

# GUIDELINES FOR SUICIDE INTERVENTION AND POSTVENTION

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Survivors /intervention

ICADD PRE-CONFERENCE  
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# What do I believe?

ANSWER TRUE OR FALSE FOR WHAT YOU BELIEVE

1. Suicide is wrong.
2. Suicide is a sin.
3. Suicide is a cowardly act.
4. Suicide is justifiable.
5. Suicide is a personal freedom.
6. Suicide is irrational.
7. I will stop someone from committing suicide.
8. I failed if someone I am helping commits suicide.
9. I would be ashamed if a family member committed suicide.
10. Suicide will never be the right choice for me.

### SUICIDE LETHALITY CHECKLIST

This form serves to assess the immediate condition of a suicidal person. This should be used only as a guide. Check in the most appropriate column.

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Refused to Give Phone #? \_\_\_\_\_  
 Significant Other: \_\_\_\_\_  
 Phone: \_\_\_\_\_

SUICIDE PLAN	LOW	MEDIUM	HIGH
Method	<input type="checkbox"/> Unclear	<input type="checkbox"/> Some Plans	<input type="checkbox"/> Definite Plan
Time	<input type="checkbox"/> In Future	<input type="checkbox"/> Within Hours	<input type="checkbox"/> Immediately
Means	<input type="checkbox"/> Cutting / Pills	Drugs / Alcohol / Jumping	<input type="checkbox"/> Firearm / Hanging/Poison
Availability of Means	<input type="checkbox"/> Not Available	<input type="checkbox"/> Close By	<input type="checkbox"/> On Hand/Ready
Previous Attempts	<input type="checkbox"/> None / Low lethality	<input type="checkbox"/> One	<input type="checkbox"/> Multiple Attempts
Suicide Survivor	<input type="checkbox"/> No	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Family Member / Loved One
<b>IMMEDIATE SITUATION</b>			
Recent loss	<input type="checkbox"/> None	<input type="checkbox"/> Within Weeks	<input type="checkbox"/> Just Realized Loss
Support System	<input type="checkbox"/> Many People Available	<input type="checkbox"/> Few People Available	<input type="checkbox"/> No One Available
Relationship Status	<input type="checkbox"/> Married/Other	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced/Separated/Widowed
Dependent Children at Home	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> None
<b>EMOTIONAL STATUS</b>			
Sense of Hopelessness	<input type="checkbox"/> None/Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Sense of Worthlessness	<input type="checkbox"/> None/Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Social Isolation	<input type="checkbox"/> No Feelings of Isolation	<input type="checkbox"/> Some Feelings of Isolation	<input type="checkbox"/> Feels Extremely Isolated
Depression	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Anxiety	<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Future Perspective	<input type="checkbox"/> Yes	<input type="checkbox"/> Little	<input type="checkbox"/> Panic/Unrealistic Calm
Intent to Die	<input type="checkbox"/> See Options	<input type="checkbox"/> May Consider Options	<input type="checkbox"/> Sees no Reason for Living
<b>CURRENT</b>			
Alcohol / Drug Use	<input type="checkbox"/> Infrequent use	<input type="checkbox"/> Frequent use	<input type="checkbox"/> Currently using
Daily Functioning	<input type="checkbox"/> No Disorientation/Disorganization	<input type="checkbox"/> Some Disorientation /Disorganization	<input type="checkbox"/> Marked Disorientation /Disorganization
<b>PSYCHIATRIC CARE</b>			
Has the person ever seen a psychiatrist, therapist, counselor, etc.? YES NO			
Is the person currently seeing a psychiatrist, therapist, counselor, etc.? YES NO			
Therapist's Name: _____			

# SUICIDE RISK ASSESSMENT

## Suicide Risk Assessment Checklist

Put a '✓' in the appropriate box

Performance/Degree	RISK PRESENT, BUT LOWER (Score for each <input type="checkbox"/> = 1)	MEDIUM RISK (Score for each <input type="checkbox"/> = 2)	HIGHER RISK (Score for each <input type="checkbox"/> = 3)
<b>1. Suicide Plan</b>			
(a) Details	<input type="checkbox"/> vague	<input type="checkbox"/> some specific	<input type="checkbox"/> well thought out, knows, when, where, how
(b) Availability of means	<input type="checkbox"/> not available, will have to get	<input type="checkbox"/> available, have close by	<input type="checkbox"/> have in hand
(c) Time	<input type="checkbox"/> no specific time or in future	<input type="checkbox"/> within a few hours	<input type="checkbox"/> immediately
(d) Lethality of method	<input type="checkbox"/> pills, slash wrists	<input type="checkbox"/> drugs and alcohol, car wreck, carbon monoxide	<input type="checkbox"/> drug, charcoal, hanging, jumping
(e) Chance of intervention	<input type="checkbox"/> others present most of the time	<input type="checkbox"/> others available if called upon	<input type="checkbox"/> no one nearby; isolated
<b>2. Previous Suicide Attempts</b>			
	<input type="checkbox"/> none or one of low lethality	<input type="checkbox"/> multiple of low lethality or one of the medium lethality, history of repeated threats	<input type="checkbox"/> one high lethality or multiple of moderate
<b>3. Stress</b>			
	<input type="checkbox"/> no significant stress	<input type="checkbox"/> moderate reaction to loss and environmental changes	<input type="checkbox"/> severe reaction to loss or environmental changes
<b>4. Symptoms</b>			
(a) Coping Behavior	<input type="checkbox"/> daily activities continue as usual with little change	<input type="checkbox"/> some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> gross disturbances in daily functioning
(b) Depression	<input type="checkbox"/> mild, feels slightly down	<input type="checkbox"/> moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	<input type="checkbox"/> overwhelmed with hopelessness, sadness and feels worthless
<b>5. Resources</b>			
	<input type="checkbox"/> help available; significant others concerned and willing to help	<input type="checkbox"/> family and friends available but unwilling to consistently help	<input type="checkbox"/> family and friends not available or are hostile, exhausted, injurious
<b>6. Communication Aspects</b>			
	<input type="checkbox"/> direct expression of feelings and suicidal intent	<input type="checkbox"/> inter-personalized suicidal goal ('They'll be sorry - I'll show them')	<input type="checkbox"/> very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
<b>7. Life Style</b>			
	<input type="checkbox"/> stable relationships, personality, and school performance	<input type="checkbox"/> recent, acting out behaviour and substance abuse; acute suicidal behaviour in stable personality	<input type="checkbox"/> suicidal behaviour in unstable personality, emotional disturbance, repeated difficulty with peers, family, and teachers
<b>8. Medical Status</b>			
	<input type="checkbox"/> no significant medical problems	<input type="checkbox"/> acute but short term or psychosomatic illness	<input type="checkbox"/> chronic debilitating or acute catastrophic illness
Sub-total	(A)	(B)	(C)
Total score	(A + B + C) / 3 = _____		

**Reminder:** When using this checklist, please make reference to the sections on 'Risk Factors' and 'Suicide Warning Signs' in Chapter 1 of the eBook on Student Suicide for Schools: Early Detection, Intervention and Postvention (EDIP).