Screening for Suicidality

Fearlessly Asking Fearsome Questions

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SUICIDAL THINKING

Ideation and Intent

Suicidal ideation comes in varying forms. Sometimes it neatly follows a step-wise progression. But suicidal people often skip “steps”, reverse steps, do several at the same time, or cross-contaminate steps (Millner et al., 2016). The first thoughts related to the current attempt are about 2 weeks before the attempt. Internal debate often happens in less than 6 hours before the attempt. The last few steps may happen in 6 hours or less (Millner et al., 2016).

ACTION
Communications, preparations, attempt

DECISION
"I should kill myself."

PLANNING
"How and where should I kill myself?"

INTERNAL DEBATE
"Maybe I should kill myself?"

WISHES TO DIE
"I wish I was dead."

MORBID THOUGHTS
"I wish I could disappear."

QUESTIONS MATTER

Of College Students with a History of SI

33%
Report not being asked about SI by mental health providers.

18%
Reported not being asked follow-up questions by mental health providers after disclosing SI.

Adapted from Millner et al. (2016) and Harris et al. (2015)
Barriers Disclosing to Health Providers

- Repetitive, checking the box approach
- Shameful, sign of weakness
- Lack of connection with the provider
- Fears of hospitalization

Questions that may Discourage Disclosure

- No thoughts of harming yourself?
- Thoughts of killing yourself at all?
- Any suicidal thoughts?
- Have your ever thought of not living?

Negative Response Bias

In this study, psychiatrists in England had a strong tendency to ask questions that encouraged patients to deny SI. They asked negatively framed questions more often and these questions were more likely to result in denial. 66% resulted in “No” response, then positively framed questions (43% resulted in “No” responses).
QUESTIONS MATTER

Tips for Asking about Suicidal Ideation

- Rapport (eye contact, warm-up, explanations)
- Provide a rationale for asking
- Direct and understandable
- Start low on the barometer then go up

Adapted from Shea (1999) and Ganzini et al. (2013)

Tips for Asking about Suicidal Ideation

- Normalize
- Use shame attenuation
- Use gentle assumptions
- Use a low bar

Adapted from Shea (1999) and Ganzini et al. (2013)

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

1 Semi-structured interview
   Includes questions and follow-up prompts

2 Barometer model built-in
   Inquires about 5 different types of SI

3 Adaptable to different settings
   Community, healthcare, inpatient, ER

4 SI characteristics
   Frequency, duration, controllability and more

5 Suicidal behavior
   Attempts, aborted or interrupted attempts, lethality, and self-harm

6 Past month and lifetime
   Inquires are two different time periods for suicidal ideation and behavior

Adapted from Posner et al. (2009)
REFERENCES


