# QuikTest and the Assessment of Suicide Potential

*Looking at the Suicide Scale on QuikTest*

**By Dr. Robert Tippie, M.Div, PhD**

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### A Story to Remember

Her name was Megan. She was short with waist length curly brown hair. Her eyes were emerald green. She was always happy, she was always "up" – just full of life. And, she had every reason to be. She had been accepted into three colleges with full rides from each of them. She was a member of the National Honor Society, a cheerleader, and a member of the exclusive "club" at high school. Most people didn't feel good enough about themselves to even talk to her. They would just look down when they passed her in the hallway.

She lived in my neighborhood and we had had a few short conversations over the summer. I found her to be a likable and very pleasant person who didn't care about status. I would see her out and I would stop and mostly make a fool out of my self by bumbling about some nonsense. But at least we knew each other. I wanted to ask her out, but there was absolutely no way that I could ever generate the courage to do it.

One Friday night I went into the bank. I got in the shortest line only to realize that she was in front of me. I got her attention and we talked for ten minutes while the line slowly moved. She was as bubbly as ever. She was always smiling and laughing.

Later that night, I needed to go out for something. I decided (like a normal high school senior) to drive out of my way to go past her house. As I turned her corner, I noticed that there were flashing lights everywhere: Police cars, two ambulances, unmarked "official" cars, and, worst of

all, the County Coroner's van. I slowed down as I past the house. Then, I noticed that the cop that was directing traffic past the driveway was a friend of mine.

I stopped and rolled down the window. "Tom," I said, "What's up?" He replied, "Megan 'offed' herself. She pulled the car into the garage and never shut off the engine. She left a note and a wad of cash on the kitchen table."

Megan had the world by the horns. Her future was wide open. I thought to myself, "If she can commit suicide, then it can happen to anybody."

I never found out the circumstances that led her to do it. All I know is that she was her ol' bubbly self in the bank earlier that day. She didn't seem to be wearing a suicide face. She wasn't openly depressed. She wasn't in some type of "zone." We were laughing in the bank. What happened? How long did she have this planned? Was she sick? Did she have problems with her parents? None of this seemed to make any sense. I never did find out the reason that she did it.

The moral of the story is this: Suicide doesn't always follow some neat pattern. Sometimes it just happens.

## Counseling and Suicide

From this true story, you should learn one lesson: No client of yours is safe from suicide. Period. You can have the greatest session – what appears to be the most productive session ever – and the client and turn up dead that very night from suicide. There are no guarantees when it comes to suicide. That's one of the risks that you must take as a therapist. And, if you can't handle that risk, you shouldn't be counseling. Sometimes there are absolutely no signs.

But, usually there are signs. And, fortunately, most people who commit suicide don't do it without giving off signals about the potential before hand. Sometimes the signals are vague. Sometimes the signals are plain as day. You must learn to listen for the signs. And, when you hear one of the signs, you must explore that sign with the client. This document will give you significant information about suicidal signs. Moreover, it will give you three checklists that you might find helpful in processing the potential dangers that a client faces.

Understand, however, that there are those rare cases where a person just makes a spontaneous decision and kills themselves. In those cases, you probably would never see it coming. And, there is probably nothing that anyone could do about it. Obviously, Megan preplanned this event to some degree. She at least made a trip to the bank to withdraw everything that she had in her bank account. She knew when she was talking and laughing with me in the bank line that she would be dead in two hours. She knew that, but I never saw it coming.

## QuikTest and How to Read It

The scale titled ***Personal Safety*** on QuikTest is actually a potential for suicide and self-destructive behaviors scale. That scale maxes out at about 140. That's as high as it goes. However, your client may be in danger long before they register a 140 on the ***Personal Safety*** scale. In fact I know they are in danger long before the score of 140. The worksheets and checklists at the end of this document, if used properly, may end up saving a life. Review them carefully.

Any ***Personal Safety*** score above 120 demands a watchful eye on the part of the therapist. A score of 120 is two standard deviations above average. Only about 2 percent of all people score in that range. That is reason for concern. Scores in this range should not be ignored. While the therapist may not feel that it is necessary to discuss suicide or self destructive behaviors with a client in this scoring range, the therapist may wish to pull out these checklists and review some of the information on them. He or she may be surprised about the amount of danger that the client is moving toward. The therapist may need to begin to make plans to alleviate some of the stressors that might cause a sudden spike in the ***Personal Safety*** score. Prevention is always best – rather than sudden crisis management.

Scores that approach the 130 range (even the upper 120s) should sound an alarm. The therapist is remiss if they dismiss the potential for sudden self destructive behaviors. It is at this point that the therapist needs to begin taking an inventory of where the stress points are according to the checklists that are contained as part of this document. The checklists have been given to you; use them!

## The Mentality of Suicide

Many untrained individuals will say that suicide is a very selfish act. I don't know that I agree with that statement for a number of reasons. There are few people who just commit suicide for the sake of causing pain to others. Those are indeed selfish acts. But the picture is much bigger than that and there are multiple factors that need to be considered that exclude the issue of selfishness. Pain – especially emotional pain that goes on and on and on – excludes selfishness.

From interviews with individuals who have attempted suicide and failed, there appears to be a much broader dynamic involved rather than a simple selfish act. The following factors often (but not always) play into the act of suicide. These factors often cloud the cognitive functioning of the individual. Each of these factors is included in the first checklist that we have created. The factors are:

- **Sleepless** – Long periods without sound sleep that leave the individual physically and emotionally exhausted. When a therapist or pastoral agent encounters someone who is not sleeping, they need to be referred to a medical doctor who might be able to assist with the issue. This will probably include medication for sleeping. The typical dose of sleeping medication scripted through a doctor, however, is usually enough for a lethal dose to an individual provided that the individual knows how to administer that lethal dose. So, giving 30 sleeping pills to an individual who is already over the edge and may commit suicide is not a good idea. Mixed with strong alcohol and taken over an hour's period of time, the sleeping pill dose will probably cause death. Therefore, if sleeping medication is indicated by the medical doctor, another individual should hold the prescription and only administer one tablet at a time so that the individual cannot overdose. This also holds true for any other psychoactive drugs that a doctor might prescribe for an individual.
- **Real Life Troubles** – A multitude of real life issues that seem nearly unsolvable. Among the most influential are financial and relationship issues. A therapist should help the individual list each issue on paper. The intent should not be to solve all of the issues. The intent should be to list all of the incidents for later review. Sometimes it helps the individual simply to list all of the events so that they know that there is an inventory. Later, in therapy, the list can be brought forward and one item can be dealt with at a time.

- **Family Strife** – Extreme family strife can play a key role in a person committing suicide. It is important for the therapist to make an attempt to connect the individual with at least one individual (preferably more) that they can trust and to whom they can discuss their issues. When a person is isolated to the degree that they have no one to talk with, it is much easier for them to plan and to carry out a suicide attempt.
- **Lack of a Future Orientation** – The lack of a future orientation and the lack of direction in life is one of the key factors that can cause suicide. When a person cannot see some hope for "tomorrow" then they do not wish to engage "tomorrow." They want "tomorrow" to go away. The therapist must help the client to think about tomorrow. They need to be able to see that tomorrow will come and that they will be able to deal with tomorrow.
- **Emotional Illness** – Many people who commit suicide are emotionally unstable or emotionally ill. This may indeed include significant personality disorders. There may be significant Axis I Disorders present – even transient ones like a short-term *Delusional Disorder* or a *Brief Psychotic Episode*. These Disorders will cloud reality substantially. The *MARET Counseling and Assessment Software* package (version 2.2.96 and above) is able to diagnose *Mood Disorders* and *Anxiety Disorders* according to the mandates of the DSM-IV-TR. The therapist should use this functionality to determine if there are significant disorders present in the individual's life. If there are significant disorders, then the individual needs to be referred to a capable clinician while continuing to maintain a relationship with the pastoral agent. The Counseling Software is also able to clinically assess *Personality Disorders* according to the DSM-IV-TR.
- **Past Abuse** – Past abuse, especially sexual abuse, may be too much for a person to deal with and may bring about suicide. While not usually a factor by itself, this factor may compound itself when other issues on this list are present. When there are indications of severe physical abuse and sexual abuse the individual needs to be referred to an appropriate outside agency. They also need to maintain contact with the pastoral agent for more consistent support.
- **Loss of Self** – Many times in the overwhelming troubles of life, a person loses sight of who they are. They lose their self identity. This is one of the key factors that "allows" a person to make the decision to leave this world – they lose sight of who they are and they cannot find a reason for existing. Re-establishment of a self-image and self identity is critical to prevention of suicide.
- **Loss of Love** – Many individuals feel that no one loves them anymore. This can be because of something that they have done or it can be because of overwhelming current circumstances that the individual faces. If stressors exist that cause a person to lose their nearest support network with family and friends it makes the prospect of suicide extremely easy. These ties need to be re-established immediately. Loneliness is one of the key factors that brings about the desire to commit suicide.
- **Constant Stress** – An individual can only take so much stress before something has to "give." Sometimes what "gives" is the stable emotional state of the individual and they drift into psychosis. Other times they may decide to take their life. There is a possibility that medication from a qualified medical doctor can help curb some of this stress – maybe even enough to aid the individual in coping with life. If a person who might be suicidal is given any psychotropic medication by a medical doctor, another individual needs to maintain control of that medication. The individual should not be allowed to possess that medication. A combination of sleeping medication, Xanax, Klonopin, and a full bottle of Captain Morgan will undoubtedly be enough to end one's life. Don't let this happen to your client. The therapist needs to be creative and determine some methods – even small ventures – that will allow the individual to have "breaks" from the stressing

events. Many of the stressing events are real events and cannot be done away with. Yet, the therapist needs to invent mechanisms that allow the individual to have breaks from the stressing events so that they can relax for a short period of time.

- **Unacceptable Living Conditions** – Some individuals fall into a situation wherein their living conditions are less than adequate – maybe even deplorable. While many people can exist in such conditions for a period of time – especially if they know it will only be a short period of time. As time drags on and they continue on in substandard conditions, those conditions take their toll on the individual. Suicide is an exit from unacceptable living conditions. The therapist must examine the living conditions of the individual and the therapist needs to help the individual determine how they might better their living conditions. This will take some creative thinking on the part of the therapist and these issues are not often easily resolved.

*[These factors have been compiled into a worksheet at the end of this document so that the therapist might use it as a checklist during therapy. Instructions will be provided on that sheet.]*

In my studies of suicide, I have not come to the conclusion that all individuals who commit suicide are doing so out of selfishness. Almost all of them, however, are attempting suicide due to the fact that life has overwhelmed them and they do not know what else to do. Discussing the issue with some who have attempted suicide, it appears that the logical and cognitive abilities of the individual were clouded by the facts in front of them.

It appears that the stresses of life overwhelmed them to the point where they could see nothing else other than the stressors. They could no longer see nor consider family and friends. They could no longer spend time attempting to resolve or think through issues that might lead to a resolution of the problems. In short, they were exhausted and lacked the strength to move in any other direction. Suicide seemed to be the way to end the strife and the trouble. Many didn't even consider that others would care. They were overwhelmed with stress. Ending the stress becomes the only thought on their mind.

These factors associated with suicide demand some sort of short-term delusional thinking. There must be some (at least) borderline psychosis that "snaps" into place and allows the individual to make the decisions that they make. There are a number of factors that have to coincide that work together to open the doorway for this event. The worksheet provided below should help you understand exactly where your client stands in this disconnection from life and its support system.

## Social Issues that may Exacerbate Suicide

Therapists should be aware that there are a number of factors and incidents in a person's life that may move them toward suicide, if the individual would ever consider suicide. This is not intended to be a complete list. In fact, the therapist should add to this list. This list should be used to simply generate ideas.

- Family crisis
- Death in the family
- Personal crisis
- Personal failure
- Business failure
- Extreme financial crisis
- Homelessness

- Boredom
- Long-term illness
- Family conflict
- Legal issues

Add more to this list as you think of them. Whenever you encounter a client that is experiencing one of these issues, be watchful regarding the condition of that individual. This list has also been included as a worksheet list.

## QuikTest Suicide Questions

Below are the seven items that are used by QuikTest to create the ***Personal Safety Scale*** within the test itself. In the actual test, these items are scored with points from four points to zero points. Obviously, the maximum points that a person can obtain would be 28 points if they answered strongly for each item.

We have provided these questions in this document so that you might more completely explore the issues of ***Personal Safety*** with a client, should there be an elevation in their score. You might see which areas are elevated.

There are other scales in existence that list other complicating factors that cause suicide. At the time of the writing of QuikTest, these seven factors where among the highest factors listed as the causes of suicide.

On this page, we have listed the questions with a few comments that might be helpful to you as a therapist for further exploration of these issues with a client. On the next page, we have created a ten point sub-test for you to gauge the severity of a client's potential for self harm. That scale is not standardized and is only presented to give you useful information.

**I don't have any close friends**. – When a person feels that they have lost their friend base or their family base, they often have no one substantial to talk with. When the ugly thoughts of suicide run through their mind, they do not have any other objective thinkers to discuss the issue with. Thus, the thoughts of suicide are allowed to grow and flourish. It is often in this situation that a person creates a real plan and decides how and when they will fulfill that plan. These are the cornerstones of suicide: 1) The ***method*** by which it will be accomplished, 2) the ***place*** that it will be conducted, and, 3) the ***time*** that it will occur. When all three of these factors are in place, suicide is a 50/50 option, depending on the "guts" that a person can muster. Alcohol and/or drug use (especially psychotropic prescription drugs) will often be used to end one's life.

**I keep my anger a secret**. Anger that is kept a "secret" always turns to more negative emotions. Often, it can lead to a *Major Depressive Episode* and/or psychosis. Anger must be exposed in therapy and resolved.

**I feel stressed out**. Stress will multiply over time. Stress breeds stress. As a therapist, you must find ways to help the person get rid of some of their stress. This will take some creativity. The individual needs to give themselves some time out from stress. Proper medication when stress levels are significantly elevated may help. Discussing issues with the therapist and with others in the individual's support network will give them a place to vent some of the stress. The person should be allowed to talk through the stress.

**I can't cope with life much more**. When coping mechanisms fail, the individual is closer to danger. This is even more of a problem if the individual has already selected a method for suicide and a place. One of the means of working through the inability to cope is by giving the person small bits of hope each day. They need to look toward the positive aspects of life, as small as those aspects might be.

**I don't think much about the future**. The individual must be given some hope of the future. While they may not be able to see into the long-term future, the therapist must give the person hope for the next day. Sometimes the individual can only see one day at a time into the future. They need to see the future to some degree. If they become stuck in the immediate moment, they will lose hope completely. Inability to see into the future at all often causes a person to suddenly commit suicide – especially if a method and a place have already been selected.

**I take a lot of risks**. Risk reduction is essential during any time of crisis. The therapist should make a concrete list of risks that the individual is engaging in and should help the individual reduce those risks as substantially as possible.

**I have thought about suicide in the past**. Thoughts of suicide in the past need to be exposed. The therapist needs to understand the full extent to which suicide ideation has been engaged in the past. Has there been a method? Has there been a plan? Has there been a time planned that was discontinued? If any of these factors are present, then the individual is at a higher risk of fulfilling the plan at some time in the future.

## Final Thoughts

No counseling should occur without a signed *Confidentiality Agreement*. That *Confidentiality Agreement* should contain a clause that allows the therapist to void the confidentiality of the counseling situation should the therapist believe that the individual is indeed a danger to themselves or to others. Without a viable *Confidentiality Agreement* the therapist is in real trouble. On the ***MARET Premium Services*** site we provide a number of *Confidentiality Agreement* templates so that you can customize one that fits your needs. No one should counsel without a signed *Confidentiality Agreement*.

Should the therapist determine through use of these forms and the actual interview with the individual that the individual is indeed a threat to themselves, then the therapist has no recourse other than to contact immediate medical help. This will likely mean calling an ambulance and having the individual transported to a hospital. If such action is not taken when a therapist believes that the individual is capable of harming themselves, the therapist may be liable for the death of the individual should they make the choice to end their life.

The therapist who is engaged in a situation that might become a suicidal situation should have numerous phone numbers at their disposal for family members and friends of the individual. Should the therapist believe that the individual is in need of immediate medical attention those phone numbers should be used immediately. The therapist should not hesitate to take action to save the life of an individual that they believe is suicidal.

# Checklists for Suicide Potential

# The Mentality of Suicide

***A Checklist for the Therapist***

Name: _____ Date: _____

Instructions: In cases wherein a therapist might suspect an elevation in the potential for suicidal behaviors, the therapist should use this checklist to determine if there are significant factors associated with suicide present in the client. The therapist should remember that there are factors other than these that may also exist. This is not a complete list. Scoring of this Checklist is entirely subjective and open to the interpretation of the therapist themselves. You will need to determine what levels are critical and what levels are acceptable. In my opinion, any score of 7 or above is something that needs immediate intervention in some way. That number must be reduced as rapidly as possible. At the bottom of this form you may total all of the individual categories to obtain a comprehensive score. There are ten categories in all. You may take notes below the numeric scale.

REVIEW THE INFORMATION ABOVE FOR SOLUTIONS TO EACH OF THESE ISSUES.

**Sleepless** – What are the sleeping habits of the client?

0 1 2 3 4 5 6 7 8 9 10

**Real Troubles** – What type of real and complex issues does the client face?

0 1 2 3 4 5 6 7 8 9 10

**Family Strife** – Is there significant family strife?

0 1 2 3 4 5 6 7 8 9 10

**Lack of a Future** – Does the client have plans for the future?

0 1 2 3 4 5 6 7 8 9 10

**Emotional Illness** – Does the client suffer from emotional illness?

0 1 2 3 4 5 6 7 8 9 10

**Past Abuse** – Has the client been substantially abused in the past?

0 1 2 3 4 5 6 7 8 9 10

**Loss of Self** – Has the client host their self identity?

0 1 2 3 4 5 6 7 8 9 10

**Loss of Love** – Has the client lost the sense that others love him or her?

0 1 2 3 4 5 6 7 8 9 10

**Constant Stress** – Is the client under nearly constant, substantial stress?

0 1 2 3 4 5 6 7 8 9 10

**Unacceptable Living Conditions** – Does the client live in unacceptable living conditions?

0 1 2 3 4 5 6 7 8 9 10

The Mentality of Suicide Total Score: _____

# Social Issues Checklist

Name: _____ Date: _____

Instructions: This checklist is independent of the other checklists. Each of the checklists functions on its own. A high score on one of the checklists (without a high score on another) is grounds to suspect that there may be a critical issue. Follow in the same manner as the previous checklist and determine which social issues are stressing the individual. A total score field is found at the end of this checklist. The checklist is totally subjective and is not standardized. The therapist should determine on their own how critical the score of the individual is and should take appropriate measures to ensure the safety of the individual.

REVIEW THE CORRECTIVE MEASURES LISTED ABOVE FOR THESE AREAS

**Family crisis** – Is there an apparent family crisis present?

0 1 2 3 4 5 6 7 8 9 10

**Death in the family** – Has there been a death in the family?

0 1 2 3 4 5 6 7 8 9 10

**Personal crisis** – Is the person experiencing a substantial crisis at the present time?

0 1 2 3 4 5 6 7 8 9 10

**Personal failure** – Does the individual feel that they are a personal failure?

0 1 2 3 4 5 6 7 8 9 10

**Business failure** – Has the person experienced the failure of a business?

0 1 2 3 4 5 6 7 8 9 10

**Extreme financial crisis** – Is the person currently in extreme financial crisis?

0 1 2 3 4 5 6 7 8 9 10

**Homelessness** – Is the person currently homeless?

0 1 2 3 4 5 6 7 8 9 10

**Boredom** – Has the person expressed extreme boredom?

0 1 2 3 4 5 6 7 8 9 10

**Long-term illness** – Does the person suffer from a long-term illness?

0 1 2 3 4 5 6 7 8 9 10

**Family conflict and isolation** – Is the person experiencing family conflict that has led to isolation from previous positive family contacts?

0 1 2 3 4 5 6 7 8 9 10

**Legal Issues** – Does the person have significant legal issues that cannot be resolved?

0 1 2 3 4 5 6 7 8 9 10

Social Issues Total Score: _____
[There are eleven total fields in this checklist]

# QuikTest Suicide Questions Checklist

Instructions: Below are the seven *Personal Safety* questions that appear in QuikTest. Although these are scored using a scale from 0 to 4 on the QuikTest assessment, we have expanded the numbering system here for the therapist. The numerical range here ranges from 0 to 10 so that the scores can be more intensified.

**I don't have any close friends**.

0 1 2 3 4 5 6 7 8 9 10

**I keep my anger a secret**.

0 1 2 3 4 5 6 7 8 9 10

**I feel stressed out.**

0 1 2 3 4 5 6 7 8 9 10

**I can't cope with life much more.**

0 1 2 3 4 5 6 7 8 9 10

**I don't think much about the future.**

0 1 2 3 4 5 6 7 8 9 10

**I take a lot of risks.**

0 1 2 3 4 5 6 7 8 9 10

**I have thought about suicide in the past.**

0 1 2 3 4 5 6 7 8 9 10

QuikTest Items Total Score: _____
[There are a total of seven items]

**Score Totals**

The Mentality of Suicide Total Score: _____

Social Issues Total Score: _____

QuikTest Items Total Score: _____

[There are a total of 18 items altogether from all three scales. That means that there is a maximum score of 180 points. In the opinion of the author, however, any single area that scores at or above the level of seven is worthy of investigation to determine if there is a potential for a problem in that area. The therapist should not wait until the score is significantly high to take action. If, however, the score is significantly high, then the therapist should be seriously alarmed and should take immediate action.]