Risk Assessment, Suicide/ Overdose Prevention, Suicide Response Test

Name_____ Date_____

1. What are the current recommendations for treating individuals who have made a recent suicide attempt?
   A. Interventions should directly target suicidal thoughts and behaviors alongside treatment for associated psychiatric conditions.
   B. Treatment should focus on underlying mental health conditions associated with suicide risk.
   C. Evidence-based treatments for depression are best practices for treating suicidal thoughts and behaviors.
   D. Treatment of suicidal thoughts and feelings should always include psychiatric medications and brief inpatient care.

2. What is one evidence-based suicide-specific treatment recommended by national suicide prevention initiatives and best practice guidelines?
   A. Mindfulness-Based Cognitive Therapy (MBCT)
   B. Dialectical Behavior Therapy (DBT)
   C. Acceptance and Commitment Therapy for Suicide (ACT-S)
   D. Cognitive Remediation Therapy for Suicidal Adults (CRTSA)

3. What is Collaborative Assessment and Management of Suicidality (CAMS)?
   A. A collection of specific cognitive-behavioral techniques that reduce suicide risk.
   B. An intervention mainly used to treat clients in inpatient care settings.
   C. A framework that approaches suicide from a functional perspective.
   D. An approach that is effective in treating depression but not suicidality.

4. What does a "Hope Kit" typically contain?
   A. Photos of friends or family, keepsakes from a special event or place, or inspirational phrases
   B. A statement signed by the client in which they promise not to engage in suicidal behaviors
   C. A list of reasons, generated by the clinician, explaining why the client should stay alive
   D. A chart showing the client's SSF scores, so they understand how they are progressing in treatment

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5. True or False: The purpose of mindfulness is to distract people from suicidal thoughts using positive affirmations.
   A. True
   B. False

6. A clinician is using CBT-SP to help a client. What do they need to discuss to understand their client's "suicide mode"?
   A. The specific method that the client used in prior suicide attempts or currently considers using to end their life
   B. Thoughts, emotions, behaviors, images, and situations that activate the client's desire to die
   C. The manner in which the client uses threats of suicide to manipulate other people
   D. The client's inability to resolve their ambivalence between wanting to live versus wanting to die

7. True or False: Two important components of a safety plan are a list of coping strategies and a no-suicide contract.
   A. True
   B. False

8. A clinician is engaging a client in lethal means counseling. They say, "Can you tell me about firearms in your home and how they are stored? We need to figure out a permanent plan to keep you safe." What is the MAIN criticism of this approach?
   A. Directly asks about firearms
   B. Does not invite conversation
   C. Suggests a permanent plan
   D. Uses a collaborative tone

9. What makes lethal means counseling effective?
   A. The person will seek a more lethal method that gets a quicker reaction from emergency responders.
   B. The person's suicidal urges often abate if they cannot access lethal means.
   C. It addresses the underlying reasons the person wants to die by suicide.
   D. It informs clients that reducing access to lethal means is non-negotiable.

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10. What two suicide methods does the SPRC recommend you routinely discuss as a part of lethal means counseling?
    A. Firearms and medications
    B. Firearms and pesticides
    C. Medications and carbon monoxide
    D. Carbon monoxide and pesticides