Ethical Considerations in Suicide Risk Assessment and Safety Planning with High Risk Individuals

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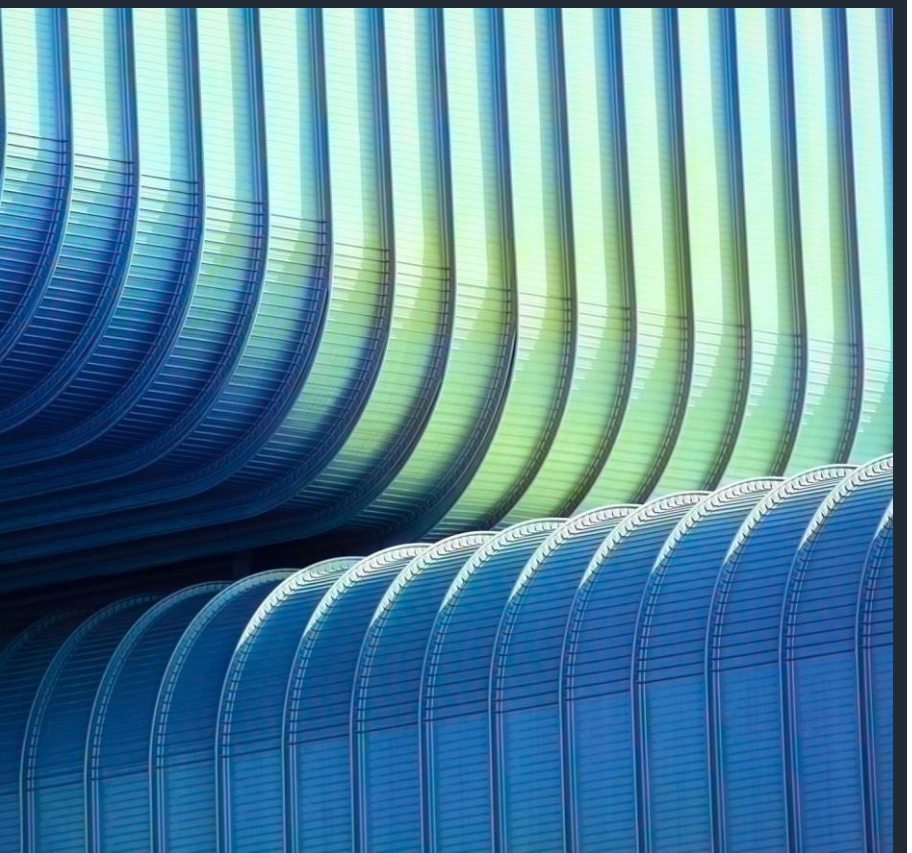
What we will cover today

- Current methods of suicide risk screening and assessment
- Safety Planning
- Ethical Principles as they relate to elements of suicide risk assessment and treatment

Session objectives:

1. To understand the historical methods of suicide risk screening and assessment
2. Learn about the shortcomings of using traditional screening tools in predicting suicidal behavior
3. To understand the clinical procedures of conducting a suicide risk assessment
4. To be able to complete a Safety Plan with a client who is at increased risk for self harm or suicide
5. 5. To understand the Ethical implications of working with vulnerable populations (i.e. those at increased risk for self-harm and suicide)

Introduction and scope of the problem



Suicide is the 10th leading cause of death in the United States and globally.

Over 47,000 people nationally and 700,000 worldwide have died by suicide in the last year (Stone et al., 2021; World Health Organization [WHO], 2021) .

Despite decades of research, rates continue to rise as the ability to predict who will die by suicide remains elusive

A recent meta-analysis suggests that current methods of using instruments to predict risk for suicide death are no better than 50% or random chance (Franklin et al., 2016).

Part 1: Current Methods of Suicide Risk Screening

- Use of Standardized Screening Tools
  - Usually self report measures
- Some of the most commonly used screening instruments
  - Columbia Suicide Severity Rating Scale (C-SSRS) (Posner et al., 2008)
  - Beck Scale for Suicide Ideation (BSI) (Beck et al., 1991)
  - Patient Health Questionnaire-9 (PHQ-9) (Kroenke et al., 2001)
  - Self-Harm Behavior Questionnaire (SBQ) (Gutierrez et al., 2001)
- Other scales
  - Suicide Cognitions Scale (SCS) (Bryan et al., 2014)
    - Looks at drivers of suicide (i.e., the beliefs and cognitions about reasons for living)

Limitations of our screening instruments

Theories abound about why people die by suicide – from sociological to biological to psychological

These theories aid in understanding risk factors for suicide but have not delivered adequate predictive models for reducing death rates

They have not resulted in screening instruments that have adequate predictive value

How well do they work?

- A study by Gutierrez et al. (2019) evaluated four common suicide screeners and found that overall performance of the four found that they were all valid and reliable when assessing active duty military personnel
- However, a meta-analysis of 50 years of research on risk factors for suicidal thoughts and behaviors (STB) concluded that predictive ability is barely better than chance (50%) (Franklin &Ribeiro et al., 2016)
- Suggestion is the need to move from traditional risk factors research and towards machine learning risk algorithms

Examples of items from Suicide Cognitions Scale (SCS)

- Factor Analysis revealed two constructs in the measure
  - Unbearability: “I can’t stand this pain anymore.”
  - Unloveability: “The world would be better off without me.”
- Research has shown that the SCS is a better predictor of future suicide attempt than past attempt (Bryan et al., 2014).*
- Suicidal ideation may be a short term risk factor whereas Unbearability and Unloveability may indicate a more chronic long term risk

*That is important because traditionally past attempt was considered the best predictor of future attempt

There is hope

- Screening tools are not the end goal, they are the beginning of a process with the following steps:
    1. Screening
    2. Assessment
    3. Safety Planning
    4. Evidence based treatment for the reduction and treatment of Suicidal thoughts and behaviors

Suicide Risk Assessment

Consultation

- Important to use a collaborative model if resources are available
- “Never worry alone”
- There are consultation services for high risk patients
  - The Suicide Risk Management Consultation Program (SRM)

- Call a colleague if you are a sole provider
- Text and crisis lines

Assessment

- A structured clinical interview where you are assessing the suicidal thoughts and behaviors (STB) of the client in the past and present
- In addition to standard components, you may also ask about environmental, cultural and relational factors (risk factors, warning signs)
- Determining the acute and chronic risk for STB of your client
- Devising an immediate and long-term plan for the client based upon that risk assessment (disposition)

Components of a suicide risk assessment?

Do they have suicidal thoughts?
How long have they had them?
Is there a history of suicidal thoughts and behaviors?
Do they have a plan?
Is there intent?
Assess level of lethality-how?
Access to means
Risk factors
Warning signs
Stratify risk by chronic and acute risk
DOCUMENT ALL OF THE ABOVE

Appendix

Evidence based treatments for STB

- Cognitive therapy for suicide prevention (CT-SP)
- Cognitive–behavioral therapy (CBT)
- Dialectical behavior therapy (DBT)
- Problem solving therapy (PST)
- Mentalization-based treatment (MBT)
- Psychodynamic interpersonal therapy (PIT)
- Collaborative Assessment and Management of Suicidality (CAMS)

Brown, G. K. & Jager-Hyman, S. (2014). Evidence based psychotherapies for suicide prevention. *American Journal of Preventive Medicine, 4*(47), 186-195.

Risk Stratification Table

- https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:38deea9d-277f-3bb9-b57f-29a0f4430a8d

Safety Planning

Safety Planning

- The what and why of a Safety Plan?
  - An intervention when a client/patient is at increased risk for suicidal thoughts and behaviors (STB)
  - An ethical decision to maintain the autonomy of the client's choices and decision making
  - A document outlining the goals and behaviors set by the client

Why a safety plan?

A unique chance for the Social Worker and client to work together towards the goal of increasing resilience against risk

Building trust in the strength of the relationship

When to make one and who fills it out?

When and Who?

A safety plan can be useful for any client in case safety concerns arise

Any patient at increased risk for STB should consider making a Safety Plan

In acute or emergent situations, completion of a Safety Plan may be the difference between admission or going home

Provides evidence of the client's commitment to care

Should be a collaboration between client and Social Worker

Common Reasons they are not completed

- Not enough time in the session
- “They don’t work”
- “I had them contract for safety”
- “We had to finish another intervention, worksheet, etc.”

Safety Plan Breakout Sessions

- https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:5d9cf27e-c3cd-377d-aee3-c5eff0005b62

- Small Groups of 2 or 3
- One person play the patient or client
- The other person be the Social Worker (if you have three people you can alternate asking questions or be an observer)
- 20 minutes to fill out
- Come back together with thoughts from the exercise

Ethical principles as they relate to elements of suicide assessment and interventions

1. Ethical responsibility to client

- Help people in need and address social problems

2. Challenge social injustice

- Challenging social injustice of stigma of mental illness (suicide)

3. Dignity and worth of the person

- Maintaining the dignity and worth of the person during a suicidal crisis, participate in their care, allow them to direct their care

Ethical Principles continued

4. Importance of human relationships

- Central importance of human relationships: the client/Social Worker relationship, Safety Planning as strengthening relationship

5. Integrity

- Trustworthy behavior by the Social Worker, doing what you say you will do

6. Competence

- Practicing within your area of competence, getting consultation if needed if unfamiliar with working with suicidal clients

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