patience, empathy, & understanding through active listening
- Acknowledging ambivalence about living
- Contextualize/normalize feelings of despair
- Provide an understandable model of suicidality
- Identify common goals for treatment
- Realistically assess your role and abilities

Risk Assessment

FRAMEWORKS & CRITICAL ISSUES

Suicide Risk Assessment

Risk Assessment Frameworks

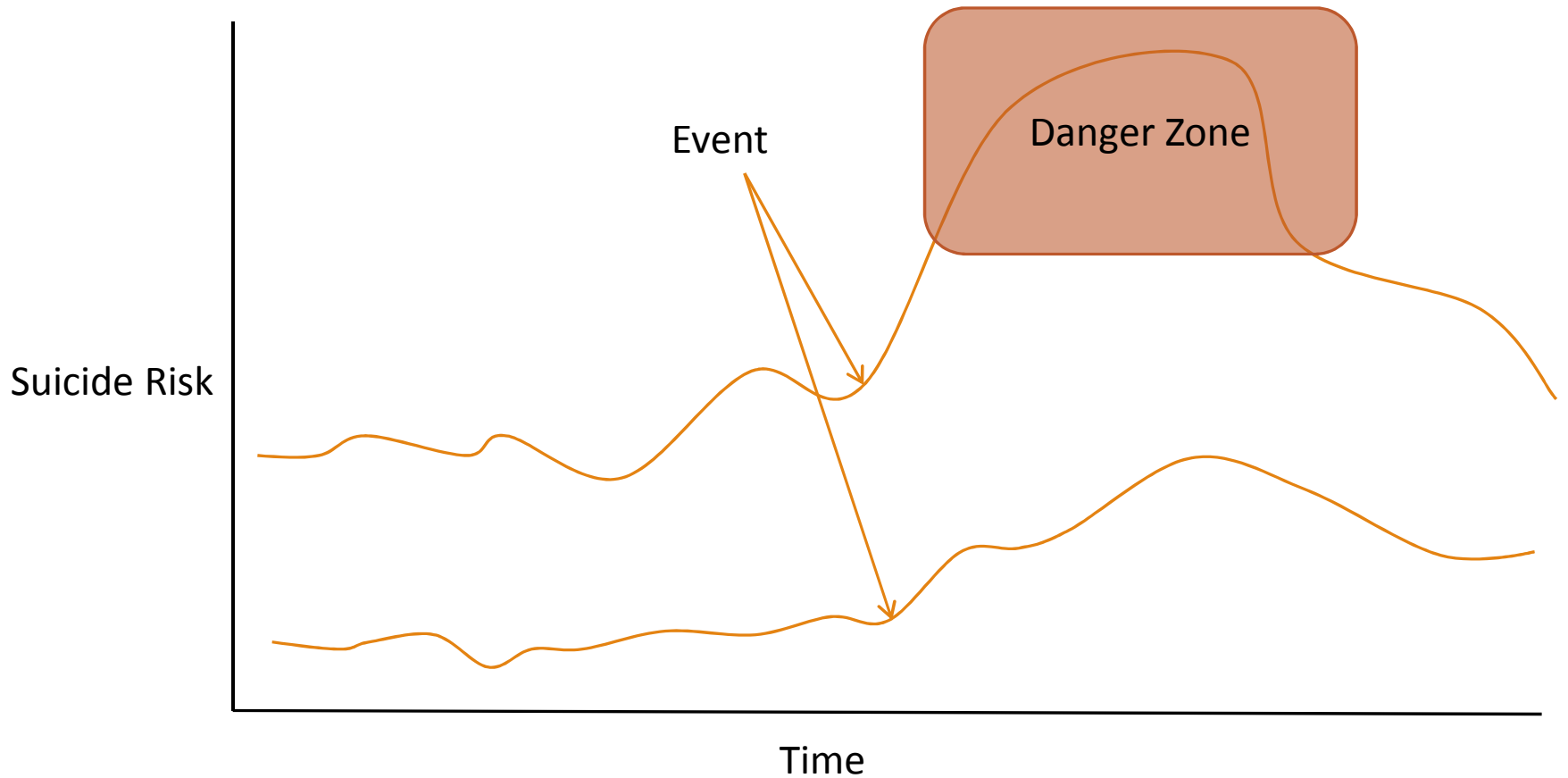
- Formalized procedures that provide structured ways to assess signs and symptoms of current and more long-standing risk.
 - Indications of what signs and sx's to assess & what questions to ask
 - How to combine info on past & current sx's to determine current risk
 - What actions to take
- GOAL: establish degree of current risk, including if clear & imminent risk so that appropriate clinical actions are taken.

Suicide Risk Assessment

Chronic vs. acute suicide risk

- The Suicide Zone

Suicide Risk Assessment



Suicide Risk Assessment

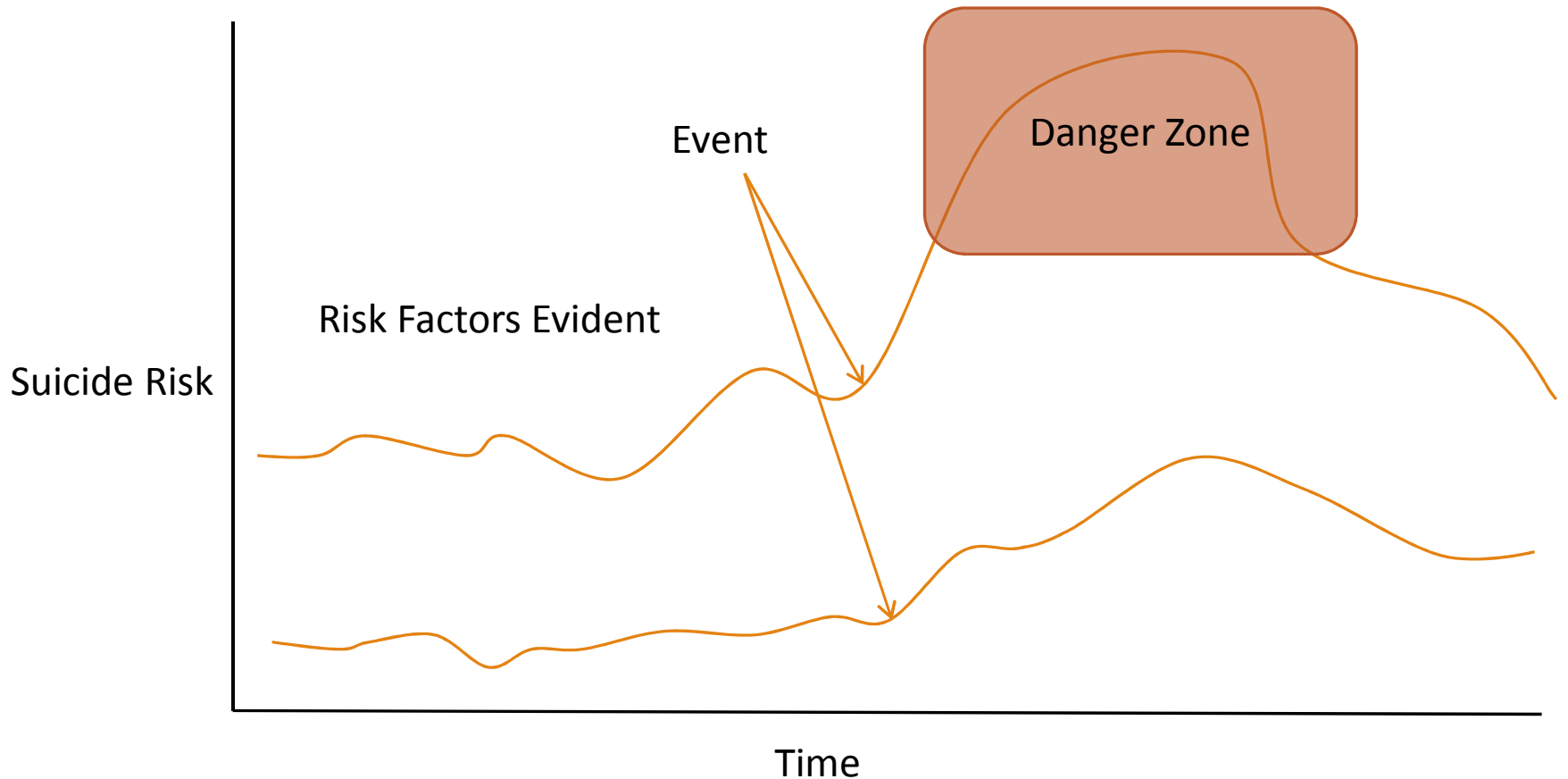
Chronic vs. acute suicide risk

- The Suicide Zone

Risk Factors vs. Warning Signs?

Critical Issues in Risk Assessment

Warning Signs Evident



Risk Factors

Often long-standing
and unchanging
Predispose individuals
to suicidal behavior

Mental disorder(s)

Previous suicide attempts

Social isolation

Physical illness

Unemployment

Family conflict

Family history

Impulsivity

Incarceration

Hopelessness

Agitation or sleep disturbance

Childhood abuse

Exposure to suicide

Homelessness

Combat exposure

Self-esteem, shame

Warning Signs

Dynamic & proximal
Indicate presence of
current suicidal crisis

IS

Ideation
Substance Abuse

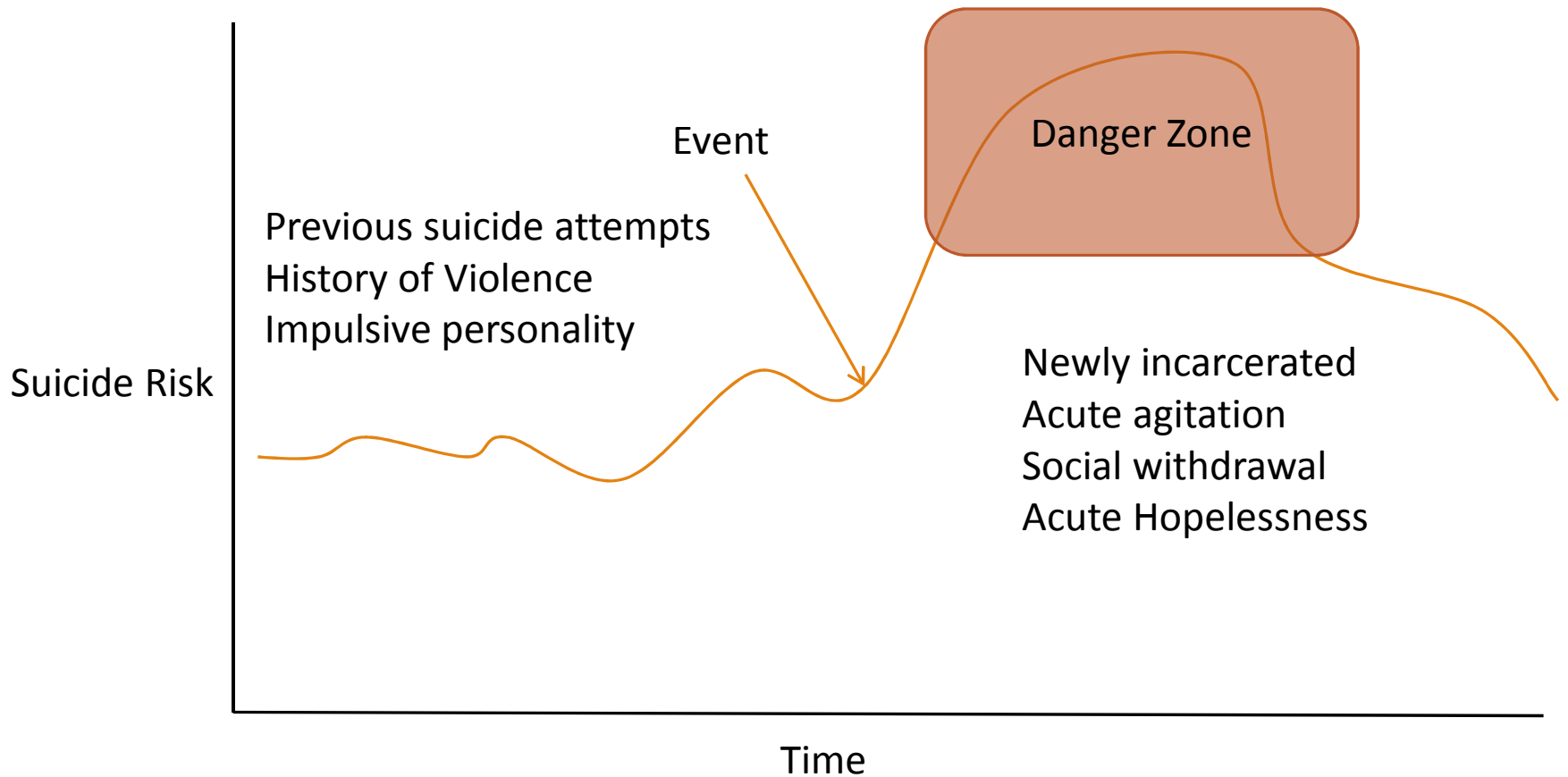
PATH

Purposeless
Agitation
Trapped
Hopelessness

WARM

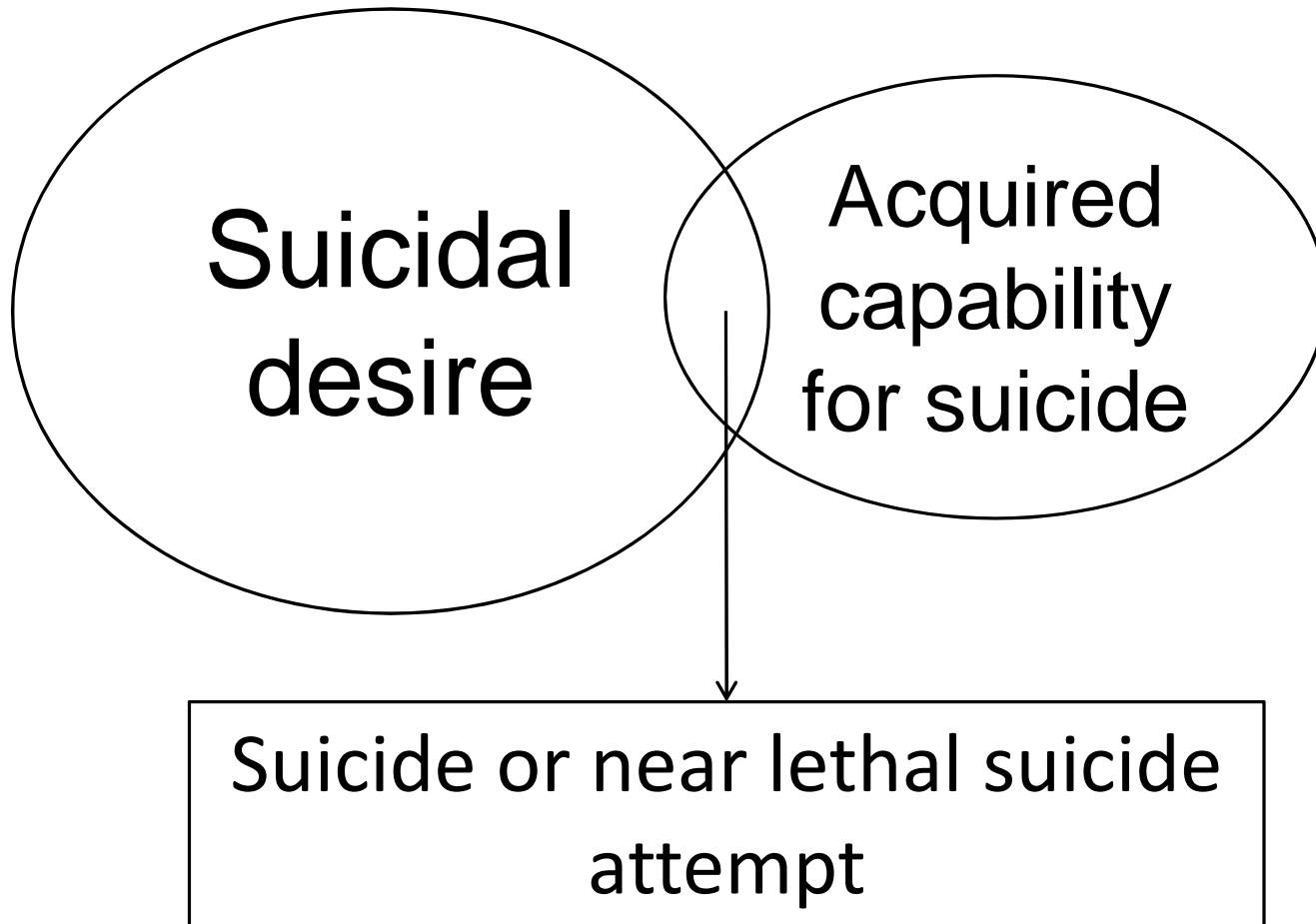
Withdrawal
Anger
Restlessness
Mood changes

Suicide Risk Assessment

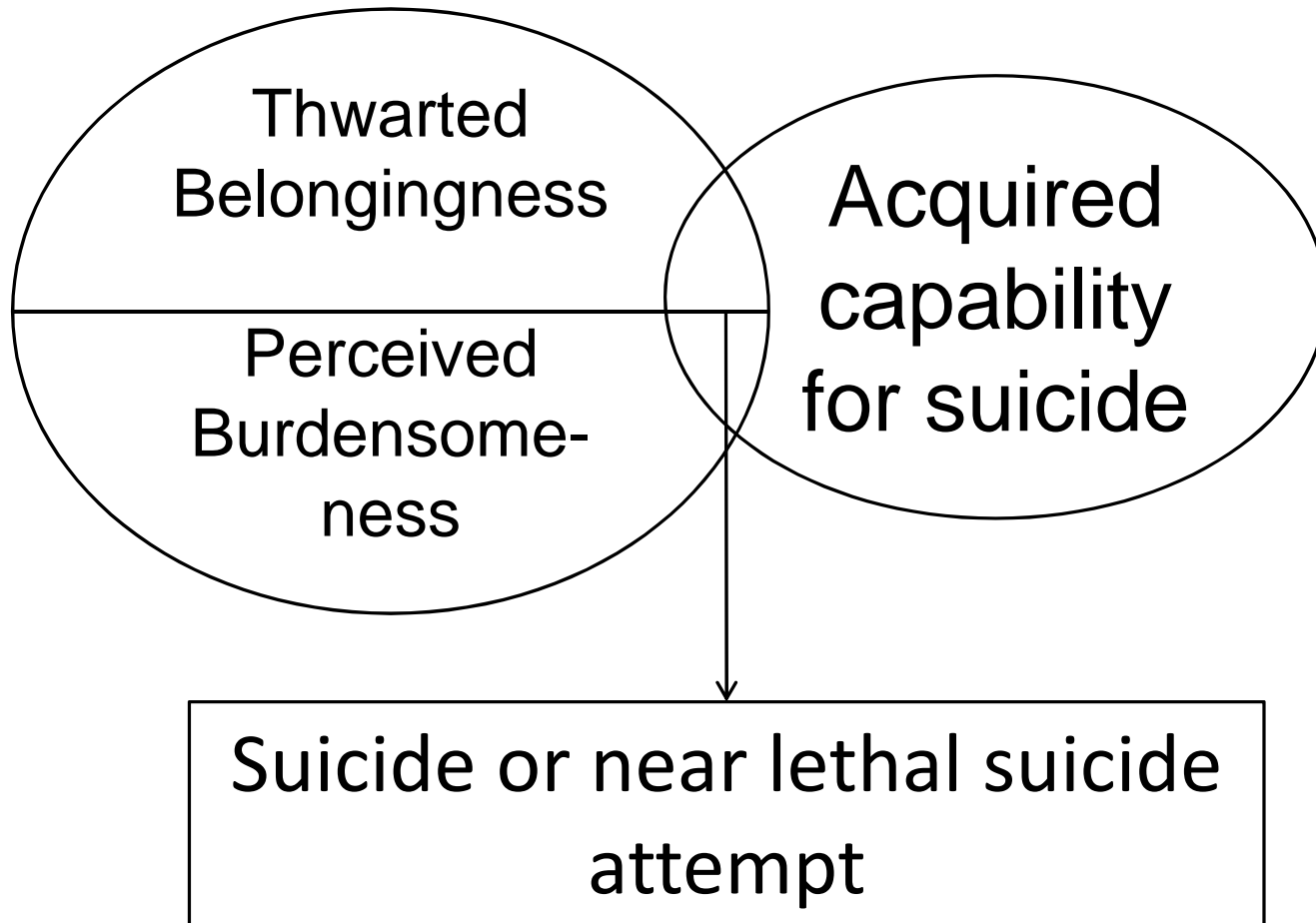


Which leads us
to...

The Interpersonal Theory of Suicide



The Interpersonal Theory of Suicide

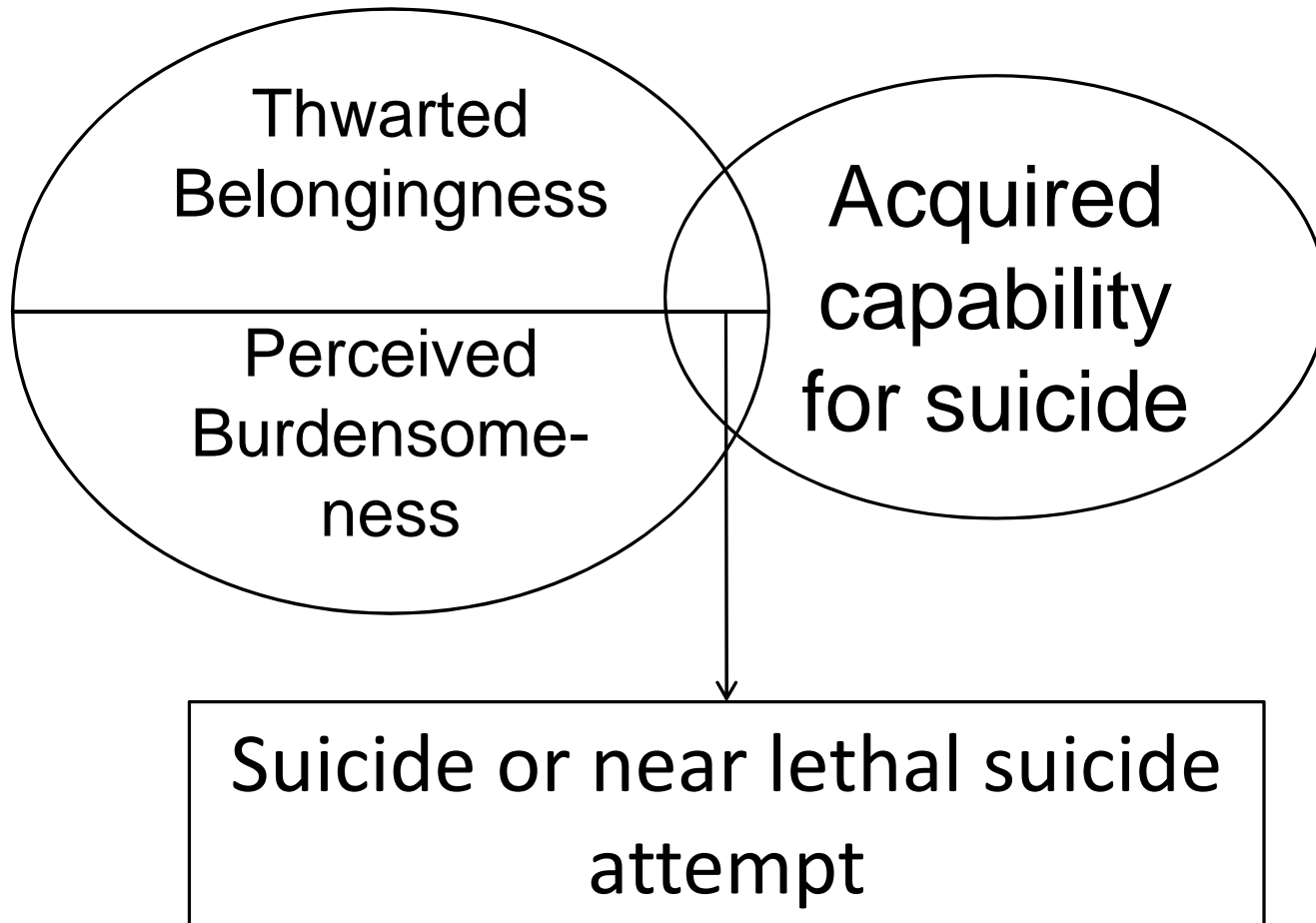


A Theoretically Driven Risk Assessment Framework

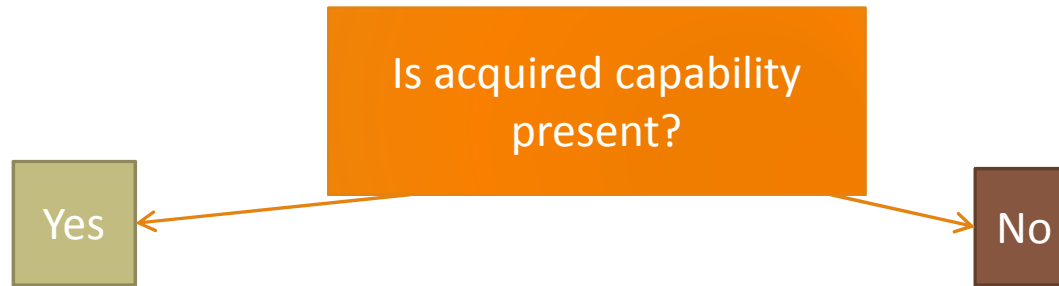
Two Most Important Areas:

- The capability for suicide
- Nature of current suicidal symptoms
 - Resolved plans & preparations
 - Desire for death by suicide

The Interpersonal Theory of Suicide



Suicide Risk Assessment Decision Tree



Is Acquired Capability Present?

Fearlessness of Death

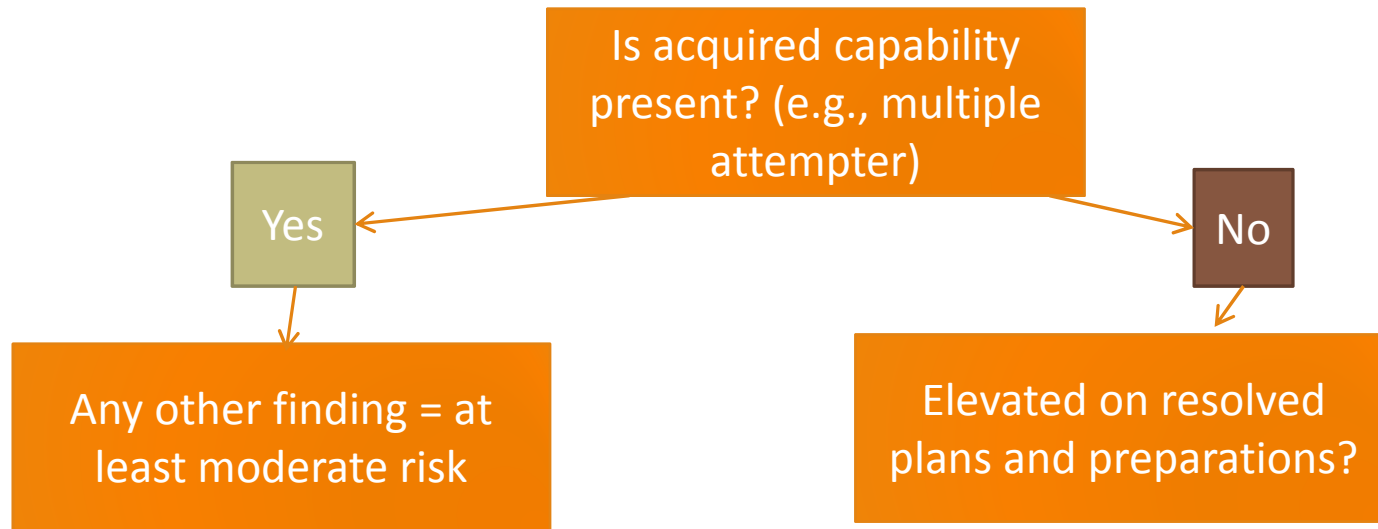
Pain Tolerance

Experiences of pain and provocation:

- Past suicide attempts (especially multiple attempter status)
- Aborted suicide attempts
- Self-injecting drug use
- Self harm (i.e., non-suicidal self-injury)
- Frequent exposure to, or participation in, physical violence

“Worst Point” Severity & Plans

Suicide Risk Assessment Decision Tree

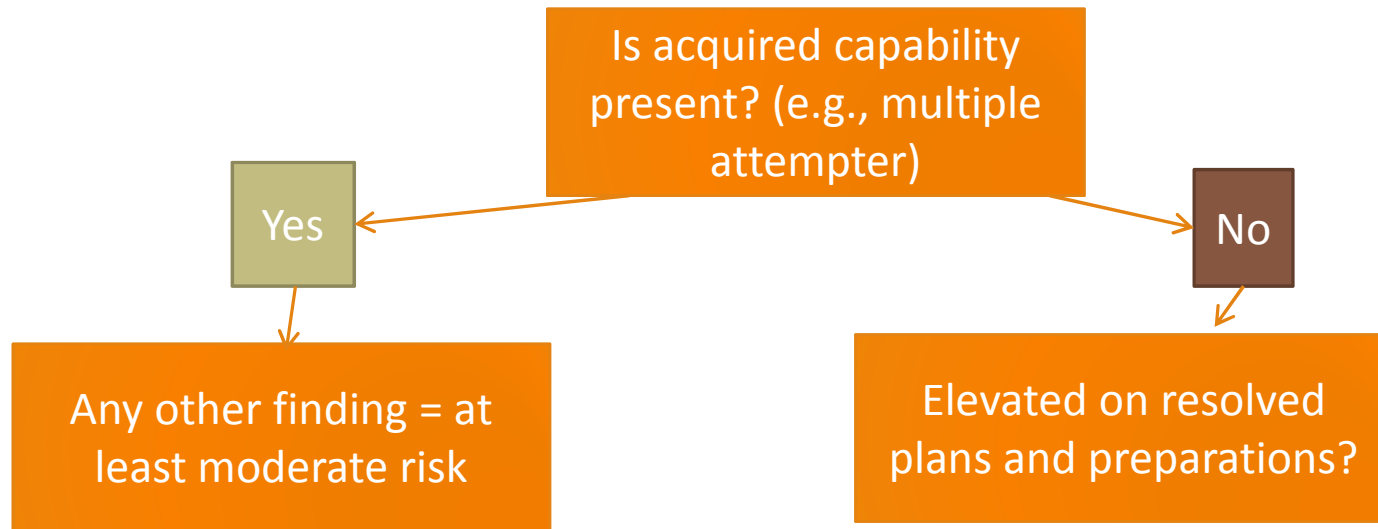


Suicide Risk Assessment Decision Tree

“Other significant finding”

- Warning Signs for Suicide
 - Severe recent negative life events
 - Marked hopelessness
 - Deteriorating health
 - Loneliness
 - and so on

Suicide Risk Assessment Decision Tree



What to assess?

Resolved plans & preparations

- sense of courage to make an attempt
- competence to attempt
- availability of means/opportunity
- specificity of plan
- preparations
- duration of SI
- Intensity of SI

Suicide Risk Assessment Decision Tree

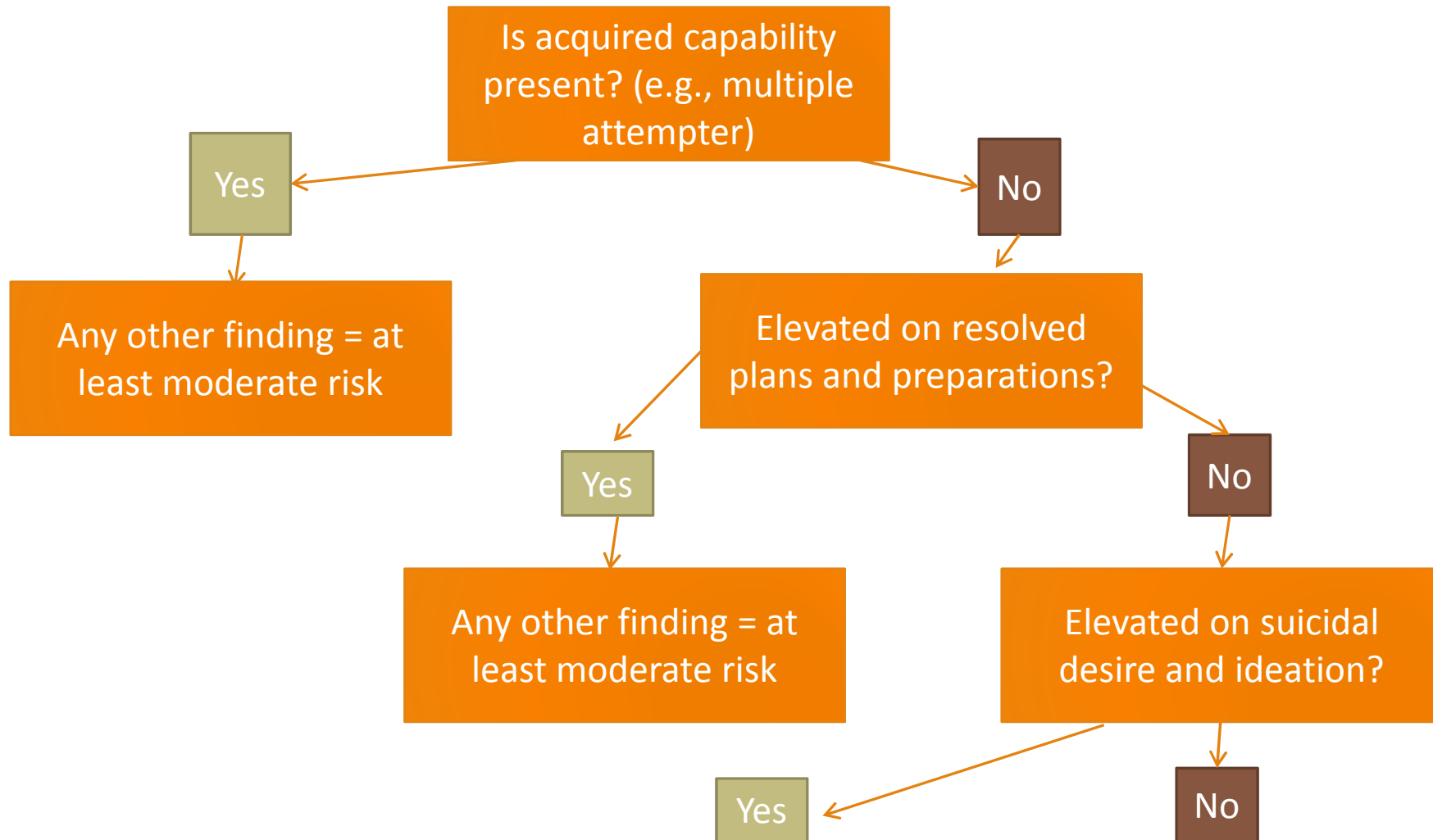


Figure 2.3. Abbreviated Suicide Risk Assessment Decision Tree. Reprinted from "Scientizing and Routinizing the Assessment of Suicidality in Outpatient Practice," by T. E. Joiner Jr., R. L. Walker, M. D. Rudd, & D. A. Jobes, 1999, *Professional Psychology: Research and Practice*, 30, p. 451. Copyright 1999 by the American Psychological Association.

What to assess?

Suicidal desire and ideation

- absence of reasons for living
- wish to die
- frequency of ideation
- wish not to live
- passive attempt
- desire for attempt
- talk of death/suicide
- Thwarted Belongingness & Perceived Burdensomeness

Suicide Risk Assessment Decision Tree

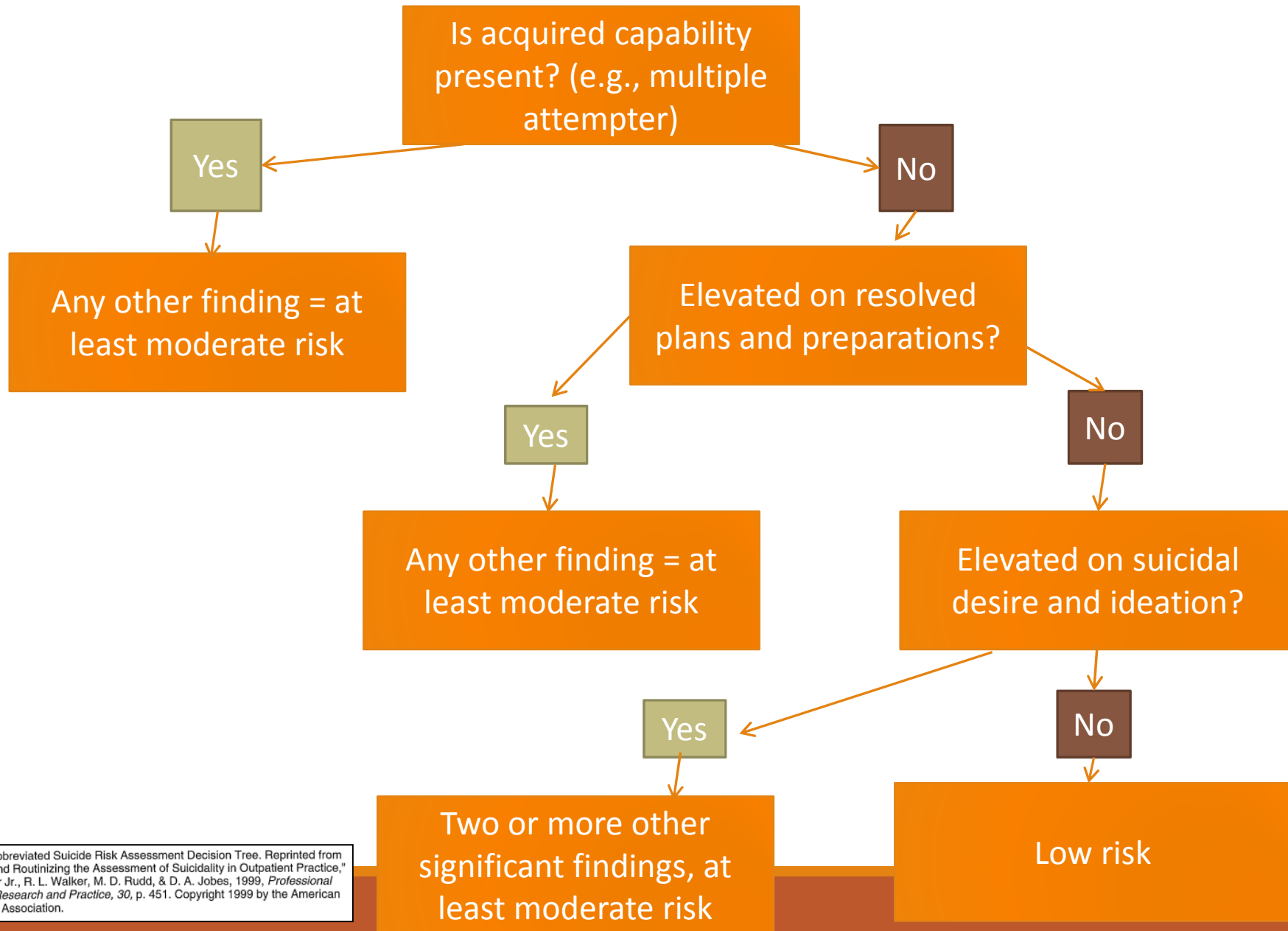


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Risk Designations

Low

- A person with no identifiable suicidal symptoms
- An individual with Acquired Capability with NO other risk factors (including NO suicidal ideation)
- An individual without Acquired Capability with suicide ideation of limited intensity and duration, no or mild symptoms of the Resolved Plans and Preparation factor AND no or few other risk factors

Risk Designations

Moderate

- An individual with Acquired Capability with any other notable finding (e.g., suicidal ideation, hopelessness, etc.)
- An individual without Acquired Capability with moderate to severe symptoms of the Resolved Plans and Preparation factor
- An individual without Acquired Capability with moderate to severe symptoms of the Suicidal Desire and Ideation factor (but mild or no Resolved Plans and Preparation) AND at least two other notable risk factors

Risk Designations

High

- An individual with Acquired Capability with any two or more other notable findings (including suicidal desire and ideation)
- An individual without Acquired Capability with moderate to severe symptoms of the Resolved Plans and Preparation factor and at least one other risk factor

Summary

Suicide risk is a complex phenomenon that includes chronic and acute aspects

Risk factors inform chronic risk, warning signs can inform acute risk

The Interpersonal Theory emphasizes the

- Capability for suicide in determination of chronic risk
- Nature of current ideation in determination of acute risk

Let's wrap it up

WE'VE ATTEMPTED TO COVER:

Understanding Suicide

Working with Suicidal Individuals

Suicide Risk Assessment According to the IPTS

Thanks.

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