

Suicide Risk Assessment and Treatment Options

Kristin L. Bruns and Luke Barker, Youngstown State University

DESCRIPTION OF SUICIDE RELATED TERMS

Definitions

[illegible]
$$R_{\text{eff}} = \frac{R}{1 + \frac{R}{R_0}}$$

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Prevalence

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IDENTIFICATION/ASSESSMENT STRATEGIES

[illegible]

SAFE-T (Suicide Assessment Five-Step Evaluation and Triage)

The SAFE-T (Suicide Assessment Five-Step Evaluation and Triage) is a structured clinical interview designed to assess suicide risk. It consists of five steps: 1) Initial assessment, 2) Risk assessment, 3) Safety planning, 4) Triage, and 5) Follow-up. The SAFE-T is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. The SAFE-T is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. The SAFE-T is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete.

Suicide Status Form

The Suicide Status Form (SSF) is a structured clinical interview designed to assess suicide risk. It consists of five steps: 1) Initial assessment, 2) Risk assessment, 3) Safety planning, 4) Triage, and 5) Follow-up. The SSF is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. The SSF is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. The SSF is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete.

INTERVENTION STRATEGIES

Intervention strategies for suicide risk management include: 1) Initial assessment, 2) Risk assessment, 3) Safety planning, 4) Triage, and 5) Follow-up. These strategies are designed to assess and manage suicide risk in primary care settings. They are structured clinical interviews that take approximately 15-20 minutes to complete.

Attachment-Based Family Therapy (ABFT)

Attachment-Based Family Therapy (ABFT) is a structured clinical intervention designed to help families of adolescents with suicidal thoughts and behaviors. It consists of five steps: 1) Initial assessment, 2) Risk assessment, 3) Safety planning, 4) Triage, and 5) Follow-up. ABFT is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. ABFT is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. ABFT is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete.

Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)

Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP) is a structured clinical intervention designed to help individuals with suicidal thoughts and behaviors. It consists of five steps: 1) Initial assessment, 2) Risk assessment, 3) Safety planning, 4) Triage, and 5) Follow-up. CBT-SP is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. CBT-SP is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete. CBT-SP is a validated tool for assessing suicide risk in primary care settings. It is a structured clinical interview that takes approximately 15-20 minutes to complete.

Non-demand “Caring Contacts.”

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Safety Planning Intervention (SPI)

TSP (S. & B., 2012) is a time series model that combines the strengths of both the SARIMA and the BMA models. It is a hybrid model that uses the SARIMA model for the seasonal component and the BMA model for the non-seasonal component. The model is defined as follows:

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TRAININGS

Applied Suicide Intervention Skills Training (ASIST)

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Counseling on Access to Lethal Means (CALM)

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