



Reconnecting Youth™ Inc.

Tools for Screening and Assessment of Suicide Risk

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 3) drug involvement.

Availability: Not currently available, in preparation for distribution.

Related Publications:

Thompson, E. A., & Eggert, L. L. (1999). Using the Suicide Risk Screen to identify suicidal adolescents among potential high school dropouts. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(12), 1506-1514.

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:

Reynolds, W. M. (1987). *Suicidal Ideation Questionnaire: Professional Manual*. Psychological Assessment Resources Inc.

Reynolds, W. M. (1991). A school-based procedure for the identification of adolescents at risk for suicidal behaviors. *Family Community Health*, 14, 64-75.

Pinto, A., Willsman, M. A., & McCoy, K. J. M. (1997). Suicidal ideation in adolescents: Psychometric properties of the Suicidal Ideation Questionnaire in a clinical sample. *Psychological Assessment*, 9, 63-66.

Reynolds, W. M., & Mazza, J. J. (1999). Assessment of suicidal ideation in inner-city children and young adolescents: Reliability and validity of the Suicidal Ideation Questionnaire-JR. *School Psychology Review, 28*, 17-30.

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/>.

Related Publications:

Shaffer, D., Scott, M., Wilcox, H., Maslow, C., Hicks, R., Lucas, C., Garfinkel, R., & Greenwald, S. (2004) The Columbia SuicideScreen: Validity and reliability of a screen for youth suicide and depression. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*(1), 71-79.

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:

Reynolds W.M. (1990). Development of a semi-structured clinical interview for suicidal behaviors in adolescents. *Psychological Assessment*, 2, 382–390

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

Description: The *SIYSR* 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 *SIYSR* is a 24-item structured interview based on a risk and protective factor model. These items represent 3 main dimensions of overall suicide potential; 1) Suicide Risk Factors, reflected by suicide thoughts, suicide behaviors and prior attempts; 2) Related Risk Factors, namely, emotional distress (depression/hopelessness, stress, and anger) and deviant behaviors (drug involvement, risky behaviors and school deviance; and 3) Protective Factors, including 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.

3. 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. Herting, Ph.D.

Description: The Measure of Adolescent Potential for Suicide (*MAPS*) is a comprehensive, multidimensional, computer-assisted 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, in collaboration with the student to review the results, solicit and support a "no self-harm contract," negotiate how to communicate key information to the student's parents; and talk

about how to obtain support at home and at school. Based on assessment data, the communication may involve the student's 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 2) Attitudes and beliefs, 3) Suicide ideation (frequency and intensity), 4) Suicidal behaviors (contemplation/planning, behavioral preparation, and prior attempts), and 5) Past versus present threat. 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:

Eggert, L. L., Thompson, E. A., & Herting, J. R. (1994). A measure of adolescent potential for suicide (MAPS): Development and preliminary findings. *Suicide & Life Threatening Behavior, 24*, 359-381.

Walsh, E., Randell, B. P., & Eggert, L. L. (1997). The measure of adolescent potential for suicide (MAPS): A tool for assessment and crisis intervention. *Reaching Today's Youth, 2*(1), 22-29.

Related Reading

1. Gould, M. S., Marrocco, F. A., Kleinman, M., Thomas, J. G., Mostkoff, K., Cote, J., & Davies, M. (2005) Evaluating iatrogenic risk of youth suicide screening programs. A randomized Controlled Trial. *Journal of the American Medical Association*, 293, 635-1643.
2. Goldston, D. B. (2000). *Assessment of suicidal behaviors and risk among children and adolescents*. National Institute of Mental Health: Bethesda, Maryland.

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