Suicide Risk Self-Assessment

Subscales

- 1. Purpose and Meaning (Spirituality and Intrinsic Value)
- 2. Explanatory Style (Potential problematic & toxic thinking patterns)"
- 3. Current Factors and History (Livingworks ASIST CPR++)
- 4. Interpersonal Factors (Joiner)

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- 1. Do you believe your life has a purpose or meaning?
- 2. Do you believe your life still matters if you were to violate your personal values?
- 3. Do you believe that your life still matters if you were to violate social values?
- 4. Do you believe that your life matters whether or not you make positive contributions to your family, work, and community?
- 5. Do you see any productive value in experiencing uncomfortable, difficult, adverse, or traumatic events?
- 6. Do you believe your life matters if you have difficult financial circumstances?
- 7. Do you believe your life matters despite how others treat you, especially family and romantic partners?

	Yes	Maybe	No
	0	5	10
	0	5	10
	0	5	10
	0	5	10
	0	5	10
	0	5	10
	0	5	10
Total			

Purpose and Meaning Scoring

SCORE	RISK
0-10	Low
15-35	Medium
40-70	High

This scale does not directly indicate suicidality but can factor into how people interpret life and life events that will can increase risk for suicidality.

If you are at medium or high risk or have any concern about how you view purpose and meaning, please reach out to a Chaplain. A discussion with a Chaplain does not have to be strictly about a particular religion but will likely incorporate religious concepts regarding the dignity and value of the human being and the role of suffering. The Chaplain will likely ask about your experience with a religious tradition and see if that can help you to understand your viewpoint and whether or not it is helpful in living a personally satisfying life.

Suicide Risk Self-Assessment page 2_Explanatory Style

Explanatory Style

1. When confronted with difficult situations (negative activating events), do you tend to see them as unstable (changeable and temporary) or stable (unchangeable and permanent)? Unstable / Stable

2. When confronted with difficult situations (negative activating events), do you tend to see them as isolated to the situation (local) or as a negative predictor affecting everything in your future (global)?

Local / Global

3. When confronted with difficult situations (negative activating event), do you tend to believe you are the sole cause (internal) or do you recognize external conditions or other people as contributing to the event? Internal / External

Explanatory Style does not directly indicate suicidality but approaches to explaining circumstances in your life can contribute to depression and anxiety that can eventually motivate toward suicidality. Viewing negative situations as permanent and yourself as powerless to affect change, and thinking that your future is tainted can develop into helplessness and hopelessness. Thinking that you are the only way for negative situations to occur makes you susceptible to guilt and shame.

If your answers indicate a pattern of interpretation that is stable, global, and internal you should take the self-development modules listed with the Global Assessment Tool (GAT), seek out your unit's Master Resilience Trainer (MRT) for training in "Avoiding Thinking Traps", or talk to a Chaplain or Psychological Health Coordinator (PHC).

The following scale is based on Livingworks'				
Applied Suicide Intervention Skills Training				
(ASIST) version 10 risk review.				
Have you ever thought about killing			No	Yes
yourself?			0	1
Were or are your thoughts of suicide	Fleeting	Occasional	Frequent	At or near
characterized as:	0	5	7	constant
				10
Are you now or have you thought of suicide			No	Yes
in the last 30 days?			0	10
If so, did you make a plan to kill yourself?			No	Yes
			0	10
If you made a plan, did you prepare by		No	Partially	Yes, totally
setting a date, stockpiling drugs, or		0	5	10
purchase a firearm?				
Do you feel unbearable pain over your past		No	Some	Yes
or strong despair about your future?		0	5	10
Do you have someone that you trust that		No	Yes, only 1	Yes, more
you can tell anything to, including personal		10	5	than 1
thoughts of suicide?				0
Have you ever attempted suicide?			No	Yes
			0	10
Do you abuse alcohol, prescription drugs, or		No	Moderately	Yes,
use illicit drugs?		0	5	absolutely
				10
Are you currently or have you been treated			No	Yes
for a psychological/psychiatric problem?			0	10
Column Totals				
Sum of all columns				

CURRENT FACTORS and HISTORY RISK ASSESSMENT

SCORE	RISK	
0-30	LOW	
31-69	MEDIUM	
70-91	HIGH	

If you are at medium or high risk you should be talking to a Chaplain, healthcare worker, or member in your command. Please for yourself, your family, and your unit get help to mitigate your risk and find out why you are struggling with thoughts to kill yourself.

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The following scale is based on Thomas Joiner's Interpersonal Psychological Theory of Suicide	Yes	Sort of	No
Do you believe you are valued by and connected with:			
Family	0	5	10
Co-workers	0	5	10
Community	0	5	10
Belongingness Total			
Do you believe that you are a valuable contributor to the well-being of:			
Family	0	5	10
Co-workers	0	5	10
Community	0	5	10
Sense of Burdensomeness Total			
Are you or have you:			
been in the medical, first responder, or military career fields?	10	5	0
been physically or sexually assaulted or abused?	10	5	0
intentionally cut, burn, or applied pressure to yourself to cause pain?	10	5	0
experienced great physical pain from accident, disaster, or medical procedure?	10	5	0
Desensitized to pain Total			

INTERPERSONAL FACTORS RISK ASSESSMENT

SCORE	RISK
0-20	LOW
25-60	MEDIUM
65-100	HIGH

If you are medium to high risk or have a concern about your risk from any of these scales, please talk to a Chaplain, Trauma Support NCO, Psychological Health Coordinator (PHC), Battle Buddy, or someone in your chain.

Full-time Support Chaplain 303-913-1749 or 303-263-4750

Trauma Support NCO 303-345-4117

PHC 720-219-0749 or 303-503-6717

¹ Based on common accepted principles of spirituality and counseling experience

ii Concept derived from cognitive literature and articulated by psychology-lexicon.com