

**Suicide Assessment:  
Clinical Pearls**

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Coastal Oregon  
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**Who am I?**

- Associate Medical Director of Outpatient Substance Use Disorder Services at Central City Concern
- Nurse first!
- DNP, PMHNP, CARN-AP

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**Why?**

- In 2012, the age-adjusted suicide rate among Oregonians was 42 percent higher than the national average. The rate of suicide among Oregonians has been increasing since 2000.
  - Oregon Health Authority, 2014

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## Agenda

- *Boosting Your clinical skills & Clinical Pearls*
- How to Be with a suicidal patient
- How to think and how to assess
- How to ask for help

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## How to be with a suicidal patient

- The most important thing
  - Severed amygdala/cortical connection.
  - Know **your** stuff.
- What are your fears?

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## Fears?

- Your past HX with death, loss, suicide
- Litigation
- Self-image
- Professional competence
- TIME!

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## How to be with a suicidal patient

- Therapeutic communication (use your OARS)
- Understand the desire (more about escaping pain than being dead)
- Cultivate Empathy for the suicidal desire
- Validate the feelings (not the action)
- Do not problem solve
- Understand the deep ambivalence

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## How to really mess it up!

- Shuffle the patient off to someone else immediately
- Interrogate them
- Treat them like a time suck
- Invalidate their pain (e.g. "it's not so bad...I'm sure you won't ACTUALLY be homeless")



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## How to Think & Assess

- Suicide Desire
- Suicide Capability
- Suicidal Intent
- Protective Factors

From Marsha Linehan's Risk Assessment and Management Protocol!

- Lydia's 1 minute suicide assessment!

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## Assessing Suicide Desire

- Hopelessness
- Desire for the pain to end
- Social isolation (transgender identity)
- Recent loss or other negative event
- Chronic physical pain
- Global insomnia, agitation, anhedonia
- Command AH

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## Assessing Suicide Capability

- HX of SAs
- Impulsivity
- Preferred method currently or easily available
- Lethal means (of any sort) currently or easily available
- Current substance abuse
- Currently or will be isolated and alone

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## Assessing Suicidal Intent

- Belief on patients part that they will commit suicide
- Has a current plan
- Has a time or date
- Has begun preparations (e.g. given belongings away, etc).
- "Do you plan to do this?"

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### Assessing Protective Factors

- Community
- Family
- Connection to care provider
- Religious beliefs
- Fear of death/pain/failure
- Willing to safety plan
- *“What stops you?”*

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### Lydia’s 1 minute Suicide Assessment

- “Do you ever have thoughts about suicide? Or thoughts that you just don’t want to be here or go one anymore?” (preference to in writing)
- “Wow. That sounds hard and maybe scary. It’s actually really common to have these thoughts. But I wonder... Do you ever get to the point where you think about how you would do it?”
- “Uh hu. So you’ve really thought about this. What stops you?”

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### How to get help?

- Only you know the answer.
- Write it here:

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<h3>Contact?</h3>
<ul style="list-style-type: none"><li>• <a href="mailto:lydiabartholow.pmhnp@gmail.com">lydiabartholow.pmhnp@gmail.com</a></li></ul>

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