

SUICIDE EVALUATION

NAME OR ID # : Example Report

High School Graduate : EDUCATION/GRADE

AGE: 21 SEX: Male

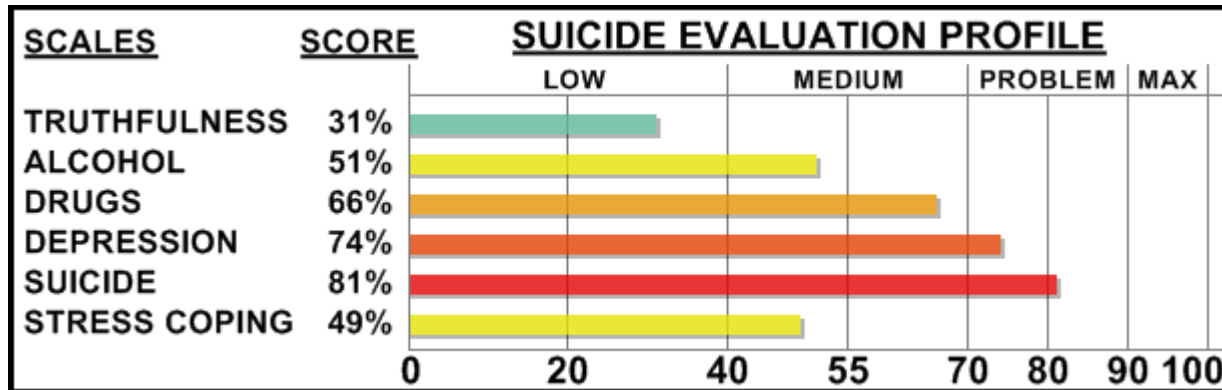
Married : MARITAL STATUS

ETHNICITY/RACE : Caucasian

4/28/2012 1:05:00 PM : DATE SCORED

CONFIDENTIAL REPORT

Suicide Evaluation results are confidential and working hypotheses. No diagnosis or decision should be based solely upon these results. These test results are to be used with experienced staff judgment and review of available records.



Suicide Evaluation Review

The Suicide Evaluation Truthfulness Scale is the cornerstone upon which the test is based. It is the key to understanding how truthful the client was while completing the test. Any Truthfulness Scale score at or below the 89th percentile shows the client was open, candid and truthful. Elevated scores (70th percentile or higher) reflect some denial and problem minimization, whereas Truthfulness Scale Scores at or above the 90th percentile confirm that the test was invalidated by the client's denial, problem minimization or attempts to "fake good," and all Suicide Evaluation scale scores would be inaccurate due to the client's test taking attitude.

Any elevated (70th percentile or higher) Suicide Evaluation scale score is problematic and reflects an area of concern. Severe (90th percentile and higher) scale scores are even more alarming and represent serious problems. The more elevated Suicide Evaluation scale scores - the higher the suicide risk. **Two Suicide Evaluation scales are elevated (70th percentile or higher) in this client's Suicide Evaluation Profile.** Suicide Evaluation scale interpretation ranges from viewing the Suicide Evaluation as a self-report to interpreting scale elevations and interrelationships.

Excluding the Truthfulness Scale, there are five clinical scales. This client has two elevated (70th percentile or higher) scale scores and no severe (90th percentile or higher) scale scores. An elevated Suicide Scale is discussed along with the highest elevated scale below.

Elevated Scale Discussion

An elevated Suicide Scale is discussed along with the highest "other" elevated scale.

SUICIDE SCALE: This individual's Suicide Scale score (81st percentile) is in the problem risk range. Although not extremely suicidal, problem risk scorers also are a suicide risk. Indeed, anybody that thinks or talks about suicide should be taken seriously. In other words, anybody scoring at or above the 70th percentile should be considered predisposed to suicide. Significant suicide ideation items include: #29, 127(3). Other items of interest include History: ; Alone/Isolated: (#99(2)); and Helpless/Hopeless: (#100(1)). Also be alert for any elevated (70th percentile or higher) predisposing scale scores: Depression. This Suicide Scale score is in the problem or possible range.

DEPRESSION SCALE This client's Depression Scale score (74th percentile) is in the severe problem range. Depressed

individuals are more likely to commit suicide than non-depressed individuals. Research has shown that depression is a strong predisposing link to suicide. Significant Depression Scale items include: # #28, 77, 107(4). This person is severely depressed. An elevated (70th percentile or higher) suicide scale score is even more serious with a concomitant severe depression scale score. In other words, this client's depression could exacerbate their suicidal tendencies. Moreover, the greater the number of elevated (70th percentile or more) Suicide Evaluation Scale scores<>, the greater the suicide risk.

There are Two elevated scales (Depression and Suicide)

Summary

These Suicide Evaluation scale scores are accurate, truthful and valid. Social drinking is likely, but it does not present as a problem. Some drug use is indicated. Review the client's history and pattern of use. Depression is problematic and is of increasing concern to this person. Suicidal ideation is problematic and warrants monitoring. Under normal conditions this person handles stress well.

SUMMARY PARAGRAPHS EXPLAINING CLIENT'S ATTAINED SCALE SCORES

TRUTHFULNESS SCALE: 31st PERCENTILE

LOW RISK RANGE

This client's score on the Truthfulness Scale is in the Low Risk (zero to 39th percentile) range. This is an accurate Suicide Evaluation profile and all other scale scores are accurate. This individual responded to test items in a non-defensive, cooperative and truthful manner. This client has adequate reading skills. The Truthfulness Scale identifies self-protective, recalcitrant and guarded people who attempt to minimize their problems and "fake good."

ALCOHOL SCALE: 51st PERCENTILE

MEDIUM RISK RANGE

Alcohol use is indicated, however, an established pattern of alcohol abuse is not evident. Alcohol-related problems are not focal issues; consequently a referral for treatment is not warranted at this time. This person's Alcohol Scale score is in the Medium Risk (40 to 69th percentile) range. A court history of alcohol-related arrests or convictions would warrant further inquiry. To review, there are several levels of Suicide Evaluation scale interpretation ranging from viewing the Suicide Evaluation as a self-report to interpreting scale elevations and interrelationships.

DRUGS SCALE: 66th PERCENTILE

MEDIUM RISK RANGE

This client's Drugs Scale score is in the Medium Risk (40 to 69th percentile) range. Although some drug use is possible, an established pattern of drug abuse is not evident. Yet, there may be a growing "proneness" to drug usage. Any prior drug arrests or convictions (possession, use or sale) would warrant additional inquiry. Review other Suicide Evaluation scale scores carefully because any elevated (70th percentile or higher) scale score can exacerbate this client's substance (alcohol and/or drugs) abuse. This is a "Medium Risk" Drugs Scale score.

DEPRESSION SCALE: 74th PERCENTILE

PROBLEM RISK RANGE

This individual's Depression Scale score is in the Problem Risk (70 to 89th percentile) range. Problem risk scorers reflect considerable worry, apprehension and unhappiness. This is a troubled person. Review this client's Suicide Evaluation Scale scores like the Stress Coping Scale, Suicide Scale and substance abuse scales. An elevated (70th percentile and higher) Depression Scale score can exacerbate feelings of isolation, apprehension and desperation. This person needs help.

SUICIDE SCALE: 81st PERCENTILE

PROBLEM RISK RANGE

This client's Suicide Scale score is in the Problem Risk (70 to 89th percentile) range. Any suicidal ruminations, ideation or threats should be taken seriously. Substance (alcohol and drugs) abuse, perceived distress and impaired stress handling abilities can exacerbate suicidal ideation. Consider referring this person for treatment, medication and psychotherapy as needed. Long term strategies are important.

STRESS COPING SCALE: 49th PERCENTILE

MEDIUM RISK RANGE

This individual's score on the Stress Coping Abilities Scale is in the Medium Risk (40 to 69th percentile) range. Average and adequate stress coping abilities are present. This client's ability to cope effectively with anxiety, tension and pressure is not an area of concern. No stress management, recommendations are warranted. This client copes well with perceived stress.

SIGNIFICANT ITEMS: These answers are the client's self-reported answers. They are admissions or unusual answers.

ALCOHOL

- 27. Admits has lied about drinking
- 76. Been told is an alcoholic
- 125. Recovering 1 yr. or longer

DEPRESSION

- 28. Lonely/Unhappy past year
- 77. Last yr. family relations worse
- 107. Feelings always easily hurt

DRUGS

- 23. Admits uses and abuses drugs
- 26. Family worried about drug use

SUICIDE

- 29. Lonely and suicidal
- 99. Often isolated/alone
- 100. Often helpless/weak
- 106. Very often pain/suffering
- 127. Suicidal thoughts, past 24 hrs

SECTION 3: The client's answers to multiple choice items (113-127) are printed below. These are the client's answers and incorporate the client's biases.

- 113. Drinking is not a problem
- 115. No drug Problem
- 117. Harming self not a problem
- 119. Not suicidal
- 121. No recent loss of health/loved one
- 123. No drinking or drug problem
- 125. Recovering alcoholic 1 yr or more
- 127. Thought about suicide last 24 hrs.
- 114. Not a substance abuser
- 116. No depression problem
- 118. No depression (rates 1 or 2)
- 120. Not suicidal or homicidal
- 122. Never abused drugs
- 124. No loss of lic./independence
- 126. No suicide attempts

RECOMMENDATIONS : _____

STAFF SIGNATURE

DATE

SUICIDE EVALUATION RESPONSES

1- 50 TFFFFFFFF FFFFFFFFF FTFTTTTTTT FFFFTFFFF TFFF TFFFF

51-100 TFFF TFFFF FTFFTFTFFT FFFTTTTFFF FTFTFTFTF4 1411414333

101-140 3414444141 1144444114 4444343TFT TTF TTTTTFFF

Truisms

- Client safety should decide hospitalization vs. community management.
- Generally, the most acutely suicidal people are best managed in hospitals.
- Anyone that talks about suicide (suicidal ideation) should be taken seriously.