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ABSTRACT

Suicide and the threat of suicide are important mental health issues for health service providers. Who a potential victim turns to for help initially and how capable that person is in recognizing the signs of potential suicide are critical issues not fully addressed by research. A study was conducted to examine the ability of various service providers to identify lethality factors. The Thirteen Questions on Successful Suicide and the Survey of Professional Experiences with Suicidal Clients were completed by physicians (N=22), doctoral level clinical or counseling psychologists (N=14), master's level counselors (N=33), master's level social workers (N=12), ministers (N=19), and lower division college students (N=27). The results revealed no significant differences in the number of correct responses by physicians, psychologists, and counselors, but all three groups scored significantly higher than all of the other groups. Social workers scored significantly higher than did ministers, and ministers scored significantly higher than did college students. An analysis of data by years of experience showed that those with 5-10 years of experience scored the highest, while the more experienced subjects had a drastic drop in scores. Only about 50% of responding psychologists, social workers, and counselors had experienced specific training in recognizing and working with suicidal clients. Those who had the most exposure to suicide were the ones who felt the strongest desire for additional information. (NB)

Recognizing Suicide Lethality Factors: Who is Competent?

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Suicide and the threat of suicide remain important mental health issues for all health service providers. Farberow and Litman (Note 1) have estimated that five percent or fewer of people threatening suicide are unequivocally certain that they want to die. The remaining 95 are at least ambivalent about their wishes to die. They represent a group potentially receptive to intervention by mental health professionals.

Who the potential suicide victim turns to for help initially and how capable that person is in recognizing the signs of potential suicide are critical issues not fully addressed by recent research. Snyder (1971) found that suicidal persons are most likely to turn to family, friends, physicians, the clergy, psychiatrists, social workers, and lawyers in that order. However, the training of those individuals typically sought our for help may be inadequate. Pretzel (1970) and Anderson (1972) report that ministers are not given sufficient training in recognizing the signs of potential suicide. Motto (1969), Fawcett (1973), and Dorport and Ripley (1974) report that physicians are also believed to lack adequate training. Porkorny (1960) assessed the ability of resident psychiatrists ability to recognize the signs of a potentially suicidal individual and reported discouraging results. In general, these results suggest that the individuals sought after for help by individual contemplating suicide may be inadequately trained to identify the signs of potential suicide.

A more recent study (Holmes & Howard, 1980) has attempted to assess various professional's ability to recognize the signs of potential suicide (lethality

factors). It is as a result of their work that the current research was in initiated. Using the Thirteen Questions on Successful Suicide, Homes and Howard attempted to discover who among psychiatrists, psychologists, physicians, social workers, ministers, and college students were most able to identify lethality factors. The study reported a clear ordering of the group. Physicians and psychiatrists had the highest mean scores followed by psychologists, social workers, ministers and college students. This study represents a partial replica of the Holmes and Howard research, controlling for potentially significant variables which were originally uncontrolled and extending the study to include the responses of counselors. These variables to be controlled include length of experience in profession, experience with suicidal individuals, and amount of suicide training.

METHOD

Subjects

This study employed physicians, doctoral level clinical or counseling psychologists, master's level counselors, master's level social workers, ministers, and lower division college students. Master's level counselors were added because, along with social workers, they reform the majority primary mental health care services at various mental health agencies in the state of Oklahoma where the survey was conducted.

All were directly involved in professional care of clients. Students were enrolled in an undergraduate class at the University of Oklahoma.

Instruments

The Thirteen Questions on Successful Suicide and the Survey of Professional Experiences with Suicidal Clients served as the dependent measures. The Thirteen Questions Survey utilized a four-choice, multiple-choice format, requiring the respondent to circle the correct answer. This survey is an adaptation of the Suicide Potential Rating Scale which attempts to assess an individuals ability to recognize signs of a potentially suicidal person. The Survey of Professional Experiences with Suicidal Clients requires the respondent to answer five questions concerning their training and exposure to suicidal individuals in a yes/no format and one question which addresses the nature of the clientele by percentages.

Procedure

All professionals were surveyed at their agencies and were contacted personally by the authors of this paper or the professional colleagues. Respondents were asked to fill out the two questionnaires without consulting resources of any kind. Surveys were distributed by the authors and professional colleagues. The surveys were picked up at the respondents convenience with no attempt to control for the amount of time spent filling out the survey.1 the students were surveyed in a classroom and given a set amount of time to fill out the survey.

RESULTS

Each test was scored for the number of correct responses. The mean number of correct responses (out of 13 possible) and the results of Tukey's Test Comparisons Between Groups are presented in Table I. As the data reveals there

was found to be no significant differences in the number of correct responses by physicians, psychologists, and counselors, but all three groups scored significantly higher than all of the other groups. Social Workers scored significantly higher than ministers, and the ministers scored significantly higher than the college student.

An analysis of the data by years of experience (regardless of profession) was also performed. Professionals with 0-2 years experience (n=23) obtained a mean score of 6.68 correct responses; those with 2-5 years experience (n=33) obtained a mean score of 9.26 correct responses; those with 5-10 years experience (n=16) obtained a mean score of 11.83 correct responses; those with 10-15 years experience (n=17) scored 6.2 as the mean of correct responses; while those with 15+ years of experience (n=11) scored 6.66 as the mean of correct responses. Specific comparisons using Tukey's test revealed that the group with 5-10 years were most knowledgeable in recognizing suicidal signs according to the questionnaire. The results showed a progressive improvement from 0-5 years and then a sharp drop after this period.

The information collected from the questionnaire offers possible explanations for the above difference and similarities among groups. all of the groups except the ministers had had some contact with suicide in their personal lives: 72% of the physicians; 66% of the psychologists; 62% of the counselor; 58% of the social workers. Ministers also reported the lowest incidence of professional contact with clientele dealing with suicidal tendencies (21%). This was significantly different from the physicians 81%, psychologists 88%, counselors 82%, and the social workers 100%.

According to Table II, approximately 50% of all psychologists, social workers, and counselors had experienced specific training in recognizing and working with suicidal clients. 27% of the physicians reported these experiences

while on 16% of the ministers had. However, the extent of professional exposures to training seems to have a mixed effect on the expressed need of additional training. Psychologists, counselors and social workers reported a higher desire for additional training: 77%, 85%, and 83% respectively. 63% of the physicians reported a desire of additional training. However, in spite of the low exposure, both personally and professionally, to suicide, only 31% of the ministers reported a desire for this experience.

DISCUSSION

Recognizing the need for additional data we will proceed to make some tentative remarks about our research. First of all, our results conflict with a previous study (Holmes and Howard, 1979) on 2 points. They had found a significant difference between the physicians and psychologists, where we had found no significant difference among physicians, psychologists and masters' level counselors. This could possibly be accounted for by our relatively small N which will be rectified as our research progresses. However, at this point this remains to be seen. We also are in conflict with their data which show that there is a progressive increase in knowledge as professional experience increases. Our data shows that those who were in the 5-10 year range of experience scored the highest, while the upper ranges had a drastic drop in scores. This could open the door for speculation about reasons for this occurrence.

We also found from our additional questionnaire that ministers were distinguished from the other professionals by their general lack of personal contact with suicide as well as a low percent (21%) of professional contact. This may explain the low mean score as well as their lower expressed need (31%) to increase their amount of knowledge about the topic. The data shows that

those who have had the most exposure to suicide are those who feel the strongest desire for additional information.

As we compare the scores, initially the data decreases the urge for professional competition by showing that the three major areas are equal in recognizing factors that may result in potential suicide with the fourth area following close behind. However, the facts remain that only about 50% of psychologists, counselors, and social workers receive training in this area with physicians trailing at 27%. This seems to be reflected in the general overall low mean scores in comparison to the number of items on the questionnaire. The highest score of 7.9 is only 60.7% of the entire test. If this had occurred in any academic setting an evaluation of failing would have been surely assigned! This hopefully shows the urgency to take a deeper look into our training programs which must produce a more effective, helping professional.

TABLE 1

Results of Tukey's Test Comparisons

Between Groups

Group	1	2	3	4	5	6
1. Physicians N=22		.42	.13	*.88	*2.38	*1.58
2. Psychologists N=14			.29	*1.3	*2.8	*2.0
3. Counselors N=33				*1.01	*2.51	*1.7
4. Social Workers N=12					*1.5	*.7
5. Ministers N=19						*.8
6. Students N=27						
MEANS OF CORRECT # RESPONSES	7.48	7.9	7.61	6.6	5.1	5.9

*significant difference $p<.01$

TABLE II

	(n) YEARS EXPERIENCE					PERSONAL CONTACT		PROF. CONTACT		TRAINING?		NEED?	
PROFESSION	0-2	2-5	5-10	10-15	15+	YES	NO	YES	NO	YES	NO	YES	NO
PHYSICIANS $\bar{X}$=7.48	2	4	3	7	5	72%	28%	81%	19%	27%	73%	63%	37%
PSYCHO-LOGISTS $\bar{X}$=7.9	2	4	5	3	0	66%	34%	88%	12%	55%	45%	77%	23%
COUNSELORS $\bar{X}$=7.6	13	16	4	0	0	62%	38%	82%	18%	55%	45%	85%	15%
SOCIAL WORKERS $\bar{X}$=6.6	4	1	2	4	1	58%	42%	100%	0	50%	50%	83%	17%
MINISTERS $\bar{X}$=5.1	2	8	2	3	4	0	100%	21%	79%	16%	84%	31%	69%
TOTAL	23	33	16	17	11								

Reference Note

1. Farberow, N.L., & Litman, R.E. A comprehensive suicide prevention program: Suicide Prevention Center of Los Angeles, 1958-1969 (DHEW Grants 14946 and MH 00128). Unpublished manuscript, 1970.

References

Anderson, D.A. A resurrection model for suicide prevention through the Church. Pastoral Psychology, 1972, 23, 33-40.

Dorpat, T., & Ripley, H.S. Evaluation and management of suicidal behavior. Journal of Family Practice, 1974, 1, 20-23.

Fawcett, J. Seeing the skull beneath the skin: Recognition and management of the suicidal patient. Journal of Research and Training, 1973, 1, 5-8.

Holmes, C.B., & Howard, M.E. Recognition of Suicide Lethality Factors by Physicians, Mental Health Professionals, Ministers and College Students. Journal of Consulting and Clinical Psychology, 1980, 48, 383-387.

Litman, R.E., & Farberow, N.L. Emergency evaluation of self-destructive behavior. In Farberow & E. Schneidman (Eds.), The cry for help. New York: McGraw-Hill, 1961.

Motto, J.A. Toward suicide prevention in medical practice. Journal of the American Medical Association, 1969, 210, 1229-1232.

Pokorny, A.D. Characteristics of fourty-four patients who subsequently committed suicide. Archives of General Psychiatry, 1960, 2,314-323.

Pretzel, P.W. The role of the clergyman in suicide prevention. Pastoral Psychology, 1970, 21, 47-52.

Snyder, J.A. The use of gatekeepers in crisis management. Bulletin of Suicidology, 1971, 7, 39-44.