

Textbook of Suicide Assessment and Management.

Simon, R. I., & Hales, R. E. (Eds.), Washington, DC: American Psychiatric Publishing, 2006, 688 pp., www.appi.org

The *Textbook of Suicide Assessment and Management* is a seminal text that addresses the multivariate issues surrounding suicide risk. The editors draw together content experts from various areas to author the separate chapters, and this book is inspired and guided by the “Executive Summary of Recommendations from the American Psychiatric Association Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors” [American Psychiatric Association (APA), 2003], which is included as an appendix. As an edited volume, this book is a cumbersome cover-to-cover read that is best considered a ready resource for clinicians and scientists. As a seminal text, it has already been reviewed by multiple outlets, including the *Journal of the American Medical Association* and *Psychiatric Services*. While this review will likewise provide a brief summary of the book, special attention will be devoted to its discussion of cognitive and behavioral mechanisms in the assessment and management of suicide risk.

The *Textbook* is divided into eight parts designed to provide a representative overview of suicide risk assessment and management. The introductory chapter on assessment principles precedes Part I, and is authored by one of the editors. Throughout the chapter there is a thread consistently reinforcing the principle of assessing suicide risk dimensionally as opposed to categorically – making it abundantly clear that the low base-rates of suicide, even among clinical populations, precludes the ability to predict who will commit suicide. The strength of the chapter includes the description of a systematic suicide risk assessment that highlights and lists the multiple variables that should be considered when weighing suicide risk in an individual. However, this strength also belies the chapter’s most significant weakness: the systematic suicide risk assessment provides no clear quantitative guidelines regarding the relative importance of each variable in assessing suicide risk.

Part I includes chapters covering suicide risk in specific populations, including suicide risk in children and adolescents, the elderly, men and women, diverse demographic groups, and the incarcerated; Part II covers specific issues in suicide risk, including cultural competence, and psychological testing. The content of Part I is valuable and readable, and each chapter presents information that may be useful to a clinician as well as a researcher interested in the populations under consideration. Of likely greater appeal to the clinical scientist are the chapters in Part II. For example, the importance of functional assessment vis a vis cultural competence is stressed. Similarly, validated instruments are reviewed in terms of psychometric criteria and observable benchmarks, with a nod being given to the importance of empirical evidence in relation to clinical judgment, a position that does not carry over to most of the other chapters in the book.

Part III presents treatment approaches to suicide risk, including chapters on somatic treatments, psychodynamic treatment, and split treatment (i.e., treatment involving more than one clinician). A conspicuous lacuna for the clinical scientist is the absence of a treatment chapter on Cognitive Behavior Therapy (CBT) for suicide risk, particularly given the inclusion of a chapter devoted to psychodynamic treatment. This apparent editorial choice is not supported by the conclusions of the “Executive Summary” (APA, 2003), where CBT is presented as a front-line psychosocial intervention, with psychodynamic treatment receiving a more equivocal

endorsement that is limited to suicide risk in Borderline Personality Disorder (p. 596 in the *Textbook*).

Part IV addresses suicide risk in a range of mental disorders, including mood disorders, schizophrenia, anxiety disorders, personality disorders, and substance-related disorders; Part V discusses treatment settings, including outpatient, emergency services, and hospitalization. The organizational benefits of these chapters lie in their applicability to clinicians in specific treatment milieus, thus providing the most pertinent suicide risk information for any given scope of practice. Most of the chapters covering the mental disorders also address potential interventions for reducing suicide risk, and the depressive and personality disorder chapters mention the usefulness of CBT in this regard.

The remaining sections of the text emphasize ethical, legal, and therapist concerns associated with suicide risk and attempted or committed suicide. Part VI addresses patient safety, Part VII discusses the aftermath of suicide for the clinician, and Part VIII includes chapters on murder-suicide, legal perspectives, and litigation. Each of these sections and chapters consider difficult topics with tact and acumen. For example, the chapter entitled “Psychiatrist Reactions to Patient Suicide” includes a thorough analysis of the psychological sequelae of suicide for the clinician, and offers several cognitive and behavioral strategies for assisting him or her in challenging debilitating emotional states.

Overall, my impressions of this text are positive. Most of the chapters are highly readable and interesting, and the editorial style has made it possible for each chapter to be a standalone monograph. Chapters are replete with several clinical case examples and contain quick-reference bulleted key points that efficiently summarize the chapter content. The volume of information provided in this one source will make it a mainstay on my bookshelf, notwithstanding the clear neglect of a suitable presentation of CBT approaches to suicide risk assessment and management. Sadly, it appears CBT as a cohesive and unifying psychotherapeutic intervention continues to be underappreciated in some circles of the mental health community.

References

American Psychiatric Association. (2003). Practice guideline for the assessment and treatment of patients with suicidal behaviors: Part A: Assessment, treatment, and risk management recommendations. *American Journal of Psychiatry*, 160, 1-60.

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