

Excluding the Truthfulness Scale, there are five clinical scales. This client has two elevated (70th percentile or higher) scale scores and two severe (90th percentile or higher) scale scores. An elevated Suicide Scale is discussed along with the highest severe scale below.

Elevated Scale Discussion

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

This individual's Suicide Scale score (94th percentile) indicates severe suicidal risk. This client is suicidal. Suicide history items include: #64. Suicide ideation items include: #29, 80, 89, 127(3). This person manifests suicide ideation and is a suicide risk. Anyone expressing suicide ideation should be taken seriously. Also be alert for any elevated (70th percentile or higher) predisposing scale scores: Alcohol, Drugs and Depression. Other significant suicide items include feeling "isolated and alone" (#99(2)), and feeling "helpless or hopeless" (#100(1)). The client's answers to the suicide scale items, by themselves, demonstrate suicide risk.

This client's Depression Scale score (94th percentile) is in the problem risk range. Symptoms of dysthymia and depression include low self-esteem, feelings of hopelessness and difficulty making decisions or problem solving -- which can also be predisposing suicide factors. People with depressive moods are at greater suicide risk. Significant Depression Scale Items include: #28, 72, 77, 78, 107(4). This person is depressed and this could exacerbate their suicide tendencies. An elevated (70th percentile and higher) Depression Scale score is a malignant sign when in combination with an elevated Suicide Scale score. Indeed, the more elevated Suicide Evaluation Scale scores with an elevated Suicide Scale score, the higher the suicide risk.

There are four elevated scales (Alcohol,
Drugs, Depression and Suicide)

Summary

Denial is evident, but Truth-Corrected scale scores are accurate. Drinking is problematic, but a pattern of abuse is not obvious. Drug use is problematic. Carefully review this client's drug history. Depression is serious and acute. Review the impact of other scales. Serious suicidal ideation and perseveration are present. Under normal conditions this person handles stress well.

SUMMARY PARAGRAPHS EXPLAINING CLIENT'S ATTAINED SCALE SCORES

TRUTHFULNESS SCALE: PROBLEM RISK RANGE **RISK PERCENTILE: 80**
This client's Truthfulness Scale score is in the Problem Risk (70 to 89th percentile) range. A conscious attempt to present self in an overly favorable light is evident. However, Suicide Evaluation scale scores are accurate because they were truth-corrected. Yet, the presence of underlying defensiveness, guardedness and denial to further inquiry can be anticipated. To repeat, Suicide Evaluation scale scores are accurate and truthful.

ALCOHOL SCALE: PROBLEM RISK RANGE **RISK PERCENTILE: 73**
On the Alcohol Scale this person scored in the Problem Risk (70 to 89th percentile) range. Alcohol abuse is evident or this person is a "recovering" (alcohol problem, but has stopped drinking) alcoholic. If recovering, relapse is possible, and establish how long this client has been abstaining. This client's Alcohol Scale score should not be minimized as an alcohol-related problem exists. Consideration might be given to counseling, emotional support of endeavor, alcohol treatment and medication. Treatment might be augmented with Alcoholics Anonymous (AA) meetings.

DRUGS SCALE: PROBLEM RISK RANGE **RISK PERCENTILE: 86**
This client's Drugs Scale score is in the Problem Risk (70 to 89th percentile) range. Either this client has a drug problem or is a recovering (drug problem, but has stopped using drugs) drug abuser. If in "recovery," relapse risk is high. The cycle of addiction is complicated yet consideration might be given to Narcotics Anonymous (NA), Cocaine Anonymous (CA) or counseling. Supportive and educational peer groups can also be helpful. This client's score on the Drugs Scale should not be minimized as it is in the "Problem Risk" range.

DEPRESSION SCALE: MAXIMUM RISK RANGE **RISK PERCENTILE: 94**
This individual's Depression Scale score is in the High Risk (90 to 100th percentile) range. This person is unhappy, discouraged, apprehensive and likely desperate. This client is on the verge of being overwhelmed, feels emotionally isolated and suicide ideation is possible. Coping skills are likely impaired. Severe depression is indicated and counseling should be considered. Prompt intervention is needed as depression is uncompromising and oppressive.

SUICIDE SCALE: MAXIMUM RISK RANGE **RISK PERCENTILE: 94**
This client's Suicide Scale score is in the Severe Problem (90 to 100th percentile) range. This client is a suicide risk and preventive measures should be taken. This individual needs help. Added insight might be gained by interviewing the client about their emotional isolation, loss of their support group and suicidal ruminations. Refer this client for treatment, and further assessment. This person needs help.

STRESS COPING SCALE: MEDIUM RISK RANGE **RISK PERCENTILE: 50**
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 are the client's self-reported answers. They are admissions or unusual answers.

ALCOHOL

27. Admits has lied about drinking
57. Had 2+ blackouts after drinking

DRUGS

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

SIGNIFICANT ITEMS CONTINUED...

DISTRESS

125. Recovering 1 yr. or longer

SUICIDE

79. Has lied about drug use

DEPRESSION

- 28. Lonely/Unhappy past year
- 72. Very lonely past 30 days
- 77. Last yr. family relations worse
- 78. States is depressed
- 107. Feelings always easily hurt

SUICIDE

- 29. Lonely and suicidal
- 64. States attempted suicide
- 69. Death will be welcome
- 80. Has a suicide plan
- 89. States is 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
- 123. No drinking or drug problem
- 125. Recovering alcoholic 1 yr+
- 127. Thought about suicide last 2
- 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 TEST #3)

SE RESPONSES

1- 50	TFFFFFFFFF	FFFFFFFFFF	FFTFTTTTT	FFFFFFFFFF	TFFFFFFFFF
51-100	TFFFFFFTFF	FFTFTFTFT	FTFFFFTTT	FFFFFFFTFT	1411414333
101-140	3414444141	1144444114	4444343121	1212112222	

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.