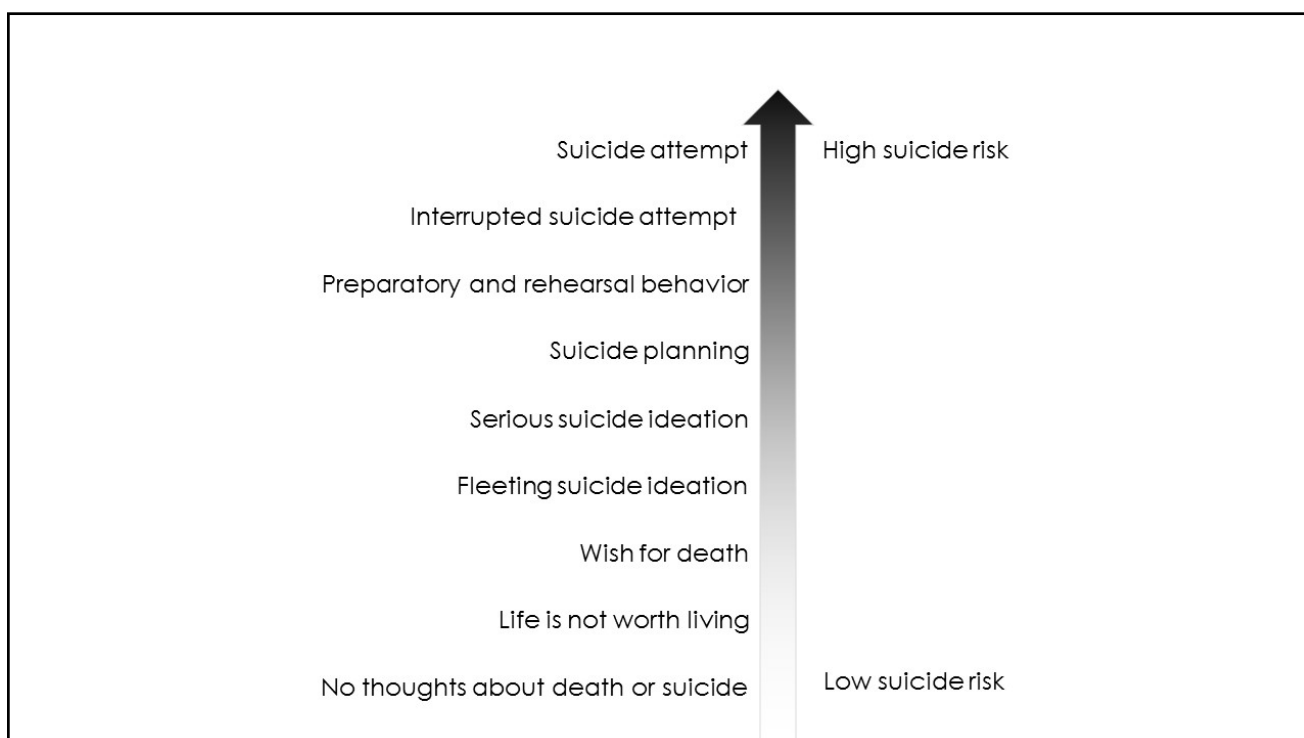




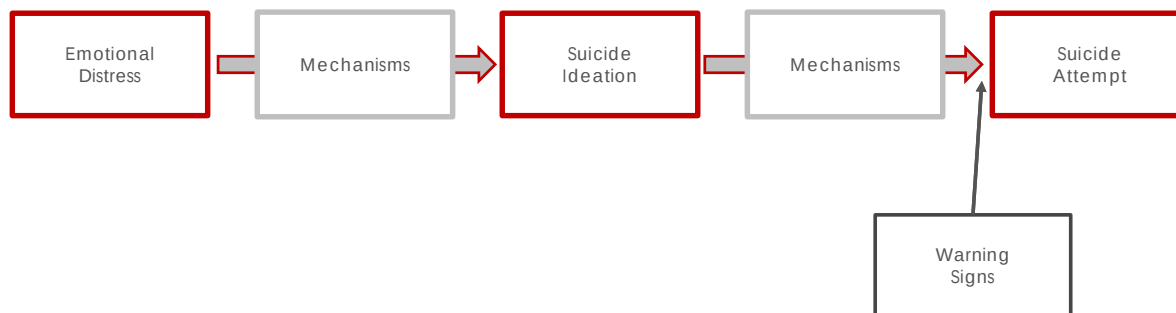
Innovations in Suicide Risk Screening & Assessment

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Suicide Risk Assessment & Documentation

Domain	Examples
Baseline Risk Factors	Prior Suicide Attempts History of Psychiatry Disorders
Activating Events	Relationship Problems Financial Strain
Symptoms (Emotional & Physical)	Depression Guilt
Suicide-Specific Beliefs (Cognitive)	Hopelessness Perceived Burdensomeness
Impulse Control & Dysregulation (Behavioral)	Nonsuicidal Self-Injury Alcohol Use
Protective Factors	Reasons for Living Hope

SOURCE: (Bryan & Rudd, 2006, 2018)

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Dimensions of Suicidal Thinking

Resolved Planning

Sense of courage
Availability of suicide means
Opportunity to attempt suicide
Specificity of suicide plan
High duration & high intensity ideation

Suicidal Desire

No reasons for living
Wish to die
High frequency ideation
Desire and expectancy to die
Lack of deterrents

SOURCE: (Joiner, Rudd, & Hasan, 1997)

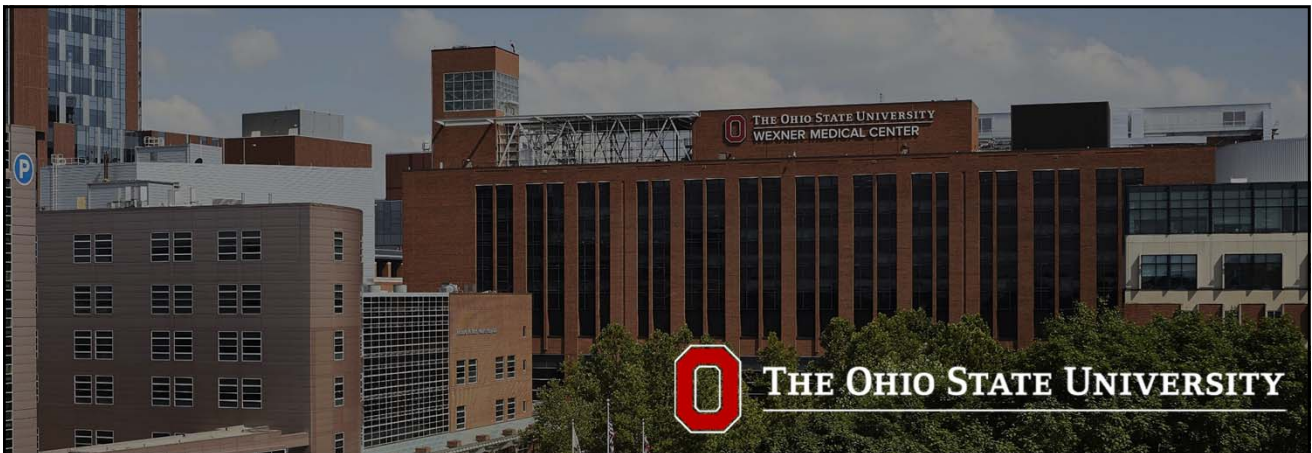
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Suicide Risk Assessment Levels

Criteria	Multiple Attempts	Zero or One Attempt
No resolved planning No suicidal desire	Low	Not Elevated
No resolved planning Low to moderate suicidal desire	Moderate	Low
No resolved planning High suicidal desire	High	Moderate
Any resolved planning Low suicidal desire	High	Moderate
Any resolved planning Moderate to high suicidal desire	High	High

SOURCE: (Bryan & Rudd, 2018)

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Limitations to Traditional Suicide Risk Assessment Approaches

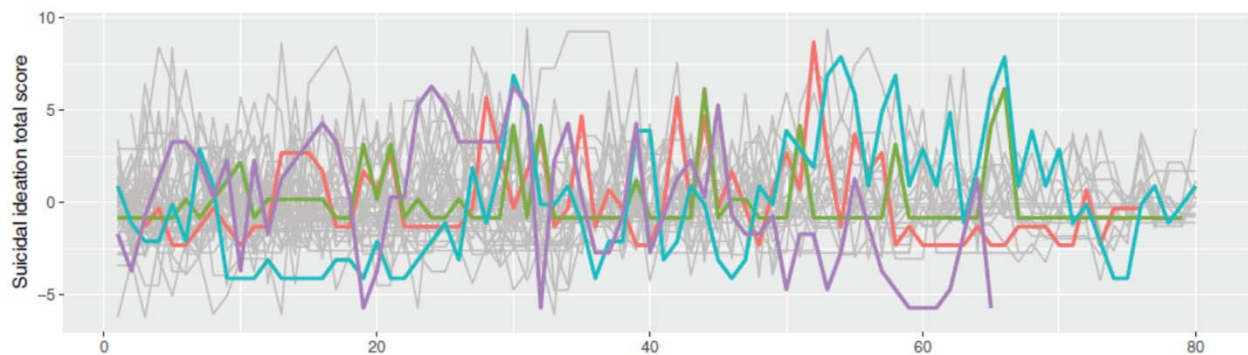
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- 1:** Suicide risk is inherently dynamic
- 2:** Changes in suicide risk can be sudden and discontinuous
- 3:** Suicidal thinking is heterogeneous

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- 1: Suicide risk is inherently dynamic
- 2: Changes in suicide risk can be sudden and discontinuous
- 3: Suicidal thinking is heterogeneous

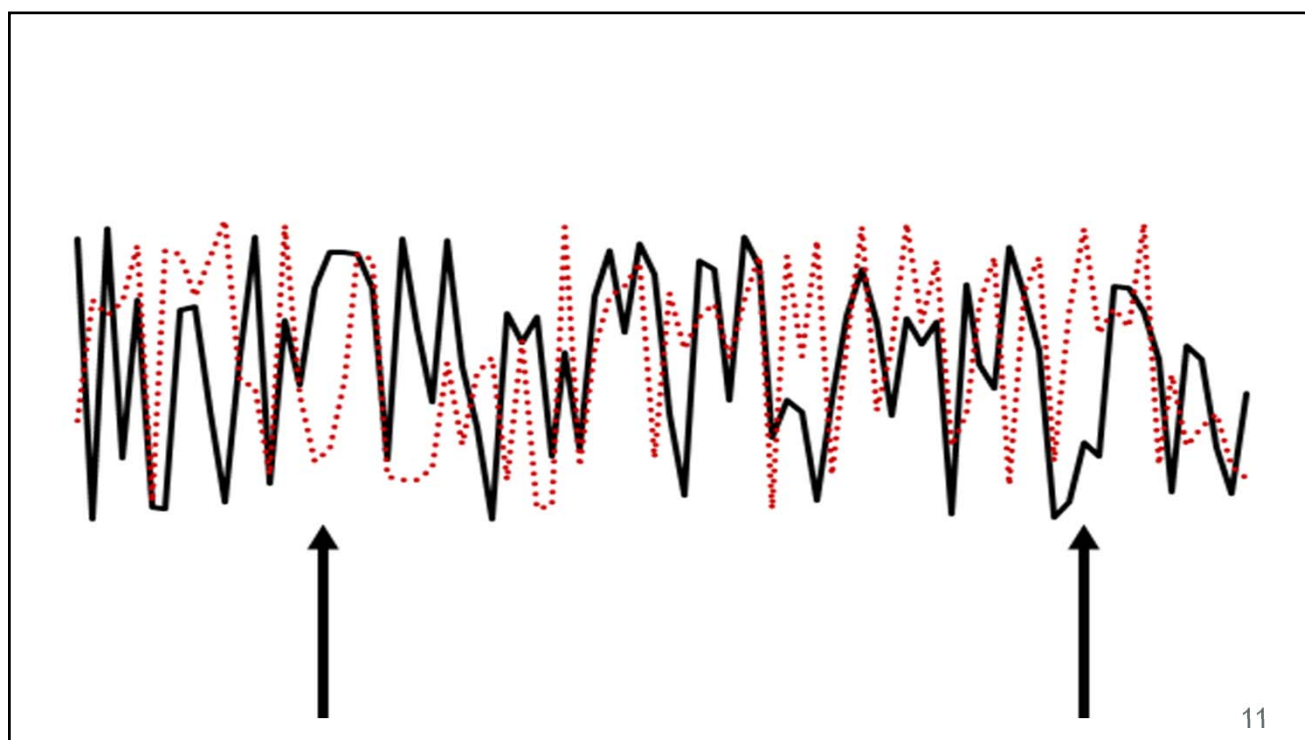
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SOURCE: (Kleiman et al., 2017)

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Suicide and Life-Threatening Behavior © 2017 The American Association of Suicidology DOI: 10.1111/sltb.12361 Nonlinear Change Processes During Psychotherapy Characterize Patients Who Have Made Multiple Suicide Attempts CRAIG J. BRYAN, PsyD, ABPP, AND M. DAVID RUDD, PhD, ABPP	Suicide and Life-Threatening Behavior 41(6) December 2011 © 2011 The American Association of Suicidology DOI: 10.1111/j.1943-278X.2011.00062.x Nonlinear Dynamics: Theoretical Perspectives and Application to Suicidology GÜNTER SCHIEPEK, PhD, CLEMENS FARTACEK, MS, JOSEF STURM, MS, KARL KRALOVEC, MD, REINHOLD FARTACEK, MD, AND MARTIN PLÖDERL, PhD
Contents lists available at ScienceDirect Journal of Affective Disorders journal homepage: www.elsevier.com/locate/jad Research paper The ebb and flow of the wish to live and the wish to die among suicidal military personnel[☆] Craig J. Bryan^{a,*}, M. David Rudd^b, Alan L. Peterson^c, Stacey Young-McCaughan^d, Evelyn G. Wertenberger^e	Contents lists available at ScienceDirect Behaviour Research and Therapy journal homepage: www.elsevier.com/locate/brat Patterns of change in suicide ideation signal the recurrence of suicide attempts among high-risk psychiatric outpatients Craig J. Bryan^{a,*}, David C. Rozek^a, Jon Butner^b, M. David Rudd^a ^aNational Center for Veterans Studies, The University of Utah, USA ^bThe University of Utah, USA
Suicide and Life-Threatening Behavior © 2017 The American Association of Suicidology DOI: 10.1111/sltb.12370 Predictors of Emerging Suicide Death Among Military Personnel on Social Media Networks CRAIG J. BRYAN, PsyD, ABPP, JONATHAN E. BUTNER, PhD, SUNGCHROON SINCLAIR, MS, ANNA BELLE O. BRYAN, MS, CHRISTINA M. HESSE, MA, AND ANDREE E. ROSE, MPA, MA	

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Over 50%

of suicide decedents deny suicide ideation or do not mention suicidal thoughts in the time leading up to their deaths

SOURCE: (Bryan et al., 2016; Busch et al., 2003; Coombs et al., 1992; Hall et al., 1999; Kovacs et al., 1976)

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Individuals at High Risk for Suicide Are Categorically Distinct From Those at Low Risk

Tracy K. Witte
Auburn University

Jill M. Holm-Denoma
University of Denver

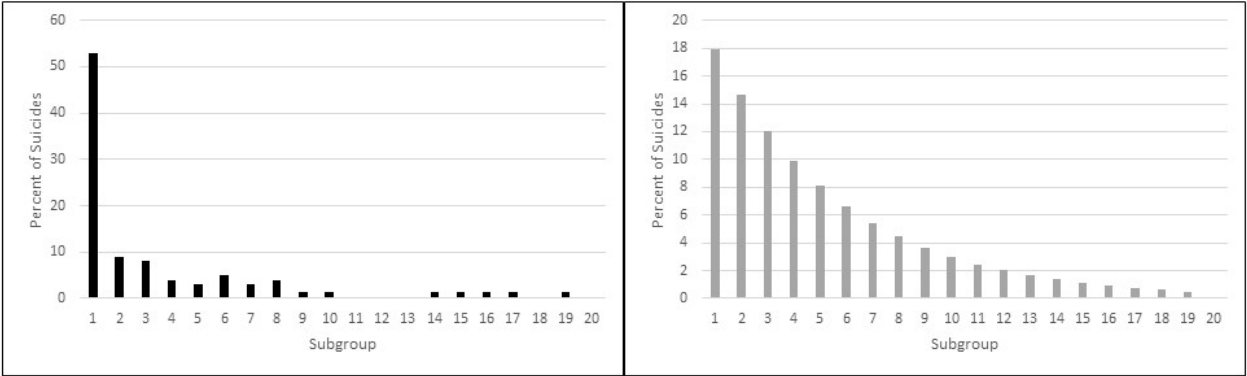
Kelly L. Zuromski and Jami M. Gauthier
Auburn University

John Ruscio
The College of New Jersey

SOURCE: (Witte et al., 2017)

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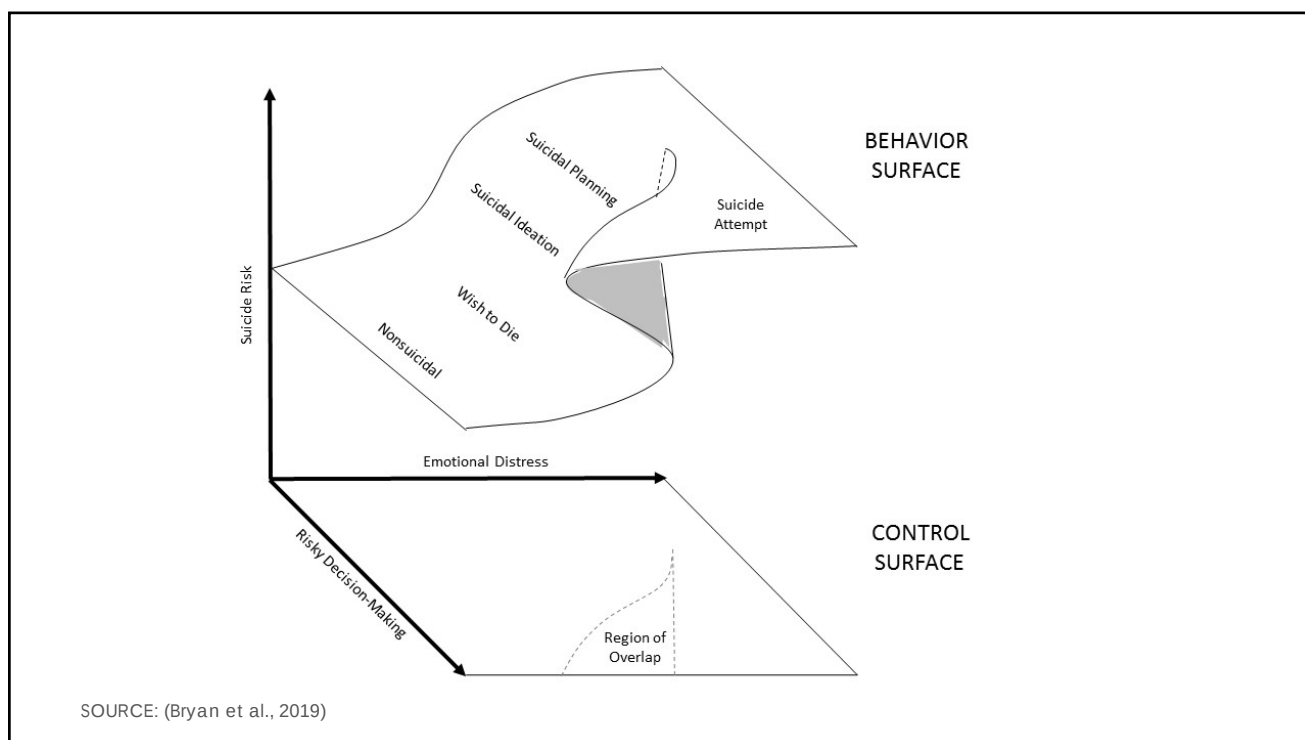
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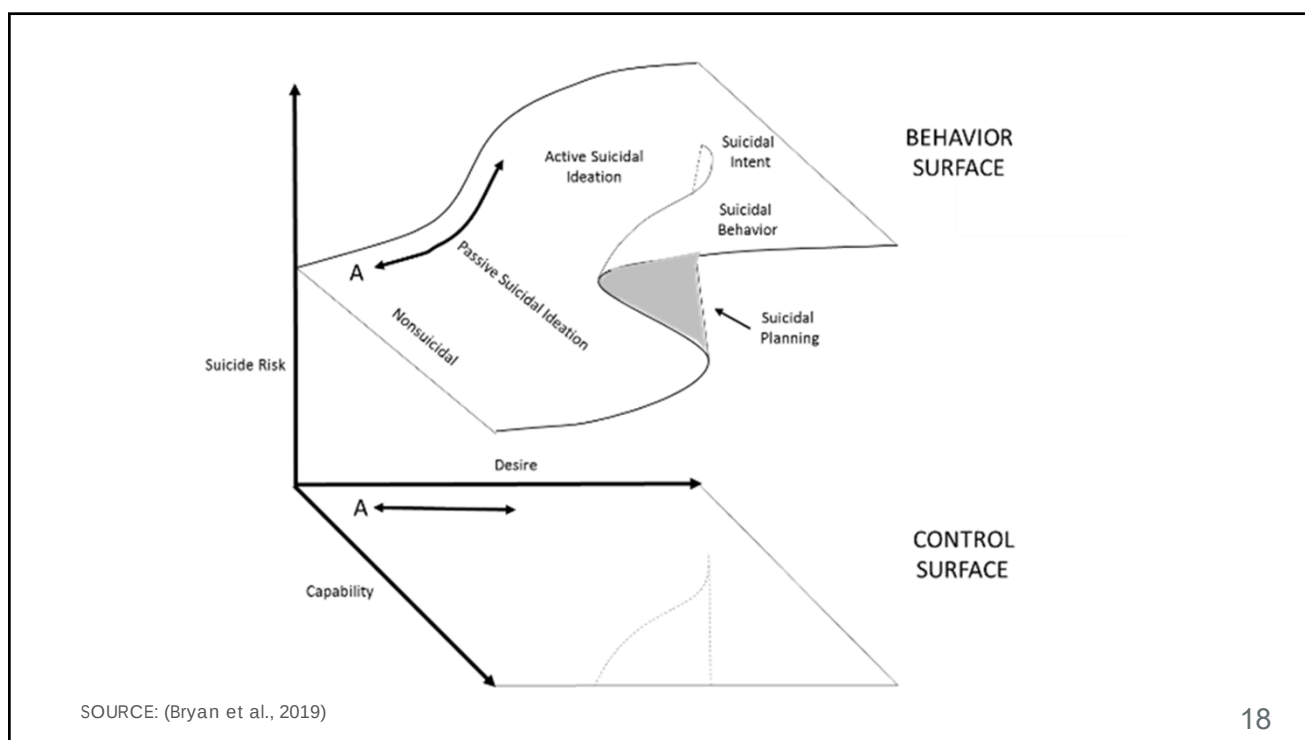
SOURCE: (Kessler et al., 2015)

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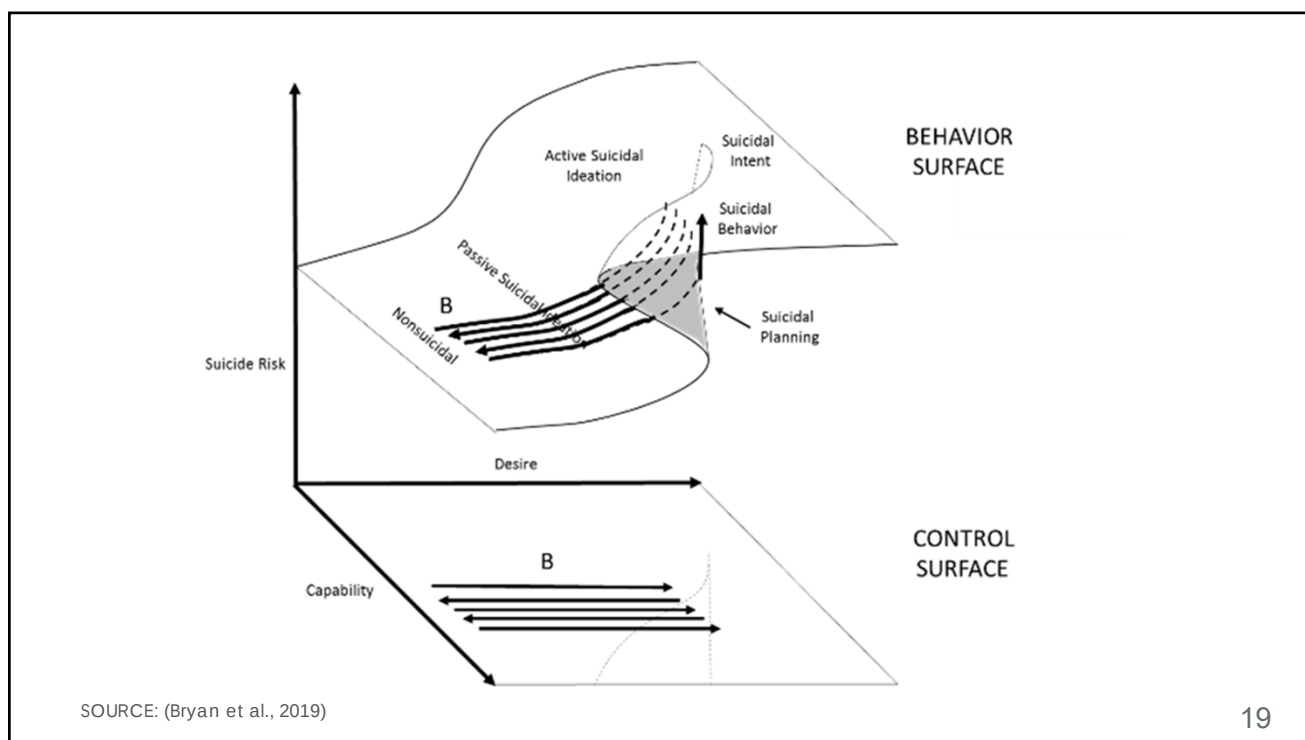


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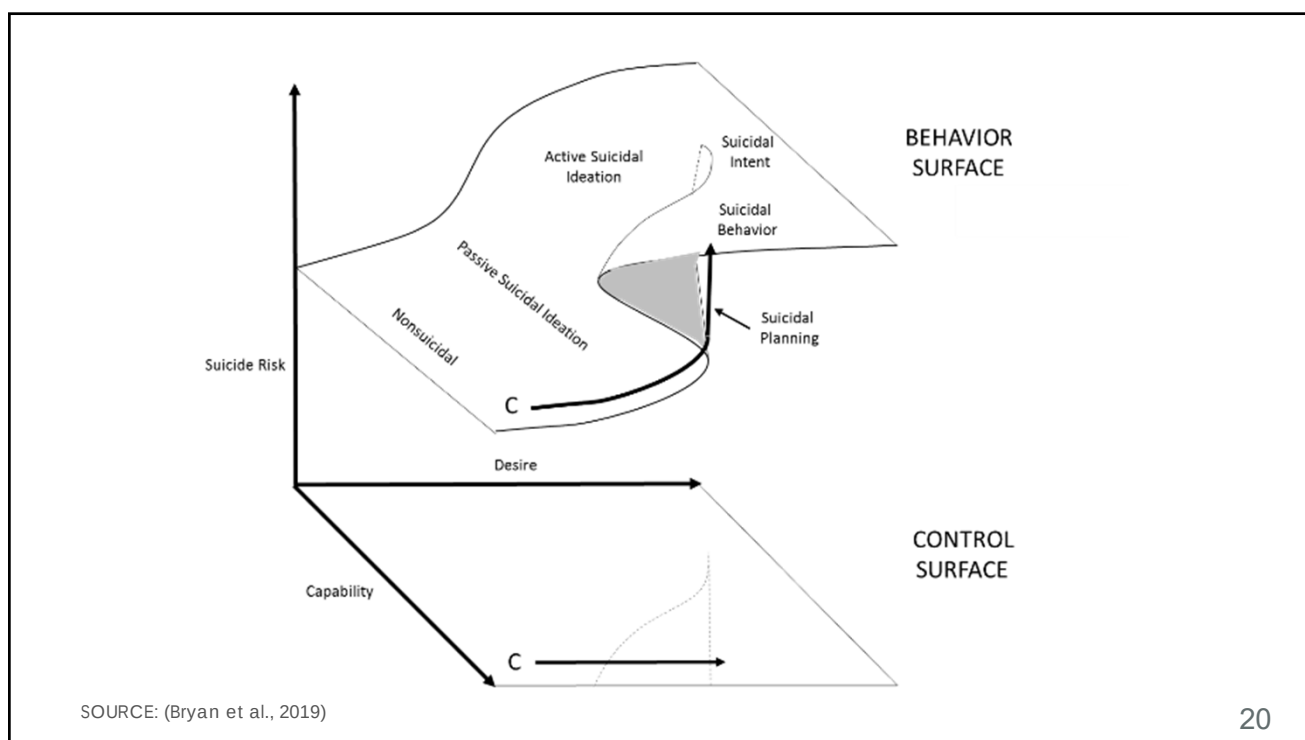


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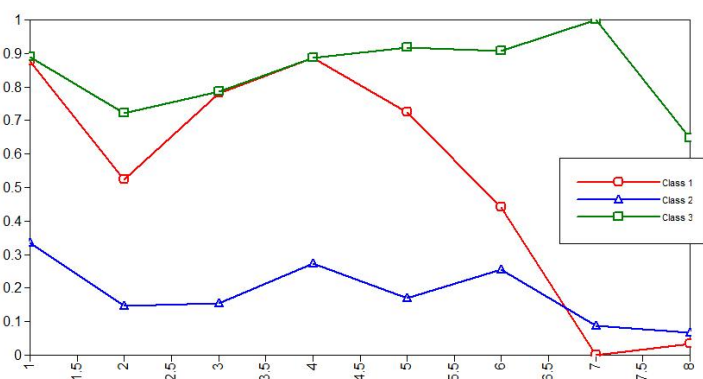
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Among 489 U.S. adults with past-month "thoughts about killing yourself," 58.9% were classified in Class 2

1. I wish I could disappear or not exist
2. I wish I was never born
3. My life is not worth living
4. I wish I could go to sleep and never wake up
5. I wish I were dead
6. Maybe I should kill myself
7. I should kill myself
8. I am going to kill myself

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	Suicide Cognitions Scale-Revised (SCS-R) Item	30 days	
		AUC	(95% CI)
1	The world would be better off without me.	0.730	(0.749, 0.964)
2	I can't stand this pain anymore.	0.674	(0.720, 0.932)
3	I've never been successful at anything	0.604	(0.636, 0.947)
4	I can't tolerate being this upset any longer.	0.741	(0.727, 0.952)
5	I can never be forgiven for the mistakes I have made.	0.644	(0.738, 0.973)
6	No one can help solve my problems.	0.651	(0.715, 0.946)
7	It is unbearable when I get this upset.	0.760	(0.739, 0.956)
8	I am completely unworthy of love.	0.740	(0.754, 0.980)
9	Nothing can help solve my problems.	0.667	(0.735, 0.948)
10	It is impossible to describe how badly I feel.	0.665	(0.721, 0.947)
11	I can't cope with my problems any longer.	0.729	(0.649, 0.970)
12	I can't imagine anyone being able to withstand this kind of pain.	0.773	(0.744, 0.964)
13	There is nothing redeeming about me.	0.707	(0.730, 0.956)
14	I don't deserve to live another moment.	0.771	(0.736, 0.988)
15	I would rather die now than feel this unbearable pain.	0.696	(0.716, 0.977)
16	No one is as loathsome as me.	0.748	(0.743, 0.977)

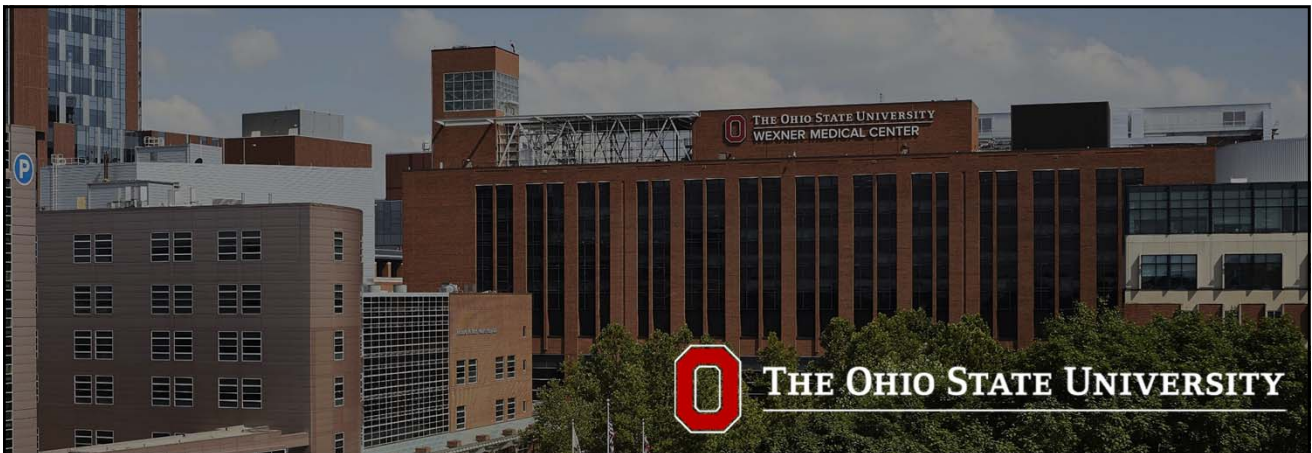
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Suicide Cognitions Scale Research Findings

- Distinguishes outpatients with history of attempts vs. history of ideation and history of NSSI
- Prospectively predicts suicide attempts as well as/better than SI
- Among patients denying SI or thoughts of death, identifies those who will subsequently attempt suicide
- Among patients endorsing SI, distinguishes those who will attempt suicide from those who will not

SOURCE: (Bryan et al., 2014, 2016, 2020)

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Recommendations for Practice

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- 1:** Suicide risk is inherently dynamic
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Suicide risk is inherently dynamic

1. Repeatedly assess suicide ideation over the course of treatment
2. Scores at any single time point are less informative than overall pattern of change over time
 - Emerging evidence suggests fluctuating ideation (up and down) over time may indicate increased vulnerability for suicidal behavior

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Changes in suicide risk can be sudden and discontinuous

3. Traditional risk stratification methods that assume continuum of suicide risk can be limited
4. Brief cognitive behavioral therapy for suicide prevention (BCBT) and crisis response planning (CRP) have been shown to significantly reduce the occurrence of suicidal behaviors, even among lower risk patients

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Suicidal thinking is heterogeneous

5. Complement screening/assessment methods focused on explicitly suicidal thoughts with assessment of broader spectrum of suicide-related thoughts

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Questions?

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