AMERICAN ASSOCIATION
OF
SUICIDOLOGY

Suicide & Self-Harm Executive Bulletin

April 2016

CONTINUING EDUCATION CREDIT FOR THIS MONTH'S BULLETIN

CE Credit:	**1** Credit
Length:	**1** Hour
Level:	Introductory
Accreditation:	APA, ASWB, NBCC, ANCC, NAADAC, CPA
Training Style:	Reading
Category:	Risk Assessment & Management

Training Description

The assessment of self-harm and suicide risk has become routine practice in mental health and criminal justice systems around the globe. With so many studies being published each year on these important topics, staying up-to-date on the research literature can be a challenge. The American Association of Suicidology Executive Bulletin is a monthly resource that provides one-page summaries of all articles published on these important topics, as well as exclusive interviews and trainings. The present reading features 12 summaries as well as an exclusive interview with Interim Director of the American Association of Suicidology, Ms. Amy Kulp.. The intended audience for the Executive Bulletin is healthcare, correctional, and legal professionals with advanced degrees.

Editor Biography

Jay P. Singh, PhD is the Editor-in-Chief of the GIFR Executive Bulletin and received his doctorate in psychiatry from the University of Oxford. He is currently Professor of Epidemiology and Violence Risk Assessment at Molde University College and formerly served as Senior Clinical Researcher in Forensic Psychiatry and Psychology for the Department of Justice of Switzerland in Zurich as well as research fellow of the Mental Health Law and Policy Department at the University of South Florida. He has published over 65 peer-reviewed articles and book chapters on forensic risk assessment.

Learning Objectives

This training is designed to help you:

1 Identify key strengths and limitations of available methods for suicide and self-harm risk assessment as discussed in peer-reviewed articles published in February 2016.

2 Discuss key clinical implications of suicide and self-harm risk assessment research literature published in February 2016 such that findings may be applied in practice.

3 Learn how to effectively both defend and question the practical utility of suicide and self-harm risk assessment when applied in legal settings in accordance with research findings from peer-reviewed articles published in February 2016.

Sponsorship:

The Global Institute of Forensic Research, LLC is approved as a provider for psychologist, nurse, social work, and counselor continuing education by the American Psychological Association, Canadian Psychological Association, American Nurses Credentialing Center, National Board of Certified Counselors, and the Association for Addiction Professionals. The Global Institute of Forensic Research, LLC (provider #1371) is also approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org, through the Approved Continuing Education (ACE) program. ASWB Approval Period: June 1, 2015 – June 1, 2016. Social workers should contact their regulatory board to determine course approval. Psychologists, counselors, and social workers participating in this course will receive one continuing education clock hour. The Global Institute of Forensic Research, LLC maintains responsibility for this program and its contents.

Refund/Cancellation Policy:

If you wish to request a refund on account of technical difficulties, please contact services@gifrinc.com.

Commerical Supports:

The Global Institute of Forensic Research, LLC reports no conflicts of interest in the development and sponsorship of this training. The Global Institute of Forensic Research, LLC receives no commercial support for its Continuing Education programs or from its presenters.

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Denneson, L. M., Kovas, A. E., Britton, P. C., Kaplan, M. S., McFarland, B. H., & Dobscha, S. K. (2016). Suicide risk documented during veterans' last Veterans Affairs health care contacts prior to suicide. ***Suicide and Life-Threatening Behavior***, Advance Online Publication. http://tinyurl.com/zjofb9d

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Denneson and colleagues investigated the kind of Veterans Affairs (VA) care received by adult veterans who died by suicide within six months of their last VA health care contact. Data was collected from the medical records of 295 veterans from 41 facilities in 24 states who died by suicide and who had contact with a VA provider within six months of their death. Type of contact, when this contact occurred prior to death by suicide, whether suicidal ideation was assessed at last contact, and the clinical characteristics of the veteran in the last contact prior to death were recorded. There were six principal findings:

(1) Half of the veterans had a specialty mental health appointment within 6 months of their death, 55.3% of which included an assessment of suicidal ideation.

(2) 27.5% of the veterans had contact with a VA provider within one week of their death by suicide, and 56.3% of the veterans had contact with a provider within one month of their death by suicide.

(3) 46.1% of the veterans had primary care contact as their last contact prior to their death by suicide with only 25.1% having had specialty mental health care as part of their last contact.

(4) 56.9% of veterans' last contacts were routine follow-up appointments.

(5) Suicidal ideation was assessed in the last contact of 18% of those who died by suicide, but only 37% of those who were assessed for suicidal ideation endorsed having these thoughts.

(6) 25.4% of the veterans who died by suicide experienced pain and 21% experienced depression.

CLINICAL IMPLICATIONS

(1) Universal suicide prevention efforts may be most helpful for preventing veteran suicide as the majority of veterans do not discuss suicidal thinking or present with enhanced suicide risk in their last contact with VA health care providers.

(2) Comprehensive suicide risk assessment strategies in the VA Healthcare System should include the assessment of risk during primary care and routine follow-up care, not only during specialty mental health care.

The authors advised caution in interpreting their findings because the accuracy of the data gathered from medical chart review may differ from provider to provider, and the expectations for note-taking may differ from facility to facility.

Denneson, L. M., Williams, H. B., Kaplan, M. S., McFarland, B. H., & Dobscha, S. K. (2016). Treatment of veterans with mental health symptoms in VA primary care prior to suicide. ***General Hospital Psychiatry***, *38*, 65–70. http://tinyurl.com/zdmuuaz

QUALITY RATING ★ ★ ★ ★

EXECUTIVE SUMMARY

Denneson and colleagues described US Veterans Affairs (VA) primary care that was provided one year before the suicide of 118 veterans who were diagnosed with mental health symptoms and compared it to their counterparts who did not die by suicide. There were four principal findings:

(1) Veterans who died by suicide were less likely to have received a PTSD diagnosis, but received a greater number of other mental health diagnoses, in the year prior to their death when compared to their counterparts who did not die by suicide.

(2) Veterans who died by suicide were less likely to fill a 90-day or more prescription of antidepressant medication during the year when compared to their counterparts who did not die by suicide.

(3) Few veterans who indicated that they had been thinking about suicide had documentation of clinical actions related to that thinking in their medical record.

(4) About one third of veterans who died by suicide had primary care teams involved in their last contact with the VA. The involvement of mental health staff or clinicians was rare at the veteran's last contact with the VA despite the notations of mental health symptoms, suicidal thoughts, and severe emotional distress in their medical record.

The authors advised caution in interpreting their findings because the data used were associated with care provided up to 2009, and the VA implemented several suicide prevention initiatives in 2007 which may have impacted clinician's awareness and behaviors going forward from that year. Additionally, the medical records used in this study may not accurately represent the interaction between the clinicians and their patients.

CLINICAL IMPLICATIONS

(1) Antidepressant treatment adherence, improving the discussion of suicidal ideation, and follow-ups with veterans who have mental health symptoms are areas where the care for veterans at risk for suicide can be improved.

(2) Primary care clinicians should address mental health concerns and other indicators of suicide risk with their patients.

Doran, N., De Peralta, S., Depp, C., Dishman, B., Gold, L., Marshall, R., . . . Tiamson-Kassab, M. (2016). The validity of a brief risk assessment tool for predicting suicidal behavior in veterans utilizing VHA mental health care. ***Suicide and Life-Threatening Behavior***, Advance Online Publication. http://tinyurl.com/hxw3faw

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Doran and colleagues investigated whether the Comprehensive Suicide Risk Assessment (CSRA) interview developed by the VA San Diego Suicide Prevention and Management Workgroup is a strong tool for the prediction of veteran suicide. Participants were 3,365 veterans who received care from the VA San Diego as either inpatients or outpatients. The CSRA interviews consisted of a series of "yes" or "no" questions regarding the presence of risk factors, warning signs, and protective factors of suicide which when added together fall into risk categories (nil, low, moderate, high). Medical record review was used to determine if a veteran attempted suicide or engaged in self-directed violence within 12 months after the CSRA interview was completed. There were three principal findings:

(1) Risk for suicide attempt was 16.4 times higher in those classified as moderate risk and 3.6 times higher in those classified as low risk compared to those rated as nil risk for suicide; but those rated as high risk were not any more likely to make a suicide attempt than those in the nil category.

(2) Risk for any kind of self-directed violence (including suicide attempt and self-injury without intent to die) was 28 times higher in those classified as high risk, 22 times higher in those classified as moderate risk, and 7.3 times higher in those classified as low risk compared to those rated as nil risk for suicide.

(3) 99% of individuals who were rated as nil risk did not attempt suicide or engage in self-directed violence, and fewer than 10% of veterans classified at a risk level above nil attempted suicide,

CLINICAL IMPLICATIONS

(1) The CSRA is a short, easy to incorporate interview that is a potentially useful tool in predicting veteran risk for suicide and self-directed violence.

(2) Few veterans classified at a risk level for suicide or self-directed violence actually attempt suicide.

The authors advised caution in interpreting their findings because the vast majority of participants were veterans being seen for mental health services which may limit the generalizability of the results. Additionally, follow-up regarding suicide attempts and self-directed violence was dependent on whether providers accurately denoted self-directed violence and may have missed veterans who presented at non-VA facilities for self-directed violence.

Edmondson, A. J., Brennan, C. A., & House, A. O. (2016). Non-suicidal reasons for self-harm: A systematic review of self-reported accounts. ***Journal of Affective Disorders***, *191*, 109-117. http://tinyurl.com/jbxq7zs

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Edmondson and colleagues conducted a systematic review on reasons for self-injury besides intent to die. The review included 152 studies between 1960 and 2015 that used any research design that included self-reported (non-suicidal) reasons for engaging in self-injury. Studies that focused solely on psychotic symptoms or suicidal intentions were excluded. Seventy-four percent of the studies were questionnaire-based, and the rest utilized interviews. The studies included over 29,000 individuals ranging in age from 10-92 years with histories of self-injury and covered a wide variety of populations, including school children, soldiers, inpatients, prisoners, and community members. There were three principal findings:

(1) The most commonly identified reasons for self-injury were affect regulation, affecting the behavior of others (including help-seeking motivations), self-punishment, the management of dissociation, suicide prevention, sensation-seeking, drawing interpersonal boundaries, and coping with sexuality.

(2) Less often investigated motivations included ones that participants viewed as adaptive or positive, such as providing validation, self-affirmation, and comfort.

(3) Few quantitative measures assess reasons for self-injury beyond interpersonal goals, affect regulation, inducing punishment, and regulating dissociative experiences.

The authors advised caution in interpreting their findings because themes from unidentified studies may have been missed, especially themes related to social context, as the majority of the studies focused on psychological factors. The prevalence of self-injury engaged in for each of the identified reasons is also unknown.

CLINICAL IMPLICATIONS

(1) Short-term treatment that accepts that the patient identifies positive functions for their self-injury and seeks to identify alternative approaches to achieve the same goals may be effective for those who self-injure.

(2) Therapy modalities which focus on valued goals, such as Acceptance and Commitment Therapy and Behavioral Activation, may be the best treatments for self-injury.

Hesdorffer, D. C., Ishihara, L., Webb, D. J., Mynepalli, L., Galwey, N. W., & Hauser, W. A. (2016). Occurrence and recurrence of attempted suicide among people with epilepsy. ***JAMA Psychiatry***, *73*(1), 80–86. http://tinyurl.com/zag7axg

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Hesdorffer and colleagues investigated the risk for suicide attempts in individuals diagnosed with epilepsy compared to those who did not have epilepsy using the Clinical Practice Research Datalink (CPRD) database from the United Kingdom. 14,059 patients with epilepsy were identified between 1987 and 2013, and each was matched with four randomly selected individuals who did not have epilepsy. There was one principal finding:

(1) During the time before the onset of epilepsy, suicide risk was increased two-to-four-fold for first and recurrent suicide attempts, whether or not the individual was also diagnosed with a psychiatric disorder.

The authors advised caution in interpreting their findings because they were unable to differentiate the seizures of epilepsy from dissociative non-epileptic seizures in the CPRD database.

CLINICAL IMPLICATION

(1) Clinicians treating individuals with epilepsy should work with mental health professionals to provide comprehensive treatment, including suicide prevention and the treatment of psychiatric disorders.

McCalman, J., Bainbridge, R., Russo, S., Rutherford, K., Tsey, K., Wenitong, M., ... Jacups, S. (2016). Psycho-social resilience, vulnerability and suicide prevention: Impact evaluation of a mentoring approach to modify suicide risk for remote Indigenous Australian students at boarding school. ***BMC Public Health***, *16*(1), 1–12. http://tinyurl.com/hcc3ore

QUALITY RATING ★ ☆ ☆ ☆

EXECUTIVE SUMMARY

McCalman and colleagues proposed to investigate the influence of an enhanced multi-component mentoring intervention on the suicide risk of 515 remote Aboriginal and Torres Strait Islander students from Cape York and Palm Island who will be relocating to boarding schools across Queensland, Australia for five years. The mentoring intervention, or Transition Support Service (TSS), will use a case management approach in which 24 skilled helpers will mentor students in their adjustment and stay at their boarding schools. There is one expected result:

(1) A multi-component mentoring intervention which involves suicide risk assessment and management and increasing resilience will modify the suicide risk and enhance the protective factors in Aboriginal students.

It should be noted that this study has not yet been conducted.

CLINICAL IMPLICATION

(1) A multi-component mentoring intervention may enhance the protective factors and reduce the risk of suicide in Aboriginal students.

Mehlum, L., Ramberg, M., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Sund, A. M., & Grøholt, B. (2016). Dialectical Behavior Therapy compared with enhanced usual care for adolescents with repeated suicidal and self-harming behavior: Outcomes over a one-year follow-up. ***Journal of the American Academy of Child & Adolescent Psychiatry***. Advance Online Publication. http://tinyurl.com/zeljat6

QUALITY RATING ★ ★ ★ ★

EXECUTIVE SUMMARY

Mehlum and colleagues investigated the post-treatment effects on suicidal ideation of Dialectical Behavior Therapy adapted for adolescents (DBT-A) and enhanced usual care (EUC) from community based child and adolescent outpatient psychiatric clinics in a sample of 77 adolescents in Oslo, Norway. Patients were randomly assigned to receive 19-weeks of DBT-A or EUC treatment. DBT-A treatments were delivered by clinicians trained for the purposes of this study and using a manual. EUC treatments included psychodynamic psychotherapy and cognitive behavioral therapy enhanced with psychiatric medication as needed. Suicidal ideation was assessed using the Suicidal Ideation Questionnaire (SIQ-JR). The SIQ-JR is a 15-item self-report measure designed to aid in the assessment of suicidal thoughts in adolescents. Emergency department visits were assessed using a self-report measure designed by the authors. The researchers followed participants for 12 months to see who would experience suicidal ideation and visit an emergency department. There were three principal findings:

(1) Immediately following 19 weeks of treatment, those who received DBT-A had significantly less suicidal ideation than patients who received EUC.

(2) One year after the end of treatment, patients who received DBT-A continued to have low levels of suicidal ideation, and those who received EUC had comparably low levels of suicidal ideation.

(3) There was no statistical difference in the number of patients who visited an emergency department in the follow-up year between patients who received DBT-A or EUC.

CLINICAL IMPLICATION

(1) DBT-A is effective for quickly reducing suicidal ideation and has lasting effects in Norwegian adolescents who self-harm.

The authors advised caution in interpreting their findings because the sample size was relatively small and suicidal behaviors could not be separated from non-suicidal self-injury. Furthermore, EUC was not a manualized treatment, nor were EUC therapists monitored for fidelity, limiting the control condition's generalizability to other settings and treatments. Finally, this study did not control for treatment that may have been engaged in during the follow-up period.

Menon, V., Kattimani, S., Sarkar, S., & Mathan, K. (2016). How do repeat suicide attempters differ from first timers? An exploratory record based analysis. ***Journal of Neurosciences in Rural Practice***, *7*(1), 91-96. http://tinyurl.com/zuwqbxo

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Menon and colleagues conducted a retrospective records based study of potential differences in sociodemographic and clinical factors between first time and repeated suicide attempters in a sample of 423 individuals presenting at a hospital in Southern India. Suicide attempt status, inpatient stay duration, and previous hints of suicidal intent were determined through a review of each patient's medical charts, interviews with patients, and hospital records. Hopelessness was measured using the Beck Hopelessness Scale (BHS). The BHS is a 20-item self-report measure designed to aid in the assessment of hopelessness about one's future in adults and has been previously used by Indian suicide researchers. Coping abilities were assessed using the Coping Strategies Inventory-Short Form (CSI-SF). The CSI-SF is a 16-item self-report measure designed to aid in the assessment of day-to-day coping in adults. Past year overall levels of functioning was measured using the Global Assessment of Functioning Scale (GAF). The GAF is an unstructured interview-based measure designed to aid in the assessment of clinician determined functioning in a variety of domains. Sociodemographic characteristics were assessed using a standardized form developed by the hospital to capture relevant demographic and psychosocial details of each patient. There were four principal findings:

(1) Single and repeat suicide attempters did not differ on any demographics variables including gender, marital status, education level, employment status, or living in a rural area.

(2) Single and repeat suicide attempters did not differ on their levels of coping, length of inpatient stay, or GAF score.

(3) Hinting of suicidal desire or intent was a statistically significant but poor indicator that someone had made multiple suicide attempts.

(4) Elevated hopelessness was a good indicator of an individual having made multiple suicide attempts.

CLINICAL IMPLICATIONS

(1) In southern India, demographic variables such as gender, education, employment, and marital status are not good predictors of whether someone will make repeated suicide attempts.

(2) Among people in southern India who have made a previous suicide attempt, elevated levels of hopelessness may indicate elevated levels of risk for future suicide attempts.

The authors advised caution in interpreting their findings because all data were collected from a single hospital in southern India, limiting the generalizability of these results to other parts of the world. The study's lack of a structured assessment to determine psychiatric co-morbidity also limits the findings.

Moore, H. and Donohue, G. (2016), The impact of suicide prevention on experienced Irish clinicians. ***Counselling and Psychotherapy Research***, *16*: 24–34. http://tinyurl.com/jkg9tqm

QUALITY RATING ★ ☆ ☆ ☆

EXECUTIVE SUMMARY

Moore and Donohue examined the impact of suicide prevention efforts on Irish mental health professionals who only work with populations who are at high risk for suicide. Seven therapists from an agency focused on suicide prevention in Ireland were interviewed. There were three principal findings:

(1) Therapists often felt "overworked" from extra therapy sessions, between-session phone-calls, and interacting with clients after hours.

(2) Therapists felt that their selves, their ability to be intimate with others in their lives, and their professional identity have been disrupted by their work.

(3) Despite the difficulties of working in suicide prevention, therapists described their job as a "privilege," a "gift," and a "blessing."

The authors advised caution in interpreting their findings because the researcher was familiar with the participants which may have influenced their responses during the interviews; the qualitative nature of the study resulted in many themes that were not explored; and the authors used a psychodynamic perspective to interpret the results of this study which may have prevented other possible interpretations.

CLINICAL IMPLICATIONS

(1) Administrators supervising clinicians specializing in suicide prevention should ensure their staff have minimal client interaction after hours or between sessions to decrease the likelihood of burnout.

(2) Long-term care for suicidal clients may be more beneficial for clinicians as the limitations of brief therapy seems to increase stress in clinicians.

Pitman, A. L., Osborn, D. P., Rantell, K., & King, M. B. (2016). Bereavement by suicide as a risk factor for suicide attempt: A cross-sectional national UK-wide study of 3,432 young bereaved adults. ***BMJ Open***, *6*(1) 1-11. http://tinyurl.com/grp97j6

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Pitman and colleagues investigated the role of bereavement from the suicide of a friend or family member and the risk it poses for future suicidal ideation and attempts in a sample of 3,432 adults. Participants were adults under the age of 40 who experienced sudden bereavement after the age of 10 and who were associated with higher education institutions in the United Kingdom (UK). To assess suicidal ideation and attempts, two items were used from the Adult Psychiatric Morbidity Survey (APMS). The APMS is designed to aid in the assessment of lifetime suicidal ideation and suicide attempts in the population of England, with follow-up questions to determine if these events occurred before or after bereavement. The authors created a measure designed to aid in the assessment of the presence and cause of bereavement in young adults. The authors collected these data at one time and did not collect follow-up data. There were three principal findings:

(1) Compared to those bereaved by sudden, natural causes, bereavement by suicide was a fair indicator of post-bereavement suicide attempts.

(2) Those who were bereaved by suicide were no more likely to experience post-bereavement suicidal ideation than those bereaved by a sudden natural cause.

(3) Those who were bereaved by suicide were no more likely to experience post-bereavement suicidal ideation or attempt suicide than those bereaved by a sudden unnatural cause, such as a car accident.

The authors advised caution in interpreting their findings because memory difficulties may have confused the order of bereavement and suicidal ideation and attempts. In addition, the sample's collection from institutions of higher learning in the UK may limit generalizability outside of the UK and to those with lower levels of education.

CLINICAL IMPLICATIONS

(1) In the UK, those bereaved by the suicide of a family member or close friend are at elevated risk for attempting suicide and should have their risk for suicide assessed.

(2) Bereavement caused by the sudden death of a family member or loved one is associated with future suicidal ideation regardless of the nature of the individual's death. Sudden bereavement should be assessed for all patients and incorporated into suicide risk assessment.

Stanley, B., Chaudhury, S. R., Chesin, M., Pontoski, K., Bush, A. M., Knox, K. L., & Brown, G. K. (2016). An emergency department intervention and follow-up to reduce suicide risk in the VA: Acceptability and effectiveness. ***Psychiatric Services***, Advance Online Publication. http://tinyurl.com/hm6zyjq

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Stanley and colleagues investigated the perceived usefulness and helpfulness of the SAFE VET intervention. The SAFE VET intervention consists of suicide safety planning and follow-up and safety monitoring via telephone call. Participants were 100 veterans who presented at one of two Veterans Affairs (VA) Emergency Departments (ED) in the Northeast United States for either suicidal thinking or suicidal behavior and did not require psychiatric hospitalization. After completing the SAFE VET intervention, participants were contacted via mail to participate in a 45-minute interview regarding how useful and helpful they found the intervention to be. There were six principal findings:

(1) 97% of veterans were satisfied with the safety plan element of the SAFE VET intervention, and 99% of veterans noted that at least one component of the intervention was helpful.

(2) 88% of veterans could identify where their physical copy of the suicide safety plan currently was and could remember the following were components of the safety plan: coping strategies (73%), social contacts and places (85%), social support (83%), and professional contacts (87%); but only 6% of veterans could recall that their suicide safety plan included restrictions of means for suicide.

(3) 61% of veterans identified that they had used their safety plan to reduce their risk for suicide, and 20% noted that they updated their safety plan at some point during or after the intervention.

(4) 96% of veterans were satisfied with the telephone follow-up element of the SAFE VET intervention, and 97% noted that at least one component of the intervention as helpful.

CLINICAL IMPLICATIONS

(1) The SAFE VET intervention is a highly acceptable and helpful intervention for reducing suicide-related behaviors in individuals presenting to EDs without the need for psychiatric hospitalization.

(2) Providers should revisit and continually discuss the means restriction element of the suicide safety plan as veterans often don't remember this part of the intervention.

(5) 75% of veterans reported that the most helpful component of the telephone follow-up element of SAFE VET was having someone check in regularly, but 31% of the veterans identified logistical or mood -related barriers to completing the phone calls.

(6) 93% of veterans identified the SAFE VET intervention (both safety planning and telephone follow-up) as being helpful in reducing their suicide risk, 77% said that it increased their likelihood of attending mental health follow-up appointments, and 99% would recommend the intervention to a friend in crisis.

The authors advised caution in interpreting their findings because the study results may not generalize to veterans receiving more intensive mental health care (for example, those requiring psychiatric hospitalization), those receiving VA care in other geographic regions of the United States, and non-veterans seeking care for suicide-related concerns at EDs.

Venek, V., Scherer, S., Morency, L. P., Rizzo, A., & Pestian, J. (2016). Adolescent suicidal risk assessment in clinician-patient interaction. ***IEEE Transactions on Affective Computing***, Advance Online Publication. http://tinyurl.com/jdfnmmr

QUALITY RATING ★ ★ ☆ ☆

EXECUTIVE SUMMARY

Venek and colleagues investigated whether the nature of speech (conversation style and elements of vocal inflection) of at-risk adolescents can be analyzed in a way that helps predict the likelihood of suicidality (suicidal ideation, gestures, or attempts). Participants were 60 adolescents (30 being seen by a mental health clinician for suicide-related concerns and 30 non-suicidal adolescents) between the ages of 13-18 presenting at the Cincinnati Children's Medical Center Emergency Department. Participants completed a suicide-related interview (the Columbia Suicide Severity Scale and Suicidal Ideation Questionnaire-Junior) and a non-suicide-related interview (open-ended questions about pain, anger, fear, hope, and having secrets). There were four principal findings:

(1) Suicidal adolescents interrupted the interviewer more, used first person language more, discussed the past and negative emotions more, and used language about death and killing more than non-suicidal adolescents. In addition, they also used more negation (contradicting or refuting the interviewer) and assent (agreement with interviewer). These differences were small in size.

(2) The vocal patterns of suicidal adolescents were slightly breathier and higher in frequency than non-suicidal adolescents.

(3) The total differences in speech patterns during the suicide-related interviews correctly identified 55% of adolescents as being either suicidal or non-suicidal and correctly classified 50% of adolescents as having a history of only one suicide attempt versus those with a history of multiple suicide attempts.

(4) The total differences in speech patterns during the non-suicide-related interviews correctly identified 85% of adolescents as being either suicidal or non-suicidal and correctly classified 34.5% of adolescents as having a history of only one suicide attempt versus those with a history of multiple suicide attempts.

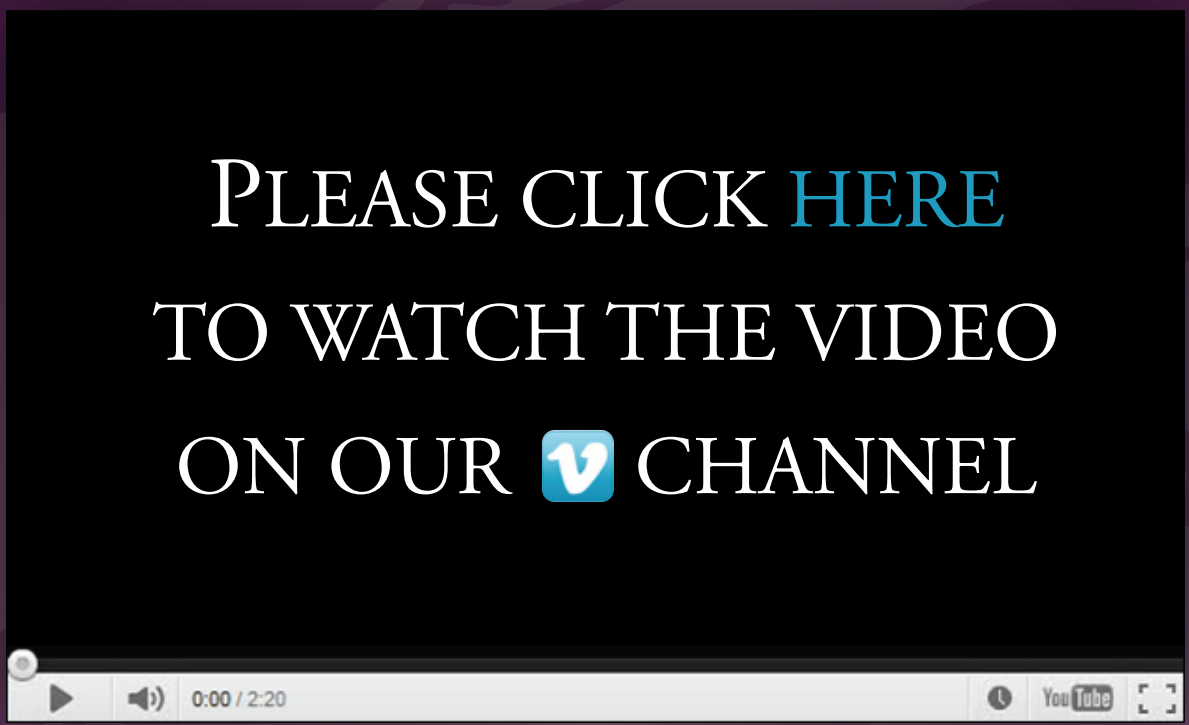
CLINICAL IMPLICATIONS

(1) The way adolescents answer open-ended questions, particularly interview questions that are not suicide-related, may provide important predictive information regarding suicide risk.

(2)]Easily noticeable aspects of speech, such as how often an adolescent uses first-person language and discusses negative emotions and thoughts of death and killing, may provide important clinical information regarding the suicide risk of adolescents.

The authors advised caution in interpreting their findings because those conducting the interviews were aware of the participants' suicidality prior to the interview which may have influenced both their interview style and how the adolescents responded to questions.

Exclusive Interview



Exclusive Interview with Ms. Amy Kulp

Amy Kulp, MS is the Interim Executive Director for the American Association of Suicidology (AAS). Having served as both an Administrative Assistant and Deputy Director of the organization, Ms. Kulp also serves as the Director of the National Center for the Prevention of Youth Suicide. Prior to coming to AAS, she received her MS in Applied Behavioral Sciences from Johns Hopkins University and was a certified crisis counselor at Grassroots Crisis Intervention in Maryland. She was the recipient of the 2000 AAS Roger J. Tierney Award for Service.

Continuing Education Quiz

Full Name

License Number (if applicable)

Today's Date

Instructions

First, identify whether the statements below are true or false, and complete the evaluation form on the following two pages. Second, save this PDF onto your computer. Third, send an e-mail to services@gifrinc.com with a subject line of "April 2016. CE Quiz" and your PDF attached. A representative from the Global Institute of Forensic Research will grade your quiz and respond to your e-mail with a Continuing Education Certificate within one calendar week, provided a passing grade of 70% or higher was achieved.

Question 1

Bereavement caused by the sudden death of a family member or loved one is associated with future suicidal ideation regardless of the nature of the individual's death.

- ☐ True
- ☐ False

Question 2

Comprehensive suicide risk assessment strategies in the VA Healthcare System should include the assessment of risk during primary care and routine follow-up care, not only during specialty mental health care.

- ☐ True
- ☐ False

Question 3

Short-term treatment that accepts that the patient identifies positive functions for their self-injury and seeks to identify alternative approaches to achieve the same goals have been shown to be effective for those who self-harm.

- ☐ True
- ☐ False

Question 4

DBT-A is effective for quickly reducing suicidal ideation but does not have lasting effects in adolescents who self-harm.

- ☐ True
- ☐ False

Question 5

Suicide risk is increased before the onset of epilepsy.

- ☐ True
- ☐ False

Question 6

Providers should revisit and continually discuss the means restriction element of the suicide safety plan as veterans often do not remember this part intervention.

- ☐ True
- ☐ False

Continuing Education Evaluation Form

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
The Following Learning Objectives Were Met						
1 Identify key strengths and limitations of available methods for self-harm and suicide risk assessment as discussed in peer-reviewed articles published in July 2015.	☐	☐	☐	☐	☐	☐
2 Discuss key clinical implications of the July 2015 suicide and self-harm risk assessment research literature such that findings may be applied in practice.	☐	☐	☐	☐	☐	☐
3 Learn how to effectively both defend and question the practical utility of self-harm and suicide risk assessment when applied in legal settings in accordance with research findings from peer-reviewed articles published in July 2015.	☐	☐	☐	☐	☐	☐
Overall Presentation						
Accuracy and utility of content were discussed	☐	☐	☐	☐	☐	☐
Content was appropriate for postdoctoral level training	☐	☐	☐	☐	☐	☐
Instruction at a level appropriate to postdoctoral level training	☐	☐	☐	☐	☐	☐
Presentation of information was effective	☐	☐	☐	☐	☐	☐
My special needs were met (if applicable)	☐	☐	☐	☐	☐	☐
Level of Learning						
Information could be applied to my practice (if applicable)	☐	☐	☐	☐	☐	☐
Information could contribute to achieving personal/professional goals	☐	☐	☐	☐	☐	☐
Cultural, racial, ethnic, socioeconomic, and gender differences were considered (if applicable)	☐	☐	☐	☐	☐	☐
I learned a great deal as a result of this CE program	☐	☐	☐	☐	☐	☐
This CE program enhanced my professional expertise	☐	☐	☐	☐	☐	☐
I would recommend this CE program to others	☐	☐	☐	☐	☐	☐
Executive Bulletin Editor (Dr. Robert Canning)						
Knew the subject matter	☐	☐	☐	☐	☐	☐
Discussed the subject competently	☐	☐	☐	☐	☐	☐
Elaborated upon the stated learning objectives (1-6 above)	☐	☐	☐	☐	☐	☐
Presented content in an organized manner	☐	☐	☐	☐	☐	☐
Materials maintained my interest	☐	☐	☐	☐	☐	☐
Answered questions effectively (if applicable)	☐	☐	☐	☐	☐	☐
Was responsive to questions, comments, and opinions (if applicable)	☐	☐	☐	☐	☐	☐

Please confirm that you have read and understand each of the following…

- ☐ I confirm that I am an individual subscriber (or my institution has a group subscription) to the Executive Bulletin.
- ☐ To receive CE credit for this month's Executive Bulletin, a passing grade of 70% or higher must be achieved on the quiz and submitted electronically with a completed Evaluation Form to services@gifrinc.com
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Your Profession (check all that apply)

- ☐ Psychologist
- ☐ Nurse
- ☐ Masters Level Licensed Therapist
- ☐ Social Worker
- ☐ University Faculty
- ☐ Administrator
- ☐ Student
- ☐ Other Specify:

Years in Your Profession

- ☐ Student
- ☐ <1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 20+

What was your overall impression of this month's GIFR Executive Bulletin? What went well? What could have been improved?

What did you learn in this month's GIFR Executive Bulletin that was new or different? How and/or will this information change how you practice (if applicable)?

Additional Comments or Suggestions for Future Editions of the GIFR Executive Bulletin?
Contact the GIFR Continuing Education Administrator at services@gifrinc.com