Mindful Continuing Education

Suicide Risk Assessment, Prevention, and Intervention

1. Which of the following is a fact about the relationship between mental illness and suicide?

A. All individuals who die by suicide have a diagnosable mental health disorder.
B. Suicidal thoughts are permanent and cannot be mitigated even with proper treatment.
C. Not all people who attempt or die by suicide have a mental illness.
D. Individuals with mental illness are always affected by suicidal thoughts.

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2. What term is recommended to use when discussing suicide to reduce stigma?

A. Committed suicide
B. Suicide attempt
C. Successful suicide
D. Suicide gesture

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3. Which group had the highest suicide rates among men according to occupational group data?

A. Men in construction and extraction
B. Men in management and administration
C. Men in installation, maintenance, and repair
D. Men in healthcare and social assistance

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4. Which of the following strategies is most effective in immediate suicide prevention?

A. Increasing awareness through education campaigns
B. Building a diverse suicide prevention workforce
C. Implementing safety interventions to restrict access to lethal means
D. Conducting postvention to support individuals with suicide-centered lived experience

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5. What factor is strongly associated with suicidal behavior, especially according to the WHO's multifactored influence perspective?

A. Low socioeconomic background alone
B. Cultural factors without biological influence
C. Biological factors without any environmental influence
D. A combination of social, cultural, psychological, and environmental factors

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6. Which of the following methods best exemplifies a community-focused strategy to reduce suicide risk factors at the societal level?

A. Promoting societal norms that oppose violence
B. Improving access and delivery of suicide care
C. Creating protective environments such as lethal means safety
D. Teaching coping and problem-solving skills

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7. What is a common characteristic of both the Columbia Protocol and the Ask Suicide-Screening Questions (ASQ) tool?

A. They both involve a full clinical assessment by a licensed independent provider
B. They both require immediate psychiatric hospitalization if positive responses are identified
C. They are both designed to be universally administered in various medical settings
D. They both have a set of four questions that take 20 seconds to administer

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8. Which intervention was specifically developed as a suicide-focused approach for assessing and managing suicidal thoughts and behaviors?

A. Cognitive Behavioral Therapy (CBT)
B. Mentalization-Based Therapy (MBT)
C. Motivational Interviewing (MI)
D. Collaborative Assessment and Management of Suicidality (CAMS)

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9. Identifying a positive screen from the Ask Suicide-Screening Questions (ASQ), what is the immediate next step for a patient who answers 'Yes' to question #5?

A. Conduct a full mental health evaluation immediately
B. Schedule a follow-up appointment for another screening
C. Remove all dangerous objects from the patient's room and keep them in sight
D. Discharge the patient with resources for further assessment

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10. According to Zero Suicide, what is a vital element in transitioning individuals through care effectively?

A. Providing immediate psychiatric hospitalization post-discharge
B. Using caring contacts and bridge appointments after discharge
C. Ensuring all patients receive medication-based treatment for depression
D. Guaranteeing appointments with the primary healthcare provider weekly

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11. When should the Ask Suicide-Screening Questions (ASQ) be administered for patients with chief physical health complaints in the emergency department?

A. Immediately upon arrival to the emergency department

B. During the initial nursing assessment in an exam room
C. Before the patient sees any medical professional
D. After the patient is discharged

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12. Which is a common protective factor when conducting a full suicide safety assessment?

A. A strong support network
B. A history of substance use disorders
C. Evidence of major depressive disorder
D. Feelings of hopelessness

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13. What is the primary distinction between open-ended and closed-ended questions in suicide assessments?

A. Open-ended questions are used for direct inquiries about suicide risk, while closed-ended questions seek to collect collateral information
B. Open-ended questions are for summarizing the patient's thoughts, while closed-ended questions validate experiences
C. Open-ended questions elicit detailed responses, while closed-ended questions seek single word answers for clarification
D. Open-ended questions are validated by research, while closed-ended provide personal history

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14. In the context of a brief suicide safety assessment (BSSA), which statement is true?

A. BSSA typically involves a full durational evaluation identical to full suicide assessments
B. BSSA is conducted by non-mental health staff to allocate resources effectively
C. BSSA is performed to directly observe all patients until definitive treatment is initiated
D. BSSA is a brief evaluation meant to determine if a full suicide safety assessment is necessary

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15. Why is privacy emphasized during the ASQ screening process?

A. To ensure that the screener can quickly administer the test without interference
B. To guarantee accurate and candid responses from the patient by minimizing influence of guardians
C. To allow for easier recording of responses without family being overly observant
D. To make the process mimic standard medical examinations

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16. When assessing a client's level of acute suicide risk, what is a key factor indicating high risk?

A. Suicidal ideation without intent or plan
B. Ability to maintain safety independently
C. Suicidal ideation with intent and inability to ensure safety independently

D. Presence of chronic medical condition

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17. Which of the following best differentiates intermediate acute risk from high acute risk in suicide assessments?

A. Presence of suicidal ideation and plan but without intent
B. Ability to maintain safety independently outside of a hospital setting
C. The essential feature of high acute risk is the presence of recent and specific suicide plans
D. Greater access to lethal means and supportive environment

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18. Regarding chronic risk assessment, which element indicates a high chronic risk for suicide?

A. Chronic mental illness and limited coping skills
B. Frequent use of coping strategies and strong social support
C. No history of self-directed violence and impulsive behavior
D. Balance of protective factors and minimal substance use issues

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19. Which evidence-based treatment is specifically identified in the course as preventing suicide attempts and hospitalization for suicidal ideation in individuals with borderline personality disorder?

A. Cognitive Behavioral Therapy (CBT)
B. No-suicide contracts
C. Crisis text line engagement
D. Dialectical Behavior Therapy (DBT)

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20. What is a strategic aspect of developing a safety plan for high-risk suicide patients?

A. Focus solely on medication management
B. Collaboratively identifying coping strategies and sources of support
C. Rely only on no-suicide contracts for safety assurance
D. Developing advanced medical treatment plans with minimal patient involvement

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21. Which of the following best describes an ethical challenge in managing suicidal patients?

A. Balancing client autonomy with beneficence when involuntary hospitalization is considered
B. Maintaining confidentiality while discussing treatment openly with the client’s family
C. Prioritizing nonmaleficence over autonomy in all treatment decisions
D. Ensuring that only the client’s immediate wishes are considered in treatment plans

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22. When assisting those bereaved by suicide, which action aligns with best practices?

A. Encouraging survivors to move on quickly and not dwell on the past
B. Using the family’s own words and language, such as 'died by suicide'

C. Providing definitive advice on how to cope based on previous cases
D. Avoiding all discussions about the deceased to prevent further distress

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23. How should a clinician respond immediately after learning about a client's suicide?

A. Contact surviving family immediately to offer support and express condolences
B. Alter the client's clinical records to reflect recent findings
C. Refrain from discussing any details about the client with anyone due to privacy concerns
D. Seek immediate support from colleagues to manage emotional distress

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24. What is an important consideration when disclosing a client's suicide to other clients?

A. Disclosing only information obtained from the clinical record
B. Discussing the client's case in detail to provide context
C. Sharing third-party, public information that is known to others
D. Ensuring all group members are notified simultaneously to maintain transparency

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25. Which factor should be a clinician's primary focus when managing relationships after a client's suicide?

A. Balancing emotional support for the family with maintaining legal confidentiality
B. Allowing surviving family members to dictate all aspects of post-suicide procedures
C. Maintaining therapeutic distance to remain objective
D. Prioritizing the clinician's emotional recovery over client relations

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26. Which of the following is a method to manage emotional responses for clinicians after a client's suicide?

A. Attending the funeral without consulting the family
B. Using coping exercises focused solely on client confidentiality
C. Participating in personal psychotherapy for legal protection and emotional management
D. Collecting unpaid bills as a primary task after the event

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27. When creating a comprehensive strategy for workplace suicide prevention, which of the following is considered an upstream intervention focused on suicide prevention?

A. Engaging in peer support and conversations centered on clinical details
B. Promoting healthy coping by discussing the emotional response to client suicide
C. Conducting case reviews without resolution of emotional distress
D. Implementing the Interactive Screening Program to reduce stigma

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28. In the context of suicide risk assessments, which factor would be classified as a protective factor?

A. Chronic mental health conditions without therapy
B. Strong community and family support systems
C. High levels of job strain and minimal autonomy
D. Frequent changes in life circumstances causing uncertainty

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29. Which evidence-based intervention is specifically designed to target people exhibiting acute risk of suicide?

A. Safety planning for individuals with reported suicidal thoughts
B. Peer support groups for general emotional well-being
C. Universal intervention like mental health education in schools
D. Workplace wellness programs for preventive mental health

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30. What process should be considered important for professional growth after experiencing a client's suicide?

A. Rely solely on legal advice to avoid litigation
B. Avoid discussing the suicide to protect client confidentiality
C. Engage in altruistic activities and adjust practices based on reflective reviews
D. Focus intensely on developing mistrust towards suicidal clients

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