Rethinking Suicidal Behavior Disorder
A Clinically and Empirically Informed Expansion of Criteria

AGENDA

THE BIG QUESTIONS 10 minutes
SUICIDAL BEHAVIOR DISORDER 10 minutes
REVISED CRITERIA 15 minutes
TRACKING EPISODES 10 minutes
EXERCISE 10 minutes

IS SUICIDALITY A MENTAL DISORDER?

✓ A syndrome within an individual
✓ Causes clinically significant distress or disability
✓ Is not an expectable response to common stressors or loses
✓ Reflects an underlying psychobiological dysfunction
✓ Is not the result of social deviation or conflicts with society
WOULD A DIAGNOSIS BE USEFUL?

- ✓ Clarify the essential features of a psychiatric condition?
- ✓ Communicate clinical information to stakeholders?
- ✓ Aid selection of the right treatment?
- ✓ Anticipate the future course and prognosis?

Suicidal Behavior Disorder

Proposed Criteria

A. Within the last 24 months, the individual has made a suicide attempt.

Note: A suicide attempt is a self-initiated sequence of behaviors by an individual who, at the time of initiation, expected that the set of actions would lead to his or her own death. The “time of initiation” is the time when a behavior took place that involved applying the method.

B. The act does not meet criteria for nonsuicidal self-injury—that is, it does not involve self-injury directed to the surface of the body undertaken to induce relief from a negative feeling/cognitive state or to achieve a positive mood state.

C. The diagnosis is not applied to suicidal ideation or to preparatory acts.

D. The act was not initiated during a state of delirium or confusion.

E. The act was not undertaken solely for a political or religious objective.

Specify if:

- Current: Not more than 12 months since the last attempt.
- In early remission: 12-24 months since the last attempt.

SHORTCOMINGS OF SBD

- Does not describe a current presentation
- Not a syndrome
- Neither sensitive nor specific
- Poor boundaries with other disorders
Revised Criteria for SBD

Features
- A clinically significant presentation
- Cognitive, affective, and behavioral symptoms
- A progressive course
- Onset that can be gradual or rapid
- Episodes

(at Obegi, 2018)
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<th>Suicidal Ideation or Intent</th>
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<tr>
<td>1</td>
<td><strong>Recurring thoughts related to suicide</strong>&lt;br&gt;Lasting minutes to hours, as indicated by any of the following:</td>
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<td><strong>a</strong> Recurring wish to be dead&lt;br&gt;(e.g., to sleep and not wake up, to be killed in an accident)</td>
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<td><strong>b</strong> Recurring internal debates about living versus dying&lt;br&gt;(e.g., trying to decide whether to kill oneself, going back and forth in one's mind about suicide)</td>
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<td><strong>c</strong> Recurring thoughts of killing oneself&lt;br&gt;(e.g., actual thoughts of dying by suicide)</td>
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<td><strong>Evidence (explicit or implicit) or at least some intent to die</strong>&lt;br&gt;As indicated by any of the following:</td>
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<td><strong>a</strong> Self-reported intention to die&lt;br&gt;Or urges to act on thoughts of killing oneself</td>
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<td><strong>b</strong> Communications that allude to impending death&lt;br&gt;Such as farewells (&quot;Have a good life&quot;), suggestive remarks (&quot;I can't go on like this&quot;) or inquiries (&quot;How much does a funeral cost?&quot;)</td>
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<td><strong>c</strong> Clear statements about killing oneself&lt;br&gt;(e.g., &quot;I am going to hang myself&quot;) including disclosures to others of plans to die</td>
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<td><strong>d</strong> Time spent considering ways to die&lt;br&gt;Including researching methods, or planning suicide</td>
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<td><strong>e</strong> Selection of and intent to use a method&lt;br&gt;That the individual believes could lead to death</td>
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<td><strong>f</strong> Having and intending to use a plan&lt;br&gt;Either a wholly or partly worked-out plan to die by suicide (e.g., timing, method details, steps, location)</td>
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<td><strong>g</strong> Suicide-related auditory hallucinations or delusions&lt;br&gt;Any commanding suicide that the individual feels compelled to obey or delusions in which suicide is perceived as necessary (e.g., to save others)</td>
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<td><strong>h</strong> Preparations for death incongruent with current life circumstances&lt;br&gt;Such as writing or updating a will, engaging in farewells, giving away possessions, arranging for the care of children, spouses, or pets</td>
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A suicide attempt

Evidence (explicit or implicit) or at least some intent to die
As indicated by any of the following:

- Preparations for a suicide attempt
  - Written or electronic suicide note, stockpiling medications, recent purchase a firearm, or rehearsing fatal behavior
- A suicide attempt
  - Including aborted and interrupted attempts

B

Suicidal Ideation or Intent

1. Unbearable psychological pain
   (e.g., mental anguish, severe distress, misery), self-reported or inferred
2. Hopelessness
   Self-reported (e.g., beliefs that psychological pain will never end or is inescapable) or inferred (e.g., refusal to collaborate on a safety plan)
3. Over-arousal
   In the form of insomnia, nightmares, agitation, or severe anxiety
4. A rigid belief that suicide is the only option
   (e.g., suicide is the only way to escape pain or avoid being a burden to others)
5. Readiness to die by suicide
   A greatly diminished fear of death, a lack of ambivalence about dying, an acceptance of suicide as a solution, or markedly weakened deterrents to suicide

C

Exclusions

A diagnosis of suicidality may not be appropriate to describe the presentation of persons contemplating suicide that is sanctioned by societal, cultural, religious, or political beliefs
More than one suicide attempt has occurred in the individual's lifetime, inclusive of the past month

With a recent attempt
A suicide attempt occurred in the past month

With a past attempt
A suicide attempt occurred once in the individual's lifetime (excluding a suicide attempt in the past month)

With multiple past attempts
More than one suicide attempt has occurred in the individual's lifetime, inclusive of the past month

Criteria for an episode of suicidal behavior are continuously met for more than two months

Persistent Episode
Must be at least two consecutive months between separate episodes in which criteria for suicidal behavior disorder are not met

Recurrent Episode
Less than two months in which the criteria for suicidal behavior disorder are continuously met

In Full Remission
During the past 12 months, the full criteria for suicidal behavior disorder have not been met

Single Episode
Less than two months in which the criteria for suicidal behavior disorder are continuously met
There is insufficient information to determine suicidal intent or the available evidence of suicidal intent is unclear.

**Undetermined intent**

There is evidence of suicidal intent

**With intent**

There is no evidence of suicidal intent

**With no intent**

RISK PERIODS vs. EPISODES OF SUICIDALITY

Fluid Vulnerability Theory

A risk-oriented way to understand episodes of suicidality. In cognitive terms, an episode is both a period of heightened risk for suicide and a period in which the person's "suicidal mode" is activated. To Rudd, an episode's onset, severity, and duration can be understood by understanding the dynamic interplay of acute and chronic risk factors for suicide. Thus, FVT is concerned with answering why an episode is happening now, while a depression is more to describe the symptoms during an episode of suicidality.

Adapted from Bouch & Marshall (2005)
Rather than inquiring about risk factors, a diagnosis involves identifying and describing episodes of suicidality. The revised SBD includes three Episode Specifiers that allows clinicians to record the number and length of past episodes of suicidality. In this figure, the Recurrent Specifier applies.

RECURRENT, WITH A PAST ATTEMPT

2015 2016 2017 2018

Identifying Episodes

José, a 64-year-old Hispanic male, was seen on referral for “increasing depression” subsequent to an injury sustained on the job. Employed for 29 years on the railroad, he had fractured his wrist in a fall from a flatcar. The injury was severe and required surgery. After 5 months of physical therapy, there was only minimal progress. José had no strength in his hand and complained of swelling, numbness, and pain. He was placed on permanent disability.

José’s mood was dysphoric, and his demeanor defeated. He prided himself on being responsible, helping others, and never asking anything for himself. Above all, he felt that he had failed to make it to 30 years of service before he retired—that, somehow, he was “cheating.” All he wanted to do was work. “The railroad is in my blood,” he said.

José described feeling trapped by his injury, frustrated that he could not do something to solve it, and felt he was a burden. He paced during the day and was irritable. In the past few weeks, José reported increasing feelings of worthlessness (“I’m not worth anything to anybody”), no interest in sex, decreased appetite, and early morning awakenings. He states that he has nothing to look forward and has frequently thought, “The rail should have hit me on the head and ended it.”

EXERCISE: JOSÉ

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SUMMARY

- Suicidality meets the definition of a mental disorder
- A diagnosis can have clinical utility
- A diagnosis should be descriptive
- SIB + cognitive, affective, and behavioral symptoms
- Episodic condition, with a progressive course, and a variable onset

To restate the fundamental implication of the medical model: everything—taking care of the patient, doing research, sharing experiences, thinking, and teaching—depends upon the careful examination and description of the patient’s condition, in other words, on diagnosis. (Guze, 1992, p. 43)

http://www.joeobegi.com/SBD.html

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