Suicide Assessment Case Vignettes
MYSPP Suicide Assessment for Clinicians, 2010

Vignette #1. Thirty five year old woman self referred for therapy; reports during the 4th session that she has been suicidal over the past several days. The trigger for her ideation is reported to be her relationship with her boss. After talking to her by phone nightly for several weeks, he now refuses her calls and is cold and remote at work. The client feels hurt, angry and rejected and has threatened to kill herself. She has a plan to drive her car off a bridge that she passes on her way home from work. She also reports ongoing anger at her mother who will not allow her to smoke or entertain men at their home. In the session, the woman appears somewhat confused and repeats elements of her story. When asked, she admits to drinking several glasses of wine today. The initial assessment history reveals that the client has made one previous suicide attempt by overdose resulting in a short hospitalization 6 years previously. Upon sobering up, the woman denies further suicidal ideation or intent.

Vignette #2. Client is a 19 y/o female of Native American descent, assessed in the ED following treatment to close 2 deep lacerations on both forearms. The cuts required 28 stitches to close, but did not involve tendon damage. Blood alcohol level is normal and the woman denies any drug use. When asked, she refers to her suicide attempt as "a mistake and a stupid stunt" and denies further suicidal intent or any past history of attempts. "It was a stupid thing to do, he's not worth it", she stated referring to her boyfriend and the fight that precipitated the suicide attempt. She relates that the attempt was impulsive and happened after her boyfriend stormed out of their apartment during a fight. Following cutting herself, she immediately called her friend who rushed her to the hospital. She denies any mood or vegetative signs of depression as well as any history of depression. "I did it to hurt him, that's all". The client is cooperative in the interview and accompanied by her cousin who confirms her story.

Vignette #3. 33 y/o white male called crisis the previous night after reportedly ingesting 20 sleeping pills. He says he hung up the phone because he got scared and later induced vomiting and slept through the night. The man called crisis again the following morning reporting ongoing suicidal thoughts but refusing to give name or location. By tracing the call, local police were able to pick-up and detain him for assessment. He reports ongoing feelings of frustration and hopelessness but states that his overdose was impulsive, not planned and that he regretted it immediately. He is somewhat reluctant to talk about how often he thinks of suicide. He admits to drinking 10 beers the previous night before the overdose and to drink "some" several times a week. He denies use of any other drugs, other than marijuana occasionally with others. Client recently lost job of 3 years, broke up with girl friend and is uncertain where he will live. He struggles with chronic pain from an untreated back problem that limits his ability to work. Two prior suicide attempts, one at age 18, another 2 years ago. He currently sees a therapist and is involved in a transitions group though reports he is isolated from his family and has few friends.

Vignette #4. The client is a 22 year old white male who self-referred to the intake office today. He reports that he bought a gun 2 months ago with the plan to end his life and has the gun in his car. Police are called and find the gun as stated, but no bullets. The man reports having made suicide plans with specific timetables to end his life several times over the 8 weeks, but held back at the last minute. "I cannot live any more with the pain of my wife leaving (3 years previous). He describes his distress having increased over the past week, though the client can give no specific reasons for this. The client reports an extensive history of substance dependence including alcohol, pot and prescription medication that led to his divorce, but that he has been clean and sober for 14 months with the help of a detox and ongoing attendance in AA/NA. He stopped using following an arrest for theft, and a subsequent hospital admission for suicide attempt by overdose on aspirin and alcohol. He admits to beating his wife weekly when they were together; she is in another relationship now and he recently learned of her plans to remarry. He has no contact with the daughter from the marriage and is isolated from his own family. During the interview the client appears depressed and irritable; he is angry and hostile, especially with female staff. There is no report of sleep or appetite disturbance.

Vignette #5. The client was seen initially in the school social workers office following an explosive loss of temper in the halls at school involving threats of violence and death threats to the people around him. The school resource officer was able to de-escalate the situation only after threatening to pepper spray the youth. Witnesses report that the precipitant was his being confronted by several rowdy members of a sport's team who were teasing him about his style of dress. He is an 18 y/o junior of somewhat slight build who favors dark baggy clothing and wears his hair long and loose.
He calms somewhat in the social work office but continues to pace muttering under his breath half heard threats about the boys involved. The client is normally quiet and somewhat withdrawn from social circles. He has come to staff attention over recent weeks due to the violent themes of death incorporated into his writing and art projects. When the SRO searched him after the incident, he was found to be carrying a large sheath knife that he angrily stated was for his own protection. "If you take that, you might as well kill me, because I'm dead meat without it; they'll kill me for sure now." When asked to explain himself, the boy refused to talk further. He also refused to answer questions about any suicidal or violent ideation. His parents report that he has been increasingly withdrawn over recent weeks and has isolated himself in his room on the computer. They indicated that he barely talks to them and is often heard up and pacing late into the night and seems to be talking to himself at these times.

Vignette 6. Cindy is a 27 y/o woman brought in by her husband and her mother. She is 7 weeks postpartum with her second child. Her first child is almost 3. Cindy's family is concerned because she has made statements that her life is at its end and that she should never have brought children into this world. She has been sleeping little, even by standards of a breast-feeding mother of a colic prone infant. Her husband has found her several times late at night standing over the crib and weeping. She appears to be in a stable marriage with a decent level of income. Her support from extended family and friends is strong. Her mother is currently staying with the couple to help out. When interviewed, Cindy is anxious and weepy with restless hands and feet. She states that she doesn't feel she can do anything right, can't focus for more than a minute and is constantly worried about the safety and health of Molly, her infant. She denies any history of mental illness though does indicate she saw a counselor for a while in HS "because I was always worried". Reports no use of alcohol since discovering she was pregnant and ho Hx of abuse. When asked about suicidal thoughts, she paused, denied any ideation and then stated, "You know, my kids would be better off if I was dead". She denies any history of attempts.

Vignette #7. Joshua is a 22 y/o male, a recent graduate from a much respected college and an active member on several campus initiatives. His sister and father brought him in after they found him with a large quantity of medication. He has confided to his sister that he does not want to see his 23rd birthday. Josh has been withdrawing from family and friends and showing increasing signs of a black mood. Most people know him as a vibrant man, committed sustainable community builder and the head of a campus group that started and developed an organic garden that now provides the bulk of the vegetables for the campus. To his sister and a couple of closest friends, he gives glimpses of another side, someone who never feels he can do enough, is hopeless about the state of the world and feels burdened by life. He has been treated for depression in the past, as has several other immediate family members. His artwork and his writing reflect a brooding and dark mood and a preoccupation with death. He struggles with taking antidepressant medication and has sought for some time to manage his illness with exercise, diet and herbal supplements. He avoids drugs and uses very little alcohol, by all reports. Today he is hostile and uncooperative and states that he has no "intention of dying today". He refuses to answer most questions and says that the group has no reason or right to keep him; he will be just fine, if people just leave him alone. His family members want to respect his wishes, but fear that he wants to go away and die.

Assessment Rating Scale Models
MYSPP Suicide Assessment for Clinicians- 2010

IS PATH WARM? (AAS)

I Ideation
S Substance Abuse
P Purposelessness
A Anxiety
T Trapped
H Hopelessness
W Withdrawal
A Anger
R Recklessness
M Mood Changes

SAD PERSONS Scale

The score is calculated from ten yes/no questions, with one point for each affirmative answer:
S: Male sex
A: Older age
D: Depression
P: Previous attempt
E: Ethanol abuse
R: Rational thinking loss
S: Social supports lacking
O: Organized plan
N: No spouse
S: Sickness
This score is then mapped onto a risk assessment scale as follows:

0–4 Low

5–6 Medium

7–10 High

Patterson WM, Dohn HH, et al: Evaluation of suicidal patients, THE SAD PERSONS Scale, Psychosomatics, 1983

Modified SAD PERSONAS Scale

The score is calculated from eleven yes/no questions, with points given for each affirmative answer as follows:
S: Male sex → 1
A: Age 19-25 or >45 years → 1
D: Depression or hopelessness → 2
P: Previous suicidal attempts or psychiatric care → 1
E: Excessive ethanol / drug use → 1
R: Rational thinking loss (psychotic or organic illness) → 2
S: Single, widowed or divorced → 1
O: Organized or serious attempt → 2
N: No social support → 1
A: Availability of Lethal Means→ 2
S: Stated future intent (determined to repeat or ambivalent) → 2
This score is then mapped onto a risk assessment scale as follows:
0–5: May be safe to discharge (depending upon circumstances)
6-8: Probably requires psychiatric consultation
>8: Probably requires hospital admission