ASSESSING LETHALITY

Service Access and Management, Inc.

CONTENT AND FORMAT

- **Dialogue**
  - "Co-training"
  - Apology for Interrupting
- **Sensitivity and Absence of Judgment**
- **Challenging the "Status Quo"**
  - Consider the "Why's" of Suicidality
  - Challenge "What" and "How" we Assess
    - Re-Consider Focus on Crisis, Diagnosis, and Establishing Lethality

CONTENT AND FORMAT

- **Guidelines for Assessing Lethality**
  - Consider "When" to Assess
- **Interviewing**
  - Consider "How" to Have the Conversation
- **Assessment of Overall Risk**
- **Planning for Safety**

CONTENT AND FORMAT

- Litigation/Liability
- Document…Document…Document
- Managing Risk for…
  - Individuals Served
  - Staff
    - Direct Service Staff
    - Management
  - Agency

LETHALITY ASSESSMENT and SAFETY PLANNING as a FUNCTION of CASE MANAGEMENT

- These functions are…
  - Part of facilitating coping, self-management, and well-being (including alleviating suffering);
  - Consistent with facilitating change/outcomes through service planning and skill-building;
  - Recovery-based;
  - Part of addressing all of the needs presented by the individuals served;
    - These needs being "drivers'/risk factors of suicide.

ASSESSING LETHALITY

- ***WHEN TO ASSESS***
  - **<u>Assess Lethality</u>…**
    - Not only "When There's a Crisis"
    - Rather, "All the Time"
      - Ongoing and Flexible Basis
      - Routine and Comfortable

WHEN TO ASSESS

- **Assess Lethality** upon…
  - Opening the case and/or starting services.
  - A change in level of care.
    - When in Transition (particularly, hospital discharges)
  - Identification of suicidality as a ***past or present*** issue, then…
    - Continue to routinely complete follow-up assessments - ***even in the absence of immediate threats/gestures.***
    - If the individual is not immediately at risk, plan for if/when suicidality should recur.

WHEN TO ASSESS

- **Re-assess** more frequently after a statement/gesture of suicidality, as…
  - The individual may remain at risk *even after his/her mood has appeared to improve*.

WHEN TO ASSESS

- **Re-assess** if/when the individual is demonstrating:
  - A negative change in clinical presentation, in general.
    - "Drivers" and "Clinical Mediators"
    - "Trans-Diagnostic"
  - Dangerousness in some other way.
  - Decreased self-care.
  - "Final preparations".

WHEN TO ASSESS

- **Re-assess** if/when the individual is demonstrating:
  - **Changes in Mood Symptoms** – "up" or "down"
    - Going into/coming out of manic/depressive states
    - Mixed states
    - Lability, "cycling"
    - Irritability, agitation, and impulsivity
  - **Psychotic Symptoms**
    - "Distressing voices" – particularly, command auditory hallucinations
    - Persecutory delusions

WHEN TO ASSESS

- **Re-assess** if/when the individual is experiencing:
  - New or increased stressors/losses.
  - The anniversary of a significant event
    - e.g., stressor/loss, gesture of harm.
  - A new, chronic, or deteriorating medical (or psychiatric) condition
    - e.g., debilitating or terminal illness, severe or chronic pain, Major Depressive Disorder.

WHEN TO ASSESS

- **Re-assess** if/when the individual has begun:
  - New medications or changes in medications (including non-psychotropic and OTC meds)
    - I.e., The individual has obtained the means to overdose and may experience:
      - Absence of desired effects;
      - Adverse side-effects.
  - Withdrawal.
  - Stock-piling medications (or toxic household chemicals).

ASSESSING LETHALITY

- ***WHAT TO ASSESS: RISK FACTORS***
  - More about "When to Assess" in terms of…
  - "Trans-Diagnostic Elements" – i.e.,…
  - "Drivers" (Thought Patterns)…
    - "Clinical Mediators/Symptoms"…
      - State of Crisis
  - **Sooner is Better**
  - **More Frequently is Better**

RISK FACTORS

- ***"DRIVERS" – Thought Patterns***
  - Hopelessness
  - "Agitated Distress"
  - "Thwarted Belonging"
  - "Burdensomeness"
  - "Sense of Failure"

Geis, Edlavitch, & Newman @ University of Missouri, Kansas City School of Medicine

RISK FACTORS

- ***"DRIVERS" – Thought Patterns***
  - "Unbearable Pain"
  - "Self-Hatred"
  - "Self-Prediction of Death"
  - "Suicide Ambivalence"

RISK FACTORS

- ***"CLINICAL MEDIATORS/SYMPTOMS"***
  - Substance Abuse
  - Insomnia
  - "Post-Traumatic Intrusions"
  - "Tormented Mentation"

RISK FACTORS

- ***"CLINICAL MEDIATORS/SYMPTOMS"***
  - Early Abuse
  - Amnesia/Disassociation
  - "Dehumanization"
  - Command Hallucinations

Geis, Edlavitch, & Newman @ University of Missouri, Kansas City School of Medicine

BIOLOGICAL/PSYCHOLOGICAL RISK FACTORS: More Research

- Chronic Physical Pain or other Acute Medical Problem
- Homicidal Ideation/Perpetrator of Violence, or Aggressive/Disruptive Behavior
- Method for Suicide Available
- Hx of Sexual or Physical Abuse
- **Family Hx of Suicide**
- Previous Psychiatric Dx's and Tx's

Columbia University Dept. of Psychiatry/New York State Psychiatric Institute

BIOLOGICAL/PSYCHOLOGICAL RISK FACTORS: "Developmental Trauma"

- Suicide is trauma-based 70% of the time.
- Possible Sequelae
  - Vulnerability for Anxiety Disorders
  - Impaired Coping and Skill Development
    - Avoidance
    - Passive-Aggressive Behavior
    - Submissive behavior
    - Aggression
  - Impaired Connectedness
  - Impact on Self-Image, Self-Efficacy

BIOLOGICAL/PSYCHOLOGICAL RISK FACTORS: More Research

- Hopelessness
- Major Depressive Episode
  - Mixed Affective Episode (e.g., Bipolar)
- Command Hallucinations of Self-Harm
- Highly Impulsive Behavior or Recklessness
- Substance Abuse/Dependence
- Agitation, Severe Anxiety, or Panic
- **Self-Injurious Behavior *without* Suicide Intent**

RISK FACTORS: SELF-INJURIOUS BEHAVIOR WITHOUT SUICIDE INTENT

- "Practice": Comfort and Proficiency with Self-Harm
- "All you need is…intention" to become suicidal
- "Identity Damage" (e.g., Shame)
  - Vicious Cycle

Rudd, M. David, Ph. D.,ABPP

SOCIAL/ENVIRONMENTAL RISK FACTORS: More Research

- Recent Losses
- **Pending Incarceration or Homelessness**
- Current/Pending Isolation or Feeling Alone
- Perceived Burden on Family or Others
- Poor Parent/Child Attachment (Youth)
- **REFUSES or FEELS UNABLE to AGREE to a SAFETY PLAN**

SOCIAL/ENVIRONMENTAL RISK FACTORS: More Research

- Previous Psychiatric Diagnoses and Treatment
- **Non-Compliant, Hopeless, or Dis-satisfied with Tx**
  - E.g., Dis-engagement, cancellations, no-shows, termination
- Not Receiving Tx
- Method for Suicide Available
- **Exposure to Suicide of a Peer (Youth)**
- **Truancy or Runaway (Youth)**

ASSESSING LETHALITY

- ***WHAT TO ASSESS: PROTECTIVE FACTORS***
  - **ADDRESS RISK FACTORS**
  - **FACILITATE WELL-BEING and SAFETY**
    - Identifies Reasons for Living
    - Responsibility to Family or Others; Living with Family
    - Supportive Social Network of Family
    - Fear of Death or Dying due to Pain and Suffering
    - Belief that Suicide is Immoral; High Spirituality
    - Engaged in Work, School, or Sports
    - High Academic Achievement (Youth)

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ASSESSING LETHALITY

INTERVIEWING

- **SOURCES:**
  - Individual
  - Family/Significant Others
  - Records

INTERVIEWING

- **HOW TO START**
  - Holistic Assessment at the Start of Services
    - Getting to know the individual
    - Discussion of bio-psycho-social domains
  - Conversation - Active Listening
    - Being "Curious" and "Conversational"
    - In response to "Guidelines", "Drivers", "Clinical Mediators"

INTERVIEWING

- **HOW TO START**
  - Remember:
    - *The risk is in **not** having the conversation.*
      - *Proven by multiple research/evidence-based sources*
    - You won't "put it in their heads" or "make them suicide" by having the conversation.
      - *Actually, the individual often experiences relief and it reduces the risk of suicide.*

INTERVIEWING

- **HISTORY and CONTENT**
  - Suicidal Ideation
    - Past (from Onset)
      - Evolution
        - Current
  - Suicide Attempts
  - Other Deliberative Self-Harm
  - Other History related to Suicidality

EVOLUTION OF SUICIDAL IDEATION

- **Wish to be Dead** - passive ideas
- **Suicidal Thoughts -** active thoughts, but without method
- **Suicidal Thoughts with Method** (but without specific plan or intention to act)
- **Suicidal Intent** (without specific plan)
- **Suicidal Intent with Specific Plan**

INTERVIEWING

- **SUICIDAL IDEATION**
  - "Have you wished you were dead, not alive anymore, or could go to sleep and not wake up?"
  - "Have you actually had any thoughts of killing yourself?"
  - "Have you been thinking about how you might do this?"
  - "Have you had these thoughts and had some intention of acting on them?"
  - "Have you started to work out or worked out the details of how to kill yourself?
    - "Do you intend to carry out this plan?"

Columbia-Suicide Severity Rating Scale (C-SSRS) - Posner, K; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A,; Oquendo, M.; Mann, J.

CONSULTATION/INTERVENTION

- **When risk is significant** (i.e., *upon passive suicidal ideation (Q1)* or *general, non-specific thoughts of wanting to commit suicide (Q2)*:
  - Complete Safety Plan (or at least Crisis Plan)
  - Contact Supervisor
  - If individual has suicidal thoughts with method (Q3), ensure that safety plan (not simply Crisis Plan) is completed

SUICIDAL IDEATION

- **INTENSITY OF (CURRENT) IDEATION**
  - Re "Most Severe" or "Worst" Ideation, Consider:
    - "Frequency"
    - "Duration"
    - "Controllability"
    - "Deterrents"

INTERVIEWING

- **SUICIDAL BEHAVIOR:** *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"*
  - "Actual Attempts"
    - Total, First, "Worst", and Most Recent
  - "Interrupted Attempts"
  - "Aborted/Self-Interrupted Attempts"
  - "Other Preparatory Acts (to Kill Self)"
  - "Self-Injurious Behavior **without** Suicidal Intent"

INTERVIEWING

"TRIGGERS"/"ACTIVATING EVENTS"

- **Internal or External Stressors, Events, or Conditions**
  - Psycho-social Learning History (e.g., Abuse)
  - "Drivers", "Clinical Mediators", "Reasons for Ideation"- as above:
    - Recent Loss(es)
    - Hospitalizations (Transition, D/C Planning)
    - Medication Changes
    - Pending Incarceration or Homelessness
    - Current or Pending Isolation or Feeling Alone
- **Address in Safety Planning**

INTERVIEWING

EFFECTS/OUTCOMES

- "Instrumental Behavior"
- As above - Internal, External, and Psycho-social
- "What did/do you think would/will happen?"
  - To Self
  - To Others
  - Risk Factors – e.g., "Reasons for Ideation"
  - Protective Factors – e.g. ,"Reasons for Living"
    Caution relative to being time-limited
- Social
- Religious

INTERVIEWING

- **OTHER HISTORY/FACTORS - SUMMARY:**
  - Family History
    - Risk and Protective Factors
    - Beyond Hx of Illness
      - Suicidality
      - Abuse
  - Substance Abuse - D & A, Prescribed Meds
  - Recent Stressors
    - "Triggers"/"Activating Events"
  - Effects/Outcomes
  - "Reasons for Living"
    - Future Orientation (vs. Hopelessness)
      - Haplessness and Helplessness

PROTECTIVE FACTORS

- **HISTORY of RESILIENCY**
  - "What has worked?"
- **COPING STRATEGIES/SELF-CARE**
  - "How do you cope?"
  - "What makes you feel better?"
- **PROFESSIONAL and NATURAL SUPPORTS**
  - "Who is helpful to you?"
- **FUTURE ORIENTATION ("Reasons for Living")**
  - "What keeps you going?"
  - "What do you look forward to?"
- **CRISIS/SAFETY PLANNING**

SUICIDAL MODE

- Predisposition (History, Individual Vulnerability)
- Triggers (Sensitivity)
- Cognitive Response (Reasons for Dying)
- Emotional/Physiological Reactions/Symptoms (Axis I)
- Behavioral Response (Evidence of Limited Skills)

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ASSESSING LETHALITY

INTERVIEWING

- *Summary*
  - Problems/Concerns/Questions
  - Suggestions – Sharing What's been Useful

ASSESSING LETHALITY

ASSESSMENT OF OVERALL RISK

- **DO NOT rely on other staff/professionals to assess suicidality**.
- Each professional (and agency) has a responsibility for his/her interventions with the individual.

"Prediction is hard, especially when you're talking about the future."

Yogi Berra

ASSESSMENT OF OVERALL RISK

- **FUNDAMENTAL VARIABLES**
  - Level of **Intention**
    - Fluidity
    - Impulsivity
    - "Actions speak louder than words"
      - Detailed planning (e.g., exploration of means)
      - Preparatory acts
      - Unwillingness (including agitation) to relinquish weapons (including stockpiling meds)
      - Unwillingness to plan for safety
  - **Accessibility** of Means
    - "Means Restriction"
  - **Lethality** of Means

ASSESSMENT OF OVERALL RISK

- *Explicitly Assess the* ***Balance*** *of…*
  Risk *and* ***Protective Factors*** *to…*
  Determine an ***Overall Assessment of Risk***
  - Consider the most *Pertinent Factors*
  - Address each *Risk Factor* with a *Protective Factor*
  - *What's the Overall Balance?*
    - Which is More Influential ("Stronger")?

ASSESSMENT OF OVERALL RISK

- ***ASSESS*** *the* ***BALANCE*** *of* ***RISK*** *and* ***PROTECTIVE FACTORS*** *to* ***DETERMINE*** *an* ***OVERALL ASSESSMENT of RISK***
  - *Articulate a Summary of your Assessment to Explain your Clinical Decision about Risk/Safety*
  - *Make an Argument for your Actions/Safety Plan*
  - *"Listen to your Gut….(and) your Head"*
  - *Imagine being "in the chair…on the stand"*

PLANNING FOR SAFETY

- **"Therapeutic" Value as an Intervention**
  - Skill-Building
  - Confidence, Self-Efficacy, and Hope
  - Service Planning and Engagement in Services
  - Taking Personal Responsibility for Behaviors, Change, Self-Care, Well-Being, and Commitment to Living
  - Facilitation of consolidation of memory and other brain functions (when written by individual)

PLANNING FOR SAFETY

- The individual's **willingness** and **ability** to execute a **specific** and **viable safety plan** is a key indicator in the assessment of lethality.
  - The inability to create a specific and viable safety plan is an indicator of dangerousness/risk.
  - The creation of a specific and viable safety plan is an indicator of safety.
  - **We are seeking not only to rule out lethality/risk, but also to ensure safety.**

PLANNING FOR SAFETY

- ***Context: Gaining Commitment*** *and* ***Accessing Services/Significant Others***
  - Consider What the Individual Wants/Needs
    - LISTEN to the Individual
  - What activities/services facilitate the meeting of these wants/needs?
  - Is the individual's/your behavior facilitating the meeting of these wants/needs?
  - Integrated into ongoing service planning/implementation and crisis/safety planning

PLANNING FOR SAFETY

- ***GUIDELINES for an EFFECTIVE "SAFETY PLAN"***
  - **Comprehensive**
    - Addresses Risk Factors
    - Includes Who/What/When/Where/How Often
  - **Inclusive**
    - Engages Family Members, Professionals, and Significant Others – "Bringing people together"
  - **Simple and Concrete**
  - **Manageable and Realistic**
  - **Accessible**
  - **Includes "Means Restriction"**

"Hope Box/Survival Kit"

- Items included are intended to cue positive emotional states
- Can include objects, pictures, documents, audio/visual recordings
- Ideally, items relate to "Reasons for Living"
- Be sure that the items do not function as "risk factors" or "triggers/activating events" for distress or suicidal ideation/behavior
- Can be embedded in safety plan

CONTENT OF SAFETY PLANS

- Usually include, but is no limited to:
  - Self-Management
    - E.g., "Personal Medicine", "Hope Box/Survival Kit"
  - "Means Restriction"
  - Use of External Supports
    - Informal/Formal Supports
    - Crisis Intervention Services and Hospitalization

CONTENT OF SAFETY PLAN

- "When" as relative to "Activating Events"/"Triggers", as well as scheduling tasks
- "Ready, Willing, and Able"
  - Parallel to Intention, Lethality, and Accessibility
  - "Capability vs. Willingness to Act"

CONSULTATION/INTERVENTION

- **When completing Safety Planning:**
  - Include/Contact other Service Providers (e.g., treatment) as necessary/helpful
  - Contact Crisis Intervention Services and Consider Hospitalization when:
    - The individual is unwilling or unable to engage in safety planning and/or implement the safety plan.
    - *The individual has suicidal intent with or without specific plan (Q4, Q5).*

PLANNING FOR SAFETY

We ***must*** be able to legitimately demonstrate, ***in writing***, that we have appropriately assessed lethality and created a viable safety plan with the individual, or, if failing to do so, have pursued some other reasonable and appropriate means to ensure the individual's safety.

Hospitalization is the most likely means to effectively mitigate risk/ensure safety in the short term, but there are drawbacks.

ASSESSING LETHALITY

- **DOCUMENT…DOCUMENT…DOCUMENT**
  - *Documentation is more than a simple "contract" with the consumer.*
    - It is our argument that we have completed an overall assessment of risk and taken appropriate action to ensure safety.
    - "Safety Contracts" are not effective in mitigating risk or liability – can actually be problematic in relationship with person served.

ASSESSING LETHALITY

LITIGATION/LIABILITY

- *More about Process….Less about Outcome*
- *Documentation that…*
  - **Foreseeability**
    - Indicators of risk were identified.
    - A thorough, overall assessment of risk was completed.
  - **Planning**
    - Assessment of risk shaped the plan.
    - Above guidelines were followed.
  - **Follow-Through**
    - Plan **and follow-up** was coordinated and executed and…
    - Revised/updated as necessary.

ASSESSING LETHALITY

CLOSING

- FEEDBACK AND PLANNING
- QUESTIONS?

SAM
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