

# 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 multifactorial 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 evidence-based treatment is mentioned in the course content as effective for directly addressing suicidal thoughts and behaviors?**

- A. Cognitive Behavioral Therapy (CBT)
  - B. Mentalization-Based Therapy (MBT)
  - C. Collaborative Assessment and Management of Suicidality (CAMS)
  - D. Dialectical Behavior Therapy (DBT)
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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 type of therapeutic intervention has shown to effectively reduce suicidal behaviors 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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