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ISO-30™  
Inventory of Suicide Orientation-30  
Adolescent Profile Report

By

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Sample Report

Female

Age 13 Years and 2 Months

8th Grade

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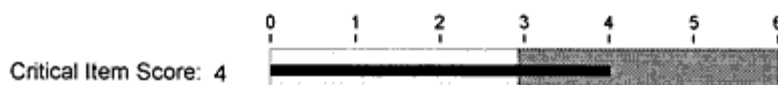
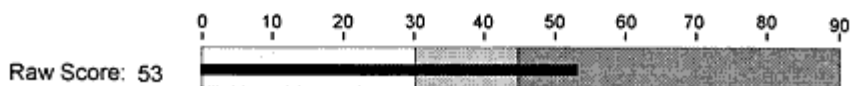
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The ISO-30 (Inventory of Suicide Orientation-30) provides a raw score, a critical item score, and an overall risk classification. The raw score measures the degree to which the client is oriented toward suicide and the degree to which she is experiencing feelings of hopelessness. The critical item score measures the degree to which the client has been thinking about death and suicide. The overall risk classification takes both scores into account and then assigns an estimate of suicide risk.

The clinician must carefully examine all available information when determining the appropriate intervention for a client, even when the overall risk classification is low. The characteristics described here should be used in conjunction with professional judgment that considers the total context of the test administration and other available information concerning the adolescent.

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**OVERALL RISK CLASSIFICATION: HIGH**



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Please note that this individual omitted 3 items. The raw score has been prorated to account for these items. Of the items omitted, 1 was a critical item. A list of omitted items is provided at the end of the report.

The setting in which the ISO-30 was taken was not indicated. The report has been processed as though "Clinical Setting" was indicated. However, if the test was actually administered in a school setting, care must be taken when interpreting the results because the ISO-30 risk classification system was developed and validated primarily with adolescents being seen for emotional or behavioral problems.

**RISK DESCRIPTION**

This individual's score on the ISO-30 indicates that she is experiencing a great deal of distress. She has considered suicide as an option, and this puts her at high risk for suicidal behavior. Individuals at this

level of risk often have at least one well-formulated, detailed suicide plan, and thoughts of suicide may have persisted over an extended period of time.

This individual's perspective is probably quite narrow, and her ability to see "the big picture" is probably very limited or absent. She may have great difficulty finding solutions to what she perceives as unsolvable problems, or she may overly value one solution and be unable to consider alternatives. Her hopelessness is likely to affect her perception of internal and environmental cues and may also affect her ability to evaluate life events and to solve problems effectively.

Depending on available means of self-harm, opportunities to act on a suicidal impulse, and level of social support, it is possible for an adolescent with this ISO-30 score to come through a crisis without harming herself. The examiner should be aware, however, that although the immediate threat of suicide may appear to diminish after a few weeks, persons achieving a high overall risk classification will probably continue to be oriented toward suicide when future crises occur.

### **ASSESSMENT OF IMMINENT DANGER**

A critical first step for the mental health professional is to assess this adolescent's immediate and short-term potential for self-harm. Assessment of imminent danger can be accomplished in a number of ways.

- \*\* A clinical interview may be conducted to determine the level of distress and seriousness of any suicide plans. A sample interview format is included in the ISO-30 manual (see Appendix F). The clinician should be aware that some acutely suicidal people actually feel calm and untroubled after they have made up their minds to kill themselves and their course of action is clear.
- \*\* The clinician should review with the adolescent any omitted items and all critical items that were answered in the direction favoring suicide as an option.
- \*\* The individual should be evaluated for additional symptoms of depression, including those which are atypical or not readily apparent. The use and availability of drugs and alcohol should also be investigated because substance use can fuel impulsive behavior.
- \*\* Any overt verbal or nonverbal behavior that suggests an "ending" should be evaluated carefully. This includes making plans for leaving school, home, friends, or family; finishing tasks; tying up loose ends; and arranging to dispose of possessions.

In addition, the clinician may wish to gather biographical information. Some of the more important sources are described below.

- \*\* Records from or consultation with prior mental health providers may be helpful in more clearly understanding this client's issues and needs. It is critical to find out if she has a history of self-harm because this will predispose her to consider suicide as a viable option.

- \*\* The adolescent's family history may provide important clues to understanding this individual. In particular, a family history of violence, suicide or other self-harm, mental health problems, or alcoholism should be noted.
- \*\* This client's developmental and medical history may also be important, especially if she has any serious medical conditions or developmental disorders.
- \*\* School records may contain pertinent information about behavioral or academic problems and level of social skills.

### PRECAUTIONARY MEASURES

It is important that the parents or guardians of this adolescent be notified immediately of the high risk for suicidal behavior. If this is not possible or desirable, a child protection agency may need to be notified.

Because the suicide risk for this client is high, protective action should be seriously considered by a mental health professional. A judgment must be made about the level of protection needed to prevent this client from hurting herself. This judgment should be based on the assessed imminence of suicidal risk coupled with the strength of the support systems available to this adolescent. The following is a description of some possible protective measures.

- \*\* One option for the professional is to assess the client's ability to keep a "no-suicide" contract. This contract is an agreement made by the client with her therapist and family that she will not attempt suicide for a specified period of time. She agrees to notify the clinician or a significant other immediately if she does feel suicidal.
- \*\* Another form of protective action includes arranging for support to be available at any time or having significant others set up a "suicide watch." A suicide watch is an agreement among concerned parties to share the responsibility for constant monitoring of the client. The clinician should determine the individual's ability to tolerate such scrutiny and should solicit the client's cooperation whenever possible.
- \*\* If the adolescent is unable or unwilling to accept protective measures, the clinician may need to consider more coercive options such as hospitalization or notification of the police or a mental health agency.

If protective action is deemed unnecessary, the clinician may still consider appropriate precautionary measures, such as providing opportunities for emergency consultation.

It is imperative to discuss with the client the attraction of suicide compared to the other options that she thinks are available to her. These discussions should focus on the client's *perception* of reality. What is important is the ability of this adolescent to identify her worthy qualities, resources, and future prospects. At this level of risk, a frank discussion about suicide is called for, as well as an exploration of what

conditions could trigger a suicide attempt. The goal is to end the session with a practical course of action that reduces the risk of suicide.

It is suggested that the clinician and the client discuss and rehearse plans for handling ongoing problems or any crises that are likely to occur before the next session. It is also critical that the clinician help the adolescent develop a set of coping strategies for responding to stressful life events in general. Because this adolescent's ISO-30 profile suggests a chronic or protracted vulnerability to suicidal thoughts and behavior, it is imperative to monitor risk factors such as access to a weapon or other lethal method, low degree of familial supervision and support, and acute, stressful life events.

### CRITICAL ITEMS

The following critical items have been found to be very important in indicating an adolescent's attitude toward death and suicide. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items.

The 6 critical items are listed below along with the client's responses. 4 of the 6 critical items were endorsed in the suicidal direction. These items appear in bold.

- 5. **Those people who depend on me don't really need me at all. (I Mostly Agree)**
- 10. **I don't think I'll be able to find enough courage to face life. (I Mostly Agree)**
- 15. Killing myself would mean I finally stopped things from getting worse. (Omitted)
- 20. **I think of dying as a way to solve all my problems. (I Am Sure I Agree)**
- 25. **For me, being dead would mean I'd never have to feel bad or lonely again. (I Mostly Agree)**
- 30. I see myself as waiting until things get too bad and then I would kill myself. (I Mostly Disagree)

### OMITTED ITEMS

The following items were omitted. It is strongly recommended that the examiner review all omitted items with the adolescent. This is especially important for the omitted critical item: number 15.

- 15. Killing myself would mean I finally stopped things from getting worse.
- 21. I used to think I could be someone special, but now I see it's not true.
- 22. I feel that I still have control of my life.

**ITEM RESPONSES**

1: 3	2: 4	3: 3	4: 2	5: 3	6: 3	7: 2	8: 3	9: 3	10: 3
11: 3	12: 3	13: 3	14: 1	15: /	16: 3	17: 3	18: 4	19: 4	20: 4
21: /	22: /	23: 2	24: 2	25: 3	26: 2	27: 1	28: 2	29: 2	30: 2

**End of Report**