

RISK ASSESSMENT & PROTECTIVE FACTORS

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DISCLOSURE

- None

OBJECTIVES

- Better understand Assessment of suicide risk and limitations
- Identify the differences between risk factors, warning signs, and protective factors
- Learn what factors are modifiable
- Improve assessment of acute risk

Risk and Protective Factors

- Factors that have been found statistically related to the presence of absence of suicidal behaviors
- THEY DO NOT SUGGEST A CAUSAL RELATIONSHIP
- No single risk or set of risk factors necessarily conveys increased suicidal risk
- No single protective factor or set of protective factors insures protection against suicidal behaviors
- You cannot "balance" one set of factors against another to derive a total score of relative risk

Risk Assessment

- Purpose:
 - Make a clinical judgement regarding imminent risk to patient safety based on the available clinical data
 - Identify and modify risk factors in order to manage suicidality

Risk Assessment

- Address both risk and protective factors
- An inductive process, not an event, to generate patient data designed to guide treatment
- Enables evidence-based safety management and treatment decisions

Characteristic Feature	Risk Factor	Warning Sign
Relationship to Symptom	Distal	Proximal
Empirical Support	Evidence-Based	Clinically-derived
Time Frame	Enduring	Imminent
Nature of Occurrence	Relatively Stable	Transient
Clinical Implications	Limited at times	Demands intervention

Risk Factors vs Warning Signs

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| <ul style="list-style-type: none"> • Risk Factors: • Suicidal ideas/behaviors • Psychiatric diagnosis • Physical illness • Childhood trauma • Genetic/family effects • Psychological factors <ul style="list-style-type: none"> • (e.g., hopelessness) • Cognitive features • Demographic features • Access to means • Substance intoxication • Poor therapeutic relationship | <ul style="list-style-type: none"> • Warning Signs: - Talking of wanting to or threatening to kill self - Seeking access to lethal means - Talking or writing about death, dying, suicide - Increase substance abuse - No sense of purpose/reason for living - Feeling trapped/no way out - Anxiety, agitation, sleep deprivation - Hopelessness - Withdrawal/isolation |
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Organism's Long-Term Suicide Risk Factors

- Demographics:
 - Male
 - Youth (18-25)
 - Elderly (75+)
 - Lesbian, gay, bisexual and transgender
 - Armed forces/veterans
 - Native American/Alaska natives
 - Caucasian
 - Non-married
 - Unemployed

Organism's Long-Term Suicide Risk Factors

- Biochemical:
 - TBI
 - Chronic and/or life threatening physical illness with significant social or functional impairment
- History:
 - Prior suicide attempts or non-suicidal self injury
 - Prior aggression/violence
 - Prior psychiatric hospitalization

Assessing Past Suicidal Episodes

- Precipitating event(s):
 - Identify events leading up to the episode
- Details of the Episode:
 - Ideation: content, frequency, duration, intensity
 - Attempt: method, intent, planning, likelihood of rescue
- Outcome:
 - Type and severity of injury
 - Medical treatment required
- Reaction:
 - Reaction to surviving
 - Thoughts about the episode now

Long-Term Suicide Risk Factors: Environment

- Negative Life Events:
 - Childhood sexual or physical abuse
 - Incarceration:
 - Especially life sentence and single cell occupancy
 - Youth:
 - Conflict with parents, parental psychopathology, school-related bullying
 - LGBT youth:
 - Perceived discrimination/harassment based on sexual orientation

Long-Term Suicide Risk Factors: Environment

- Lethal Means:
 - Availability of guns or other lethal means
- Low Social Support:
 - Little interpersonal contact
 - Lives alone
 - Low support from family, friends, colleagues or faith community
- Suicidal Models:
 - Family history of suicidal behavior
 - Acute:
 - Recent suicide of famous people, peers at school, etc.

Precipitating Events for Suicidal Behavior

- Stressful life events
- Recent diagnoses of mental or physical illness
- Recent discharge from psychiatric hospitalization
- First 24 hours of incarceration
- Exposure to recent suicide/suicide bereavement
- Currently, or expectation that one will be, alone
- Loss of status, respect or rank
- Acute intoxication
- Access to lethal means

Are Factors Modifiable?

- Non-modifiable factors:
 - Family history
 - Past suicidal history
 - Demographics
- Modifiable factors:
 - Psychiatric and/or chemical health issues
 - Sense of responsibility to family
 - Reality testing/problem solving skills
 - Positive coping skills
 - Improved social contacts and support
 - Means control

ASSESSING ACUTE SUICIDE RISK

Assessing Acute Suicide Risk

- Direct Indices
- Indirect Indices
- Precipitation Events
- Protective factors

Direct Indices

- Three factors indicate the highest likelihood of short-term onset of suicidal behaviors:
 - Threatening to hurt or kill oneself
 - Looking for means to kill oneself
 - Talking/writing about death, dying, suicide
- These require immediate further, detailed assessment as to ideation, plan, preparation and intent

Direct Indices

- Suicidal Ideation:
 - Passive: thoughts about wanting to be dead
 - Active: thoughts about committing suicide
- Suicidal Communication:
 - Direct: "I want to kill myself."
 - Indirect: "I won't be around much longer."
- Suicide Planning, Preparation and/or Rehearsals:
 - Specific time/method, acquiring means, writing suicide note
- Suicide Intent:
 - Belief that s/he is going to commit suicide or hurt self

Indirect Indices

- Talk of being a burden to others
- Current severe hopelessness or pessimism
- Anhedonia
- Escalating agitation, anxiety or restlessness
- Command hallucinations urging suicide
- Inability to concentrate/make decisions
- Sleep disturbance—too little or too much
- Increased or excessive alcohol/drug use
- Medical conditions/chronic pain
- Preoccupation with anticipated loss or major life stressor
- Precautions against discovery

Indirect Indices

- Hopelessness—"nothing can be done"
- Purposelessness—no purpose/reason for living
- Anger—Rage or revenge seeking
- Recklessness—impulsive/risky behavior
- Feeling trapped—no way out
- Social withdrawal—family, friends, society
- Anxiety—agitation, irritability, angry outbursts
- Mood changes—dramatic changes and/or lack of interest in usual activities/friends
- Guilt or shame—overwhelming self-blame or remorse

Precipitating Events

- Recent negative events:
 - Stressful life events:
 - Interpersonal losses, conflicts, legal crises, financial problems
 - Recent diagnosis of mental or physical illness
 - Recent discharge from psychiatric hospitalization
 - First 24 hours after incarceration
 - Exposure to recent suicide
 - Media, community, etc.
 - Currently, or expect to be, alone
 - Acute intoxication
 - Access to lethal means

Protective Factors

- Factors which can be reinforced and built upon for solutions and safety planning:
 - Hope for the future
 - Self-efficacy in the area of the problem(s)
 - Attachment to life (reasons for living)
 - Responsibilities to family/children/pets
 - Embedded in supportive family/social network
 - Positive relationship with therapist or other service providers
 - Fear of suicide/death/dying and/or social disapproval
 - Highly spiritual/religious
 - Belief that suicide is immoral and will be punished

PRACTICE!

REFERENCES

- Linehan, M. : Linehan Risk Assessment and Management Protocol Behavioral Research and Treatment Clinic, University of Washington
- <http://depts.washington.edu/uwbtrc/>

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