

CHAPTER 1

Introduction

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The scourge of suicidal behavior touches many lives and knows few boundaries. About 30,000 people are known to take their own lives in the United States each year. In addition, many of those deaths recorded as accidental or undetermined by coroners and medical examiners may have been motivated by suicidal intent. Suicide is the eighth leading cause of death in this country and, among young people 15 to 19 years of age, suicide is exceeded in frequency as a cause of death only by accidental deaths. Suicide occurs in every country in the world and among all racial and ethnic groups. Being destitute and alone increases the risk of suicide, but suicide occurs in all groups of the population, the young and the old, the rich and the poor, the famous and those who remain unnoticed.

For each suicidal death that occurs, there are many more nonfatal suicidal acts ranging in seriousness from mild overdoses and superficially inflicted cuts to potentially lethal acts such as jumping from a high place or ingesting a corrosive poison. It is estimated that there are about a quarter of a million nonfatal suicide attempts each year in the United States. Among people who have made a suicide attempt, about 15 percent will eventually take their own lives; among those who kill themselves, about one-third have previously attempted suicide.

These facts attest to the importance of assessing suicidal risk accurately, providing effective treatment for people who have attempted suicide or who appear to be likely to do so, and implementing preventive strategies that can minimize the emergence of suicidal impulses. Since suicide is unique among causes of death in that it is entirely the result of decisions and actions made by the deceased person, it should

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be preventable by helping people cope with the chronic predispositions that increase their risk of suicide and the temporary stressors with which they are confronted.

To help clinicians who work with suicidal clients, this book provides a current and comprehensive source of information and guidelines for assessing, treating, and preventing suicidal behavior.

The book consists of three sections: Part One, "Screening and Assessment," examines empirically based assessment techniques that measure important mood states, personality traits, and attitudes that are associated with suicidal behavior. These assessment methods help define the dimensions of vulnerability to becoming self-destructive and also assess the risk of such behavior occurring.

In Chapter 2, James Rogers and Kimberley Oney examine those scales that measure the suicidality of clients. The diversity of these scales means that each clinician and each researcher may use a different scale. As a consequence, their definitions of and judgments about the suicidality of clients may differ considerably. Rogers and Oney discuss the empirical evidence for the reliability and validity of these scales but, more importantly, they discuss how the nature of the relationship between the psychologist and the client can affect this reliability and validity. They propose a model for the clinician to follow that may increase the usefulness of these scales in clinical practice.

One of the most thoughtful and prolific developer of scales to assess the suicidality, mood, and cognitive functioning of clients is Aaron Beck. His scales are based on his theory of psychiatric disorder and the techniques of cognitive therapy that he has proposed. These scales have been used in hundreds, if not thousands, of empirical studies, and so their reliability and validity has been well established. In Chapter 3, Mark Reinecke presents current data on these scales that are of immense value to clinicians working with depressed and suicidal clients.

Several assessment techniques have been used for more than 50 years with suicidal clients. In Chapter 4, Alan Friedman, Robert Archer, and Richard Handel review the use of the old MMPI and the more recent MMPI-2 and MMPI-A with suicidal clients. Not only are these measures still used extensively with potentially suicidal clients, there are also large sets of archival data that have included these measures. Thus, the MMPI in its various forms remains useful for the evaluation of clients, and it

also enables archival data sets to be re-examined as new findings on the MMPI become disseminated.

In Chapter 5, Ronald Ganellen reviews research on the use of the Rorschach Ink Blot Test with suicidal clients. Although projective tests such as the Rorschach are not favored by all clinicians, some clinicians still use them and, again, there are large archival data sets from the Rorschach.

Robert Yufit has been involved in research on the assessment of suicidal clients for many years, and he has developed his own approach to assessment based on Karl Menninger's concept of the *Vital Balance*, a balance between the strengths and weaknesses of the client. He presents assessment techniques to evaluate both vulnerability and coping skills in his approach in Chapter 6.

Part Two, "Intervention and Treatment of Suicidality," compares several different approaches for conducting psychotherapy with suicidal clients. The classic systems of psychotherapy have rarely addressed suicidal clients, but in Chapter 7, David Lester brings together the few suggestions that these classic systems (such as psychoanalysis, person-centered therapy, and Gestalt therapy) have made.

Most suicide prevention centers are based on a crisis intervention approach to treating the suicidal client. They do this partly because the suicidal clients they encounter are in crisis, but also because the centers are set up to deal with clients only on a short-term basis and use telephone counseling, both of which limit the techniques that the counselor can use. In Chapter 8, John Kalafat and Maureen Underwood discuss the principles of crisis intervention for suicidal clients.

Having suicidal clients sign contracts that they will not commit suicide has become a common but controversial tactic for psychotherapists. Lillian Range reviews the opinions on this tactic, as well as the research on its usefulness, in Chapter 9.

There are three systems of psychotherapy which have addressed the suicidal client in detail. Mark Reinecke and Elizabeth Didie present cognitive-behavioral therapy in Chapter 10, Lisa Firestone presents voice therapy in Chapter 11, and David Lester presents dialectical behavior therapy approach in Chapter 12.

For many years, Joseph Richman has been the lone therapist advocating the relevance of family therapy for suicidal clients, and he presents

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his approach in Chapter 13. Suicidal clients have been placed into group therapy since the 1960s when the Los Angeles Suicide Prevention Center first tried this approach. Robert Fournier discusses current practices for group therapy with suicidal clients in Chapter 14.

The final part presents special issues that have relevance today. First, discussions of rational suicide and physician-assisted suicide have become common in recent years, but few psychotherapists have explored how they might become involved in these decisions. In Chapter 15, David Lester discusses the role that counselors and psychotherapists might play in helping the suicidal client come to a decision and in helping the significant others come to terms with the decision.

There is great concern with suicidal behavior in adolescents and students, particularly because many nations have experienced a rise in the suicide rates of young people in recent years and because suicide is one of the leading causes of death for the youth. Antoon Leenaars, David Lester, and Susanne Wenckstern discuss suicide prevention in schools in Chapter 16, while Morton Silverman discusses tactics for helping suicidal college students in Chapter 17.

Finally, we hear much about suicide terrorists who blow themselves up with bombs in their efforts to bring about political change in nations as disparate as Iraq, Chechnya, and Sri Lanka. Ariel Merari concludes this volume by discussing the problems and issues that suicide terrorists present.

This compilation of information concerning the assessment, treatment, and prevention of suicidal behavior is addressed to nurses, psychiatrists, psychologists, social workers, and other mental health professionals, who will find it useful in providing services to patients and clients who have been or may become suicidal or who indulge in self-harm behavior. In addition to its primary audience of mental health professionals, this book will prove valuable to educators, school counselors, and others who are actively engaged with young people and in a position to help them learn improved coping skills. These readers are likely to appreciate the guidance provided for structuring programs to promote coping skills in adolescents that can reduce their potential for suicide. We hope that this book will provide the needed advances in information to help us cross the bridge to a better understanding of how to help suicidal people.