SCREENING AND ASSESSMENT

Screening

1. High School Questionnaire: Profile of Experiences

   Leona L. Eggert, Ph.D., R.N., FAAN; Jerald R. Herting, Ph.D., and Elaine A. Thompson Ph.D., RN.

   Description: The High School Questionnaire: Profile of Experience (HSQ) is a 3-part questionnaire designed specifically for high school adolescents to measure psychosocial risk and protective factors such as depression, suicidal behaviors, drug involvement, family factors, daily activities, personal strengths, and social support. Embedded in the HSQ is the Suicide Risk Screen (SRS), which examines adolescent suicidal behavior. The (SRS) scale includes 3 sets of empirically based criteria: 1) suicidal behaviors, (2) depression, and (3) drug involvement.

   Availability: The HSQ can be obtained from Reconnecting Youth, Inc. at http://www.reconnectingyouth.com/

   Related Publications:


2. Suicidal Ideation Questionnaire (SIQ)

   William M. Reynolds, Ph.D.

   Description: The SIQ is useful for screening adolescents for suicidal ideation—one aspect of suicidal behavior that may point to suicidal intentions. The SIQ is appropriate for individual or group administration in clinical or school settings, or for the evaluation of intervention and prevention programs. Two versions of the SIQ are available: a 30-item format for adolescents in grades 10 – 12, and the 15-item SIQ-JR, for adolescents in grades 7 – 9. Both forms use a 7-point scale to assess the frequency of suicidal thoughts and ideas.

   Availability: The SIQ can be obtained from Psychological Assessment Resources Inc. available on the Web at http://www3.parinc.com/

   Related Publications:


3. **Columbia Health Screen (CHS)** David Shaffer, F.R.C.P., F.R.C., Psych.

*Description:* The Columbia Health Screen, a brief self-report questionnaire, is designed for paper and pencil administration and takes approximately 10 minutes to complete. This screen is designed for youth aged 11 to 18. The 14-item questionnaire includes items on depression, anxiety, suicide-risk behaviors (i.e., suicide ideation and attempts), alcohol and drug use, and general health problems.

*Availability:* Information regarding the Columbia Health Screen is available on the Web at [http://www.teenscreen.org/](http://www.teenscreen.org/).

*Related Publications:*

Assessment

1. **Suicidal Behaviors Interview (SBI)** William M. Reynolds, Ph.D.

   **Description:** The SBI is designed to evaluate current suicidal behaviors in adolescents. The interview contains 22 items, organized into two sections. The first section consists of four sets of questions specific to: 1) generalized level of psychological distress, including anxiety, depression, and hopelessness; 2) severity of daily chronic strains; 3) level of social support; and 4) evaluation of recent major negative life events. These four domains are related to suicidal behaviors in adolescents. The second section consists of questions specific to suicidal behavior and related risk factors. The section follows a hierarchy of suicidal cognitions and behaviors ranging from mild suicidal ideation through items dealing with specific thoughts to contemplated plans. There are branch patterns built into the interview schedule based on the adolescent's response to the questions.

   **Availability:** For information contact William M. Reynolds Ph.D. Chair, Department of Psychology at Humboldt State University, 1 Harpst Street, Arcata, CA 95521-8299; by phone at 707-826-3162; or E-mail: wr9@humboldt.edu.

   **Related Publications:**


2. **Measurement of Adolescent Potential for Suicide (MAPS)** Leona L. Eggert, Ph.D., R.N., FAAN; Elaine A. Thompson, Ph.D., R.N.; and Jerald R. Hering, Ph.D.

   **Description:** The Measure of Adolescent Potential for Suicide (MAPS) is a comprehensive, multidimensional, computer-assisted face-to-face interview administered over 1.5 to 2 hours to youth identified as at risk for suicide. The interview is tailored to the developmental needs of the adolescent, and is structured to enhance rapport building; at key points the interviewer is prompted to be responsive to the youth’s needs for affirmations and empathy. The computer-assisted scoring allows for immediate scoring by section, thus facilitating the provision of desired direct feedback over the course of the interview. “Skip” patterns allow interviewers to adjust questions asked while not educating youth inappropriately relative to suicidal behaviors. At the end of the interview, the computer prompts the interviewer to review results, to solicit and support a “no self-harm contract,” and to negotiate with the adolescent how to communicate key information to his/her parents and how to obtain support at home and at school. Based on assessment data, the communication may involve a referral to mental health services for further evaluation and/or treatment.

   The MAPS is structured around three central defining constructs of suicide potential: direct suicide risk factors, related risk factors, and protective factors. It is designed to capture early stages of suicide ideation and behaviors amenable to health promotion. Consequently, suicide potential is defined broadly. Five facets of suicide-risk behaviors are tapped: 1) Suicide exposure (4 items), 2) Attitudes and beliefs (5 items), 3) Suicide ideation (frequency = 5 items, and intensity = 6 items), 4) Suicidal behaviors (contemplation/planning = 13 items, behavioral preparation = 4 items, and prior attempts = 1 item), and 5) Past versus present threat (6 items). Measures of risk factors include three sub-dimensions: 1) Emotional distress (depression, hopelessness, anxiety, anger and perceived stress); 2) Level of stressors (number of stressful events and victimization and violence); and 3) Deviant behaviors (drug involvement, perceived likelihood of dropping out of school, and risky behavior). Measures of protective factors include two sub-dimensions: 1) personal...
resources (self-esteem, personal control, and coping strategies); and 2) social resources (availability of support, amount of support received, and family support satisfaction).

**Availability:** Not currently available, in preparation for distribution.

**Related Publications:**


3. **Screen for Youth Suicide Risk (SYSR)** Elaine A. Thompson, Ph.D.; R.N.; Leona L. Eggert, Ph.D., R.N., FAAN; and Jerald R. Herting, Ph.D.

**Description:** The SYSR is a brief interview administered to youth one-on-one following identification of the youth’s potential risk for suicide (e.g., responses on a paper and pencil screening questionnaire, personal observation of risk and/or ad hoc referral for screening). The SYSR is a 24-item structured interview based on a risk and protective factor model. These items represent 3 main dimensions of overall suicide potential. Nine self-report items capture Suicide Risk Factors (SR), 11 items measure Related Risk Factors (RF), and 3 items measure Protective Factors (PF). Suicide risk is reflected by suicide thoughts, suicide behaviors and prior attempts. The related risk factor dimension captures both emotional distress (depression/hopelessness, stress, and anger) and deviant behaviors (drug involvement, risky behaviors and school deviance). Protective factors include satisfaction with, and perceived availability of support. Skip patterns are built into the interview to avoid educating youth about suicidal behaviors; that is, if a youth has never had a suicide plan, s/he is not asked questions about planning.

**Availability:** Not currently available, in preparation for distribution.
Related Reading


The full text of this article can be found on the NIMH Web site, available at the following Web address: [www.nimh.nih.gov/suicideresearch/measures.pdf](http://www.nimh.nih.gov/suicideresearch/measures.pdf)