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The book includes a chapter, written by the treatment developer(s), on each of the six treatments that have been shown in randomized controlled trials to reduce suicidal and/or self-harm behavior in adolescents with prior histories of these behaviors.

The essential guide for medical and mental health professionals who need to understand what to Know, Ask, Do (KAD) when firearm-related issues arise in their practices. In *Firearms and Clinical Practice*, Gianni Pirelli and Sarah DeMarco provide medical and mental health professionals with a practical guide on the intersection between mental health and firearms. Utiliz-

ing a best-practices model that encourages empirically-supported practice and decision-making, the authors present case examples, vignettes, and useful tips for medical and mental health professionals to navigate gun-related issues that may arise in practice. They further outline and review formal frameworks and models for clinicians to incorporate when firearm-related issues arise in therapeutic contexts, especially when the assessment of suicide and violence risk is necessary. In addition, they assess newly developed forensic mental health assessment (FMHA) models and applications for evaluating civilians seeking initial firearms permits, gun rights restoration, and reinstatement of firearms

subsequent to revocation and forfeiture matters. *Firearms and Clinical Practice* is a must-have resource for a wide range of medical and mental health practitioners, designed to help readers apply firearm-related information, concepts grounded in the empirical literature, and best practices in the clinical and forensic treatment and evaluation arenas.

This book describes a new method -- an actual system -- of conducting suicide risk assessments that are clinically sound, professionally responsible, and legally defensible. This is the first attempt to simplify and organize the risk assessment process into a logical, structured format, with practical guidelines and specific step-by-step in-

struction that can be followed from the beginning of the assessment to the end. *Suicide in Schools* provides school-based professionals with practical, easy-to-use guidance on developing and implementing effective suicide prevention, assessment, intervention and postvention strategies. Utilizing a multi-level systems approach, this book includes step-by-step guidelines for developing crisis teams and prevention programs, assessing and intervening with suicidal youth, and working with families and community organizations during and after a suicidal crisis. The authors include detailed case examples, innovative approaches for professional practice, usable handouts, and internet resources on the best practice approaches to effectively work with youth who are experiencing a suicidal crisis as well as those students, families, school staff, and community members who have suffered the loss of a loved one to suicide. Readers will come away from this book with clear, step-by-step guidelines on how to work proactively with school personnel and community professionals, think about suicide prevention from a three-tiered systems approach, how to identify those who might be at risk, and

how to support survivors after a traumatic event--all in a practical, user-friendly format geared especially for the needs of school-based professionals.

Meeting a vital need, this book helps clinicians rapidly identify risks for suicidal behavior and manage an at-risk teen's ongoing care. It provides clear guidelines for conducting suicide risk screenings and comprehensive risk assessments and implementing immediate safety-focused interventions, as well as longer-term treatment plans. Designed for day-to-day use in private practice, schools, or other settings, the volume is grounded in a strong evidence base. It features quick-reference clinical pointers, sample dialogues with teens and parents, and reproducible assessment and documentation tools. Most of the reproducible materials can be downloaded and printed in a convenient 8 1/2" x 11" size. Winner (First Place)--American Journal of Nursing Book of the Year Award, Child Health Category

Suicidal Behaviour: Assessment of People-At-Risk provides a psychometric analysis of various aspects associated with suicidal risk assessment to understand the sui-

cidal personality and predict suicidal behaviour. It includes articles by experts in the field covering suicide research carried out globally. The collection is divided into two sections--the first focuses on the theoretical issues and the second on the applied and practical issues related to suicidal behaviour among specific populations. The main features of the articles include: - the diverse aspects of the problem in various socio-cultural contexts - prevention strategies, along with analyses of varied paradigms of suicidal behaviour, for the benefit of mental health practitioners and researchers - a focussed discussion on specific population - a comprehensive review of research in the field - reviews of suicide risk assessment tools The discussion begins with a contextualisation of the psychological factors implicated in the aetiology of suicidal behaviour with the help of a biopsychosocial model and is followed by an empirical analysis. The theoretical issues are then examined from various perspectives. This compilation will serve as a supplementary reader for students of psychology, psychiatry, psychiatric social work and counselling. It will also be useful for mental health professionals as well as

those undertaking research on suicide. Chronic multisymptom illness (CMI) is a serious condition that imposes an enormous burden of suffering on our nation's veterans. Veterans who have CMI often have physical symptoms (such as fatigue, joint and muscle pain, and gastrointestinal symptoms) and cognitive symptoms (such as memory difficulties). For the purposes of this report, the committee defined CMI as the presence of a spectrum of chronic symptoms experienced for 6 months or longer in at least two of six categories—fatigue, mood, and cognition, musculoskeletal, gastrointestinal, respiratory, and neurologic—that may overlap with but are not fully captured by known syndromes (such as CFS, fibromyalgia, and IBS) or other diagnoses. Despite considerable efforts by researchers in the United States and elsewhere, there is no consensus among physicians, researchers, and others as to the cause of CMI. There is a growing belief that no specific causal factor or agent will be identified. Many thousands of Gulf War veterans¹ who have CMI live with sometimes debilitating symptoms and seek an effective way to manage their symptoms. Estimates of the numbers of 1991 Gulf

War veterans who have CMI range from 175,000 to 250,000 (about 25-35% of the 1991 Gulf War veteran population), and there is evidence that CMI in 1991 Gulf War veterans may not resolve over time. Preliminary data suggest that CMI is occurring in veterans of the Iraq and Afghanistan wars as well. In addition to summarizing the available scientific and medical literature regarding the best treatments for chronic multisymptom illness among Gulf War veterans, *Gulf War and Health: Volume 9: Treatment for Chronic Multisymptom Illness* recommends how best to disseminate this information throughout the VA to improve the care and benefits provided to veterans, recommends additional scientific studies and research initiatives to resolve areas of continuing scientific uncertainty and recommends such legislative or administrative action as the IOM deems appropriate in light of the results of its review.

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The quality of the therapeutic alliance is a well-established factor for successful therapy. With suicidal patients, a strong therapeutic alliance can quite literally save a person's life. In this book, an elite group of clinicians and researchers explore what has become known as the Aeschi approach to clinical suicide prevention. According to this view, mental health professionals must recognize a fundamental conflict at the heart of good clinical practice: While they are experts in the assessment and treatment of mental health disorders, when it comes to the patient's suicidal story, the patient is the expert. Successful interventions with suicidal patients must therefore be empathic and honor the very personal perspective of the patient. This exceptional volume addresses a wide range of issues, from the principles and methods of establishing a working alliance to patient-oriented therapies for suicidality. Moreover, the text discusses practical clinical matters related to specific treatments across theoretical orientations and modalities. Above all, this book provides essential guidance for any clinician seeking a sensible and compelling approach to working effectively with suicidal patients.

Konrad Michel, MD, MRCPsych, is a senior psychiatrist and psychotherapist at the outpatient department of the University Psychiatric Hospital in Bern, Switzerland, and is also in private clinical practice. Dr. Michel has been a collaborator on the World Health Organization–European Multi-center Study on Suicidal Behavior. He has conducted several clinical research projects focusing on the role of general practitioners in suicide prevention and on various aspects of the patient–clinician clinical relationship. Together with Ladislav Valach, PhD, Dr. Michel has developed a model of understanding suicidal behavior based on the theory of goal-directed action and narrative interviewing. He is also the initiator of the Aeschi Working Group, a group of clinicians and researchers who are dedicated to improving clinical suicide prevention by developing and promoting patient-oriented models of understanding suicidal behavior. David A. Jobes, PhD, ABPP, is a professor of psychology and associate director of clinical training at The Catholic University of America. His research and writing have led to numerous publications in suicidology, with a particular focus on clinical suicidology. Dr. Jobes

is a past president of the American Association of Suicidology and is the recipient of that organization's 1995 Edwin Shneidman Award in recognition of early career contribution to suicide research. He has served as a consultant to the Centers for Disease Control and Prevention, the National Institute of Mental Health, the Institute of Medicine of the National Academy of Sciences, the Department of Defense, and the Department of Veterans Affairs. Dr. Jobes is a board-certified clinical psychologist (American Board of Professional Psychology) who maintains a private clinical and forensic practice at the Washington Psychological Center, Washington, DC. Since the publication of the Institute of Medicine (IOM) report *Clinical Practice Guidelines We Can Trust* in 2011, there has been an increasing emphasis on assuring that clinical practice guidelines are trustworthy, developed in a transparent fashion, and based on a systematic review of the available research evidence. To align with the IOM recommendations and to meet the new requirements for inclusion of a guideline in the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ),

American Psychiatric Association (APA) has adopted a new process for practice guideline development. Under this new process APA's practice guidelines also seek to provide better clinical utility and usability. Rather than a broad overview of treatment for a disorder, new practice guidelines focus on a set of discrete clinical questions of relevance to an overarching subject area. A systematic review of evidence is conducted to address these clinical questions and involves a detailed assessment of individual studies. The quality of the overall body of evidence is also rated and is summarized in the practice guideline. With the new process, recommendations are determined by weighing potential benefits and harms of an intervention in a specific clinical context. Clear, concise, and actionable recommendation statements help clinicians to incorporate recommendations into clinical practice, with the goal of improving quality of care. The new practice guideline format is also designed to be more user friendly by dividing information into modules on specific clinical questions. Each module has a consistent organization, which will assist users in finding clinically useful and relevant informa-

tion quickly and easily. This new edition of the practice guidelines on psychiatric evaluation for adults is the first set of the APA's guidelines developed under the new guideline development process. These guidelines address the following nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history; substance use assessment; assessment of suicide risk; assessment for risk of aggressive behaviors; assessment of cultural factors; assessment of medical health; quantitative assessment; involvement of the patient in treatment decision making; and documentation of the psychiatric evaluation. Each guideline recommends or suggests topics to include during an initial psychiatric evaluation. Findings from an expert opinion survey have also been taken into consideration in making recommendations or suggestions. In addition to reviewing the available evidence on psychiatry evaluation, each guideline also provides guidance to clinicians on implementing these recommendations to enhance patient care.

The aim of the American Psychiatric Association Practice Guideline series is to im-

prove patient care. Guidelines provide a comprehensive synthesis of all available information relevant to the clinical topic. Practice guidelines can be vehicles for educating psychiatrists, other medical and mental health professionals, and the general public about appropriate and inappropriate treatments. The series also will identify those areas in which critical information is lacking and in which research could be expected to improve clinical decisions. The Practice Guidelines are also designed to help those charged with overseeing the utilization and reimbursement of psychiatric services to develop more scientifically based and clinically sensitive criteria. A practical and easy-to-use guide for healthcare professionals on the prevention, assessment and treatment of people at risk of suicide.

Each year almost 30,000 individuals take their own lives, making suicide the eighth leading cause of death in the United States. The data on completed suicide become all the more disturbing when one considers that completed suicides represent only a small percentage of the number of attempts; that suicide may be statis-

tically underreported; and that the rates of suicide in many industrialized countries are increasing. Suicide has likewise been found to be the most frequently encountered emergency situation for mental health professionals, with clinicians consistently ranking work with suicidal patients as the most stressful of all clinical endeavors. Combining the clinical experience and practical recommendations of some of the world's foremost authorities on suicidal and life-threatening behaviors, *Suicide: Guidelines for Assessment, Management, and Treatment* is designed to fill the current gaps in the training efforts of the mental health and health care disciplines in the area of working with suicidal patients. The chapters are constructed as modules that cover a specific topic in a basic curriculum on suicidology, and include workable practice guidelines that are both essential and up-to-date. Topics include theories of suicide; epidemiology of suicide; biological research; understanding child and youth suicide and suicide among the elderly; procedures for detection of high-risk factors; emergency room care; hospitalization and its alternatives; psychopharmacological treatments; psychological assessment;

cognitive and psychodynamic approaches to working with suicidal patients; training and supervision of mental health professionals in the study of suicide; postvention, malpractice and risk management; and forensic issues in suicidology. By bringing together in one landmark volume the cumulative clinical wisdom of many of the pre-eminent experts in suicidology, this book for the first time provides the practitioner and practitioner-in-training with a set of clear and useful guidelines for working with the suicidal patient in clinical practice. As such, it will have broad appeal to psychologists, psychiatrists, social workers, marriage and family therapists, and other mental health professionals, as well as to primary care physicians, nurses and other health care professionals.

Suicide is an event that cannot be ignored, minimized, or left untreated. However, all too often mental health professionals and health care practitioners are unprepared to treat suicidal clients. This text offers the latest guidance to frontline professionals who will likely encounter such clients throughout their careers, and to educators teaching future clinicians. The book discusses how to react when clients reveal

suicidal thoughts; the components of comprehensive suicide assessments; evidence-based treatments such as crisis intervention, cognitive behavior therapy, dialectical behavior therapy, and more; and ethical and legal issues that may arise. Case studies, exercises, quizzes, and other features make this a must-have reference for graduate level courses. Key topics: Risk and identification of suicidal behaviors across the lifespan (children, adolescents, adults, and the elderly) The links between suicidality and mental illness (psychotic disorders, mood disorders, and substance abuse) Suicide risk among special populations (military personnel, LGBTQ individuals, the homeless, and more) A model for crisis intervention with suicidal individuals

Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. Reducing Suicide provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk

and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about people's experience with suicide. The book explores the factors that raise a person's risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitioners' ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.

Suicide prevention initiatives are part of much broader systems connected to activities such as the diagnosis of mental illness, the recognition of clinical risk, improving access to care, and coordinating with a broad range of outside agencies

and entities around both prevention and public health efforts. Yet suicide is also an intensely personal issue that continues to be surrounded by stigma. On September 11-12, 2018, the National Academies of Sciences, Engineering, and Medicine held a workshop in Washington, DC, to discuss preventing suicide among people with serious mental illness. The workshop was designed to illustrate and discuss what is known, what is currently being done, and what needs to be done to identify and reduce suicide risk. *Improving Care to Prevent Suicide Among People with Serious Mental Illness* summarizes presentations and discussions of the workshop.

This book offers mental health clinicians a comprehensive guide to assessing and managing suicide risk. Suicide has now come to be understood as a multidimensionally determined outcome, which stems from the complex interaction of biological, genetic, psychological, sociological and environmental factors. Based on recent evidence and an extensive literature review, the book provides straightforward, essential information that can easily be applied in a wide variety of disciplines.

This volume, dealing with situations from a nailbed injury to an amputation or a gunshot wound and almost everything in between, is a comprehensive but simple manual, addressing the most frequent, and some of the not-so-frequent, emergencies in the field of hand surgery. Every chapter is written by a group of experienced hand surgeons from around the world, who will guide the reader on the management of a variety of different conditions and injuries. Some of the topics covered here include how to examine and treat an acute brachial plexus injury, learning how wrist biomechanics is applied to the management of acute carpal injuries, and performing wide-awake anesthesia with no tourniquet on an acutely injured hand, among many others.

Patient suicide is an unavoidable occupational hazard of psychiatric practice. Indeed, it is the rare clinician who does not struggle, even agonize, over the complex task of assessing and managing the risk of suicide in patients. Patient suicides account for the greatest number of malpractice suits filed against psychiatrists and for the greatest number of settlements and verdicts covered by professional liability in-

surers. In this book, written by a clinician for clinicians, Dr. Simon, an established expert in psychiatry and law, offers a solid, easy-to-understand review of how medical malpractice law applies to patient suicides. He discusses the standards of care physicians must meet, the conditions associated with malpractice liability, and how best to minimize risks of litigation. Extensive references to peer-reviewed literature on suicide and recent malpractice cases, including those triggered by patient suicides, which give insight into the latest developments in both the scientific community and the courts. Much-needed practical advice, including advice on working with suicide risk assessments and suicide prevention contracts, on treating suicidal patients in various settings (outpatient, inpatient, collaborative, and emergency), and on coping with issues arising in the aftermath of a patient's suicide (documentation, confidentiality, and survivor care). Clearly defined risk management guidelines that will help clinicians avoid litigation or establish a sound legal defense if sued for malpractice. Numerous case examples that make the theoretical discussions and clinically based risk manage-

ment guidelines that follow come alive. Rich in advice that draws on the author's more than 40 years of clinical experience, this book serves as an essential aid to clinicians.

This book presents a thorough examination of the clinical practices that best serve patients and that also protect clinicians from malpractice claims. It uses numerous case examples and extensive references on suicide and actual malpractice cases to present the key concepts involved in coping with the risks associated with suicidal patients.

Suicide is a highly complex and multifaceted phenomenon, with many contributing and facilitating factors and variables. However, given its being one of the most severe human behaviors, an obvious focus would be to identify the underlying psychological mechanisms and processes that may lead to suicidal ideation and behavior. This eBook is dedicated to studies exploring various approaches to the psychology of suicidal behavior as well as of non-suicidal self-injury (NSSI). The purpose of this eBook is to shed light on in-depth examinations of the current knowledge and empiri-

cal data regarding models, theories, and specific dimensions and variables that may help us increase the psychological understanding of suicidal phenomena. The specific goal is to identify particular psychological characteristics that may be used to develop prevention and intervention methods and programs. We believe that this eBook can contribute to the understanding of this behavior and help to develop specific tools, therapeutic guidelines, and programs that may help reduce the number of suicides occurring annually. This eBook is dedicated to our dearest friend, Dafni Assaf, who was one of the greatest leaders of the suicide prevention program in Israel.

"The Harvard Medical School Guide to Suicide Assessment and Intervention is an essential reference that provides clinicians with information and strategies for appropriate responses to patients or clients who are at risk for suicide"--Book jacket.

Suicide risk assessment is a core competency that mental health professionals are expected to acquire during their training, yet the reality of potential suicides can prove daunting for busy practitioners faced with an overload of information on

the subject. This book meets that challenge head-on by providing clinically useful information for anyone encountering patients at risk for suicide. The American Psychiatric Publishing Textbook of Suicide Assessment and Management calls on the authority of 40 expert contributors including members of the APA's Workgroup on Suicidal Behaviors, who developed the APA Practice Guideline for the Assessment and Treatment of Patients With Suicidal Behaviors reflecting a wide range of clinical and forensic experience. The authors provide informative cases accompanied by analysis that integrates clinical findings with textual discussion, along with chapter-end "key points," in order to help practitioners ? understand demographic, gender, and cultural variables in suicide risk? use psychological tests and scales in assessment? assess risk in special populations, such as children and adolescents and the elderly, and jail and prison inmates? determine treatment options: psychopharmacological/ECT, psychodynamic, and collaborative (or "split") treatment ? manage suicide risk in the context of major mental disorders (depression, bipolar disorder, schizophrenia, anxiety, personality

disorders, and substance-related disorders), with specific guidelines for risk assessment? address suicide risk in outpatient, emergency, and inpatient and partial hospitalization settings, patient safety versus freedom of movement, and strategies for increasing the safety factor in various aspects of practice In addition to addressing the many facets of patient care including cautioning against a suicide risk factor created by limitations of benefits in managed-care situations the book also discusses clinician care: how practitioners can cope with the anxiety and fatigue arising from treating suicidal patients, the professional's role following a patient's suicide, legal issues involving standard of care and liability, and risk management guidelines for avoiding malpractice litigation. Suicide risk exists along an ever-changing continuum. This book underscores that risk assessment is a process, not an event. It clearly shows how sound assessment can lead to more effective management of patients at high risk for suicide.

A concise review of current research into suicide providing a guide to understanding this disease and its increasing incidence globally.

Patient suicide is not a rare event in psychological practice; it should be considered a real personal and occupational hazard by those psychologists involved in direct patient care. "The Suicidal Patient : Clinical and Legal Standards of Care" reviews the theoretical and empirical literature in this high-risk patient population, combining clinical knowledge with legal and statutory information. This book proposes a working model for the assessment, management, and treatment of the suicidal patient (in both inpatient and outpatient contexts) that combines suggestions for optimal clinical practice with sophisticated risk management strategies in the context of suicide prevention and postvention. ... This volume will become a standard reference in the area of psychological practice. (PsycINFO Database Record (c) 2004 APA, all rights reserved).

Suicide risk assessment has become a routine task among clinicians working in outpatient settings. As inpatient alternatives have slowly dwindled and lengths of stay have decreased dramatically over the past two decades, it has become increasingly important that mental health practitioners be well informed about, and comfortable

with, assessing suicide risk and managing those at-risk in outpatient settings. There is little doubt that those in clinical practice will see suicidal patients even if they are not identified as working in the specialty area. It is difficult, if not impossible, to so tightly control the patient flow to prevent these individuals from appearing through routine referral channels. Since the author had yet to find a brief, thorough, and easily accessible clinical guide to suicide risk assessment, one that clinicians of all stripes could review in a short time frame, he wrote this book to fill that gap in the literature.

Helping the Suicidal Person provides a highly practical toolbox for mental health professionals. The book first covers the need for professionals to examine their own personal experiences and fears around suicide, moves into essential areas of risk assessment, safety planning, and treatment planning, and then provides a rich assortment of tips for reducing the person's suicidal danger and rebuilding the wish to live. The techniques described in the book can be interspersed into any type of therapy, no matter what the professional's theoretical orientation is and no mat-

ter whether it's the client's first, tenth, or one-hundredth session. Clinicians don't need to read this book in any particular order, or even read all of it. Open the book to any page, and find a useful tip or technique that can be applied immediately.

Over recent years research into suicidal behaviour has burgeoned, and the third edition of this successful pocketbook reflects major developments in the evidence base and clinical practice. New chapters cover risk assessment and system-wide approaches to suicide prevention, and the role of clinical guidelines and national policies is also considered. This edition features extensive updates to the epidemiology of suicidal behaviour across the world, and also considers the individual and societal causes of suicide, particularly the effect of recent economic downturns in many countries. The chapter on biological factors includes the current research on the genetics and neuroscience of suicide. The chapters on interventions discuss the latest evidence from systematic reviews and new randomized controlled trials and highlight implications for clinical practice. The positive and negative impacts of the web and social media on suicidal behaviour are

a major focus of research activity and new sections have been included to reflect this. The 'Frequently Asked Questions' section was well received in the previous edition and this has been revised further to include new/updated FAQs on euthanasia, assisted suicide, and suicide martyrdom. Part of the Oxford Psychiatry Library series, this useful handbook is an invaluable resource and quick-reference guide.

Current and comprehensive information concerning the assessment and treatment of suicidal persons and the prevention of suicidal behavior. The eighth leading cause of death in the United States and the second leading cause among U.S. teens, suicide is unique in being self-inflicted and is, as such, often preventable. By assessing the risk of suicide accurately, providing effective treatment according to this risk, and implementing strategies against suicidal urges, mental health professionals can successfully guide their clients away from this senseless taking of life. *Assessment, Treatment, and Prevention of Suicidal Behavior* provides the most current and comprehensive source of information, guidelines, and case studies for working with

clients at risk of suicide. It offers clinicians, counselors, and other mental health professionals a practical toolbox on three main areas of interest: Screening and Assessment covers empirically based assessment techniques and how they can define dimensions of vulnerability and measure the risk of self-destructive behavior. Authors discuss research on the use of each screening instrument, guidelines and suggestions for using the instrument in practice, and a case study illustrating its application. Intervention and Treatment compares several different approaches for structuring psychotherapy with suicidal clients. Each author covers a psychotherapy system, its application to suicidal clients, and a case study of its real-world use. *Suicide and Violence* explores the relationship between suicidal individuals and violence, covering suicide in specific contexts such as school violence, police confrontations, and terrorist violence. This section also includes a discussion of the increased risk of suicide in our more insecure and violent world, as well as how to promote coping styles for these new anxieties. While addressed mainly to psychologists, social workers, and other mental health professionals for use in serv-

ing their clients, as well as students of psychology, Assessment, Treatment, and Prevention of Suicidal Behavior is also an accessible and valuable resource for educators, school counselors, and others in related fields.

Providing clinically useful information for mental health professionals encountering patients at risk, *The American Psychiatric Publishing Textbook of Suicide Assessment and Management* calls on the authority of 40 expert contributors reflecting a wide range of clinical and forensic experience. This guideline has been developed to advise on the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. The guideline recommendations have been developed by a multidisciplinary group of healthcare professionals, patients and their representatives, and researchers after careful consideration of the best available evidence. It is intended that the guideline will be useful to clinicians and service commissioners in providing and planning high quality care for those people who self-harm while also emphasising the importance of the experience of care for service users and carers.

An innovative and highly effective brief therapy for suicidal patients - a complete treatment manual. Attempted suicide is the main risk factor for suicide. The Attempted Suicide Short Intervention Program (ASSIP) described in this manual is an innovative brief therapy that has proven in published clinical trials to be highly effective in reducing the risk of further attempts. ASSIP is the result of the authors' extensive practical experience in the treatment of suicidal individuals. The emphasis is on the therapeutic alliance with the suicidal patient, based on an initial patient-oriented narrative interview. The four therapy sessions are followed by continuing contact with patients by means of regular letters. This clearly structured manual starts with an overview of suicide and suicide prevention, followed by a practical, step-by-step description of this highly structured treatment. It includes numerous checklists, handouts, and standardized letters for use by health professionals in various clinical settings.

Practical and expert guidance on how to identify and treat nonsuicidal self-injury - an often misunderstood, but increasingly

frequent phenomenon. Nonsuicidal self-injury (NSSI) is a baffling, troubling, and hard to treat phenomenon that has increased markedly in recent years. Key issues in diagnosing and treating NSSI adequately include differentiating it from attempted suicide and other mental disorders, as well as understanding the motivations for self-injury and the context in which it occurs. This accessible and practical book provides therapists and students with a clear understanding of these key issues, as well as of suitable assessment techniques. It then goes on to delineate research-informed treatment approaches for NSSI, with an emphasis on functional assessment, emotion regulation, and problem solving, including motivational interviewing, interpersonal skills, CBT, DBT, behavioral management strategies, delay behaviors, exercise, family therapy, risk management, and medication, as well as how to successfully combine methods.

The guideline focuses specifically on evidence-based pharmacological treatments for AUD in outpatient settings and includes additional information on assessment and treatment planning, which are an integral part of using pharmacotherapy to treat

AUD.

Suicide is undoubtedly a worldwide major challenge for the public health. It is estimated that more than 150,000 persons in Europe die as a result of suicide every year and in several European countries suicide represents the principal cause of death among young people aged 14–25 years. It is true that suicide is a complex (and yet not fully understood) phenomenon and may be determined by the interaction between various factors, such as neurobiology, personal and familiar history, stressful events, sociocultural environment, etc. The suicide is always a plague for the population at risk and one of the most disgraceful events for a human being. Moreover, it implies a lot of pain often shared by the relatives and persons who are close to suicide subjects. Furthermore, it has been widely demonstrated that the loss of a subject due to suicide may be one of the most distressing events that may occur in mental health professionals resulting in several negative consequences, such as burnout, development of psychiatric symptoms and lower quality of life and work productivity. All considered, it is clear that the suicide prevention is a

worldwide priority and every effort should be made in order to improve the early recognition of imminent suicide, manage suicidal subjects, and strengthen suicide prevention strategies. In our opinion, the first step of prevention is the improvement of knowledge in the field: this was the aim of this present special issue on *Frontiers in Psychiatry*. In this special issue, several papers have contributed to the suicide knowledge from several viewpoints and we hope that this will contribute to improve and disseminate knowledge on this topic.

Preventing Suicide: A Toolkit for High Schools was funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to help high schools, school districts, and their partners design and implement strategies to prevent suicide and promote behavioral health among their students. The information and tools in this toolkit will help schools and their partners: Assess their ability to prevent suicide among students and respond to suicides that may occur Understand strategies that can help students who are at risk for suicide Understand how to respond to the suicide of a student or other member of the school community

"The National Strategy for Suicide Prevention (National Strategy or NSSP) is designed to be a catalyst for social change with the power to transform attitudes, policies, and services. Representing the combined work of advocates, clinicians, researchers and survivors, the National Strategy lays out a framework for action and guides development of an array of services and programs yet to be set in motion. It strives to promote and provide direction to efforts to modify the social infrastructure in ways that will affect the most basic attitudes about suicide and its prevention, and that will also change judicial, educational, and health care systems."--Excerpt from book viewed on pubmed.ncbi.nlm.nih.gov June 29, 2022.

Suicide is a major public health concern in the United States (US), claiming over 36,000 lives each year and nearly 100 lives each day, and suicide among military and Veteran populations is of particular concern. Veterans returning from the Iraq and Afghanistan conflicts, referred to as Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Veterans, may be particularly at risk, although the limited available data has shown mixed results.

Several aspects of military experience may increase the risk of suicide, including mental health and substance abuse. Many risk factors specific to the OEF/OIF population have yet to be thoroughly evaluated and incorporated into clinical management. Ideally, suicide risk assessment tools need to account for the relationship among different risk factors and identify risk factors or combinations of risk factors that are particularly associated with suicidal self-directed violence. To be practically useful, such tools will be brief enough to be conducted in a primary care setting and will identify a threshold beyond which preventive action should be taken. Risk assessment tools should be able to discriminate those at high- and low-risk for suicidal self-directed violence. Likewise, studies of emerging risk factors need to evaluate the contribution of a new poten-

tial predictor of suicide and self-directed violence in the context of known risk factors in order to weigh the contribution of the new risk factor against those that are currently known. The objective of this report is to review recent evidence about risk factors and risk assessment tools within Veteran and military populations to provide evidence for clinical practice guideline development specific to these populations. The key questions addressed in this report were: Key Question #1. What assessment tools are effective for assessing risk of engaging in suicidal self-directed violence in Veteran and military populations? Key Question #2. In addition to the risk factors included by current assessment tools, what other risk factors predict suicidal self-directed violence in Veteran and military populations?

This book explores suicide prevention perspectives from around the world, considering both professionals' points of view as well as first-person accounts from suicidal individuals. Scholars around the globe have puzzled over what makes a person suicidal and what is in the minds of those individuals who die by suicide. Most often the focus is not on the motives for suicide, nor on the phenomenology of this act, but on what is found from small cohorts of suicidal individuals. This book offers a tentative synthesis of a complex phenomenon, and sheds some light on models of suicide that are less frequently encountered in the literature. Written by international experts, it makes a valuable contribution to the field of suicidology that appeals to a wide readership, from mental health professionals to researchers in suicidology and students.