

Imminent Suicide Risk Assessment in high-risk individuals denying suicidal ideation or intent: Introduction and Training

Friday December 8th - Saturday December 9th , 2023

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Imminent Suicide Risk Assessment in high-risk individuals denying suicidal ideation or intent: Introduction and Training.

Learning objectives:

At the end of this presentation participants will be able to:

1. Appreciate the difference between long-term and imminent suicide risk.
2. Learn the nuts and bolts of the Narrative Crisis Model of Suicide (NCM) and the MARIS approach to the assessment of imminent risk
3. Apply the NCM and the MARIS approach to assess imminent suicide risk in test cases.

Abstract:

According to the recent Center for Disease Control (CDC) report, more than half of suicide decedents between 2000 and 2016 were never diagnosed with a mental health condition, and only a quarter disclosed suicide intent prior to ending their lives. These striking findings challenge the practice of using suicidal ideation as a cornerstone of suicide risk assessment, and may partially account for our failure to contain the increase in US suicide deaths. The CDC report also underscores the urgent need for innovative suicide risk assessment methods that do not rely on a history of mental illness or self-reported suicidal ideation/intent.

The proposed course aims to train clinicians in a novel framework for the assessment of short-term suicide risk: the Modular Assessment of Risk for Imminent Suicide (MARIS) and the Narrative-Crisis Model of suicidal behavior (NCM). The effectiveness of the MARIS-NCM approach is described in multiple peer-reviewed publications, and in the book *The Suicidal Crisis* by Galynker (2017; Oxford University Press), now a recommended resource by the American Foundation for Suicide Prevention.

We will open conceptual framework of the course by polling the audience on their experience with imminent risk assessment and presenting a video of a person with lived experience describing her reasons for concealment of her suicidal intent. We'll then present an overview of the research findings supporting the NCM model, the new clinical entity of SCS and the MARIS method for the assessment of imminent suicidal risk. We will then conduct practical training in the SCS and of the Suicidal Narrative using the video of simulated patient "Irina" followed by didactic role-play practice case "Gary." Next we will describe the use of clinicians' emotional responses as tools for assessment and management of imminent suicidal behavior as well as clinicians' psychological defense mechanisms elicited by suicidal patients following by practical training in emotional self-awareness. The class will conclude with Section Four devoted to participants' evaluating their acquired skills through risk-assessment evaluation of provided test cases "Kate" and "Bernie".

Course Outline

December 8th

CONCEPTUAL FRAMEWORK (15.30-16.45)

- Introduction and poll of attendees training, experience, and current clinical setting.
- Meghan Caughey's video on SI concealment
- PowerPoint presentation of Narrative Crisis Model of Suicide (NCM), Suicide Crisis Syndrome (SCS), and Modular Assessment of Risk for Imminent Suicide (MARIS) approach
- Q&A

PRACTICAL TRAINING ONE: SUICIDE CRISIS SYNDROME (17.00-18.15)

- Presentation of SCS criteria and symptoms with concrete examples (pp. 7-24)
- Video of illustration case ("Irina") SCS symptoms (pp. 11-14; DVD Min. 0:11-13:22)
- Discussion of the Video and Risk Assessment (pp. 15,16)
- Didactic role play practice case ("Gary") (pp. 17-22)
- Risk assessment of "Gary" based on SCS (pp. 23,24)
- Q&A

December 9th

PRACTICAL TRAINING TWO: SUICIDAL NARRATIVE (9.00-10.15)

- Presentation of Suicidal Narrative with concrete examples (pp. 25-38)
- Video of "Irina" Suicidal Narrative (pp. 28-31; DVD min. 17:45-26:53)
- Discussion of "Irina's" Suicidal Narrative (pp. 31,32)
- Didactic role play practice case ("Gary") (pp. 33-37)
- Risk assessment of "Gary" based on Suicidal Narrative (pp. 37-38)
- Q&A

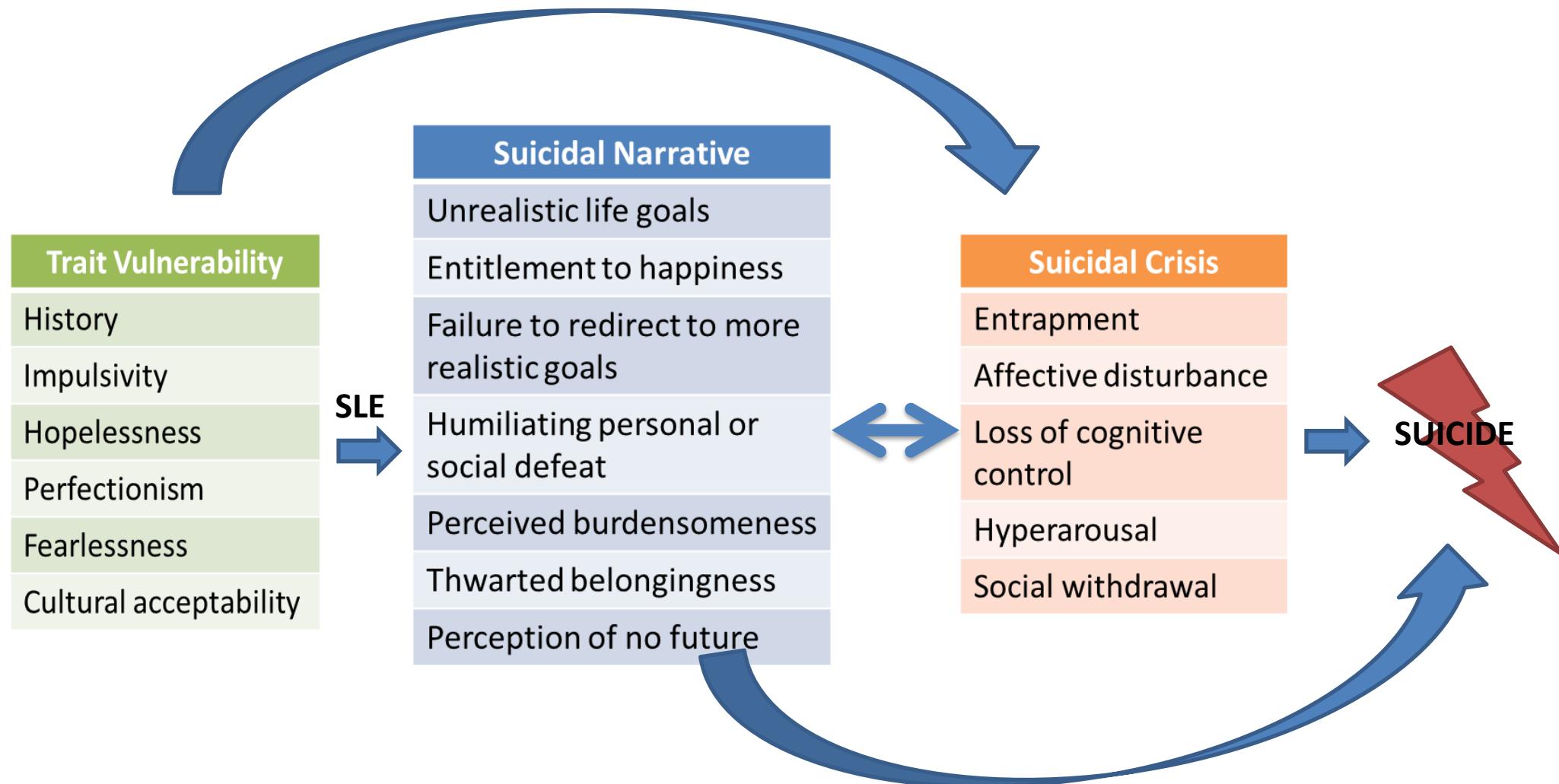
PRACTICAL TRAINING THREE: EMOTIONAL RESPONSES (10.30-11.30)

- Explicit Assessment (pp. 39-42)
- Clinicians' Emotional Responses to Suicidal Patients (pp. 43-46)
- Introduction to emotional self-awareness and emotional responses predictive of suicidal behaviour (pp. 43,44)
- Discussion of emotional responses to "Irina" and "Gary" (pp. 45,46)
- Q&A

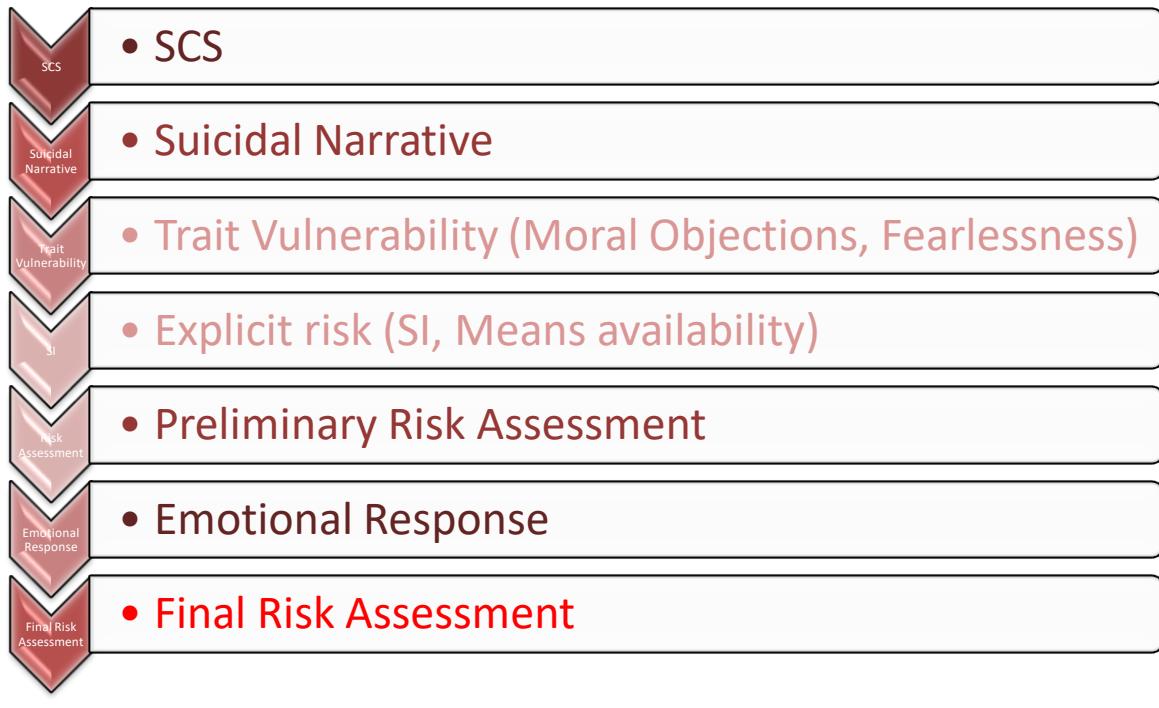
PRACTICAL TRAINING FOUR: TEST CASES AND SELF-ASSESSMENT (11.30-11.45)

- "Bernie" (pp. 47-61)
- "Kate" (pp. 62-77)

Narrative Crisis Model of Suicide



MARIS Interview



Practical Training 1: SCS

Diagnostic Criteria for the Suicide Crisis Syndrome Checklist (SCS-C):

A. Entrapment: Patient presents with a problem that *they perceive* as intolerable and unsolvable (they may describe themselves as ‘trapped’, ‘having no exit’ or ‘having reached a dead end’):

no yes extreme [Patient screens “extreme” if the symptom is overwhelmingly distressful]

B. Associated disturbances: [Patient screens positive (yes) if any of the symptoms below are marked “yes”, meets extreme if more than half of the symptoms in each domain are present.]

no yes extreme

(a) Affective disturbance: no yes extreme [For (a), (b), (c), (d) criteria patient screens positive (yes) if any of the symptoms below are marked “yes”, meets “extreme” if more than half of the symptoms in each domain are present.]

Manifested self- or collateral-report or observation of any of:

- (1) emotional pain
no yes
- (2) rapid spikes of negative emotions or extreme mood swings
no yes
- (3) extreme anxiety that may be accompanied by dissociation or sensory disturbances
no yes
- (4) acute anhedonia (i.e., a new or increased inability to experience interest or pleasure or imagine future experience of interest or pleasure)
no yes

(b) Loss of cognitive control: no yes extreme

Manifested by self- or collateral-report or observation of any of:

- (1) intense or persistent rumination about one’s own distress and the life events that brought on distress
no yes
- (2) an inability to deviate from a repetitive negative pattern of thought (cognitive rigidity)
no yes
- (3) an experience of an overwhelming profusion of negative thoughts accompanied by a sensation of pressure or pain in one’s head, impairing ability to process information or make a decision (ruminative flooding)
no yes
- (4) repeated unsuccessful attempts to suppress negative or disturbing thoughts
no yes

(c) Disturbance in arousal: no yes extreme

Manifested by self- or collateral-report or observation of any of:

- (1) agitation no yes
- (2) hypervigilance no yes
- (3) irritability no yes
- (4) global insomnia no yes

(d) Social withdrawal: no yes extreme

Manifested by self- or collateral-report or observation of any of:

(1) withdrawal from or reduction in scope of social activity	<input type="checkbox"/> no <input type="checkbox"/> yes
(2) evasive communication with close others	<input type="checkbox"/> no <input type="checkbox"/> yes

Diagnosing SCS: interview questions

A. Entrapment

Entrapment

When you think about your current (unbearable) life situation...

... do you feel trapped?

... do you see possible exits from your condition?

... do you see possible good solutions or ways out of your problem?

... do you see ways of improving the situation?

... do you see ways of solving your problem?

B. Associated disturbances

(1) Affective disturbance

- Emotional Pain

Do you feel like you are in pain?

Is this pain emotional?

Is too much to bear?

Do you feel it needs to be stopped?

Do you feel this pain can get better?

Will it only get worse?

- Depressive turmoil

Do you feel waves of bad feelings or that your mood is even?

Do you feel waves of anxiety, anger, fear?

During these waves are you afraid you might die or lose your mind? Which one?

Do these feelings come in waves out of the blue?

Do they make you feel restless and agitated?

- Frantic Anxiety

Do you feel that you have no control?

Do you feel that you have lost control to change things?

Do you feel powerless?

Do you feel helpless?

Do you feel overwhelmed with negative emotions?

Do you feel emotionally raw?

Do you feel like you have no skin?

Do you feel like the smallest things are bothering you, as if your life lies in the balance?

Do you feel so nervous that you are on the verge of losing control?

With the waves of bad feelings, do you feel something is wrong with you physically?

Do you also have physical symptoms such as sweating? (Nausea? Problems breathing? Rapid heartbeat?)

Do you feel strange sensations in your body or skin?

Do you feel something happening to (in, on) your body?
Do you feel that the world around you is different?

- Acute Anhedonia

What makes you feel good usually?
Has this activity become a burden to you?
Has this activity become painful?
Does it feel like torture?
Are you able to feel anything positive?
Is it hard to try to feel positive? How hard?

(2) Loss of cognitive control

When you think about...

- ... being trapped in your current life situation
- ...possible exits from your condition
- ... possible good solutions, ways out of your problem
- ... improving the situation
- ... solving your problem

- Ruminations

Is your thinking clear or foggy?
Are your thoughts racing, running fast, or is your head quiet?
Is it hard to figure out exactly what you are thinking?
Do you have unpleasant thoughts in your head that keep running again and again?
Do these thoughts come mostly at night before you go to sleep?
Do you think these thoughts also during the day?
Are you having these thoughts right now?
Do you feel pressure in your head from having too many thoughts?
Are you having headaches from having too many thoughts?
Do you feel like your head could explode from having too many thoughts?

- Thought Suppression

Do you try to forcefully suppress these thoughts?
Can you?
Is it working?
Is trying to suppress your thoughts only making them worse?

- Ruminative Flooding

Do the out-of-control bad thoughts make you feel pressure in your head?
Does this make you feel like your head could explode?
For some people this endless thinking feels like a vortex, which just keeps getting deeper and deeper; is that how you feel?
Does it feel like you are trying to climb out but you can't?

- Cognitive Rigidity

You know, these negative thoughts you have been having about your life – this is not the only way to look at things. For example, here is an alternative interpretation...

But really – many people are happy doing this; can you see your life from this point of view?

How hard is it to see your problem in a different light?

Do you succeed? How often?

How long can you think other thoughts before you come back to the ones that bother you?

(3) Disturbance in arousal

- Agitation and insomnia

You seem agitated to me, is this how you feel?

Do you feel agitated inside?

Is it hard to stay calm?

Does this agitation prevent you from sleeping?

Have you had problems falling asleep? Waking up in the middle of the night? Too early?

When you have problems sleeping do these thoughts we talked about a minute ago bother you?

- Irritability

Do you feel irritable?

Do you find yourself more annoyed by people than you usually are?

Do you feel that the smallest things set you off?

- Hypervigilance

Do you feel overly sensitive to or bothered by sounds, lights, or people's movements?

Do you find yourself over-reacting to sounds, voices, or people's movements?

Do you feel key-up and constantly examine your surroundings?

(4) Social withdrawal

Do you tend to avoid social interactions?

Do you avoid telling people what is really on your mind?

Do you find it hard to talk to people and tell them how you are doing?

Illustration Case “Irina” Video Interview

Dr: Hi Irina.

Irina: Hi.

Dr: I'd like to talk to you for 15-20 minutes about what brought you here today. Can you tell me what happened?

Irina: I've just been feeling really awful. A couple months ago my boyfriend broke up with me. He said that he met someone else and it was just devastating. He said he met someone else and he left. We were living together, and I just haven't been able to really get myself together since then. I had to leave our apartment. I had to quit my job. I had to move back in with my parents and I feel like my whole life fell apart.

Dr: When did that happen?

Irina: 3 months ago.

Dr: 3 months ago. Ok. How long had you been together?

Irina: 3 years.

Dr: 3 years. That's a long time. Were you planning to stay together?

Irina: I was shocked. I didn't know. I love him. I miss him.

Dr: You say you had to quit work and move out to live with your parents. This is almost a silly question, but how much does this affect your life? Can you think about anything else?

Irina: No. I was devastated when he left. I couldn't afford the apartment on my own, but even if I could, I just... I quit my job. I just couldn't be there. I couldn't be around people. And now... living with my parents... it's just awful.

Dr: Can you sleep?

Irina: I don't sleep good. I have a really hard time falling asleep. I wake up in the middle of the night. My thoughts are constantly running. I feel like my head is so full it's just going to explode.

Dr: When you think about this, do your thoughts control you, or can you control your thoughts?

Irina: I can't really... I try to watch TV or try to... but I can't focus. My thoughts are constantly running and spinning, and I just feel like my head is in twelve different directions. I just don't want to do anything.

Dr: What happens if you try to change the way you think? Like when you think about something else, watch TV, maybe call a friend, or think about your work.

Irina: I don't want to talk to any of my friends because then I just feel worse. You know, my friends are all married and have kids and families, and I don't have anything. Like, I don't have a place, I don't have a job, I don't have... You know, I want a family. I want a family and I don't want to talk to them because I don't want to put my problems on them, you know?

Dr: That sounds really painful. Do you feel like you're in pain? Do you feel emotional pain from dealing with all of this?

Irina: Yes, it's very painful. the whole thing has been crushing. I feel very alone.

Dr: You said you don't want to see your friends. Have you been withdrawing from people?

Kate: I haven't really wanted to talk to anyone. My parents try to talk to me and I just don't want to talk to them either. I feel like I'm a burden to them. I feel like I should be able to support myself, I should have a family by now, I should have all of these other things, and instead I'm living with them and they're supporting me and I feel so guilty.

Dr: How has your mood been with all of this?

Irina: I'm just tired. I feel really tired. I feel really sad most of the time. Like I said, my thoughts just keep spinning and I'm thinking about all of the things that I could have done, or should have done, or I should do, or I could be doing different, and all of the things I'm not doing right. Sometimes I get really hyper.

Dr: Even talking to you right now, I see that I keep asking you different questions and you keep coming back to the same thing. When you try to distract yourself, does it work? Can you?

Irina: Not for long. I could, you know, sit down and watch a movie or like, when I try to read, I can't focus. When I try to like, look online and maybe put my resume together or something, I can't. I just feel so depressed, and I feel so sad, and I can't focus.

Dr: Does this condition that you're describing come in waves, or is it all the time? Is it steady?

Irina: There's some days here and there where I feel a little better. But in general, this is how I've been feeling most of the time and I haven't been able to shake it.

Dr: You've been describing feeling very anxious. Is that correct?

Irina: Yes.

Dr: Do you also have panic attacks?

Irina: I've had panic attacks.

Dr: What do they feel like?

Irina: Like I'm just trapped. Like I'm trapped and I can't ... like I just get this feeling of being trapped and I can't get out. I can't stop feeling that way. I feel like I'm going to go crazy or I'm going to die.

Dr: Do you have any feelings of physical sensations with that?

Irina: Chest pain. My heart starts beating, I start sweating, I get very... I feel like I'm not myself. I feel like I'm like watching myself, almost and ...that's really scary.

Dr: That sounds really scary. You said you feel trapped. What do you mean by that?

Irina: That I just don't know what to do or where to go. You know, I feel like I had a life and now I have nothing...and I don't even know where to start.

Dr: Can you see yourself moving on from this situation? For instance, you live with your parents. What is your relationship like with your parents? How is it for you to live with them? You said you feel like a burden because they're supporting you...

Irina: I feel like what's going on with me is really upsetting to them and it makes me feel really guilty. You know, I'm an only child and they came to this country to give me a better life and this is what they got...and I just feel horrible about it.

Dr: Do you feel as if you're letting them down?

Irina: I feel like I've let them down. I feel like I should just be in such a different place now.

Dr: What job did you have?

Irina: I worked as an accountant.

Dr: Is this something that you would see yourself going back to?

Irina: I think I quit because I hate it.

Dr: Why did you become an accountant?

Irina: I don't know. I'm good with numbers. It seemed like a stable thing to do. But I've hated it. It's boring. It's just... I hate it.

Dr: Have you ever considered any other jobs, any other options?

Irina: I just don't know what else I would do. I feel like it's so hard to start over and I don't know where I would start or what I would do or where I would go. I just feel really stuck.

Dr: When this all started you were talking about your relationship with your boyfriend. This relationship, what did it mean to you? You said you were devastated...

Irina: I've had a really hard time meeting people and finding that kind of connection with someone and then ...Often I felt like I wasn't good enough for people and you know, I just seem to... I've been hurt a lot in the past and then with this relationship it was really different. It felt like the kind of connection I've been looking for, that I've been wanting, and it felt so good to have someone like that. And for him to leave because he found someone else... It's like, Oh. I guess I'm not good enough for him, or for anyone.

Dr: For anyone? It makes you feel like you can't be good enough for anybody?

Irina: Yeah, like I'm just broken. Like I'm not worth loving and I'll just be alone.

Dr: I understand how awful you feel. It sounds like you hate your job and you can't find anything. It seems to me that you feel completely betrayed. I can see both of these coming from feeling very depressed. Everything seems very negative, like the glass is half empty or totally

empty. Can you imagine this condition passing? There are antidepressants, there are therapies, you can you feel better... What do you think of this?

Irina: I'm just tired. I feel like I try to do the right thing and I try... you know... I've had depression my whole life. I've had episodes and I've had ... I've been on medication and it just seems like no matter what I do, I end up in this place. I'm tired of feeling this way. I'm tired of feeling like a burden. I'm tired of feeling alone and I'm tired of feeling like I'm not worth loving.

Suicide Crisis Syndrome (SCS) Diagnosis Table for « Irina »

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment		
Frantic Hopelessness/Entrapment		
Criterion B1: Affective Disturbance		
Emotional Pain		
Depressive Turmoil		
Frantic Anxiety		
Anhedonia		
Criterion B2: Loss of Cognitive Control		
Ruminations		
Thought Suppression		
Ruminative Flooding		
Cognitive Rigidity		
Criterion B3: Overarousal		
Agitation		
Global Insomnia		
Hypervigilance		
Irritability		
Criterion B4: Acute Social Withdrawal		
Acute Social Withdrawal		
Evasive Communications		
SCS diagnosis:		

« Irina » SCS Answer Key

Criteria/symptoms	Diagnostic Presence	
	Yes	No
Criterion A: Frantic Hopelessness/Entrapment	x	
Frantic Hopelessness/Entrapment	x	
Criterion B1: Affective Disturbance	x	
Emotional Pain	x	
Depressive Turmoil	x	
Frantic Anxiety		x
Anhedonia	x	
Criterion B2: Loss of Cognitive Control	x	
Ruminations	x	
Thought Suppression	x	
Ruminative Flooding		
Cognitive Rigidity	x	
Criterion B3: Overarousal	x	
Agitation		x
Global Insomnia	x	
Hypervigilance		x
Irritability		x
Criterion B4: Acute Social Withdrawal	x	
Acute Social Withdrawal	x	
Evasive Communications		x
SCS diagnosis:	YES	

Add Summary keep on page

Role Play Case “Gary”

Gary is a 30 year old single Jewish man with a history of BMD 1 and two previous psychiatric hospitalizations, currently living in a two-bedroom apartment with his parents. He returned to the US six months ago after teaching English for two years in Croatia and his parents referred him in for a psychiatric assessment to a bipolar specialist “so he can get the best possible treatment because his is a difficult case.” Gary has no previous suicide attempts, but his parents are concerned that he may kill himself because “there is just something scary about him that makes us very uncomfortable.”

During the Suicidal Narrative Part of the Assessment Gary revealed all five aspects of the suicidal narrative: he could not give up on unrealistic expectations of an academic career, his professional and personal failures made him feel defeated and alienated as well as a burden to his parents, with the next job application rejection he would find himself at a dead end with no good options, which would make him a very high suicide risk.

The Suicidal Crisis Syndrome assessment

Forming Rapport

Dr: How are feeling today?

Gary: Not great. Keep thinking about ending up back at home, living with my parents... at 30...

A. Entrapment

Dr: Sorry to hear that that...When you think about your life situation, living with your parents, being supported by them, looking for a job, everything you told me about choices, do you want to escape?
Gary: Yes, it's close to intolerable...

Dr: Do you feel an escape is possible?

Gary: Not sure. I need a miracle. I need a teaching job.

Dr: Other than that, do you see any other good options?

Gary: None. I feel trapped. I feel horrible and I feel trapped.

B. Associated disturbances

(1) Affective Disturbance

(Emotional Pain)

Dr: Gary, you came to see me because you were feeling bad. You told me earlier that you were in pain. Is it emotional pain that you are in?

Gary: Yes, although at times everything hurts, even my legs.

Dr: How bad is it?

Gary: Sometimes it feels unbearable. It can get so bad, I do not know how long I can take it.

Dr: How long can you take it?

Gary: I don't know. That's why I am here. Maybe you will be able to stop it. I can't go on like this.

Dr: Do you feel it all the time or it comes and goes?

Gary: It comes and goes. But when I have it, it is relentless. It's torture

Dr: Does anything make it better?

Gary: Nothing of late.

(Depressive turmoil)

Dr: Do the bad feelings that you feel come and go or is your mood even?

Gary: They come and go.

Dr: Could these be waves of anxiety? Or fear?

Gary: Maybe.

Dr: When they do come, do they come in waves out of the blue, or there is usually a reason?

Gary: Sometimes there is a reason...well, there used to be a reason, now they just come.

Dr: During these waves are you afraid you might die or lose your mind?

Gary: I feel like I am going crazy.

Dr: Do you also have physical symptoms such as sweating? Nausea? Problems breathing? Rapid heart beat?

Gary: All of these.

Dr: Do you sometimes wake up at night – just like that, nauseous, heart beating, short of breath and in a sweat, so you get scared you might die?

Gary: That too.

(Frantic Anxiety)

Dr: Do you feel scared of what is happening in your mind?

Gary: Yes I do, sometimes it is really scary.

Dr: Do you feel emotionally raw?

Gary: I don't know what I feel. I just know it feels like hell. Like I am in hell, that is.

Dr: Are you able to make yourself feel differently? Or talk yourself into feeling differently?

Gary: It does not work. Still feel like sh...

Dr: Do you feel like the smallest things that should not be bothersome, really get to you?

Gary: Yes, and they make me jumpy.

Dr: Making you anxious, like you have no skin?
Gary: Like I have no skin.

Dr: Do you feel anxious and scared of losing control?
Gary: I do, and I do lose it with my parents. And when I do, they look really scared of me.

Dr: Do you become frantic when that happens?
Gary: You can say that, and this is what scares them, I guess.

(Panic-Dissociation)

Dr: When this happens, do you feel strange sensations in your body or on your skin?
Gary: Yes, how did you know?

Dr: Experience. Tell me what they are, please.
Gary: It is hard to describe. I have not felt anything like that until recently.

Dr: Please try.
Gary: It's crazy. I can feel blood going through my veins, and I can feel my nerves.

Dr: How?
Gary: The blood is kind of buzzing and the nerves are burning. I can also feel my stomach move inside.
Dr: Really? Anything else you could add?
Gary: Yes. At those times everything feels different. The world looks different.

(Fear of Dying)

Dr: When this happens to you, do you ever get scared that you might die?
Gary: Yes.

Dr: Literally, like your life is going to end?
Gary: Yes.

Dr: Please explain.
Gary: I feel so bad mentally and physically that I am afraid that something must be at a breaking point somewhere inside me. One moment it will just snap and kill me.

Dr: How frightening.
Gary: You are telling me.

(Anhedonia)

Dr: What is your favorite thing to do for fun that usually makes you feel good?
Gary: Reading. I read a lot. And writing short stories. I used to be good at that

Dr: Have you been reading lately?

Gary: Only newspapers. And they are full of crap.

Dr: Does it help relieve the emotional pain you have been feeling.

Gary: Not reading newspapers.

Dr: Is reading newspapers painful to you?

Gary: It's never been fun. I like reading good fiction. Classics. Newspaper writers are illiterate.

Dr: Have you been reading classics?

Gary: No. I have read and re-read most of them...I thought I could learn how to be a good writer that way.

Dr: And now?

Gary: Just opening the book makes my head hurt.

(2) Loss of Cognitive Control

(Ruminations)

Dr: Is your thinking clear or foggy?

Gary: Yeah, a little foggy. I never thought I would say something like this. I think well – usually that is.

Dr: Are your thoughts racing, running fast, or your head is quiet?

Gary: It is not that they are racing, it's like they are fragmented. Frequently flying fragments (smiles).

Dr: Are these fragments hard to read?

Gary: They can be confusing.

Dr: These fragments, are they repetitive? Do they keep running again and again? In circles?

Gary: Again and again, but not in circles.

Dr: Do these thoughts come mostly at night before you go to sleep?

Gary: That's why I cannot sleep, I just keep thinking.

Dr: Do you think these thoughts also during the day?

Gary: During the day too, and in the morning. I wake up thinking about this stuff.

Dr: What stuff?

Gary: What is going to happen if I lose this job. I can't not think about that.

Dr: Do you feel pressure in your head from having too many thoughts?

Gary: No, they give me headaches.

Dr: Do you feel like your head could explode from having too many thoughts?

Gary: That's too dramatic...

Dr: Do you worry mainly about what's happening in your head, or trying to find a solution?
Gary: A solution –what's the point of worrying about worrying?

(Cognitive Rigidity)

Dr: Your thoughts about your life are pretty negative. You blame yourself a lot. Things may not be as black as they seem to be and not all the blame in the world lies with you.
Gary: How so?

Dr: Well, you are a really smart guy, you are good at teaching. The academic jobs you are looking for are highly competitive and political. Your talents may be better used elsewhere.
Gary: You're kidding right? (smirks)

Dr: No I am not. You have been traveling a lot which gives you a different perspective on life. You could teach high school, you could teach college ESL courses, you could tutor. You have a lot to offer.

Gary: Teaching ESL as a career? That's a great career goal. My parents would be really proud.

Dr: Let's forget about your parents for a minute. There are quite a few happy ESL teachers. You could really make a difference.

Gary: Nice try, doc. You can't call teaching English at night a success.

(Thought Suppression)

Dr: What happens when you try to shut down these negative thoughts?
Gary: I can't.

Dr: Do you try?

Gary: Of course I try, it just does not work. They keep coming back.

Dr: Does trying to suppress your thoughts make them worse?

Gary: I never thought of this. Maybe it does. It certainly does not make them any better.

(Ruminative Flooding)

Dr: For some people this endless irrepressible thinking feels like a vortex, which just keeps sucking you in deeper and deeper. Is that how you feel?
Gary: Yes, actually now you got it. A vortex

Dr: Does it feel that you are trying to climb out but you can't?
Gary: Yes.

Dr: Like you are drowning?
Gary: Yes

(3) Disturbance in Arousal

(Agitation and insomnia)

Dr: You seem agitated to me, is this how you feel?

Gary: I don't know how you can feel agitated.

Dr: I meant, not being able to sit still, needing to move, getting up and pacing, the way you have been doing as we were talking.

Gary: Yes, I have been feeling kind of restless, not sure about agitated.

Dr: Do you feel agitated inside?

Gary: Do you mean like stirred up? Yeah...

Dr: Is it hard to stay calm?

Gary: It is very hard to stay calm, particularly around my parents.

Dr: Does this agitation prevent you from sleeping?

Gary: I have a hard time falling asleep.

Dr: Are you waking up in the middle of the night? Too early?

Gary: In the middle of the night. I have hard time waking up in the morning.

(Irritability)

Dr: Do you feel irritable?

Gary: Yes, very much so, everything sets me off

Dr.: Around specific people or everyone?

Gary: Especially around my parents

(Hypervigilance)

Dr.: Do you feel keyed up? Do you find yourself over-reacting to sounds, or people's movements?

Gary: Yes, I always expect things to get bad. I jump every time my phone rings.

(4) Social withdrawal

Dr.: Do you tend to avoid social interactions?

Gary: Well it's not that I have much to be proud of around people

Dr.: Do you feel like you can't tell anyone what's really going on with you?

Gary: My family is nice, but I just don't want to be around them

Suicide Crisis Syndrome (SCS) Rating Table for « Gary »

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment		
Frantic Hopelessness/Entrapment		
Criterion B1: Affective Disturbance		
Emotional Pain		
Depressive Turmoil		
Frantic Anxiety		
Anhedonia		
Criterion B2: Loss of Cognitive Control		
Ruminations		
Thought Suppression		
Ruminative Flooding		
Cognitive Rigidity		
Criterion B3: Overarousal		
Agitation		
Global Insomnia		
Hypervigilance		
Irritability		
Criterion B4: Acute Social Withdrawal		
Acute Social Withdrawal		
Evasive Communications		
SCS diagnosis:		

« Gary » SCS Answer Key

Criteria/symptoms	Diagnostic Presence	
	Yes	No
Criterion A: Frantic Hopelessness/Entrapment	x	
Frantic Hopelessness/Entrapment	x	
Criterion B1: Affective Disturbance	x	
Emotional Pain	x	
Depressive Turmoil	x	
Frantic Anxiety	x	
Anhedonia	x	
Criterion B2: Loss of Cognitive Control	x	
Ruminations	x	
Thought Suppression		x
Ruminative Flooding	x	
Cognitive Rigidity	x	
Criterion B3: Overarousal	x	
Agitation	x	
Global Insomnia	x	
Hypervigilance	x	
Irritability	x	
Criterion B4: Acute Social Withdrawal	x	
Acute Social Withdrawal	x	
Evasive Communications		x
SCS diagnosis:	YES	

Add Summary , keep on page

Practical Training 2: The Suicidal Narrative

Introduction

The Suicidal Narrative interview part of the imminent risk assessment consists of two parts. The first part is a systematic assessment of each of its phases where the patient is asked whether and to what extent the constructs described above are applicable to the story of his life. After the clinician obtains enough information to construct a formulation of the patient's Suicidal Narrative, the clinician discusses his formulation with the patient, until both agree that it adequately reflects the patient's perception of his life. Once the agreement is reached, the clinician can use the table provided at the end of the chapter to examine the intensity of the Narrative and to perform the risk assessment.

The seven phases of the Suicidal Narrative read like a general outline of a life story gone wrong. Published research supports the relationships of each of the concepts outlined in these phases with suicidal behavior, and research efforts to test the Narrative as a whole are ongoing.

Phases of the Narrative

- **Phase 1: Unrealistic life goals:** Life goals which are objectively or perceived as unreachable, given the patient's abilities and background, often form the first phase of the suicidal narrative. Life goals may include realistic or unrealistic career successes, or simply having a job and an income. Alternatively, life goals may refer to personal success, such as looks, lifestyle, or relationships.
- **Phase 2: Entitlement to happiness:** Was the patient expecting to be much happier than he or she is, and is that because of a belief that the world has failed to deliver on its promise of success and happiness? Was this happiness contingent on an unrealistic goal set in Phase 1?
- **Phases 3-4: Failure to redirect to more realistic goals:** Is the patient able to appreciate that his or her goals have always been/have become unachievable due to life circumstances? Is the patient able to formulate/accept alternative, more realistic goals when the clinician suggests them? Does the patient continue to insist that only the achievement of the original goal (Phase 1) can bring them fulfillment and happiness (Phase 2)?
- **Phase 5: Humiliating defeat:** Has the patient recently suffered, or is he or she about to suffer, a defeat which is perceived as catastrophic, demeaning or humiliating? Such a defeat, real or imaginary, could involve a loss or impending loss of self, status, or relationship. Typical examples are a terminal medical illness or serious mental illness; a humiliating failure at work or school; real or relative financial hardship or loss of home; unrequited love, a break-up, or infidelity. Was the humiliation public or was it perceived as public? Has the defeat come as a result of failed pursuit of the unrealistic life goal (Phases 1,2) and failure to adjust (Phase 3)?
- **Phase 6: Perceived burdensomeness:** Does the patient believe that he or she is a burden to others, particularly parents, children, romantic partners and close friends, and that these people would be better off if he or she were gone? Does the patient believe he or she is a burden as a result of the humiliating failure in Phase 5?

- Phase 7: Thwarted belongingness: Does the patient feel alienated, isolated and lonely? Does the patient's alienation and fear of reaching out stem from the humiliating defeat (Phase 5) and from the guilt and shame after suffering this real or perceived setback? Is the patient's alienation a result of him or her feeling like a burden to others (Phase 6)?
- Phase 8: Perception of No Future: Does the patient believe that his/her life situation is unacceptable, intolerable, and inescapable? Can the patient imagine his or her future going forward? Can the patient see any good solutions or good options to find an acceptable alternative? Is the patient capable of communicating a need for help?

Constructing the Suicidal Narrative.

- Suicidal Narrative: Does the patient's life narrative, as described in the course of the assessment, fit the seven phases of the Suicide Narrative? How good is the fit? In other words: has his or her failure to reach unrealistic life goals, and an inability to adjust to more manageable ones (Phases 1-3) lead to a shameful defeat (Phase 4), causing the patient to be a real or perceived burden on others (Phase 5) and to consider him or herself without a future? If the patient does not volunteer this interpretation, how readily does he or she agree with it?

The Suicide Narrative: Suggested Interview questions

Forming Rapport

How are you feeling today?
What happened (or what has been happening)?

Entitlement to Happiness

You said you feel miserable; is this fair that you feel this way?
With all the hard work that you have put in, did life treat you fairly?
Do you deserve to be happy?

Goal disengagement

Can you tell me more about your (work situation, or relationship)
How important is this to you?
How hard would it be to live without it?

Goal re-engagement

Can you find an alternative?
Would it be possible for you to find fulfillment doing something else
What about...
People change their lives midcourse ... could you

Humiliating (Social) Defeat

How bad was it?
Was it humiliating?
Did (do) you feel defeated?

Is it possible that it just seemed that way to you?

Do many people know about this?

How hard would it be for you to face them?

Belongingness

Do you feel alone (in this)?

Even when you are with people?

Do you feel disconnected even from people who are closest to you?

Burdensomeness

Do you feel like you are a burden to them?

How bad a burden?

Would they be relieved if you were not there?

Will others miss you if you are gone?

Perception of No Future

Can you imagine your future?

What if you do...?

What if ... happens?

What if you meet...?

What if you find...?

Constructing the Suicide Narrative:

It seems that, (suicidal Narrative created from the answers to A-E)

Does this apply to you?

What does and what does not?

The Suicidal Narrative Checklist

1) Unrealistic Life Goals: no yes extreme

2) Entitlement to Happiness: no yes extreme

3) Goal Disengagement: no yes extreme

4) Goal Re-engagement: no yes extreme

5) Humiliating Defeat: no yes extreme

6) Thwarted Belongingness: no yes extreme

7) Perceived Burdenomeness: no yes extreme

8) Perception of no Future : no yes extreme

Illustration Case “Irina” (continued): Suicidal Narrative Interview Transcript.

Dr: Let me change the subject a little bit because I understand the way you are right now, and the state that you're in, but I would like to know a bit more about your life and how you got here. So, can you tell me a little bit about your childhood, or how you grew up... what your life goals were...

Irina: I grew up in a different country. We came here when I was a teenager and my life before that was pretty good. I was happy, but then we came here, and it was really hard. I think it was really hard on me. It was hard to learn the language. I didn't feel like I fit in. There was a lot of bullying in school... it was a bad age. I was 14 or 15, that's a hard time, so it was really hard for me and I think that's when my depression started. That's when I started having anxiety and that's when I started to get depressed. That's the first time I'd been on medication, around that time. Things were just hard for me after that.

Dr: We all have goals that we think if we achieve them, could make us happy. What were yours? Either professionally or personally.

Irina: Honestly, I just kind of felt like I was treading water for a long time after we came here. My goal was just too keep my depression away and kind of make my parents proud.

Dr: What do you think would make your parents proud?

Irina: If I had a good career, if I had a family, if they had grandkids, all the things that my friends have.

Dr: That you don't have right now?

Irina: I have nothing right now.

Dr: Let's talk about your career. What was your goal when you were younger? What did you think would make you happy? What did you imagine?

Irina: I love to draw. I've always loved to draw.

Dr: Are you good?

Irina: Pretty good, and it's always been my outlet. I had thought about maybe going to art school or something when I was younger, and my parents thought I was crazy. They said, "you're never going to make any money" "you're never going to do anything with that", so I ended up majoring in accounting when I went to college.

Dr: Do you miss drawing?

Irina: Yeah, but even that is not making me happy right now. I've tried in the last couple of months to draw and it just doesn't make me feel any better.

Dr: Do you think that if you were to pursue your art career that would make you happy?

Irina: I think it's unrealistic.

Dr: What about in the past? Do you think maybe you took a wrong road and you should have stuck with your art regardless of what your parents thought?

Kate: Yes.

Dr: And if that were to have happened, where do you think you would be right now? Where would you see yourself if things were able to work out?

Irina: I don't know. It's for it's hard for me to imagine that because it just didn't go that way.

Dr: How about your personal life? You mentioned having a family and children, like all your girlfriends have and to make your parents happy. What did you think would happen when you were in your teens?

Irina: What do you mean?

Dr: For example, when you were 16, did you think about having a relationship at a particular time, meeting a specific person, having children at a certain age...What did you think your life would be like?

Irina: I didn't like myself back then, I had a hard time thinking about that.

Dr: You never had any dreams?

Irina: Dreams of what?

Dr: Of happiness

Irina: I don't know.

Dr: How do you think people react to you not working and not being in a relationship or having children?

Irina: It's like I'm just a failure.

Dr: If I were to sum up what I'm hearing from you right now, you were really depressed as an adolescent. You didn't really have a happy adolescence because of immigration for whatever reason and you had one dream, which was to be an artist and that didn't work out. You didn't even try it because for whatever reason, you felt that you needed to do what your parents said, and you never felt good enough to even be in a relationship or be happy like everyone else. It also sounds like you have been pretty much in constant pain all your life due to depression and the only respite you seem to have had was that new relationship that just ended. You can't see your future because you don't believe, because of who you are, that anything good is going to happen to you.

Irina: That sounds so sad, but yes.

Dr: Yes, it is, but is that how you feel? Maybe I'm missing something. Is there something else that you see, is there a door you can open? And if something happens... maybe you can try art school again, maybe you can find happiness in accounting or in... another door opens, or maybe one day you will go skating and Prince Charming will be skating with you.

Irina: Things like that don't happen to me.

Dr: How old are you?

Irina: 35.

Dr: That is young from where I am standing. Some lives start at 50.
Irina: Maybe that'll be me.

Dr: You need to make it until 50.
Irina: I'm trying.

Dr: Okay. Our goal is to help you see at least a road to the future.
Irina: That would be good.

Dr: Thank you. Let's see what we can do to go from here.

Suicide Narrative Rating Table for “Irina”

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals		
Entitlement to happiness		
Failure to disengage		
Failure to re-engage		
Humiliating personal or social defeat		
Thwarted belongingness		
Perceived Burdensomeness		
Perception of no future		
Diagnosis		

“Irina” Suicidal Narrative Answer Key

Component	Diagnostic Presence	
	YES	NO
Unrealistic life goals		x
Entitlement to happiness		x
Failure to disengage		x
Failure to re-engage		x
Humiliating personal or social defeat	x	
Thwarted belongingness	x	
Perceived Burdensomeness	x	
Perception of no future	x	
Diagnosis	YES	

Add Summary, keep on page

Role Play Case “Gary” (Continued): Suicidal Narrative Interview

Dr: How are you feeling today?

Gary: Not so great. Trying to adjust to living with my parents.

Dr: What happened?

Gary: I had been living in Croatia for two years, tutoring college students in English, and it was going great but then they did not renew my contract, and I figured I needed to get back home to regroup. So I moved back in with my parents, temporarily, until I find a job.

Dr: Is this making you upset?

Gary: Very. I am 35 years old. I did not expect to be living with my parents at 35.

Dr: Did you think you would be happier at 35? (Entitlement to Happiness)

Gary: Of course. Who expects to be miserable? Ten years ago I thought I would be on top of the world by now.

Dr: Are you saying that from where you were 10 years ago, you should be feeling a lot happier than you are now?

Gary: Exactly. I graduated from Cornell, did all the right things, even after I was diagnosed with bipolar.

Dr: Are you a perfectionist? (Perfectionism)

Gary: You could say so. I always try to do my best. Straight A's and all that.

Dr: I am sorry, it must have been rough for you. Do you think from everything that you've done, you deserve to be happy?

Gary: I have put in more than enough effort, a lot more than other people I know. This is just so unfair.

Dr: Are you saying that life has not been fair to you?

Gary: Isn't this what I just said? Do you think I planned on having a manic break in the first year of college?

Dr: Can you tell me a little more about your life plans and your life goals?

Gary: I always wanted to be a writer and a professor. My father is a writer, my mother teaches at NYU. I was writing and publishing when I was in high school. I could not get an academic job after college, but I worked for a publishing house, and wrote two novels. I also tutored, until I got a University job in Croatia. It worked great for two years and then I got into a fight with the stupid administrator and they did not renew my contract. I thought I had good CV but I applied to several teaching jobs and nothing.

Dr: How important is this career to you? (Failure to redirect from unachievable goals)

Gary: I cannot see myself doing anything else. I am great teacher -- all my students say so. I am also a good writer, and I have been published. I should be in academics.

Dr: Can you see yourself doing other things?

Gary: Like what? Driving a cab?

Dr: Well, some people would do that, but maybe for you something more intellectual. Would you consider becoming a schoolteacher, or, say, changing careers and going to social work school?

Gary: After all that I have been through? All my college classmates have academic jobs or are doctors and lawyers. There is a job opening at Stony Brook I am a perfect fit for. I should hear from them this week.

Dr: What if you are not able to get the right job? How hard would it be to live without it?

Gary: I must get it. There is nothing else out there and I cannot continue living off my parents, it is just too embarrassing.

Dr: What part was embarrassing? Everybody goes through difficult times (Humiliating defeat).

Gary: It would be a disaster. I have no money, my parents are sick of supporting me. They keep saying that I must get a job. My sister is lawyer, and she is not as smart as I am. And here I am. I was not able to get an academic job in the states, I lost one in Croatia, and here I am again, living off my parents.

Dr: You sound defeated. Is this how you feel?

Gary: Exactly.

Dr: Is it humiliating?

Gary: It is beyond humiliating. I cannot take a girl out on a date -- I have to ask my parents for money. And what will I tell her? That I am an unemployed writer at 35 living with my parents?

Dr: Do many people know about this?

Gary: When my contract didn't get renewed In Croatia, it was pretty public. All my friends knew. My girlfriend dumped me – good riddance: she did not love me and she just wanted a green card. This is one of the reasons I came back to the US. And here – I am sure my parents are talking to their friends, unless they are ashamed to. I tried to call a couple of my old friends. Can't talk to any of them; I feel so small by comparison.

Dr: Do you think you may be exaggerating?

Gary: I am not exaggerating. I went to a club last Friday. I had to go alone and no girl would even dance with me.

Dr: Do you feel alone? (Thwarted belongingness)

Gary: Terribly.

Dr: Even when you are with people?

Gary: What people? I told you I have lost all my friends, I have nothing in common with them. And girls wouldn't even look at me.

Dr: This sounds worse than alone; this sounds like you feel alienated. Is there anybody or anything that you feel connected to? Maybe professionally?

Gary: Well, I should feel connected to other writers, or academics –but everybody is so self-centered. And successful. And I am not.

Dr: How about people closest to you, your parents and your sister? (Perceived Burdensomeness)

Gary: I cannot talk to my parents. My sister is too busy with her children and her Wall Street shark husband.

Dr: Do you feel like you are a burden to them?

Gary: I know. My parents said they cannot support me forever, and that if I cannot find a job, I should go on disability. I can't ask my sister for money, it is too humiliating, and she needs it for her own family.

Dr: How bad a burden do you think you are?

Gary: They are certainly acting like I am a burden. I am not asking them to support me “forever,” just until I get a good teaching job. I will pay them back... I think they can afford it – look at their lifestyle!

Dr: Would they be relieved if you were not there?

Gary: Probably... I don't think that they look forward to facing me every day.

Dr: Do you think they would miss you if you weren't around?

Gary: Not sure.

Dr: Are there any good options in your situation? (Point of No Good Options)

Gary: I need a teaching job, which looks more and more like a miracle. There are no jobs out there.

Dr: Do you see other alternatives?

Gary: Like what? I can try to look for an editor job, but I have not done any editing for years. And they do not pay well. I can try to finish my novel, but that is not a job.

Dr: Other choices? Maybe tutoring, even an administrative assistant job pays...

Gary: I can't stand tutoring! And I am not good at it -- I get too impatient with stupid students... Administrative assistant? At 35? After being a Professor? I would rather kill myself!

Dr: Have you been thinking about killing yourself? (Suicide intent and plan)

Gary: Yes, but I would never do it... I don't have the guts.

Dr: I may come back to this a little later, if you do not mind, but now I have just a few questions about your life situation. Do you feel trapped in it?

Gary: Yes.

Dr: Do you see any exits?

Gary: Not really.

Dr: Is there anything that can be done to improve the situation?

Gary: Do you have a job for me?

Dr: (Constructing Suicidal Narrative). Let me make sure I understand. From what you are telling me it seems that you are kind of trapped in your life situation because the only professional life goal you see – the academic career – is unreachable. You are a hard-working perfectionist, and you can't give up on your dreams because this would signify defeat. So you keep pondering, while living with your parents, who make you feel like a burden. This is humiliating and so you are ashamed to call your friends, which makes you feel alone. I condensed it a little, but does this ring a bell?

Gary: Yeah, I can identify with this, and the humiliation is just unbearable.

Dr: What do you mean by unbearable?

Gary: I am not sure if I can take it much longer.

“Gary” Suicidal Narrative Assessment Table

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals		
Entitlement to happiness		
Failure to disengage		
Failure to re-engage		
Humiliating personal or social defeat		
Thwarted belongingness		
Perceived Burdenomeness		
Perception of no future		
Diagnosis		

“Gary” Suicidal Narrative Answer Key

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals	x	
Entitlement to happiness	x	
Failure to disengage	x	
Failure to re-engage	x	
Humiliating personal or social defeat	x	
Thwarted belongingness	x	
Perceived Burdensomeness	x	
Perception of no future	x	
Diagnosis	YES	

Gary identifies with all seven aspects of the suicidal narrative: The goal of the academic career he is chasing is unattainable, he feels defeated and alienated, he feels that he is a burden to his parents and, finally, he understands that he does not have good options. His false hope for a miracle job opening and even more miraculous interview is likely to be dashed soon. Gary’s Suicidal Narrative suggests very high risk.

Practical Training 3: “Explicit Risk” and Clinician’s Emotional Responses

“Explicit Risk Assessment”

Acceptability/Moral objections questions

Religious beliefs: Does the patient have religious beliefs that deter them from engaging in active suicidal ideation or making an attempt?

Moral objections: Does the patient believe it is immoral to commit suicide? Is suicide seen as an evil act?

Philosophical/spiritual objections: Does the patient have philosophical objections to suicide? Do they believe that suicide goes against philosophical and spiritual principles that they hold dear to their heart?

Explicit Assessment (YES/NO)

1. Previous suicide attempt (action taken with at least some intent to die as a result of that action)?
2. Previous attempt by hanging, asphyxiation (e.g., carbon monoxide), or firearm?
3. Alcohol or drug abuse?
4. Recent relapse or escalation in drug/alcohol use?
5. Indicates intent to end own life at some point?
6. Age 19-45?
7. Able to think rationally?

Irina’s explicit assessment transcript:

Dr.: Have you ever felt so bad that you didn't want to live anymore?

Irina: Yes.

Dr.: How bad does it get?

Irina: I haven't felt this bad in a long time, but I have felt this bad before. Many years ago, maybe 8 years ago, I was going through a hard time, and I was on medication back then... I took a bunch of pills and ended up in the hospital.

Dr.: And then what happened?

Irina: I just felt really... They gave me something, then I was in the hospital for like a week, and then they let me out.

Dr.: Did you intend to die when you took those pills?

Irina: When it happened, yeah. I didn't want to live in that moment. I can't say that I was planning on it, but I was feeling really depressed that day, and really down. I just didn't want to feel that way anymore, so I just... I just took those pills.

Dr.: How did it affect your family? Did they know?

Irina: They knew because I was in the hospital for a week. It scared them. They didn't really understand. They don't really understand you know, and in our culture... we don't really talk about these things. So, they couldn't understand why I would do that. They thought that it was selfish.

Dr.: So, do they blame you?

Irina: In a way.

Dr.: And what is their attitude right now?

Irina: I think they're worried about me.

Dr.: Are you thinking about killing yourself now? Have you been?

Irina: I don't have a plan. It's not like I have a plan written down somewhere, but it is in the back of my head. Like, if it gets really bad, then it's like, it's always there... If I feel the way that I feel and it doesn't stop, it doesn't go away, and I can't snap out of it, then there's something I could do. That thought makes me feel better.

Dr.: How do you think that would affect your parents? Your overdosing and dying...

Irina: I think that they would be devastated at first, but I also think that in the long run they'd be better off.

Dr.: Really? Well, if you do die, would anybody miss you?

Irina: I think my parents would miss me, but I also think it'd be a burden off of their shoulders. I think some of my friends would be sad, but they have their families and kids, and they would go on with their lives.

Dr.: Are you religious?

Irina: No.

Dr.: Have you ever been?

Irina: No, my family is not. We didn't grow up that way.

How did Irina's SI and traditional risk factors answers change your assessment of her imminent risk?

Higher risk _____ Lower Risk_____ Same risk_____

Gary's explicit assessment:

Suicidal Ideation Assessment:

Dr.: Have you been thinking about suicide? (...death?, ...ending your life? ...not being alive?)

Gary: Yes.

Dr.: How often?

Gary: Daily.

Dr.: When was the last time that you thought about suicide?

Gary: When I was sitting in the waiting room.

Dr.: What was your exact thought?

Gary: That if I don't get this job, then I am going to kill myself.

Dr.: How did you respond to this thought?

Gary: I tried to think positively, like about what I would do after I got the job offer.

(Suicide Intent and Plan)

Dr.: Have you made a plan to kill yourself, if you do not get the job offer?

Gary: Not specifically. I have an idea

Dr.: For how long have you had an idea?

Gary: For a while... years.

Dr.: What is it?

Gary: I wouldn't want to fail – I have failed at many things in my life. And I want it to be quick.

Dr.: Please be more specific. What is quick? Guns? Jumping?

Gary: Falling down is too scary... I would use a gun.

Dr.: Which gun?

Gary: Something cheap that I could get in a shop. Legally.

Dr.: Have you bought it?

Gary: No. It's not difficult, I researched it online; I can do it at any time.

Dr.: Where would you aim?

Gary: In my mouth.

Dr.: Why?

Gary: I don't want to blow my face off, and you can't really miss.

Dr.: Have you ever held a gun before?

Gary: Yes.

Dr.: Have you ever put it in your mouth?

Gary: Yes.

Dr.: Was it loaded?

Gary: No.

Dr.: Have you told anybody about this plan?

Gary: No. I am not crazy. They would put me away.

How did Gary's SI and traditional risk factors answers change your assessment of his imminent risk?

Higher risk _____

Lower Risk_____

Same risk_____

Clinicians' emotional responses to suicidal patients:

Clinicians can identify such emotions/ behaviors by asking themselves direct questions and giving honest answers. This technique can be used by all; it requires no special talent for emotional differentiation— just internal honesty.

Rate how much each of the following is true regarding how you felt with/about this patient by writing the appropriate number on the line following each item. Follow the scale below:

- 0 – Not at all
- 1 – A little
- 2 – Somewhat
- 3 – Quite a bit
- 4 – Extremely

1. S/he made me feel good about myself. _____
2. I liked him/her very much. _____
3. I felt like my hands were tied or that I was put in an impossible bind. _____
4. I felt dismissed or devalued. _____
5. I felt guilty about my feelings toward him/her. _____
6. I thought life really might not be worth living for him/her. _____
7. This patient gave me chills. _____
8. I had to force myself to connect with him/her. _____
9. I feel confident in my ability to help him/her. _____
10. We trust one another. _____
11. This patient made me feel nervous and/or frightened. [SEP] _____
12. I felt an anxious urge to rescue him/her from his/her painful situation. [SEP] _____
13. I felt hopeless about the patient and wanted to give up. [SEP] _____
14. I felt overwhelmed. [SEP] _____

Two defense mechanisms:

1. Countertransference love - anxious overinvolvement. This is a paradoxical combination of hope and distress, as indicated by high scores on both distress and hope items.
2. Countertransference hate – collusion (with patient's suicide) and abandonment, or simply rejection: This is a paradoxical combination of hopelessness and calm, as indicated by low scores

on both distress and hope items.

Behavioral signs of emotional responses diagnostic of increased suicide risk:

a. Countertransference love - anxious over involvement:

1. Do I (plan to) see him/her more frequently?
2. Do I see him for longer sessions than other patients?
3. Do I look forward to seeing him/her all day?
4. Do I go “extra miles” by texting, by answering phone calls outside my normal routine, by keeping contact after work hours and on weekends?
5. Do I contact family members and/or other care systems more frequently (particularly with adolescents and young adults)?

b. Countertransference hate – rejection and abandonment

1. Do I dread seeing him/her all day?^[1]
2. Do I return his/ her phone calls less promptly than I do with my other patients?
3. Do I wish I had never taken her on as a patient?^[2]
4. Do I seek to refer him/her out or terminate the treatment?
5. Do I forget his or her name?

Practice 1: Irina

Please write down at least three of your emotional responses to Irina (the more responses you can identify the better). There is no right or wrong answers. Responses “I don’t feel anything” or “I am bored” often indicate a defense against less acceptable feelings. Try to be as honest with yourself as you can.

1_____

2_____

3_____

Given a choice, would you accept her as a patient in your practice? YES NO

Imagine that, regardless of your choice, Irina has become your patient. Please answer how you would behave in this imaginary situation:

1. Would you see her more frequently? YES NO
2. Would you see her for longer sessions than other patients? YES NO
3. Would you look forward to seeing her all day? YES NO
4. Would you go "extra miles" for her by texting, by answering phone calls outside your normal routine, by staying in touch after work hours and on weekends? YES NO
5. Would you contact her family members and/or other care systems more frequently? YES NO

ALTERNATIVELY:

1. Would you dread seeing her all day?
2. Would you return her phone calls less promptly than you would do with your other patients?
3. Would you wish that you had never taken her on as a patient?
4. Would I seek to refer her out or terminate the treatment?
5. Would you block on her name?

Please review your answers in the context of your emotional responses to Irina.

Are your answers and your emotional responses mutually congruent or incongruent?

If not, what may be the reasons for the incongruence?

Would you consider revising your emotional responses?

HOW DID YOUR EMOTIONAL RESPONSE TO IRINA CHANGE YOUR ASSESSMENT OF HER IMMINENT SUICIDE RISK?

HIGHER RISK _____ LOWER RISK_____ SAME RISK_____

WHY?

Practice 2: Gary

Please write down at least three of your emotional responses to Irina (the more responses you can identify the better). There is no right or wrong answers. Responses “I don’t feel anything” or “I am bored” often indicate a defense against less acceptable feelings. Try to be as honest with yourself as you can.

1_____

2_____

3_____

Given a choice, would you accept him as a patient in your practice? YES__ NO__

Imagine that, regardless of your choice, Gary has become your patient. Please answer how you would behave in this imaginary situation:

1. Would you see him more frequently? YES__ NO__
2. Would you see him for longer sessions than other patients? YES__ NO__
3. Would you look forward to seeing him all day? YES__ NO__
4. Would you go “extra miles” for him by texting, by answering phone calls outside your normal routine, by staying in touch after work hours and on weekends? YES__ NO__
5. Would you contact his family members or other providers more frequently? YES__ NO__

ALTERNATIVELY:

1. Would you dread seeing him all day?
2. Would you return his phone calls less promptly than you would do with your other patients?
3. Would you wish that you had never taken him on as a patient?
4. Would I seek to refer him out or terminate the treatment?
5. Would you block on his name?

Please review your answers in the context of your emotional responses to Gary.

Are your answers and your emotional responses mutually congruent or incongruent?

If not, what may be the reasons for the incongruence?

Would you consider revising your emotional responses?

HOW DID YOUR EMOTIONAL RESPONSE TO GARY CHANGE YOUR ASSESSMENT OF HIS IMMINENT SUICIDE RISK?

HIGHER RISK ____ LOWER RISK ____ SAME RISK ____

What may be the reasons?

Training Part Four: Test Cases.

Test Case 1: Bernie

Bernie was a 53-year-old single gay man with a history of generalized anxiety disorder. He came in for the treatment of his depression with suicidal ideation after discovering that his recently deceased partner of 20 years had a family and children that the patient knew nothing about. Bernie had a plan to kill himself with a barbiturate and alcohol overdose. He had also just retired from his teaching job, where he worked with one brother and a large circle of friends. He saw a therapist twice in the past, following relationship break-ups. He was never on medications, and had no past suicide attempts.

Suicide Crisis Syndrome Interview (Doctor knows Bernie's reasons for coming to see him):

Dr.: How are you feeling today?

Bernie: I am in shock...

A. Entrapment

(Entrapment)

Dr.: When you think about your situation, about what Peter's death has revealed: his other family, his double life, do you see any solutions?

Bernie: How? How can I change the past? I do not understand what happened. I cannot reconcile this reality when he is gone: his wife and children, and our life together, when I believed that we only had each other.

B. Associated Disturbances

(1) Affective disturbance

(Emotional Pain)

Dr.: You must be in lot of pain.

Bernie: I am not sure that the word "pain" describes this.

Dr.: Please describe what you feel inside, if you can.

Bernie: It feels like a piece of me was ripped out... all that's left is a bleeding wound.

Dr.: It is emotional though, isn't it?

Bernie. Yes, it is my soul that is bleeding.

Dr.: Do you feel that for you to go on, this pain must be stopped?

Bernie: That's why I am here...

(Depressive turmoil)

Dr.: When you say you feel on edge sometimes, does that mean that your bad feelings come in waves?

Bernie: Yes.

Dr.: What are the feelings, besides "having no skin?"

Bernie: Fear. Fear of the future.

Dr.: Depression?

Bernie: Yes, depression.

Dr.: What about anger?

Bernie: There's no anger. I am not an angry person, so I can't feel angry at him. He was my life.

Dr.: Do these waves come out of the blue, or do you have some control over them?

Bernie: These are two different things. The waves come without warning, but when they do, I can bear down and ride them out until I start feeling better.

(Frantic Anxiety)

Dr.: Does thinking about the two irreconcilable realities make you feel unhinged?

Bernie: Yes, it makes me feel on edge.

Dr.: When you feel on edge, do you feel like the smallest things are bothering you? As if you have no skin?

Bernie: Sometimes.

Dr.: When you feel your worst, do feel like you may lose control?

Bernie: Not really. I am pretty levelheaded; I always have been.

(Panic-Dissociation)

Dr.: I understand. Let's come back to the waves for a moment. When a wave of anxiety comes, do you feel any strange sensation in your body or skin?

Bernie: I feel like my face is burning

Dr.: The skin on your face?

Bernie: Yes.

Dr.: How about inside of your body?

Bernie: Sometimes I feel like that. Like I am just one walking, burning wound. It feels like all of my insides are burning.

(Fear of Dying)

Dr.: Does it ever feel so bad that you fear for your life?

Bernie: No, never that bad.

Dr.: Do you have nightmares about dying?

Bernie: No. I have nightmares, but they are not about dying.

Dr.: What are they about?

Bernie: Trains. Going into tunnels which never end.

(Acute Anhedonia)

Dr.: What are the things that you enjoy, which usually make you feel good?

Bernie: I like listening to Jazz.

Dr: Have you been doing that lately?

Bernie: I tried, but I had to force myself to listen.

Dr.: And how does it feel when you do?

Bernie: It feels just OK. Even Miles is just OK.

Dr.: Are you able to feel anything positive at all?

Bernie: Only the memories of our life together. We had a fairy tale life, you know.

(2) Loss of cognitive control

(Ruminations)

Dr.: When you think about your situation, are your thoughts racing or is your head quiet?

Bernie: Neither. The thoughts are orderly, but very persistent.

Dr.: Are your thoughts repetitive? Do they run in circles?

Bernie: It is hard to think about anything else but him, and how perfect it was.

Dr.: Do these thoughts come mostly at night, before you go to sleep?

Bernie: All the time, but they are worse at night.

Dr.: Are you having these thoughts right now?

Bernie: Yes, although talking to you is distracting me.

(Cognitive Rigidity)

Dr.: You know, these ruminations about the perfect fairy tale life that you had... Do you believe that your life was literally perfect? Is it possible to have a perfect life? Most of us would gladly settle for "very good".

Bernie: Well – you may not believe me, but ours was perfect.

Dr.: Really? Flawless?

Bernie: Flawless. I loved him. He loved me. I loved his flaws. He had perfect flaws.

Dr.: "Perfect" is hard to match. Is it possible that he was not perfect? That maybe there were things about him that you did not know?

Bernie: When I think about this, my head feels like it would explode. He was perfect. And then there's this: his wife, his children...let's talk about something else.

(Thought Suppression)

Dr.: What happens when you try to forcefully suppress these thoughts, or try not to think about them?

Bernie: It only works for a short while. Peter is all I can think about.

Dr.: Is trying to suppress your thoughts only making them worse?

Bernie: Not sure. Trying to suppress thoughts about Peter does not make them better. It's not a very good strategy.

(Ruminative Flooding)

Dr.: Do you feel that you can't really control your thoughts about Peter; they come and go as they please?

Bernie: If you put it this way, then yes.

Dr.: Do these out-of-control thoughts about Peter, and about how to make sense of what happened, make you feel pressure in your head?

Bernie: Sometimes. Mostly at night, when I can't fall asleep.

Dr.: Does this make you feel like your head could explode?

Bernie: It's not that dramatic.

Dr.: At those times, do these thoughts feel like a vortex pulling you in?

Bernie: Yes, they do.

Dr.: And when they do, do you try to climb out? Can you?

Bernie: Sometimes I can, and sometimes I can't.

(3) Disturbance in Arousal

(Agitation and Insomnia)

Dr.: Have you had problems falling asleep?

Bernie: Yes. Scotch helps.

Dr.: Are you waking up in the middle of the night?

Bernie: Yes.

Dr.: And what happens?

Bernie: I lie in bed thinking. Then I have another scotch.

Dr.: Do you wake up earlier than usual?

Bernie: Yes, but that's OK. I try to exercise.

Dr.: When you tell me your story, you seem remarkably calm. Do you actually feel calm, or you are a good actor and in reality you feel agitated inside?

Bernie: I am far from calm, but I do not believe in burdening others with my feelings.

Dr.: Including doctors?

Bernie: Including doctors.

(Irritability)

Dr.: Do you feel irritable?

Bernie: Not irritable. I told you that I'm not an angry person. Just very tense.

Dr.: Do you find yourself more annoyed by people than you usually are?

Bernie: No. Not at all.

(Hypervigilance)

Dr. Do you feel overly sensitive to or bothered by sounds, lights, or people's movements?

Bernie: No, not really.

Dr. Do you feel keyed-up and constantly examine your surroundings?

Bernie: Not really, or maybe a little bit. When I get phone calls, my heart beats uncontrollably fast. I am afraid that I am going to discover something else about him, or about other things in my life.

(5) Social Withdrawal

Dr.: Do you tend to avoid social interactions?

Bernie: No, my friends are a great support for me.

Dr.: Do you feel like you can tell them what's really on your mind?

Bernie: Not really. They don't know how bad it really is.

“Bernie” Suicide Crisis Syndrome Assessment Table

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment		
Frantic Hopelessness/Entrapment		
Criterion B1: Affective Disturbance		
Emotional Pain		
Depressive Turmoil		

Frantic Anxiety		
Anhedonia		
Criterion B2: Loss of Cognitive Control		
Ruminations		
Thought Suppression		
Ruminative Flooding		
Cognitive Rigidity		
Criterion B3: Overarousal		
Agitation		
Global Insomnia		
Hypervigilance		
Irritability		
Criterion B4: Acute Social Withdrawal		
Acute Social Withdrawal		
Evasive Communications		
SCS diagnosis:		

“Bernie” Suicidal Crisis Syndrome Answer Key

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment	x	
Frantic Hopelessness/Entrapment	x	
Criterion B1: Affective Disturbance	x	
Emotional Pain	x	
Depressive Turmoil	x	
Frantic Anxiety		x
Anhedonia	x	
Criterion B2: Loss of Cognitive Control	x	
Ruminations		x
Thought Suppression		x
Ruminative Flooding		x
Cognitive Rigidity	x	
Criterion B3: Overarousal	x	
Agitation	x	
Global Insomnia	x	
Hypervigilance		x
Irritability		x
Criterion B4: Acute Social Withdrawal		
Acute Social Withdrawal		x
Evasive Communications	x	
SCS diagnosis:	YES	

Bernie's SCS symptoms are lower than Gary's but he does meet the proposed DSM SCS criteria. His emotional pain is severe, although his frantic anxiety, depressive turmoil, and desperation are not very significant. He has substantial symptoms of panic and dissociation, and his while fear of dying is revealed symbolically in his dreams. With regards to loss of cognitive control, his is very high on

ruminations and rigidity, but does not have ruminative flooding. He is in a state of inner agitation although it is not visible to an outsider. He does not tell his friends about his despair and pain. In addition, Bernie has episodic suicidal ideation, and a mental picture of a plan he would use if he does not feel better. Overall, at the time of the interview, Bernie manifested at least one symptom in each category to meet the proposed DSM SCS criteria.

Suicide Narrative Interview:

Dr.: How are you feeling now?

Bernie: I am still in shock from everything that happened.

Dr.: What exactly has been happening?

Bernie: Well, he was the love of my life, and he died in my arms. It was a fairy tale.... Twenty years together. He would come home, and I would make dinner. Twenty years...

Dr.: And?

Bernie: He got diagnosed with Liver cancer last month. It was really quick, and when I took him home, he wanted to die in our bed. I took care of the funeral, and then this Korean woman, whom I've never met before, shows up with two teenagers. She then tells me that she is his wife! He had a wife!

Dr.: Are you angry?

Bernie: I am not angry, I love him.

Dr.: You said your relationship was perfect... Let me ask you maybe a strange question, but trust me, it is not strange: Are you a perfectionist? (*Perfectionism and Entitlement to Happiness*)

Bernie: Strange question, you're right. No I am not; I am actually pretty easy-going. I do my job, but I don't go crazy about it. I am also not too hard on my students.

Dr.: What about your relationship? You said it was perfect... Were you a perfectionist about that?

Bernie: I am not sure, it just happened. He was on a tour with this dance company, and we met at a bar. It was love at first sight, and then he defected, and we stayed together. It was perfect.

Dr.: Did you ever expect to be this happy?

Bernie: Never. But after Peter and I got together, among all my friends, I was the happiest.

Dr.: Do you deserve to be happy?

Bernie: Everybody deserves to be happy, but I am not sure if I will ever be happy again.

Dr.: It sounds like life was hard on you lately... Now, after all that has happened, what are you plans in life? (*Attachment to unachievable goals*)

Bernie: I don't have any. I just retired. We had planned to spend the rest of our lives together, and now it is impossible. That's why I think that my life is pointless. I would rather kill myself.

Dr.: I will have to ask you more about that later, but now I need to talk to you about something else. It may sound like an insensitive question to ask, but when one comes in suicidal, we must do everything that we can. Does that sound fair? Do you think you can ever get over his death, and maybe have another relationship?

Bernie: You can't find another fairy tale. You are rationed just one in your lifetime, if any. I cannot have another fairy tale.

Dr.: Still, do you think that somewhere out there, there may be somebody like Peter... But truthful?
Bernie: What do you mean?

Dr.: Well it sounds he was not truthful with you for many years.... Some people would say that he betrayed your trust.

Bernie: I am not sure what you mean... We loved each other. I had coffee with his wife. I talked to her about how I could help her with the kids.

Dr.: But what if it does not work?

Bernie: I should make it work because it is his family, and I do not need anybody else (*Failure to Disengage*).

Dr.: When you discovered that Peter was married... was or is this embarrassing for you? (*Social Defeat*)

Bernie: I understand why you would think so, but it was not. I have many friends, and they are all very supportive and sympathetic. Everybody is concerned; that's why I am here

Dr.: What is everybody concerned about? Did you tell them about Peter's wife?

Bernie: No, I didn't... I could not... I did not want them to think badly about him...

Dr.: What did you tell them?

Bernie: That he died in my arms...

Dr.: Are you saying that telling them the truth would have been too humiliating for him? For his memory I mean.

Bernie: Yes... He was a saint.

Dr.: Do you feel alone in (this)? (*Thwarted Belongingness*)

Bernie: Not at all. As I said, I have a lot of support

Dr.: I heard what you said. I meant, do you know anybody else who ended up in your situation – having lived with somebody for 20 years, who was leading a ... double life?

Bernie: How dare you call it a "double life?!" Peter was incapable of lying

Dr.: But he got married and had two children, while the two of you were together, and he did not tell you about it...

Bernie: He must have had his reasons.... I can't think about it, I cannot talk about it.

Dr.: And you don't feel like you are a burden to them? (*Perceived Burdenomeness*)

Bernie: I try not to be a burden. I have enough friends, and I am very considerate. Nobody complained. So far that is.

Dr.: Are the any good options in your situation? (*Perception of no future*)

Bernie: Options for what?

Dr.: Well, you are here because you “lost a reason to live”

Bernie: How can you go on living when your fairy tale has ended? There was no happy ending... There cannot be – he is no longer with me. There is nothing I can do to bring him back. What is the point?

Dr.: Is there anything that can be done to improve the situation?

Bernie: I am trying to get to know his wife and his children... I don't even know what he told them about me. Probably that I was a roommate and that he was saving money that way. I don't remember much from the funeral. All of this feels like a nightmare... a horror movie, and everything is in a fog.

Dr.: How about the fact that Peter was not truthful to you for twenty years? How can you solve that?

Bernie: I don't know, I feel no anger... I only feel love and sadness. Nothing will ever match it. And I don't need anything. Or anybody (crying).

Constructing the Suicidal Narrative:

Dr.: Let me make sure I understand the situation correctly: It seems that you wanted a perfect relationship, and were incredibly lucky to have had one for 20 years. It ended tragically, and you have learned some shocking things about Peter that have put you in a bind: If your relationship was what you thought it was, a fairy tale, then nothing can ever match it, then there is no point in living, and you want to kill yourself. Admitting that Peter was lying to you would ruin the fairy tale – and then what?

Bernie: Nothing can ruin my fairy tale... I loved him so much

Dr.: Fortunately, you have friends to support you. And, as a considerate person, you try not to burden them too much. Does this sound right?

Bernie: Most of it. Except he wasn't lying.

Dr.: How is this possible?

Bernie: I don't know; he just wasn't... I will never meet anybody like him, even if I try

Dr.: Will you try?

Bernie: I don't know

“Bernie” Suicidal Narrative Assessment Table

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals		
Entitlement to happiness		
Failure to disengage		
Failure to re-engage		
Humiliating personal or social defeat		
Thwarted belongingness		
Perceived Burdensomeness		
Perception of no future		
Diagnosis		

“Bernie” Suicidal Narrative Answer Key

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals	x	
Entitlement to happiness		x
Failure to disengage	x	
Failure to re-engage	x	
Humiliating personal or social defeat	x	
Thwarted belongingness	x	
Perceived Burdensomeness		x
Perception of no future	x	
Diagnosis	YES	

In contrast to Gary, who does not volunteer suicidal thoughts or plans, Bernie’s presenting complaints are active suicidal ideation and intent. Yet, at this present moment, Bernie’s narrative is not as complete as that of Gary’s. Bernie’s drive for a perfect relationship is as strong as Gary’s aspiration for an academic career, and he has seemingly achieved it in his 20-year fairy tale relationship with Peter. Except, of course, that the relationship was based on a lie. Bernie’s image of his life is as elusive as Gary’s hope for an academic job, if not more. Acknowledging the truth to himself, and to others, for Bernie appears to signify a destruction of the only thing which made his life meaningful—his love for Peter. Bernie is also very conscious that he is trapped between a rock and a hard place, with very few options: he will try to date, but he is not emotionally available and his dating is likely to lead nowhere. Although his social support is fairly strong, and he does not feel like a burden he does not share his pain or suicidal ideation with his friends, i.e. his communication with them is evasive. Thus, at this moment, he exhibits suicidal narrative.

Explicit Risk Assessment:

(Suicidal Ideation)

Dr.: Bernie, you told me that it has been hard for you to picture your future without Peter. Have you been thinking about ending your life?

Bernie: It has crossed my mind.

Dr.: How often?

Bernie: Quite a bit, actually. My life without him is meaningless.

Dr.: What was your exact thought?

Bernie: That I want to join him. I would rather be dead with him, than alive without him.

Dr.: How did you respond to this thought?

Bernie: I got scared.

Dr.: When you were thinking about not being alive without him, have you thought of a way in which you may end your life?

Bernie: Yes, in general terms.

Dr.: And?

Bernie: Probably pills. I would read the Final Exit for specifics. I don't want to leave a mess, so no blood.

(Suicide Intent and Plan)

Dr.: Did you make a specific plan?

Bernie: No, just vague thoughts.

Dr.: And what were they?

Bernie: Just pills. Maybe a bottle of good Cognac and pills.

Dr.: Have you thought of what cognac and what pills?

Bernie: I like Hennessey, so Hennessey. I always have a bottle or two at home. I don't know about the pills... Sleeping pills. Something painless, just to go to sleep.

Dr.: Do you also have the sleeping pills?

Bernie: Just what you prescribed.

Dr.: What will it take for you to go through with it?

Bernie: Hopelessness, I guess. And a realization that I will never meet anybody like him again.

Dr.: Who knows about your suicidal thoughts?

Bernie: I told some friends that life seems pointless.

Moral Objections to Suicide

Dr.: Are you religious?

Bernie: I am Jewish, but I am agnostic

Dr.: What is your attitude towards suicide as a solution to life's problems?

Bernie: When the pain is too much to bear, it's a good way out.

Emotional Responses to Bernie

Please write down at least three of your emotional responses to Bernie (the more responses you can identify the better). There is no right or wrong answers. Responses “I don’t feel anything” or “I am bored” often indicate a defense against less acceptable feelings. Try to be as honest with yourself as you can.

1_____

2_____

3_____

Given a choice, would you accept him as a patient in your practice? YES__ NO__

Imagine that, regardless of your choice, Bernie has become your patient. Please answer how you would behave in this imaginary situation:

1. Would you see him more frequently? YES__ NO__
2. Would you see him for longer sessions than other patients? YES__ NO__
3. Would you look forward to seeing him all day? YES__ NO__
4. Would you go “extra miles” for him by texting, by answering phone calls outside your normal routine, by staying in touch after work hours and on weekends? YES__ NO__
5. Would you contact his family members or other providers more frequently? YES__ NO__

ALTERNATIVELY:

1. Would you dread seeing him all day?
2. Would you return her phone calls less promptly than you would do with your other patients?
3. Would you wish that you had never taken him on as a patient?
4. Would I seek to refer him out or terminate the treatment?
5. Would you block on his name?

Please review your answers in the context of your emotional responses to Bernie.

Are your answers and your emotional responses mutually congruent or incongruent?

If not, what may be the reasons for the incongruence?

Would you consider revising your emotional responses?

HOW DID YOUR EMOTIONAL RESPONSE TO Bernie CHANGE YOUR ASSESSMENT OF HIS IMMINENT SUICIDE RISK?

HIGHER RISK ____ LOWER RISK____ SAME RISK____

What may be the reasons?

Test case 2: Kate

To make things a little bit more challenging, as it often happens when “real life” interferes with the theory, this assessment was done in a different order: 1) Suicidal Narrative, 2) Suicidal Crisis, 3) Explicit assessment.

Kate is a 28-year-old woman with a long psychiatric history and past diagnoses of Major Depression, Panic Disorder, and Borderline Personality Disorder, admitted to a psychiatric unit for a suicide attempt. Kate repeatedly cut her left arm and left thigh with a razor blade after she was let go from a nonprofit because of a falling out with her supervisor. The cuts were deep enough for her thigh wounds to require sutures. Kate was diagnosed with ADD as a child and with MDD, GAD, panic disorder, and borderline PD in high school. She was accepted into, but never completed college, despite several attempts to do so. She worked only sporadically, mainly for environmental causes, and was supported by her father. During the interview Kate was provocative.

Kate’s suicide narrative assessment

Dr.: How are you feeling today? (*forming rapport*)

Kate: I am feeling awful.

Dr.: What is making you feel awful?

Kate: I was working for a cause, but my boss, who was super nice when I met him in Europe, was horrible to me. He fired me.

Dr. This sounds like a really difficult experience. What happened then?

Kate: Well, this (she shows her cuts on her wrists).

Dr.: Ok, I see, pretty deep. So then you went to the ER.

Kate: Yes, and then they put me here. I don’t want to be here. I don’t belong here. I don’t know why they put me here.

Dr.: Ok, I hear you. I will ask you about your cutting a little later, if you do not mind (*to avoid priming the patient*); Please tell me what cause you were working on.

Kate: The environment. We are sucking the life out of the environment. If we continue like this, soon there will be no resources left. We used up most of the oil already, and so many species are endangered. We need to organize and stop this. I have been canvassing, and organizing people.

Dr. Tell me more about it

Kate: That’s what I am doing. That’s my while life. Organizing events, convincing people, and fighting crazy laws and the people who destroy mother earth.

Dr.: And what was so special about this person?

Kate: He also cared about environment, and he was the director of a non-profit...or he pretended to care... In either case, I worked for him, and then he turned out to be a jerk – I always meet jerks. What’s wrong with me?

Dr.: Ok, you were working for him, and I also hear that you had some romantic interest in him. Did I get this right?

Kate: It was the cause.... I just kind of started feeling for him, but then he fired me out of the blue... And I did an amazing job.

Dr.: You said that you were hurt; do you often get hurt and feel bad, or this was an exception and you are mostly happy?

Kate: Hah, I wish I were happy. I am either unhappy or depressed.

Dr.: Do you think that this will change?

Kate: It better – one can't live like this... I hope it does. But I have been on this depression roller-coaster for so long that it's hard to keep the hope.

Dr.: This question may feel strange to you, but bear with me: do think that you deserve to be happy?
(*Entitlement to happiness*)

Kate: Everybody does...

Dr.: But at the moment I am not concerned with everybody, I'm asking about you: are you entitled to happiness?

Kate: In a fair world, I would be. And I am a fair person. I care for others, and I fight for causes... I always do my best.

Dr.: Are you a perfectionist? (*Perfectionism*)

Kate: I always give it my best, but it does not always work -- my room is a mess.

Dr.: Can you tell me more about your causes? (Attachment to unachievable goals)

Kate: I only have one: the environment. Nobody understands how serious the damage that we are causing to our planet is. Do you want me to elaborate?

Dr.: Please do; that's why I asked.

Kate: Global warming is the biggest immediate problem. The climate has already changed. Yearly, temperature just keeps setting records. Hurricane Sandy was the worst ever, and then -- there are the natural resources. We are running out of oil, and then there's deforestation in the Amazon. People just don't understand how bad it is going to get... Nobody listens... they just don't get it.

Dr.: How important is this cause to you?

Kate: It is my whole life!

Dr.: If for some reason you can't champion this cause – will you champion another?

Kate: What can be more important than the environment? And I don't see why I would need to.

Dr.: You attempted suicide after a conflict with your employer.

Kate: There are other supervisors... I live for the environment.

Dr.: You said that people don't listen. Does this make you feel defeated? (*Social Defeat*)

Kate: It can be frustrating, but I don't give up.

Dr.: You cut yourself after you were let go. Why? Was it humiliating?

Kate: It wasn't humiliating, it was infuriating. I felt so betrayed, and so angry, and I did not know how to live at that moment. So, I cut myself.

Dr.: Did the meeting with your supervisor make you feel defeated?

Kate: I am not defeated. I am a fighter. I will find another organization.

Dr.: Do many people know about this?

Kate: My family and friends; everybody knows!

Dr.: How hard was it for you to face them?

Kate: Well, it was not fun, but I did, didn't I? That's why I am here....

Dr.: What do your friends think? I mean your close friends? (*Thwarted Belongingness*)

Kate: I only have two close friends, and they think that I should not be cutting myself and that I should get some help.

Dr.: So, do you feel disconnected, even from the people who are closest to you?

Kate: Sometimes. They get tired of me...

Dr.: Do you feel like you are a burden to them? (*Perceived Burdensomeness*)

Kate: Not really... maybe emotionally...

Dr.: Not financially? I thought that your job was a volunteer job.

Kate: They only pay my rent and traveling. I have inherited some money from my grandmother. It should last another year.

Dr.: And then after that?

Kate: After that I will have to get a job.

Dr.: Have you ever had a paying job?

Kate: No, but my volunteer job was very important and I am very responsible.

Dr.: Did your supervisor feel that way?

Kate: He turned out to be a jerk.

Dr.: So, what are your plans now? (*Perception of no future*)

Kate: I will take some time off, and maybe go to a yoga retreat.

Dr.: And then?

Kate: And then I will look for a job.

Dr.: What kind?

Kate: For the cause, of course... Something to do with the environment.

Dr.: What are your options?

Kate: I will find something.

Dr.: Do you have people you can ask to write you a reference letter? I suspect that your supervisor is not one of them.

Kate: No, and I would not ask him, even if you paid me to. I will find somebody else.

“Kate” Suicidal Narrative Assessment Table

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals		
Entitlement to happiness		
Failure to disengage		
Failure to re-engage		
Humiliating personal or social defeat		
Thwarted belongingness		
Perceived Burdensomeness		
Perception of no future		
Diagnosis		

“Kate” Suicidal Narrative Answer Key

Component	Diagnostic presence	
	Yes	No
Unrealistic life goals	x	
Entitlement to happiness		x
Failure to disengage	x	
Failure to re-engage	x	
Humiliating personal or social defeat		x
Thwarted belongingness		x
Perceived Burdensomeness		x
Perception of no future		x
Diagnosis		NO

Kate’s suicide narrative assessment: summary

Although Kate has attempted suicide and may do so again in the future, at present her she does not exhibit suicidal narrative, primarily because she thinks she has options for the future. However, Kate only has options because her inheritance shelters her from the need to support herself. She has few friends, her goals of converting everybody into an environmentalist are unattainable, and her approach to life lacks maturity. There is a good chance that once she runs out of funds, she will become a burden on her parents, and left with very few options. At that point, her life may take the shape of the Suicidal Narrative, and her risk for suicide will increase.

Kate’s Suicide Crisis Syndrome assessment (Interview continued)

Part A (*Entrapment*)

Dr.: I thought this is how you felt when you got fired from the non-profit.
Kate: It felt like that at the time.

Dr.: When you think about your fight for the cause and all the frustrations involved, do you feel trapped?
Kate: I did before I came in. It is very frustrating, but I think that once I feel better, I can still volunteer and be useful.

Dr.: Would this make you feel “un-trapped”?
Kate: Definitely

Part B

1) Affective dyscontrol

(Emotional Pain)

Dr.: You just told me a lot about how you came to cut yourself so deeply that it required stitches. What about what brought you to the hospital? Your cuts seem to have healed. Do you still feel like you are in a state of emotional pain?

Kate: I do, because I still believe in my cause.

Dr.: Do you feel that this inner pain is too much to bear?

Kate: No. After this admission, I can handle it. It makes me angry. It makes me work harder.

Dr.: What if the pain becomes worse?

Kate: I hope it does not... but if it does, I hope that you would help me.

Dr.: How impatient are you for your emotional pain to get better?

Kate: I would like to feel better, of course, but I could be patient

Dr.: How long can you tolerate the condition that you are in?

Kate: Until I feel better, I guess. I hope that's not too long from now.

Dr.: It seems that before you came in, the pain was so strong that you wanted it to stop then. Do you feel the urgent need for it to stop now?

Kate: I feel an urgent need, but I am not going to cut myself

(Depressive turmoil)

Dr.: OK. Given the way that you are right now, is your mood even, or do you have waves of anxiety or other bad feelings?

Kate: It's mainly anxiety. It was pretty bad earlier today, before I took the pills

Dr.: What about anger? You came in feeling pretty angry at the world.

Kate: I am still angry.

Dr.: Were you angrier in the morning before you took the pills?

Kate: I guess... Definitely, now that you say so.

Dr.: It sounds like you are still in a bit of turmoil. Do these feelings make you feel restless and agitated inside?

Kate: Yes

(Frantic Anxiety)

Dr.: You still sound pretty frustrated and anxious. Is this how you feel inside?
Kate: Yeah, I am pretty anxious, but it's OK

Dr.: How anxious do you feel, exactly? Do you feel emotionally raw?
Kate: Not as much as I did when I was admitted—that was really bad. Now I am almost my usual self

Dr.: With you being so sensitive, does it sometimes feel like the smallest things bother you; like you have no skin?
Kate: Most of the time.

Dr.: Even now?
Kate: Even now. I am always like that.

Dr.: Like the smallest things can make you feel off balance?
Kate: Kind of.... But it's not as bad as before

Dr.: Did you feel like you were losing control?
Kate: Then, but not now. I am pretty good now.

Dr.: Coming back to the waves... When the wave of bad feelings is at its peak, do you feel something is wrong with you, physically?
Kate: I feel tightness in my chest; it's hard to breath

Dr.: Do you also feel strange sensations in your body or skin?
Kate: My fingers get numb

Dr.: Do you feel something happen to your body?
Kate: I feel my nerves ring under my skin... It sounds crazy, but I do. I just know where they are.

Dr.: And when you can sense your nerves, or at any other time, do you feel that the world around you is different?
Kate: No, its always the same. Good old bad world that needs to change.

(Acute Anhedonia)

Dr.: What do you do for fun that usually makes you feel good?
Kate: I like food. I have a sweet tooth. I know it's not good for you, but that's the truth. The food here is awful.

Dr.: What about the food that your family brings you?
Kate: They brought Dunkin Donuts. It made my day.

Dr.: I guess that this means you did not forget how to feel pleasure?
Kate: No, I did not

2) Loss of cognitive control

(Ruminations)

Dr.: When you think about your fight for the cause and all the frustrations that lead to your suicidal behavior, is your thinking clear or foggy?
Kate: Pretty clear.

Dr.: Though clear, are your thoughts racing, or running fast? Or is your head quiet?
Kate: My head is never quiet, and my thoughts are always fast. Not sure about racing.

Dr.: In regards to your thoughts, which are related to your hospitalization, are they still persistent, running in your head again and again?
Kate: Yes, I still think about my causes all the time.

Dr.: Are these thoughts worse at night, when you try to go to sleep?
Kate: Yes, sometimes it is hard to fall asleep.

Dr.: And you are having these thoughts right now, as we speak, right?
Kate: Yes, I can confirm that!

(Cognitive Rigidity)

Dr.: You know, with all due respect, many people would disagree with your point of view on the environment. The mineral depletion may not be as catastrophic... – this is not

Kate: What do you mean? You can't be serious.

Dr.: I am not saying that this is my point of view, but one could argue that mankind has an inventive mind, and will find other materials to create from, and other sources of energy... Do you think it is possible, at least in theory?

Kate: I can't believe my ears. So you too are saying that we can continue to destroy our planet...

Dr.: I never said that I just asked if you thought an alternative was possible.
Kate: I guess it is possible but very unlikely. It is very clear that mining and carbon emissions are the two main causes of global warming...

(Thought Suppression)

Dr.: Do you ever try to forcefully suppress these thoughts?

Kate: Not particularly, why?

Dr.: They are not very comfortable thoughts to have...

Kate: It's ok, I have been living with these ideas for years.

(Ruminative Flooding)

Dr.: Do you ever feel pressure in your head from having too many thoughts like these?

Kate: Not right now. When I was admitted, I did.

Dr.: Were you also having headaches from having too many thoughts?

Kate: No headaches. Well, maybe slightly.... But haven't had them in a while.

Dr.: For some people, this kind of endless thinking may feel like a vortex, which just keeps getting deeper and deeper. Have you ever felt like that?

Kate: Not quite... Maybe a little, when I was admitted

3) (Overarousal)

(Global Insomnia)

Dr.: How are you sleeping?

Kate: Pretty well now, with the new pills. It takes me a while to fall asleep, but once I am asleep, I sleep through the night.

(Agitation)

Do: You seem a little restless. Is this how you feel?

Kate: I am always restless—this is just me.

Dr.: So, you are back to your usual self?

Kate: Pretty much. I want to be discharged.

(Hypervigilance)

Dr.: How about being keyed-up, or overly attentive to outside stimuli?

Kate: What do you mean?

Dr.: I mean that sometimes, one could be so wired up that every little thing could be bothersome; I meant that the lights could seem too bright, the sounds could seem too loud, or the touch could feel irritating and annoying

Kate: Definitely the noise. The noise drives me crazy.... I don't want to be touched either.

(Irritability)

Dr.: I noticed this... I have a feeling that you may snap if I touch you... Would you?
Kate: I wouldn't snap, but touching is not welcome now... from anybody.

Dr.: You do seem a little irritable. Is this how you usually are?
Kate: No.... I have been on edge lately

4) Social Withdrawal:

(social withdrawal)

Dr.: Have your friends noticed you being on edge?
Kate: I have been staying away from everybody.

Dr.: Why is that?
Kate: I need to get better first

(evasive communications with others)

Dr.: Have they been reaching out?
Kate: People have been texting me

Dr.: How do you respond?
Kate: I have been telling them that I was busy with work.

« Kate » Suicide Crisis Syndrome (SCS) Rating Table

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment		
Frantic Hopelessness/Entrapment		
Criterion B1: Affective Disturbance		
Emotional Pain		
Depressive Turmoil		
Frantic Anxiety		
Anhedonia		
Criterion B2: Loss of Cognitive Control		
Ruminations		
Thought Suppression		
Ruminative Flooding		
Cognitive Rigidity		
Criterion B3: Overarousal		
Agitation		
Global Insomnia		
Hypervigilance		
Irritability		
Criterion B4: Acute Social Withdrawal		
Acute Social Withdrawal		
Evasive Communications		
SCS diagnosis:		

“Kate” Suicidal Crisis Syndrome Answer Key

Criteria/symptoms	Diagnostic presence	
	YES	NO
Criterion A: Frantic Hopelessness/Entrapment		x
Frantic Hopelessness/Entrapment	x	
Criterion B1: Affective Disturbance	x	
Emotional Pain	x	
Depressive Turmoil	x	
Frantic Anxiety	x	
Anhedonia	x	
Criterion B2: Loss of Cognitive Control	x	
Ruminations	x	
Thought Suppression	x	
Ruminative Flooding	x	
Cognitive Rigidity	x	
Criterion B3: Overarousal		x
Agitation		x
Global Insomnia		x
Hypervigilance		x
Irritability		x
Criterion B4: Acute Social Withdrawal		x
Acute Social Withdrawal		x
Evasive Communications		x
SCS diagnosis:		NO

Kate's suicide risk based on the SCS assessment: summary

Although Kate was admitted with serious self-injurious behavior, at present she is not in a suicide crisis, and her short-term suicide risk is low. From the interview, it can be gleaned that at admission Kate's did not have SCS. Kate has both anxiety and mood disorders, and at the time of the interview, she reports emotional pain, waves of panic, depressive turmoil, and ruminations. However, she has virtually no entrapment nor thought suppression, and her other SCS symptoms, including disturbance in arousal, are minimal. Thus, overall, although she has some symptoms, she does not meet proposed SCS DSM criteria, and her short-term risk is low.

Explicit Risk Assessment

(suicidal ideation)

Dr.: Please show me the cuts on your arms. There are no stitches, but the cuts are still pretty deep. You told the doctors in the ED that you wanted to kill yourself. When was the first time that you thought about suicide?

Kate: In high school. I was not a happy teenager. I was picked on.

Dr.: And how often do you think about ending your life?

Kate: Every day.

Dr.: Have you been thinking about suicide since you were admitted?

Kate: Once in a while.

Dr.: When was the last time?

Kate: Yesterday.

Dr.: What was your exact thought?

Kate: That one day, I am going to go through with it.

Dr.: How did you respond to this thought?

Kate: I tried to distract myself – I went to the dayroom and watched TV.

(Suicide Intent and Plan)

Dr.: When you cut yourself, was your intention to hurt yourself or to die?

Kate: I don't remember. Both, I guess. I was confused.

Dr.: Were you following a thought-out plan, or was your attempt sudden and not planned in advance?

Kate: I did not plan it.

Dr.: What about now?

Kate: I am not planning anything now.

Dr.: Why?

Kate: Because it is not the time. I would have succeeded if it were. It was a wrong thing to do. My boss is a psychopath and an idiot.

Dr.: What do you think it would take for you to go through with it?

Kate: If I hit a dead end.

Moral Prohibitions against Suicide

Dr.: In your opinion, is suicide a moral thing to do?

Kate: I would not want to hurt my family, that would not be moral.

Dr.: How about from a religious or spiritual point of view? Are you Christian?

Kate: Yes, I am. I guess, that would not be right... I did not think about it...

Emotional Responses to Kate:

Please write down at least three of your emotional responses to Kate (the more responses you can identify the better). There is no right or wrong answers. Responses “I don’t feel anything” or “I am bored” often indicate a defense against less acceptable feelings. Try to be as honest with yourself as you can.

1_____

2_____

3_____

Given a choice, would you accept her as a patient in your practice? YES NO

Imagine that, regardless of your choice, Kate has become your patient. Please answer how you would behave in this imaginary situation:

1. Would you see her more frequently? YES NO
2. Would you see her for longer sessions than other patients? YES NO
3. Would you look forward to seeing her all day? YES NO
4. Would you go “extra miles” for her by texting, by answering phone calls outside your normal routine, by staying in touch after work hours and on weekends? YES NO
5. Would you contact her family members and/or other care systems more frequently? YES NO

ALTERNATIVELY:

1. Would you dread seeing her all day?
2. Would you return her phone calls less promptly than you would do with your other patients?
3. Would you wish that you had never taken her on as a patient?
4. Would I seek to refer her out or terminate the treatment?
5. Would you block on her name?

Please review your answers in the context of your emotional responses to Kate.

Are your answers and your emotional responses mutually congruent or incongruent?

If not, what may be the reasons for the incongruence?

Would you consider revising your emotional responses?

HOW DID YOUR EMOTIONAL RESPONSE TO KATE CHANGE YOUR ASSESSMENT OF HER IMMINENT SUICIDE RISK?

HIGHER RISK _____ LOWER RISK_____ SAME RISK_____

WHY?

SCS-C diagnostic interview

Diagnostic Criteria for the Suicide Crisis Syndrome Checklist (SCS-C):

A. Entrapment: Patient presents with a problem that *they perceive* as intolerable and unsolvable (they may describe themselves as 'trapped', 'having no exit' or 'having reached a dead end'):

no yes extreme [Patient screens "extreme" if the symptom is overwhelmingly distressful]

B. Associated disturbances: [Patient screens positive (yes) if any of the symptoms below are marked "yes", meets extreme if more than half of the symptoms in each domain are present.]

no yes extreme

(B1) Affective disturbance: no yes extreme [For (a), (b), (c), (d) criteria patient screens positive (yes) if any of the symptoms below are marked "yes", meets "extreme" if more than half of the symptoms in each domain are present.]

Manifested self- or collateral-report or observation of any of:

- (1) emotional pain
no yes
- (2) rapid spikes of negative emotions or extreme mood swings
no yes
- (3) extreme anxiety that may be accompanied by dissociation or sensory disturbances
no yes
- (4) acute anhedonia (i.e., a new or increased inability to experience interest or pleasure or imagine future experience of interest or pleasure)
no yes

(B2) Loss of cognitive control: no yes extreme

Manifested by self- or collateral-report or observation of any of:

- (1) intense or persistent rumination about one's own distress and the life events that brought on distress
no yes
- (2) an inability to deviate from a repetitive negative pattern of thought (cognitive rigidity)
no yes
- (3) an experience of an overwhelming profusion of negative thoughts accompanied by a sensation of pressure or pain in one's head, impairing ability to process information or make a decision (ruminative flooding)
no yes
- (4) repeated unsuccessful attempts to suppress negative or disturbing thoughts
no yes

(B3) Disturbance in arousal: no yes extreme

Manifested by self- or collateral-report or observation of any of:

- (1) agitation no yes
- (2) hypervigilance no yes
- (3) irritability no yes
- (4) global insomnia no yes

(B4) Social withdrawal: no yes extreme

Manifested by self- or collateral-report or observation of any of:

- (1) withdrawal from or reduction in scope of social activity no yes
- (2) evasive communication with close others no yes

MARIS self-report patient and clinician questionnaire

MARIS

Part 1: Self-report

Name or Pt. ID#_____

Date_____

Suicide Crisis Syndrome-Short Form

Please rate how much each of the following applies to you by writing the appropriate number on the line following each question. Follow the scale below:

- 0 – Not at all
- 1 – A little
- 2 – Somewhat
- 3 – Quite a bit
- 4 – Extremely

In the past couple of days, when you felt your worst...

1. Did you become afraid that you would die?	_____
2. Did you think something, like a heart attack or accident, would suddenly kill you?	_____
3. Did you feel your thoughts are confused?	_____
4. Did you feel there is no exit?	_____
5. Did you feel that your head could explode from too many thoughts?	_____
6. Did you feel bothered by thoughts that did not make sense?	_____
7. Did you feel trapped?	_____
8. Did you feel like you were getting a headache from too many thoughts in your head?	_____
	Subtotal 1:

Part 2: Clinician Assessment

Pt. Name or ID#_____

Date_____

Clinicians Emotional Response

Rate how much each of the following is true regarding how you felt with/about this patient by writing the appropriate number on the line following each item. Follow the scale below:

- 0 – Not at all
- 1 – A little
- 2 – Somewhat
- 3 – Quite a bit
- 4 – Extremely

15. S/he made me feel good about myself.	_____
16. I liked him/her very much.	_____
17. I felt like my hands were tied or that I was put in an impossible bind.	_____
18. I felt dismissed or devalued.	_____
19. I felt guilty about my feelings toward him/her.	_____
20. I thought life really might not be worth living for him/her.	_____
21. This patient gave me chills.	_____
22. I had to force myself to connect with him/her.	_____
23. I feel confident in my ability to help him/her.	_____
24. We trust one another.	_____

Subtotal 4: _____

Grand Total: _____

SCI-2

Please answer the following questions about the way you were feeling over the last several days:

During this time when you were feeling your worst:

1. Did you wake up from sleep tired and not refreshed?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
2. Did you feel your thoughts were confused?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
3. Did you have many thoughts in your head?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
4. Did you feel there was no exit?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
5. Did you become afraid that you would die?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
6. Did you feel unusual physical sensations that you have never felt before?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
7. Did you have a sense of inner pain that was too much to bear?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
8. Did you feel that your head could explode from too many thoughts?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
9. Did you feel that ordinary things looked strange or distorted?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
10. Did you worry that a lot of bad things might happen to you?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
11. Did you feel that it was hard for you to stop worrying?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely
12. Did you feel hopeless?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

13. Did you feel that there was no way out?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

14. Did you have a decreased ability to think, concentrate or make decisions, due to too many thoughts?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

15. Did you have trouble falling asleep because you were having thoughts that you could not control?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

16. Did you fear for your life?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

17. Did you feel that the world was closing in on you?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

18. Did you feel that the world around you was different?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

19. Did you feel relentless, agonizing emotional pain?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

20. Did you feel suddenly frightened to such an extent that you developed physical symptoms or had a panic attack?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

21. Did you expect the worst?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

22. Did you have strange sensations in your body or on your skin?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

23. Did you feel that something was happening to a part or parts of your body?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

24. Did you feel your thoughts were racing?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

25. Did you feel you had no control?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

26. Did you feel bothered by thoughts that did not make sense?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

27. Did you feel afraid that things would never get normal again?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

28. Did you have sensations that you cannot describe?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

29. Did you feel helpless to change?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

30. Did you feel trapped?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

31. Did the urge to stop the emotional pain overwhelm all other thoughts?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

32. Did you feel blood rushing through your veins?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

33. Did you feel a sense of dread?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

34. Did you feel that ideas kept turning over and over in your mind and they wouldn't go away?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

35. Did you feel doomed?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

36. Did you feel that something was wrong with you physically?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

37. Did you think something, like a heart attack or accident, would suddenly kill you?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

38. Did you feel a sense of inner pain that had to be stopped?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

39. Did you want your troubling thoughts to go away but they wouldn't?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

40. Did you feel powerless to stop thoughts that were upsetting you?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

41. Did you feel that your emotional pain was unbearable?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

42. Did you feel yourself thinking that things would never change?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

43. Did you feel like something horrible was going to happen?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

44. Did you feel there is no escape?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

45. Did you feel pressure in your head from thinking too much?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

46. Did you feel that you had lost control to improve things?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

47. Did you feel like you were getting a headache from too many thoughts in your head?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

48. Did you feel that the urge to escape the pain was very hard to control?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

49. Did you feel that there were no good solutions to your problems?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

50. While you were having these feelings and experiences, did you also know they were temporary and would eventually pass?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

51. Did you feel any unusually intense or deep negative feelings or mood swings directed towards yourself?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

52. Did you feel any unusually intense or deep negative feelings or mood swings directed towards someone else?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

53. Did you feel nervousness or shakiness inside?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

54. Did you feel dissatisfied or bored with everything?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

55. Did you feel you had lost your interest in other people?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

56. Did you find pleasure in your hobbies and pastimes?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

57. Did you enjoy being with your family or close friends?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

58. Did you feel tensed or keyed up?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

59. Did you feel so restless you could not sit still?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

60. Did you feel you wanted to crawl out of your skin?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

61. Did you feel so stirred up inside you wanted to scream?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

62. Did you feel a lot of emotional turmoil in your gut?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

63. Did you often change your mind?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

64. Did you feel you could easily change your mind over things that bother you?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

65. Did you feel you could change your mind once you've come to a conclusion?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

66. Did you feel your views were very consistent over time?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

67. Did you feel that if you didn't stay alert and watchful, something bad would happen?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

68. Did you feel you were constantly watching for signs of trouble?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

69. Did you feel that most people could not be trusted?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

70. Did you have temper outbursts that you could not control?

0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

71. Did you get into frequent arguments?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

72. Did you feel easily annoyed or irritated?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

73. Did you interact less with people who care about you?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

74. Did you feel you did not open up to members of your family/friends?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

75. Did you feel isolated from others?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

76. Did you evade communications with people who care about you?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

77. Did you push away people who care about you?
0=Not at all 1=A little 2=Somewhat 3=Quite a bit 4=Extremely

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